

## RNAO Best Practices: Evidence Booster

### Impact of communities of practice: Collaborations and partnerships for evidence-informed resident care

#### Background

Ontario long-term care (LTC) homes are required by legislation to have evidence-based clinical programs. To support the implementation of evidence-informed clinical programs, Shaila Aranha, the LTC best practice coordinator in the Waterloo Wellington (WW) region designed and facilitated Communities of Practice (CoP). A CoP is a group of people with a shared interest who engage together in collective learning to support practice change (Wenger, McDermott & Snyder, 2002). These CoPs assisted LTC homes implement evidenced-based practices through the use of RNAO best practice guidelines (BPG) by using the *Toolkit: Implementation of Best Practice Guidelines* (2012).

This evidence booster focuses on LTC homes who participated in CoPs over the years from 2015-2018, demonstrating levels of impact on participants and the adoption of recommendations from the two falls prevention BPGs (2011[revised], 2017).

**“One of the major benefits of attending [the CoP] was the concentrated time spent away from the home...we could focus on our project without distractions. We had the opportunity to discuss our challenges with other homes and gain from their experiences”**

#### Practice Change

The first two CoPs focused on the clinical programs, therefore, the foci of each CoP team varied. In 2017-18, each clinical program was separated into a different CoP. In Figure 1 outer circle denotes focus on falls and inner circle denotes the focus on clinical programs.

The CoPs allowed LTC homes to share experiences with implementation strategies and development of tools.

A standardized process was used to assist LTC homes with implementing BPGs as follows:

- completion of gap analysis
- prioritization of gaps
- development of a sustainability action plan
- establishment of monitoring indicators
- sharing their journey of improvement including: plans for improvement, change ideas, challenges and successes.

**Figure 1: CoP Social connections over the three sessions**



(Source: CoP data)

**Impact:** The CoP allowed for the development of numerous relationships, helping to eliminate the professional isolation for the LTC teams. As a result, 57 per cent of WW LTC homes engaged in CoPs over time. In addition 70 per cent of the time was focused on fall prevention.

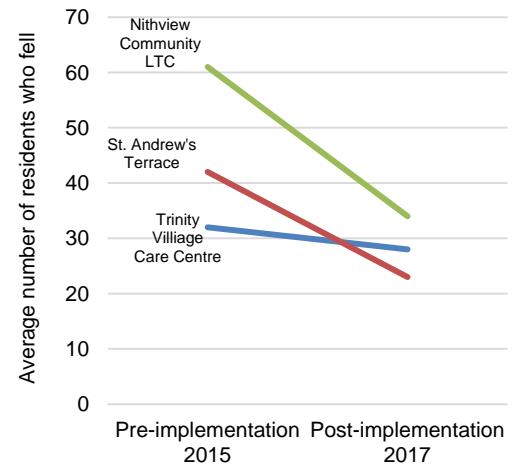
## RNAO Best Practices: Evidence Booster

### Impact of knowledge creation from the falls CoP

**Table 1: Exemplars and novel approaches from two CoPs**

CoP	Issue or Key Learning	Practice Change	Actions Taken	Outcome
2015 - 16	<i>Issue:</i> One LTC home identified they had too many bed alarms	Implemented resident rounding	Limited literature or resources existed on rounding for the LTC sector. This LTC home became one of the first in the region to implement rounding. They developed policies and procedures, and shared experiences and resources widely	All but one bed alarm was removed
2017 - 18	<i>Key learning:</i> Falls history on admission	Asking probing questions on admission about falls history to get to the root cause to prevent a fall.	One home completed the falls history prior to admission, allowing them to create a detailed falls care plan for each resident. This has decreased their fall rates for newly admitted residents	Figure 2 demonstrates how CoPs and development of relationships impact on outcomes
	<i>Key learning:</i> Requiring LTC homes to develop Champions	Having staff train as Champions	Staff have a better understanding of the implementation toolkit and the steps supported the teams with implementing practice changes	

**Figure 2: Average number of falls by LTC home pre/post-implementation**



(Source: RAI-MDS indicators)

**Impact:** There was an average 34 per cent decrease in the number of residents who fell per month after participation in the CoP and the implementation of fall prevention strategies (range 12.5 – 45 per cent)



RNAO launched the BPG Program in 1999 with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. Best Practice Spotlight Organization® (BPSO®) are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are over 700 BPSOs and implementation sites across Canada and around the globe.

The LTC Best Practices program's mission is to enhance the quality of care for residents in long-term care homes and create a culture of evidence-based practice by encouraging staff in LTC homes to use RNAO's best practice guidelines.

#### References

Registered Nurses' Association of Ontario (2017). Best Practice Guideline *Preventing Falls and Reducing Injury from Falls*. (4th ed.). Toronto, ON, Canada: Author. Retrieved from <https://rnao.ca/bpg/guidelines/prevention-falls-and-fall-injuries>

Registered Nurses' Association of Ontario. (2012). *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)*. Toronto, ON, Canada: Author. Retrieved from <https://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition>

Wenger E., McDermott R. & Snyder W.M. (2002). *Cultivating Communities of Practice*. Boston, MA: Harvard Business School Press.

To learn more about RNAO's Long-Term Care Best Practices Program, please visit [RNAO.ca/LTC](http://RNAO.ca/LTC). This work is funded by the Ontario Ministry of Health and Long-Term Care. All work produced by the Registered Nurses' Association of Ontario is editorially independent from its funding source. Contact Information: [LTCBPP@RNAO.ca](mailto:LTCBPP@RNAO.ca)