BECOMING A BPSO

On the 10th anniversary of RNAO's Best Practice Spotlight Organization (BPSO) initiative, nurses share their successes implementing evidence-based guidelines into daily practice.

BY MELISSA DI COSTANZO

St. Elizabeth RN Kay McGarvey says BPGs have potentially saved limbs.

Gordon's* foot ulcer was just not healing.

The toonie-sized wound, located below the 50-year-old's ankle, had been growing steadily for months. Gordon, who was uncomfortable and at risk for developing an infection, was diabetic, which meant the limited flow of blood to his foot was hampering his recuperation. His physician was fairly certain the wound was not going to get any better, and prepared Gordon for the worst: a possible below-the-knee amputation.

The wound care team at Saint Elizabeth, a national home health-care organization based in Markham, was asked to step in. Using best practice standards, they performed an assessment of the wound and its underlying causes. They instructed their new client to take pressure off his foot whenever possible, selected dressing materials that would enable the wound to heal, and offered advice on foods rich in protein that would help him to better manage his condition, and help heal his stubborn sore.

All of these evidence-based nursing practices can be found in RNAO's Best Practice Guideline (BPG) *Assessment and Management of Foot Ulcers for People with Diabetes*. The nurses talked to Gordon about his options, and because they could articulate best practice recommendations that were backed by research, he was receptive to the lifestyle changes they recommended.

Gordon defied the prognosis offered by his doctor and, in five months, his foot ulcer was healed. He had a much better understanding of his diabetes and how to prevent future wounds from forming. His case is not unique, says clinical resource nurse Kay McGarvey, who works with the wound care team and nursing staff to ensure patients receive care that reflects best practice recommendations. In fact, she can think of several instances when RNAO's BPGs have contributed to more effective wound healing, and have potentially saved limbs.

"I've seen too many cases where (a clinical situation) has gone poorly," she says, adding that because nurses have adhered to and advocated for use of recommendations in RNAO's BPGs, patients' care has improved, in some cases, dramatically.

Outcomes collected by Saint Elizabeth back McGarvey's claim. The organization has successfully reduced the average time it takes nurses to complete lower leg assessments on clients with diabetic foot ulcers. The organization has also seen an increase in the percentage of clients who meet its 30-day wound healing target.

Before implementing 19 of RNAO's guidelines, nurses mostly relied on anecdotal evidence with outcomes that were not tracked. The BPGs now help nurses structure client care and "articulate what we're trying to do and why," explains McGarvey. They also boost nurses' confidence when talking to patients and other practitioners, she adds. These are some of the reasons Saint Elizabeth is proud to have implemented so many of them.

This year, the home-care organization celebrates its 10th anniversary as an RNAO Best Practice Spotlight Organization (BPSO®). Designation as a BPSO involves a competitive application process, and is reserved for health-care organizations and academic sites that successfully implement a minimum of five clinical BPGs in the first three years of the formal agreement, and commit afterwards to ongoing uptake of new guidelines and evaluation of their impact on outcomes.

"To see the evolution of our organization as one that uses evidence from the bedside to the boardroom to give the best care possible to get the best care outcomes for our clients, and to engage our staff in that process...that's why we continue to be a BPSO," says Nancy Lefebre, the home care organization's chief clinical executive and senior vice-president of knowledge and practice.

Saint Elizabeth is not alone in witnessing a transformation. Sixty eight BPSOs, representing 298 sites across Ontario, Quebec,

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and outside Canada, have formally joined the BPSO program and are systematically implementing numerous BPGs, and engaging in outcomes evaluation.

RNAO began developing guidelines in 1999. Today, there are 47 clinical and healthy work environment BPGs. Thanks to continued support from the provincial government, more are on the way. The association also maintains a rigorous guideline review and revision cycle, and robust implementation strategies such as institutes and the Best Practice Champions Network.

The latter was developed in 2002 to support nurses and other health-care professionals who are passionate about implementing BPGs. Through this program, about 10,000 volunteer champions access tools and strategies such as workshops and teleconferences to help support use of BPGs in their workplaces.

By 2003, RNAO's Chief Executive Officer Doris Grinspun wanted to take BPG implementation a step further, and worked with the association's staff to create a structured approach for organizations to use BPGs and evaluate their impact. Thus the BPSO program was born.

Looking back, Grinspun couldn't be more pleased: "My vision was that we would contribute to demonstrating how nursing care, based on evidence contained in our BPGs, can improve patients' health, and organizational and system outcomes," she says, adding "we have seen outcomes that are nothing short of formidable, and we are not done yet."

Though the program is based in Ontario, its influence and reach is international. BPSOs have been established in Chile, Colombia, and the United States. RNAO has also partnered with two large BPSO Host organizations in Spain (government) and Australia (nursing union). Both act as RNAO satellite sites, ensuring BPG implementation in several health-care organizations in their countries, using RNAO educational materials and methodology.

Apart from the sheer growth of the program, Grinspun is also extremely proud that it has ignited passion for the profession at the clinical level. "This has brought the focus back to where it matters most: the patient and the front-line care provider who is trying to deliver the best possible care."

Currently, 15 organizations from Sarnia to Tavistock to Burlington to North Bay are hoping to become BPSO designates, having been accepted into the initiative last year. If they meet the requirements, they will become designates in 2015, joining organizations such as Toronto Public Health (TPH), which achieved BPSO designate status in 2012.

To gain its designation, TPH focused on implementing five guidelines in 2009, including *Woman Abuse: Screening, Identification and Initial Response*.

Around the time this guideline was being implemented at TPH, Mary McMahon was working as a public health nurse in the organization's *Healthy Babies Healthy Children* program, when an unusual referral landed in her hands. Christina's* husband was concerned the couple's son, Taylor,* was being neglected by his mother. One note in her chart caught McMahon's attention: Christina had been in hospital for six months for a series of electric shock treatments for depression.

McMahon and a Children's Aid Society worker went to the family's middle-class Toronto home. Immediately and intuitively, McMahon noticed something just wasn't right. Christina was polite but downcast. She responded to questions, but her eyes were fixed on the floor.

One week later, McMahon was scheduled to meet with Christina. On the drive to the woman's house, with RNAO's woman abuse BPG fresh in her memory, McMahon thought: "I wonder if (Christina) is being abused."

After arriving at the family's home, McMahon began assessing her client further. "I want to ask you a question," she said to Christina. "I'd like to know if your husband is abusing you." McMahon will never forget what happened next. Christina wept and grabbed the nurse's hand. Once she regained her composure, McMahon told Christina about her options. Christina responded: "I want to leave, and I want to leave now." With the help of community supports initiated by McMahon, she and her son eventually moved to her brother's house outside of the city.

Reflecting on this incident, McMahon says she's not sure that initial visit would have taken the same course, had it not been for RNAO's BPG. "It prepared me," she says. "There was much more of a conviction to...ask that question." According to McMahon, the guideline has opened up a forum at TPH, allowing nurses and other practitioners to more openly discuss how to address this sensitive question with all clients. It has also allowed her to share her powerful experience with others, she says. "It's incredible for me to even think just by asking that question, it changed not only her life, but her little boy's (life)."

NQuIRE shows the impact of evidence-based nursing care

Imagine your organization has implemented RNAO's *Assessment and Management of Foot Ulcers for People with Diabetes* BPG. As a front-line nurse, you're interested in knowing the impact the guideline is having on your work and your patients' outcomes. Thanks to a groundbreaking project led by Monique Lloyd, Associate Director of Research and Evaluation for RNAO's IABPG Program, BPSOs can now track this information. Using a database of quality indicators such as patient education, healed and healing foot ulcers, and assessments, BPSOs can measure, compare and improve the quality of their nursing care. The kind of data collected through this project, called Nursing Quality Indicators for Reporting and Evaluation (NQuIRE™), is reinforcing the value and impact of best practices.

NQuIRE is the first international quality improvement initiative of its kind. To secure the best possible advice, RNAO has assembled an advisory committee of top health, nursing, informatics, health-quality measurement and policy experts from Canada, the U.S., Spain and Belgium. The chair is Judith Shamian, president emeritus of the Victorian Order of Nurses, and past-president of RNAO and CNA.

"I am extremely enthusiastic about NQuIRE and our collective ability to demonstrate the impact that evidence-based nursing practice can have on patients, organizations and health systems," she says. "BPSOs are a shining example of our commitment to building evidence-based cultures. Collectively, we are charting a course for others to follow."

To find out more about the initiative, visit www.RNAO.ca/nquire

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Windsor-Essex CHC primary care RN Kathryn Corby (left) helps clients to butt out using RNAO's smoking cessation BPG. CEO Lynda Monik (right) has led the way to implementing 12 BPGs at WECHC.

After TPH implemented a more structured approach to identifying and responding to woman abuse based on the BPG, staff held training for public health nurses in the *Healthy Babies Healthy Children* program. An evaluation from one of these sessions suggests 93 per cent of participants felt very confident or fairly confident in identifying the indicators of abuse. Many said the clearest message they received from the training was that they must now ask every female client over 12 years of age about her experiences with abuse. The nurses' day-to-day practice had changed.

TPH also collected equally positive data about the organization's changing culture. Over 100 Champions were surveyed about the BPSO journey. Ninety per cent said they promote evidence-informed practice, while 86 per cent said they use evidence to inform their practice. Eighty-two per cent indicated they have more opportunities for professional growth and development as a result of the BPSO initiative. This, in turn, helps to enhance motivation, morale and client care.

As Katie Dilworth, BPSO lead and supervisor of nursing quality practice, performance and standards, says, becoming a BPSO was "an opportunity to be on the leading edge, to help us meet some of our strategic directions, to engage staff with their practice, and to be able to move evidence-informed practice forward. I'm really delighted to see the BPSO movement (spread internationally). I think there's been a wide acknowledgement that we've got this goldmine in Ontario."

Windsor primary care RN Kathryn Corby agrees. Since becoming a BPSO in 2012, the Sandwich site of the Windsor-Essex Community Health Centre (WECHC) has used RNAO BPGs to help ensure clients are aware of all of their options when it comes to butting out, an especially important health concern in the city of over 200,000. According to the Windsor-Essex County Health Unit, 22 per cent of people over the age of 12 in the area smoke regularly, which is about four per cent higher than the provincial average.

Asking all patients if they light up has been customary for providers at the WECHC since 2009, when RNAO's BPG, *Integrating Smoking Cessation into Daily Nursing Practice,* was first put to use. Three RNs – including Corby – and one RPN use the "ask, assist, arrange, advise" protocol as recommended in the BPG. As soon as they know a patient is a smoker, they will attach a sticker with a "no-smoking" logo on the chart to remind all practitioners to offer advice.

Corby has helped some clients kick the habit entirely. Susan,* a 50-year-old woman living with hypertension, had a family history of diabetes. Corby remembers scanning her chart a number of times prior to her annual physical exams, noting Susan smoked anywhere from half to a full pack each day.

As she does with all her patients, Corby asked Susan about her smoking habits, and said 'just know that we're here for you if you decide you want to cut back or stop smoking.' In 2011, Susan was ready to take action. Corby congratulated her and pointed her to support groups and informative pamphlets. She also made sure Susan knew quitting wasn't going to be easy, and helped her to identify triggers that might prompt her to light up.

Susan has been smoke-free for over a year. "She did 99.99 per cent of the work, but she knew that she could come to us as a resource," says Corby. "If she didn't have that, or didn't know what was available...who knows what her outcome might have been?"

Results from a 2012 WECHC chart audit prove the guideline has made a difference in more than just Susan's life. Of the clients who were smokers, 16 out of 17 people were asked questions about their smoking routines. Forty-four per cent had an extensive intervention, which means their primary care provider stepped in to help them quit.

These numbers don't surprise WECHC Chief Executive Officer Lynda Monik, who advocated adding the centre's name to the growing list of BPSOs in 2009.

That year, the organization was on its way to implementing an impressive 12 BPGs. In order to get all staff on board before embarking on this ambitious undertaking, Monik focused on two healthy workplace BPGs: *Embracing Cultural Diversity in Health Care: Developing Cultural Competence* and *Preventing and Managing Violence in the Workplace*. "What do people want when they come to work? They want a place where they can feel safe... everybody can buy into that," she says.

WECHC received its designation as a BPSO last year. In addition to maintaining and expanding on the initiatives staff put into place during the initial implementation period, Monik says she's watching out for new guidelines that will mean stronger care. Being named a BPSO was exciting, she says, especially when hearing about how different staff members embraced and implemented the guidelines. "We'd do it all over again," she says.

So would Ella Ferris, executive vice-president, programs, chief nursing executive and chief health discipline executive at Toronto's St. Michael's Hospital, which also became a BPSO in 2012, after rolling out 17 BPGs. Best practice is now St. Michael's' "way of being," explains Ferris, who adds staff are instrumental in keeping the initiative alive and relevant. "At St. Michael's Hospital, we were enhancing our culture to support all nurses to practise from an evidence-based framework."

Its BPSO-related successes can be found across the hospital, including on the intensive care unit, where an initiative called *My Story* was introduced in 2010. *My Story* is a poster offered to patients in the hospital's 24-bed ICU that helps nurses gain a better sense of the person for whom they are caring. It was born out of recommendations in RNAO's *Professionalism in Nursing* and *Establishing Therapeutic Relationships* BPGs. Both BPGs were introduced at the hospital across all units.

Patients' family members provide a photo of their loved one, and details such as their nickname, job, or the name of their favourite TV show. Located next to the patient's bed, the poster "lets health-care workers know who's under all those tubes, machines and everything else that engulfs an ICU patient," says medical/surgical RN Ruby Gorospe, who, along with RN Kerry-Anne Caissie, led the implementation of *My Story*. It helps family members to feel included, and provides a small window for practitioners to peer into a patient's life.

Gorospe remembers Vera,* a 45-year-old woman who was diagnosed with multiple sclerosis, and arrived at the ICU with sepsis. Everyone who worked on the unit had met her because she had been admitted in the past. However, no one really knew her. When her husband and son filled out Vera's *My Story* and included a photo, nurses saw a woman in a long, flowing evening gown. She was wearing makeup and had her hair twirled into an updo.

Knowing that the woman now bound to a bed and unable to communicate was someone who liked to pamper herself helped the nurses to provide more patient-centred care. Her family was grateful when her hair was washed and blow-dried, or when the nurses arranged for her to have her nails painted ruby red, Gorospe says. "Pictures...speak a thousand words," she says. "Seeing the patient, what type of person she was, and being able to...provide her with (things she loved and made her unique)... her family appreciated it."

Prior to using the guidelines, patient satisfaction scores at St. Michael's indicated some patients didn't feel their fears and anxieties were being addressed. After implementing a number of guideline recommendations, staff in the ICU asked families if filling out *My Story* made them feel the team cared about their family member. Overwhelmingly, 100 per cent of respondents agreed or strongly agreed.

Staff survey results point to more positive changes. Before *My Story*, about 78 per cent of ICU nurses said they understood the definition of a therapeutic relationship. After implementation, that number jumped to almost 100 per cent. "Because of the acuity of patients...you're often focused on numbers, monitors, medications, and managing machines and tubes," says Gorospe. "Introducing (*My Story*) gives nurses...the trigger to develop a relationship with the patient and their family."

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Though the project boasts strong outcomes now, Gorospe admits it was difficult to introduce. She presented *My Story* as a tool nurses can use when building a relationship with clients. As posters began popping up, she noticed that nurses who initially resisted were suddenly starting to show their support. "They saw... how patients' families reacted," Gorospe says. "When you see that outcome, you know it's worth incorporating."

Change can be tough in any large organization, and Health Sciences North (HSN) is no exception. The Sudbury hospital was part of the very first cohort of BPSOs. It implemented three BPGs focusing on pressure ulcers, breastfeeding and vascular access. Vice-President of Clinical Programs and Chief Nursing Officer David McNeil says maintaining the initiatives put in place a decade ago, especially after the hospital has faced significant changes, including amalgamation, is no easy feat.

Becoming a BPSO helped the organization to create roots that ensure nurses are always relying on best practice. If nurses are looking to make improvements to programs or services, they will begin by searching ▸

For a full list of RNAO BPGs, visit www.RNAO.ca/bpg

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for a related RNAO BPG, says McNeil, the association's immediate past-president. Now, his goal is to help nurses sustain and build upon the initiatives the organization began 10 years ago.

Kathleen Callaghan, an enterostomal therapist and nurse continence advisor at HSN, is sure to help keep BPGs alive, McNeil says. In 2004, she was one of two nurses who led the implementation of *Risk Assessment and Prevention of Pressure Ulcers.*

Callaghan and a nursing colleague created a wound care protocol, complete with helpful hints, a decision tree, procedures for pressure ulcer prevention and much more. It was based on RNAO's BPG. As recommended in the guideline, the hospital also added more low air loss mattresses and advanced wound care products that help to better manage moisture, and address pain or infections.

Many of these changes proved to be invaluable when Mary* arrived at the hospital with flesh-eating disease. The deadly ailment ravaged the front of her body, from her abdomen to her thighs and upper legs. Thirty pounds of flesh was removed. Bedridden and in a coma, Mary was not expected to survive.

Callaghan's first thought was to keep her diabetic patient from developing pressure ulcers, as wounds could cause amputation or death. Immediately, Mary was moved onto an air mattress. The team ensured contamination was kept to a bare minimum, and negative pressure wound therapy (vacuum dressing is used to help healing) was employed.

Mary was confined to a bed for four months. She suffered four cardiac arrests, which increased her risk for developing a bed sore because the medication she was prescribed redirected her blood flow. But Callaghan says she did not develop one pressure ulcer. "This is a case where so many pieces of the RNAO BPG came into play," she says. This kind of patient success reinforces her belief in the power of best practice guidelines.

The hospital has tracked outcomes that further fortify Callaghan's confidence. An audit that was conducted over a 10-month period on 60 patients in HSN's medical units shows that documentation of the severity of pressure ulcers jumped by 51 per cent. Documentation of pressure ulcers by RNs upon a patient's admission climbed by 20 per cent, and documentation which helps nurses to determine pressure ulcer risk rose by 57 per cent on a weekly basis. This means increased awareness among RNs of the importance of keeping a closer eye on those at risk for developing pressure ulcers, which then allows for quick action to prevent adverse events.

Callaghan says she was thrilled to play an instrumental role in achieving HSN's BPSO status a decade ago. In fact, she was delighted in 1999, when RNAO announced it was starting the BPG program. She says the guidelines have had a monumental impact on her practice, confidence and knowledge. Callaghan says she's proud to shout their success from the rooftops. "It's like having a panel of experts walking behind you. When the panel of experts is (echoing you) saying 'we need to do this,' that speaks volumes." **RN**

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**Pseudonyms have been used to protect privacy.*