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The ABCs of BPGs: A Workbook for Long-Term Care Nurses about Nursing Best Practice Guidelines



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Introduction

The *ABCs of BPGs* Workbook is designed to provide nurses in the long-term care sector with a basic introduction to Nursing Best Practice Guidelines (NBPGs). After completing the Workbook, the nurse will have a greater understanding and appreciation for NBPGs—including how BPGs are developed; outcomes of using a NBPG; and the challenges a long-term care home might face when implementing NBPGs.

The *ABC of BPGs* Workbook is divided into the following 3 chapters:

- ▶ Chapter A: Scratching the surface of BPGs
- ▶ Chapter B: Digging deeper into BPGs
- ▶ Chapter C: Planting the seeds, planning for BPG implementation

Each chapter focuses on questions about BPGs posed by nursing staff at 'Little Valley Long-Term Care Home'. At the end of the workbook, some short exercises are suggested to assist in applying content of the workbook to nursing practice.

The *ABCs of BPGs* is only meant to be a basic introduction to BPGs and has been purposefully designed to be completed within 3 to 5 days—although nurses may choose to take more or less time to complete. However, because the chapters build upon each other, it is recommended that the workbook is read sequentially, with completion of the accompanying exercises. Discussion about the content of each chapter and outcomes of the exercises with a BPG Nurse Mentor (such as another nurse recognized as a BPG Champion) is also recommended.



Chapter A: Scratching the Surface of BPGs

This workbook shares the story of two nurses and their experiences implementing a best practice guideline (BPG). Wendy is Director of Resident Care (DRC) at Little Valley Long-Term Care, a 150-bed home in central east Ontario. Wendy has been the DRC at Little Valley for the last 4 years and has facilitated many positive changes in nursing practice. She is confident in her abilities to lead her staff's change initiatives.

Recently, Wendy received a letter from Ontario's Nursing Secretariat explaining that a new 'BPG Coordinator' was available to help long-term care homes implement best practice guidelines. Wendy was intrigued. She had been reading about best practice guidelines—and, as she told a nursing colleague "I know we should be using BPGs at Little Valley—but I'm not sure what they are all about or how to implement them."

Encouraged by the letter from the Nursing Secretariat, Wendy calls the BPG Coordinator for her region, Jane Irving, and arranges an informal meeting with her for the following week. Wendy asks Ka Ming, a Little Valley RN and team leader, to join her in meeting with the BPG Coordinator.

The Following Week...

At their first meeting with the regional BPG coordinator, Wendy and Ka Ming spend time informally chatting about Little Valley and the new BPG Initiative.

Ka Ming's first question is "What are BPGs?"

Jane explains that Best Practice Guidelines are also called 'clinical practice guidelines' and are formally defined as: "user-friendly statements that bring together the best external evidence and other knowledge necessary for decision-making about a specific health problem" (Sackett et al., 1997).

Wendy and Ka Ming are still a little puzzled, and ask Jane if she can give some practical examples of how nurses can use BPGs.

Jane explains: "A BPG represents a review of a large body of research findings and recommends the most current and evidence-based information about an issue of concern to nursing—such as pain assessment, the prevention of falls, constipation, or pressure ulcers. A BPG helps a nurse decide how to manage a resident's care, such as what to do for breakthrough pain."

Ka Ming now has a better understanding about what BPGs are, but still feels a little cautious and reflects that: "It sounds like BPGs 'dictate' the way I care for my residents—telling me exactly what to do with every resident..."

Jane reassures Ka Ming that a BPG does not dictate nursing care. Rather, as she explains, "A BPG supports clinical decision-making by providing the nurse with current and reliable evidence that complements the nurse's clinical judgment and understanding of each resident's unique needs and preferences."

Wendy and Ka Ming agree with Jane that BPGs can help support a nurse's clinical decision-making, but Wendy wonders: "Is there any research proving that using BPGs really improves resident care outcomes?"

Jane exclaims: "Yes! The positive outcomes of using a BPG are demonstrated in very tangible research evidence. For example, recent studies indicate that use of BPGs result in better catheter

care; increased symptom relief; and reduced length of hospital stays" (Canadian Nurses' Association, 2004).

In addition, Jane explains that, "Implementing a BPG ensures consistency in care; evaluation of appropriateness of current nursing practice; development of policies and educational programs; and even promotion of a common language amongst team members."

Wendy and Ka Ming agree that BPG implementation sounds like a very positive move—but Wendy wonders, "Are BPGs applicable to all of Little Valley's clinical staff?"

Jane reassures Wendy that a BPG "can be used by both RNs and RPNs—and has relevant information for unregulated health care providers." In fact, as Jane reinforces, "A BPG (such as pain management or falls prevention) should be shared by all of the interdisciplinary team members."

At the end of their discussion, Wendy asks Jane, "It seems that I am always hearing about the Registered Nurses' Association of Ontario's BPGs...but are there other BPGs available to nurses?"

Jane explains that "RNAO has published multiple BPGs—with topics ranging from *Establishing Therapeutic Relationships to Prevention of Constipation in the Older Adult Population*, but many other BPGs have been developed by nursing (and non-nursing) organizations relevant to nursing practice in a variety of clinical settings." For example, other BPGs can be found at:

Joanna Briggs Institute www.joannabriggs.edu.au
National Guideline Clearinghouse www.guideline.gov
and National Institute of Clinical Excellence (NICE) www.nice.org.uk.

Ka Ming wonders "If there are so many other types available, why are RNAO's BPGs so popular?"

Jane explains, "The RNAO has assumed a leadership role in development of Best Practice Guidelines. Since 1999, RNAO (with funding from Ontario's Ministry of Health and Long-Term Care) has collaborated with nurses across Ontario to produce a variety of BPGs—while simultaneously ensuring a rigorous development and review process. Now, nurses throughout



Ontario, across Canada, and even around the world, are using RNAO BPGs.”

Wendy and Ka Ming are impressed with what RNAO has contributed to development of BPGs. But Wendy is starting to worry about receiving support for implementing a BPG and asks, “Can RNAO provide me with ‘real’ support for BPG implementation?”

Jane reassures her that “RNAO does provide real support for implementation, including BPGs and online implementation resources that are readily available (and free!) to nurses via the RNAO website (www.rnao.org). RNAO also offers 2-day BPG Champions Workshops, and a BPG Summer Institute.”

Wendy has one final question for Jane: “Why didn’t I learn about BPGs in my nursing education?”

Jane explains that “BPGs are a relatively new source of information for nurses and many of us are more likely

to have traditionally used other sources of information to guide our nursing practice. Sources have included information received during nursing education, workplace in-services, and knowledge shared by other colleagues or real life clinical experience.”

But, Jane reinforces: “BPGs are excellent sources of information for nurses to support evidence-based nursing practice and assistance in clinical decision-making.”

Wendy, Ka Ming, and Jane agree to meet again next month for some more discussion about BPGs. In the meantime, Jane suggests that Wendy and Ka Ming search for BPGs on the internet and begin thinking about appropriate BPGs for implementation at Little Valley.

Before moving on to Chapter B, please complete the following exercises, to demonstrate and reinforce learnings from this section.



Exercises

Chapter A...Have you scratched the surface of BPGs?

Exercise A-1

Complete the following self-reflection.

- i) Before moving to Chapter B of the ABCs of BPGs Workbook, how would you rate your understanding of BPGs?
- A little understanding
 - Good understanding
 - Much better understanding

- ii) How do you think learning more about BPGs might positively influence your nursing practice?

- iii) How do you think you can approach your nursing colleagues to discuss BPGs?

Exercise A-2

Go to the RNAO website at www.rnao.org to the Clinical Best Practice Guidelines section to view all the BPGs.

How many RNAO BPGs are available? _____

Exercise A-3

Read the CNA article entitled 'Making Best Practice Guidelines a Reality' at

http://www.cna-nurses.ca/CNA/documents/pdf/publications/NN_Best_Practice_eJan_2005_e.pdf.

After reading the article, write your answers to the questions below.

- i) What are 2 positive outcomes of implementing BPGs that are identified in the CNA article?
Focus on those you would like to promote at your long-term care facility.

- ii) According to the CNA article, what factors—in addition to BPGs—influence nurses' clinical decision-making?
(Tip: refer to top of page 3)

- (iii) What is the biggest influence on your clinical decision-making?

Exercise A-4

Go to the National Guideline Clearinghouse website at www.guideline.gov.

In the 'SEARCH' box on the top left-hand side of the web page, type in the words 'stroke assessment'

- i) On the National Guideline Clearinghouse website, how many different types
of BPGs did you find on 'stroke assessment'? _____

Congratulations!

You have completed Chapter A—except for one final exercise...

Exercise A-5

Spend 10 –15 minutes in a quiet place on your nursing unit discussing BPGs with one of your colleagues, including:

- ▶ what a BPG is,
- ▶ the benefits of using a BPG,
- ▶ an explanation of RNAO BPGs (and where to access them), and
- ▶ any other information that you think would be useful to promoting your nursing colleague’s understanding of BPGs.

Reflect on your learning by answering the following questions:

i) What questions do you have about BPGs?

ii) What questions did your colleagues have which require more investigation?

iii) What other activities can you undertake to increase your understanding of BPGs?



Chapter B: Digging Deeper into BPGs

Now that you have completed Chapter A, and have a basic understanding of BPGs, this chapter focuses on addressing questions nurses often ask about the process of developing a BPG and how to identify a ‘good’ BPG.

In the last chapter Wendy, Little Valley’s DRC and Ka Ming, RN, met with Jane Irving (the BPG Coordinator for the their region) for a preliminary discussion on BPGs, how BPGs can contribute to improved resident-care outcomes, and the variety of available BPGs pertinent to resident-care issues.

Since their initial meeting, Wendy and Ka Ming are both ‘all fired-up’ to implement BPGs at Little Valley. But, after a quick internet search, they are also feeling a little overwhelmed about the number of BPGs they have found that are relevant to Little Valley residents—on topics such as falls, pain, constipation, incontinence, and many others.

Wendy decides to call Jane for advice, and leaves a voice-mail message:

“ Jane, it’s Wendy from Little Valley. Ka Ming and I can’t wait until next month to talk with you—we need your help now! As you suggested, we did an internet search and found tons of BPGs, but how do we distinguish a ‘good’ BPG from a ‘bad’ BPG...Ka Ming and I could really use your help—or otherwise we may waste a lot of time. Please—call us!”

Jane calls Wendy back later that day and explains some easy ways to separate ‘good’ BPGs from ‘bad’ BPGs. Jane explains the guideline development process, including panel membership, literature utilization and review process.

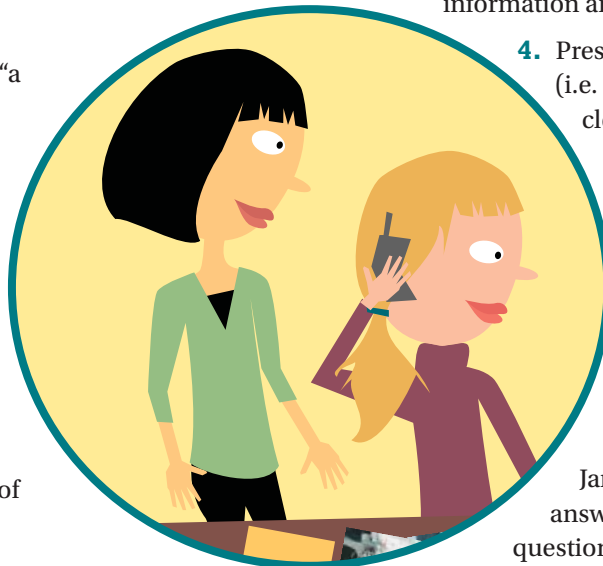
First, Jane explains to Wendy that “a ‘good’ BPG for nursing preferably involves a development panel composed of nurses (and sometimes other types of healthcare professionals) with expertise in the BPG topic and from a wide range of nursing roles and areas of practice.

For example, for the RNAO’s *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression* Best Practice Guideline, the development panel included advanced practice nurses in gerontology, staff nurses, community mental health nurses, geriatric psychiatry resource consultants, research scientists, and educators.”

Secondly, Jane explains that “a ‘good’ BPG is developed by the development panel only after an extensive literature search, which includes a review of published articles, research studies, and other BPGs relevant to the topic. The development panel uses this extensive literature to develop guideline recommendations for nurses to use in a variety of health care settings.”

Thirdly, Jane reinforces to Wendy and Ka Ming that: “A BPG has a ‘shelf life’ of about 3 years. Therefore it should be reviewed to incorporate new research findings.” She encouraged Wendy and Ka Ming to always check the publication date on a BPG—and be cautious about using a ‘stale’ BPG!

After talking with Jane, both Wendy and Ka Ming are feeling more confident about identifying a ‘good’ BPG. As Wendy reflects to Jane, “I’m starting to understand that a lot of the materials we found on the web could have been posted by just one person, not developed by a development panel...or the authors may not have reviewed all of the available literature...or the literature reviewed could even be out-of-date. They are very different than the RNAO BPGs!”



Jane is confident that Wendy and Ka Ming will be reviewing available BPGs with a more critical eye. She offers the nurses a final suggestion to help distinguish ‘bad’ BPGs from ‘good’ BPGs “Try using the AGREE TOOL (Appraisal of Guidelines for Research and Evaluation), an assessment tool specifically designed to identify a ‘good’ BPG.” The AGREE tool can be found at www.agreecollaboration.org.

As Jane explains, the AGREE TOOL scores a BPG in 6 areas:

1. Purpose of the BPG
2. Membership on the development panel (i.e. is the development panel composed of expert nurses with different clinical backgrounds?)
3. Process used for developing the BPG (i.e. how did the development panel find information and agree on recommendations?)
4. Presentation and clarity of the BPG (i.e. is the format appealing? language clear?)
5. Clinical application of the BPG (i.e. is the cost of implementing the BPG in a practice setting acceptable?)
6. Source of funding for BPG development (i.e. was the BPG developed using external funding?)

Jane went on to explain that after answering a series of AGREE Tool questions using a scale of one to four, Wendy and Ka Ming can calculate a total AGREE score that will provide a reliable measure of how ‘good’ a BPG is.

After saying goodbye to Jane, Wendy and Ka Ming talk about what they have learned about BPGs—and both break out laughing, remembering how only a week ago they had talked about developing Little Valley’s own BPG!

Reflecting on how much they have learned about the development process, Wendy wonders: “Even if Little Valley had an expert development panel, how could we ever feel confident that a BPG’s recommendations are really reliable?”

Ka Ming is more optimistic—and responds “I think that we can be confident about the reliability of a BPG. Some

of the BPGs I found on the internet explained that, in addition to the expert development panel, a draft BPG was reviewed by external stakeholders, such as clients, other interdisciplinary team members, researchers, staff nurses and clinical specialists. Then, after revisions were made based on feedback from these external stakeholders a BPG was further pilot-tested by nurses working in different areas, and more revisions made. This type of process can take up to 2 years.”

Jane Irving would have been very pleased with Ka Ming’s explanation about the lengthy and involved process of developing a ‘good’ BPG.

Before moving on to Chapter C, please complete the following exercises, to demonstrate and reinforce learnings from this section.



Exercises

Chapter B...Did you dig deeper into BPGs?

The RNAO BPG *Stroke Assessment Across the Continuum of Care* can be accessed at:

<http://www.rnao.org/bestpractice>

Exercise B-1

List at least 4 different types of nurses who were members of the development panel. (tip: see pg. 5-6)

Exercise B-2

List the 4 types of literature searches used by the BPG's Development Panel. (tip: Go to page 84-85 entitled: 'Search Strategy for Existing Evidence' and review the steps).

How many abstracts (brief summaries of articles) did the panel members find? _____

Exercise B-3

Using RNAO's BPG entitled *Stroke Assessment Across the Continuum of Care*, answer the following questions.

- i) Do you think there was enough evidence provided to support recommendation 5.0? Yes No
- ii) Do you think recommendation 5.0 is clear? Yes No

iii) How might you assist a peer nurse to understand and implement this recommendation?

Exercise B-4

To help Wendy and Ka Ming convince Little Valley's nursing staff, write a 100 word email to circulate via the Little Valley's e-mail distribution list about why nursing staff should review RNAO's *Stroke Assessment Across the Continuum of Care* BPG—including why you think it is a 'good' BPG.

Remember: Be enthusiastic and persuasive!

Congratulations!

You have completed Chapter B. Reflect that these exercise could apply to any of the RNAO BPGs you choose to investigate and implement.



Chapter C: Planting the seeds, planning for BPG implementation

Now that you have completed Chapter B and have a better understanding of how BPGs are developed, this chapter will focus on Wendy and Ka Ming's third meeting with the BPG Coordinator, Jane Irving—and address some common questions about planning to implement and evaluate a BPG in a long-term care home.

One important point is to remember that a nurse can implement parts of any BPG simply by incorporating a BPG recommendation into his/her daily practice. For example, a nurse could incorporate Recommendation 5.0 of the RNAO BPG *Stroke Assessment Across the Continuum of Care* (“Nurses in all practice settings should assess clients for pain using a validated tool”) simply by incorporating into their nursing care an assessment of pain. But, to fully implement a BPG requires a LTC home to commit resources and time to the implementation process.

At their next meeting, Wendy shares with Jane that she is feeling confused about choosing just one BPG to begin implementing and asks: “How can Little Valley decide which BPG to implement first?”

Jane reassures Wendy that choosing a particular BPG to implement can often be confusing—and that a LTC home typically decides by identifying an area of resident care that is problematic or a common problem. For example, as Jane explains: “If a LTC home identifies an increasing a number of residents admitted with the diagnosis of stroke, the home may consider implementing a recommendation related to stroke assessment.”

Wendy thinks about Jane’s advice—and remembers that the Quality Improvement data Little Valley has collected over the last year has clearly shown an increasing number of residents admitted with the diagnosis of stroke. Ka Ming agrees that stroke affects many residents of Little Valley.

Before making any further decisions, Jane also explains that when a LTC home decides to implement a BPG, one of the first activities should be to organize a ‘BPG Working Group’. This group should be composed of staff who have expertise in the area or a direct connection to the BPG topic.

Wendy and Ka Ming immediately identify some of the staff that should be involved with Little Valley’s ‘BPG Working Group’.

For the initial BPG Working Group meeting, Wendy and Ka Ming decide to invite a variety of interdisciplinary team members who impact resident care. Wendy and Ka Ming recognize that the committee may be large and that it may be difficult for all members to attend all meetings.

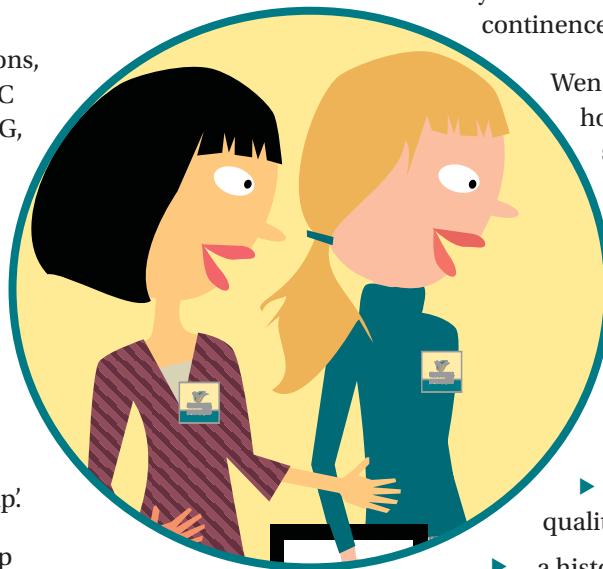
Wendy and Ka Ming are confident about the need for their BPG Working Group to focus on implementing a BPG on stroke assessment – and agree that the RNAO BPG is a good choice. But they are also quite sure that the group will ask: “Why the RNAO BPG when there are other BPGs about stroke assessment available?”

Remembering her earlier discussion with Jane, Wendy reinforces that a BPG’s recommendations need to be clearly presented and there needs to be agreement with all interdisciplinary team members on which recommendations are most appropriate for Little Valley residents.

Wendy now feels more confident in her ability to convince Little Valley’s BPG Working Group that the RNAO BPG would be the most appropriate choice. But, she still wonders “How do we know that Little Valley is ready to implement a BPG?”

Jane reviews with Wendy the BPG Working Group questions regarding whether their home is ready for BPG implementation. By assessing readiness, it becomes easier for the nurses to identify several immediate demands upon Little Valley staff.

For example, summer is coming and scheduling for staff vacations can be a challenge. In addition, Little Valley has recently introduced electronic charting and new continence care products.



Wendy wonders if other LTC homes are experiencing similar challenges which might interfere with BPG implementation. Luckily, Ka Ming is much more optimistic than Wendy and points out that Little Valley has considerable supports available for implementing a BPG, which include:

- ▶ staff who are committed to quality resident-care
- ▶ a history of introducing changes in resident-care practices
- ▶ encouragement from the home’s administration and
- ▶ established lines of communication amongst team members.

Jane points out that BPG Champions like Wendy and Ka Ming create staff enthusiasm, commitment, and the help to make change happen. Champions are a major support for BPG implementation.

Although Wendy and Ka Ming now have a plan to organize Little Valley’s BPG Working Group, they are still not sure how to focus the BPG Working Group’s activities. Wendy suggests that the group begin by revising the home’s stroke assessment policies and documentation forms to reflect the RNAO BPG. She explains that revising policies and documentation forms is a lengthy process, but essential to guide staff’s clinical practice.

Ka Ming disagrees: “Why are we wasting time reviewing policies and documentation forms? Let’s start with the really important stuff—educating staff.”

Jane suggests that Little Valley’s Working Group will need to be involved in a variety of activities to support BPG implementation. The activities for successful implementation may include a review of current stroke assessment practices, policy and documentation changes, and staff knowledge of stroke assessment and care requirements.

To help focus Little Valley’s implementation process, Jane recommends that Wendy and Ka Ming develop a list of all tasks that will need to be done for successful BPG implementation. She suggests that the RNAO Toolkit (available at: <http://www.rnao.org/bestpractices>) will help identify those tasks required for BPG implementation.

By the end of their meeting with Jane, Wendy and Ka Ming have a list of activities for Little Valley’s BPG Working Group. They have agreed on the first task which is to share their BPG implementation plans with staff. While both nurses know that staff will eventually require formal education on the BPG, they ask Jane if she can suggest some less formal ways the group might spread the word about the BPG.

Jane agrees with the plans for formal in-service training and suggests that information can also be provided by members of the BPG Working Group in less formal settings, such as team meetings or informal discussion with colleagues. In addition, Jane shares how some homes find that staff newsletters, posters, and email notification are also helpful to explain the BPG initiative and the planned implementation process.

At the end of their meeting, Jane congratulates Wendy and Ka Ming on their great progress. Little Valley now has a clear plan for organizing a BPG Working Group and is ‘on the road’ to implementation.

Jane encourages them to start thinking about how their BPG Working Group efforts will be evaluated. She suggests that before even beginning to implement, the Working Group should consider questions such as the following:

- ▶ What are the desired outcomes of the Working Group’s efforts? (Increased staff knowledge about stroke assessment? Improved documentation on stroke assessment?)

- ▶ What will be used as evaluation indicators? (QI data on the number of strokes? Completed nursing assessment forms?)
- ▶ How and when will evaluation data be collected?

Wendy and Ka Ming are excited and enthusiastic. With Jane’s help, they have developed both an understanding of BPGs and a roadmap for facilitating implementation of a BPG at Little Valley.

Both nurses are also reassured that they can call upon their regional BPG coordinator for help—but as Wendy says: “I know Little Valley can do this! Now we understand BPGs, the development and the implementation process—it’s as straightforward as ABC!”



Exercises

Chapter C...Are you ready to plant the seeds?

Watching BPG implementation grow

Exercise C-1

How will the following sources of information help to identify the BPG which is most pertinent to the needs of long-term care residents?

- ▶ Incident reports
- ▶ List of major health challenges (i.e. COPD, diabetes)
- ▶ Reason for transfer to acute care
- ▶ Quality Improvement data
- ▶ Results of resident/family satisfaction surveys

What other sources of information might help you identify a BPG pertinent to the needs of your residents?

Exercise C-2

Review the following list of care providers and place a check-mark in the box next to the stakeholders you think you would include in the home's 'BPG Working Group'.

- | | |
|--|---|
| <input type="checkbox"/> RNs and/or RPNs | <input type="checkbox"/> Occupational Therapist |
| <input type="checkbox"/> HCAs/PSWs | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Assistant Directors of Resident Care |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Administrator |

Who are the stakeholders you would include for your home?

Exercise C-3

List three demands upon staff time and resources that are currently occurring at your home that could also compete with introduction of a new BPG.

List three supports already available in your LTC home to help implement a BPG.

List two ways you could become a 'BPG Champion'

(Hint: Do you like to motivate staff? Promote optimal care? Like sharing new knowledge?)

Exercise C-4

Review the RNAO Toolkit available at [http://www.rnao.org/Storage/12/668 BPG Toolkit.pdf](http://www.rnao.org/Storage/12/668_BPG_Toolkit.pdf).

Identify the six sections of the toolkit.

List five specific activities your working group must complete.

Exercise C-5

Ask five of your care team members (RNs, RPNs, or unregulated care providers) the following question:
“When we implement a new policy, what is the best method for the working group to inform you of the change?”
Record your colleague’s answers below.

Discuss this information with your Manager, Director of Care or Administrator of Care.

Exercise C-6

Pretend that you have been asked to lead a BPG Working Group in your LTC Home. Reflecting on the content of this workbook, list five leadership qualities a Champion possesses to plan, implement, evaluate and sustain evidence-based practice using RNAO BPGs.

Congratulations!

You have completed the ABC of BPGs Workbook and should now have an enhanced understanding of BPGs, their development, and the implementation and evaluation process.