

DOCUMENT MANAGEMENT COMMITTEE

TERMS OF REFERENCE

PURPOSE

- To ensure Marie Stopes Australia complies with the Document Control Policy which defines the development, approval, review and publication process of all controlled documents to maintain a system of currency
- To ensure a comprehensive suite of clinical and corporate governance policies, protocols and procedures which align with legislative and best practice standards, address clinical safety and quality, are reliably updated and respond to relevant regulatory changes, compliance issues and case law and are communicated effectively to the workforce.

OBJECTIVES

- Ensure clear accountability and responsibilities are outlined in the policies, protocols and procedures.
- Ensure supporting clinical forms and consumer information align with approved policies, protocols and procedures.
- Determine appropriate methods of monitoring effectiveness of policy, protocol and procedure implementation
- Ensure appropriate custodians or document owners of policies, protocols and procedures
- Discuss and review documents in relation to network trends and Serious, Critical Events and Internal incidents
- Discuss recommendations from the Clinical Governance Committee, NMAC and Improving Performance Committee regarding clinic-wide policies, protocols, procedures and practices
- Receive feedback from other meetings/committees regarding policy, protocol or procedure changes
- Ensure any new or major changes to policies, protocols, procedures, clinical forms and consumer information is supported by appropriate Implementation Plans (including timelines, resources , training, communication and monitoring of effectiveness processes).

MEMBERSHIP

- Medical Director
- Quality and Risk Manager
- Clinical Support and Development Nurse
- Nurse Unit Manager representatives x 2

Others as required:

- Chief Finance Officer
- Marketing Manager or delegate (for consumer information)
- CEO or delegate (for corporate policies)

CHAIRPERSON

- Clinical Support and Development Nurse

QUORUM

- At least 50% of the members

FREQUENCY

- Every 2 months or as required

REPORTING MECHANISM

- Minutes distributed to all members
- Minutes distributed to Clinical Governance Committee

REFERENCES

Australian Commission on Safety and Quality in Health Care. *Safety and Quality Improvement Guide Standard 1: Governance for Safety and Quality in Health Service Organisations (October 2012)*. Sydney. ACSQHC, 2012