Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg Caring for Health / À l'écoute de notre santé **OPERATIONAL GUIDELINE**	**Developing Practice Guidelines and Operational Procedures in Population and Public Health**		
	Approved by: ☒ **Population and Public Health**	**Target review date: February 2024**	*Pages: 1 of 8*
	Approval Date: February 12, 2021	**Updated:**	

1. PURPOSE

To provide a standard and consistent process for the development, approval, communication, implementation, and evaluation of practice guidelines and operational procedures within WRHA Population and Public Health (PPH).

2. SCOPE

This guideline applies to staff involved in the development or review of practice and procedure support documents developed within PPH, or in collaboration between PPH and other programs.

This guideline informs the process for the development and maintenance of these documents such as practice or service delivery guidelines, operational procedures, clinical decision tools, and clinical practice guidelines.

This guideline does not address other supplementary documents that may be developed in PPH in order to support or standardize practice, for instance: role descriptions, supply lists, FAQs, user guides for electronic systems, or position statements.

3. BACKGROUND

A range of document types that inform and support practice and program delivery are developed within PPH and in collaboration with partners. These are consistent with regional policies and evidence-informed practice tools. They help to standardize or operationalize care and resources, and/or guide or inform service delivery at the team or program level.

At the regional level, policies and evidence-informed practice tools are created that support practice more broadly, including care maps, clinical protocols, clinical practice guidelines and algorithms, and standard orders. These types of documents are

generally not created solely at the PPH program or by PPH teams, but may be developed collaboratively with the region.

4. DEFINITIONS

The WRHA Policy Committee has developed a list of definitions for documents that are used to support practice. Policies, protocols, and standards set minimum requirements that are mandatory. Whereas guidelines are tools that provide relevant information to inform clinical, service, or operational decisions, and are more flexible in nature. Standards may be embedded within guidelines, (for example by stating the basic competencies of the person who may perform the task, or expected time lines around task completion).

PPH often create documents to support the implementation or operationalization of such external documents such as regional policies, clinical practice guidelines, care maps, provincial standards, and protocols. For instance, Manitoba Health produces Communicable Disease protocols that are operationalized in our setting through practice guidelines or service delivery guidelines.

This operational guideline applies to the development of the following document types, which are commonly developed within PPH program areas: (note this is not an exhaustive list)

Clinical Practice Guidelines: Systematically researched and developed documents 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 may also be referred to as parameters, practice polices, consensus statements, recommendations, and inter-professional guidelines. Similar types of externally developed clinical guidance documents are used widely in PPH (e.g. Canadian Tuberculosis Standards), while similar in scope may use other titles. Clinical practice guidelines are occasionally developed within or in partnership with PPH (e.g. *Home*

Phototherapy, Falls Prevention). The process for establishing an author team and developing clinical practice guidelines within the WRHA is provided by Evidence Informed Practice Tools and not addressed in this operational guideline.

Operational Guidelines / Operational Procedures / Standard Operating Procedure: These documents inform non-clinical procedures or practices specific to PPH staff. Example: *Safe use of facility washroom by staff and clients*

Practice Guidelines / Service Delivery Guidelines: These generally articulate how an evidenced health practice is delivered in a particular setting. A practice guideline generally refers to clinical practices (e.g. Collecting Sputum for Acid Fast Baccilli). Service delivery guidelines provide direction for non-clinical practices (e.g. Distribution of Harm Reduction Supplies). If operationalizing a national or provincial clinical practice guideline (CPG) or communicable disease protocol in a specific care setting –a practice guideline or service delivery guideline may be developed. Practice and service delivery guidelines documents are distinguished from CPG by scope of practice and size of the practicing body.

Clinical Decision Tools: The clinical decision tool is used when the registered nurse is initiating reserved act #2 and/or reserved act #10 under the College of Registered Nurses of Manitoba General Regulation.
https://www.crnm.mb.ca/uploads/document/document_file_249.pdf?t=1530203476
Examples: *Treatment for infectious syphilis cases and contacts by Public Health Nurses*

5.0 PROCEDURE: (See Appendix A)

5.1 Initiating a new document:

- Recommendations for a new operational or practice guideline or procedure may be initiated by specific PPH teams or programs, PPH Strategic Directions, practice councils, or individuals or other groups. Recommendations may also be initiated via Accreditation Canada's Required Organizational Practices and Standards.

- A thorough scan of existing documents (policies, procedures) must first be done to establish that an existing document does not already exist that applies to the organization. The recommendation for a new document should include a clearly stated purpose and need.
- Approval to create a new document must be provided by the appropriate program leadership before beginning the writing process, with consideration of the appropriate role of PPH in the authorship and development. Approval should also include a decision on the type of document that requires development (e.g. practice guidelines, operational procedure) and recommendations for the author team.

5.2 **Establishing an Author Team:**

- The author team should have appropriate representation from sites and disciplines involved with the practice or procedure. All documents require review by peers and relevant program leadership, and may also require an inter-professional team for development, and partners from outside PPH.
- A lead author will often be designated based on content expertise and role. Lead authorship is consistent with the roles or position descriptions of Clinical Nurse Specialists, Communicable Disease Coordinators, Team or Program Managers, Program Specialists, Medical Officers of Health, Public Health Nurses, and Outreach Workers.

5.3 **Developing the document:**

- A **standard template** (see Appendix B) and header will be used containing the WRHA logo, type of document, title of document, approved by, approval date, target review date, and updates. The following sections are standard components of practice or procedure documents, however, not all sections may apply. All documents should be clearly labelled “DRAFT” in the header or with a water mark until the final document is approved.
- **Evidence and ethical reviews or environmental scans** should be undertaken for best or promising practices, evaluations, similar

documents from other areas or other forms of evidence that may inform a practice or program support document.

- **Consultation across program areas and other groups affected.** Author teams will seek input from all relevant content experts and stakeholders including clients / community members, existing committees, or care partners during development and implementation. Practice or program support documents may require review and consultation with Regional Privacy, Regional Policy, Communications, Regional Ethics, or Indigenous Health in order to safely and ethically inform the procedure or guideline. Relevant consultations will be determined by the author team and program leadership, or by the approval body prior to approval.
- Consultations may occur before the writing occurs or after a draft is created.
- **Tracking of document progress:** Documents that require multiple levels of consultation and approval from internal and external partners can take several months to develop and benefit from the use of a tracking tool to document steps taken during document development.
- **Interim documents:** In some situations, where all involved parties are in agreement, an interim/draft document may be used while the document moves through the final approval process.

5.4 **Approval.** Document approval occurs by the operational and practice support leadership group. Documents cannot be approved without consultation and integration of feedback from necessary consultations as determined by program leadership.

5.5 **Communication and Implementation:** Roll-out involves distribution of guidelines, education about the intent of the guideline, as well as plans for implementation of the guideline. There are multiple forums for sharing guidelines and supporting integration into practice such as staff education sessions, webinars, practice councils, team meetings, or staff orientation. The method of integration will be dependent on the specific guideline and content.

5.6 **Integration** in to practice will be supported operationally through management and in practice through the relevant practice support staff (e.g. Clinical Nurse Specialists, Communicable Disease Coordinators, Family First Program Leads, Public Health Nurses, Outreach Workers). Implementation is most successful with full team engagement in all stages of document development and implementation.

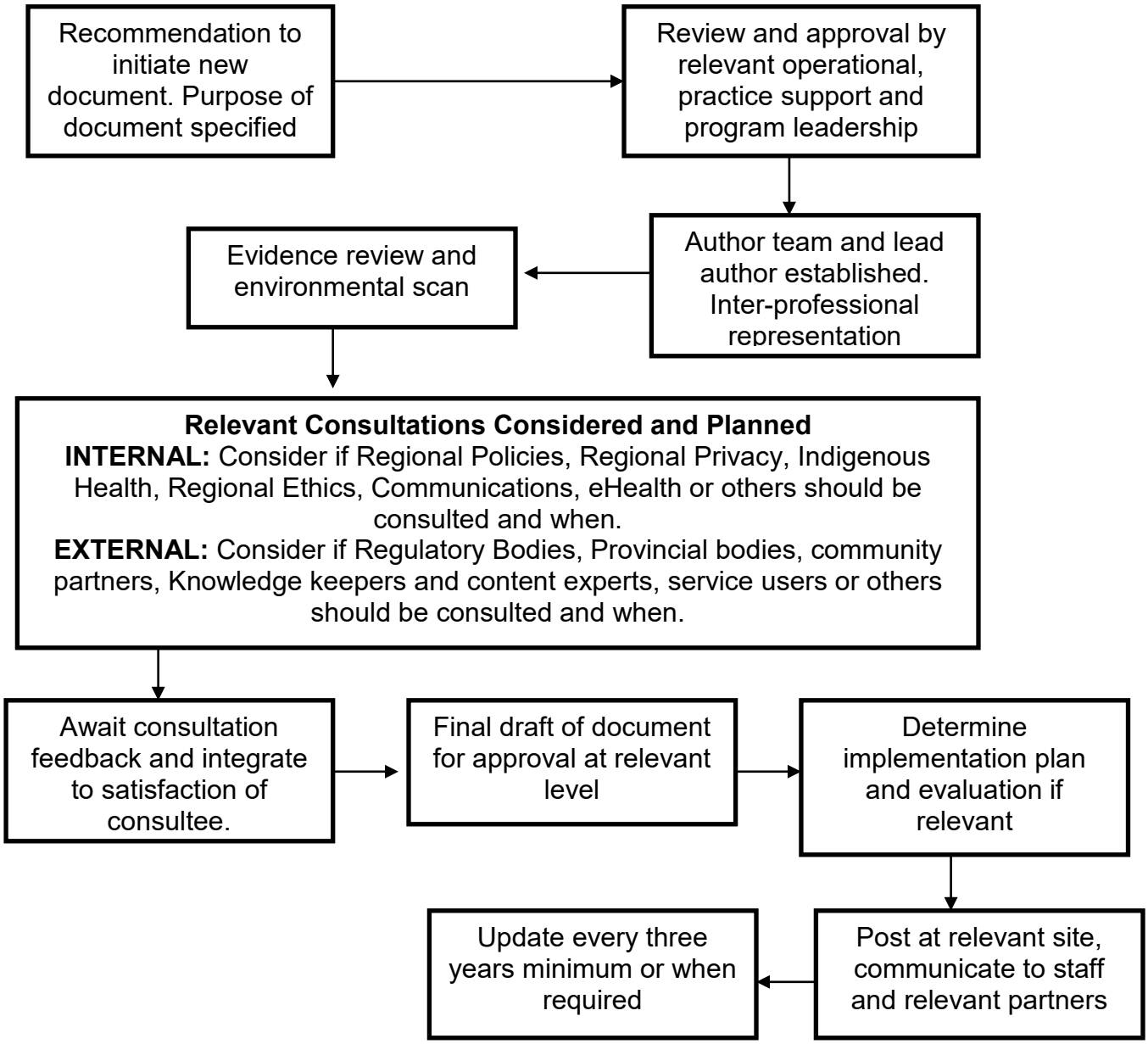
5.7 **Storage and Posting:**

- Documents that apply to the entire Population and Public Health program, or to multiple teams, should be made available on the WRHA extranet site in pdf or another unmodifiable format. The original modifiable document will be stored in a shared folder accessible to staff involved in the development of the guideline.
- Documents that only apply to one PPH team can be kept in the team's specific network folder drive. The document does not require posting on the team's extranet page unless it is relevant to care partners who would not have access to the network drive.

5.8 **Evaluation, Monitoring and Review Updates:**

- If required, an evaluation process may accompany the document, which would be supported by PPH staff involved in evaluation (Program Specialists, Clinical Nurse Specialists, Communicable Disease Coordinators, and others).
- The author group/program is responsible for ensuring review and updates to documents every three years or sooner if significant operational or practice circumstances change.

Appendix A: Process Algorithm



Appendix B: Template for Guideline and Procedure Documents

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Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg Caring for Health / À l'écoute de notre santé **TYPE OF DOCUMENT**	**TITLE** TITLE OF DOCUMENT	
	Approved by: TEAM AND PROGRAM	**Pages:** *8 of 8*
	Approval Date: **Updated**	**Supersedes (if applicable)** **Target Review Date:**

PURPOSE: Clearly state the purpose of the document

SCOPE: for whom this document applies including type of staff (administrative, outreach, nursing) and program or specific team.

BACKGROUND: If required provide contextual information that may explain why the practice guideline is required.

DEFINITIONS: Relevant to this document that may require definition early in the document.

PROCEDURE: A chronological list of steps that should be taken

VALIDATION, REFERENCES, OR RESOURCES: Sources of evidence or reference relevant to the document

APPENDICES: As required

LEAD AUTHOR(S) [name and position]. For documents that apply to PPH or that are posted on the extranet, the lead author(s), and or lead author(s) position will be included at the end of the document.