|  |  |
| --- | --- |
| **Clinical Standard Title** | |
| **Service Area:** Programsor SDOs that perform the clinical procedure(s) | |
| **Approved By:** e.g. Provincial Nursing Leadership Council, Manitoba Medical Leadership Team | **Approved Date:**  MMM/DD/YYYY |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CLINICAL STANDARD STATEMENT** | | |
|  | **1.1** | * 1-3 sentence description of the standard. **WHO**, ***WHEN*** ***and WHAT*** is to be achieved. What is the outcome of having a clinical standard implemented? * This standard is applicable to:   For example, clinicians, endocrinologists, SDO leaders, all SDO, patients, and families.   * Action required:   For example, systems are in place to maintain, document, assess, effective communication, follow a clinical pathway, include/consult, weigh risks and benefits, examine, perform, identify, report, use.   * Timing of required actions:   For example, before/during/after - a procedure/consultation/presentation to a HCP/ recovery /admission /discharge.  Example: When a patient is referred for consideration of a upper GI endoscopy, the referral document will provide sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consulation. | |
|  |  | | |
|  | **STANDARD:** | | |
|  | **2.1** | **INCLUSION/EXCLUSION CRITERIA** | |
|  | 2.1.1 | | Important Notes (Delete this section if not needed)   * Considerations that individuals and organizations need to consider when determining the applicability to a Standard to their clinical practice. * Are there any exceptions to the Standard? * Is there an individual/lead/authority that provides final decision-making regarding the applicability of a Standard in a given situation? |
|  | 2.1.2 | | Inclusion   * **WHO** and **WHICH** provincial organizations does the standard provide direction to? * Example, all emergency and urgent care facilities. |
|  | 2.1.3 | | Exclusion   * **WHO** and under **WHAT** specific circumstances are there exemptions to the standard? * Long lists of exceptions should be avoided.   For example, Specific patient populations such as pediatrics or patients with particular co-morbidities or condition etiology. |
|  |  | | |
|  | **2.2** | **Standard** | |
|  | 2.2.1 | |  |
|  | 2.2.2 | |  |
|  | 2.2.3 | |  |
|  | 2.2.4 | |  |
|  | 2.2.5 | |  |
|  |  | |  |
| **3.0** | **APPLICATION:** | | |
|  | **3.1** | | **For Patients**  *(Content is available in the public domain and used to explain to consumers of health services)* |
|  |  | | What consumers (patients, families etc) of healthcare services in Manitoba can expect to experience as a result of this standard - written in plain language.  Examples:   * Offered a screening tool (series of questions) to help identify whether they’re at risk for a condition when they visit their primary care physician. * Clinicians will be encouraging you to participate in your care. * Risks and benefits of a procedure are explained to help assist in making a decision. |
|  | **3.2** | | **For Clinicians** |
|  |  | | What clinicians can do to implement the standard?  Specific roles and responsibilities assigned to a group or profession within the Standard  Examples:   * Utilization of approved tools, checklists, decision-making tools, requisitions, and frameworks (linked in Supporting Documents). * Patient and family education to reduce risk. * Consult/escalate/refer/operate within a specific time frame. * Coordinate a follow-up appointment with a primary care provider within 48hrs post-discharge from the hospital. |
|  | **3.3** | | **For Health Service Organizations** |
|  |  | | What SDOs and healthcare facilities can do to implement the standard?  Examples:   * Provide access to approved assessment tools. * Incorporate provincial clinical standards content where applicable into policies and procedures. * Identify physical and psychosocial barriers to clinical services that patients need. * Ensure clinicians have accessible information, education and training. * Indicators that assist in the monitoring of care recommended within the standard. |
|  |  | |  |
| 4.0 | **DEFINITIONS:**  Alphabetize definitions. 1 definition per row. See 4.1, 4.2 and 4.3 for guidance on what can be included within this section. | | |
|  | **4.1** | | **Terms defined for common understanding**  For example:   * Brain Death * Recovered * Morbid Obesity * Closed-Loop Communication |
|  | **4.2** | | **Abbreviations:**  For example:   * ALC (Alternate Level of Care) - description * ASA (American Society of Anesthesiologists) – description   **Note**: The first time an abbreviation is used within the document it should be written in full followed by the abbreviation in brackets ( ). |
|  | **4.3** | | **Professional Groupings:**  For example:   * A **nurse a**pplies to a Registered Nurse, Registered Psychiatric Nurse or Licensed Practical Nurse but not Nurse Practitioners. * **Anesthetist** is an Anesthesia-care provider which applies to Specialist or Family Practice providers with additional training. |
| 5.0 | **CONTACT:**  **Provincial Project Medical Lead or PCT Lead Name,** Credentials  Department  Provincial Title, Shared Health  Email Address | | |

**Key Supporting Documents/Resources:**

For example, **links** to:

* Standard related implementation documents (forms, templates, requisitions)
* Clinical Care Pathway, Decision-Making Trees
* Patient information sheets
* Education and training materials
* Cross-referenced Provinical Clinical Standards
* Vendor documentation e.g. IFU (instructions for use)

**Note**: No embedded documents within the Provincial Clinical Standard to minimize the requirement to revise/update content in multiple locations. All documents will be uploaded individually to the Shared Health Healthcare Providers website along with the approved standard.

**References:**

* Evidence base used to underpin the provincial clinical standard.
* Ordered alphabetically and referenced using the AMA 10th/11th edition style guide.
* Style Guide Resources: [University of Waterloo](https://subjectguides.uwaterloo.ca/c.php?g=695555&p=4931907). [BCIT AMA Citation Style Guide](https://www.bcit.ca/files/library/pdf/bcit-ama_citation_guide.pdf).

**Document Review History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version #** | **Date** | **Reviewer** | **Action** |
| 0.0 | MMM/DD/YYYY | e.g. Medical Advisory Working Group  - list working group membership | APPROVED |
| 0.0 | MMM/DD/YYYY | e.g. Provincial Clinical Team, Surgery / Rehab / Palliative etc. | ENDORSED |
| 1.0 | MMM/DD/YYYY | e.g. Provincial Clinical Leadership Team | APPROVED |

**Note**: When a reviewer makes changes to the document the version # changes.