Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé	**REGIONAL** Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.	Level: 1
POLICY	Policy Name: **Evidence Informed Practice Tools**	Policy Number: 10.50.090 — Page 1 of 5
	Approval Signature: *Original signed by A. Wilgosh*	Section: GENERAL ADMINISTRATION
	Date: February 2014	Supercedes: May 2010 July 2007 Evidence Based Practice Tools

1.0 PURPOSE:

1.1 To continuously improve processes and outcomes based on evidence and documented experience.

1.2 To provide direction to WRHA Programs, WRHA facilities and WRHA funded facilities for the development, implementation, evaluation and revision of Evidence Informed Practice Tools (EIPT).

1.3 To advance quality care and patient safety by facilitating continuous quality improvement and rapid cycle change at the team level.

2.0 DEFINITIONS

2.1 Evidence Informed Practice Tool: A regional tool based on a practice that has a theoretical body of knowledge, uses the best available scientific evidence in clinical decision-making, uses standardized outcomes measures to evaluate the care provided, and takes account of each patient's unique circumstances, including baseline risk, comorbid conditions and personal preferences. Types of EIPTs include:

a) Care Maps: Interprofessional evidence informed tools developed to define and coordinate the optimal sequencing and timing of interventions. Care maps are clinical systems that organize and sequence the care giving process at the patient, family and caregiver level to achieve desired quality and cost outcomes. They may also be referred to as clinical pathways, critical paths, care tracks, timelines, roadmaps or collaborative action plans;

b) Clinical Protocols: Specific guidelines, which are expected to be followed in detail with little scope for variation. Clinical Protocols are used in specialty high-risk areas e.g. emergency resuscitation, or where legislation regulates the practice e.g. forensic psychiatry, chemotherapy/radiotherapy. They can be evidence informed or consensus based.

c) Clinical Practice Guidelines: Systematically developed statements to assist practitioners and patient decisions about appropriate health care

for specific clinical circumstances. Clinical Practice Guidelines offer recommendations for care and help the practitioner determine the appropriateness of selected interventions. They are also referred to as parameters, practice polices, position papers, consensus statements, recommendations, practice options and interprofessional guidelines;

d) Clinical Algorithms: Written guidelines to stepwise evaluation and management strategies that require observations to be made, decisions to be considered and actions to be taken. They are schematic representation of guidelines written in a decision tree format. Clinical Algorithms help people decide what to do next. An algorithm may be a stand-alone tool or may be inserted into an appropriate section of a Care Map or Clinical Practice Guideline, as a communication tool;

e) Standing Orders: Written instructions, normally issued by medical practitioners, to allow designated and authorized persons to administer medications or medical treatments to patients under defined circumstances in the medical practitioners' absence (e.g. initiation of treatment if certain conditions exist);

f) Standard Orders: Routine orders, which generally apply to a defined patient population and which generally do not vary between patients within that patient population. (e.g. Bowel prep orders pre bowel surgery); and

2.2 Policy: A regional document that establishes the rules around core processes of the WRHA. It integrates the organization's strategic goals into day-to-day management, and provides a framework for planning, action and decision-making for WRHA staff and physicians. It reflects the WRHA's position on an issue and is something that must be adhered to by staff and physicians of the WRHA. Please see WRHA Policy process on INSITE.

3.0 POLICY:

INITIATION

3.1 Innovation within disciplines/programs/sites is expected and encouraged. Clinical innovations shall be evidence informed to the best extent possible and outcomes shall be evaluated by the relevant WRHA Clinical Program(s)/Service(s).

3.2 A WRHA Clinical Program/Service, a WRHA Standards Committee, a WRHA Quality Committee, a professional practice council, a team, or an individual clinician may identify the need for an EIPT.

3.3 A WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer shall be assigned as the sponsor of the EIPT and a lead author shall be identified.

3.3 Prior to development of an EIPT, a determination should be made as to whether the subject matter is better developed as an EIPT, or whether it should be a Policy, taking into consideration factors such as the definitions of EIPTs as opposed to Policy and the clinical nature of the subject area. Note: Ordersets developed as part of the electronic patient record are approved through a separate process coordinated by Manitoba eHealth and are not addressed within this policy.

3.4 Approval to proceed with the development of an EIPT shall be made by the sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer. If the EIPT involves more than one program, the WRHA Vice President or equivalent shall be consulted.

NOTIFICATION

3.5 Written notification of the development of all EIPTs shall be submitted to:

- 3.5.1 The WRHA Standards Committee to ensure relevant programs are involved
- 3.5.2 The WRHA Professional Advisory Committee (PAC) for tracking purposes
- 3.5.3 The WRHA Chief Medical Information Officer to ensure consistency with the e-Health/electronic patient record order sets
- 3.5.4 If the EIPT will involve a form to be kept on the health record, the WRHA Director of Health Information shall be consulted in the form development process.
- 3.5.5 WRHA Logistics Services if the EIPT is expected to result in new or changed resource needs.
- 3.5.6 WRHA Pharmacy and Therapeutics Committee or subcommittee thereof if the EIPT is anticipated to involve the use of medications not presently on the Formulary.

DEVELOPMENT

3.6 The development of an EIPT shall include:

- 3.6.1 Author teams with appropriate representation from sites and professions involved with the clinical practice. Author teams will be expected to navigate the EIPT through the required development and approval processes.
- 3.6.2 Input from all relevant stakeholders impacted including patients / clients / residents during development and implementation.
- 3.6.3 A review of existing EIPT from other organizations and associations to determine whether such tools can be adopted locally.
- 3.6.4 Well articulated implementation and evaluation components.

APPROVAL

3.7 Prior to implementation, the EIPT must be approved by:

- 3.7.1 The sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer
- 3.7.2 WRHA Program Standards Committee (if applicable) relative to content
- 3.7.3 WRHA Standards Committee (if EIPT covers more than one clinical program) relative to development process
- 3.7.4 WRHA Senior Management if EIPT has resource implications (space, staffing, supplies)

3.8 Prior to implementation, the EIPT will be submitted to the WRHA PAC for review. The WRHA PAC committee will consider issues related to scope of practice, interprofessional collaboration, and plans for implementation, dissemination, and evaluation.

COMMUNICATION

3.9 Upon receipt of the necessary approval(s), the sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer shall:

3.9.1 Provide a final electronic copy of the EIPT to the WRHA PAC for tracking purposes and posting on the intranet.

3.9.2 Submit the final EIPT to the Manitoba eHealth service desk to invoke engagement of the Clinical Informatic Specialist(s) who will prepare the EIPT for inclusion in the EPR (if applicable).

3.9.3 Ensure communication, distribution and implementation of the approved EIPT at all sites/facilities where the care is delivered. Site/facility management shall be responsible for facilitating the delivery of the approved EIPT at each facility/site.

3.10 The WRHA PAC shall be responsible for maintaining a centralized up-to-date database of all approved EIPTs, which shall be made available to all WRHA facilities and WRHA funded facilities.

REVIEW

3.11 The sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer shall, at least every three years, evaluate outcomes and new information and shall review the EIPT for possible revision.

3.11.1 Minor revisions can be approved by the sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site Chief Operating Officer. Notification and dissemination of the revised EIPT to occur as in 3.9.

3.11.2 Substantive revisions must follow the same development and approval processes as for a newly developed tool.

4.0 PROCEDURE:

4.1 The procedures for development of EIPTs are outlined in the algorithm in the Appendix.

4.2 A toolkit for reviewing evidence is available from the WRHA Research and Evaluation Unit - http://home.wrha.mb.ca/research/index.php

4.3 Evidence Informed Practice Tools Development Checklist http://www.wrha.mb.ca/professionals/ebpt/files/EIPTChecklistNOV2013.doc

5.0 REFERENCES:

5.1 Accreditation Canada Qmentum Standards, 2008.

Policy Contact: *Lori Lamont, Vice President and Chief Nursing Officer*
Chair, WRHA Professional Advisory Committee

Appendix: Algorithm for **Evidence Informed Practice Tools**

Identify need for EIPT
Determine sponsoring WRHA Clinical Program/Service, WRHA Vice President or Site COO
Assign lead author

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Obtain approval to proceed with development
One Program: Sponsoring WRHA Clinical Program/Service, WRHA VP, Site COO
Multi-Program: WRHA Vice President or equivalent

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Provide written notification of plans to develop to:
WRHA Standards Committee
WRHA Professional Advisory Committee
WRHA Chief Medical Information Officer
WRHA Director of Health Information (if form to be kept on health record)
WRHA Logistics Services (if likely to result in new or changed resource needs)
WRHA Pharmacy and Therapeutics (if likely to involve medications not presently on formulary)

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Develop EIPT

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Obtain approval from:
Sponsoring WRHA Clinical Program/Service, WRHA VP or Site COO
WRHA Program Standards Committee
WRHA Standards Committee (if more than one program involved)

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Submit to WRHA Professional Advisory Committee for Review

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Provide final copy of EIPT:
WRHA Professional Advisory Committee
Manitoba eHealth service desk

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Communicate, distribute and implement

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Evaluate and review every three years

↙ Major revisions

↘ Minor revisions can be approved by sponsoring WRHA Clinical Program/Service, WRHA VP or Site COO