

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;"><b>POLICY</b></p>	<p><b>REGIONAL</b></p> <p>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.</p>		<p>Level:</p> <p style="text-align: center;"><b>1</b></p>
	<p>Policy Name:</p> <p style="text-align: center;"><b>Evidence Informed Practice Tools</b></p>	<p>Policy Number:</p> <p style="text-align: center;">10.50.090</p>	<p>Page</p> <p style="text-align: center;">1 of 6</p>
	<p>Approval Signature:</p> <p style="text-align: center;"><i>Original signed by A. Wilgosh</i></p>	<p>Section:</p> <p style="text-align: center;"><b>GENERAL ADMINISTRATION</b></p>	
	<p>Date:</p> <p style="text-align: center;">December 2014</p>	<p>Supercedes:</p> <p style="text-align: center;">February 2014</p>	

## 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:
  - 2.1.1 **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;
  - 2.1.2 **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,

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chemotherapy/radiotherapy. They can be evidence informed or consensus based.

- 2.1.3 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;
  - 2.1.4 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;
  - 2.1.5 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);
  - 2.1.6 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 intended 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 Community Health Services Leadership Team (CHSLT).
  - 3.5.4 The Manitoba eHealth CMIO to ensure consistency with the e-Health/electronic patient record order sets.
  - 3.5.5 The WRHA Director of Health Information shall be consulted in the form development process – if the EIPT includes a form to be kept on the health record.
  - 3.5.6 WRHA Logistics Services if the EIPT is expected to result in new or changed resource needs.
  - 3.5.7 WRHA Pharmacy and Therapeutics Committee or subcommittee thereof if the EIPT is anticipated to involve the use of medications - formulary or non-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 shall 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/environmental scan 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 shall 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 shall be submitted to the WRHA PAC for review. The WRHA PAC committee shall consider issues related to scope of practice, interprofessional collaboration, and plans for implementation, dissemination, and evaluation. Once final approval has been received (from WRHA PAC and Standards Committee) WRHA PAC shall send the author group a letter confirming finalization of approval process.

## **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 and those in development, 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, Site Chief Operating Officer, or lead author(s) 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.

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#### 4.0 **PROCEDURE:**

- 4.1 The procedures for development of EIPTs are outlined in the algorithm in the Appendix and in the Evidence Informed Practice Tools Development Checklist (<http://www.wrha.mb.ca/professionals/ebpt/files/EIPTChecklistNOV2013.doc>).
- 4.2 More information is available on the WRHA Evidence Informed Practice Tools website (<http://www.wrha.mb.ca/professionals/ebpt/index.php>)

#### 5.0 **REFERENCES:**

- 5.1 Accreditation Canada Qmentum Standards, 2014.
- 5.2 Evidence Informed Practice Tools May 2010 Policy, Evidence Informed Practice Tools Development Checklist and Stakeholder Feedback.

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Chair, WRHA Professional Advisory Committee*

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