

RNAO Best Practices: Evidence Booster



William A. 'Bill' George Extended Care Facility's Champions empowered to create change



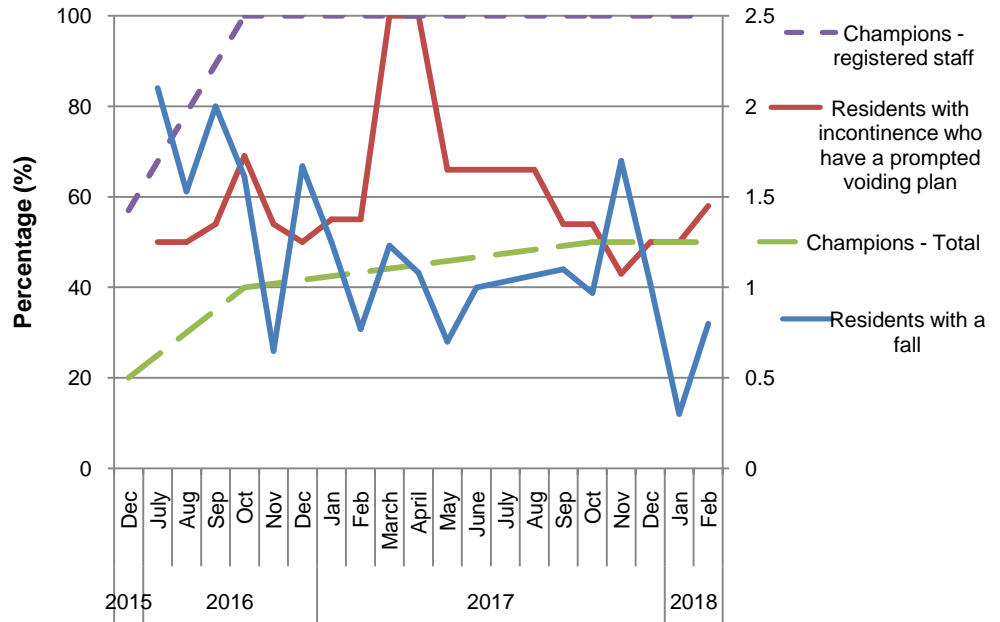
Background

The "Bill George" is a 20-bed long-term care (LTC) home located in Sioux Lookout, which is one of the most northern LTC home in Ontario. Many residents are of indigenous background and are non-English speaking. The home's goal is to respect and recognize cultural and language diversity through the integration of traditional and modern medical practices.

In 2016, the Bill George began a three-year partnership with RNAO as a LTC Best Practice Spotlight Organization® (LTC-BPSO®) pre-designate and committed to implement five best practice guidelines (BPG) across the entire home focusing on falls, continence, oral health, pressure injuries and pain.



Figure 1: Champions as implementation leads - Impact on resident outcomes



(Source: NQuIRE® - July 2016 to February 2018; Bill George Champions data)

Impact: There has been an increase of 30 Champions trained, resulting in significant impacts on resident outcomes, including:

- 45 per cent increase in the number of residents with prompted voiding plans
- 62 per cent decrease in the percentage of residents experiencing a fall

Practice Change

To support BPG implementation activities, senior leadership decided to train the majority of staff as Best Practice Champions, starting with registered staff.

Use of Champions

- Champions became the Implementation Leads for each BPG which provided leadership opportunities for front-line staff
- Leads were given dedicated paid time for required implementation activities. Depending on staffing needs, Leads could use up to two 8-hour shifts per month designated as "pick-up" shifts to work on BPSO-related activities
- Leads were required to demonstrate the aspects of their BPG action plan they worked on during these shifts
- Time to discuss BPG implementation was added to the existing daily huddles/meetings in which 3 questions were asked:
 - What is the team spirit?
 - Do you have everything you need to fulfill your role as a Champion?
 - Are you concerned about any safety issues?
- Huddles helped staff to understand the implementation activities and resulted in a decentralized process for communication and collaboration between staff and management. This ensured that implementation was continually being discussed
- A BPSO bulletin board was created to highlight the current status of projects and measurement data (*cont. on page 2*)

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Practice Change (continued)

Falls

- Improved communication and collaboration with the physiotherapy team
- Implemented the Scotts Falls Assessment Tool
- Post fall – started a 24-hour post fall assessment and regular falls huddles utilizing an interdisciplinary team approach to address resident needs

Continenence

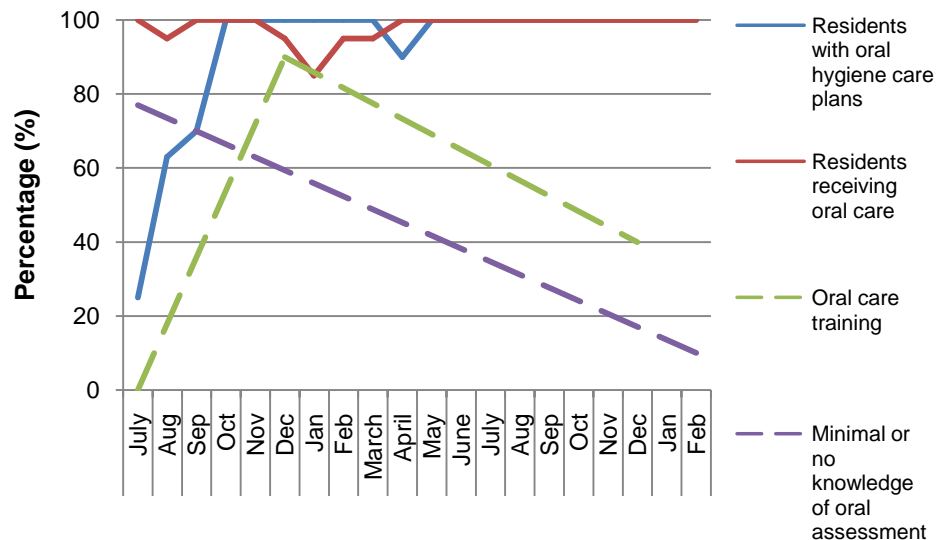
- All residents are screened for their potential for prompted voiding using a voiding record
- All residents who qualify for prompted voiding are placed on the program and an individualized care plan is created
- Staff are committed to dignity and respect around toileting

Oral Health

- Implemented a new assessment tool on admission
- Implemented new daily documentation of oral care (when, who, how)
- The benefits experienced by improving oral care for residents included no respiratory outbreak, better appetites and better affect

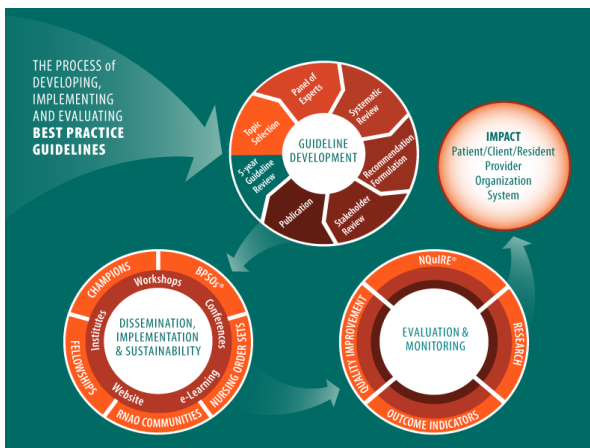
Bill George Oral Care Knowledge Survey Results

Figure 2: Staff oral care knowledge and impact on oral care



(Source: NQuIRE® - July 2016 to February 2018; Staff Oral Care Knowledge Survey - July 2016)

Impact: Implementation of the RNAO *Oral Health: Nursing assessment and intervention* (2008) BPG resulted in an increase of 75 per cent in oral health education (including methods for providing oral care, oral assessment, and techniques to deal with responsive behaviours during oral care). Between October 2016 to February 2017, 80 per cent of staff were trained. Implementation and training resulted in an increase of 50 per cent in the provision of oral care and 80 per cent in the number of individualized oral hygiene care plans for residents.



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 132 BPSOs across Canada and around the globe, representing more than 700 implementation sites.

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. (n.d.). *Best Practice Guidelines*. Toronto, ON, Canada: Author. Retrieved from <http://rnao.ca/bpg>.

To learn more about RNAO's Long-Term Care Best Practices Program, please visit 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.

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