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| Evidence Informed Practice Tool (EIPT)  Submission to Professional Advisory Committee  (maximum two page summary) |



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| **Name of EIPT:** | |  | | |
| Type of EIPT | * Care Map * Clinical Protocol | |  | * Guideline * Algorithm * Standing Order * Other: |

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| Members of the Author Team: |
| Objectives of EIPT: |
| EIPT Highlights: |
| Consultation Process (Include Persons/Programs): |
| Description of Current Standards & Practice (include clinical areas impacted/sites and/or programs): |
| Significant Changes to Current Practice (include impacted areas): |
| Expected Outcomes for Patients/Staff: |
| Description of Evidence (level of evidence if for approval; description of evidence if for information): |
| Evaluation Plan and Impact Assessment: |
| Submitted By: |

For Committee Use:

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| **🞏 Requested revisions**  **🞏 Accepted for Information** | *Signature:* |  |
|  | *Date:* |  |