1.0 PURPOSE

To provide frameworks for the development of Interior Health Policy and Clinical Decision Support Tools.

2.0 DEFINITIONS

Clinical Decision Support Tools (CDSTs):

An umbrella term used to describe a variety of resources which guide health care providers in assessing, planning, implementing and evaluating care. Developed with rigor these tools reflect the use of evidence, best practice and standards.

CDSTs foster professional judgment in the interest of optimal patient/resident/client-centered care. These tools provide various levels of direction, from broad to specific. Although they may be stand alone, CDSTs frequently accompany or intersect other companion tools. Developed by a team, they are generally inter-professional but may also support a single profession depending upon the nature of the knowledge and skill required for safe, competent & ethical care.

CDSTs may include Clinical Pathways, Guidelines, Pre-Printed Orders, Procedures and Protocols.

**Clinical Pathway**

A defined method of care specific to an identified condition or population. It is presented sequentially and reflects interventions and outcomes and may refer to order sets. Also known as a pathway, care path, care map® or critical pathway.

**Guideline**

A systematically developed strategy statement to assist in making appropriate decisions in specific circumstances. Guidelines allow for flexibility and encourage professional judgment.

**Pre-Printed Order**

Precise instructions detailing action(s) for prevention, care and/or treatment of a clinical condition. A Pre-Printed Order must be client specific and signed in order to be enacted.

**Procedure**

A description of a series of steps required to complete a specific task or activity.
Protocol
A set of required actions to manage a clinical condition, operational issue or population occurrence. Any deviation requires documented rationale.

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 policy.

Administrative Policy
Policy which addresses operational issues (finance, risk, human resources etc.). Does not directly touch client care however may deal with client management issues. Examples of Administrative Policies are: Abuse Free Environment of Clients, Appeal of Care/Service Decisions, Standards of Conduct, Record Retention, Expense etc.

Clinical Policy
Policy which directly addresses client care. Generally direct client care will be addressed with a Clinical Decision Support Tool. Examples of Clinical Policies are: Consent, CPR Directives etc.

Board/Governance Policy
Policy which focuses on strategic directions, roles, responsibilities and relationships involving board, management and stakeholders. They are approved by the Board and issued by the Board Chair. Examples of Board/Governance Policies are: Decision Making Authority, Allegations of Wrongdoing etc.

Standards:
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. Also known as Clinical Practice Standards.

3.0 POLICY

3.1 Policy
Interior Health Policy will be developed, approved, implemented, reviewed and evaluated in accordance with approved processes, standardized definitions and format as set out in the Policy Guide.

The term Policy will be exclusively used for Interior Health wide directional documents. Local/site specific directional documents will be identified as procedures, guidelines or protocols.

The Board of Directors approves all governance policy documents and the Senior Executive Team/VP Sponsor approves all IH wide operational policy documents.
The policy development process will be sensitive to the needs of the organization for timely response when the existence of an issue or problem is identified.

Stakeholder consultation and communication should be proportional to the impact of the issue or problem to be resolved and will depend on such things as the level of awareness of the issues, the desired outcomes, and available resources.

The policy sponsorship, development and review processes will be evaluated at least every three years.

3.2 Clinical Decision Support Tool Documents

Interior Health Clinical Decision Support Tools will be developed, approved and implemented in accordance with approved processes and standardized definitions and format as set out in the Clinical Decision Support Tools: Development Guide.

Clinical Decision Support Tools must be endorsed by the designated authority.

Interior Health wide Clinical Practice Standards must be endorsed by the Leader of Professional Practice and Chief Nursing Officer.

Clinical Decision Support Tools that contain physician orders or direction from an individual with prescribing authority must be approved by Local and/or Regional Medical Advisory Committees.

4.0 PROCEDURE

4.1 Policy Sponsorship and Development Framework - Appendix A

Policy Guide.

4.2 Clinical Decision Support Tools Development Framework - Appendix B


5.0 REFERENCES

APPENDIX A
This is a Interior Health CONTROLLED document. A copy of this document in paper form is not controlled and should be checked against the electronic file version to ensure accuracy.

Policy Sponsor: VP Clinical Support Systems and CIO
Policy Steward: Manager Freedom of Information, Privacy and Policy Development
Date Approved: September 2002
Date(s) Reviewed(r)/Revised(R): March 2009 (R); January 2011 (R); December 2017 (r)
APPENDIX B

CLINICAL DECISION SUPPORT TOOLS DEVELOPMENT FRAMEWORK

Phase 1 IDENTIFICATION & INITIATION
1. Identify a Practice Concern or opportunity for Practice Enhancement
2. Check to see if the tool currently exists in IH
3. Discuss with leaders within discipline(s) to ensure support and to discuss impact

Phase 2 DEVELOPMENT
1. Assemble your team
2. Create draft tool
3. Obtain “Content & Useability” feedback from stakeholders
4. Make revisions
5. Develop Implementation Plan
6. Send draft tool with implementation plan to approving/endorsing bodies

Phase 3 APPROVAL / ENDORSEMENT
Send the following to appropriate approval / endorsing body or group:
1. Final draft
2. Content and Useability reviews
3. Development Checklist
4. Implementation Plan

Phase 4 – IMPLEMENTATION
1. Execute Implementation Plan

Phase 5 REVIEW/EVALUATION
1. Evaluation is conducted. Best practice suggests every 3 years. All Preprinted Orders are reviewed annually.
2. Lessons learned are gathered and disseminated
3. Changes and modifications are made by proceeding to Phase 1