

Evidence Informed Practice Tools

Site Applicability

PHC



Need to Know

Evidence informed practice tools are documents that are created or adopted by PHC to support the delivery of best possible care to our patients, clients and residents. Document types include (but are not limited to): Clinical Policy, Guidelines, Protocols, Care Maps, Pathways (See [Definitions](#))

Providence Health Care strives to be at the forefront of exceptional care and innovation. We facilitate quality care and patient safety improvements informed by evidence. Principles include

- Clinical innovation is evidence informed to the best extent possible
- Outcome measures are in place to evaluate improvement in clinical practice
- Anyone can identify the need for an evidence informed practice tool
- A lead author shall be identified at the outset of a project.
- All Corporate Policy documents require a Senior Leadership Team Sponsor.

Procedure

Prior to the development or revision of documents, councils, committees or groups should be notified as relevant, e.g.:

- Professional Practice Office (Practice Consultants, Professional Practice Leaders)
- Senior Leadership Team (SLT)
- Medical Advisory Committee (MAC)
- Corporate Policy Office

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- Professional Practice Council
- Regional Practice Councils
- Forms Committee
- Clinical Informatics
- Pharmacy and Therapeutics Committee (Local / Regional)
- Director Clinical Supplies and Equipment
- Director Professional Practice and Nursing

Development

- Ensure author /authoring team representation from all relevant clinical sites and professions involved in the practice. Leadership of the project should be by the person or group with the most appropriate expertise relevant to the subject matter (an existing expert group or person e.g. Centre for Excellence). For projects lead by VCH a PHC lead representative will be identified.
- Obtain and review available evidence informed practice tools from other organizations and associations to determine whether such tools can be adopted or adapted for PHC.
- Obtain and review current, credible sources of evidence: research literature, published guidelines, consensus statements etc. to support the inclusion or exclusion of information
- Obtain input from **all** relevant stakeholders impacted by the practice. This can include but is not limited to: direct care staff, Clinical Nurse Leaders, Nurse Educators, Clinical Nurse Specialists, Nurse Practitioners, Physicians, Pharmacists, Professional Practice Leaders, Patient Care Managers, clinical councils, legal counsel, quality improvement specialists, patient advisory groups etc.
- Obtain budget approval from the relevant leadership if there are resource implications (e.g. required training/education resources and tools, equipment etc.)
- Involve the Director Clinical Supplies and Equipment in the development if there is any changes to equipment and supply requirements
- Consult the Professional Practice Office to consider all issues relating to scope of practice
- Consult Risk Management and or Privacy office as needed for input and recommendations
- Develop an implementation/sustainment plan and an evaluation strategy

Stakeholder Engagement

Endorsement from all key stakeholder groups should be obtained prior to submission for final approval. Failure to complete this step will inevitably slow down the approval process.

Approval

Prior to implementation, evidence informed practice tools must be endorsed by the relevant approval bodies including practice councils, quality and safety councils etc. as required.

Once submitted to the Professional Practice Office the document will be circulated to the appropriate approval process for final sign off and posting. For further information about the process see [Key Stages](#), [Revision Process](#) and [Development Process](#)

Document Type	Approval Body
Preprinted orders/ Cerner Powerplans and Orders	Pharmacy and Therapeutics Committee and the Forms Committee. Regional PPO's must also be approved by Regional P & T MAC is a key stakeholder CST Medication Management – for Cerner tools
Cerner PowerForms and documentation DTA's	Professional Practice Clinical Informatics CST governance
Documentation tools/forms, both chart and non-chart (paper)	Forms Committee (fsupport@providencehealth.bc.ca) CST Forms Working group (for FormFast documents)
PHC Practice Decision Support Tools (clinical policy, standards, procedures, protocols, guidelines). Applies to discipline specific and Interdisciplinary documents housed on the Shared Health organization Platform (SHOP)	PHC Professional Practice Standards Committee (nursingstds@providencehealth.bc.ca) Regional (VCH-PHC) practice documents also need approval through the VCH process
Program Specific Policy or Operational Guideline	Program Quality Safety Committee or equivalent, Program Director
Corporate Policy	Senior Leadership Team
Patient Health Education Material	PHEM committee (phe@providencehealth.bc.ca)

Communication and Implementation

The Project Lead / document development lead is responsible for determining the best method(s) for communicating any new practice or change in practice and any relevant outcome measurement. This includes any communication or education strategies, involvement of any other groups (e.g. Nurse Educator Group, Quality & Safety) and other related plans for implementation and sustainment. In some cases there are resources available to assist with this (e.g. template for practice standard announcement)

Revision of Tools

All evidence informed tools will be re-evaluated and revised as necessary, at a minimum of every 3 years or as per other legal requirements.

Abbreviations

The use of abbreviations in published documents is discouraged. With discretion, some abbreviations can be used if they enhance document readability, if well understood and written out in full at least once in the document. Some disciplines have an acceptable abbreviations list – See [SHOP](#)

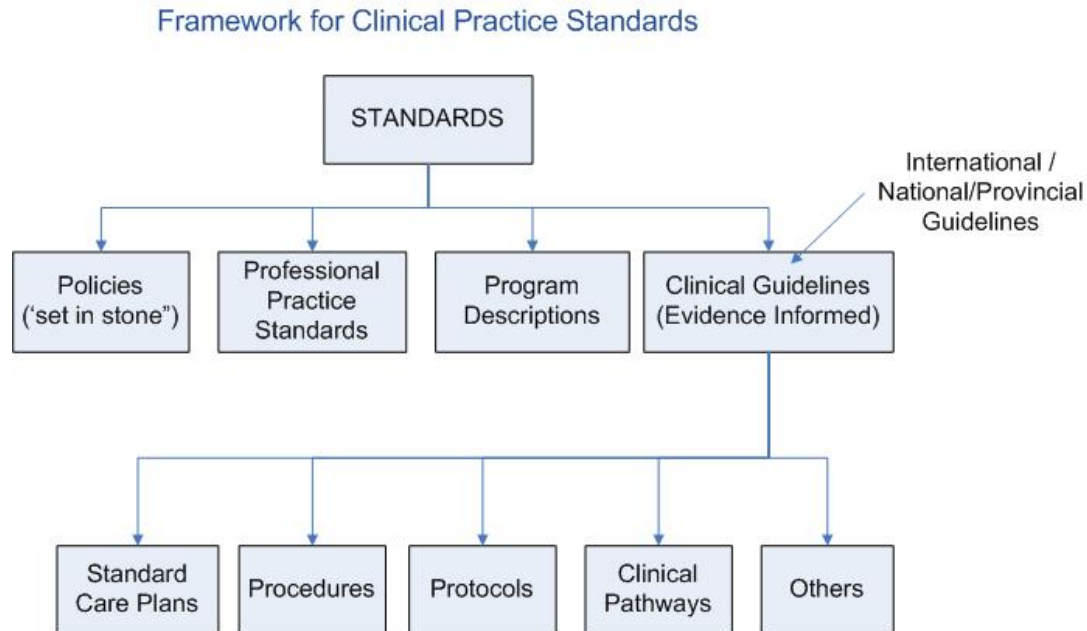
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All published documents will adhere to the ISMP Dangerous Abbreviations list (“Do Not Use” list) for consistency.

Some acceptable abbreviations are:

- Milliliters mL (not ml or cc)
- Litres L
- Millimeters mm
- Millimeters of mercury mmHg
- Central Venous Catheter CVC
- Intravenous IV

Framework



References

Canadian Nurses Association (2018) Position Statement Evidence Informed Decision Making and Nursing Practice. Accessed at <https://www.cna-aiic.ca/> March 12 2019.

Clinical and Systems Transformation, Provincial Health Services, Providence Health Care, Vancouver Coastal Health Policy definitions. Accessed March 5, 2019 at http://shop.healthcarebc.ca/CST_Documents/Definitions/CSTVPPPolicyDefinitions.pdf

British Columbia College of Nurses and Midwives. Professional Standards for Registered Nurses and Nurse Practitioners, Registered Psychiatric Nurses and Licensed Practical Nurses. <https://www.bccnm.ca/Pages/Default.aspx>

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British Columbia College of Nursing Professionals. Glossary of Terms. Accessed May 5 2021 at <https://www.bccnm.ca/Glossary/Pages/Default.aspx>

College of Speech and Hearing Professionals of British Columbia. (2020) Clinical Practice Guidelines and Protocols. Accessed May 5, 2021 <https://cshbc.ca/registrants/registrant-resources/clinical-practice-guidelines-protocols/>

College of Speech and Hearing Professionals of British Columbia. (2020). Standards of Practice. Accessed May 5, 2021. <https://cshbc.ca/registrants/registrant-resources/standards-of-practice/>

International Council of Nurses Position Statement, Scope of Nursing Practice (2013) accessed March 5 2019 at <https://www.icn.ch/nursing-policy/position-statements>

Rosenberg, W. & Donald A. (1995). Evidence-based medicine: An approach to clinical problem solving. British Medical Journal 310, 1122-1126.

Sackett, D et al (1996) Evidence-Based Medicine: what it is and what it isn't. BMJ 312: 71-72

Definitions

Standard:

A desired and achievable level of performance against which actual practice can be compared. It provides a benchmark below which performance is unacceptable. Standards are developed by expert and /or authoritative bodies.

Policy

A clear, concise, non-negotiable, formal statement directing staff decision-making. It enables and guides informed action, prescribes limits, assigns responsibilities and accountabilities and is secondary to legislation and by-laws. It must align with the mission and vision of the organization. • ALL staff are required to comply with the policy

Decision Support Tools (DSTs)

An umbrella term used to describe a variety of resources which guide staff when assessing, planning, implementing and evaluation of care/or services. Developed with rigor these tools reflect the use of evidence, best practice and standards. • DSTs foster professional judgement in the interest of optimal care or processes. These tools provide various levels of direction, from broad to specific. Although they may be stand alone, DSTs frequently accompany or intersect with other companion tools. • Can be inter-professional and/or interdepartmental; may support a single profession/department depending on the nature of the knowledge and skill required. DSTs include: clinical pathways/inter-professional plans of care, guidelines, procedures and protocols.

Interdisciplinary Plans of Care (IPOC)

An IPOC is a Cerner clinical decision support tool that gives clinicians the ability to measure a patient's progress towards individualized goals and indicators while providing evidence-based

interventions (or action items) to help patients meet their goals expressed as outcomes. Care plans and clinical pathways are the basis for IPOCs built in the Cerner Electronic Health Record

Evidence-Based Practice:

Evidence based practice is a process by which nurses make clinical decisions using the best available research evidence, their clinical expertise and patient preferences. (Sigma Theta Tau November 2005)

Evidence Informed Practice:

Evidence-informed decision-making is a continuous interactive process involving the explicit, conscientious and judicious consideration of the best available evidence to provide care. It is essential to optimize outcomes for individual clients, promote healthy communities and populations, improve clinical practice, achieve cost-effective nursing care and ensure accountability and transparency in decision-making within the health-care system. (CNA Position Statement, Evidence Informed Decision Making and Nursing Practice October 2010)

Guidelines:

Clinical Guidelines are systematically developed, evidence-based strategies and systematically developed, evidence-based strategies and principles that direct actions and decisions for management of specific circumstances. They provide direction for decision making as well as allow for professional judgment. • Generally broad based they describe roles and responsibilities for each professional

Procedure:

Description of a series of steps required to complete a specific task, intervention or activity.

Protocol:

A set of require actions to manage a clinical condition, operational issue or population occurrence. • Any deviation requires documented rationale

Standard Operating Procedures

A description of a work activity including the sequence of tasks and the application of best practices to complete the activity. They ensure everyone knows their roles and responsibilities and performs the procedures or tasks the same way each time. May be used to operationalize administrative tasks and or care delivery in a specific area.

Medical Staff Rules (or Rules)

The Rules approved by the Board of Directors governing the day to day management of the medical staff in the facilities and programs operated by the health authority.

Order Sets

A set of precise instructions detailing actions for prevention, care and/or treatment of a clinical condition. An order set must be made client specific and signed by an authorized health care

provider (prescriber). Frequently referred to as Pre-printed orders (in paper charts), PowerPlans, modules, orders (in Cerner, electronic health record)

Staff

Staff means all employees including Management and Leadership.

Interdisciplinary

Interdisciplinary can be used interchangeable to mean Interprofessional. Inter-professional is defined as a group of individuals from different disciplines working and communicating with each other. In the inter-professional environment each member provides his/her knowledge, skills and attitudes to augment and support the contributions of others.

Clinical Pathways:

Clinical Pathways are standardized, evidence-based multidisciplinary management plans, which identify an appropriate sequence of clinical interventions, timeframes, milestones and expected outcomes for an homogenous patient group Used to reduce variation in patient care they contain defined milestones with established outcomes. Any variances from the pathway are documented.

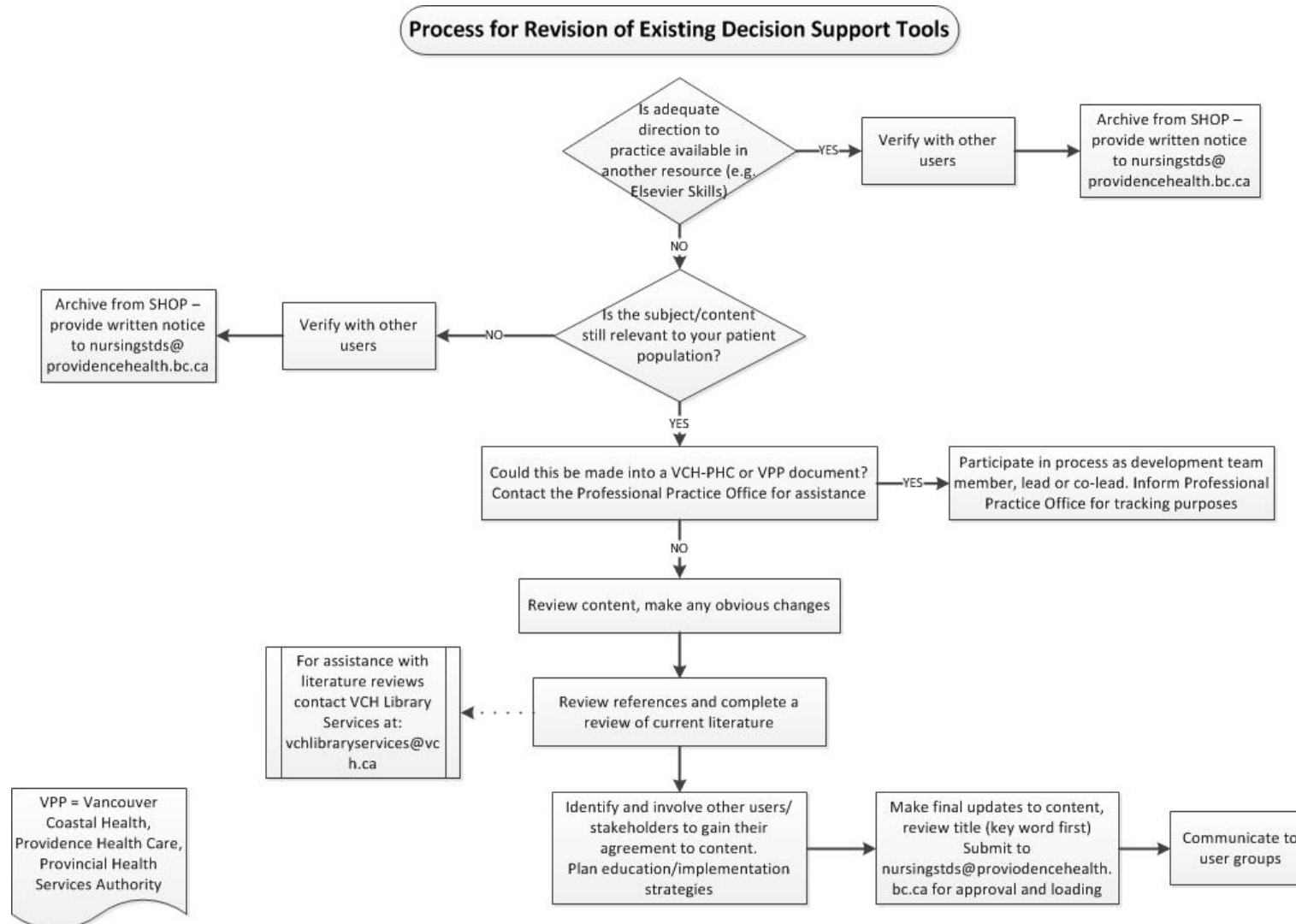
Initial Effective Date:	October 2014
Posted Date:	10-MAY-2021
Last Revised:	10-MAY-2021
Last Reviewed:	
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Professional Practice

Key Stages:

	Policy	Decision Support Tools (DST)	Care Map/Plan/Guide	Forms (Chart and Non Chart)	Patient Health Education Material
Key Contacts	Corporate Policy Office	Professional Practice	Professional Practice	Forms Support	PHEM
Additional Resources		Professional Practice Standards Committee	Forms Support	Health Records	PHEM Support
Template?	Available	Available	Available	Available	Available
Prior to Development	Obtain SLT sponsor along with development and approval form	<ul style="list-style-type: none"> • Contact PPO • Determine project and scope • Identify and obtain support for Regional Documents • Identify stakeholders including clinical experts 	<ul style="list-style-type: none"> • Identify Project lead • Identify stakeholders including clinical experts 	<ul style="list-style-type: none"> • Identify stakeholders (representation from all who either complete or review the form) 	<ul style="list-style-type: none"> • Identify stakeholders
Required Stakeholders	SLT Sponsor Others dependent on the subject e.g. Ethics, Risk	Representatives of all groups who will be expected to follow the DST. (e.g. CNS, PCM, councils, impacted physicians or other disciplines, risk, privacy, lab etc.	Representatives of all groups who will be using the tools	Representatives of all groups who will be using the tools	PHEM Committee, Patient advisory council members
Content Development and Agreement	Developed with content experts and stakeholder engagement, any applicable groups or councils consulted				
Approval Body	Senior Leadership Team	Professional Practice Standards Committee	Professional Practice Standards Committee	Forms Committee CST Forms Working Group (For FormFast forms)	PHEM Committee
Implementation	Communication and education developed and disseminated by development group with the assistance of the Practice Office and where applicable, Communications	Unit or program specific, site specific, PHC or Regional Communication and education coordinated by the development group. Consider Learning Hub	Usually unit or program specific, coordinated by the development group	Unit or program specific, site specific, PHC or Regional Communication and education coordinated by the development group.	Unit or program specific, site specific, PHC or Regional Communication and education coordinated by the development group.
Evaluation		Planned and coordinated prior to implementation	Planned and coordinated prior to implementation		
Review	Q2 – 3 years and as per legislative requirements	Q 3 years and as needed	Q 3 years and as needed	As needed	As needed

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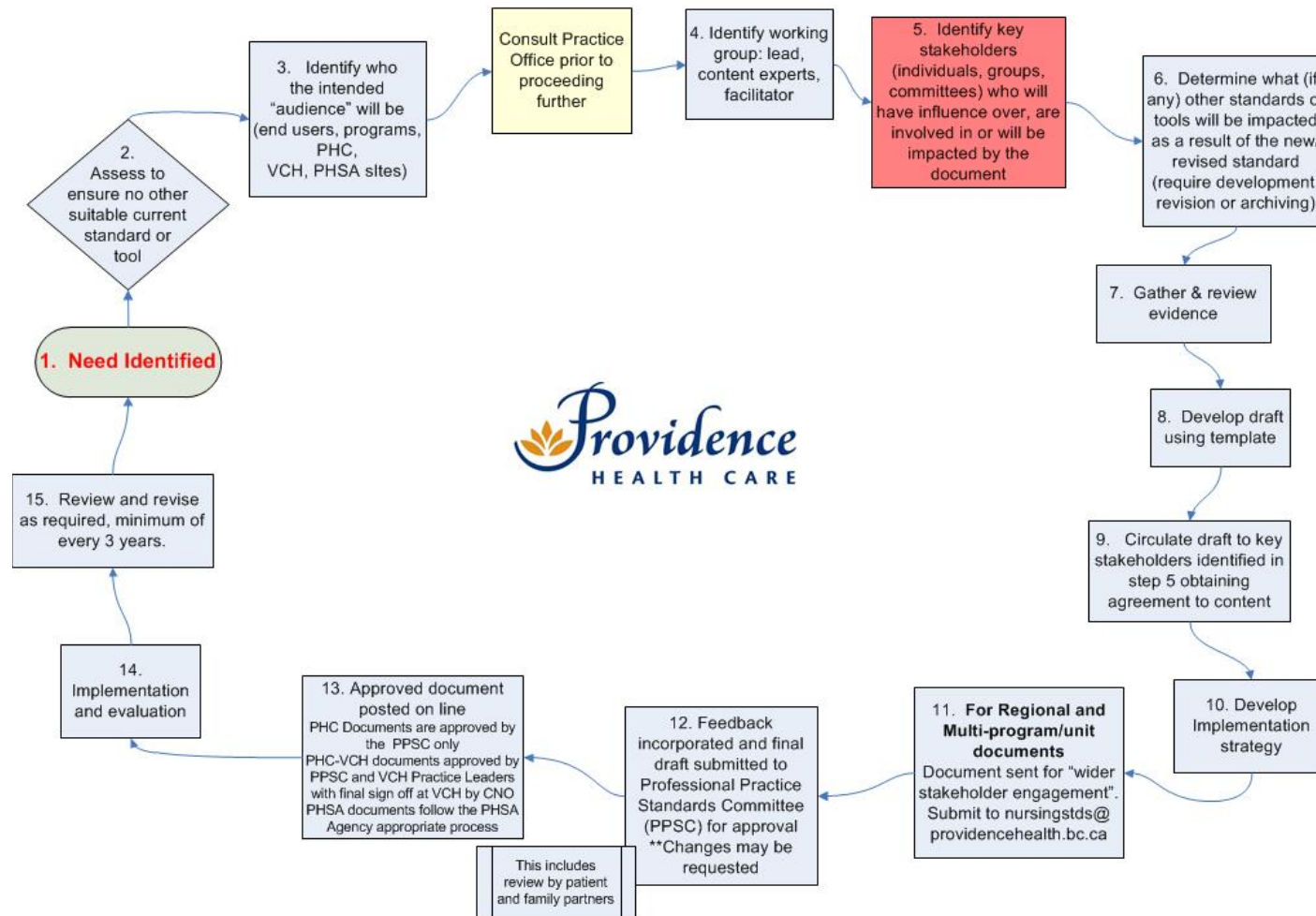
Revising Existing Decision Support Tools



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Developing New Decision Support Tools

Evidence Informed Practice Document Development & Approval Process



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