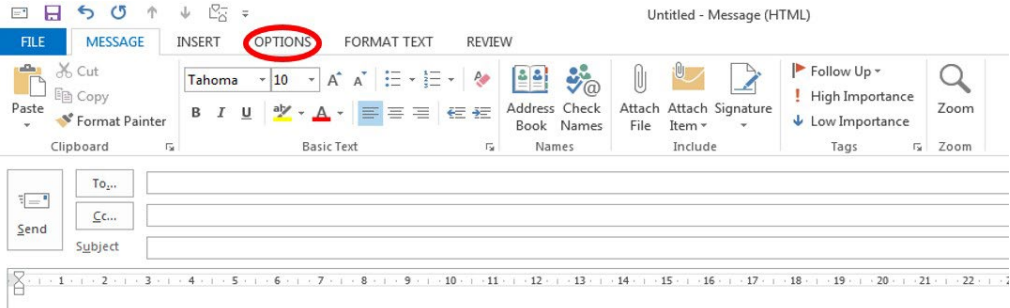
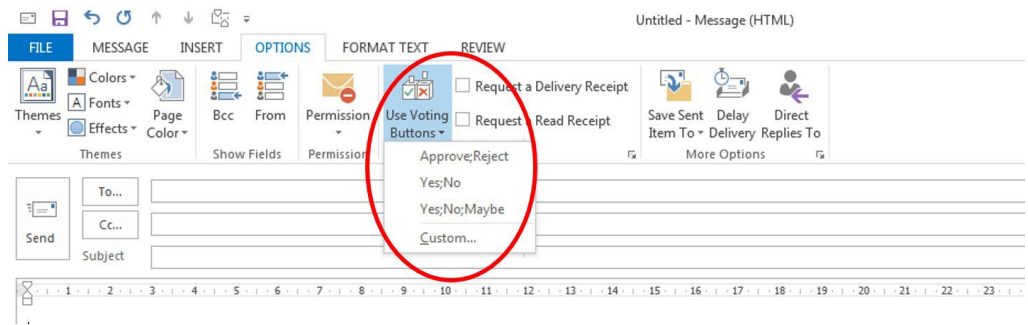


MENTAL HEALTH SERVICE BUSINESS RULE

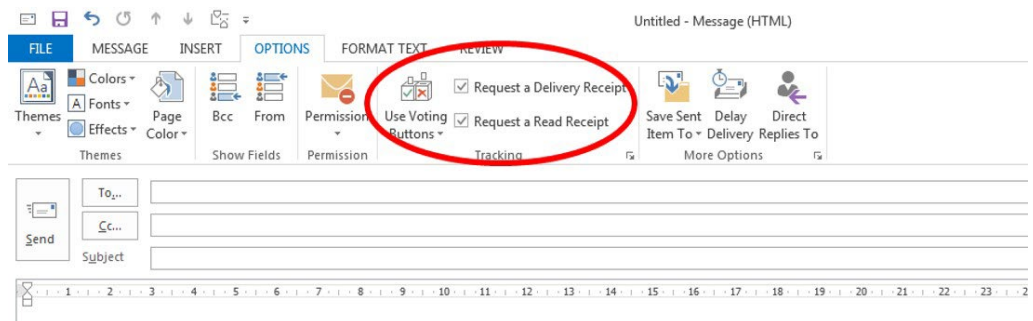
SESLHDBR/064

Name	Electronic Dissemination and Acknowledgment by Staff that they have read and understand the Policy/Procedure/Guideline/Business Rule		
What it is	<p>It is a business rule intended to address two issues – the dissemination of information to staff via electronic means, and the requirement of staff to confirm that they have received, read and understood the material. Its implementation:</p> <ul style="list-style-type: none"> • Ensures that Service Managers disseminate policies, procedures, guidelines and business rules (hereafter referred to collectively as ‘policy documents’), in a timely, effective fashion, via electronic mail. • Enables Service Managers to maintain records concerning the distribution and receipt of electronic communications containing policy documents. • Ensures staff are aware that it is their responsibility to read and understand all documents that have been distributed to them, and that they will be held accountable for this. 		
Risk Rating	Low	Review Date	September 2025
What it is not	It is not an Implementation Plan for new policy documents, nor is it a replacement for policy document discussions at staff meetings, and/or education requirements relating to implementation of policy documents.		
Who it applies to	This business rule applies to all staff in the South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS).		
What to do	<p>The following steps are to be followed by MHS Service Managers when distributing policy documents to staff via electronic means. This includes all NSW Ministry of Health, SESLHD and MHS policy documents.</p> <ul style="list-style-type: none"> • Create a new email on the ‘Home’ tab of the Microsoft Outlook toolbar by clicking on the ‘New Email’ button (usually located in the top left-hand corner) or by clicking ‘Control N’. • Once the email has been written (including completion of the ‘To’, ‘Cc’ and ‘Subject’ lines plus a time frame for responses in the body of the email) and any required documents have been attached, click the ‘Options’ tab (see below).  <p>The screenshot shows the Microsoft Outlook 'Options' tab for a new email. The 'Options' tab is circled in red. The ribbon includes sections for 'Basic Text' (font face: Tahoma, size: 10, bold, italic, underline, text color, background color, text alignment, list and link options), 'Names' (address book, check names), 'Include' (attach file, attach item, signature), and 'Tags' (follow up, high importance, low importance, zoom). Below the ribbon are fields for 'To:', 'Cc:', and 'Subject:'.</p>		

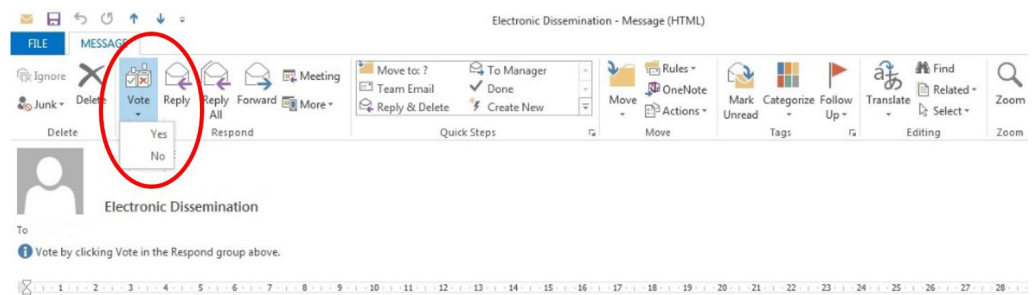
- In the 'Options' tab, go to 'Tracking', select 'Use Voting Buttons' (see below) then click 'Yes/No'.



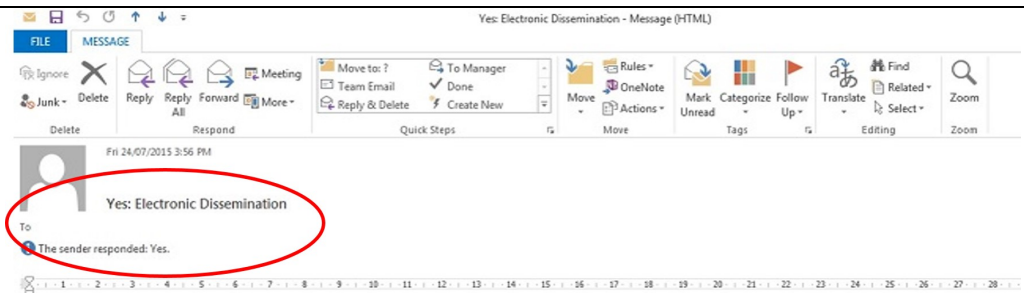
- As an additional measure to provide evidence that the message has been received and/or to ensure compliance, senders can select the option of 'Request a Delivery Receipt' and/or 'Request a Read Receipt' (see below).



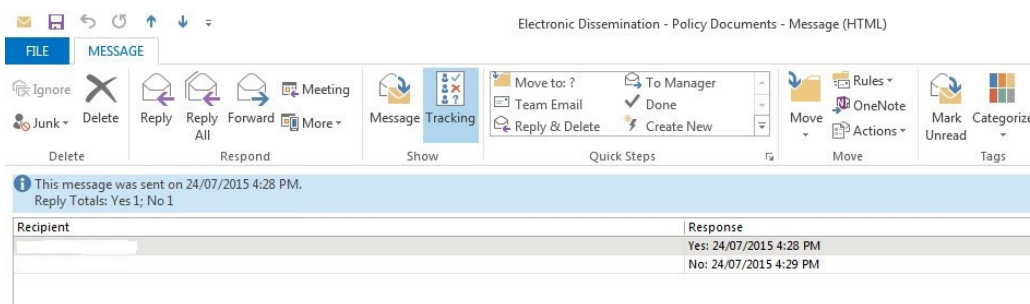
- When the message is opened, the recipient/s will see, in the 'Message' tab, the word 'Vote' with a drop down arrow which, when clicked, will display a Yes/No option (see below).



- To indicate that the recipient/s has read and understood the e-mail, he/she must click on the 'Yes' button. Clicking the 'No' button would be seen as an indication that the staff member had refused to acknowledge the message.
- The sender will then receive the following message (see below).



- This can be used as initial evidence that an individual team member has received, read, understood and acknowledged the message.
- Once the established time frame for responses has passed, the sender can open the e-mail he/she sent. In the sent e-mail, the 'Message' tab also contains a 'Tracking' button when the sender has requested responses as outlined above. Click on the 'Tracking' button and the following dialogue box opens, showing the list of intended recipients for the email, their response to it, plus the date and time of responses (see below).



- Click 'File' on the e-mail toolbar, then 'Print'. The resulting document can then be used as evidence that the e-mail was received and acknowledged by the intended recipients.
- A 'No' response must be followed up promptly with the staff member concerned to ensure the policy document has been received and understood. The staff member is to then re-respond 'Yes' to the original email or otherwise confirm their acknowledgement in writing to the sender.

NOTE: The onus of responsibility is on the individual staff member to read, understand and comply with policy documents. It is also the individual staff member's responsibility to immediately report, to their line manager, any relevant policy document matter which raise concerns.

When to use it	This business rule is to be used when MHS policy documents need to be distributed to staff via electronic means.
Why the rule is necessary	<p>The dissemination of information among organisations now relies more heavily on electronic means. This business rule ensures that:</p> <ul style="list-style-type: none"> • Policy documents are disseminated to all relevant staff of the MHS in an appropriate and timely fashion. • Information is received, read and understood by the recipients within the time frame specified by the sender. • Adequate records are kept of the processes of dissemination and receipt/acknowledgement of the information.

Who is responsible	<p>Service Directors and Managers, Team Leaders and Nursing Unit Managers are responsible for:</p> <ul style="list-style-type: none"> • Ensuring emails containing notification of updated/new policy documents are disseminated to all relevant staff who do not have access to email. • Overseeing the implementation of updated/new policy documents within their scope of responsibility. • Implementing any practice changes in accordance with updated/new policy documents. • Demonstrating effective leadership by role modelling behaviour and ensuring that policy documents are adhered to in their areas of clinical and managerial responsibility. • Accepting responsibility and accountability for promoting safe and legal practice. • Providing evidence of implementation and ongoing audits to MHS Clinical Governance Committees, the MHS Senior Executive, site Executives, Clinical Practice Improvement Units and SESLHD committees, as required. • Assessing staff knowledge of and compliance with critical policy documents during staff performance appraisals. <p>Employees are to:</p> <ul style="list-style-type: none"> • Read and ensure they understand SESLHD MHS policy documents relevant to their professional responsibilities. • Ensure their professional practice is in accordance with NSW Ministry of Health and SESLHD MHS policy documents relevant to their professional responsibilities and job description. • Accept responsibility and accountability for promoting safe and legal practice. • Take ownership of/responsibility for their own professional practice.
Ministry of Health / SESLHD reference	<ul style="list-style-type: none"> • PD2016_043 - NSW Health Policy Directives and Other Policy Documents • SESLHDHB/019 - Policies, Procedures, Guidelines and Business Rules Framework • National Safety and Quality Health Standard (NSQHS) 1.7 • National Standards for Mental Health Services 2010: Standard 8. Governance, Leadership and Management (8.4)
Executive Sponsor	Angela Karooz, General Manager MHS SESLHD
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Revision and Approval History

Date	Revision Number	Author and Approval
November 2011	1	Michelle Bradley, Clinical Nurse Manager, Chair SESLHD MHS Policy Development Committee. Business Rule developed as per Coroner's recommendation. Approved by Acting Director SESLHD MHS. Approved by SESLHD MHS Clinical Council.
July 2015	2	Updated ahead of review date (due to MHS Microsoft Office upgrade) by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer.
August 2015	2	Endorsed by SESLHD MHS Clinical Council.
July 2020	3.0	Confirmed process described is still current. Minor updates to wording.

		Links reviewed and updated
July 2020	3.1	Minor changes by author DDCC review
August 2020	3.1	Endorsed Document Development and Control Committee Endorsed MHS Clinical Council
May 2021	3.1	Approved by Executive Sponsor