





RNAO Best Practices: Evidence Booster

Evaluating the impact of the Person- and Family-Centred Care best practice

Person- and Family-Centred Care (2015)



The purpose of this best practice guideline (BPG) is to promote evidence-based practices associated with person- and family-centred (PFCC) care, and to help nurses and the interprofessional team acquire the knowledge and skills necessary to become more adept at practising person- and family-centred care.



Background

On April 1, 2018, Spectrum Health Care was selected by the Registered Nurses' Association of Ontario (RNAO) as a Best Practice Spotlight Organization® (BPSO®) pre-designate. Spectrum Health Care is a provider of home health care with three locations across Ontario and more than 200 nursing staff members. Dedicated to elevate the patient experience, this BPSO chose to implement the Person- and Family-Centred Care BPG across the entire organization. The implementation has progressed with the support of Spectrum's Patient and Family Advisory Council and the leadership of the director of quality, risk and outcomes.

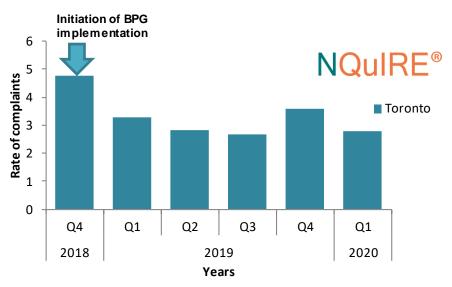
guideline

Aim: To examine the quality of patient and family experiences of care after implementation of the RNAO BPG: Person- and Family-Centred Care in an Ontario home care Best Practice Spotlight Organization® (BPSO®) predesignate.

Measure: Using indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system to determine the rate of complaints.

Clinical improvement: Noted as a decrease in the rate of complaints from persons receiving care.

Figure 1: Rate of complaints from persons receiving care per 1,000 care visits in one implementation site of an Ontario home care BPSO



Impact: From October 2018 to March 2020, there was a 42 per cent (4.8 per cent to 2.8 per cent) relative decrease in the rate of complaints from person receiving care in one of the implementation sites at Spectrum Health Care.

Practice changes

As part of BPG implementation, the BPSO conducted a gap analysis to determine how current practices reflected against best practices. The BSPO identified a need to improve staff education on providing personand family-centered care and to share care plans with patients. A survey was sent out to better understand what PFCC meant to staff and the results were analyzed. The BPSO developed staff education plans and strategies for communicating with patients and family members to consistently assess their care needs and develop care plans.







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Figure 2: Rate of complaints from persons receiving care per 1,000 care visits in one implementation site of an Ontario home care BPSO



Impact: Data was analyzed from September 2018 to April 2020 for this implementation site. There was an 80 per cent (9.13 per cent to 1.83 per cent) relative decrease in rate of complaints for this home care BPSO implementation site.

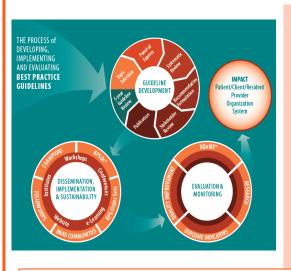
Practice Changes

To improve staff education on the topic of personand family- centered care, an education session called "Changing the Conversation Training" was conducted with staff. This staff training had a positive impact on the overall satisfaction scores related to patient experience. Methods were also developed to improve the effectiveness of patient education using adult learning principles.

NQuIRE reports have been incorporated into balanced scoreboard and are shared with the senior management team. Positive outcome data is also shared with BPSO Champions and published in a quarterly BPSO newsletters.

The Patient and Family Advisory Council provides additional insight in interpreting the data and their feedback is used to inform implementation activities.

Conclusion: These analyses demonstrate a reduction in the rate of complaints for an Ontario home care BPSO predesignate that implemented the RNAO BPG: *Person- and Family-Centred Care* (2015).



RNAO launched the BPG Program¹ in 1999 with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQuIRE³, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact: <u>NQUIRE@RNAO.ca</u> for more details. To learn more about RNAO's IABPG Centre, please visit <u>RNAO.ca/bpg</u>.

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References

¹ Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun, & I. Bajnok (Eds.), Transforming nursing through knowledge: Best practices for guideline development, implementation science, and evaluation (pp. 3-27). Sigma Theta Tau International.

²Bajnok, I., Grinspun, D., McConnel, H., & Davies, B. (2018). Best Practice Spotlight Organization: Implementation science at its best. In D. Grinspun, & I. Bajnok (Eds.), Transforming nursing through knowledge: Best practices for guideline development, implementation science, and evaluation (pp. 141-162). Sigma Theta Tau International.

³Grdisa, V., Grinspun, D., Toor, G., Owusu, Y., Naik, S., & Smith, K. (2018). Evaluating BPG impact: Development and refinement of NQuIRE. In D. Grinspun, & I. Bajnok (Eds.), Transforming nursing through knowledge: Best practices for guideline development, implementation science, and evaluation (pp. 395-428). Sigma Theta Tau International.

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