

# Introduction:

## New Clinical Care Pathways (CCPs) / Emergency Clinical Care Pathways (e-CCPs)

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The FNIHB Clinical Practice Guidelines (CPGs) are in the process of being updated and restructured on a chapter-by-chapter basis. Beginning in 2020, with the publication of the Respiratory Chapter, all new and updated FNIHB “Clinical Practice Guidelines (CPGs)” will be called **Clinical Care Pathways (CCPs)**, or **Emergency Clinical Care Pathways (e-CCPs)**, to better reflect their intended purpose and underlying methodology. The general layout and format of CCPs/e-CCPs will be consistent with that of the CPGs, but many new and/or enhanced elements and tools will help improve usability, readability, and reduce the risk of error.

### The purpose of this document is to introduce nurses to the new CCPs/e-CCPs. It:

- ❖ Explains the name change
- ❖ Defines the scope and purpose of the revised tools
- ❖ Describes changes to the overall structure and presentation of new chapters of CCPs/e-CCPs
- ❖ Describes enhancements and changes to the templates for CCPs/e-CCPs
- ❖ Provides guidance to nurses on the recommended approach to using the CCPs/e-CCPs

## NAME CHANGE – FROM CPGS TO CCPS/E-CCPS

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All new and updated FNIHB “Clinical Practice Guidelines/CPGs” will be called Clinical Care Pathways/CCPs or Emergency Clinical Care Pathways/e-CCPs, to better reflect their intended purpose and underlying methodology.

The CCPs/e-CCPs are based on secondary review of existing guidelines and best practices. They outline key elements of the clinical care process for an array of conditions in the adult and pediatric populations, and provide a pathway to support the nurse during the client encounter, including health assessment, diagnostics, management, monitoring and education, in consultation with a Physician/Nurse Practitioner (NP) as appropriate.

## SCOPE AND PURPOSE

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The purpose and scope of the FNIHB Clinical Practice Guidelines (CPGs) (now CCPs-e-CCPs) has not changed. These documents:

- Outline a pathway of assessment and care for adult and/or pediatric clients with a given condition (diagnosed or suspected), within the primary health care setting, in remote and isolated Indigenous communities.
- Support the nurse to provide quality, evidence-based and culturally safe care
- Facilitate consultation with a Physician/Nurse Practitioner as required, by outlining key elements and considerations during the health assessment, diagnostic, and management processes.
- **Do not** state or delineate the scope of nursing practice and are not intended for use as medical directives or delegation tools. Nurses must always consult a physician/nurse practitioner when practice is outside legislated scope and without authorized delegation.
- Are based on best practices and evidence available *at the time they were written*. Nurses must always use their clinical judgement and continue to refer to the most recent provincial and/or national guidelines, the FNIHB Formulary and Drug Classification System, regional/territorial/organizational protocols, and consult with a Physician/Nurse Practitioner as appropriate.

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#### INTEGRATED ADULT AND PEDIATRIC CHAPTER STRUCTURE

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The new Respiratory Chapter (and others to be updated in the future), will no longer be divided into separate “Adult” and “Pediatric” chapters. This will ensure nurses can easily view all relevant tools related to conditions and different age groups, in one place.

Similar to the CPGs, each Chapter of CCPs/e-CCPs is divided into three main parts – Introduction (General Assessment), Common Conditions, and Emergency Conditions. The new Chapters will differ in the sense of having Adult and Pediatric content under each section, and in different combinations depending on the condition being addressed. For example, the section on “Croup” will have a Pediatric CCP whereas the section on Influenza will have an integrated Adult-Pediatric CCP, and whereas other conditions (e.g., Asthma) will have two separate CCPs (one for Adult, one for Pediatric).

#### CCP/E-CCP STRUCTURE AND CONTENT

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There have been significant enhancements to the templates including standardization of content and improvements to design and usability components of the CCPs. These changes were motivated by several factors, including:

- Iterative feedback from nurses/users of the CPGs over a period of many years on how to improve the usability of the tools, and consultation and input from the CPG Advisory Committee;
- Risk management recommendations coming out of the Systems Analysis recently conducted in response to an incident / under the Branch’s incident management policy; and
- Incorporation of key principles and standards based on a Human Factors in health approach (also a recommendation of the Systems Analysis above).

The new CCPs and e-CCPs will follow the same general structure as the CPGs in terms of the order and content of sections:

- 1) Assessment (Risk Factors; Health History; Physical Exam; Diagnostics/Diagnoses, etc.)
- 2) Management (Pharmacological, Non-Pharmacological and Client Education, etc.)
- 3) Monitoring/Follow-up/Referrals etc.

The new CCPs and e-CCPs contain many new and/or enhanced elements and tools will help improve usability and readability.

**NEW** elements of the CCPs and e-CCPs include:

- **Chapter Introductions for the System General Assessment** that include user-friendly tables with common presentations and differential diagnoses, with direct links to relevant CCP/e-CCP if available.
- **Standardization:** Standard overall CCP and e-CCP template; language and terminology; content parameters per section; pharmacological tables and components
- **Purpose Statement** at beginning of each CCP and e-CCP
- **Quick links** at beginning of each CCP and e-CCP – linking the nurse to closely related CPGs or CCPs (e.g., the pediatric or adult version of same CCP/e-CCP; or related emergency CCPs)
- **Red Flags section** listing symptoms and circumstances outlining possible serious conditions

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- **Call Out Boxes:** Scope of practice reminders and the need to consult Physician/Nurse Practitioner; reminders to nurses regarding review and documentation
- **Simple Check Box Format** for Health History and Physical Exam Sections (note - this supports but does not replace the nurse's usual documentation requirements)
- **Normal Value Vital Signs Tables** (for quick reference) in every CCP and e-CCP
- **Point of Care testing** considerations
- **Clinical Pearls and Tools section** for algorithms, tools, tips and tables that do not fit under other headings but contribute to the assessment of the client
- **Cultural safety, trauma-informed and client-centred care approach** integrated into CCPs/e-CCPs through reminders and guidance to nurses, and resource links
- **Considerations for both elderly and pediatric clients** highlighted consistently
- **Icons (pictorial representations)** to flag repeating cautions or reminders
- **Basic considerations for discharge** – now routinely included in every CCP as a risk management measure

### RECOMMENDED APPROACH TO USING THE CCPS/E-CCPS

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#### Selecting the appropriate CCP/e-CCP for use in a clinical visit:

- In the absence of a diagnosis when the client presents at the nursing station, nurses must use their clinical judgement and/or consult with a Physician/Nurse Practitioner in the selection of an appropriate tool (or tools) to use in the clinical encounter.
- When there is no suspected or specific diagnosis, or in case of conditions not addressed by the CCPs or e-CCPs, the nurse should use the Chapter Introduction to conduct a general assessment of the relevant body system, and consult with a Physician/NP as appropriate.

#### Using the CCPs/e-CCPs:

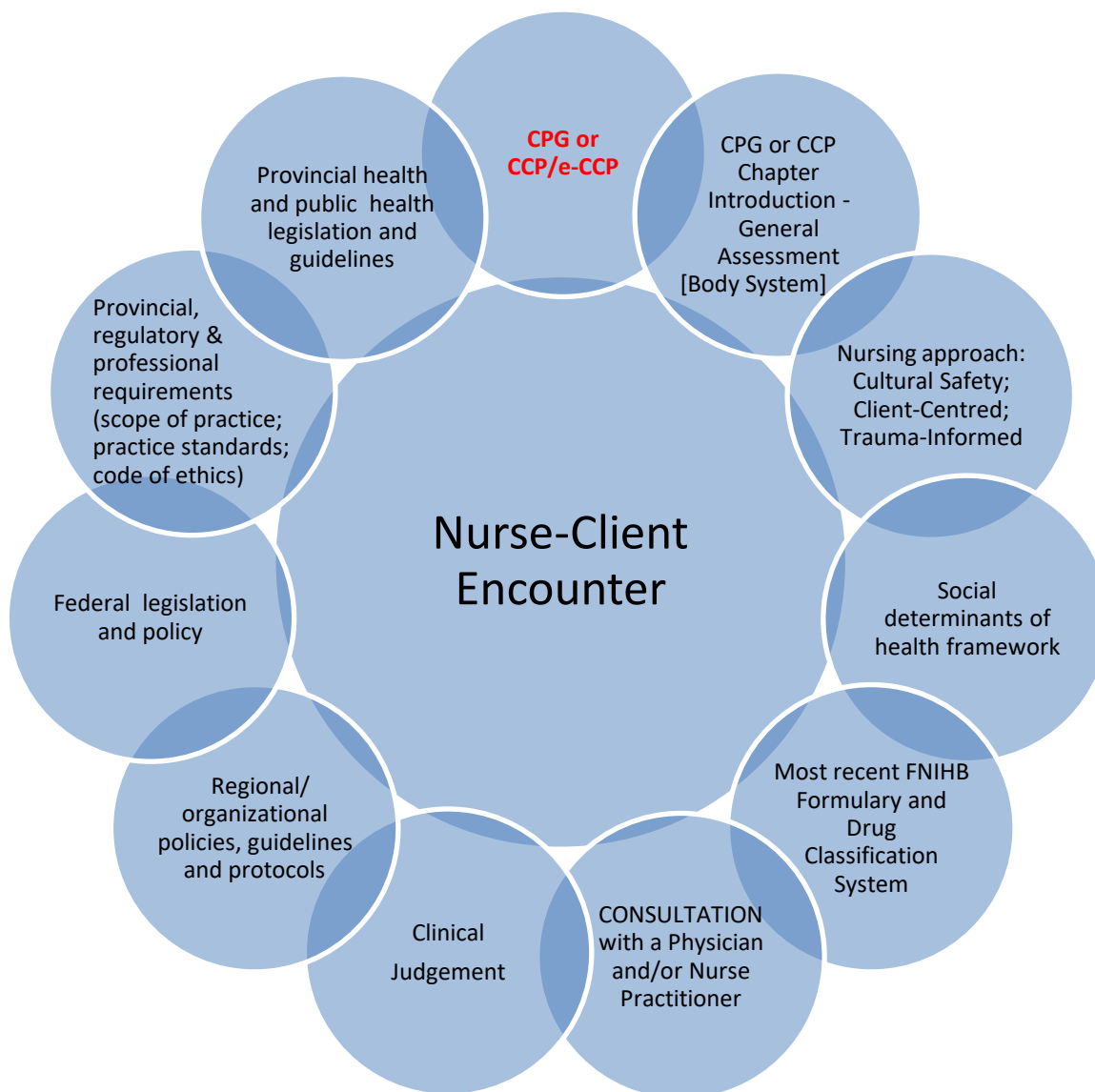
The CCPs/e-CCPs are **recommended pathways of care** – they are not authoritative clinical guidelines OR policy documents.

Each clinical encounter between the nurse and the client must be guided by a range of interconnected guidance and considerations, and the CCP/e-CCP is just one component in this:

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- **Trauma-informed care and cultural safety approach** should frame every nurse-client interaction and underlie a collaborative, client-centred approach to care
- **Social determinants of health** considerations should frame assessment and the management/care plan
- **General System Assessment (Chapter Introductions):** Should be used alongside CCPs and e-CCPs to ensure the most thorough assessment possible
- **Physician/Nurse Practitioner Consultation and clinical judgement:** The CCPs/e-CCPs are based on best practices and evidence available *at the time they were written*. Nurses must always use their clinical judgement and consult with a Physician/Nurse Practitioner as appropriate.

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- **Scope of Practice:** The CCPs cover a broad range of topics and health conditions aimed at complementing individual nurses' knowledge, skills and judgment and do not necessarily represent provincially legislated scope of practice. Every nurse is expected to understand and abide by the relevant regulatory and professional requirements (standards of practice; codes of ethics; scope of practice) as outlined by the provincial regulatory body under which they are licensed to practice, and to consult a Physician/NP as required.
- **FNIHB Formulary and Drug Classification System:** The pharmacy sections of the CCPs/e-CCPs align with the FNIHB formulary at the time they were written (unless otherwise specified). The most recent FNIHB Formulary should always be reviewed alongside the CCP/e-CCP.
- **Organizational / employer policies and protocols:** Nurses must continue to work within requirements of organizational policies, guidelines and protocols. Examples include (but are not limited to) occupational health policies; incident management and response; protocols related to medical evacuation; documentation; referrals; and specific interventions such as IV or oxygen therapy.
- **Provincial public health guidelines and legislation:** Nurses must continue to work within provincial legislation and guidelines – e.g., communicable disease emergencies, health emergencies, mandatory disease reporting
- **Federal Legislation and Policy:** Federal government employees (e.g., Indigenous Services Canada – including personnel providing care under contract with the department) must comply with federal legislation and policies related to privacy and access to information issues, including confidentiality of records and health information, under the federal *Privacy Act*, the *Canadian Charter of Rights and Freedoms* and in cases where an access to information request is made, the federal *Access to Information Act*. For more detailed information see the main Introduction to the Clinical Practice Guidelines.