**FOR REVIEW / APPROVAL**

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| --- |
| **BACKGROUND INFORMATION** |
| **TITLE:**  |  |
| **SUBMITTED BY:** |  |
| **SUBMITTED TO:** |   |
| **DATE:**  |  |

**1.0 RATIONALE**

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| --- |
|  *What is the issue or problem and what is its history? Why is this policy needed?* |

**3.0 INTENDED RESULTS OR OUTCOMES**

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| *What impacts will this policy have? What key results or outcomes will adoption of the policy bring about?* |
|  |

**4.0 CONSULTATION RESULTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Who was consulted during the policy development process? How are the views of those consulted reflected in the policy?*

|  |  |
| --- | --- |
|  | **Yes/No or N/A** |
| **Policy Coordinator**  |  |
| **Legal Services** |  |
| **Provincial Medical Advisory Committee (PMAC)** |  |
| **Provincial Nursing Leadership Committee (PNLC)** |  |
| **Ethics** |  |
| **Quality and Risk** |  |
| **FOIPP** |  |
| **Patients/Public** |  |
| **Other (please specify)**  |  |

Comments: |

**5.0 EVIDENCE (Cite Sources)**

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| --- |
| *What are the sources which the policy is based on (literature, standards, practices, expert opinion, etc.)? Has a jurisdictional scan been completed? If yes, what were the results?* |

**6.0 GOVERNANCE & IMPLEMENTATION**

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| *Who is responsible for the policy? How will it be communicated to staff and physicians? How will it be implemented?* |

**7.0 RESOURCE IMPLICATIONS**

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| *What are the resource implications of adopting this policy (consider impacts on finances, human resources, capital & equipment, and intellectual property)?*  |