

## Evidence Informed Practice Tools (EIPT) – Stakeholder Consultation Checklist

EIPT Subject/Title: \_\_\_\_\_

<b>Recommendations to consider:</b>	
1. Input from relevant stakeholders impacted including patients/clients/residents during development and implementation (e.g. key professionals who will either be using the tool or impacted by the tool)	<input type="checkbox"/>
2. A review of existing EIPT from other organizations and associations to determine whether such tools can be adopted/adapted for local use	<input type="checkbox"/>
<b>Provide a Brief Overview</b> – in stakeholder consultation, outline the purpose/subject matter of the EIPT being developed and indicate purpose for consultation.	

Lead EIPT Developer: \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

### II. SELECTION OF STAKEHOLDERS:

**Identify (✓) Stakeholders that will be considered for consultation:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Mental Health Crisis Response Centre | <input type="checkbox"/> Grace Hospital             | <input type="checkbox"/> Seven Oaks General Hospital |
| <input type="checkbox"/> CancerCare Manitoba                        | <input type="checkbox"/> Health Sciences Centre     | <input type="checkbox"/> St. Amant                   |
| <input type="checkbox"/> Churchill Health Centre                    | <input type="checkbox"/> Misericordia Health Centre | <input type="checkbox"/> St. Boniface Hospital       |
| <input type="checkbox"/> Concordia Hospital                         | <input type="checkbox"/> Pan Am Clinic              | <input type="checkbox"/> Victoria General Hospital   |
| <input type="checkbox"/> Deer Lodge Centre                          | <input type="checkbox"/> Riverview Health Centre    | <input type="checkbox"/> Integrated Services         |

Clinical Programs/Services:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adult Mental Health              | <input type="checkbox"/> Home Care                        | <input type="checkbox"/> Personal Care Home           |
| <input type="checkbox"/> Anesthesia                       | <input type="checkbox"/> Infection Prevention & Control   | <input type="checkbox"/> Pharmacy                     |
| <input type="checkbox"/> Cardiac Sciences                 | <input type="checkbox"/> Integrated Tuberculosis Services | <input type="checkbox"/> Population and Public Health |
| <input type="checkbox"/> Child & Adolescent Mental Health | <input type="checkbox"/> Manitoba Renal Program           | <input type="checkbox"/> Primary Care                 |
| <input type="checkbox"/> Child Health                     | <input type="checkbox"/> MBTelehealth                     | <input type="checkbox"/> Psychology                   |
| <input type="checkbox"/> Critical Care                    | <input type="checkbox"/> Medicine                         | <input type="checkbox"/> Rehab/Geriatrics             |
| <input type="checkbox"/> Diagnostic Imaging               | <input type="checkbox"/> Oncology                         | <input type="checkbox"/> Spiritual Health             |
| <input type="checkbox"/> Emergency                        | <input type="checkbox"/> Oral Health                      | <input type="checkbox"/> Surgery                      |
| <input type="checkbox"/> Family Medicine                  | <input type="checkbox"/> Ophthalmology                    | <input type="checkbox"/> Women's Health               |
| <input type="checkbox"/> Genetics                         | <input type="checkbox"/> Palliative Care                  | <input type="checkbox"/> Other, specify _____         |

Support Services:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aboriginal Health Services    | <input type="checkbox"/> Health Information Services                        | <input type="checkbox"/> Logistic Services                      |
| <input type="checkbox"/> Capital Planning              | <input type="checkbox"/> e-Health (Information Technology & Communications) | <input type="checkbox"/> Laboratory Medicine                    |
| <input type="checkbox"/> Clinical Engineering          | <input type="checkbox"/> French Language Services                           | <input type="checkbox"/> Legal Services                         |
| <input type="checkbox"/> Chronic Disease Collaborative |   | <input type="checkbox"/> Medical Device Reprocessing            |
|  |   | <input type="checkbox"/> External Funded Agencies (e.g. Klinik) |
|  |   | <input type="checkbox"/> Volunteer Services                     |

Committees (**PAC & WRHA Standards Committee for final approval**):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Professional Advisory Council (PAC)  | <input type="checkbox"/> Nursing Leadership Council             | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> WRHA Standards Committee             | <input type="checkbox"/> Personal Care Home Leadership Council  | <input type="checkbox"/> Other, specify _____ |
| <input type="checkbox"/> Allied Health Leadership Council     | <input type="checkbox"/> Personal Care Home Directors of Care   |   |
| <input type="checkbox"/> Medical Advisory Council (MAC)       | <input type="checkbox"/> Regional Materiel Management Committee |   |
| <input type="checkbox"/> Community Health Services Leadership | <input type="checkbox"/> Human Resources Council                |   |
| <input type="checkbox"/> Regional Educator Council            | <input type="checkbox"/> Regional Ethics Council                |   |

Others, Specify: \_\_\_\_\_

***This checklist is a tool to help in the development of an EIPT. It is not all inclusive to consult each stakeholder but is protocol specific.***

***Recommended - that this checklist accompany the final EIPT during the approval process.***