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**The Community Health
Research Unit**

**Centre de recherche sur la
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**EVALUATION OF NURSING BEST PRACTICE GUIDELINES:
CLINICAL MANAGEMENT, QUALITY ASSURANCE AND REFERRALS**

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Evaluation of Nursing Best Practice Guidelines: Clinical Management, Quality Assurance and Referrals

A. Introduction

In 1999, the Registered Nurses Association of Ontario (RNAO), with funding from the Ontario Ministry of Health and Long-Term Care, launched a multi-year project aimed at developing, pilot testing, evaluating and disseminating best practice guidelines (BPGs) for nurses. Seventeen BPGs were developed and launched by the RNAO during three cycles. Each BPG includes substantive, evidence-based recommendations for nursing practice and for organizational and policy change, as well as recommendations for nursing education. Details about the RNAO Best Practice Guideline Project may be obtained on the RNAO web site: www.rnao.org

A multi-site team designed a pre-post design evaluation to examine the process and impact of pilot site implementation of the BPGs. Both generic indicators and indicators specific to the BPGs were developed. This monograph reports the BPG-specific measures on clinical management, quality assurance and referrals. It is one of a series of monographs describing the measures used during the evaluation of various BPGs from 1999 to 2003. The monographs are intended for evaluation teams that may be interested in using or adapting the evaluation measures for their own evaluation purposes.

B. Development of the Questionnaires

I. Best Practice Guideline Development

The RNAO developed BPGs during three cycles (see Figure 1). A multidisciplinary panel of nurses, administrators, nursing researchers, and specialists used a systematic approach to develop the best practice guidelines. Briefly, this process involved the review of evidence from current research, theory, and expert advice as well as extensive reviews of similar clinical practice guidelines. Recommendations were made for practice and the level of evidence supporting each recommendation was identified. Recommendations based on studies with meta-analyses were assigned the rating for the highest level of evidence while recommendations based on expert consensus opinion, in the absence of evidence from quasi-experimental studies were assigned the rating for the lowest level of evidence. Several expert multi-disciplinary stakeholders then reviewed preliminary guideline recommendations and the supporting documentation. Revisions were made. Each published BPG presents the guideline

development process in detail and acknowledges the specific stakeholders who reviewed the guidelines. The RNAO, through a request for proposal process, invited health care organizations in Ontario to submit proposals outlining an implementation strategy. The successful organizations included hospitals, long-term care facilities, public health agencies and visiting nurse associations. The successful sites typically involved a cluster or collaboration of agencies which planned a co-ordinated implementation. Financial support usually for a clinical resource nurse to lead the guideline implementation, was provided along with administrative support from RNAO.

FIGURE 1. DEVELOPMENT OF RNAO BEST PRACTICE GUIDELINES

Cycle 1
Fall Prevention
Promoting Continence
Preventing Constipation
Risk Assessment of Pressure Ulcers
Cycle 2
Enhancing Healthy Adolescence
Client Centered Care
Crisis Intervention
Assessment and Management of Pain
Establishing Therapeutic Relationships
Prevention and Management of Pressure Ulcers
Strengthening/ Supporting Families
Cycle 3
Adult Asthma Control
Breastfeeding
Screening for Delirium, Dementia and Depression
Reducing Foot Complications for People with Diabetes
Smoking Cessation
Venous Leg Ulcers

II. Evaluation design

Evaluation of the BPGs implementation in these 45 organizations proceeded along the three cycles from 1999-2003. Specific objectives of the evaluation of BPG pilot site implementation were to:

- Document the process of BPG implementation across project sites from the perspective of clinical resource nurses, staff nurses and nursing administrators;
- Determine the effectiveness of BPG implementation on changes in nursing practice, and selected clinical outcomes;
- Determine perceived utility and value of the BPG by clinical resource nurses, staff nurses and administrators; and,

- Examine factors that influence implementation of the BPG.

Both qualitative and quantitative methods were used in the evaluation. For Cycle 1, a retrospective post design was used with questionnaires and interview of nursing staff and administrators. For Cycles 2 and 3, a more extensive evaluation was conducted using a before and after design. Patient chart audits, patient interviews and nurse interviews were conducted as well as questionnaires distributed to random samples of nurses at baseline and 6 months after implementation. For those BPGs where patient interviews were conducted or chart audits completed, patient eligibility criteria were set for each of the BPGs. A more detailed description of the evaluation design is available from the authors.

III. Development of Evaluation Measures

The measures in this monograph were developed by the authors in consultation with experts from each BPG and from the clinical implementation sites. The measures include questions in these three areas: 1) clinical management, 2) quality improvement initiatives and 3) referrals.

Clinical Management

For each BPG, priority recommendations were identified. These priority recommendations usually had the highest levels of supporting research evidence. The first set of questions on clinical management focused on the nurses' report about her or his practices around the recommendations. The second set of questions asked nurses' perceptions of the extent to which their unit practised the recommendation.

For example, for the asthma BPG recommendation on providing asthma education (RNAO, 2004), nurses were asked, "In your clinical practice, to what extent do you routinely provide asthma education as a component of care with individuals identified or suspected of having asthma?" In the second set of questions on perceptions of practices in her/his unit, the nurses were asked, "On your work unit, to what extent do other nurses on your unit routinely provide asthma education as a component of care with individuals identified or suspected of having asthma?"

Quality Improvement Initiatives

The next set of questions asked about the presence of quality assurance or quality improvement initiatives in their organization around the specific recommendation. For this set of questions, the question on this recommendation was phrased as follows, "At your workplace, is there a quality improvement initiative in place that promotes asthma education (e.g., placebo and spacer devices for teaching, sample templates for action plan, education materials)?"

Referrals

The next group of questions concerned familiarity with referral sources in the community and referral practices within the past month. The referral sources and practices were selected depending on the availability of resources within each participating organization and community. Nurses were asked to rate how familiar they were with specific services on a 5-point scale. For the referral practices questions, nurses were asked to indicate whether they referred patients for a specific service within the past month or not.

Sample questions developed for cycle 3 BPGs are included in the appendix. We have also included questions for some BPGs we evaluated for cycles 1 and 2.

IV. Description of the Sample

The sample of respondents from which the questionnaires in this monograph are reported, participated in the cycle 3 evaluation. There were 475 respondents to the questionnaires. A total of 467 participants are included in this analysis, eight cases were excluded from the analysis due to missing data on type of observation. Type of observation was coded into three categories: pre-test only, post-test only, and pre- and post-test.

Table 1 shows the sociodemographic characteristics of the sample of staff who completed the questionnaires. The respondents who returned completed quantitative questionnaires were predominantly female and held primarily staff nurse positions. Consistent with the sampling procedures, the majority of respondents were employed full-time, as registered nurses. Nearly half of the sample had been employed in nursing for more than 15 years. However, the majority had been employed on their current unit for five years or less. Overall approximately 50% worked combination shifts and approximately 1/3 worked primarily days.

The number of responses shown in subsequent analyses corresponds to the number of questionnaires completed by participants. Some participants filled in only one questionnaire (pre-test only or post-test only, while others completed both pre- and post-test questionnaires). Therefore, the number of responses shown in the tables summarizing psychometric properties of the scales, exceeds the number of participants in the project.

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

Demographic Characteristic		Asthma		Breastfeeding		Smoking		DDD ¹		Diabetes		VLU ²		Group Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Gender	<i>Female</i>	54	93.1	71	98.6	52	78.8	110	84.6	71	89.9	57	91.9	415	88.9
	<i>Male</i>	4	6.9	1	1.4	12	18.2	5	3.8	4	5.1	2	3.2	28	6.0
	<i>Missing</i>					2	3.0	15	11.5	4	5.1	3	4.8	24	5.1
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Highest education	<i>Diploma</i>	43	74.1	44	61.1	22	33.3	72	55.4	44	55.7	43	69.4	268	57.4
	<i>Canadian Nurses Association certification</i>	2	3.4	2	2.8	3	4.5	6	4.6	2	2.5			15	3.2
	<i>Baccalaureate degree</i>	12	20.7	26	36.1	24	36.4	39	30.0	18	22.8	6	9.7	125	26.8
	<i>Masters degree</i>					10	15.2							10	2.1
	<i>Doctorate degree</i>					3	4.5							3	0.6
	<i>Other</i>	1	1.7			2	3.0	3	2.3	5	6.3	4	6.5	15	3.2
	<i>Missing</i>					2	3.0	10	7.7	10	12.7	9	14.5	31	6.6
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Years employed in nursing	<i>0-5</i>	13	22.4	15	20.8	13	19.7	39	30.0	8	10.1	11	17.7	99	21.2
	<i>6-10</i>	11	19.0	5	6.9	6	9.1	17	13.1	12	15.2	11	17.7	62	13.3
	<i>11-15</i>	11	19.0	11	15.3	8	12.1	15	11.5	14	17.7	11	17.7	70	15.0
	<i>>15</i>	23	39.7	40	55.6	35	53.0	47	36.2	42	53.2	28	45.2	215	46.0
	<i>Missing</i>			1	1.4	4	6.1	12	9.2	3	3.8	1	1.6	21	4.5
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Professional license	<i>RN</i>	49	84.5	72	100.0	34	51.5	100	76.9	50	63.3	37	59.7	342	73.2
	<i>RPN</i>	9	15.5			8	12.1	23	17.7	25	31.6	24	38.7	88	18.8
	<i>Other</i>					21	32.8	2	1.5	1	1.3			25	5.5

Demographic Characteristic		Asthma		Breastfeeding		Smoking		DDD ¹		Diabetes		VLU ²		Group Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Group Total	<i>Missing</i>	58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Current position	<i>Staff Nurse</i>	57	98.3	72	100.0	38	57.6	109	83.8	65	82.3	39	62.9	380	81.4
	<i>Team leader</i>	1	1.7					10	7.7	2	2.5	1	1.6	14	3.0
	<i>Other</i>					28	42.4	11	8.5	12	15.2	22	35.5	73	15.6
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Employment Status	<i>Full time</i>	40	69.0	50	69.4	54	81.8	100	76.9	50	63.3	34	54.8	328	70.2
	<i>Part-time</i>	16	27.6	22	30.6	8	12.1	16	12.3	26	32.9	25	40.3	113	24.2
	<i>Casual</i>	2	3.4			1	1.5	5	3.8			2	3.2	10	2.1
	<i>Missing</i>					3	4.5	9	6.9	3	3.8	1	1.6	16	3.4
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Length of employment (years and months)	<i>0-5</i>	45	77.6	29	40.3	44	66.7	64	49.2	30	38.0	42	67.7	254	54.4
	<i>6-10</i>	5	8.6	6	8.3	8	12.1	28	21.5	18	22.8	9	14.5	74	15.8
	<i>11-15</i>	5	8.6	17	23.6	10	15.2	14	10.8	16	20.3	2	3.2	64	13.7
	<i>>15</i>	3	5.2	20	27.8	1	1.5	12	9.2	11	13.9	3	4.8	50	10.7
	<i>Missing</i>					3	4.5	12	9.2	4	5.1	6	9.7	25	5.4
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Average number of patients/clients responsible for	<i>5 or less</i>	2	3.4	35	48.6	5	7.6	14	10.8	2	2.5	1	1.6	59	12.6
	<i>6-8</i>	39	67.2	11	15.3	16	24.2	52	40.0	25	31.6	25	40.3	168	36.0
	<i>9 and more</i>	8	13.8	5	6.9	35	53.0	10	7.7	43	54.4	32	51.6	133	28.5
	<i>Varies</i>	5	8.6	3	4.2	1	1.5							9	1.9
	<i>NA</i>			2	2.8	1	1.5			1	1.3			4	0.9
	<i>Missing</i>	4	6.9	16	22.2	8	12.1	54	41.5	8	10.1	4	6.5	94	20.1
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0

Demographic Characteristic		Asthma		Breastfeeding		Smoking		DDD ¹		Diabetes		VLU ²		Group Total	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%
Average number of patients	<i>Days</i>	13	22.4	22	30.6	42	63.6	32	24.6	42	53.2	40	64.5	191	40.9
	<i>Evenings</i>	1	1.7			1	1.5	6	4.6	3	3.8	4	6.5	15	3.2
	<i>Nights</i>	10	17.2	11	15.3	3	4.5	13	10.0	4	5.1	1	1.6	42	9.0
	<i>Combination of shifts</i>	34	58.6	39	54.2	17	25.8	72	55.4	27	34.2	16	25.8	205	43.9
	<i>Missing</i>					3	4.5	7	5.4	3	3.8	1	1.6	14	3.0
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Years in agency	<i>0-5</i>	30	51.7	24	33.3	21	31.8	48	36.9	21	26.6	35	56.5	179	38.3
	<i>6-10</i>	4	6.9	3	4.2	7	10.6	13	10.0	15	19.0	5	8.1	47	10.1
	<i>11-15</i>	8	13.8	12	16.7	14	21.2	20	15.4	17	21.5	9	14.5	80	17.1
	<i>More than 15</i>	16	27.6	33	45.8	21	31.8	39	30.0	23	29.1	11	17.7	143	30.6
	<i>Missing</i>					3	4.5	10	7.7	3	3.8	2	3.2	18	3.9
Group Total		58	100.0	72	100.0	66	100.0	130	100.0	79	100.0	62	100.0	467	100.0
Professional activities															
	Member of unit/agency quality control	7	12.1	13	18.1	12	18.2	34	26.2	9	11.4	6	9.7	81	17.3
	Member of an internal or external research committee	2	3.4	4	5.6	5	7.6	10	7.7	3	3.8	10	16.1	34	7.3
	Assisted with policy/procedure/guideline/ standard development	9	15.5	18	25.0	13	19.7	18	13.8	19	24.1	12	19.4	89	19.1
	Presented a research paper in your agency or outside conference	1	1.7	1	1.4	2	3.0	8	6.2	1	1.3	1	1.6	14	3.0
	Presented a nursing grand rounds	2	3.4	3	4.2	7	10.6	11	8.5	2	2.5	3	4.8	28	6.0
	Other	7	12.1	3	4.2	8	12.1	14	10.8	14	17.7	8	12.9	54	11.6

¹ Screening for delirium, dementia and depression. ² Venous Leg Ulcers.

V. Statistical Procedures Used in Psychometric Testing of Scale Items

Data were analyzed using SPSS (version 12). For each scale within each BPG, pre-test and post-test data were combined. Descriptive analyses were conducted to examine response patterns, skewness and kurtosis of the data. Internal reliability was assessed using Cronbach's coefficient alpha. Principal component analysis was used to describe the main axes of variance. We then conducted a factor analysis to determine whether all items in the scale (or sub-scale) loaded on the factor.

Orthogonal rotation procedures were used to obtain the maximal amount of variance for all scales in this monograph. Varimax rotation, the most commonly used type of orthogonal rotation, provides a simple structure in factor analysis and was used in this study to facilitate interpretation of the factors. The goal of the factor analysis was to determine how many factors the items were located under as well as their significance. A more detailed description of factor analysis is included in the appendix.

For the present study, we used the following measurement criteria and cut-offs:

1. Sampling Adequacy:

Sampling adequacy predicts if the data is likely to factor. This is measured by the Kaiser-Meyer-Olkin (KMO) statistic. We used the most common cut-off, i.e. .60 for the present study. When the value was less than the cut-off, we obtained a measure of sampling adequacy (MSA) for each individual variable and included items with an MSA above .50.

2. Factor Loading:

An acceptance threshold of .40 for the loading was used in this study. Items with a factor loading of .40 were retained and those with a loading below .40 were deleted from the scale.

3. Eigenvalue:

The eigenvalue for a given factor measures the variance in all the variables that is accounted for by that factor. The ratio of eigenvalues is the ratio of explanatory importance of the factors with respect to the variables. Kaiser's criterion is a common rule of thumb for dropping the least important factors from the analysis. The Kaiser rule is to drop all components with eigenvalues less than 1.0.

4. Cronbach Coefficient Alpha:

This statistic was used to evaluate the internal consistency of each factor. It is a measure of squared correlation between observed scores and true scores. The higher the alpha, the more reliable the factor. A Cronbach's alpha of .70 (rounded off) is generally considered adequate. Item-scale statistics were evaluated if the alpha coefficient was poor (below .40).

C. Psychometric Properties of the Scales

The psychometric properties of the scales are presented by Best Practice Guideline (BPG) topic. Within each topic, descriptive statistics and results of factor analyses are presented for questionnaires on these three areas: 1) clinical management, 2) quality improvement initiatives and 3) referrals.

Within each BPG topic, comments on the factor analyses are made when the initial factor solution yielded more than one factor, and when items were dropped. The reason for dropping items is provided. The final factor solutions are presented in the tables. For those solutions with more than one factor, the factor loadings of the rotated factor analysis (using varimax rotation) are reported.

In general, the results from the factor analysis show very good indices on the proportion of variance explained by the factors, reliability of the scales and factor loadings. The exception are two scales in the Breastfeeding BPG: on Quality Improvement, and on Referral Practices; and the scale on Referral Practices for the Smoking Cessation BPG. These scales had low measures of sampling adequacy based on the Kaiser-Meyer-Olkin statistic. These are explained in detail in the respective BPG sections.

I. Adult Asthma Control

A. Descriptive Statistics

TABLE 2. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON ADULT ASTHMA CONTROL

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your own practice, to what extent do you believe that you"						
1. routinely identify the level of asthma control	89	4	3.53	1.16	-0.38	-0.44
2. routinely document the level of asthma control	89	4	3.30	1.31	-0.37	-0.80
3. routinely provide asthma control education	89	4	3.62	1.01	-0.95	1.07
4. routinely develop individualized action plans for self-management of asthma symptoms	89	4	2.62	1.26	0.10	-1.03
5. inform clients about two main categories of asthma medication	88	4	3.39	1.21	-0.47	-0.39
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that..."						
1. the level of asthma control is routinely identified	89	4	3.28	1.03	-0.02	-0.31

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
2. the level of asthma control is routinely documented.	89	4	2.97	1.21	0.11	-0.80
3. asthma control education is routinely provided	90	4	3.17	1.14	-0.10	-0.24
4. individualized action plans for self-management of asthma symptoms are routinely developed	89	4	2.64	1.20	0.17	-0.83
5. clients are informed about two main categories of asthma medication	89	4	3.29	1.11	0.06	-0.28

TABLE 3. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON ADULT ASTHMA CONTROL

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place.... "					
1. that promotes asthma education (e.g. Placebo and spacer devices for teaching, sample templates for action plans, education materials)	43	48%	46	52%	89
2. that allows clients to give their opinions about the management of their asthma	19	21%	71	79%	90
"At your workplace, are there policies or procedures..."					
3. that allows nurses to receive feedback about client's satisfaction with asthma care and education	29	32%	61	68%	90
4. that require nurses to document the level of asthma control in individuals identified or suspected of having asthma	35	39%	55	61%	90
5. recommending that nurses routinely refer individuals with poorly controlled asthma	47	53%	42	47%	89

TABLE 4. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON ADULT ASTHMA CONTROL

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. Health Care Centre	90	4	3.27	1.31	-0.36	-0.87
2. Asthma Society Help line	90	4	1.59	0.89	1.51	1.94
3. Ontario Lung Associations	90	4	2.43	1.25	0.44	-0.83
4. Canadian Network of Asthma Care	90	4	1.53	0.86	1.71	2.73
5. Internet resources for individuals with identified or suspected asthma. (e.g. Asthma Society, Lung Association, Weather Network)	90	4	2.14	1.18	0.77	-0.33

TABLE 5. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON ADULT ASTHMA CONTROL

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past month, have you referred individuals with identified or suspected asthma to....."					
1. Health Care Centre	40	45%	49	55%	89
2. An association that provides services, programs and/or educational materials	13	15%	76	85%	89
3. provided educational materials	40	45%	49	55%	89
4. Internet resources related to asthma care	9	10%	80	90%	89

B. Factor Analysis

Results of the factor analysis for each of the asthma BPG questionnaires are presented below. All scales had one-factor solutions. Table 6 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

TABLE 6. RESULTS OF FACTOR ANALYSIS FOR BPG ON ADULT ASTHMA CONTROL

Scale	Items	Factor loading	Factor characteristics
A1. Assessment & Clinical Management – Own Nursing Practice N = 87 Sampling adequacy (for factor) = .74	"In your own practice, to what extent do you believe that you"		Eigenvalue = 2.96 Cronbach's alpha = .83 Variance explained = .59
	routinely identify the level of asthma control	.80	
	routinely document the level of asthma control	.81	
	routinely provide asthma control education	.73	
	routinely develop individualized action plans for self-management of asthma symptoms	.75	
	inform clients about two main categories of asthma medication	.75	
A2. Assessment & Clinical Management – Unit Nursing Practice N = 88 Sampling adequacy (for factor) = .86	"On your work unit, to what extent do you believe that		Eigenvalue = 3.51 Cronbach's alpha = .89 Variance explained = .70
	the level of asthma control is routinely identified	.80	
	the level of asthma control is routinely documented.	.87	
	asthma control education is routinely provided	.89	
	individualized action plans for self-management of asthma symptoms are routinely developed	.87	
	clients are informed about two main categories of asthma medication	.76	
B. Quality Improvement Initiatives N = 88 Sampling adequacy (for factor) = .71	Factor 1 "At your workplace, is there a quality assurance or quality improvement initiative in place.... "		Eigenvalue = 2.37 Cronbach's alpha = .72 Variance explained = .47
	that promotes asthma education	.75	
	that allows clients to give their opinions	.66	
	that allows nurses to receive feedback about client's satisfaction	.79	
	that require nurses to document the level of asthma control	.61	
	recommending that nurses routinely facilitate the referral of individuals	.62	
C1. Familiarity with Services N = 90	"How familiar are you with the community services provided by the following agencies"		Eigenvalue = 3.04 Cronbach's alpha = .81
	Health Care Centre	.57	
	Asthma Society Help line	.86	

Scale	Items	Factor loading	Factor characteristics
Sampling adequacy (for factor) = .68	Ontario Lung Associations	.78	Variance explained = .61
	Canadian Network of Asthma Care	.87	
	Internet resources	.79	
C2. Referral Practices in the Past Month N = 89 Sampling adequacy (for factor) = .67	"In the past month, have you referred individuals with identified or suspected asthma to...."		Eigenvalue = 2.03
	Health Care Centre	.74	Cronbach's alpha = .66
	An association that provides services, programs and/or educational materials	.72	
	provided educational materials	.74	Variance explained = .50
	Internet resources related to asthma care	.61	

II. Breastfeeding Guidelines for Nurses

A. Descriptive Statistics

TABLE 7. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON BREASTFEEDING

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your clinical practice, to what extent do you"						
1. routinely help mothers who intend to breastfeed initiate breastfeeding soon after birth	86	4	4.63	0.78	-2.24	5.16
2. give newborn infants no food or drink other than breast milk unless medically indicated	123	4	4.12	1.02	-1.09	0.68
3. encourage breastfeeding on demand	124	3	4.43	0.83	-1.12	-0.07
4. suggest the use of pacifiers or dummies*	113	4	4.08	1.19	-1.00	-0.05
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that...."						
1. mothers who intend to breastfeed are routinely encouraged to initiate breastfeeding as soon as possible after birth	88	3	4.59	0.78	-1.78	2.06
2. mothers are shown how to maintain lactation even if they are separated from their babies	89	2	4.54	0.71	-1.22	0.09
3. newborn infants are given no food or drink other than breast milk, unless medically indicated	120	4	3.88	1.08	-0.70	-0.12
4. rooming-in, allowing mothers and infants to remain together 24 hours a day, is routinely encouraged	78	4	4.31	1.18	-1.71	1.96
5. on demand breastfeeding on demand is routinely encouraged	122	4	4.36	0.95	-1.32	0.85
6. pacifiers or dummies are suggested for use with breastfeeding mothers	124	4	3.73	1.39	-0.59	-1.05

TABLE 8. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON BREASTFEEDING

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place that... "					
1. Provides clients with an opportunity to give their opinions about their infant care and breastfeeding support	64	52%	59	48%	123
2. Allows nurses to receive feedback about clients' satisfaction with their infant care and breastfeeding support	36	29%	89	71%	125
3. Allows nurses to be trained in the skills necessary to provide breastfeeding friendly care	109	87%	16	13%	125
4. At your workplace, are there policies or procedures that require nurses to document breastfeeding assessments of mother/baby/family postnatally	114	95%	6	5%	120

TABLE 9. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON BREASTFEEDING

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. La Leche League	125	5	3.02	1.21	0.00	-0.71
2. Internet breastfeeding resources	125	5	2.41	1.25	0.54	-0.76
3. Health Centre	125	5	2.31	1.29	0.55	-0.87
4. Friendship Centre	124	5	2.47	1.32	0.41	-1.03
5. Centre de Santé Communautaire	84	5	2.93	1.33	0.01	-1.05

TABLE 10. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON BREASTFEEDING

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past month, have you referred new mothers to..."					
1. Services, programs and/or educational material offered by the local breastfeeding support groups (eg. La Leche League)	59	51%	56	49%	115
2. Internet resources on breastfeeding	9	8%	110	92%	119
3. Centre de Santé Communautaire de Sudbury	9	8%	102	92%	111

B. Factor Analysis

Results of the factor analysis for each of the Breastfeeding BPG questionnaires are presented below. All scales had one-factor solutions. Table 11 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

There were two scales for which the sampling adequacy as measured by the Kaiser-Meyer-Olkin (KMO) statistic was below our cut-off of .60: the scale on Quality Improvement and on Referral Practices within the past month. For these scales, the measure of sampling adequacy (MSA) for each of the original items were obtained and those items with anti-imaging correlations above .50 were retained for subsequent analyses. The final factor solutions for these scales still had a KMO statistic below our cut-off, but other characteristics of these scales reflect adequate psychometric properties. In addition, results on the Bartlett's test of sphericity for both of the scales were significant indicating that the correlation matrices of the variables in the scales can be used for the factor analysis. For the scale on quality improvement, Bartlett's test of sphericity statistic was 57.43 (df=6, p = .001) and 18.5 (df=3, p=.001) for the scale on referral practices.

TABLE 11. RESULTS OF FACTOR ANALYSIS FOR BPG ON BREASTFEEDING

Scale	Items	Factor loading	Factor characteristics
A1. Assessment & Clinical Management – Own Nursing Practice N = 85 Sampling adequacy (for factor) = .62	"In your own practice, to what extent do you"		Eigenvalue = 1.85 Cronbach's alpha = .59 Variance explained = .46
	routinely help mothers who intend to breastfeed initiate breastfeeding soon after birth	.74	
	give newborn infants no food or drink other than breast milk unless medically indicated	.38	
	encourage breastfeeding on demand	.83	
	suggest the use of pacifiers or dummies*	.69	
A2. Assessment & Clinical Management – Unit Nursing Practice N = 77 Sampling adequacy (for factor) = .81	"On your work unit, to what extent do you believe that		Eigenvalue = 3.16 Cronbach's alpha = .85 Variance explained = .63
	mothers who intend to breastfeed are routinely encouraged to initiate breastfeeding as soon as possible after birth	.72	
	newborn infants are given no food or drink other than breastmilk, unless medically indicated	.64	
	rooming-in, allowing mothers and infants to remain together 24 hours a day, is routinely encouraged	.87	
	on demand breastfeeding on demand is routinely encouraged	.92	
	pacifiers or dummies are suggested for use with breastfeeding mothers	.79	
B. Quality Improvement Initiatives N = 118 Sampling adequacy (for factor) = .58	"At your workplace, is there a quality assurance or quality improvement initiative in place...."		Eigenvalue = 1.78 Cronbach's alpha = .58 Variance explained = .44
	Provides clients with an opportunity to give their opinions about their infant care and breastfeeding support	.84	
	Allows nurses to receive feedback about clients' satisfaction with their infant care and breastfeeding support	.81	
	Allows nurses to be trained in the skills necessary to provide breastfeeding friendly care	.52	
	At your workplace, are there policies or procedures that require nurses to document breastfeeding assessments of mother/baby/family postnatally	.40	
C1. Familiarity with Services N = 84	"How familiar are you with the community services provided by the following agencies "		Eigenvalue = 3.28 Cronbach's alpha = .86
	La Leche	.68	
	Internet	.58	
	Health Centre	.94	

Scale	Items	Factor loading	Factor characteristics
Sampling adequacy (for factor) = .77	Friendship Centre	.94	Variance explained = .65
	Centre de Sante Communautaire	.84	
C2. Referral Practices in the Past Month N = 107 Sampling adequacy (for factor) = .55	"In the past month, have you referred individuals to"		Eigenvalue = 1.47 Cronbach's alpha = .40 Variance explained = .49
	Services, programs and/or educational material offered by the local breastfeeding support groups (e.g., La Leche League)	.59	
	Internet resources on breastfeeding	.79	
	Centre de Santé Communautaire	.70	

* Item is reverse coded.

III. Smoking Cessation

A. Descriptive Statistics

TABLE 12. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON SMOKING CESSATION

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your own practice, to what extent do you believe that you"						
1. routinely implement brief smoking cessation interventions with all client contacts where you ask the clients about their smoking status, advise them about the importance of quitting, and assist them with brief cessation advice	105	4	3.15	1.28	-.37	-.77
2. routinely introduce intensive smoking cessation intervention with individuals who have indicated they want to quit? (using the Ask, Advise, Assist and/or Arrange protocol)	104	4	2.98	1.38	-.12	-1.21
3. routinely re-engage clients in the smoking cessation process if relapse occurs	105	4	2.53	1.37	.33	-1.13
4. routinely communicate the health benefits of smoking reduction to clients who smoke	104	4	3.41	1.27	-.51	-.63
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that..."						
1. brief smoking cessation interventions are routinely implemented with all client contacts where clinicians ask the clients about their smoking status, advise them about the importance of quitting, and assist them with brief cessation advice	104	4	3.07	1.19	-.24	-.66
2. intensive smoking cessation interventions are introduced to individuals who have indicated they want to quit	104	4	3.24	1.40	-.24	-1.15
3. clients are routinely re-engaged in the smoking cessation process if relapse occurs	104	4	2.78	1.21	-.07	-1.03
4. the health benefits from smoking reduction are routinely communicated to clients who smoke	104	4	3.20	1.27	-.33	-.85

TABLE 13. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON SMOKING CESSATION

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place that.... "					
1. allows clinicians to receive feedback about clients' satisfaction with their smoking cessation intervention	22	21%	83	79%	105
"At your workplace, are there policies or procedures in place that...."					
2. require nurses to document smoking status of all clients	35	34%	69	66%	104
3. require clinicians other than nurses or doctors to document smoking status of all clients	18	17%	86	83%	104
4. recommend that nurses routinely refer clients who want to quit smoking to the Centre or community resources for ongoing assistance	42	40%	62	60%	104
5. recommend that clinicians other than nurses or doctors routinely refer clients who want to quit smoking to the Centre or community resources for ongoing assistance	39	37%	66	63%	105

TABLE 14. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON SMOKING CESSATION

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. Nicotine Dependence Clinic	105	4	3.16	1.41	-.12	-1.20
2. Smoking Cessation Help Lines	104	4	2.27	1.34	.71	-.69
3. The Ontario Lung Association	105	4	2.62	1.16	.23	-.67
4. Other health care professionals who provide smoking cessation assistance.	104	4	2.33	1.32	.73	-.58
5. Smoking Cessation Internet Resources	105	4	1.87	1.13	1.25	.86

TABLE 15. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON SMOKING CESSATION

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past month, have you referred individuals who have indicated they want to quit to..."					
1. the Nicotine Dependence Clinic	36	35%	66	65%	102
2. an association that provides smoking cessation programs and/or educational material (e.g. The Lung Association, Canadian Heart and Stroke Foundation of Canada of Ontario, Canadian Cancer Society)	7	7%	95	93%	102
3. other health professionals who provide smoking cessation services	21	21%	81	79%	102

B. Factor Analysis

Results of the factor analysis for each of the smoking BPG questionnaires are presented below. All scales had one-factor solutions, with the exception of the scale on quality improvement. The initial factor solution had two factors. One item, on whether there were quality improvement initiatives that "*promote the routine use of the Ask, Advise, Assist, and/or Arrange protocol with all clinician-client contacts*" had the lowest factor loading (.47) and the lowest MSA (.61). This item was then dropped, and a final factor solution with one factor was obtained.

For the scale on referral practices, the factor loading in the initial factor solution was -.25 when the item on whether referrals to internet resources was included. This item was dropped from the analysis, yielding three final items, with a KMO of only .54. The Bartlett's test of sphericity for this scale was adequate (26,6, df=3, p=.001). However, the alpha coefficient was low (alpha=.47).

Table 16 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

TABLE 16. RESULTS OF FACTOR ANALYSIS FOR BPG ON SMOKING CESSATION

Scale	Items	Factor loading	Factor characteristics
A1. Assessment & Clinical Management – Own Nursing Practice N = 103 Sampling adequacy (for factor) = .80	"In your own practice, to what extent do you believe that you"		Eigenvalue = 2.74 Cronbach's alpha = .85 Variance explained = .68
	routinely implement brief smoking cessation interventions with all client contacts where you ask the clients about their smoking status, advise them about the importance of quitting, and assist them with brief cessation advice	.84	
	routinely introduce intensive smoking cessation intervention with individuals who have indicated they want to quit? (using the Ask, Advise, Assist and/or Arrange protocol)	.81	
	routinely re-engage clients in the smoking cessation process if relapse occurs	.82	
	routinely communicate the health benefits of smoking reduction to clients who smoke	.83	
A2. Assessment & Clinical Management – Unit Nursing Practice N = 104 Sampling adequacy (for factor) = .75	"On your work unit, to what extent do you believe that..."		Eigenvalue = 2.80 Cronbach's alpha = .85 Variance explained = .70
	brief smoking cessation interventions are routinely implemented with all client contacts where clinicians ask the clients about their smoking status, advise them about the importance of quitting, and assist them with brief cessation advice	.75	
	intensive smoking cessation interventions are introduced to individuals who have indicated they want to quit	.86	
	clients are routinely re-engaged in the smoking cessation process if relapse occurs	.89	
	the health benefits from smoking reduction are routinely communicate to clients who smoke	.83	
B. Quality Improvement Initiatives N = 103 Sampling adequacy (for factor) = .69	At your workplace, is there a quality assurance or quality improvement initiative in place that allows clinicians to receive feedback about clients' satisfaction with their smoking cessation intervention	.47	Eigenvalue = 2.59 Cronbach's alpha = .76 Variance explained = .52
	"At your workplace, are there policies or procedures that..."		
	require nurses to document smoking status of all clients	.72	

Scale	Items	Factor loading	Factor characteristics
	require clinicians other than nurses or doctors to document smoking status of all clients	.67	
	recommend that nurses routinely refer clients who want to quit smoking to the Centre or community resources for ongoing assistance	.84	
	recommend that clinicians other than nurses or doctors routinely refer clients who want to quit smoking to the Centre or community resources for ongoing assistance	.83	
C1. Familiarity with Services N = 104 Sampling adequacy (for factor) = .81	"How familiar are you with the community services provided by the following agencies: "		Eigenvalue = 3.12
	Nicotine Dependence Clinic	.70	Cronbach's alpha = .84
	Smoking Cessation Help Lines	.89	
	The Ontario Lung Association	.82	Variance explained = .62
	Other health care professionals who provide smoking cessation assistance.	.76	
	Smoking Cessation Internet Resources	.77	
C2. Referral Practices in the Past Month N = 102 Sampling adequacy (for factor) = .54	"In the past month, have you referred individuals who have indicated they want to quit to....."		Eigenvalue = 1.55
	Nicotine Dependence Clinic	.52	Cronbach's alpha = .47
	an association that provides smoking cessation programs and/or educational material (e.g. The Lung Association, Canadian Heart and Stroke Foundation of Canada of Ontario, Canadian Cancer Society)	.77	Variance explained = .52
	other health professionals who provide smoking cessation services	.83	

IV. Screening for Delirium, Dementia & Depression in Older Adults

A. Descriptive Statistics

TABLE 17. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON SCREENING FOR DELIRIUM, DEMENTIA & DEPRESSION IN OLDER ADULTS

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your own practice, to what extent do you believe that you"						
1. routinely assess for cognitive changes in older adults using a Standardized Assessment Tool (i.e.; Mental Status Exam)	189	4	2.99	1.31	-0.22	-1.01
2. adequately document cognitive changes in older adults	187	4	3.53	1.01	-0.43	0.02
3. adequately assess and differentiate between clinical features of delirium, dementia, and depression in older adults	189	4	3.08	1.14	-0.12	-0.42
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that..."						
1. older adults are routinely assessed for cognitive changes with a Standardized Assessment Tool	188	4	3.21	1.27	-0.33	-0.82
2. changes in cognitive function in older adults are adequately documented	189	4	3.40	1.09	-0.39	-0.17
3. the features of delirium, dementia, and depression in older adults are adequately assessed and differentiated	189	4	3.16	1.15	-0.16	-0.50

TABLE 18. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON SCREENING FOR DELIRIUM, DEMENTIA & DEPRESSION IN OLDER ADULTS

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place.... "					
1. provides professional development opportunities for the nurses to enhance their skills in assessing the individual experiencing delirium, dementia and depression	99	53%	87	47%	186
2. allows clients or families an opportunity to give their opinions about the management of care, related to mental health aspects	105	56%	82	44%	187
3. allows nurses to receive feedback about clients' or families' satisfaction with the care provided to them	129	69%	57	31%	186
"At your workplace, are there policies or procedures that..."					
1. promote the routine use of a standardized assessment tool that promotes objective assessment of cognitive changes in older adults and substantiates the nurse's clinical observations	91	49%	96	51%	187
2. require nurses to document changes in cognitive function, behavior and/or mood based on their on-going observations of the client and/or concerns expressed by the client, family, and/or interdisciplinary team	129	68%	60	32%	189
3. nurses routinely refer older adults who exhibit features of delirium, dementia, or depression for a medical diagnosis and/or to other specialized services (ex: specialized geriatric psychiatry services, neurologists)	114	60%	75	40%	189

TABLE 19. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON SCREENING FOR DELIRIUM, DEMENTIA & DEPRESSION IN OLDER ADULTS

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. The Geriatric Consult Team	189	4	3.41	1.21	-0.35	-0.69
2. Geriatric Psychiatric Consultants	190	4	3.18	1.24	-0.11	-0.92
3. Advanced Practice Nurses/ Nurse Practitioners	185	4	3.22	1.35	-0.21	-1.09

TABLE 20. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON SCREENING FOR DELIRIUM, DEMENTIA & DEPRESSION IN OLDER ADULTS

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past month, have you referred older adults who exhibit features of delirium, dementia, and/or depression to....."					
1. The Geriatric Consult Team	44	28%	111	72%	155
2. Geriatric Psychiatric Consultants	51	32%	110	68%	161
3. Other health professionals who provide specialized care (advanced practice nurses, occupational therapists, physicians)	92	55%	76	45%	168

B. Factor Analysis

Results of the factor analysis for each of the Delirium, Dementia and Depression BPG questionnaires are presented below. All scales had one-factor solutions and results show adequate factor characteristics and high factor loadings. Table 21 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

TABLE 21. RESULTS OF FACTOR ANALYSIS FOR BPG ON SCREENING FOR DELIRIUM, DEMENTIA & DEPRESSION IN OLDER ADULTS

Scale	Items	Factor loading	Factor characteristics
A1. Assessment & Clinical Management – Own Nursing Practice N = 187 Sampling adequacy (for factor) = .69	"In your own practice, to what extent do you believe that you"		Eigenvalue = 2.01 Cronbach's alpha = .75 Variance explained = .67
	routinely assess for cognitive changes in older adults using a Standardized Assessment Tool (i.e.; Mental Status Exam)	.81	
	adequately document cognitive changes in older adults	.81	
	adequately assess and differentiate between clinical features of delirium, dementia, and depression in older adults	.84	
A2. Assessment & Clinical Management – Unit Nursing Practice N = 188 Sampling adequacy (for factor) = .71	"On your work unit, to what extent do you believe that		Eigenvalue = 2.28 Cronbach's alpha = .84 Variance explained = .76
	older adults are routinely assessed for cognitive changes with a Standardized Assessment Tool	.82	
	changes in cognitive function in older adults are adequately documented	.89	
	the features of delirium, dementia, and depression in older adults are adequately assessed and differentiated	.90	
B. Quality Improvement Initiatives N = 181 Sampling adequacy (for factor) = .81	"At your workplace, is there a quality assurance or quality improvement initiative in place.... "		Eigenvalue = 2.94 Cronbach's alpha = .79 Variance explained = .49
	provides professional development opportunities for the nurses to enhance their skills in assessing the individual experiencing delirium, dementia and depression	.67	
	allows clients or families an opportunity to give their opinions about the management of care, related to mental health aspects, provided	.70	
	allows nurses to receive feedback about clients' or families' satisfaction with the care provided to them	.64	
	"At your workplace, are there policies or procedures that..."		
	promote the routine use of a standardized assessment tool that promotes objective assessment of cognitive changes in older adults and substantiates the nurse's clinical observations	.73	

Scale	Items	Factor loading	Factor characteristics
	require nurses to document changes in cognitive function, behavior and/or mood based on their on-going observations of the client and/or concerns expressed by the client, family, and/or interdisciplinary team	.70	
	nurses routinely refer older adults who exhibit features of delirium, dementia, or depression for a medical diagnosis and/or to other specialized services (ex: specialized geriatric psychiatry services, neurologists)	.76	
C1. Familiarity with Services N = 184 Sampling adequacy (for factor) = .66	"How familiar are you with the community services provided by the following agencies: "		Eigenvalue = 2.10
	The Geriatric Consult Team	.86	Cronbach's alpha = .78
	Geriatric Psychiatric Consultants	.89	Variance explained = .70
	Advanced Practice Nurses/ Nurse Practitioners	.77	
C2. Referral Practices in the Past Month N = 149 Sampling adequacy (for factor) = .61	"In the past month, have you referred older adults who exhibit features of delirium, dementia, and/or depression to....."		Eigenvalue = 1.78
	The Geriatric Consult Team	.75	Cronbach's alpha = .65
	Geriatric Psychiatric Consultants	.85	Variance explained = .59
	Other health professionals who provide specialized care (advanced practice nurses, occupational therapists, physicians)	.71	

V. Reducing Foot Complications for People with Diabetes

A. Descriptive Statistics

TABLE 22. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON REDUCING FOOT COMPLICATIONS FOR PEOPLE WITH DIABETES

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your own practice, to what extent do you believe that you"						
1. Routinely conduct foot assessment (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses) for clients with known diabetes	113	8	3.19	1.41	.27	1.26
2. Routinely document the risk factors for the development of foot ulceration/amputation (e.g. previous foot ulcers, reduced sensation, reduced circulation) amongst clients with known diabetes	113	4	3.12	1.31	-.17	-.90
3. Routinely teach basic foot care education with clients with known diabetes	113	4	3.14	1.40	-.26	-1.20
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that...."						
1. patients/clients with known diabetes routinely have a foot risk assessment (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses)	113	4	2.74	1.37	.16	-1.18
2. risk factors for foot ulceration/amputation (e.g. previous foot ulcers, reduced sensation, reduced circulation) in patients/clients with known diabetes are routinely documented	112	4	3.03	1.34	-.16	-1.06
3. basic foot care education by nurses is done with clients with known diabetes	112	4	2.92	1.30	.08	-1.05

TABLE 23. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON REDUCING FOOT COMPLICATIONS FOR PEOPLE WITH DIABETES

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place.... "					
1. promotes routine use of a foot care assessment protocol	48	43%	64	57%	112
2. provides clients/patients with an opportunity to give their opinions about the management of their foot complications	26	23%	86	77%	112
3. allows nurses to receive feedback about clients' satisfaction with their foot care management	46	41%	66	59%	112
"At your workplace, are there policies or procedures...."					
4. require nurses to document foot risk assessments in clients with known diabetes	46	41%	66	59%	112
5. require nurses to document risk factors for foot ulceration/ amputation in clients with diabetes	50	45%	62	55%	112
6. recommend that nurses routinely refer clients with an "at risk foot"	46	41%	67	59%	113
7. require nurses to appropriately maintain and replace Semmes-Weinstein Monofilaments	18	16%	94	84%	112

TABLE 24. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON REDUCING FOOT COMPLICATIONS FOR PEOPLE WITH DIABETES

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. Hospital Diabetes Education & Care program	112	4	2.79	1.31	.14	-.95
2. Hospital Chiropody services	112	4	2.95	1.31	.01	-.95
3. Local VON and other community foot care clinics	112	4	3.54	1.27	-.48	-.67
4. The Canadian Diabetes Association	112	4	3.06	1.22	.06	-.74
5. Other health care professionals who provide care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist)	111	8	2.93	1.42	.82	1.56
6. Assistive devices program	112	4	2.27	1.17	.66	-.25
7. Internet resources on diabetes information and care	111	4	2.25	1.31	.88	-.30

TABLE 25. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON REDUCING FOOT COMPLICATIONS FOR PEOPLE WITH DIABETES

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past month, have you referred clients with known diabetes to..."					
1. Hospital Diabetes Education & Care program	27	24%	86	76%	113
2. Hospital Chiropody services	38	34%	75	66%	113
3. Local VON or community foot care clinics	40	35%	73	65%	113
4. The Canadian Diabetes Association	27	24%	86	76%	113
5. Other health care professionals who provide foot care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist)	45	40%	67	60%	112
6. Assistive Devices Program	8	7%	105	93%	113
7. Internet resources	12	11%	101	89%	113

B. Factor Analysis

Results of the factor analysis for each of the Diabetes foot complication's BPG questionnaires are presented below. Most scales had one-factor solutions.

For the scale on the assessment and clinical management-unit nursing practice, the first factor solution had one item which did not meet our criteria. The item whether there was a sufficient number of monofilaments available for foot ulcer assessments, had a negative factor loading and was less than .40. This item was thus deleted. The final factor solution had three items.

The scale on quality improvement had a two-factor solution. The first factor included three items on the presence on quality improvement initiatives, and the second factor included items on policies or procedures. One item in the second factor (policies or procedures to maintain and replace monofilaments) had a slightly higher loading of .54 in the first factor versus .41 in the second factor. However it was retained in the second factor as the item asked about a policy.

The scale on referral practices also had a two-factor solution. The first factor included items on referral practices to community programs and , while the second factor included items on referrals to diabetes programs in the acute care setting and to other health care professionals

Table 26 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

TABLE 26. RESULTS OF FACTOR ANALYSIS FOR BPG ON REDUCING FOOT COMPLICATIONS FOR PEOPLE WITH DIABETES

Scale	Items	Factor loading	Factor characteristics
A1. Assessment & Clinical Management – Own Nursing Practice N = 113 Sampling adequacy (for factor) = .64	"In your own practice, to what extent do you believe that you"		Eigenvalue = 2.11 Cronbach's alpha = .78 Variance explained = .70
	Routinely conduct foot assessment (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses) for clients with known diabetes	.85	
	Routinely document the risk factors for the development of foot ulceration/amputation (e.g. previous foot ulcers, reduced sensation, reduced circulation) amongst clients with known diabetes	.90	
	Routinely teach basic foot care education with clients with known diabetes	.76	
A2. Assessment & Clinical Management – Unit Nursing Practice N = 112 Sampling adequacy (for factor) = .70	"On your work unit, to what extent do you believe that		Eigenvalue = 2.32 Cronbach's alpha = .85 Variance explained = .77
	patients/clients with known diabetes routinely have a foot risk assessment (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses)	.92	
	risk factors for foot ulceration/amputation (e.g. previous foot ulcers, reduced sensation, reduced circulation) in patients/clients with known diabetes are routinely documented	.86	
	basic foot care education by nurses is done with clients with known diabetes	.86	
B. Quality Improvement Initiatives N = 109 Sampling adequacy (for factor) = .83	Factor 1 "At your workplace, is there a quality assurance or quality improvement initiative in place...."		Eigenvalue = 3.84 Cronbach's alpha = .82 Variance explained = .55
	promotes routine use of a foot care assessment protocol	.73	
	provides clients/patients with an opportunity to give their opinions about the management of their foot complications	.87	
	allows nurses to receive feedback about clients' satisfaction with their foot care management	.86	
	Factor 2 "At your workplace are there policies or procedures...."		Eigenvalue = 1.03 Cronbach's alpha = .81
	require nurses to document foot risk assessments in clients with known diabetes	.83	

Scale	Items	Factor loading	Factor characteristics
	require nurses to document risk factors for foot ulceration/ amputation in clients with diabetes	.87	Variance explained = .15
	recommend that nurses routinely refer clients with an "at risk foot"	.75	
	require nurses to appropriately maintain and replace Semmes-Weinstein Monofilaments	.41	
C1. Familiarity with Services N = 110 Sampling adequacy (for factor) = .83	"How familiar are you with the community services and resources provided by the following: "		Eigenvalue = 3.63
	Hospital Diabetes Education & Care program	.76	Cronbach's alpha = .84
	Hospital Chiropody services	.71	
	Local VON and other community foot care clinics	.56	Variance explained = .52
	The Canadian Diabetes Association	.76	
	Other health care professionals who provide care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist)	.77	
	Assistive Devices Program	.76	
	Internet resources on diabetes information and care	.71	
C2. Referral Practices in the Past Month N = 112 Sampling adequacy (for factor) = .68	"In the past month, have you referred clients with known diabetes to"		Eigenvalue = 2.44
	Factor 1		Cronbach's alpha = .59
	Local VON or other community foot care clinics	.81	
	The Canadian Diabetes Association	.62	Variance explained = .35
	Assistive devices program	.50	
	Internet resources	.60	
	Factor 2		Eigenvalue = 1.22
	Hospital Diabetes Education & Care program	.75	Cronbach's alpha = .61
	Hospital Chiropody services	.83	
Other health care professionals who provide foot care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist)	.56		
			Variance explained = .17

VI. Assessment and Management of Venous Leg Ulcers

A. Descriptive Statistics

TABLE 27. DESCRIPTIVE STATISTICS: ASSESSMENT AND CLINICAL MANAGEMENT, BPG ON VENOUS LEG ULCERS

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
A. Assessment & Clinical Management						
A1. Own nursing practice						
"In your own practice, to what extent do you believe that"						
1. a full clinical history and physical examination (including blood pressure, weight, urinalysis, blood sugar level) would be beneficial in assisting with the treatment of patients/clients presenting with either their first or recurrent venous leg ulcer	83	4	3.92	1.22	-0.89	-0.15
2. Doppler measurements of Ankle Brachial Pressure Index (ABPI) being routinely performed on patients/clients presenting with either their first or recurrent venous leg ulcer	76	4	2.88	1.52	0.01	-1.43
3. you routinely measure the surface areas of ulcers at regular intervals in order to monitor progress	85	4	4.07	1.22	-1.30	0.72
4. You routinely assess venous leg ulcers for inflammation, redness, purulent exudates, pyrexia and/or rapid increase in size	85	4	4.69	0.82	-3.52	13.20
5. you routinely assess venous leg ulcers for pain	85	4	4.52	0.89	-2.46	6.68
6. you adequately document the clinical history and physical assessment of patients/clients who present with their first or recurrent venous leg ulcer	86	4	3.85	1.02	-0.87	0.83
7. you routinely treat uncomplicated venous ulceration with graduated compression bandaging	84	4	3.05	1.48	-0.15	-1.34
8. you discourage patients/clients from self-treating their venous leg ulcers with over-the-counter preparations	72	4	4.22	1.20	-1.50	1.16
9. you educate patients/clients about how to prevent the recurrence of their venous leg ulcer	80	4	3.93	1.34	-1.09	0.07
10. you educate patients/clients	78	4	4.36	1.08	-1.72	2.17
11. On a scale of 1 to 10, how confident are you in <u>your ability</u> to treat [assess, manage] patients/clients with Venous Leg Ulcers, with 10 being extremely confident and 1 being not at all	86	9	6.35	2.90	-0.81	-0.65

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
confident that you can treat patients with venous leg ulcers						
A2. Unit nursing practice						
"On your work unit, to what extent do you believe that..."						
1. a full clinical history and physical examination (including blood pressure, weight, urinalysis, blood sugar level) would be beneficial in assisting with the treatment of patients/clients presenting with either their first or recurrent venous leg ulcer	83	4	3.75	1.24	-0.81	-0.19
2. nurses are aware of Doppler measurements of Ankle Brachial Pressure Index (ABPI) being routinely performed on patients/clients presenting with either their first or recurrent venous leg ulcer	73	4	2.83	1.51	0.15	-1.33
3. the surface areas of ulcers are measured at regular intervals in order to monitor progress	85	4	4.00	1.04	-0.79	0.03
4. venous leg ulcers are assessed for inflammation, redness, purulent exudates, pyrexia and/or rapid increase in size	85	4	4.54	0.81	-2.41	7.20
5. venous leg ulcers are assessed for pain	85	4	4.34	0.89	-1.56	2.85
6. the clinical history and physical assessment of patients/clients who present with their first or recurrent venous leg ulcer are adequately documented	85	4	3.61	1.00	-0.48	0.22
7. routinely treat uncomplicated venous ulceration	84	4	3.0	1.4	-2.48	-1.36
8. patients/clients are discouraged from self-treating their venous leg ulcers with over-the-counter preparations	71	4	4.24	1.15	-1.53	1.54
9. patients/clients are educated about how to prevent the recurrence of their venous leg ulcer	78	4	3.78	1.20	-0.86	-0.01
10. patients/clients are educated about when to seek medical attention if the leg ulcer recurs	75	4	4.16	1.07	-1.30	1.25
11. On a scale of 1 to 10, how confident are you in the ability of you team members to do compression bandaging on patients	83	9	6.60	3.04	-0.25	-1.36

TABLE 28. DESCRIPTIVE STATISTICS: QUALITY IMPROVEMENT INITIATIVES, BPG ON VENOUS LEG ULCERS

ITEMS	Yes		No		Total
	N	%	N	%	N
B. Quality Improvement Initiatives					
"At your workplace, is there a quality assurance or quality improvement initiative in place.... "					
1. promotes assessment and documentation of venous leg ulcers	50	60%	34	40%	84
2. provides patients/clients with an opportunity to give their opinions about the management of their venous leg ulcer(s)	21	25%	63	75%	84
3. allows nurses to receive feedback about clients' satisfaction with their venous leg ulcer care and education	25	29%	60	71%	85
"At your workplace, are there policies or procedures....."					
4. that require nurses to document venous leg ulcer care	63	73%	23	27%	86
5. recommending that nurses to be trained in Doppler ultrasound measurement of Ankle Brachial Pressure Index ABPI)	19	22%	68	78%	87
6. recommending that nurses be trained in the use of therapeutic compression bandaging	58	67%	29	33%	87

TABLE 29. DESCRIPTIVE STATISTICS: FAMILIARITY WITH SERVICES, BPG ON VENOUS LEG ULCERS

ITEMS	N	Range	Mean	Standard Deviation	Kurtosis	Skewness
C. Referrals						
C1. Familiarity with Services						
"How familiar are you with the community services provided by the following agencies: "						
1. Wound Care clinic	84	4	3.24	1.45	-0.26	-1.22
2. Wound care specialist or ET nurse	86	4	4.29	1.19	-1.75	2.09
3. Dermatologist	86	4	3.52	1.37	-0.49	-0.96
4. Infectious disease specialist	86	4	2.98	1.39	0.12	-1.20
5. Vascular surgeon	86	4	3.08	1.30	-0.06	-1.07
6. Plastic surgeon	86	4	3.24	1.36	-0.26	-1.08
7. Other health care professionals who provide care to patients with venous leg ulcers (e.g. Family Doctors, Dieticians, OT/PT, Chiropodist/ Podiatrist)	86	4	3.66	1.31	-0.71	-0.52
8. Certified compression stocking fitter	86	4	2.91	1.58	0.10	-1.55
9. Internet resources on venous leg ulcers	86	4	2.66	1.40	0.31	-1.18

TABLE 30. DESCRIPTIVE STATISTICS: REFERRAL PRACTICES, BPG ON VENOUS LEG ULCERS

ITEMS	Yes		No		
C2. Referral practices within the past month	N	%	N	%	Total
"In the past three months, have you initiated a referral for a client(s) with venous leg ulcers to a..."					
1. Wound Care clinic	16	24%	50	76%	66
2. Wound care specialist or ET nurse	53	61%	34	39%	87
3. Dermatologist	16	18%	71	82%	87
4. Vascular surgeon	12	14%	75	86%	87
5. Plastic surgeon	11	13%	74	87%	85
6. Health care professionals	39	46%	46	54%	85
7. Certified stocking fitter	20	24%	65	76%	85

B. Factor Analysis

Results of the factor analysis for each of the Venous Leg ulcer BPG scales are presented below. Table 31 shows the sampling adequacy, number of cases in the analysis, factor loadings of each item and factor characteristics.

The scale on Assessment and Clinical Management - Own Nursing Practice yielded a three factor-solution. All three factors had a proportion of variance above 10%, and all items had factor loadings above the cut-off of .40. However, the reliability for the third factor is low (.56), in part because the factor only contains three items.

The scale on Assessment and Clinical Management - Unit Nursing Practice yielded a four-factor solution. However, the fourth factor had a variance explained below 9%. Therefore, the four items in this fourth factor were deleted: 1) extent to which uncomplicated venous ulceration is treated with gradual compression bandaging; 2) access to compression bandages; 3) have education materials; and 4) confidence in team members' ability to treat patients/clients with venous leg ulcers. The final factor solution yielded three factors, with items very similar to those in the scale on Own Nursing Practice.

The scale on Quality Improvement yielded a two-factor solution. Similarly, the scales on Familiarity with Services, and on Referral Practices had two factors. For the scale on Referral Practices, one item was excluded from the analysis due to lack of response variation (i.e., all responses were coded as 'No'). A second item, referrals to an infectious disease specialist, was deleted from the scale since the factor loading was less than .40 (factor loading was .33)

TABLE 31. RESULTS OF FACTOR ANALYSIS FOR BPG ON VENOUS LEG ULCERS

Scale	Items	Factor Loading	Factor characteristics
A1. Assessment & clinical Management - own nursing practice N=71 Sampling adequacy (for factor) =.66	Factor 1		Eigenvalue = 2.33
	you routinely assess venous leg ulcers for pain	0.93	Cronbach's alpha = .85
	you routinely assess venous leg ulcers for inflammation	0.93	Variance explained = .78
	you believe that you discourage patients from self-treating	0.78	
N=75 Sampling adequacy (for factor) =.65	Factor 2		Eigenvalue = 2.26
	you believe that you educate patients about how to prevent the recurrence	0.90	Cronbach's alpha = .73
	you believe that you educate patients about when to seek medical attention	0.79	Variance explained = .56
	you believe routinely treat uncomplicated venous ulceration	0.68	
	you believe that you routinely measure the surface of ulcers at regular intervals in order to monitor progress	0.61	

Scale	Items	Factor Loading	Factor characteristics
N=75 Sampling adequacy (for factor) = .52	Factor 3		Eigenvalue = 1.63
	Doppler measurements of Ankle Brachial Pressure Index routinely preformed	0.86	Cronbach's alpha = .56
	you believe that a full clinical history and fully physical examination are being done	0.76	Variance explained = .54
	you believe you adequately document the clinical history	0.56	
A2. Assessment & clinical Management - unit nursing practice N=84 Sampling adequacy (for factor) = .65	Factor 1		Eigenvalue = 2.21
	you routinely assess venous leg ulcers for inflammation	0.88	Cronbach's alpha = .70
	you routinely assess venous leg ulcers for pain	0.87	Variance explained = .55
	you believe that you routinely measure the surface of ulcers at regular intervals in order to monitor progress	0.73	
	you believe routinely treat uncomplicated venous ulceration	0.37	
N=64 Sampling adequacy (for factor) = .69	Factor 2		Eigenvalue = 2.45
	you believe that you educate patients about when to seek medical attention	0.88	Cronbach's alpha = .78
	you believe that you educate patients about how to prevent the recurrence	0.85	Variance explained = .61
	Doppler measurements of Ankle Brachial Pressure Index routinely preformed	0.70	
	you believe that you discourage patients from self-treating	0.68	
N=83 Sampling adequacy (for factor) = .72	Factor 3		Eigenvalue = 1.44
	do you believe you adequately document the clinical history	0.85	Cronbach's alpha = .61
	nurses believe that a full clinical history and physical examination is being done.	0.85	Variance explained = .72

Scale	Items	Factor Loading	Factor characteristics
B. Quality Improvement Initiatives N = 83 Sampling adequacy (for factor) = .74	Factor 1		Eigenvalue = 2.57 Cronbach's alpha = .71 Variance explained = .43
	"At your workplace, is there a quality assurance or quality improvement initiative in place that "		
	provides patients/clients with an opportunity to give their opinions about the management of their venous leg ulcer(s)	.84	
	allows nurses to receive feedback about clients' satisfaction with their venous leg ulcer care and education	.83	
	(Policies) that require nurses to document venous leg ulcer care	.51	
	Factor 2		Eigenvalue = 1.01 Cronbach's alpha = .63 Variance explained = .17
	(Quality improvement initiative) that promotes assessment and documentation of venous leg ulcers	.50	
	"At your workplace, are there policies or procedures....."		
	recommending that nurses to be trained in Doppler ultrasound measurement of Ankle Brachial Pressure Index ABPI)	.88	
	recommending that nurses be trained in the use of therapeutic compression bandaging	.67	
C1. Familiarity with Services N = 84 Sampling adequacy (for factor) = .84	"How familiar are you with the community services provided by the following agencies: "		Eigenvalue = 4.66 Cronbach's alpha = .87 Variance explained = .52
	Factor 1		
	Dermatologist	.80	
	Infectious disease specialist	.47	
	Vascular surgeon	.79	
	Plastic surgeon	.77	
	Other health care professionals who provide care to patients with venous leg ulcers (e.g. Family Doctors, Dieticians, OT/PT, Chiropodist/ Podiatrist)	.81	
	Certified compression stocking fitter	.60	
	Internet resources on venous leg ulcers	.67	
	Factor 2		Eigenvalue = 1.00 Cronbach's alpha = .67 Variance explained = .11
Wound Care clinic	.90		
Wound care specialist or ET nurse	.73		

Scale	Items	Factor Loading	Factor characteristics
C2. Referral Practices in the Past Month N = 65 Sampling adequacy (for factor) = .79	"In the past three months, have you initiated a referral for a client(s) with venous leg ulcers to a ..."		Eigenvalue = 3.04 Cronbach's alpha = .78 Variance explained = .43
	Wound Care clinic	.76	
	Wound care specialist or ET nurse	.66	
	Dermatologist	.70	
	Vascular surgeon	.52	
	Plastic surgeon	.58	
	Other health care professionals who provide care to patients with venous leg ulcers (e.g. Family Doctors, Dieticians, OT/PT, Chiropodist/ Podiatrist)	.61	
	Certified compression stocking fitter	.75	

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Appendices

A Primer on Factor Analysis

Resources

Questionnaires

Primer on Factor Analysis

Factor analysis is a technique used mainly to reduce the number of variables, and to detect structure in the relationship between variables. Factor analysis is commonly used in developing and refining instruments, by identifying how many factors or domains a questionnaire has, and which items go together i.e., the items have high loadings on a factor.

A typical factor analysis answers four major questions:

1. How many factors are needed to identify the pattern(s) of relationship(s) among given items?
2. What is the nature of those factors?
3. How well do the inferred factors explain the variables they define?
4. How much unique variance is explained by the observed variables?

1. Sampling Adequacy:

Sampling adequacy predicts if the data is likely to factor. This is measured by Kaiser-Meyer-Olkin (KMO) statistics. This value ranges from 0 to 1.0 and a value of at least .60 should be obtained to proceed with the factor analysis.

2. Factor Loading:

This is purely arbitrary and varies by research context. In instruments with Likert type scales, the following criterion is often used: low loading for less than .40, moderate between .40 and .60 and high for more than .60. Factor loadings range from -1 to +1. The positive or negative sign reflects the direction of relationship of the item with the factor.

3. Eigenvalue:

The eigenvalue for a given factor measures the variance in all the variables which is accounted for by that factor. The ratio of eigenvalues is the ratio of explanatory importance of the factors with respect to the variables. Kaiser's criterion is a common rule of thumb for dropping the least important factors from the analysis. The Kaiser rule is to drop all components with eigenvalue less than 1.0 .

4. Rotation:

Rotation is commonly used to obtain a simple and more understandable factor structure. There are generally two types of rotation: orthogonal and oblique rotation. Orthogonal rotation is commonly used since it facilitates interpretation. An orthogonal rotation provides a simpler factor structure and assumes that the factors are uncorrelated. Varimax rotation is the most widely used orthogonal rotation. Oblique rotation is used when factors are correlated; factor structure and interpretation of the factors is often more complex with this rotation.

Resources

For information on the Registered Nurses Association of Ontario (RNAO) Best Practice Guidelines Project, consult the website of the RNAO. The nursing BPGs can be downloaded for free and hard copies are available for purchase.

<http://www.rnao.org>

For further information on developing, implementing and evaluating nursing practice guidelines, consult the RNAO “**Toolkit: Implementation of clinical practice guidelines**”. The RNAO Toolkit can also be downloaded for free and hard copies are available for purchase through the RNAO website.

For more information on evaluation measures for nursing best practice guidelines, the Community Health Research Unit (CHRU) of the University of Ottawa has published a series of monographs, which can be downloaded for free. Hard copies may also be purchased (see website address below). These monographs include measures of organizational innovation characteristics, organizational stability, organizational culture for change, organizational support for BPG implementation, education and supportive processes, and perceived worth of the BPG, and interviewing nurses and administrators.

<http://aix1.uottawa.ca/~nedwards/chru>

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Ottawa, ON K1H 8M5

List of Questionnaires Available:

Questionnaires on patient and clinical management, quality assurance, and referrals are provided in the next pages. The questions may need to be revised to make them more relevant to your organization and to include specific recommendations that are not mentioned in the questionnaire. Questionnaires for the BPGs in Cycles 1 and 2 generally do not include the section on referrals.

Best Practice Guideline	Questionnaire Available
<i>Cycle 1</i>	
Fall Prevention	✓
Promoting Continence	✓
Risk Assessment of Pressure Ulcers	✓
<i>Cycle 2</i>	
Enhancing Healthy Adolescence	✓
Client Centered Care	✓
Crisis Intervention	✓
Assessment and Management of Pain	✓
Establishing Therapeutic Relationships	✓
Prevention and Management of Pressure Ulcers	✓
Strengthening/ Supporting Families	✓
<i>Cycle 3</i>	
Adult Asthma Control	✓
Breastfeeding	✓
Screening for Delirium, Dementia and Depression	✓
Reducing Foot Complications for People with Diabetes	✓
Smoking Cessation	✓
Venous Leg Ulcers	✓

Fall Prevention: Pre and Post Implementation

Assessment and Clinical Management

Please answer the following questions related to patient assessment associated with implementing the best practice guidelines on your unit.

1. Thinking now about your own clinical practice, to what extent do you assess?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
Balance problems associated with falls	1	2	3	4	5
Gait problems associated with falls	1	2	3	4	5
Cognitive function	1	2	3	4	5
Patient's ability to transfer safely	1	2	3	4	5
Indoor environmental hazards	1	2	3	4	5
Outdoor environmental hazards	1	2	3	4	5
Medications that may increase risk of falls	1	2	3	4	5

2. Thinking about your own clinical practice, to what extent do you use the following strategies to manage or prevent patient falls?

Please circle the category that responds to your opinion.

	Minimally			To a large extent	
Avoid use of physical restraints	1	2	3	4	5
Provide opportunities for physical activity	1	2	3	4	5
Ensure appropriate use of assistive devices	1	2	3	4	5
Work with physicians and pharmacists to reduce inappropriate medication use	1	2	3	4	5
Reduce indoor environmental hazards	1	2	3	4	5
Reduce outdoor environmental hazards	1	2	3	4	5

3. To what extent do other nurses on your unit assess ?

Please circle the category that responds to your opinion:

	Minimally		To a large extent		
Balance problems associated with falls	1	2	3	4	5
Gait problems associated with falls	1	2	3	4	5
Cognitive function	1	2	3	4	5
Patient's ability to transfer safely	1	2	3	4	5
Indoor environmental hazards	1	2	3	4	5
Outdoor environmental hazards	1	2	3	4	5
Medications that may increase risk of falls	1	2	3	4	5

3.4 To what extent do other nurses on your unit use the following strategies to manage or prevent patient falls?

Please circle the category that responds to your opinion:

	Minimally		To a large extent		
Avoid use of physical restraints	1	2	3	4	5
Provide opportunities for physical activity	1	2	3	4	5
Ensure appropriate use of assistive devices	1	2	3	4	5
Work with physicians and pharmacists to reduce inappropriate medication use	1	2	3	4	5
Reduce indoor environmental hazards	1	2	3	4	5
Reduce outdoor environmental hazards	1	2	3	4	5

Organizational Structure

1 At your workplace is there a quality assurance/quality improvement initiative in place regarding falls? Please indicate response that matches your opinion.

1.1 Documenting frequency, severity and cause of falls:

Yes

No

Unsure

If unsure please explain _____

1.2 Reducing intrinsic (within patient) risk factors for falls

Yes

No

Unsure

If unsure please explain _____

1.3 Reducing extrinsic (outside of patient) risk factors for falls

Yes

No

Unsure

If unsure please explain _____

1.4 Use of physical restraints

Yes

No

Unsure

If unsure please explain _____

2. At your workplace, are there policies and or procedures regarding falls?
Please indicate response that matches your opinion.

2.1 Routine assessment of newly admitted patients for their risk of falls:

- Yes
- No
- Unsure
If unsure please explain _____

2.2 Periodic re-assessment of admitted patients for their risk of falls:

- Yes
- No
- Unsure
If unsure please explain _____

2.3 Routine maintenance of patient transfer equipment

- Yes
- No
- Unsure
If unsure please explain _____

2.4 Routine maintenance of patient assistive devices:

- Yes
- No
- Unsure
If unsure please explain _____

4.2.5. Promoting physical activity for patients:

- Yes
- No
- Unsure
If unsure please explain _____

4.2.6. Identifying and removing indoor environmental hazards:

- Yes
- No
- Unsure

4.2.7. Identifying and removing outdoor environmental hazards:

- Yes
- No
- Unsure

If unsure please explain _____

Promoting Continence/ Preventing Constipation- Post Implementation

Assessment and Clinical Management (Part A)

Please answer the following questions related to patient assessment associated with implementing the best practice guidelines on your unit.

3.1a. Thinking now about your own clinical practice for patients with **urinary incontinence** to what extent do you assess?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
History of incontinence	1	2	3	4	5
Patient's fluids and intake	1	2	3	4	5
Medical history and medications	1	2	3	4	5
Functional and cognitive ability of patient	1	2	3	4	5
Environmental barriers contributing to incontinence	1	2	3	4	5
Presence of a urinary tract infection	1	2	3	4	5
Patient's voiding pattern using a voiding record	1	2	3	4	5

3.2a. Thinking about your own clinical practice, to what extent do you use the following strategies to manage **urinary incontinence**?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
Eliminate caffeinated and alcoholic beverages	1	2	3	4	5
Ensure an adequate (1500 mls) daily fluid intake	1	2	3	4	5
Initiate individualized prompted voiding schedule	1	2	3	4	5
Use a follow up voiding record to evaluate	1	2	3	4	5

3.3a To what extent do other nurses on your unit assess **urinary incontinence**?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
History of incontinence	1	2	3	4	5
Patient's fluids and intake	1	2	3	4	5
Medical history and medications	1	2	3	4	5
Functional and cognitive ability of patient	1	2	3	4	5
Environmental barriers contributing to incontinence	1	2	3	4	5
Presence of a urinary tract infection	1	2	3	4	5
Patient's voiding pattern using a voiding record	1	2	3	4	5

3.4a To what extent do other nurses on your unit use the following strategies to manage **urinary incontinence**?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
Eliminate caffeinated and alcoholic beverages	1	2	3	4	5
Ensure an adequate (1500 mls) daily fluid intake	1	2	3	4	5
Initiate individualized prompted voiding schedule	1	2	3	4	5
Use a follow up voiding record to evaluate	1	2	3	4	5

Organizational Structure (Part A)

1a At your workplace is there a quality assurance/quality improvement initiative in place regarding **urinary incontinence**? Please indicate response that matches your opinion.

1.1a Documenting assessment of constipation:

Yes

No

Unsure

If unsure please explain _____

2a. At your workplace, are there policies and or procedures regarding managing **urinary incontinence**? Please indicate response that matches your opinion.

2.1a. Routinely complete an assessment of an incontinent client:

Yes

No

Unsure

If unsure please explain _____

2.2a. Complete a voiding record:

Yes

No

Unsure

If unsure please explain _____

2.3a. Use of prompted voiding:

Yes

No

Unsure

If unsure please explain _____

2.4a Ensuring adequate fluid intake:

- Yes
- No
- Unsure

If unsure please explain _____

Assessment and Clinical Management (Part B)

Please answer the following questions related to patient assessment associated with implementing the best practice guidelines on your unit.

2.1b Thinking now about your own clinical practice for patients with **constipation** to what extent do you assess?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
History and pattern of bowel movements	1	2	3	4	5
Patient's fluids and intake	1	2	3	4	5
Medical history and medications	1	2	3	4	5
Functional and cognitive ability of patient	1	2	3	4	5
Physical assessment of abdomen	1	2	3	4	5
Physical assessment of rectum	1	2	3	4	5
7 day bowel record	1	2	3	4	5

2b Thinking about your own clinical practice, to what extent do you use the following strategies to manage **constipation**

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
Ensure an adequate (1500 - 2000 mls) daily fluid intake	1	2	3	4	5
Ensure adequate dietary fiber intake 25-30 gms/day	1	2	3	4	5
Regular consistent toileting each day	1	2	3	4	5
Follow up 7 day bowel record	1	2	3	4	5
Physical activity tailored to ability	1	2	3	4	5

3b To what extent do other nurses on your unit assess **constipation**?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
History and pattern of bowel activity	1	2	3	4	5
Patient's fluids and intake	1	2	3	4	5
Medical history and medications	1	2	3	4	5
Functional and cognitive ability of patient	1	2	3	4	5
Physical assessment of abdomen	1	2	3	4	5
Physical assessment of rectum	1	2	3	4	5
7 day bowel record	1	2	3	4	5

4b To what extent do other nurses on your unit use the following strategies to manage **constipation**?

Please circle the category that responds to your opinion:

	Minimally			To a large extent	
Ensure an adequate (1500 - 2000 mls) daily fluid intake	1	2	3	4	5
Ensure dietary fiber intake 25 - 30 gms/day	1	2	3	4	5
Regular consistent toileting each day	1	2	3	4	5
Follow up 7 day bowel record	1	2	3	4	5
Physical activity tailored to ability	1	2	3	4	5

iv) Organizational Structure (Part B)

1b At your workplace is there a quality assurance/quality improvement initiative in place regarding **constipation**? Please indicate response that matches your opinion.

1.1b Documenting assessment of constipation:

Yes

No

Unsure

If unsure please explain _____

2b At your workplace, are there policies and or procedures regarding managing or preventing **constipation**. Please indicate response that matches your opinion.

2.1b. Routinely complete an assessment of a client with constipation:

Yes

No

Unsure

If unsure please explain _____

2.2b. Complete a 7 day bowel record

Yes

No

Unsure

If unsure please explain _____

2.3b. Use regular consistent toileting

Yes

No

Unsure

If unsure please explain _____

2.4b Ensuring adequate fluid intake (1500 -2000mls / day):

Yes

No

Unsure

If unsure please explain _____

2.5b Ensuring adequate fiber intake (25- 30 gms / day):

Yes

No

Unsure

If unsure please explain _____

Risk Assessment of Pressure Ulcers: Pre and Post Implementation

Assessment and Clinical Management:

Please answer the following questions related to patient assessment associated with implementing the best practice guidelines on your unit.

3.1 Thinking now about your own clinical practice for patients with pressure ulcers to what extent do you assess?

Please circle the category that responds to your opinion:

	Minimally		To a large extent		
Factors that may affect ulcer healing process	1	2	3	4	5
Patient's nutritional needs	1	2	3	4	5
Pain related to ulcer or its treatment	1	2	3	4	5
Depth and size of pressure ulcer on a regular basis	1	2	3	4	5
Amount and type of wound exudate on a regular basis	1	2	3	4	5
Appearance of and visual access to wound bed on a regular basis	1	2	3	4	5
Condition of surrounding skin and wound edges	1	2	3	4	5

3.2 Thinking about your own clinical practice, to what extent do you use the following strategies to manage or prevent pressure ulcers?

Please circle the category that responds to your opinion:

	Minimally		To a large extent		
Treat infected pressure ulcers with wound cleansing and debridement as needed	1	2	3	4	5
Ensure appropriate medical management of infected ulcers	1	2	3	4	5
Manage ulcers with moist-retentive dressings	1	2	3	4	5
Use positioning techniques to prevent development of new ulcer(s)	1	2	3	4	5
Manage pain associated with pressure ulcer or its treatment	1	2	3	4	5

3.3 To what extent do other nurses on your unit assess?

Please circle the category that responds to your opinion:
Minimally To a large extent

Factors that may affect ulcer healing process	1	2	3	4	5
Patient's nutritional needs	1	2	3	4	5
Pain related to ulcer or its treatment	1	2	3	4	5
Depth and size of pressure ulcer on a regular basis	1	2	3	4	5
Amount and type of wound exudates on a regular basis	1	2	3	4	5
Appearance of and visual access to wound bed on a regular basis	1	2	3	4	5
Condition of surrounding skin and wound edges	1	2	3	4	5

3.4 To what extent do other nurses on your unit use the following strategies to manage or prevent pressure ulcers?

Please circle the category that responds to your opinion:

Minimally To a large extent

Treat infected pressure ulcers with wound cleansing and debridement as needed	1	2	3	4	5
Ensure appropriate medical management of infected ulcers	1	2	3	4	5
Manage ulcers with moist-retentive dressings	1	2	3	4	5
Use positioning techniques to prevent development of new ulcer(s)	1	2	3	4	5
Manage pain associated with pressure ulcer or its treatment	1	2	3	4	5

iv) Organizational Structure

4.1 At your workplace is there a quality assurance/quality improvement initiative in place regarding pressure ulcers? Please indicate response that matches your opinion.

4.1.1 Documenting frequency, severity and causes of pressure ulcers:

Yes

No

Unsure

If unsure please explain _____

4.2 At your workplace, are there **policies and or procedures** regarding pressure ulcers? Please indicate response that matches your opinion.

4.2.1. Routinely provide a high specification foam mattress instead of a standard hospital mattress:

Yes

No

Unsure

If unsure please explain _____

4.2.2. Written repositioning schedule:

Yes

No

Unsure

If unsure please explain _____

4.2.3. Use of donut-type devices

Yes

No

Unsure

If unsure please explain _____

4.2.4 Use of dynamic support surfaces for patients whose ulcers do not show evidence of healing:

Yes

No

Unsure

If unsure please explain _____

4.2.5. Routine use of moisture-retentive dressings:

Yes

No

Unsure

If unsure please explain _____

4.2.6. Irrigating a pressure ulcer

- fluid used for cleansing at room temperature
- no skin cleansers or antiseptic agent
- use of 35mm syringe with 19 gauge angiocath or single use 100mm saline squeeze bottle

Yes

No

Unsure

If unsure please explain _____

4.2.7. Adjunct therapies for chronic pressure ulcers

Yes

No

Unsure

If unsure please explain _____

Enhancing Health Adolescence: Post-Implementation

A. Assessment and Clinical Management: Enhancing Healthy Adolescent Development

Using the response categories provided below, *please circle the response* to indicate the extent to which *you agree or disagree* with each of the following statements. There are no right or wrong answers. We are interested in your opinions. *Please circle response.*

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you *adequately assess* healthy adolescent development?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

2. In your clinical practice, to what extent do you believe that you *adequately document* healthy adolescent development?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

3. In your clinical practice, to what extent do you believe that you *establish a facilitative approach working with adolescents as partners*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

4. In your clinical practice, to what extent do you believe that you use *comprehensive collaborative approaches to enhance healthy adolescent development*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

The following questions relate to your work unit.

5. On your work unit, to what extent do you believe healthy adolescent development is *adequately assessed*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

6. On your work unit, to what extent do you believe that healthy adolescent development is *adequately documented*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

7. On your work unit, to what extent do you believe that nurses *use a facilitative approach working with adolescents as partners*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

8. On your work unit, to what extent do you believe that nurses *use comprehensive collaborative approaches to enhance healthy adolescent development*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

9. What do you think would help you to provide better assessment and management in order to enhance healthy adolescent development with youth?

10. What do you think your work place needs to do to improve nurses assessment and management to enhance healthy adolescent development with youth?

B. Organizational Structure: Enhancing Healthy Adolescent Development

1. The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that *requires nurses to monitor the literature for trends and new knowledge about adolescent development issues?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place *to monitor the number of initiatives with youth involvement?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place *that monitors levels of involvement or leadership of the adolescent in new or ongoing activities?*

Yes

No

Unsure

If unsure please explain _____

2. The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there an initiative in place that *requires documentation of holistic needs or health assessment, including documentation of assets not just risk factors or behaviors?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace, are there policies or procedures *that require nurses to document adolescents' attendance or participation at workshops or groups?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures *that require nurses to include meaningful youth participation when planning activities for adolescents?*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace, are there policies or procedures *that require documentation of a nurse's educational preparation on adolescent development and adolescent issues?*

Yes

No

Unsure

If unsure please explain _____

e) At your workplace, are there policies or procedures *that require the use of an explicit theory in the planning of programs for youth?*

Yes

No

Unsure

If unsure please explain _____

Client Centred Care: Pre and Post Implementation

A. Assessment and Clinical Management: Client Centered Care

Using the response categories provided, please *circle your response* to indicate the extent to which you *agree* or *disagree* with each of the following statements. *There are no right or wrong answers. We are interested in your opinions.*

The first few questions relate to your own nursing practice.

- 1 In your clinical practice, to what extent do you believe that you adequately assess a client's goals for care?

Minimally		Somewhat		To a large extent
1	2	3	4	5

- 2 In your clinical practice, to what extent do you believe that you adequately assess the client's perceived needs for care?

Minimally		Somewhat		To a large extent
1	2	3	4	5

- 3 In your clinical practice, to what extent do you believe that you adequately document a client's own personal goals for their care?

Minimally		Somewhat		To a large extent
1	2	3	4	5

- 4 In your clinical practice, to what extent do you believe that you adequately develop a client-centered plan for care?

Minimally		Somewhat		To a large extent
1	2	3	4	5

- 5 In your clinical practice, to what extent do you believe that your discharge teaching is guided by the client's goals for managing their care at home?

Minimally		Somewhat		To a large extent
1	2	3	4	5

The following questions relate to your work unit.

6 On your work unit, to what extent do you believe that client's goals for care are adequately assessed?

Minimally		Somewhat		To a large extent
1	2	3	4	5

7 On your work unit to what extent do you believe that client's perceived needs for care are adequately assessed?

Minimally		Somewhat		To a large extent
1	2	3	4	5

8 On your work unit, to what extent do you believe that client's own personal goals for their care are adequately documented?

Minimally		Somewhat		To a large extent
1	2	3	4	5

9 On your work unit, to what extent do you believe that client's are managed using client-centered plans for care?

Minimally		Somewhat		To a large extent
1	2	3	4	5

10 On your work unit, to what extent do you believe that client's needs and concerns are considered as part of the referral process?

Minimally		Somewhat		To a large extent
1	2	3	4	5

11 What do you think would help you to better implement client-centered assessment and care management?

12 What do you think your work place needs to do to improve client-centered care?

B. Organizational Structure: Client Centered Care

1 The following questions are about **quality assurance or quality improvement initiatives that may be at your workplace.** Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that *requires documenting the number and type of concerns expressed by clients?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place that *allows clients to feel they are respected and their concerns are addressed?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place that *allows nurses to receive feedback about positive or negative comments from letters written by clients?*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace is there a quality assurance or quality improvement initiative in place that *allows nurses to voice concerns about consistency in work assignments to nursing management (ie. primary care)?*

Yes

No

Unsure

If unsure please explain _____

e) At your workplace is there a quality assurance or quality improvement initiative in place that *encourages all clients to give feedback on the quality of nursing care received?*

Yes

No

Unsure

If unsure please explain _____

f) At your workplace is there a quality assurance or quality improvement initiative in place that *encourages feedback to nurses regarding clients opinions on quality of care provided?*

Yes

No

Unsure

If unsure please explain _____

Crisis Intervention: Pre and Post Implementation

A Assessment and Clinical Management - Crisis Intervention

Using the response categories provided, *please circle your response* to indicate the extent to which you agree or disagree with each of the following statements.

There are no right or wrong answers. We are interested in your opinions.

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you adequately complete a risk assessment for patients experiencing a crisis?

Minimally		Somewhat		To a large extent
1	2	3	4	5

2. In your clinical practice, to what extent do you believe that you adequately assess the coping skills of patients experiencing a crisis?

Minimally		Somewhat		To a large extent
1	2	3	4	5

3. In your clinical practice, to what extent do you believe that you adequately assess the support systems of patients experiencing a crisis?

Minimally		Somewhat		To a large extent
1	2	3	4	5

4. In your clinical practice, to what extent do you believe that you adequately document a patient's response to crisis intervention?

Minimally		Somewhat		To a large extent
1	2	3	4	5

5. In your clinical practice, to what extent do you believe that you adequately develop a crisis action plan for patients experiencing a crisis?

Minimally		Somewhat		To a large extent
1	2	3	4	5

6. In your clinical practice, to what extent do you believe that your discharge teaching includes an adequate amount of information about managing crisis situations?

Minimally		Somewhat		To a large extent
1	2	3	4	5

The following questions relate to your work unit.

7. On your work-unit, to what extent do you believe that patients in crisis are adequately assessed?

Minimally Somewhat To a large extent
1 2 3 4 5

8. On your work-unit, to what extent do you believe that patients' responses to crisis intervention are adequately documented? (Circle response)

Minimally Somewhat To a large extent
1 2 3 4 5

9. On your work-unit, to what extent do you believe that patients in crisis are adequately managed? (Circle response)

Minimally Somewhat To a large extent
1 2 3 4 5

10. On your work-unit, to what extent do you believe that patients in crisis are appropriately referred? (Circle response)

Minimally Somewhat To a large extent
1 2 3 4 5

11. What do you think would help you to provide better assessment and management of patients in crisis?

12. What do you think your work place needs to do to improve the management of patients in crisis?

B. Organizational Structure- CRISIS INTERVENTION

1. The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that requires *routine use of an integrative framework (i.e. ABC model) to guide the crisis intervention process?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place that *allows clients to feel they are respected during the crisis?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place that *monitors clients' opinions about feeling supported and listened to?*

Yes

No

Unsure

If unsure please explain _____

2. The following questions are about policies and or procedures at your workplace. Please indicate the response that matches your opinion.

a) At your workplace, are there policies or procedures that require *ongoing clinical supervision for novice practitioners who are working with patients in crisis?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace, are there policies or procedures that require *completion of a comprehensive assessment, including biopsychosocial and risk factors, coping skills and support systems for clients in crisis?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures that require documentation of *the crisis plan?*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace, are there policies or procedures that require documentation of *the follow up of the crisis plan?*

Yes

No

Unsure

If unsure please explain _____

Assessment and Management of Pain: Pre and Post Implementation

A. Assessment and Clinical Management: Pain

Using the response categories provided, *please circle your response* to indicate the extent to which you agree or disagree with each of the following statements. *There are no right or wrong answers. We are interested in your opinions.*

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you adequately assess pain?

Minimally		Somewhat		To a large extent
1	2	3	4	5

2. In your clinical practice, to what extent do you believe that you adequately document pain?

Minimally		Somewhat		To a large extent
1	2	3	4	5

3. In your clinical practice, to what extent do you believe that you adequately relieve pain?

Minimally		Somewhat		To a large extent
1	2	3	4	5

4. In your clinical practice, to what extent do you believe that your discharge teaching includes an adequate amount of information about pain management?

Minimally		Somewhat		To a large extent
1	2	3	4	5

The following questions relate to your work unit.

5. On your work-unit, to what extent do you believe that pain is adequately assessed?

Minimally		Somewhat		To a large extent
1	2	3	4	5

6. On your work-unit, to what extent do you believe that pain is adequately documented?

Minimally		Somewhat		To a large extent
1	2	3	4	5

7. On your work-unit, to what extent do you believe that pain is adequately treated/managed?

Minimally		Somewhat		To a large extent
1	2	3	4	5

8. On your work-unit, to what extent do you believe that patients with pain are appropriately referred?

Minimally		Somewhat		To a large extent
1	2	3	4	5

9. What do you think would help you to provide better assessment and management of pain for your patients?

10. What do you think your work place needs to do to improve the management of pain?

B. Organizational Structure: BPG: Pain

1. **The following questions are about quality assurance or quality improvement initiatives that may be at your workplace.** Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that provides *clients with an opportunity to give their opinions about the management of their pain?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place that *allows nurses to receive feedback about clients' satisfaction with their pain management?*

Yes

No

Unsure

If unsure please explain _____

2. **The following questions are about policies or procedures that may be at your workplace.** Please indicate the response that matches your opinion.

a) At your workplace, are there policies or procedures that *require nurses to document pain intensity using a pain assessment tool?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace, are there policies or procedures that *require nurses to document side effects of pain medications for 3 days following onset of pain medication use?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures that require *nurses to document non-pharmacological methods for pain management (ie heat, cold)?*

Yes

No

Unsure

If unsure please explain _____

Establishing Therapeutic Relationships: Pre and Post Implementation
A. Assessment and Clinical Management – Therapeutic Relationships

Using the response categories provided, *please circle your response* to indicate the extent to which you agree or disagree with each of the following statements. *There are no right or wrong answers. We are interested in your opinions.*

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you adequately assess the nurse-client relationship? (communication and interaction)

Minimally		Somewhat		To a large extent
1	2	3	4	5

2. In your clinical practice, to what extent do you believe that you adequately document the orientation/beginning phase of the nurse/client relationship?

Minimally		Somewhat		To a large extent
1	2	3	4	5

3. In your clinical practice, to what extent do you believe that you establish a therapeutic relationship with clients?

Minimally		Somewhat		To a large extent
1	2	3	4	5

4. In your clinical practice, to what extent do you believe that your discharge teaching addresses the ending/resolution phase of the therapeutic relationship?

Minimally		Somewhat		To a large extent
1	2	3	4	5

The following questions relate to your work unit.

5. On your work-unit, to what extent do you believe that you adequately develop a therapeutic nurse-client relationship?

Minimally		Somewhat		To a large extent
1	2	3	4	5

6. On your work-unit, to what extent do you believe that difficulties in the therapeutic relationship are documented?

Minimally		Somewhat		To a large extent
1	2	3	4	5

7. On your work-unit, to what extent do you believe that nurses are aware of and using therapeutic communications and interactions to promote client well-being?

Minimally		Somewhat		To a large extent
1	2	3	4	5

8. On your work-unit, to what extent do you believe that nurses' appropriately refer clients with significant communication and interaction difficulties?

Minimally		Somewhat		To a large extent
1	2	3	4	5

9. What do you think would help you to provide better assessment and management of therapeutic relationships with clients?

10. What do you think your work place needs to do to improve nurses' therapeutic relationship with clients?

B. Organizational Structure- Therapeutic Relationships

1. The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that *allows clients to feel that they are respected and have their concerns addressed?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place that *monitors clients' satisfaction?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place *for nurses to receive feedback regarding client satisfaction?*

Yes

No

Unsure

If unsure please explain _____

2. The following questions are asking about policies and or procedures at your workplace. Please indicate the response that matches your opinion.

a) At your workplace, are there policies or procedures that require *consistency of nurses in client assignments?* (e.g. primary nursing)

Yes

No

Unsure

If unsure please explain _____

b) At your workplace, are there policies that require *nurses' workloads to be maintained at levels conducive to therapeutic relationships with clients?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures *that match client complexity with appropriate clinical nursing expertise?*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace, are there policies or procedures that require documentation of *the follow up of the crisis plan?*

Yes

No

Unsure

If unsure please explain _____

Prevention and Management of Pressure Ulcers

A. Assessment and Clinical Management: Pressure Ulcers

Using the response categories provided, *please circle the response* to indicate the extent to which you *agree* or *disagree* with each of the following statements. *There are no right or wrong answers. We are interested in your opinions.*

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you adequately assess pressure ulcers?

Minimally		Somewhat		To a large extent
1	2	3	4	5

2. In your clinical practice, to what extent do you believe that you adequately document pressure ulcers?

Minimally		Somewhat		To a large extent
1	2	3	4	5

3. In your clinical practice, to what extent do you believe that you adequately relieve pressure ulcers?

Minimally		Somewhat		To a large extent
1	2	3	4	5

4. In your clinical practice, to what extent do you believe that your discharge teaching includes an adequate amount of information about managing pressure ulcers?

Minimally		Somewhat		To a large extent
1	2	3	4	5

The following questions relate to your work unit.

5. On your work-unit, to what extent do you believe that pressure ulcers are adequately assessed?

Minimally		Somewhat		To a large extent
1	2	3	4	5

6. On your work-unit, to what extent do you believe that pressure ulcers are adequately documented?

Minimally		Somewhat		To a large extent
1	2	3	4	5

7. On your work-unit, to what extent do you believe that pressure ulcers are adequately treated?

Minimally		Somewhat		To a large extent
1	2	3	4	5

8. On your work-unit, to what extent do you believe that patients with pressure ulcers are appropriately referred?

Minimally		Somewhat		To a large extent
	2	3	4	5

9. What do you think would help you to provide better assessment and management of pressure ulcers for your patients?

10. What do you think your work place needs to do to improve the management of pressure ulcers?

B. Organizational Structure: Pressure Ulcers

1. The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place *that requires nurses to monitor the healing of existing pressure ulcers?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place *to monitor the number of new and existing pressure ulcers on a weekly basis?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place that *monitors levels of pain of clients with pressure ulcers.*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace, is there a quality assurance or quality improvement initiative in place that *requires information exchange between care settings (ie. hospital to nursing home) regarding the details of a client's pressure points and skin condition prior to transfer?*

Yes

No

Unsure

If unsure please explain _____

e) At your workplace, is there a quality assurance or quality improvement initiative that *requires consultation with a physician and pharmacist regarding management of pain for clients receiving treatment for pressure ulcers?*

Yes

No

Unsure

If unsure please explain _____

2. The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there an initiative in place *that requires documentation of the nutritional status of clients with pressure ulcers or at risk for developing pressure ulcers?*

Yes

No

Unsure

If unsure please explain _____

b) At your workplace, are there policies or procedures that require *nurses to document wound healing by percent reduction of the wound (indicating volume, area and depth)?*

Yes

No

Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures that *require nurses to establish a repositioning schedule for clients with pressure ulcers or at risk for pressure ulcers?*

Yes

No

Unsure

If unsure please explain _____

d) At your workplace, are there policies or procedures that require *documentation of stage, site and size of existing pressure ulcers?*

Yes

No

Unsure

If unsure please explain _____

Supporting and Strengthening Families: Pre and Post Implementation

A. Assessment and Clinical Management: Supporting & Strengthening Families

Using the response categories provided below, please *circle the response* to indicate the extent to which *you agree or disagree* with each of the following statements. There are no right or wrong answers. We are interested in your opinions. (*Please circle your response*)

The first few questions relate to your own nursing practice.

1. In your clinical practice, to what extent do you believe that you *adequately recognize* the family's perspective of the health care situation?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

2. In your clinical practice, to what extent do you believe that you *adequately document* the family's perspective of the health care situation?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

3. In your clinical practice, to what extent do you *complete a family assessment* examining the family *structure, strengths* and areas of *support*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

4. In your clinical practice, to what extent do you *identify meaningful and realistic goals and nursing interventions, with family members*, based on a complete family assessment?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

5. In your clinical practice, to what extent do you *identify resources and supports to assist families*?

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

The following questions relate to your work unit.

6. On your work unit, to what extent do you believe that the family's perspective of the health care situation is *adequately recognized*?

1 2 3 4 5
Minimally Somewhat *To a large extent*

7. On your work unit, to what extent do you believe that you are *provided with sufficient time in your work* to engage in meaningful opportunities with patients/clients and their families?

1 2 3 4 5
Minimally Somewhat *To a large extent*

9. On your work unit, to what extent do you believe *your organization has family-centered practices and policies* (included in mission, visions, values statements)?

1 2 3 4 5
Minimally Somewhat *To a large extent*

10. What do you think would help you to provide better assessment and management in order to enhance the implementation of family-centered care?

11. What do you think your work place needs to do to improve family-centered care?

B. Organizational Structure: Supporting & Strengthening Families

The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there a quality assurance or quality improvement initiative in place that requires nurses *to promote and sustain a workplace environment for family-centered practice?*

- Yes
- No
- Unsure

If unsure please explain _____

b) At your workplace is there a quality assurance or quality improvement initiative in place *to ensure appropriate staffing level assignments to promote family-centered care.*

- Yes
- No
- Unsure

If unsure please explain _____

c) At your workplace is there a quality assurance or quality improvement initiative in place *that creates and maintains a physical work environment conducive to promoting family involvement?*

- Yes
- No
- Unsure

If unsure please explain _____

d) At your workplace, is there a quality assurance or quality improvement initiative in place that requires information exchange between the nurse and the family to assist families to manage health care issues?

- Yes
- No
- Unsure

If unsure please explain _____

e) At your workplace, is there a quality assurance or quality improvement initiative in place that requires consultation with a multidisciplinary team regarding the resources and supports a family has to assist them in their health care situation?

- Yes
- No
- Unsure

If unsure please explain _____

2. The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

a) At your workplace is there an initiative in place *that requires documentation of the individual and the family including structure, supports and strengths?*

- Yes
- No
- Unsure

If unsure please explain _____

b). At your workplace, are there policies or procedures that require *nurses to document the degree of involvement of the family in the health care situation?*

- Yes
- No
- Unsure

If unsure please explain _____

c) At your workplace, are there policies or procedures *that require nurses to establish a partnership with the family?*

- Yes
- No
- Unsure

If unsure please explain _____

Adult Asthma Control: Pre and Post Implementation

Assessment and Clinical Management – Adult Asthma Care Guidelines for Nurses

The first few questions relate to your own nursing practice.

- 6.1 In your clinical practice, to what extent do you believe you routinely **identify the level of asthma control** in individuals identified or suspected of having asthma? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.2 In your clinical practice, to what extent do you believe you routinely **document the level of asthma control** in individuals identified or suspected of having asthma? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.3 In your clinical practice, to what extent do you believe that you routinely **provide asthma education** as a component of care with individuals identified or suspected of having asthma? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.4 In your clinical practice, to what extent do you believe that you **routinely develop individualized action plans** for self-management of asthma symptoms **in partnership** with individuals identified or suspected of having asthma? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.5 In your clinical practice, to what extent do you believe that you **inform clients** about the two main categories of asthma medications (controllers and relievers)? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

The following questions relate to your work unit.

6.6 On your work unit, to what extent do you believe that *the level of asthma control is routinely **identified** in individuals identified or suspected of having asthma?*
(Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.7 On your work unit, to what extent do you believe that *the level of asthma control is routinely **documented** in individuals identified or suspected of having asthma?*
(Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.8 On your work unit, to what extent do you believe that ***asthma education** is provided as a component of care with individuals identified or suspected of having asthma?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.9 On your work unit, to what extent do you believe that ***individualized action plans** for self-management of asthma symptoms are developed **in partnership** with individuals identified or suspected of having asthma?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.10 On your work unit, to what extent do you believe that *individuals identified or suspected of having asthma are **informed** about the two main categories of asthma medications (controllers and relievers)?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

7. **Organizational Structure: Adult Asthma Care Guidelines for Nurse**

The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. (Please indicate the response that matches your opinion.)

7.1.1 At your workplace, is there a quality assurance or quality improvement initiative in place that ***promotes asthma education*** (e.g. Placebo and spacer devices for teaching, sample templates for action plans, education materials)?

- Yes
- No
- Unsure

7.1.2 At your workplace, is there a quality assurance or quality improvement initiative in place that provides *clients with an opportunity to give their opinions about the management of their asthma?*

- Yes
- No
- Unsure

7.1.3 At your workplace, is there a quality assurance or quality improvement initiative in place that *allows nurses to receive feedback about clients' satisfaction with asthma care and education?*

- Yes
- No
- Unsure

7.2 The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that *require nurses to document the level of asthma control in individuals identified or suspected of having asthma?*

- Yes
- No
- Unsure

7.2.2 At your workplace, are there policies recommending that *nurses routinely refer individuals with poorly controlled asthma?*

- Yes
- No
- Unsure

8. Referral to Services:

The following questions are about your familiarity with community resources and referral services. (Please circle the response that matches your opinion)

8.1 How familiar are you with the community services provided by the following agencies:

		Not at all familiar		<i>Moderately familiar</i>		Extremely familiar
		1	2	3	4	5
8.1.1	Health Centre-Asthma Education Centre	1	2	3	4	5
8.1.2	Asthma Society Help Line	1	2	3	4	5
8.1.3	The Ontario Lung Association	1	2	3	4	5
8.1.4	The Canadian Network of Asthma Care.	1	2	3	4	5
8.1.5	Internet resources for individuals with identified or suspected asthma. (e.g. Asthma Society, Lung Association, Weather Network)	1	2	3	4	5

8.2 The following questions are about services that you have referred individuals identified or suspected as having asthma to within the past month. (Please indicate the response that matches your opinion.)

8.2.1 In the past month, have you referred individuals with identified or suspected asthma to the **Health Centre-Asthma Education Centre**?

Yes

No

8.2.2 In the past month, have you referred individuals with identified or suspected asthma to an **association** that provides services, programs and/or educational material (e.g. The Asthma Society of Canada; The Ontario Lung Association; Asthma and Allergy Information Association)?

Yes

No

8.2.3 In the past month, have **provided education materials** to individuals with identified or suspected asthma?

Yes

No

8.2.4 In the past month, have you referred individuals with identified or suspected asthma to **Internet resources related to asthma care**?

Yes

No

Breastfeeding: Pre and Post Implementation

Assessment and Clinical Management – Breastfeeding Best Practice Guidelines for Nurses

The first few questions relate to your own nursing practice. If your nursing practice does not include the item in question, simply circle n/a (not applicable). (Please circle the appropriate response)

6.1 In your clinical practice, to what extent do you believe you *routinely help mothers who intend to breastfeed initiate breastfeeding soon after birth?*

1	2	3	4	5	n/a
Minimally		Somewhat		To a large extent	

6.2 In your clinical practice, to what extent do you show mothers *how to breastfeed and how to maintain lactation even if they are separated from their babies?*

1	2	3	4	5	n/a
Minimally		Somewhat		To a large extent	

6.3 In your clinical practice, to what extent do you believe that you *give newborn infants no food or drink other than breastmilk, unless medically indicated?*

1	2	3	4	5
Minimally		Somewhat		To a large extent

6.5 In your clinical practice, to what extent do you routinely *encourage breastfeeding on demand?*

1	2	3	4	5
Minimally		Somewhat		To a large extent

6.6 In your clinical practice, to what extent *do you suggest the use of pacifiers or dummies with breastfeeding mothers?*

1	2	3	4	5
Minimally		Somewhat		To a large extent

The following questions relate to your work unit.

6.7 On your work unit, to what extent do you believe that *mothers who intend to breastfeed are routinely encouraged to initiate breastfeeding as soon as possible after birth?*

1	2	3	4	5	n/a
Minimally		<i>Somewhat</i>		To a large extent	

6.8 On your work unit, to what extent do you believe that *mothers are shown how to breastfeed and how to maintain lactation even if they are separated from their babies?*

1	2	3	4	5	n/a
Minimally		<i>Somewhat</i>		To a large extent	

6.9 On your work unit, to what extent do you believe that *newborn infants are given no food or drink other than breastmilk, unless medically indicated?*

1	2	3	4	5	
Minimally		<i>Somewhat</i>		To a large extent	

6.10 On your work unit, to what extent do you believe that *rooming-in, allowing mothers and infants to remain together 24 hours a day, is routinely encouraged?*

1	2	3	4	5	n/a
Minimally		<i>Somewhat</i>		To a large extent	

6.11 On your work unit, to what extent do you believe that *breastfeeding on demand is routinely encouraged?*

1	2	3	4	5	
Minimally		<i>Somewhat</i>		To a large extent	

6.12 On your work unit, to what extent do you believe that *pacifiers or dummies are suggested for use with breastfeeding mothers?* (Circle response)

1	2	3	4	5	
Minimally		<i>Somewhat</i>		To a large extent	

7. **Organizational Structure: Breastfeeding Best Practice Guidelines for Nurses**

The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. Please indicate the response that matches your opinion.

7.1.1 At your workplace is there a quality assurance or quality improvement initiative in place that provides clients with an opportunity *to give their opinions about their infant care and breastfeeding support?*

- Yes
- No
- Unsure

7.1.2 At your workplace is there a quality assurance or quality improvement initiative in place that allows *nurses to receive feedback about clients' satisfaction with their infant care and breastfeeding support?*

- Yes
- No
- Unsure

7.1.3 At your workplace is there a quality assurance or quality improvement initiative in place that allows *nurses to be trained in the skills necessary to provide breastfeeding friendly care?*

- Yes
- No
- Unsure

7.2 The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that require nurses to document breastfeeding assessments of mother/baby/family:

prenatally ?

postnatally?

- Yes
- No
- Unsure
- N/A (not applicable)

- Yes
- No
- Unsure
- N/A (not applicable)

8. Referral Services

The following questions are about your familiarity with community resources and referral services. (Please circle the response that matches your opinion)

8.1 How familiar are you with the community services provided by the following;

		<u>Not at all familiar</u>		<u>Moderately familiar</u>		<u>Extremely familiar</u>
8.1.1	La Leche League	1	2	3	4	5
8.1.2	Public Health Unit (Well baby clinics, Breastfeeding clinics, Breastfeeding Telephone Information line, Kids Telephone information line)	1	2	3	4	5
8.1.3	Internet Breastfeeding Resources	1	2	3	4	5
8.1.4	Aboriginal Health Centre	1	2	3	4	5
8.1.5	Aboriginal Friendship Centre	1	2	3	4	5
8.1.6	Centre de Santé Communautaire	1	2	3	4	5

8.2 The following questions are about services that you have referred clients to within the past month. (Please indicate the response that matches your opinion.)

8.2.1 In the past month have you referred or informed new mothers of services, programs and/or educational material offered by the local breastfeeding support groups (eg. La Leche League) ?

- Yes
- No
- N/A (not applicable)

8.2.2 In the past month have you referred new mothers to Public Health Unit resources on breastfeeding (Well baby clinics, Breastfeeding clinic, Breastfeeding Telephone Information line, or Kids telephone information line)?

- Yes
- No
- N/A (not applicable)

8.2.3 In the past month have you referred new mothers to Internet resources on breastfeeding?

- Yes
- No
- N/A (not applicable)

8.2.4 In the past month have you referred new mothers to Aboriginal Health Centre breastfeeding?

- Yes
- No
- N/A (not applicable)

8.2.5 In the past month have you referred new mothers to Aboriginal Friendship Centre breastfeeding?

- Yes
- No
- N/A (not applicable)

8.2.6 In the past month have you referred new mothers to Centre de Santé Communautaire?

- Yes
- No
- N/A (not applicable)

Screening for Delirium, Dementia and Depression: Pre and Post Implementation

Assessment and Clinical Management – Screening for Delirium, Dementia and Depression in Older Adults

The first few questions relate to your own nursing practice.

- 6.1 In your clinical practice, to what extent do you believe that you ***routinely assess*** for cognitive changes in older adults using a Standardized Assessment Tool (i.e.; Mental Status Exam)? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.2 In your clinical practice, to what extent do you believe that you ***adequately document*** cognitive changes in older adults? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.3 In your clinical practice, to what extent do you believe that you ***adequately assess and differentiate*** between clinical features of delirium, dementia, and depression in older adults? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

The following questions relate to your work unit.

- 6.4 On your work unit, to what extent do you believe that *older adults are* ***routinely assessed*** for cognitive changes with a Standardized Assessment Tool? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.5 On your work unit, to what extent do you believe *that changes in cognitive function in older adults are* ***adequately documented?*** (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.6 On your work unit, to what extent do you believe that the *features of delirium, dementia, and depression in older adults are adequately assessed and differentiated?*

1 2 3 4 5
Minimally Somewhat *To a large extent*

7. Organizational Structure: Screening for Delirium, Dementia and Depression in Older Adults

7.1 **The following questions are about quality assurance or quality improvement initiatives that may be at your workplace.** Please indicate the response that matches your opinion.

7.1.1 At your workplace, is there a quality assurance or quality improvement initiative in place that *provides professional development opportunities for the nurses to enhance their skills in assessing the individual experiencing delirium, dementia and depression?*

- Yes
- No
- Unsure

7.1.2 At your workplace, is there a quality assurance or quality improvement initiative in place that *allows clients or families an opportunity to give their opinions about the management of care, related to mental health aspects, provided?*

- Yes
- No
- Unsure

7.2 **The following questions are about policies or procedures that may be at your workplace.** Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that *promote the routine use of a **standardized assessment tool** that promotes objective assessment of cognitive changes in older adults and substantiates the nurse's clinical observations?*

- Yes
- No
- Unsure

7.2.2 At your workplace, are there policies or procedures that *require nurses to document changes in cognitive function, behavior and/or mood based on their ongoing observations of the client and/or concerns expressed by the client, family, and/or interdisciplinary team?*

- Yes
- No
- Unsure

7.2.3 At your workplace, are there policies recommending that *nurses routinely refer older adults who exhibit features of delirium, dementia, or depression for a medical diagnosis and/or to other specialized services (ex: specialized geriatric psychiatry services, neurologists)*

- Yes
- No
- Unsure

8. Referral to Services

The following questions are about your familiarity with community resources and referral services.)

8.1 How familiar are you with the geriatric services provided by the following:
(Please circle the response that matches your opinion)

	Not at all familiar	1	2	<i>Moderately familiar</i>	3	4	Extremely familiar
8.1.1 The Geriatric Consult Team /RGP	1	2	3	4	5		
8.1.2 Geriatric Psychiatric Consultants	1	2	3	4	5		
8.1.3 Advanced Practice Nurses / Nurse Practitioners	1	2	3	4	5		

8.2 The following questions are about services that you have referred clients to or suggested referral to within the *past month*.
(Please indicate the response that matches your opinion.)

8.2.1 In the past month, have you referred *older adults who exhibit features of delirium, dementia, and/or depression* to the **Geriatric Consult Team /RGP**

- Yes
- No
- Unsure

8.2.2. In the past month, have you referred *older adults who exhibit features of delirium, dementia, and depression* to a **geriatric psychiatric consultant**?

- Yes
- No
- N/A (not applicable)

8.2.3. In the past month, have you referred *older adults who exhibit features of delirium, dementia, and depression* to **other health professionals** who provide specialized care (*advanced practice nurses, occupational therapists, physicians*)?

- Yes
- No
- N/A (not applicable)

Reducing Foot Complications for People with Diabetes: Pre and Post Implementation

Assessment and Clinical Management – Reducing Foot Complications for People with Diabetes

The first few questions relate to your own nursing practice.

- 6.1 In your clinical practice, to what extent do you believe you **routinely conduct a foot risk assessment** (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses) for clients with known diabetes? (Circle response)

1	2	3	4	5
<i>Minimally</i>		<i>Somewhat</i>		<i>To a large extent</i>

- 6.2 In your clinical practice, to what extent do you believe that you **routinely document the risk factors for the development of foot ulceration/amputation** (e.g. previous foot ulcers, reduced sensation, reduced circulation) amongst clients with known diabetes? (Circle response)

1	2	3	4	5
<i>Minimally</i>		<i>Somewhat</i>		<i>To a large extent</i>

- 6.3 In your clinical practice, to what extent do you routinely **teach basic foot care education** with clients with known diabetes? (Circle response)

1	2	3	4	5
<i>Minimally</i>		<i>Somewhat</i>		<i>To a large extent</i>

The following questions relate to your work unit/team.

6.4 On your **work unit/team**, to what extent do you believe that patients/*clients with known diabetes routinely have a foot risk assessment (e.g. recognition of deformities, use of a monofilament, and assessment of pedal pulses)?* (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

6.5 On your work unit/team, to what extent do you believe that *risk factors for foot ulceration/amputation (e.g. previous foot ulcers, reduced sensation, reduced circulation) in patients/clients with known diabetes are **routinely documented**?* (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

6.6 On your **work unit/team**, to what extent do you believe that *basic foot care education by nurses is done with clients with known diabetes?* (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

7. **Organizational Structure: BPG: Foot Care for People with Diabetes**

The following questions are about quality assurance or quality improvement initiatives that may be at your workplace. (Please indicate the response that matches your opinion.)

7.1.1 At your workplace is there a quality assurance or quality improvement initiative in place that **promotes routine use of a foot care assessment protocol?**

- Yes
- No
- Unsure

7.1.2 At your workplace is there a quality assurance or quality improvement initiative in place that provides *clients/patients with an opportunity to **give their opinions** about the management of their foot complications?*

- Yes
- No
- Unsure

7.1.3 At your workplace is there a quality assurance or quality improvement initiative in place that *allows nurses to receive feedback about clients' **satisfaction** with their foot care management?*

- Yes
- No
- Unsure

7.2 **The following questions are about policies or procedures that may be at your workplace.** Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that *require nurses to **document foot risk assessments** in clients with known diabetes?*

- Yes
- No
- Unsure

7.2.2 At your workplace, are there policies or procedures that *require nurses to document risk factors for foot ulceration/amputation in clients with diabetes?*

- Yes
- No
- Unsure

7.2.3 At your workplace are there policies recommending that *nurses routinely refer clients with an “at risk foot”?*

- Yes
- No
- Unsure

7.2.4 At your workplace are there policies that require nurses to appropriately maintain and replace Semmes-Weinstein Monofilaments?

- Yes
- No
- Unsure

8.1 Referral Services

The following questions are about your familiarity with community resources and referral services. (Please circle the response that matches your opinion)

How familiar are you with the community services & resources provided by the following:

		<u>Not at all familiar</u>		<i>Moderately familiar</i>		<u>Extremely familiar</u>
8.1.1	Regional Hospital Diabetes Education and Care Program	1	2	3	4	5
8.1.2	Regional Hospital Chiropody services	1	2	3	4	5
8.1.3	Local VON and other community foot care clinics	1	2	3	4	5
8.1.4	The Canadian Diabetes Association	1	2	3	4	5
8.1.5	Other health care professionals who provide care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist).	1	2	3	4	5
8.1.6	Assistive Devices Program	1	2	3	4	5
8.1.7	Internet resources on diabetes information and care.	1	2	3	4	5

8.2 Referral to Services

The following questions are about services & resources that you have referred clients with known diabetes to within the past month. (Please indicate the response that matches your opinion.)

8.2.1 In the past month, have you referred clients with known diabetes to the **Regional Hospital Diabetes Education and Care Program**?

Yes

No

8.2.2 In the past month, have you referred clients to the **Regional Hospital Chiropody services**?

Yes

No

8.2.3 In the past month, have you referred clients with known diabetes to the **local VON or other community foot care clinics**?

Yes

No

Unsure

8.2.4 In the past month, have you referred clients to **the Canadian Diabetes Association**?

Yes

No

8.2.5 In the past month, have you referred clients to **other health professionals** who provide foot care to patients with known diabetes (e.g. foot care nurse, podiatrists, chiropodist)?

Yes

No

8.2.6 In the past month, have you referred clients to **an Assistive Devices Program**?

Yes

No

8.2.7 In the past month, have you referred clients with known diabetes to **Internet resources** on diabetes information or care?

Yes

No

Smoking Cessation: Pre and Post Implementation

Assessment and Clinical Management –Integrating Smoking Cessation Intervention into Daily Nursing Practice

The first few questions relate to your own clinical practice.

- 6.1 In your clinical practice, to what extent do you believe that you routinely implement **brief** smoking cessation interventions with all client contacts where you **ask** the clients about their smoking status, **advise** them about the importance of quitting, and **assist** them with brief cessation advice? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.2 In your clinical practice, to what extent do you believe that you routinely introduce **intensive** smoking cessation intervention with individuals who have indicated they want to quit? (using the Ask, Advise, Assist and/or Arrange protocol) (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.3 In your clinical practice, to what extent do you believe that you routinely re-engage clients in the smoking cessation process if relapse occurs? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

- 6.4 In your clinical practice, to what extent do you believe that you routinely communicate the health benefits of smoking reduction to clients who smoke? (Circle response)

1 2 3 4 5
Minimally Somewhat To a large extent

The following questions relate to your work unit.

- 6.5 On your work unit, to what extent do you believe that *brief smoking cessation interventions are routinely implemented with all client contacts where clinicians ask the clients about their smoking status, advise them about the importance of quitting, and assist them with brief cessation advice?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.6 On your work unit, to what extent do you believe that *intensive smoking cessation interventions are introduced to individuals who have indicated they want to quit?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.7 On your work unit, to what extent do you believe that *clients are routinely re-engaged in the smoking cessation process if relapse occurs?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

- 6.8 On your work unit, to what extent do you believe that *the health benefits from smoking reduction are routinely communicate to clients who smoke?* (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

7. **Organizational Structure: Integrating Smoking Cessation Intervention into Daily Nursing Practice**

7.1 **The following questions are about quality assurance or quality improvement initiatives that may be at your workplace.** (Please indicate the response that matches your opinion.)

7.1.1 At your workplace, is there a quality assurance or quality improvement initiative in place that *promotes the routine use of the Ask, Advise, Assist, and/or Arrange protocol with all clinician-client contacts?*

- Yes
- No
- Unsure

7.2 **The following questions are about policies or procedures that may be at your workplace.** Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that *require nurses to document smoking status of all clients?*

- Yes
- No
- Unsure

7.2.2 At your workplace, are there policies or procedures that *require clinicians other than nurses or doctors to document smoking status of all clients?*

- Yes
- No
- Unsure

7.2.4 At your workplace are there policies recommending that *clinicians other than nurses or doctors routinely refer clients who want to quit smoking to the Centre or community resources for ongoing assistance?*

- Yes
- No
- Unsure

8. Referral to Services

The following questions are about your familiarity with community resources and referral services. (Please circle the response that matches your opinion)

8.1 How familiar are you with the community services provided by the following agencies

		Not at all familiar		<i>Moderately familiar</i>		Extremely familiar
		1	2	3	4	5
8.1.1	Nicotine Dependence Clinic	1	2	3	4	5
8.1.2	Smoking Cessation Help-Lines	1	2	3	4	5
8.1.3	The Ontario Lung Association.	1	2	3	4	5
8.1.4	Other health care professionals who provide smoking cessation assistance.	1	2	3	4	5
8.1.5	Smoking Cessation Internet Resources	1	2	3	4	5

8.2 The following questions are about services to which you have referred individuals who have indicated they want to quit. (Please indicate the response that matches your opinion.)

8.2.1 In the past month, have you referred individuals who have indicated that they want to quit to the **CAMH Nicotine Dependence Clinic**?

Yes

No

8.2.2 In the past month, have you referred individuals who have indicated that they want to quit to an **association that provides smoking cessation** programs and/or educational material (e.g. The Lung Association, Canadian Heart and Stroke Foundation of Canada of Ontario, Canadian Cancer Society)?

Yes

No

8.2.3 In the past month, have you referred individuals who have indicated that they want to quit to **other health professionals who provide smoking cessation services**?

Yes

No

Venous Leg Ulcers: Pre and Post Implementation

Assessment and Clinical Management – Venous Leg Ulcers

The first few questions relate to your own nursing practice.

- 6.1 In your clinical practice, to what extent do you believe that a **full clinical history and physical examination** (including blood pressure, weight, urinalysis, blood sugar level) would be beneficial in assisting with the treatment of patients/clients presenting with either their first or recurrent venous leg ulcer? (Circle response)

1	2	3	4	5	n/a
<i>Minimally</i>		Somewhat		<i>To a large extent</i>	

- 6.2 In your clinical practice, to what extent are you aware of **Doppler measurements of Ankle Brachial Pressure Index (ABPI)** being routinely performed on patients/clients presenting with either their first or recurrent venous leg ulcer? (Circle response)

1	2	3	4	5	n/a
<i>Minimally</i>		Somewhat		<i>To a large extent</i>	

- 6.3 In your clinical practice, to what extent do you believe that you routinely **measure** the surface areas of ulcers at regular intervals in order to monitor progress? (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

- 6.4 In your clinical practice, to what extent do you routinely **assess** venous leg ulcers for inflammation, redness, purulent exudates, pyrexia and/or rapid increase in size? (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

- 6.5 In your clinical practice, to what extent do you routinely **assess** venous leg ulcers for pain? (Circle response)

1	2	3	4	5
<i>Minimally</i>		Somewhat		<i>To a large extent</i>

6.6 In your clinical practice, to what extent do you believe you **adequately document** the clinical history and physical assessment of patients/clients who present with their first or recurrent venous leg ulcer? (Circle response)

1 2 3 4 5
Minimally *Somewhat* *To a large extent*

6.7 In your clinical practice, to what extent do you believe that you routinely **treat uncomplicated venous ulceration with graduated compression bandaging**? (Circle response)

1 2 3 4 5
Minimally *Somewhat* *To a large extent*

6.8 In your clinical practice, to what extent do you believe that you **discourage** patients/clients from *self-treating* their venous leg ulcers with *over-the-counter preparations*? (Circle response)

1 2 3 4 5 n/a
Minimally *Somewhat* *To a large extent*

6.9 In your clinical practice, to what extent do you believe that you **educate** patients/clients about how to *prevent the recurrence* of their venous leg ulcer? (Circle response)

1 2 3 4 5 n/a
Minimally *Somewhat* *To a large extent*

6.10 In your clinical practice, to what extent do you believe that you **educate** patients/clients about when to *seek medical attention* if the leg ulcer recurs? (Circle response)

1 2 3 4 5 n/a
Minimally *Somewhat* *To a large extent*

The following questions relate to your work unit.

- 6.12 On your work unit/team, to what extent do nurses believe that a **full clinical history and physical examination** (including blood pressure, weight, urinalysis, blood sugar level) would be beneficial in assisting with the treatment of patients/clients presenting with either their first or recurrent venous leg ulcer? (Circle response)

1 2 3 4 5 n/a
Minimally *Somewhat* *To a large extent*

- 6.13 On your work unit/team, to what extent do you believe that nurses are aware of **Doppler measurements of Ankle Brachial Pressure Index (ABPI)** being routinely performed on patients/clients presenting with either their first or recurrent venous leg ulcer? (Circle response)

1 2 3 4 5 n/a
Minimally *Somewhat* *To a large extent*

- 6.14 On your work unit/team, to what extent do you believe that the surface areas of ulcers are **measured** at regular intervals in order to monitor progress? (Circle response)

1 2 3 4 5
Minimally *Somewhat* *To a large extent*

- 6.15 On your work unit/team, to what extent do you believe that *venous leg ulcers are assessed for inflammation, redness, purulent exudates, pyrexia and/or rapid increase in size?* (Circle response)

1 2 3 4 5
Minimally *Somewhat* *To a large extent*

6.16 On your work unit/team, to what extent do you believe that venous leg ulcers are **assessed for pain**? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.17 On your work unit/team, to what extent do you believe that the clinical history and physical assessment of patients/clients who present with their first or recurrent venous leg ulcer are **adequately documented**? (Circle response)

1 2 3 4 5
Minimally Somewhat *To a large extent*

6.18 On your work unit/team, to what extent do you believe that patients/clients are **discouraged** from *self-treating* their venous leg ulcers with *over-the-counter preparations*? (Circle response)

1 2 3 4 5 n/a
Minimally Somewhat *To a large extent*

6.19 On your work unit/team, to what extent do you believe that patients/clients are **educated** about how to *prevent the recurrence* of their venous leg ulcer? (Circle response)

1 2 3 4 5 n/a
Minimally Somewhat *To a large extent*

6.20 On your work unit/team, to what extent do you believe that patients/clients are **educated** about when to *seek medical attention* if the leg ulcer recurs? (Circle response)

1 2 3 4 5 n/a
Minimally Somewhat *To a large extent*

7. **Organizational Structure: Venous Leg Ulcers**

7.1 **The following questions are about quality assurance or quality improvement initiatives that may be at your workplace.** Please indicate the response that matches your opinion.

7.1.1 At your workplace, is there a quality assurance or quality improvement initiative in place that **promotes assessment and documentation of venous leg ulcers**?

- Yes
- No
- Unsure

7.1.2 At your workplace, is there a quality assurance or quality improvement initiative in place that provides patients/*clients* with an opportunity to **give their opinions** about the management of their venous leg ulcer(s)?

- Yes
- No
- Unsure

7.1.3 At your workplace, is there a quality assurance or quality improvement initiative in place that *allows nurses to receive feedback about clients' satisfaction with their venous leg ulcer care and education*?

- Yes
- No
- Unsure

7.2 The following questions are about policies or procedures that may be at your workplace. Please indicate the response that matches your opinion.

7.2.1 At your workplace, are there policies or procedures that *require nurses to document venous leg ulcer care*?

- Yes
- No
- Unsure

7.2.2 At your workplace, are there policies or procedures recommending that *nurses to be trained in Doppler ultrasound measurement of Ankle Brachial Pressure Index ABPI*?

- Yes
- No
- Unsure

7.2.3 At your workplace, are there policies recommending that *nurses be trained in the use of therapeutic compression bandaging*?

- Yes
- No
- Unsure

8. Referral Services

8.1 The following questions are about your familiarity with community resources and referral services. (Please circle the response that matches your opinion)

How familiar are you with the community services & resources provided by the following agencies:

		Not at all familiar		<i>Moderately familiar</i>		Extremely familiar
		1	2	3	4	5
8.1.1	Wound Care Clinic	1	2	3	4	5
8.1.2	Wound Care Specialist or ET Nurse	1	2	3	4	5
8.1.3	Dermatologists	1	2	3	4	5
8.1.4	Infectious Disease Specialist	1	2	3	4	5
8.1.5	Vascular Surgeon	1	2	3	4	5
8.1.6	Plastic Surgeon	1	2	3	4	5
8.1.7	Other Health Care Professionals who provide care to patients with venous leg ulcers (e.g. Family Doctors, Dieticians, OT/PT, Chiropodist/Podiatrist)	1	2	3	4	5
8.1.8	Certified Compression Stocking Fitter	1	2	3	4	5
8.1.10	Internet resources on venous leg ulcers	1	2	3	4	5

Referral to Services continued

8.2 The following questions are about services & resources that you have referred individuals with venous leg ulcers to within the past month. (Please mark the response that matches your opinion.)

8.2.1 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to a **Wound Care Clinic**?

- Yes
- No
- Not applicable

8.2.2 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to a **Wound Care Specialist or ET nurse**?

- Yes
- No

8.2.3 In the past 3 months, have you, initiated a referral for a client(s) with venous leg ulcers to a **Dermatologist**?

- Yes
- No

8.2.4 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to an **Infectious Disease Specialist**?

- Yes
- No

8.2.5 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to a **Vascular Surgeon**?

- Yes
- No

8.2.6 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to a **Plastic Surgeon**?

Yes

No

8.2.7 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to **Other Health Care Professionals** who provide care to patients with venous leg ulcers (e.g. Family Doctors, Dieticians, OT/PT, Chiropodist/Podiatrist)?

Yes

No

8.2.8 In the past 3 months, have you initiated a referral for a client(s) with venous leg ulcers to a **Certified Compression Stocking Fitter**?

Yes

No

The Community Health Research Unit (CHRU), first funded in 1989, is a partnership of the Ottawa-Carleton Health Department (now City of Ottawa, Public Health Services) and the University of Ottawa. The Unit aims to enhance the scientific basis for public health practice through the development of new knowledge, and through fostering evidence-based practice. The CHRU is focusing on understanding, measuring and testing elements of public health essential to present and future practice effectiveness. The research objectives have emerged from a "Practice Framework". This framework emphasizes the themes of self care and collective capacity and action, in the context of supportive environments. Our collaboration with the Health Department has led to the design of new interventions, and programs.

The CHRU publication series is designed to facilitate dissemination of results and to encourage discussion of concepts and theoretical approaches to community health. Two types of manuscripts are published: monographs and discussion papers. Prior to publication, papers are subject to an informal peer review by members of the CHRU. Further information about the CHRU and the publication series can be obtained by contacting:

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We encourage readers to share their views with the Unit and hope that through this process, we may establish collaborative links and interactions.