

**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**

<b>Date</b>					
<b>Identify Approving Committee</b>					
<b>Document Lead</b>					
<b>Title</b>					
<b>Type of Document</b>					
<b>Document Number</b>	Existing Number:	New Number Required: <input type="checkbox"/> Yes			
<b>Search Terms</b>					
<b>Action</b>	New Document <input type="checkbox"/>	Revision <input type="checkbox"/>	<b>Highlight all changes on the document</b>	Archive <input type="checkbox"/>	
	<ol style="list-style-type: none"> <li>1. Why is this important?</li> <li>2. Who is the target professional group?</li> <li>3. How/when is this doc to be used?</li> </ol>				
<b>Working Group</b> <i>Who worked on developing/revising the document?</i> <small>PROVIDE: Full Name, Role, Dept.</small>					
<b>Content Experts</b> <i>Which experts were consulted and provided feedback in the development of this document?</i> <small>PROVIDE: Full Name, Role, Dept.</small>					
<b>Stakeholders</b> <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
			<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

<b>Level of Patient/Family Engagement</b>	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.					
<b>Clinical &amp; Systems Transformation (CST): Potential Practice Changes</b>	Does this document impact CST? <input type="checkbox"/> <b>Not known</b> <b>Yes</b> <b>No</b> If yes or not known then describe how the document content may impact CST and identify/describe potential practice changes:					
<b>Communication/Education/Knowledge Translation Plan</b>	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>					
<b>Evaluation</b>	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 practice be evaluated in relation to the document?</i>	<hr/>					

**TO BE FILLED BY THE COMMITTEE CHAIR(S)**

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

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