



RNAO Best Practices: Evidence Booster

Implementation impact: Improved persons' satisfaction and participation in their own care and treatment

Person- and Family-Centred Care (2015)

Registered Nurses' Association of Oritano L'Association des infirmières et infirmiers autorisés de l'Ontario



RNAO's best practice guideline (BPG) *Person- and Family-Centred Care* (2015) promotes evidence-based practices to help nurses and members of the interdisciplinary team become more adept at practicing person- and family-centred care. This evidence-based approach, combined with a perspective that recognizes the place of the person at the centre of health care, can improve persons' experience of and satisfaction with the care and services provided within the health system.



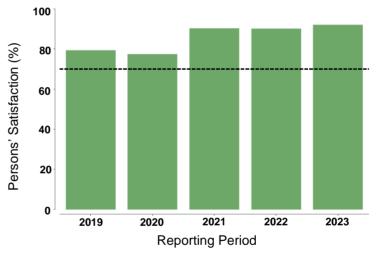
Runnymede Healthcare Centre is a dynamic and evolving 206-bed rehabilitation and complex continuing care hospital passionately dedicated to serving the community in Toronto's west end. Our interprofessional team approach and comprehensive clinical services help persons restore functional abilities, empowering them to return to their communities. Runnymede comprises both a treatment facility and a soon-to-be-completed 200-bed long-term care facility adjacent to the hospital. Runnymede is also launching Canada's first-ever dedicated rehabilitation centre to treat first responders and front-line health-care workers experiencing posttraumatic stress injuries. The Post-Traumatic Stress Injury Centre of Excellence in Toronto (Station 3434) and Peel (Caledon Recovery Centre) will provide urgently needed access to a full continuum of care ranging from prevention, intensive treatment, aftercare, and return to work.

Aim: To examine person outcomes and care delivery associated with the implementation of RNAO's *Person- and Family-Centred Care* (2015) BPG at Runnymede Healthcare Centre located in Toronto, Ontario.

Measures: The Nursing Quality Indicators for Reporting and Evaluation[®] (NQuIRE[®]) data system was used to determine: (a) the percentage of persons satisfied with their involvement in the planning of care and treatment and (b) the percentage of persons participating in developing their personalized plan of care.

Clinical improvement: There was an increase in both measures between 2019 and 2023 (Figures 1 & 2).

Figure 1: Percentage of persons satisfied with their involvement in the planning of care and treatment



----- represents 70% cut off

Impact: From 2019 to 2023, there was a 12.7 per cent increase in the percentage of persons satisfied with their involvement in the planning of care and treatment.

Practice changes

Runnymede Healthcare Centre implemented the *Person- and Family-Centred Care* (PFCC) BPG in 2019 to proactively enhance PFCC. Initiatives involved collaborating closely with persons to identify their health-care goals, providing information to support informed-decision making, and acknowledging each person as an expert in their care. To ensure consistent caregiving, PFCC meetings were established in medically complex programs. New whiteboards were installed throughout the hospital to improve communication. Leadership rounding was introduced to identify potential issues and enable prompt interventions. Additionally, processes for setting and tracking persons' goals were established. These initiatives demonstrate Runnymede Healthcare Centre's commitment to deliver high-quality person-centred care.

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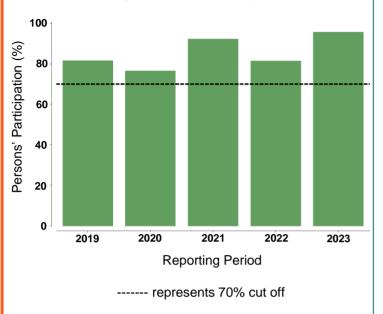
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NQuIRE[®]



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Figure 2: Percentage of persons participating in developing their personalized plan of care



Impact: From 2019 to 2023, there was a 14.2 per cent increase in the percentage of persons participating in developing their personalized plan of care.

Practice changes

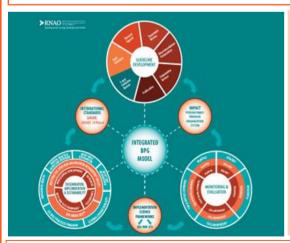
Key practice changes included:

Training initiatives: Ongoing efforts to enhance PFCC through active engagement in the Gentle Persuasive Approach (GPA) and in Acknowledge, Introduce, Duration, Explanation, Thank You (AIDET) staff training sessions:

- **GPA** emphasizes compassionate and effective communication techniques to reduce agitation and improve the overall well-being of persons, especially those with cognitive challenges. It focuses on understanding the person's perspective, using calming strategies, and adapting communication styles to promote a positive and supportive care environment.

- **AIDET** provides a framework to improve communication, reduce anxiety, and build trust between persons and staff.
- **Hourly rounding with 4Ps:** Implemented hourly rounding focusing on Personal care, Positioning, Pain management, and Possessions.
- Patient engagement surveys: These brief surveys, conducted at admission, mid-stay, and discharge, provide realtime insights into persons satisfaction and well-being throughout their hospital journey. They enable the hospital to promptly address concerns, with the point of service manager ensuring same-day acknowledgment and action plans.

Conclusion: Runnymede Healthcare Centre demonstrated that the implementation of RNAO's *Person-and Family-Centred Care* (2015) BPG led to an increase in both the percentage of persons satisfied with their involvement in the planning of care and treatment and the percentage of persons participating in developing their personalized plan of care.



RNAO launched the BPG Program in 1999¹ 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.

NQuIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at <u>NQuIRE@RNAO.ca</u> for more details. To learn more about RNAO's IABPG Centre, please visit <u>RNAO.ca/bpg</u>. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

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. 3-25). Sigma Theta Tau International.
- ² Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, *27*(5), pp. 776-782.
- ³ VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, 25(2): 26-37.

