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**EVALUATION OF NURSING BEST PRACTICE GUIDELINES:  
INTERVIEWING NURSES AND ADMINISTRATORS**

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## **Disclaimers**

The opinions expressed in this publication are those of the authors. Publication does not imply any endorsement of these views by either of the participating partners of the CHRU nor the Registered Nurses Association of Ontario.

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# **Evaluation of Nursing Best Practice Guidelines: Interviewing Nurses and Administrators**

## ***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](http://www.rnao.org)

A multi-site team designed a pre-post 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 is one of a series describing the measures used during this evaluation. The monograph is intended for evaluation teams that may be interested in using or adapting the interview schedules for their own evaluation purposes. In this monograph, the interview schedules are briefly described, and guidelines for conducting interviews and analyzing interview data are presented. Examples of interview schedules used for some of the BPGs are included in the appendix.

This monograph describes the semi-structured interview schedules used during evaluation of the pilot site implementation of the best practice guidelines. Interviews were conducted with staff nurses, administrators and clinical resource nurses (CRN) of organizations implementing various BPGs. The CRN coordinated and facilitated implementation of the BPGs within the organization. Interviews were conducted at midpoint and six months after implementation. All the interviews were conducted over the telephone and audio taped with the consent of the nurses and administrators.

The interview schedules can be used to provide in-depth feedback on various aspects of BPG implementation. The questions are designed to elicit insights on the prevailing attitudes and perceptions about the process of guideline implementation. Findings can be used to inform a project team or management on how to improve implementation of the BPG. Qualitative responses to the questions may also provide a source of question items for future quantitative measures.

## **General Guidelines for Conducting Interviews**

Ideally, an interviewer who is not part of the implementation team nor an administrator should conduct the interviews. An individual who is “arms-length” to the implementation process is more likely to elicit in-depth and honest responses from interviewees.

The following are general guidelines an interviewer needs to know when using a semi-structured evaluation tool. These suggestions include activities that are done prior to, during and after the interview.

### **Preparing for the interview**

1. Know the BPG you are evaluating. It is recommended that a nurse or administrator be interviewed for one BPG topic only. This avoids the confusion that may arise if the recommendations from several BPGs have to be considered concurrently.
2. Know the status of the person being interviewed. There are different forms and different types of questions asked of nurses and administrators.
3. Keep a log of the interviews, an ID number for the person being interviewed, and the form used for the present interview. (Note: it is usual for the document containing the ID and name of participant to be kept confidential and locked in a safe location).
4. To keep distractions and interruptions at a minimum, have all materials available and within reach (such as the interview form, extra pens, tape recorders, water). Arrange for a room where interruptions are unlikely.
5. Prior to the interview, inform the participant of the estimated duration of the interview. If possible, conduct the interview in a single session. Clearly communicate the importance of having few distractions or interruptions.
6. Be familiar with the interview schedule. If possible, practice with another person, asking them to role-play the type of person (e.g. nurse, administrator) you will be interviewing. Through such an exercise, you will become knowledgeable about the kinds of information needed and the intent of the questions.
7. A practice session may help you identify questions that have to be revised to suit the context of the organization or unit.
8. You may want to send out the questions ahead of time so that participants are prepared. Inform participants of documents that need to be reviewed prior to the interview.
9. It is best to audiotape the interview, so that information is not lost while you are writing down responses. Sometimes, the responses that are written down may not be what the interviewer wants to hear, or may be incomplete. An

- audio-taped version of the interview provides a means to verify the responses. It is also advisable to use two tape recorders to tape a single interview, allowing for potential equipment failure.
10. Be sure to obtain the permission or consent of the nurse or interviewee for both conducting and recording the interview.

### **Conducting the interview**

1. Use the exact wording of the questions as much as possible. The questions are meant to elicit the nurse's or administrator's attitudes, opinions or experiences. An alteration in wording may inadvertently lead the nurse or administrator to change how they express their ideas.
2. If a question is not well understood, you may revise it slightly to try and clarify the meaning of the question. Make a note of any questions that cause confusion. If a question is not readily understood by respondents, report this to your project team and/or consider re-wording the question(s) so that it is more easily understood.
3. Avoid making judgments and using words that "approve" or "disapprove" of the comments made by the nurse or administrator. For example, use "OK" instead of "good".
4. Encourage the nurse or administrator to elaborate on their responses. Use probes to encourage elaboration: "Can you tell me more about that" or "Is there anything else you would like to say about that?"
5. Jot notes on the interview form. Even if the interview is recorded, some parts of the recording may not be clear to the transcriber. The transcription process is also faster if questions with numbered ratings are already marked.
6. Avoid asking two questions at a time, particularly for a two-part question. Ask one question, wait for a response, then ask the next question.
7. After asking all your questions, invite the nurse or administrator to make any additional comments not covered by the interview.
8. At the end of the interview, thank the nurse or administrator. Avoid making comments about your impression of how the interview went. Do not comment on the responses of other interviewees. You may ask the nurse or administrator to share their impressions of the interview.

### **After the interview**

1. Immediately following the interview, review the interview form and jot down any impressions, comments or follow-up items. Review the notes you made during the interview and elaborate on them, if needed.
2. If you were recording the interview, make sure you label the tape properly, and that it matches the label or ID numbers in the interview form. In addition,

- make the necessary preparations for setting it up for transcription (for example, putting the tape in a box for the person transcribing the tape).
3. In the log of the interviews, check off the corresponding space that indicates the interview was done. Note the date and time of the finished interview, and indicate if an additional interview session is to be scheduled.
  4. Once transcribed, the audiotape should be stored in a locked location to ensure confidentiality, and should be destroyed after a set period of time.

## **General Guidelines for Analyzing Interviews**

In this section, we provide suggestions for analyzing interviews based on the analysis we conducted as part of the pilot site evaluation. These guidelines are by no means an exhaustive discussion. The section on **Resources** provides more information on references for qualitative analysis.

For the open-ended questions, the analysis involves several steps. First, interviews can be coded initially by one individual, seeking information relating to the specific questions asked and noting the frequency of similar responses, the use of common words or phrases, or reference to similar events or processes, i.e. a content analysis.

Second, results of the analysis of individual BPG pilots are collated across all implementation sites. Responses can be grouped into broad categories such as: a) the impact of implementation on nursing practice, patients, families and other professionals; b) the factors that facilitated implementation; and c) the factors that were barriers or challenges to implementation.

Third, tables or matrices may be constructed to help identify patterns of responses. For example, similarities and differences in perceived facilitators and barriers to implementation might be compared among administrators, staff nurses and CRNs.

Fourth, the summary results can be reviewed by other members of the evaluation or project team to look for patterns of responses across all BPG pilots or related to sub-groups of BPGs. Samples of the analyses of interviews based on the evaluation of pilot site implementation for the BPGs on asthma control, breastfeeding, screening for delirium, dementia and depression (DDD), and smoking cessation, are included in the Appendix.

It might be also helpful for a member of the project team to write a narrative report of the activities relating to implementation of the BPG. Anonymous quotes (used with the permission of respondents) can provide a very rich description of the implementation experience. This narrative report and initial findings from analysis of the interviews with key players (that is, the staff nurses, clinical resource nurse or coordinator of the BPG implementation, and an administrator) provide an opportunity to 'triangulate' the data. That is, as perspectives are compared across these groups, commonalities and differences may provide further insights regarding factors that have facilitated or impeded BPG implementation. Finding support across groups for a result will strengthen it. Finding lack of support across the board should cause a re-examination of whether the finding is spurious, or if there are reasons why only one particular group shows it. Then, further corroborating and/or disconfirming data should be sought.

Organizations should also consult with in-house quality assurance programs, on-site researchers or faculty members from their local university health services programs for assistance with qualitative data analysis.

## ***Interview Schedules***

The interview schedule was developed by members of the evaluation team. Questions were framed to assess: the implementation process; facilitators, challenges and barriers that affected the implementation process; any short-term outcomes observed as a result of implementation; overall impressions of the guideline and perceived sustainability. Selected interview schedules are provided in the Appendices (see Table 1).

During the three project cycles, some changes were made to the interview schedule. Based on responses received to open-ended questions in cycles 1 and 2, additional probes and prompts were added for some categories of questions and a few close-ended questions were added regarding the level of support received from selected stakeholders. A change in the order of some questions was also introduced to facilitate the interview process. A brief demographic profile was added to the interview schedule for staff nurses and administrators. In cycle 3, additional close-ended questions on the staff nurse and administrator interview schedules captured their perceptions of the feasibility of implementing priority BPG recommendations.

CRNs were interviewed both at the mid-point and immediately following implementation. Staff nurses and administrators were interviewed on one occasion, at the end of the implementation period.

CRNs were asked to identify the recommendations from the BPG they had decided to implement. Questions about the implementation process focused on these priority recommendations. At the mid-point, detailed information was obtained about the educational phase of implementation. During both the mid-point and post-implementation interviews, CRNs were asked to describe the strategies they had used to implement the BPG. CRNs, staff and administrators were asked about barriers and facilitators encountered during the implementation period. All respondents were asked to provide an overall rating of the Best Practice Guideline and to predict whether or not the BPG recommendations would continue to be applied in the participating organizations. Respondents were asked to describe plans (if any) for sustained implementation of the guidelines.

There are generally two forms available, the first one where there are relatively more semi-structured questions (labeled Form A in the interview schedule). These interview schedules were used during the cycle two evaluation. The second type of interview form has more structured questions asking respondents to provide numerical rating scores (labeled Form B). These were developed for the cycle three evaluation.

Staff nurses and nursing administrators were interviewed after the implementation phase; hence all interview schedules included in the Appendix are post-

implementation. The CRNs were interviewed at midpoint and post-implementation; corresponding interview schedules are included in the Appendix.

Users of these interview schedules may revise the questions that refer to specific BPG recommendations and replace those with the recommendations of the BPG they are evaluating. These schedules can serve as templates for organizations evaluating several BPGs.

**Table 1. Sample interviews for staff nurses, clinical resource nurses and administrators provided in Appendix**

<b>BPG</b>	<b>Staff Nurse</b>	<b>Clinical Resource Nurse</b>		<b>Administrator</b>
	<b>Post</b>	<b>Mid</b>	<b>Post</b>	<b>Post</b>
Assessment and Management of Stage I to Stage IV Pressure Ulcers	X			
Adult Asthma Care	X			
Assessment and Management of Pain		X	X	
Smoking Cessation		X	X	
Reducing Foot Complications for People with Diabetes				X
Generic*				X

\*The same interview form for administrators was used for the evaluation of pilot site implementation of the BPGs on Enhancing Healthy Adolescent, Client Centered Care, Crisis Intervention, Assessment and Management of Pain, Therapeutic Relationships, Assessment and Management of Pressure Ulcers, and Strengthening/ Supporting Families.

## 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 quantitative measures on the evaluation of nursing best practice guidelines, the Community Health Research Unit (CHRU) of the University of Ottawa is publishing a series of monographs, which can be downloaded for free. Hard copies may also be purchased (see web site address below). These monographs include measures of organizational innovation characteristics, organizational stability, organizational culture for change, organizational culture for BPG implementation, education and supportive processes, and perceived worth of the BPG.

[http://www.medicine.uottawa.ca/epid/chru/chru\\_eng.htm](http://www.medicine.uottawa.ca/epid/chru/chru_eng.htm)  
[http://www.medicine.uottawa.ca/epid/chru/chru\\_fr.htm](http://www.medicine.uottawa.ca/epid/chru/chru_fr.htm)  
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For analyzing or coding information from interviews, the following resources on qualitative data analysis are highly recommended:

1. Miles, M.B. & Huberman, A.M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.
2. QSR NUD\*IST 6.0 available through <http://www.qsrinternational.com/index.htm>
3. Morse, J. M., Field, P.A., (1995). *Qualitative research methods for health professionals* (2<sup>nd</sup> ed). Chapter 6. Principles of data analysis, pp 125-149. Thousand Oaks, CA: Sage Publications.
4. Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.

## ***Appendices***

Evaluation Overview

Sample Analysis of Facilitators: Response to open-ended questions

Sample Analysis of Barriers: Response to open-ended questions

Staff Nurse Interview Schedule: Pressure Ulcers

Staff Nurse Interview Schedule: Adult Asthma Care

Clinical Resource Nurse Interview Schedule, Mid-Point: Pain

Clinical Resource Nurse Interview Schedule, Post: Pain

Clinical Resource Nurse Interview Schedule, Mid-Point: Smoking Cessation

Clinical Resource Nurse Interview Schedule, Post: Smoking Cessation

Administrator Interview Schedule: Form A

Administrator Interview Schedule: Diabetes Foot Care

## Evaluation Overview

The RNAO has published a *“Toolkit: Implementation of Clinical Practice Guidelines.”* The chapter on evaluation has a comprehensive discussion of the evaluation process, types of evaluation measures and helpful resources relevant to nursing BPGs.

In this section, we briefly present a description of our evaluation design and some lessons we have learned.

### **Evaluation design**

Specific objectives of the evaluation of BPG pilot site implementation were to:

- Document the process of best practice guideline implementation across project sites from the perspective of clinical resource nurses, staff nurses and nursing administrators;
- Determine the effectiveness of guideline implementation on changes in nursing practice, and selected clinical outcomes;
- Determine perceived utility and value of the clinical practice guidelines by clinical resource nurses, staff nurses and administrators; and
- Examine factors that influence the implementation of best practice guidelines.

Both qualitative and quantitative methods were used in the evaluation. A before and after design framed the overall evaluation. Data were collected from nurses, administrators, clinical resource nurses, and patients and/or patient records. Outcome measures, consistent with the BPG recommendations, were developed for each of the BPG-specific measures. A more detailed description of the evaluation design is available from the authors.

Table 2 shows the number of staff nurses who participated across the three cycles of the evaluation. Response rates for the semi-structured interview were very high. Staff nurses were more likely to participate in the semi-structured interviews than respond to the self-administered questionnaires.

**Table 2. Sample Sizes and Response Rates for the RNAO BPG Evaluation of Cycles 1 to 3 (Staff Nurses)**

	<b>Questionnaires</b>	<b>Interviews</b>
Cycle 1	195 (51%)	41 (91%)
Cycle 2	207 (35%)	115 (92%)
Cycle 3	232 (67%)	54 (86%)

### **Recommendations**

- Obtain information on current nursing practices and patient data prior to implementing the BPG, and then obtain information at least 6 months after the BPG is implemented (pre-post test design). Measuring patient outcomes and nursing care before changes are implemented provides a snapshot of baseline data. A thorough assessment of the gap between current practice and the BPG recommendations indicates what areas to focus on and guides operational planning for the project team.
- The implementation process is time-consuming. Allow sufficient time for the implementation to take place before collecting information about changes in nursing practice.
- Consider another round of post-implementation interviews a year or so after the initial implementation period. This provides information about the sustainability of BPG implementation.
- Issues of confidentiality must be carefully addressed in planning interviews and data analysis.
- Detecting changes in nursing care and patient outcomes arising from BPG implementation is a complex process. Results can seldom be measured with a single nurse-sensitive indicator. Different results accrue across different measures and a thorough understanding of what is happening requires a review of the situation from multiple perspectives. Therefore, it is recommended that project teams use a comprehensive range of indicators to track and monitor the results.

### **Summary**

Evaluation is a key step in determining whether the implementation of a nursing best practice guideline has improved patient outcomes through changes in nursing care. Evaluation findings may guide decisions about whether or not to support efforts to sustain or expand the use of specific practice guidelines in an organization.

Based on our evaluation of several BPGs, staff nurses, clinical resource nurses and administrators are very willing to share their views about the BPG implementation. Hence, the semi-structured interview schedules provided in this monograph provide a unique opportunity to obtain the input of key players in the BPG implementation process.

**Sample Analysis of Facilitators: Response to open-ended questions\***

<b>In your opinion, what was the most important factor that facilitated the implementation of the BPG?*</b>	<b>BPG A &amp; B</b>	<b>BPG C &amp; D</b>	<b>Total</b>
<i>Total # interviews: CRNs: 20 Administrators: 20 Staff: 34</i>			
<b>Total # of interviews</b>	39	35	74
	<b>Total number of times each item mentioned</b>		
<b>Education Session</b>			
CRN	4	1	5
Admin	0	1	1
Staff	12	8	20
<b>Total</b>	<b>16</b>	<b>10</b>	<b>26</b>
<b>Support within organization:</b> buy-in from management, clinical educators; support from all levels; having all stakeholders on board – management, administrators, advance practice nurses, clinical educators, strong leadership support, ward aides; congruence with organizational directions, organization ready, management support			
CRN	7	5	12
Admin	1	3	4
Staff	0	0	0
<b>Total</b>	<b>8</b>	<b>8</b>	<b>16</b>
<b>Follow-up support to staff on unit:</b> having leaders available for questions and to facilitate implementation, supplies easily accessed, feedback to nurses as they implemented BPG; follow-up support one-on-one, tools available ongoing access to information & resources, in-house resources			
CRN	5	1	6
Admin	5	0	5
Staff	2	1	3
<b>Total</b>	<b>12</b>	<b>2</b>	<b>14</b>
<b>CRN/Steering Committee:</b> coordination, follow-up, communication with stakeholders; CRN available full-time; Steering Committee/CRNs representing all units; CRNs in different facilities			
CRN	4	2	6
Admin	3	1	4
Staff	0	2	2
<b>Total</b>	<b>7</b>	<b>5</b>	<b>12</b>

*Evaluation of Nursing Best Practice Guidelines:  
Interviewing Nurses and Administrators*

<b>In your opinion, what was the most important factor that facilitated the implementation of the BPG?*</b>	<b>BPG A &amp; B</b>	<b>BPG C &amp; D</b>	<b>Total</b>
<i>Total # interviews: CRNs: 20 Administrators: 20 Staff: 34</i>			
<b>Total # of interviews</b>	39	35	74
	<b>Total number of times each item mentioned</b>		
<b>Champions:</b> having credible person in department to facilitate implementation; champions on site – educators, staff nurses; physician & coordinator			
CRN	1	4	5
Admin	2	1	3
Staff	0	2	2
<b>Total</b>	<b>3</b>	<b>7</b>	<b>10</b>
<b>Support for education session:</b> Education mandatory and outside of working hours; Paid time for education; RNAO funding for education			
CRN	0	2	2
Admin	1	0	1
Staff	0	1	1
<b>Total</b>	<b>1</b>	<b>3</b>	<b>4</b>
<b>Miscellaneous</b>			
- Nurses finding the time			
- Partnerships with public health; Rooming-in			
- Discussion with peers; Patient care focused on elderly; Poster			
- Enthusiasm of staff; providing information to patients; being politically correct			
CRN	0	0	0
Admin	2	2	4
Staff	2	4	6
<b>Total</b>	<b>4</b>	<b>6</b>	<b>10</b>

\* For confidentiality reasons, the responses are collapsed and the specific BPGs are not identified here. One person may have identified more than one item under each heading. For example, support from clinical educators and consistency with organizational direction under “support from organization”

\*\* Although interviewees were asked for the most important facilitator, many named more than one.

**Sample Analysis of Barriers: Response to open-ended questions\***

<b>Issues</b>	<b>BPG A &amp; B</b>	<b>BPG C &amp; D</b>	<b>Total</b>
<i>In your opinion, what was the most important barrier to the implementation of the BPG?*</i>			
<i>Total # interviews: CRNs: 20 Administrators: 20 Staff: 34</i>			
<b>Total number of interviews</b>	39	35	74
	<b>Total number of times each item mentioned</b>		
<b>Nurses lack of time to implement recommendations:</b> patient acuity and volume; other initiatives happening at the same time, acuity and volume of patients; competing demands such as other clinical initiatives, staff holidays and illness			
CRN	6	8	14
Admin	5	1	6
Staff	5	2	7
<b>Total</b>	<b>16</b>	<b>11</b>	<b>27</b>
<b>Weakness/challenges in organizational support:</b> difficulty getting unit clerks to attach forms, emergency physicians concern with workload and volume of patients; lack of management support, CRN doing too much on her own; lack of buy-in from some nurse managers, forms confusing; complexity of coordination because of size, staff on summer holidays, documentation not changed to prompt recording of intervention, smoking not taken as seriously as other addictions			
CRN	5	4	9
Admin	1	2	3
Staff	0	2	2
<b>Total</b>	<b>6</b>	<b>8</b>	<b>14</b>
<b>Staff attitudes/resistance:</b> nurses' resistance to guidelines, feeling that BPG presented too aggressively; too complex for some staff, just added paper work to things already done; historical culture; survival needs of clients take precedence over smoking cessation intervention			
CRN	2	1	3
Admin	1	1	2
Staff	1	7	8
<b>Total</b>	<b>4</b>	<b>9</b>	<b>13</b>

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<b>Issues</b>	<b>BPG A &amp; B</b>	<b>BPG C &amp; D</b>	<b>Total</b>
<i>In your opinion, what was the most important barrier to the implementation of the BPG?*</i>			
<i>Total # interviews: CRNs: 20 Administrators: 20 Staff: 34</i>			
<b>Total number of interviews</b>	39	35	74
	<b>Total number of times each item mentioned</b>		
<b>Client/patient related challenges:</b> too few patients with symptoms; contact with patient too short, need time to observe; chronic clients unwilling and unable to consider quitting, clients overwhelmed by other aspects of illness			
CRN	1	0	1
Admin	0	1	1
Staff	5	5	10
<b>Total</b>	<b>6</b>	<b>6</b>	<b>12</b>
<b>Organizational change:</b> changes in management and staff; no consistent champion; use of agency nurses; staff changes during project-new staff deal with basics first			
CRN	3	2	5
Admin	3	0	3
Staff	0	0	0
<b>Total</b>	<b>6</b>	<b>2</b>	<b>8</b>
<b>Problems complying with BPG:</b> Inability of public health unit (PH) to comply with some of guidelines; lack of understanding between hospital and PH; difficulty complying because of distance & resources; standardized tools administered by other disciplines, absence of referral strategy;			
CRN	1	0	1
Admin	1	4	5
Staff	1	1	2
<b>Total</b>	<b>3</b>	<b>5</b>	<b>8</b>
<b>Lack of time with/access to key support personnel:</b> CRN, specialty consultant; limited time of CRNs on unit			
CRN	1	1	2
Admin	1	1	2
Staff	0	1	1
<b>Total</b>	<b>2</b>	<b>3</b>	<b>5</b>

*Evaluation of Nursing Best Practice Guidelines:  
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<b>Issues</b>	<b>BPG A &amp; B</b>	<b>BPG C &amp; D</b>	<b>Total</b>
<i>In your opinion, what was the most important barrier to the implementation of the BPG?*</i>			
<i>Total # interviews: CRNs: 20 Administrators: 20 Staff: 34</i>			
<b>Total number of interviews</b>	39	35	74
	<b>Total number of times each item mentioned</b>		
<b>Miscellaneous:</b>			
- Timing of project; logistics of education sessions (getting everyone to sign up; extending sessions mid-pilot); language barriers with some patients			
- questions about follow-up to pilot			
CRN	3	0	3
Admin	1	0	1
Staff	0	1	1
<b>Total</b>	<b>4</b>	<b>1</b>	<b>5</b>

\* For confidentiality reasons, the responses are collapsed and the specific BPGs are not identified here. One person may have identified more than one item under each heading

\*\* Many respondents did not limit their reply to one issue.

BPG name and code: \_\_\_\_\_  
ID \_\_\_\_\_  
Agency code \_\_\_\_\_  
Date \_\_\_\_\_  
Time start \_\_\_\_\_  
Time finish \_\_\_\_\_  
Duration of interview \_\_\_\_\_  
Interviewer initials \_\_\_\_\_

**RNAO Best Practice Guidelines Project  
Clinical Resource Nurses Form A  
BPG: *PRESSURE ULCERS***

**Interview Schedule- Post Implementation**

Introduction:

I'm calling from the \_\_\_\_\_. I am \_\_\_\_\_ (for example, a member of the Research Team) evaluating the dissemination and utilization of Best Practice Guidelines by Registered Nurses in Ontario.

I understand that you work on the \_\_\_\_\_ unit at the \_\_\_\_\_ agency. Can you tell me your current position?

I would like to ask you several questions about the best practice guideline project. Do we have your consent to continue with this interview?

I am recording our conversation to ensure that we have an accurate summary of your opinions. If you want me to turn off the tape recorder at any time during the interview, please let me know.

Do you have any questions regarding your participation in this interview at this point?

Please feel free to ask questions at anytime during the interview.  
Let's get started;

Interview Questions:

*You have been implementing the BPG for **PRESSURE ULCERS** in your clinical setting. We are very interested in learning about your experiences implementing this guideline.*

1. Could you tell me about your experience with the best practice guidelines on **PRESSURE ULCERS** that were introduced on your unit?

*(If individual indicates that she/he has no experience with the best practice guidelines, ask them why they think that they have not heard about the implementation of the best guideline, then thank them for their participation and ring off).*

1.1 How did you learn about the guideline?

1.2 How was it introduced to the unit?

1.3 How were the recommendations communicated to you

Prompts :

education sessions

communication book

written document as it is

notes on kardex

summaries on computer done by resource nurse

copied it yourself

other –please explain

Anything else?

2.0 Please describe your overall impression of the recommendations of the best practice guideline?

*Now, let's talk about actually implementing the best practice guideline- **PRESSURE ULCERS** on your unit.*

3.0 In your opinion what factors made it easy to implement the best practice guideline on your unit?

Prompts : raising awareness of the best practice guideline

education

administrative support

Anything else?

4.0 In your opinion what were the challenges and barriers that made implementation difficult?

Anything else?

5.0 In your opinion, what do you feel were the most important recommendations in the best practice guideline on **PRESSURE ULCERS** ?

6.0 Are there any recommendations that you found not realistic to implement or not do-able?

Please explain.

*Now I'm interested in knowing about any results from the implementation of the best practice guideline on **PRESSURE ULCERS**.*

**7.0** Thinking about how you usually approach **PRESSURE ULCERS** with your patients/clients how has your nursing practice changed as a result of implementing the best practice guideline?

**7.1** In the past 6 months have you changed ...(how you document)?

Prompts:

**Has your assessment of pressure ulcers or risk of pressure ulcers changed?**

**Do you document using a new or revised tool on Pressure Ulcer assessment and outcomes?**

**Any changes in the completeness or consistency of charting pressure ulcers and the risk of pressure ulcers?**

**7.2** In the past 6 months have you changed your nursing practice?

Prompts:

**Has your approach to the care or prevention of pressure ulcers changed?**

**Has there been a change in the number or type of new or recurrent ulcers you are encountering on your work unit?**

**Have there been any changes to preventing the deterioration of existing ulcers?**

**8.0** What were the results / effects of implementing the **PRESSURE ULCERS** best practice guideline - on your workplace?

**8.1** Has there been an impact on the nursing practice provided by other staff?

**8.2** Has there been any impact on nursing managers who have been involved?

**8.3** Has there been any impact on the patients/clients who have been involved?

Prompt: Positive or negative

**8.4** Has there been any response from the families of patients/clients who have been involved?

Prompt: Positive or negative?





BPG name and code: \_\_\_\_\_  
ID \_\_\_\_\_  
Agency code \_\_\_\_\_  
Date \_\_\_\_\_  
Time start \_\_\_\_\_  
Time finish \_\_\_\_\_  
Duration of interview \_\_\_\_\_  
Interviewer initials \_\_\_\_\_

**RNAO Best Practice Guidelines Project  
Clinical Resource Nurses Form B  
BPG: ADULT ASTHMA CARE**

**Interview Schedule - Post Implementation**

Introduction:

I'm calling from the \_\_\_\_\_. I am a \_\_\_\_\_ (member of the research team) evaluating the dissemination and utilization of Best Practice Guidelines by the Registered Nurses Association of Ontario.

I understand that you work at \_\_\_\_\_. (*Fill in prior to interview*)

Can you tell me what your current position is? \_\_\_\_\_

Which professional license do you currently hold with the College of Nurses of Ontario or other professional college? (Check both if both are applicable).

- RN (Registered Nurse)
- RPN (Registered Practical Nurse)
- Other professional license, please specify \_\_\_\_\_
- Not licensed

I would like to ask you several questions about the best practice guideline project. Do we have your consent to conduct this telephone interview? (*If no, stop interview*)

Have you returned your signed consent form? \_\_\_\_\_.

*If signed consent form not returned*, please return it as soon as you can.

All of your answers will be kept confidential. We may be on the phone for up to 30 minutes.

Are you OK with this in terms of your privacy and comfort?

I am recording our conversation to ensure that we have an accurate summary of your opinions. If you want me to turn off the tape recorder at any time during the interview, please let me know. (*pause ....*)

Do you have any questions regarding your participation in this interview at this point? (*pause ....*)

Please feel free to ask questions at anytime during the interview. Let's get started.

Interview Questions:

You have been implementing the Best Practice Guideline on **Adult Asthma Care** in your clinical setting. We are very interested in hearing about your experiences implementing this guideline at your workplace and in your clinical practice.

1. First, let's talk about the preparation period when you were introduced to the guideline on **Adult Asthma Care**.

1.1 Did you attend any of the education sessions on the Best Practice Guideline for **Adult Asthma Care**?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

1.2 Were you at the launch for the Best Practice Guideline?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

**1.3** In what ways did you learn about the Best Practice Guideline on **Adult Asthma Care** in your work setting?

Prompts (Check all that apply)

- communication book
- notes on kardex / care plan
- summaries on computer done by resource nurse
- written document
- other – please explain \_\_\_\_\_  
\_\_\_\_\_

**(NOTE:** If individual indicates that she/he has no experience with the best practice guidelines, ask them why they think that they have not heard about the implementation of the best guideline, then thank them for their participation and ring off).

**2.** There were several recommendations contained within this Best Practice Guideline. We are interested in learning how feasible you felt it was to implement each of these recommendations in your setting.

On a scale from 1 to 10 where 1 is not feasible at all and 10 extremely feasible,

How feasible was it to implement the recommendation ..... (Ask for questions 2.1 to 2.6)

**2.1 All individuals identified as having asthma or suspected of having asthma will have their level of asthma control determined by the nurse.**

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely
<b>feasible</b>									<b>feasible</b>

**2.2 Asthma education provided by the nurse must be an essential component of care.**

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely
<b>feasible</b>									<b>feasible</b>

**2.3 Every client with asthma should have an individualized asthma action plan for guided self-management based on evaluation of symptoms with or without peak flow measurement.**

1	2	3	4	5	6	7	8	9	10
Not at all									Extremely
<b>feasible</b>									<b>feasible</b>

- 2.4 All asthma clients should have their inhaler/device technique assessed to ensure accurate use.** Clients with sub-optimal techniques will be coached in proper inhaler/device use.

1	2	3	4	5	6	7	8	9	10
Not at all <b>feasible</b>									Extremely <b>feasible</b>

- 2.5 All clients should be offered links to community resources.**

1	2	3	4	5	6	7	8	9	10
Not at all <b>feasible</b>									Extremely <b>feasible</b>

- 2.6 Nurses working with individuals with asthma must have the appropriate knowledge and skills to:**

- identify the level of asthma control
- provide basic asthma education and
- conduct appropriate referrals to physician and community resources.

1	2	3	4	5	6	7	8	9	10
Not at all <b>feasible</b>									Extremely <b>feasible</b>

- 3.** On a scale from 1 to 10 where 1 is 'not at all useful' and 10 is 'extremely useful', how would you rate your overall impression of the Best Practice Guideline?

1	2	3	4	5	6	7	8	9	10
Not at all <b>useful</b>									Extremely <b>useful</b>

- 4. Now let's talk about the implementation period.**

- 4.1** In your opinion, what was the most important factor that facilitated the implementation of the Best Practice Guideline?

Prompt: Please explain why

5. I am now going to read to you a list of factors, which may or may not have helped facilitate the implementation of the Best Practice Guideline.
- 5.1 Did the Best Practice Guideline fit or not fit with: *(If say not fit, explore reasons.)*
- 5.1.1 The current practice of the nurses in your unit or organization?
- 5.1.2 The previous knowledge of the nurses in your unit or organization?
- 5.1.3 The values and beliefs of the nurses in your unit or organization?
- 5.1.4 The policies and procedures in your unit or organization?
- 5.1.5 The direction of your organization?
- 5.2 Did the involvement of management help or not help to facilitate the implementation?  
Prompt: Unit managers  
Senior administration
- 5.3 Did teamwork or collaboration with various groups help or not help make the implementation easier?  
Prompt: Staff nurses  
Steering committee  
Other health professionals  
Other Departments  
Other Organizations
- 5.4 What qualities of a Clinical Resource Nurse are important in facilitating the Best Practice Guideline project?  
Prompt: Easily accessed  
Ability to involve key people (stakeholders)  
Having the expertise required (clinical, education, research)
- 5.5 Did support from the RNAO (Registered Nurses Association of Ontario) help or not help to facilitate the implementation in your organization?  
Prompt: Funding for the CRN position  
Funding staff replacement costs to support nurses education

Other RNAO support

- 5.6 Were there champions who helped facilitate the implementation of the Best Practice Guideline? (*If asked, a champion is a person who is enthusiastic about and strongly supports the guidelines.*)

Prompt: Staff Nurses  
CRN (Clinical Resource Nurse)  
Managers  
In what way did they champion the guideline?

- 5.7 What supported your ongoing learning in the implementation of the Best Practice Guideline?

**6. I would now like to ask you about the challenges and barriers you encountered in implementing the Best Practice Guideline for *Adult Asthma Care*.**

- 6.1 In your opinion, what was the most important barrier to the implementation of the *Best Practice Guideline*?

Prompt: Please explain

**7. I am now going to read to you a list of factors that may or may not have made the implementation of the guideline difficult.**

- 7.3 Was the perception of nurses about the guidelines a barrier or not a barrier in the implementation?

Prompt: Did the nurses feel that:  
The guidelines were not needed  
They were already doing them  
They would increase the workload  
The “toolkit” was too difficult or time consuming to use  
The language of the tools was not appropriate for all patients and settings