

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.

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, <i>see instructions below</i>)	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 that it is reasonable? - Does the change align with organizational priorities?

In concise statements, record the organization-specific recommendations below that address the EBP question.

Instructions for the Translation Tool

Referring to the recommendations developed on Appendix H and considering the certainty of <i>each</i> 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 that it is reasonable? - Does the change align with organizational priorities?
In concise statements, record the organization-specific recommendations below that address the EBP question.				
<i>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.</i> <i>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.</i> <i>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.</i>				