# LEADING CHANGE TOOLKIT™

TO HELP CHANGE AGENTS AND CHANGE TEAMS MAKE LASTING IMPROVEMENTS IN HEALTH CARE

## Glossary of Terms

| Term | Definition | Brief In-Text Definition |
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| **Adoption** | Intention, decision, or action to take up a practice, service or innovation. (Proctor, 2011) | Intention, decision, or action to take up a practice, service, or innovation |
| **Agency** | The capacity of an individual to actively and independently make choices and to effect change; free will or self-determination. (Bell, 2014a) | The capacity to actively and independently choose and effect change |
| **Antecedent** | An event, situation, or incident that must occur or be in place for the concept to exist. As a required precondition, it cannot be a defining attribute or a consequence of the concept. (Walker & Avant, 2005)<br><br>Synonym: Precondition | What must occur or be in place for the concept to exist |

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| **Audit** | The official inspection of a division, department, or clinician group, typically by an independent body. An audit is differentiated from more conventional evaluations carried out by an organization during the normal course of operations. (Squires et al., 2019a) | An inspection of a division, department, or clinician group conducted typically by an independent body |
| **Barriers** | Factors that impede the implementation of, or adherence, to the uptake and/or sustainability of knowledge. (Feyissa et al., 2019) | Factors that impede the implementation of, or adherence to a change |
| **Best practice guideline** | "Best practice guidelines are systematically developed, evidence-based documents that include recommendations for nurses and the interprofessional team, educators, leaders and policy-makers, persons and their families on specific clinical and healthy work environment topics. BPGs promote consistency and excellence in clinical care, health policies, and health education, ultimately leading to optimal health outcomes for people and communities and the health system". (Rey et al., 2018, p.37) | Systematically developed, evidence-based documents |
| **Best Practice Spotlight Organization® (BPSO®)** | A health service or academic organization that has partnered formally with RNAO over a three-year time period with a goal of creating evidence-based practice cultures through the systematic implementation and outcome evaluation of multiple best practice guidelines (BPGs) (https://rnao.ca/bpg/bpso; Grinspun, 2018).<br><br>Upon successful completion of the first three-year time period, sites are recognized as designated. Following the pre-designancy period, BPSOs are required to achieve deliverables and are re-designated on a biennial basis.<br><br>The BPSO designation was launched in 2003 as a knowledge translation strategy. BPSOs have been established across all sectors with sites in Ontario and throughout the world. | An organization that has partnered formally with RNAO to create evidence-based practice cultures |
| **Borderline case** | An example that includes most but not all of the defining attributes of a concept. The example or case differs in some way from the concept and | An example that includes most of the key characteristics of the concept |

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| | further clarifies an understanding of the concept's defining attributes. (Walker & Avant, 2005) | |
| **Bottom-up change** | Informal leaders who, together with others, engage in change for a tangible cause. This contrasts with top-down change which is led by formal leaders typically with authority, power and status. (Alinksy, 1989)<br><br>Synonyms: grassroots, people-led | The change led by informal leaders and others for a tangible cause |
| **Boundary spanner** | An individual who has links to other social or organizational networks. (Burbidge, 2017) | Someone who has links to other social or organizational networks |
| **Champion** | Trained peer leaders (e.g., point-of-care nurses) who assume formal or informal leadership roles to support the introduction, implementation and/or sustainability of best practice guidelines in workplace settings. (Ploeg et al., 2010). | Trained peer leaders engaged in the introduction, implementation and/or sustainability of best practice guidelines |
| **Change agent** | An individual who is "actively developing the skills, confidence, power, relationships and courage to make a positive difference". (Horizons NHS School for Change Agents, 2019, Module 1) | A person developing knowledge and skills to make a positive difference |
| **Change initiative** | An act or strategy intended to resolve a difficulty or improve a situation; a fresh approach to something. (Oxford Dictionary, 2021) | A strategy intended to resolve a difficulty or improve a situation |
| **Change Team** | Individuals working together to improve health outcomes. Examples of team members are health providers from different disciplines, persons/patients and families, educators, students, or other staff or volunteers. | Individuals working together to improve health outcomes |
| **Civil society organization** | An organization or group that are advocating for the interests and needs of citizens with a specific focus or cause independent of governments. Examples can include charities, unions, associations and non-governmental organizations. (Grinspun et al., 2018a) | An organization or group advocating for the interests and needs of citizens |
| **Collective action** | The action taken by individuals, a group, or an organization in pursuit of perceived shared interests. (Bell, 2014b) | Strategic action(s) taken for a shared concern or desired change |

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| **Collective identity** | An evolving process, as determined by individuals engaged in a social movement. Collective identity includes 1) a cognitive definition based on the shared goals of the social movement; 2) the presence of social ties and relationships with others engaged in the social movement; and 3) an emotional investment and recognition with others engaged in the social movement. (Melucci, 1989; as cited by Grinspun, 2018). | An identity that emerges due to individuals' engagement in a social movement |
| **Consequence** | An outcome, event, or incident that may occur as a direct result of the concept. It cannot be a defining attribute or an antecedent of the concept (Walker & Avant, 2005).

Synonym: Outcome | An outcome that may occur as a direct result of the concept |
| **Context** | "…factors that are separate from the actual intervention itself and the actors receiving the intervention, but which may nonetheless contribute to the success of the intervention". (Squires et al., 2019) | Factors that surround an implementation, but are separate from the change itself and the individuals receiving the change |
| **Contrary case** | An example of what the concept is not as none of the concept's defining attributes are included. (Walker & Avant, 2005) | An example of what the concept is not |
| **Core leadership structure** | A group of people whose role is to share the leadership and responsibilities for guiding the social movement. Examples can include a change team or a steering committee. (Bibby et al., 2009; del Castillo et al., 2016) | A group of people who share the leadership and responsibilities for guiding the social movement |
| **Critical mass** | The degree of momentum or energy needed to initiate and sustain a change. (Rogers, 2003) | The degree of momentum needed to initiate and sustain a change |
| **Defining attributes** | A cluster of features or characteristics most frequently associated with the concept. (Walker & Avant, 2005) | A cluster of characteristics most frequently associated with the concept |
| **Diffusion** | The spread or uptake of new ideas or innovation (Rogers, 2003; as cited in Bajnok et al., 2018) | The passive spread of new practices |
| **Dissemination** | "The active spread of new practices to the target audience using planned strategies". (Nilsen, 2020, p. 53) | The active spread of new practices |

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| **Dot voting** | A method of voting or ranking priorities in which each participant is has a limited number of dots to indicate their preferences. (Ontario.ca, 2020) | A method of democratic voting or ranking |
| **Early adopters** | A category of adopters who are open to new ideas and willing to change practices earlier than others in a social system, including early and late majority and laggards, but following innovators. (Rogers, 2003) | Individuals who are open and willing to change practices earlier than others |
| **Empirical referent** | A measurement of the concept and/or its defining attributes that demonstrate how a concept can be recognized or observed in the real world. It may be the same as the defining characteristics. (Walker & Avant, 2005) | A measurement of the concept |
| **Evidence** | Information or facts that are systematically obtained (i.e., obtained in a manner that is replicable, observable, credible, verifiable, or basically supportable). (Rycroft-Malone & Stetler, 2004) | Information or facts that are systematically obtained |
| **Evidence informed practice** | Involves the conscientious and judicious use of the best available knowledge to support decision-making regarding practice. (Grinspun et al., 2002: Grinspun & Bajnok, 2018; Practice and Research Together, 2021) | Involves the judicious use of the best available knowledge to support decision-making regarding practice |
| **Evidence-based nursing practice** | The integration of research evidence with clinical expertise and patient values. It unifies research evidence with clinical expertise and encourages the inclusion of patient preferences. (Grinspun et al., 2001; Stevens, 2013) | The integration of research with clinical expertise and patient values by nurses |
| **Evidence-based practice (EBP)** | "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett et al., 1996) | Integrating clinical knowledge with the best available clinical evidence |
| **Excellent care** | Achieved when care is organized around the person to support their health, when quality and its continuous improvement is a critical goal across the health care system, and when care is supported by the best evidence and standards of care. (Ministry of Health Ontario and Long-Term Care, 2018) | High quality, evidence-based person-centred care |

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| **Facilitators** | Factors whose presence promotes the implementation of, or adherence to, knowledge (Bach-Mortensen et al., 2018) | Factors that promote the implementation of, or adherence to knowledge |
| **Family** | Individuals who are related (biologically, emotionally, or legally) to and/or have close bonds (friendships, commitments, shared households and child-rearing responsibilities, and romantic attachments) with the person receiving health [services]. A person's family includes all those whom the person identifies as significant in his or her life (e.g., parents, caregivers, friends, substitute decision-makers, groups, communities and populations). The person receiving care determines the importance and level of involvement of any of these individuals in their care based on his or her capacity. (Adapted from RNAO, 2015 and Saskatchewan Health Initiative, 2011) | Individuals who are related (biologically, emotionally or legally) to and/or have close bonds with the person receiving health services |
| **Feasibility** | Feasibility is the extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. (Karsh, 2004) | The extent to which the change can be successfully applied in a setting |
| **Fidelity** | The degree to which the intervention is delivered according to the original design and plan. (Ibrahim & Sidani, 2015) | The degree to which an intervention is delivered as per the original design and plan |
| **Framing** | "The process of describing the social movement in such a way that it makes sense, appeals to as many people as possible, and fulfills one or more deeply held values". (Grinspun et al., 2018a; Rowman, 2019, p.15) | Positioning an issue in ways that make sense, are values-driven, and appeal to others |
| **Grassroots movement** | When groups of common or informal leaders, versus elite leaders, gain power by engaging in 'bottom-up' collective action for change. (Alinksy, 1989) | Informal leaders engaging in collective action for change |
| **Health provider** | Refers to both regulated workers (e.g., nurses, physicians, dieticians and social workers) and unregulated workers (e.g., personal support workers) who are part of the interprofessional team. **Regulated health provider**: In Ontario, the Regulated Health Professional Act, 1991 (RHPA) provides a framework for regulating 23 health professions, outlining the scope of practice and the | Includes regulated health workers (e.g., nurses, dieticians) and unregulated health workers (e.g., personal support workers) |

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| | profession-specific controlled or authorized acts that each regulated professional is authorized to perform when providing health care and services (College of Nurses of Ontario, 2018). **Unregulated health provider**: This provider fulfills a variety of roles in areas that are not subject to the RHPA. They are accountable to their employers but not to an external regulating professional body (e.g., the College of Nurses of Ontario). Unregulated health providers only have the authority to perform a controlled act as set out in the RHPA if the procedure falls under one of the exemptions set out in the Act. (CNO, 2013) | |
| **Healthcare organization** | An organization that provides health services in any healthcare sector. (CPSI, 2019) | An organization that provides health services in any health-care sector |
| **Impetus** | The force or energy that moves change forward. | The force moving change forward |
| **Implementation** | The use of processes and strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings. (Peters et al., 2013) | The processes and strategies to adopt and integrate evidence-based interventions |
| **Implementation framework** | A proposed set of factors likely to impact the implementation and sustainment of evidence-based practices. (Aarons et al., 2016; Damschroder et al., 2009) | A proposed set of factors likely to impact implementation and sustainment of evidence-based practices |
| **Implementation Science** | "…the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care". (Eccles & Mittman, 2006, p. 1) | The scientific study of methods promoting the uptake of evidence-based practices into practice |
| **Implementation strategies** | "methods or techniques used to enhance the adoption, implementation and sustainability of a clinical program or practice". (Proctor et al., 2013, p.139) | Methods to enhance the adoption, implementation and sustainability of a clinical practice |

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| **Integrated knowledge translation** | "researchers and research users work together to shape the research process by collaborating to determine the research questions, deciding on the methodology, being involved in data collection and tools development, interpreting the findings, and helping disseminate the research results". (CIHR, 2016) | Researchers and research users collaborating to shape the research process |
| **Intervention** | Any effort, action, program undertaken to prevent, improve or stabilize a health condition or determinants of a health condition. (WHO, 2007) | Any effort, action, program undertaken to prevent, improve or stabilize a health condition or determinants of a health condition |
| **Interprofessional team** | Different professions working together to reach a common goal and shared decision-making to achieve the goal. An interprofessional team typically includes one or more physicians, nurses, social workers, spiritual advisors, personal support workers and volunteers. Other disciplines may be part of the team, as resources permit and as appropriate. (Ferris et al., 2002) | Different professions working together to reach a common goal using shared decision making |
| **Intrinsic motivation** | The type of motivation that comes from an individual who takes interest and enjoyment in the task itself. It contrasts extrinsic motivation in which the source of motivation is external such as an outcome that may occur as a result of the task. (Ryan & Deci, 2000) | The motivation that comes from the individual, versus an external source |
| **Know/do gap (knowledge-to-practice gap)** | The gap between evidence from high-quality guidelines or systematic reviews and current practice in the organization. Also known as a knowledge-to-practice gap or and an evidence-to-practice gap. (RNAO, 2012) | The gap between evidence from high-quality guidelines or systematic reviews and current practice in the organization |
| **Knowledge translation** | "a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system". (CIHR, 2016) | A dynamic and iterative process of knowledge synthesis, dissemination, exchange and application |

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| **Knowledge user** | "an individual who is likely to be able to use the knowledge generated through research to make informed decisions about health policies, programs and/or practices". (CIHR, 2012) | A person who can likely use evidence to make informed decisions |
| **Knowledge translation intervention** | An intervention that facilitates the uptake of research into practice and/or policy. (Tricco et al., 2015) | An intervention facilitating the uptake of research into practice and/or policy |
| **Mobilization** | The organization and engagement of movement supporters (including change agents and change team members) in collective action activities and other measures to support the social movement goals. (Rowman, 2019) | Organizing and engaging individuals in collaborative collective action(s) |
| **Model case** | An example of the use of the concept that includes all of the key characteristics of the concept. An exemplar of the concept. (Walker & Avant, 2005) | An exemplar of the concept that includes all of the key characteristics |
| **Momentum** | The energy needed to initiate and sustain a change. (Rogers, 2010) | The energy needed to initiate and sustain a change |
| **Network** | A structure that links people, resources and organizations together in a central hub. Formal networks have criteria for membership with prescribed boundaries, roles and responsibilities. Informal networks have a fluid membership with looser boundaries; members' roles and levels of engagement vary and are less structured. (Katcher, 2010) | A structure linking people, resources and organizations together |
| **Nurse** | Refers to registered nurses, licensed practical nurses (referred to as "registered practical nurses" in Ontario), registered psychiatric nurses and nurses in advanced practice roles, such as nurse practitioners and clinical nurse specialists. (CNO, 2018) | Includes nursing roles such as RNs, RPNs, APNs, NPs, CNS |
| **Organizational culture** | Stakeholders' perception of norms, values and basic assumptions of a given organization. (Gershon, 2004) | The norms, values and basic assumptions of a given organization as perceived by stakeholders |
| **Ownership** | Organizations, communities and stakeholders take responsibility to support, embed and sustain an initiative. (Lennox et al., 2018) | The act of taking responsibility to support, |

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| **Patient** | A person who is receiving, has received, or has requested health care. (CPSI, 2019) | A person who is receiving, has received, or has requested health care |
| **Patient safety** | The pursuit of the reduction and mitigation of unsafe acts within the healthcare system, as well as the use of best practices shown to lead to optimal patient outcomes. (CPSI, 2019) | The use of best practices to optimize patient outcomes and reduce unsafe acts |
| **People** | This refers to others that you want to involve in making the change. People can refer to individuals, groups or organizations. | Individuals, groups or organizations engaged in change initiatives |
| **Person** | An individual with whom a health provider has established a therapeutic relationship for the purpose of partnering for health. Replaces the terms "patient," "client," and "resident," which are used across health-service organizations. (RNAO, 2015) | An individual with whom a health provider has established a therapeutic relationship for the purpose of partnering for health |
| **Point-of-care** | The point where health-care services are provided to the person.\n\nSynonym: Frontline care delivery | The point where health-care services are provided to the person |
| **Psychology** | "Psychology is defined as the science of the mind and human behavior, especially as a function of awareness, feeling, or motivation". (Hilton & Anderson, 2018, p.6) | The science of the mind and human behavior |
| **Public narrative** | "…a leadership practice of translating values into action. Narrative is the discursive means we use to access values that equip us with the courage to make choices under conditions of uncertainty, to exercise agency. Public narrative links the three elements of self, us, and now: why I am called, why we are called, and why we are called to act now". (Ganz, 2011, p. 274) | A means of integrating values into action based on stories of courage and choice |
| **Research design** | The overall strategy chosen to integrate the different components of the study in a coherent and logical way to effectively address the research problem. It constitutes the blueprint for the collection, measurement, and analysis of data. (De Vaus, 2006) | The strategy used to integrate a study to address a research problem |

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| **Scaling deep** | The process through which durable change has been achieved through a shift in people's hearts and minds, their values and practices, are transformed. (Grinspun et al., 2018a; Grinspun & Bajnok, 2018; Riddell & Moore, 2015) | Durable change that has been achieved through shifts in people's values, beliefs and norms |
| **Scaling out** | A deliberate effort to broaden the delivery of the change. Scale-out is an extension of scale-up and uniquely refers to the rollout of the change being delivered to new populations and/or through new delivery systems that differed from the previous settings. (Aaron et al., 2017; Grinspun & Bajnok, 2018) | The expansion of change to new populations and/or through new delivery systems |
| **Scaling up** | The process through which new working methods developed in one setting are adopted, with appropriate modifications as needed, in other organizational contexts. (Grinspun & Bajnok, 2018; Moore et al., 2015) | Process of adopting a change in a different context; spread |
| **Shared concern** | A cause, issue, grievance, or other matter that brings together and unifies individuals, groups, and/or organizations who believe that it is important and needs to be addressed. (Bate et al., 2004a; Waring et al., 2017) | A cause that brings people together for change |
| **Social cohesion** | The social ties and shared trust that acts as the 'glue' that holds people together and is essential for the development of a collective identity. (Diani and Bison, 2004; Norton et al., 2002; Sampson, 2003) | Factors such as trust and social ties that hold people together |
| **Social movement in the context of knowledge uptake and sustainability** | Individuals, groups, and/or organizations who, as voluntary and intrinsically motivated change agents, mobilize to transform health outcomes. (Grinspun, 2015b; Grinspun and Bajnok, 2018; Grinspun et al., 2020) | People engaged as change agents mobilizing for health transformation |
| **Spread** | The process through which new working methods developed in one setting are adopted, perhaps with appropriate modifications, in other organizational contexts. (Grinspun & Bajnok, 2018; Lennox et al., 2018) | Process of adopting a change in a different context; scaling up |
| **Staff involvement** | The individuals who are responsible for implementing an initiative across multiple stages of planning, design, delivery and maintenance, valuing | Individuals responsible for implementing the change |

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| | their input and taking feedback on board. (Lennox et al., 2018) | |
| **Stakeholder** | An individual, group, or organization that has a vested interest in the decisions and actions of organizations and may attempt to influence decisions and actions. They include those who will be directly or indirectly affected by the change or solution to the problem. (Baker et al., 1999) | Individuals and groups directly or indirectly affected by the change |
| **Sustainability** | When a newly implemented process continues to improve over time, becomes 'the way things are done around here,' and certainly does not return to the 'old' processes that existed before the improvement project begins. (NHS Institute of Innovation and Improvement, 2007) | When a newly implemented process continues over time |
| **Thought leader** | A person whose views on a subject are important and have a strong influence. (Oxford University Press, 2021). | Someone whose views on a subject are important and influential |
| **Tool** | Instruments that help guide or put into action, the steps of an implementation initiative, program, or intervention. This may include surveys, checklists, questionnaires, interview guides, published strategies, or methods. (University of California, Berkeley, 2021) | Instruments that help guide or put into action, the steps of an implementation initiative, program, or intervention |
| **We** | The Leading Change Toolkit™ Development Team, the expert panel, and the project teams from RNAO and Healthcare Excellence Canada (the new organization that brings together the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement ). | The developers of the Leading Change Toolkit™ |
| **You** | The change agent or change team that is using the Leading Change Toolkit™ to create change. | Change agent or change team |
| **Your setting** | This refers to the place where you are making the change happen. | The place where you are making the change happen |