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|  <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé Nutrition & Food Services Services de diète et d'alimentation</p> <p>BEST PRACTICE GUIDELINE</p> | Nutrition Evidence Based Practice Tools: Process for Development, Evaluation and Approval | |
| | Approval Signature: | Practice Guideline #: 50.100.100 |
| | Date: May 2009 | Page: 1 of 10 Supercedes: |

1.0 **PURPOSE:**

- 1.1 To provide internal development, evaluation and approval process for evidence based practice tools (recommended compliance) in conjunction with the WRHA Evidence Based Practice Tool Policy 10.50.090.

2.0 **DEFINITIONS:**

- 2.1 **Evidence Based Practice Tool:** A regional tool based on a practice that has a theoretical body of knowledge, uses the best available scientific evidence in 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.^{5.1}
- 2.2 **Evidence Based Practice Tools (Recommended Compliance) (EBPT)**^{5.1}: Tools that provide varying degrees of guidance but require modest changes in practice and process. Their use is often associated with a lower compliance and hence with less impact on patient outcome. They include:
- a) **Clinical Practice Guidelines:** Systematically developed statements to assist practitioners and consumer decisions about appropriate health care for specific care and help the practitioner determine the appropriateness of selected interventions. They are also referred to as parameters, practice policies, position papers, consensus statements, practice options and multidisciplinary guidelines;^{5.1}
 - b) **Clinical Algorithms:** Written guidelines to stepwise evaluation and management strategies that require observations to be made, decision 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.^{5.1}
 - c) **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);^{5.1}

- d) **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^{5.1}
- e) **Procedures:** Written sets of instructions that describe the approved and recommended steps for a particular act or sequence of acts.^{5.1}

2.3 **Practice Issue Form:** Form used to identify practice issues and/or questions. (see Appendix A)

2.4 **Practice Issue Summary Form:** Form used to document purpose, definitions, evidence review, recommendations, practice changes, anticipated impact, recommendations for implementation, references and reviewers. (see Appendix B)

2.5 **Practice Councils:** Nutrition Practice Councils are composed of dietitians working in their respective sectors. The Nutrition Practice Councils include acute care, long term care, community nutrition, primary care, and day hospital.

2.6 **Practitioner:** Health care providers including dietitians, physicians, nurses and allied health.

3.0 **PRACTICE GUIDELINES:**

3.1 The Process for Development, Evaluation and Approval of Evidence Based Practice Tools will be used by all WRHA Registered Dietitians developing and reviewing evidence based practice tools.

3.2 Evidence based practice tools will be reviewed every 3 years or updated as required.

4.0 **PROCEDURES:** (see flow chart in Appendix C)

4.1 **Identify Practice Issue/Question**
Practitioner(s) identify a practice issue/question and complete a Practice Council Best Practice/ Issue form specific to their sector.

- a) The practice question should be stated in the PICO format to clearly define the scope of the question.
 - P** Population – the relevant patients, clients or groups to which your question applies
 - I** Intervention or exposure that your question is about
 - C** Comparison or control
 - O** Outcome or consequences of the exposure/intervention in which you are interested

Examples:

P Do patients with ileostomies

I who consume a high fibre diet (>20g)...

C compared to those who consume a low fibre diet (5-10g)...

O have a higher incidence of ostomy blockage?

P Do school-aged children

I who watch media (TV, computer) > 15 hours/wk

C compared to children who watch media less than 15 hours/wk

O Have a higher incidence of overweight (defined by BMI for age >95th percentile)?


- b) The practitioner(s) is to provide a discussion of the issue (e.g. background, context of the issue, conditions to consider to allow for effective decision making, present or potential impacts if the issue is not resolved. The practitioner(s) also documents potential options and analysis.
- c) The practitioner(s) submits the practice question to the appropriate Nutrition Practice Council.

- 4.2 The Nutrition Practice Council/Chair will determine how work will proceed on development of the evidence based practice tool and communicate feedback to practitioner(s).
- 4.3 Establish Working Group
The Nutrition Practice Council/Chair will assemble a small EBPT working group to complete the Practice Issue Evidence Summary form including practitioner(s) who submitted question (if interested). The Nutrition Practice Council will determine key stakeholders and reviewers.
- 4.4 Complete Evidence Based Practice Tool
The EBPT working group will complete the Practice Issue Evidence Summary form as per Best Practice Guideline: Completion of Practice Issue Evidence Summary.
- 4.5 Review/Evaluation
The EBPT working group will submit the completed Practice Issue Evidence Summary to the appropriate Nutrition Practice Council for review and evaluation. The Nutrition Practice Council will approve that the Practice Issue Evidence Summary is ready to be submitted to reviewers and key stakeholders for external review. The EBPT working group will circulate the Practice Issue Evidence Summary for review and evaluation. Reviewers will provide feedback using the Checklist for Reviewers (Appendix D)

- 4.6 Revision
The EBPT working group will revise the Practice Issue Evidence Summary as required and provide feedback to reviewers.
- 4.7 Review/Approval
The Nutrition Practice Council chair will forward completed Practice Issue Evidence Summary to WRHA Nutrition & Food Services Clinical Nutrition Managers, Medical Director and Chief Nutrition & Food Services Officer for approval.
- 4.8 Approval
Approval process will vary depending if the practice issue crosses more than one discipline and/or sector.
- a) Discipline Specific
Discipline specific EBPTs are approved by the appropriate Nutrition Practice Councils.
 - b) Multi Discipline (All sectors)
Multi Discipline EBPTs that cross sectors are approved by the WRHA Nutrition Advisory Subcommittee of the WRHA Pharmacotherapy Coordinating Committee. Long Term Care EBPTs are also approved by the Personal Care Home Program Executive Director.
 - c) Multi Discipline (One sector)
Multi Discipline EBPTs that are confined to one sector are approved as follows:
Long Term Care: Personal Care Home Program Executive Director
Primary Care: Primary Care Practice Council
Public Health: Medical Officer of Health; Director of Population Public Health
Acute Care: Nutrition Advisory Subcommittee
- 4.9 Clinical Nutrition Manager for the appropriate sector will create Evidence Based Practice Guideline as appropriate. Develop implementation and communication strategy. Clinical Nutrition Manager will inform PAC/Program of new EBPT.

5.0 **REFERENCES:**

- 5.1 WRHA Regional Policy 10.50.090 Evidence Based Practice Tools.
- 5.2 Dietitians of Canada Practice-Based Evidence in Nutrition. Submit a Practice Question. Internet:
<http://www.dieteticsatwork.com/pen/SubmitAQuestion.asp?kpid=8316>
(accessed October 28, 2008)
- 5.3 American Dietetic Association. Evidence Analysis Manual: Steps in the ADA Evidence Analysis Process. Scientific Affairs and Research. Fall 2008. <https://www.adaevidencelibrary.com/topic.cfm?cat=1155> (accessed October 28, 2008)

- 5.4 Cincinnati Children's Hospital Medical Center, Evidence-Based Care Guideline Development and Update Process, March 2006.
<http://www.cincinnatichildrens.org/svc/alpha/h/health-policy/evidence-based/resources.htm>. (accessed October 28, 2008)
 - 5.5 Sawatzky-Dickson, Doris. Health Sciences Centre Evidence-Based Practice: An Overview. June 2006.
 - 5.6 Splett, Patricia L. Developing and Validating Evidence-Based Guides for Practice: A Tool Kit for Dietetics Professionals. American Dietetic Association., 2000.
 - 5.7 Dietitians of Canada Practice-Based Evidence in Nutrition. Check List for Reviewers, November 2005.
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WRHA Acute Care Dietitian Practice Council Best Practice / Issue Form

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| Best Practice /Issue Submitted by | | | |
| Date | | Information | |
| Control No. | | Discussion | |
| | | Decision | |
| Subject (state as a question in PICO format if appropriate): | | | |
| Issue (Provide a discussion of the issue e.g. background, context of the issue, conditions to consider to allow for effective decision making, present or potential impacts if the issue is not resolved): | | | |
| Potential Options and Analysis: | | | |

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|-------------------------------|-------------|-------------|--|
| Date reviewed by ACDPC | | | |
| Discussion / Decision | | | |
| Action | Name | Date | |
| | | | |

PRACTICE ISSUE EVIDENCE SUMMARY

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|---|--------------|
| Best Practice Issue (state as a question, PICO): | |
| | |
| Member: | Site: |
| | |
| Purpose: (goals, scope, intended users, settings, and patient/client groups) | |
| | |
| Definitions: | |
| | |
| Evidence Review: (Please list type and grade of evidence reviewed) | |
| | |

Recommendations:

Practice Changes:

Anticipated Impact:

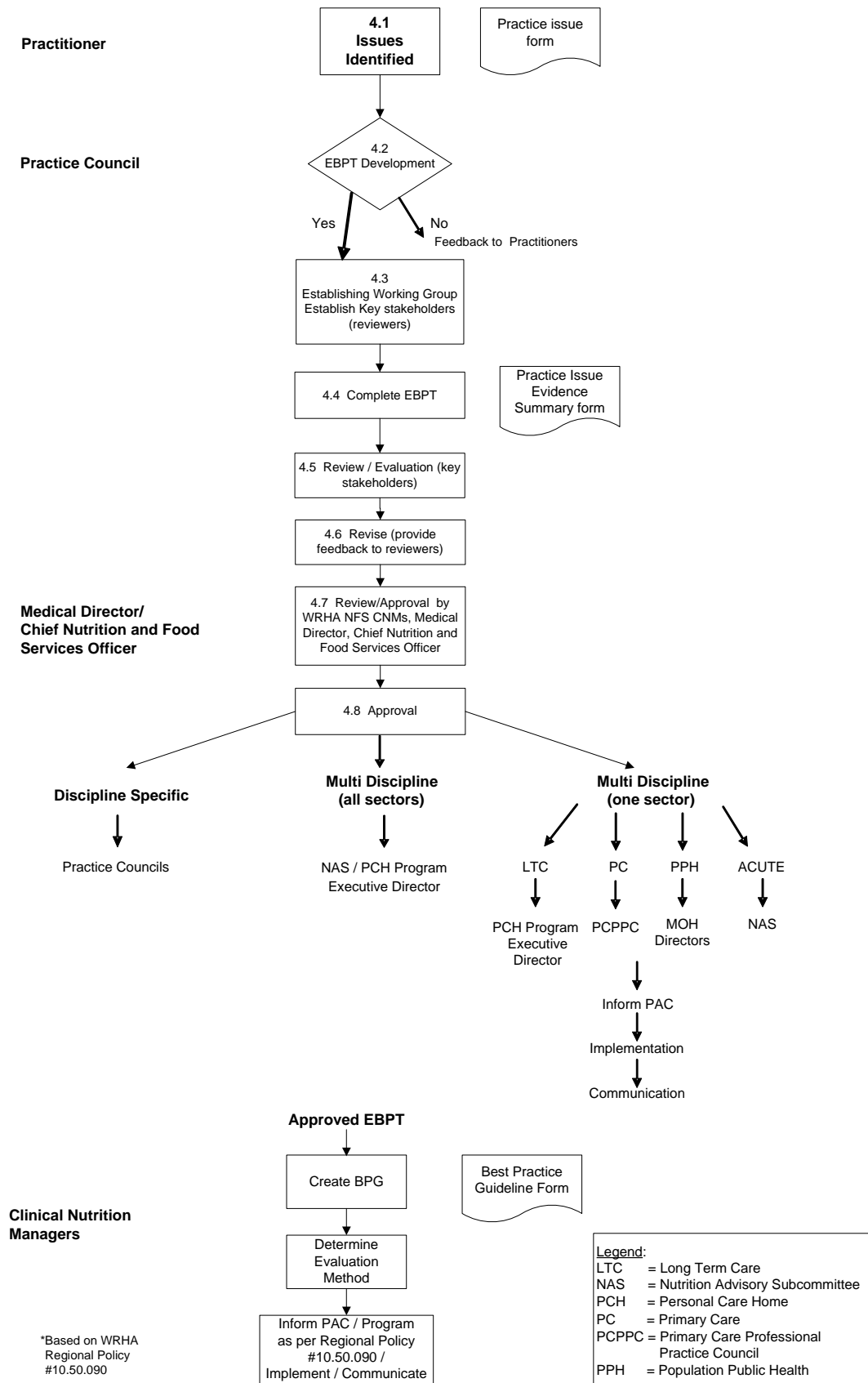
Recommendation for implementation:

References:

These recommendations are being reviewed by:

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**EVIDENCE BASED PRACTICE TOOLS:
Development, Evaluation and Approval**



Appendix D

Checklist for Reviewers

Evidence:

Are there key/important articles/studies which haven't been included as part of the evidence?

Are the references cited current and appropriate in scope?

Are references:

- Accurate, verifiable, and peer reviewed?
- Authority – from an authoritative source? Where recommendations rely on expert opinion this too must be clearly stated so that practitioners understand the strength of the evidence supporting a particular key practice point.
- Objective – science-based and evaluated according to recognized standards of evidence.
- Current – very recent (publications written in the last 2 years or websites where content is reviewed at least annually.) An older item may be considered if no newer information or research exists or it sets the foundation for future research (e.g. a Surgeon General's report) or stands the test of time.

Evidence Summary

Is the summary brief, does it provide an overview/roll-up of the key practice points.

Recommendations:

Are the recommendations relevant to the question?

Are they clearly written?

Is the recommendation graded appropriately?

Are there other recommendations which should be made to answer this question?

Are the recommendations according to VIA?

- Validity – Can you trust the information? (the source and level of evidence are stated)
- Importance – Will the information make an important difference to practice? (the outcomes are ones practitioners or clients would care about)
- Applicability – can you use this information in practice settings? (consider access, practicality or cost issues, etc).

Adapted from: Dietitians of Canada. PEN (Practice-based Evidence in Nutrition): Check List for Reviewers. November 2005.