

RNAO Best Practices: Evidence Booster

Best Practice Guideline Implementation to Improve Person- and Family- Centred Care

Client Centred Care (2006) & Person- and Family- Centred Care (2015)



The purpose of the best practice guideline (BPG) *Person- and Family-Centred Care* (2015) is to promote evidence-based practices associated with person- and family-centred care, and to help nurses and other health-care providers acquire the knowledge and skills necessary to become more adept at practicing person- and family-centred care. This BPG replaces the RNAO BPG *Client Centred Care* (2002) and its supplement (2006).



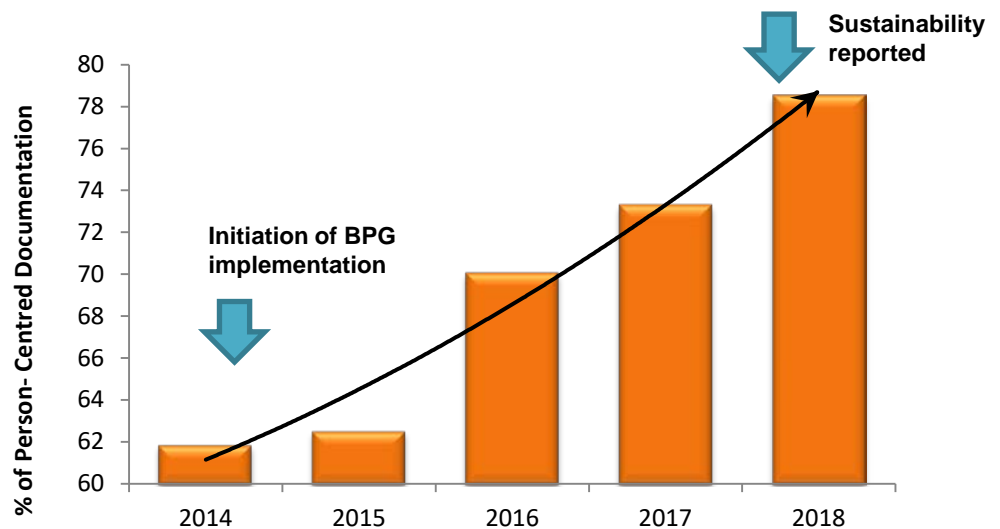
Person- and family-centred care emphasizes partnerships in health between patients, families and health-care providers, acknowledges patients' preferences and values and promotes flexibility in the provision of care.

Aim: To examine the quality of partnerships with persons and families experiencing care through implementation of the RNAO BPG *Client Centred Care* (2006) and *Person- and Family- Centred Care* (2015), in one Ontario long-term care (LTC) and one Ontario hospital Best Practice Spotlight Organization® (BPSO®).

Measure: Using indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®) data system to determine the percentage of charts with evidence of person-centred documentation.

Clinical improvement: Noted as an increase in the percentage of charts with evidence of person-centred documentation.

Figure 1: Percentage of Charts with Evidence of Person-Centred Documentation in One LTC BPSO, 2014 to 2018



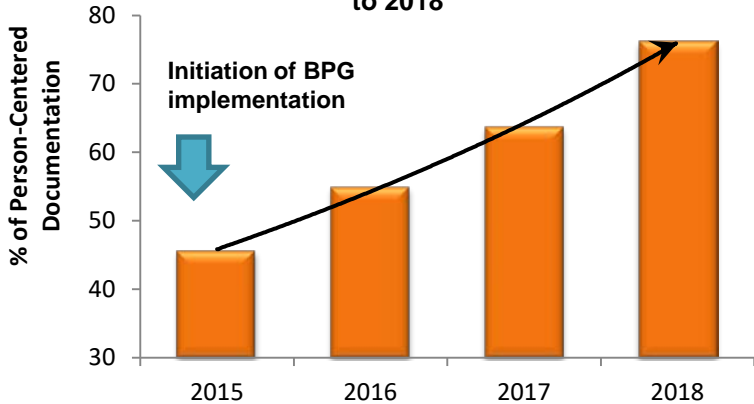
Impact: From 2014 to 2018, there was a 30.3 per cent (60.8% to 91.1%) increase in person-centred documentation in one Ontario LTC BPSO.

Practice Changes

This Ontario LTC BPSO was committed to providing person -and family-centred care. To ensure consistent, person-centred documentation – including the identification of residents' goals in charts – regular assessments were completed on admission and continued on a semi-annual basis. Other implementation activities included: completing resident needs-based assessments, ensuring consistency in the circle of care and updating staff orientation and policies in alignment with the principles of person-and family-centred care.

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Figure 2: Percentage of Charts with Evidence of Person-Centred Documentation in One Ontario Hospital BPSO, 2015 to 2018



Impact: From 2015 to 2018, there was a 30.7 per cent (45.6% to 76.3%) increase in person-centred documentation in one Ontario hospital BPSO.

Practice Changes

This Ontario hospital BPSO was committed to providing person- and family-centred care and underwent multiple initiatives to ensure full implementation of the BPG. The hospital realigned their strategic priorities and enhanced organizational policies to better meet the needs of persons and their families. They also updated requirements for assessments and documentation in all in-patient units and integrated these changes within their electronic health record (EHR) system. Further, progress goals were consistently monitored using satisfaction surveys.

Specifically, practice changes included: placing white boards in all rooms to identify and address person- and family-centred goals and hourly rounding to improve care coordination.

Conclusion: These analyses demonstrate significant improvements in person-centred documentation within one Ontario LTC and one Ontario hospital BPSO which implemented RNAO's BPGs, *Client Centred Care (2006)* and *Person- and Family- Centred Care (2015)*.



RNAO launched the BPG Program in 1999¹ with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 54 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide². 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 clients and the organization. Currently, there are over 800 organizations across Canada and around the world formally engaged in the BPSO social movement.

NQuIRE³, a unique nursing data system housed in the International Affairs & 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.

References

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- Grinspun, D & Bajnok, I. (2018). *Transforming nursing through knowledge: best practices for guideline development, implementation science, and evaluation*. Indianapolis (IN): Sigma; 2018.
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To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the RNAO is editorially independent from its funding source. Contact NQuIRE@RNAO.ca for more details.