

This checklist is to be completed for each clinical support document.

Documents with medication(s) or Order Sets must be approved by Pharmacy, Therapeutics, & Nutrition (PTN) Committee

TO BE FILLED BY THE DOCUMENT LEAD

Date					
Identify Approving Committee					
Document Lead					
Title					
Type of Document					
Document Number	Existing Number:	New Number Required: <input type="checkbox"/> Yes			
Search Terms					
Action	New Document <input type="checkbox"/>	Revision <input type="checkbox"/>	Highlight all changes on the document	Archive <input type="checkbox"/>	
	<ol style="list-style-type: none"> 1. Why is this important? 2. Who is the target professional group? 3. How/when is this doc to be used? 				
Working Group <i>Who worked on developing/revising the document?</i> <small>PROVIDE: Full Name, Role, Dept.</small>					
Content Experts <i>Which experts were consulted and provided feedback in the development of this document?</i> <small>PROVIDE: Full Name, Role, Dept.</small>					
Stakeholders <i>Which services/staff groups may be impacted by the development of this document were consulted?</i> <small>PROVIDE: Full Name, Role, Dept.</small>	<i>Groups/Individuals document(s) was sent to:</i>		<i>Indicate response:</i>		
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
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			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response
			<input type="checkbox"/> Agreed	<input type="checkbox"/> Disagree	<input type="checkbox"/> No response

Level of Patient/Family Engagement	Inform <input type="checkbox"/>	Consult <input type="checkbox"/>	Involve <input type="checkbox"/>	Collaborate <input type="checkbox"/>	Empower/Lead <input type="checkbox"/>	N/A <input type="checkbox"/>
	Click link for information on levels. Describe the engagement.					
Clinical & Systems Transformation (CST): Potential Practice Changes	Does this document impact CST? <input type="checkbox"/> Not known Yes No If yes or not known then describe how the document content may impact CST and identify/describe potential practice changes:					
Communication/Education/Knowledge Translation Plan	Complete knowledge translation plan and submit along with this checklist OR describe the plan in the space provided: <i>Click link to access knowledge translation plan template.</i>					
Evaluation	Data Collection <input type="checkbox"/> Usability Logs <input type="checkbox"/> Audit <input type="checkbox"/> User Experience <input type="checkbox"/> Plan-Do-Study-Act Cycles <input type="checkbox"/> N/A <input type="checkbox"/> Other <input type="checkbox"/> <hr/>					
<i>How will <u>practice</u> be evaluated in relation to the document?</i>	<hr/>					

TO BE FILLED BY THE COMMITTEE CHAIR(S)

Action by Endorsing Committee	Endorse <input type="checkbox"/>	Date of endorsement: _			
Action by Approving Committee	Approve <input type="checkbox"/>	Approved with minor edits <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
Approving Committee Chair(s) Comments					
Approving Committee Signing Authorities	Name: Designation: Date: Signature:	Name: Designation: Date: Signature:	Name: Designation: Date: Signature:		

Please send the completed form to the Policy Office (B228 Shaughnessy) Policycoordinator@cw.bc.ca along with the document(s) for posting.