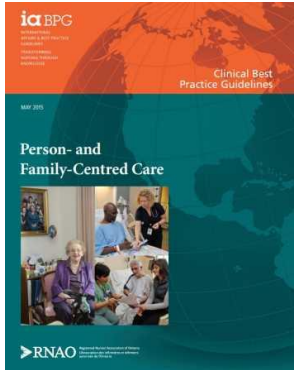


RNAO Best Practices: Evidence Booster

Implementation impact: Improving participation in care planning and decreasing complaints

Person- and Family-Centred Care (2015)



RNAO's best practice guideline (BPG) *Person- and Family-Centred Care* (2015) promotes evidence-based practices to help nurses and 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.



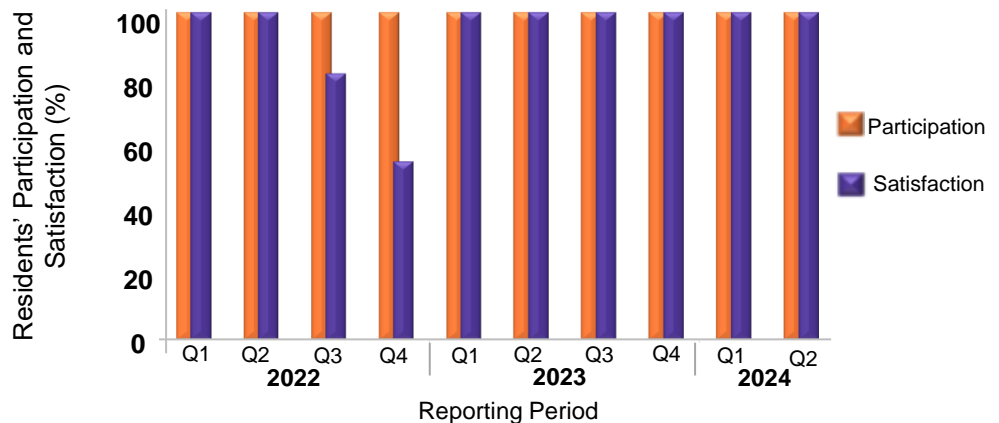
The Mackenzie Health Long-Term Care Home (MHLTCH) is a 170-bed non-profit home in Richmond Hill, Ontario. Recognized as a Best Practice Spotlight Organization® (BPSO) since 2019, MHLTCH has been a pioneer in Ontario for successfully integrating medical cannabis to manage neuropathic pain, chronic pain, palliative care, responsive behaviours, and appetite issues. The home collaborates closely with residents and families, embodying the principles of person-and family-centred care (PFCC) to enhance the person's quality of life. MHLTCH's interprofessional team is dedicated to providing care that aligns with the Universal Care mission statement: "to be the best of the best in health care and senior living!" Their team, which includes a full-time nurse practitioner (NP), adopts a holistic and preventative approach to ensure that assessments and treatments occur within the home, reducing avoidable transfers to emergency departments.

Aim: To examine resident outcomes and care delivery associated with the implementation of RNAO's *Person-and Family-Centred Care* (2015) BPG at the Mackenzie Health Long-Term Care Home in Richmond Hill, Ontario.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine: (a) the percentage of residents participating in developing their personalized plan of care; (b) the percentage of residents satisfied with their involvement in the planning of care and treatment and (c) the rate of complaints received from residents receiving care.

Clinical improvement: MHLTCH maintained consistency in residents' participation in developing their personalized plan of care and satisfaction with their involvement in the planning and development of their personalized care and treatment (Figure 1), and there was a decrease in the rate of complaints received (Figure 2).

Figure 1: Residents' participation and satisfaction in planning of care (%)



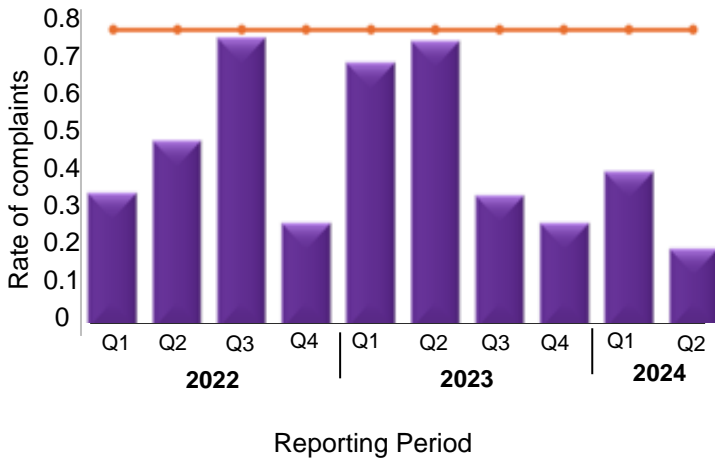
Impact: From Q1 2022 to Q2 2024, MHLTCH consistently maintained 100 per cent of resident participation and satisfaction in developing their personalized plan of care. (Note: Fluctuations were observed in resident satisfaction during Q3 and Q4 2022 due to the impact of COVID.)

Practice changes

MHLTCH implemented RNAO's PFCC BPG in 2022 across the full organization to enhance resident outcomes and deliver the highest quality of care. Central to this initiative is ongoing internal and external knowledge sharing, which has significantly increased awareness among staff, residents and families about goal-of-care discussions and the importance of personalized care preferences. Staff actively encourage family participation in music programs and special events, while their volunteer programs foster intergenerational connections to further promote PFCC. A high school co-op student placement program also boosts satisfaction levels among residents and families. Regular updates, including photographs of residents engaged in various activities, help keep families connected. To celebrate cultural diversity, MHLTCH organizes special events and actively seeks input during resident and family council meetings to continuously improve the residents' quality of life within their home.

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Figure 2: Rate of Complaints



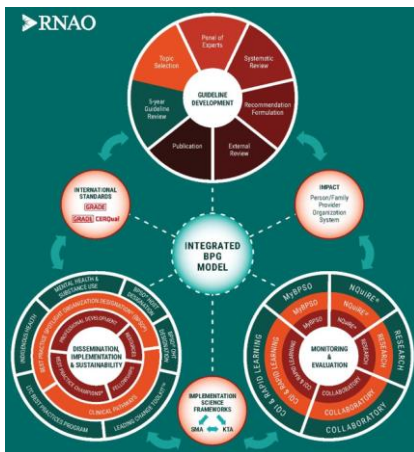
Impact: From Q1 2022 to Q2 2024, MHLTCH consistently maintained a complaint rate below 0.75. (Between Q3 2022 and Q2 2023, fluctuations were attributed to the impact of COVID.)

Practice changes

Key practice changes included:

- **Enhanced PFCC screening:** Implemented comprehensive PFCC screening process within electronic charts, allowing for a thorough understanding of residents' backgrounds and preferences before admission. This included the integration of standardized assessment tools and clinical pathways, ensuring a more personalized approach to care.
- **Pre-admission conferences:** Fostered meaningful engagement between staff and future residents and their families. These meetings allow for a deep understanding of medical histories and personal stories, empowering staff to support informed decision-making. For residents unable to advocate for themselves, this approach enhances support for their power of attorney or substitute decision makers during goals of care discussion.
- **Interprofessional team meetings:** Interprofessional team meetings are conducted on the day of admission, completing the RNAO PFCC assessment by day seven and developing individualized plans within 21 days.
- **Ongoing education and support:** Monthly educational sessions are held and ongoing training is guided by PFCC principles by involving resident and family councils in topic selection and discussions, leading to positive feedback on care delivery.

Conclusion: MHLTCH demonstrated that the implementation of RNAO's *Person-and Family-Centred Care* (2015) BPG led to consistent residents' participation in developing personalized care plans, enhancing their satisfaction with the planning and care process. This approach led to a reduction in complaints, reflecting improved overall resident engagement and satisfaction.



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 NQuIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

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- 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.

