



College of Medicine & Dentistry at the Hills, Abbottabad

Policy Dissemination & Implementation Framework

FOR THE YEAR 2025-26



1.0 PURPOSE

This framework establishes a clear, standardized, and verifiable process for communicating, circulating, and implementing all official policies, procedures, and directives issued by the Hospital Leadership or the Board of Governors. The purpose is to ensure that every policy reaches the right individuals, is understood correctly, and is put into practice consistently across the entire organization.

2.0 SCOPE

This framework applies to all departments, clinical and non-clinical staff, administrative teams, contractors, and affiliated personnel of **Alfalaha International Hospital & Valley Medical Complex, Abbottabad**. Throughout this document, these groups are collectively referred to as “the Organization.”

3.0 POLICY STATEMENT

The Organization is committed to maintaining clarity, transparency, and uniformity in all governance and operational matters. Any approved policy must be properly communicated and must not be considered “disseminated” until all relevant staff have acknowledged their understanding and readiness to comply.

4.0 DEFINITIONS

Policy Originating Department (POD):

The department that drafts, revises, or proposes the policy.

Policy Governance Committee (PGC):

A cross-departmental committee responsible for reviewing, endorsing, and approving all organizational policies.

Controlled Document:

An official, version-controlled policy document identified with a unique policy number.

Readiness Verification:

A formal confirmation that a department has reviewed the policy and is prepared for full implementation.

5.0 STRUCTURED POLICY DISSEMINATION PROCESS

All policies must follow a six-stage dissemination cycle:

Stage 1: Final Approval & Cataloging

- Once a policy is approved by the PGC or Hospital Leadership, the Corporate Compliance Office assigns it a policy number, version, and effective date.
- The approved document is uploaded as a **Controlled Document** to the official **Hospital Policy Portal**, forming part of the central policy registry.

Stage 2: Stakeholder Mapping & Communication Planning

- The POD, together with Human Resources and relevant department heads, identifies all

stakeholder groups affected by the policy.

- A tailored **Communication & Dissemination Plan** is created, specifying:
 - Target groups
 - Communication channels
 - Timeframes
 - Key messages

Stage 3: Official Promulgation

- The Office of the CEO/Medical Director issues an **Official Policy Promulgation Memo** to all department heads.
- The memo is simultaneously posted on official digital channels, including:
 - Hospital Intranet
 - Official email broadcast
 - Digital signage, if applicable
- The promulgation memo includes:
 - Policy title and number
 - Rationale or summary of changes
 - Effective date
 - Key actions required from departments
 - Link to the full policy document

Stage 4: Departmental Cascade & Staff Acknowledgment

- Department Heads must disseminate the policy to their staff within a set period (e.g., within 7 business days).
- Dissemination may include:
 - Departmental meetings or briefings
 - Distribution of the policy link/document
 - A Q&A session to clarify concerns
- Every staff member must provide a **mandatory electronic acknowledgment** via the HR/Policy Portal confirming they have **read, understood, and will comply** with the policy.

Stage 5: Training & Implementation Support (If required)

- If the policy involves major workflow or behavioral changes, the POD and HR Training Department will arrange structured training.
- Attendance records for these training sessions are maintained and filed as part of mandatory compliance documentation.

Stage 6: Readiness Verification & Compliance Audit

- Before the effective date, the Corporate Compliance Office reviews acknowledgment status across departments.
- Department Heads submit a **Policy Implementation Readiness Form**, certifying that the policy has been communicated and their staff are fully prepared.
- Any cases of non-compliance are escalated through the appropriate management channels.

6.0 ROLES AND RESPONSIBILITIES

Role	Responsibility
Hospital Leadership / PGC	Provide final approval and direct policy dissemination.
Policy Originating Department (POD)	Draft policies, identify affected stakeholders, support training.
Corporate Compliance Office	Maintain the policy database, issue controlled versions, track acknowledgments, and audit compliance.
Department Heads / Line Managers	Communicate policies to staff, collect acknowledgments, confirm readiness.
Human Resources Department	Manage the acknowledgment system and coordinate training.
All Staff Members	Review, understand, and comply with policies relevant to their role.

7.0 DOCUMENTATION AND RECORD-KEEPING

The following documents must be retained for a minimum of five (5) years as part of the audit trail:

- Final approved policy documents (controlled versions)
- Policy promulgation memos
- Staff acknowledgment records from the Policy Portal
- Policy Implementation Readiness Forms
- Training attendance sheets (where applicable)

Approval By:

Medical Director
Dr Nadeem Zafar

Date: _____