

**AA0100 – POLICY AND CLINICAL  
DECISION SUPPORT TOOLS**

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, Syilx, and Tšilhqot’in Nations, where we live, learn, collaborate and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

**1.0 PURPOSE**

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

**2.0 DEFINITIONS**

TERM	DEFINITION
<i>Clinical Decision Support Tools</i>	<p>A term used to describe various evidence-informed clinical practice documents that are used to direct, inform, and guide health care providers in point of care delivery or decision making. CDSTs support health care providers to:</p> <ul style="list-style-type: none"> <li>• Meet professional regulatory college/association Scope of Practice, Standards, Limits and Conditions,</li> <li>• Meet required organizational policies/practices,</li> <li>• Promote quality, person- / family-centered, and standardized care.</li> </ul> <p>In June 2022, IH moved to one simplified CDST template replacing what were historically known as Clinical Practice Standards, Care Standards, Pathways, Guidelines, Procedures and Protocols.</p>
<i>Policy</i>	<p>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.</p> <p><b>Administrative Policy</b></p> <p>Policy that addresses operational issues (finance, risk, human resources etc.). Does not directly address client care however may deal with client management issues.</p>

Policy Sponsor: VP Corporate Services & Chief Financial Officer	1 of 3
Policy Steward: Director, Policy & Risk Management	
Date Approved: September 2002	Date(s) Reviewed-r/Revised-R: October 2024 (R)
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	<p><b>Board Policy</b> <i>Policy that focuses on strategic directions, roles, responsibilities and relationships involving board, management and partners.</i></p> <p><b>Clinical Policy</b> <i>Policy that directly addresses client care. Generally direct client care will be addressed with a Clinical Decision Support Tool.</i></p> <p><b>Research Policy</b> <i>Policy that addresses standards of practice, processes and behaviour in research involving Interior Health resources, people, patients or data.</i></p>
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**3.0 POLICY**

**3.1 Policy**

- IH Policy will be developed, approved, implemented, reviewed and evaluated in accordance with approved processes, standardized definitions and format as set out in the [Policy Development Framework](#).
- The term Policy will be exclusively used for IH wide directional documents. Local/site specific directional documents will be identified as procedures, guidelines or protocols.
- The Board of Directors approves all Board policies and the Senior Executive Team/VP Sponsor approves all Administrative, Clinical, and Research policies.
- The decision to initiate the development of a Clinical Policy related to a regulated healthcare professional’s scope of practice **must** be reviewed by the Professional Practice Office. Approval and final endorsement of this type of policy is the responsibility of the Chief Nursing Officer and Professional Practice Leader.
- 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.
- Partner 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 framework will be reviewed at least every three (3) years.

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**3.2 Clinical Decision Support Tools (CDSTs)**

- Initiating the development of a Clinical Decision Support Tool (CDST) must include collaboration with the Professional Practice Office (PPO).
- All clinicians must follow approved IH CDSTs to support an area of clinical practice.
- All IH CDSTs must be:
  - developed, or revised, in accordance with the [Clinical Decision Support Tool Framework](#);
  - submitted to the IH [Clinical Care Governance Document Management System](#) (DMS); and
  - endorsed by Professional Practice Office (PPO) or an authority designated by the PPO reviewed at least every 3 years.

**4.0 PROCEDURES**

- 4.1 **Policy:** Follow the [Policy Development Framework](#).
- 4.2 **CDSTs:** Follow the [Clinical Decision Support Tool Framework](#).
- 4.3 **Other clinical care resources:** Refer to [flowchart](#) and the [CCR Clinical Document Development Resources](#) site.

**5.0 REFERENCES**

N/A

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