

Examples of how a practice change can be identified and next steps to take						
Chain of events	Stakeholder Involvement			Government Initiative	Sentinel Event	Quality indicator
	Individual	Group	Organization			
Urgent need to take action	The nurse in charge of the unit has noticed a significant increase in incident reports pertaining to patient falls & injuries amongst the elderly patients that are admitted for elective surgical procedures.	The accreditation committee has identified the need to improve diabetic care within the organization.	A PhD student conducting research on the use of restraints in our medicine program has identified that our current practices for the use of restraints needs updating.	Health Canada mandated blood transfusion practice change.	A medication error that has almost resulted in unnecessary surgery for a client.	There has been an increasing prevalence of pressure ulcers across various health care organizations in Canada.
Identifying and framing the problem (opportunity)	Our incident reports are showing a 50 per cent increase in elderly patients falling and incurring injuries from falls during admission to our surgical unit. According to RNAO's Preventing Falls and Reducing Injury from Falls BPG, falls are the leading cause of injury, deaths, hospitalizations, and permanent or temporary total or partial disabilities (page 22). We can make a difference in our patients' lives if we implement evidence-based best practices to prevent falls.	Our current practices in regards to the management of diabetic foot ulcers is currently under review. There has been a 40 per cent increase in recurrent admissions to various units across the organization due to diabetic foot ulcers post-discharge from our organization. According to RNAO's Assessment and Management of Foot Ulcers for People with Diabetes, diabetes is a serious, life-long condition affecting more than 2 million Canadians and is the leading cause of death by age (page 21). We need to prevent diabetic complications that lead to foot ulcers because our patients rely on us to provide the best possible care that leads to better health outcomes and overall improvement of their quality of life.	According to RNAO's Alternative Approaches to the Use of Restraints BPG, front-line health care providers continue to apply restraints. They have raised concerns that restraint-free or least-restraint policies and a lack of alternatives would increase the risk of harm to clients, staff and others, while increasing workload and the risk to the organization (page 19). As an organization, we have the opportunity to change our current practices and policies to provide the best possible care for our patients.	According to RNAO's Vascular Access BPG, vascular access is the most common invasive procedure undergone by persons in the health system. Reliable vascular access is fundamental for safe and effective care. Ensuring safe insertion and management of VADs should be a priority for all health providers (page 33). The mandated change in blood transfusion practices by Health Canada directly impacts our work as blood transfusion specialists. We must review IV and CVAD practices and documentation to remain competent and provide optimal care.	Our organization has been experiencing staffing shortages in our surgical program that has led to an increase in medication errors. According to RNAO's Developing and Sustaining Safe, Effective Staffing and Workload Practices BPG, a healthy work environment maximizes the health and well-being of nurses and other health-care professionals, improves patient outcomes, increases organizational performance and benefits society (page 19). We should review staff shortages and medication-related practices to help keep our patients safe and improve their health outcomes.	Even though staff members within our organization have been educated on pressure ulcers, we need to consistently document the Braden scale of all our patients upon admission to identify and track patients at risk of pressure injuries and to reduce the incidence of pressure injuries. According to the Assessment and Management of Pressure Injuries for the Interprofessional Team BPG, pressure injuries are a key indicator of the overall quality and safety of health-care organizations and facilities.
Identify the RNAO BPG(s) that address the problem	Preventing Falls	Assessment and Management of Foot Ulcers for People with Diabetes, Second Edition	Promoting Safety: Alternative Approaches to the Use of Restraints	Vascular Access	Developing and Sustaining Safe, Effective Staffing and Workload Practices	Assessment and Management of Pressure Injuries for the Interprofessional Team
Other guidelines that can be used	Violence and aggression	Guidelines on the prevention of foot ulcers in persons with diabetes	Restraint as a last resort toolkit	Practice Guidelines for Central Venous Access 2020	Practice Policies & Guidelines	Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline
Team's response to problems identified	1) Implemented hourly rounding on both day and night shifts 2) Revised policy related to falls prevention for surgical patients 3) Embedded assessment for dementia and delirium in EMR	1) Revised current policy on the management of diabetic complications 2) Provided e-learn training to staff on managing diabetic foot ulcers	1) Reviewed the organization's restraints policy 2) Provided e-learn training for staff on the use of least restraints	1) Reviewed current policy on intravenous (IV) therapy 2) Provided training to staff on Intravenous therapy	1) Reviewed policies, training, practices and documentation regarding prescribing, dispensing and administering medications	1) Purchased pressure reduction mattresses for use throughout hospital 2) Made documentation changes 3) Hired enterostomal therapist