|  |
| --- |
| **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 StandardExamples:* 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,** CredentialsDepartmentProvincial Title, Shared HealthEmail 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.