**Appendix I**

**Translation Tool**

Purpose**:**  This tool guides the EBP team through analyzing the best-evidence recommendations for translation into the team’s specific setting. The translation process considers the certainty, risk, feasibility, fit, and acceptability of the best-evidence recommendations. The team uses both critical thinking and clinical reasoning to generate site-specific recommendations.

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| --- | --- | --- | --- | --- |
| Refer to the recommendations developed on Appendix H. Consider the certainty of *each* best-evidence recommendation, as well as the fit, feasibility, acceptability, and risk to develop organization-specific recommendations. | | | | |
| Certainty | Risk | Fit | Feasibility | Acceptability |
| * Do the recommendations have high or reasonable certainty? (Recommendations with reasonable to low and low certainty do not provide adequate support to change current practice, *see instructions below*) | * What is the potential negative impact on patient or staff safety? (Interventions with higher risk require higher certainty evidence to put into practice.) | * How well does the change align with existing practices? * Values? * Norms? * Goals? * Skills? | * Is the change doable and are barriers realistic to overcome? * Is the practice environment ready for change? * Are necessary materials or human resources available? * Can the change be successfully implemented? | * Do impacted groups find the change agreeable? * Does leadership support the change and trust it is reasonable? * Does the change align with organizational priorities? |
| In concise statements, record the organization-specific recommendations below that address the EBP question. | | | | |
| Enter text | | | | |

**Instructions for the Translation Tool**

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| --- | --- | --- | --- | --- |
| Referring to the recommendations developed on Appendix H and considering the certainty of *each* best-evidence recommendation, and the fit, feasibility, acceptability, and risk, develop organization-specific recommendations. | | | | |
| Certainty | Risk | Fit | Feasibility | Acceptability |
| * Do the recommendations have high or reasonable certainty? (Recommendations with reasonable to low and low certainty do not provide adequate support to change current practice.) | * What is the potential negative impact on patient or staff safety? (Interventions with higher risk require higher certainty evidence to put into practice.) | * How well does the change align with existing practices? * Values? * Norms? * Goals? * Skills? | * Is the change doable and are barriers realistic to overcome? * Is the practice environment ready for change? * Are necessary materials or human resources available? * Can the change be successfully implemented? | * Do impacted groups find the change agreeable? * Does leadership support the change and trust it is reasonable? * Does the change align with organizational priorities? |
| In concise statements, record the organization-specific recommendations below that address the EBP question. | | | | |
| *After evaluating the certainty, risk, fit, feasibility, and acceptability of each of the best evidence recommendations, the team should record their organization-specific recommendations here.*  *There are various scenarios in which an EBP team will determine insufficient evidence to make a change, the risk is too high, or the best-evidence recommendations do not adequately meet the fit, feasibility, and acceptability requirements for implementation at the organization. If this is the case, the EBP team can record a recommendation to wait for more information to become available, consider beginning a research project to fill the knowledge gap, or discontinue the project.*  *Additionally, teams may decide there is insufficient evidence to support a current practice or strong evidence against a current practice. In this case, the team should consider recommending de-implementation.* | | | | |