

INTRODUCTION

This book was born out of a deep desire to share our expertise in developing a world-class, evidence-based practice (EBP) program that has achieved exceptional results through the use of best practice guidelines (BPG), transforming the practice of nurses and enriching the lives of patients in Ontario, Canada, and abroad. The book will be of interest to those who wish to learn from the evolution of a successful large-scale global program focused on advancing EBP—evidence to education, evidence to clinical practice, evidence to work environments, and evidence to policy—to bring about deep individual, organizational, and health system change. It will also be of interest to researchers, faculty, staff development educators, and students, who will benefit from the theoretical components related to all aspects of guideline development, implementation science, and outcomes evaluation. It will inspire healthcare organizations in any sector and invite them to join in this phenomenal movement to optimize their patients' and organizational outcomes.

The goal of this book is to share the extraordinary yet purposeful evolution of the RNAO Best Practice Guidelines (BPG) Program, from its inception in 1998 to its central position in international nursing and health services today. This purposeful evolution is present in the conceptualization and programmatic approach, as well as within and across all three pillars of the program from guideline development, to implementation, to evaluation.

From conceptual and programmatic underpinnings to lived experiences of faculty, students, nurse executives, direct nurses, and other health professionals, the book in its transparency leaves no stone unturned so others can gain from our expertise and learnings. It provides the reader with the latest in guideline development, implementation science, and evaluation at scale; and it expands current thinking about health system change. The book showcases exemplars in academic and service organizations all over the world, conquering context and language differences, to make teaching and clinical practice the best they can be. Several chapters focus on the lived experience of using BPGs in academia and service organizations in powerful ways to make EBP a reality. These chapters can be used as a guide to those aiming to advance evidence-based teaching and practice.

The special features in each chapter will be meaningful to all readers, in particular nursing students and the academic and staff development nurse educator audience. These features include:

- Learning objectives
- Critical thinking/reflection questions
- Key messages highlighted for quick review
- Short segments of voices from the field reflecting quotes or comments from BPG developers, users, and evaluators
- Case studies

Clinicians and administrators preparing for adoption of evidence-based practice will find this book beneficial as a source of knowledge and inspiration. In particular, the examples of how organizations have prepared their work environment and taken steps to initiate and sustain practice and culture change will energize those seeking similar transformation. The wealth of knowledge embodied in this book will inform both faculty and students about guideline development, implementation science, monitoring, and evaluation.

The book will be a guide to faculty aiming to enhance the curriculum and student learning through integration of BPGs. It will also appeal to researchers interested in guideline development, implementation and evaluation, and the links between evidence-based guidelines, evidence-based practice, and evidence-based policy.

Policy experts will value success stories on how to optimize knowledge transfer and evidence uptake at the health system level, and how to create evidence-based cultures and sustained practice change using best evidence in healthcare settings. Researchers and health system planners will be intrigued by our experience using both conventional and social-movement approaches to envision, plan, deliver, and sustain in strength and fidelity a large-scale health system change within and outside one country's borders.

It is recommended that *Transforming Nursing Through Knowledge* be included as a textbook in undergraduate and graduate nursing curricula, and as a reference in other nursing and clinical courses, as well as research, leadership, management, program development, policy, and evaluation courses. It is designed to be a “go to” book for healthcare organizations, chief transformational officers, health executives including nurses, and all professionals interested in creating evidence-based cultures: how to get started, move forward, and achieve results. Finally, it can serve as an important reference for those in the quality improvement, patient safety, risk management, policy development, and evaluation fields.

The book contains an introductory chapter in Unit 0, followed by 16 chapters divided into five units, addressing the three pillars of guideline development, implementation, and evaluation. In particular, Unit 1 focuses on guideline development, Units 2, 3, and 4 address key aspects of guideline implementation, and Unit 5 is devoted to guideline evaluation. Each unit progresses from theoretical chapters to chapters that address application and lived experiences. The book ends with a closing chapter in Unit 6 that brings to the reader the urgent need for nurses and other health professionals to leverage evidence-based practice and evidence-based policy to drive healthy public policy.

The introductory chapter in Unit 0, *Setting the Stage*, recounts the inspiring beginning that reflects the conceptual underpinnings of the RNAO BPG Program—embedded in a strong philosophy of knowledge-based caring. It then details the purposeful evolution and social movement approach to the program in each of the three pillars. This chapter concludes with a discussion of the elements, in particular collective identity, that have made this program such a resounding success. The chapters in Unit 1, *Guideline Development: First Pillar for Success*, provide seminal knowledge about guideline development and its importance, addressing both clinical practice and healthy work environment guidelines. The reader learns about RNAO's groundbreaking work in each of these areas, which are foundational to the full expression of the BPG Program.

The chapters in Unit 2, *Implementation Science: Second Pillar for Success*, provide a wealth of information beginning with the theory of implementation science, and addressing how RNAO has used technology to enable and extend BPG use, and the many supports at the micro, meso, and macro levels that move implementation from a science to action. In this unit, we also share extraordinary knowledge-translation methods, including the most popular one at the organizational meso level—the Best Practice Spotlight Organization (BPSO) Designation. Service and academic BPSOs share in their own words case studies, stories, quotes, and lessons learned. The chapters in Unit 3, *Scaling Up, Scaling Out, and Scaling Deep: System-Wide Implementation*, provide several successful examples of RNAO's approaches to BPG Program scaling at broad regional, provincial, and national levels, reflecting program adaptations to ensure both fit to context and fidelity to philosophy and program parameters.

The chapters in Unit 4, *Inspiring and Managing Implementation on a Global Scale*, illustrate how spread has extended to the world stage, where BPSOs are acknowledged as the means to ignite the passion of direct-care nurses and students, the support of administrators and faculty, the engagement of other healthcare professions including senior executives in service and academia, and the interest of the public, to enhance the quality of care and teaching for the benefit of patients globally. Unique viewpoints and experiences about evidence-based education and clinical practice in combination with culture and context from BPSOs in China, Chile, Colombia, and Spain make the unit distinctive in its transparency and display of raw passion for this work.

The chapters in Unit 5, *Evaluating Outcomes, Proving Results: Third Pillar for Success*, demonstrate the brilliance of NQuIRE as a comprehensive international data system of indicators that measures the outcomes of BPG implementation. NQuIRE is both validating and challenging our understanding of BPG use and its impact in nursing and healthcare. A specific application of NQuIRE data shows both the value of this data system in monitoring, measurement, and evaluation as well as the influence of evidence-based practice on economic outcomes. Included here is the experience in Australia of showing the clinical and economic outcomes of using BPGs through the BPSO movement.

The closing chapter in Unit 6, *Next Steps: From Practice to Policy*, is an urgent call for nurses to become a body politic to heighten the profession's contribution to the public as evidence-based experts. It presents conceptually and through the use of two powerful case studies how a nursing organization works, as a collective and in partnership with others, to leverage evidence-based practice and evidence-based policy to drive healthy public policy for all.

UNIT 0: SETTING THE STAGE

Chapter 1, by Grinspun, provides the conceptual and programmatic underpinnings of the BPG Program led by RNAO. It highlights a broad conceptualization of caring that encompasses the cognitive, physical, and relational dimensions of nursing practice. It explains why the focus on nursing knowledge, broadly defined in this way, is so important for patient, healthcare organizations, academic institutions, and health system outcomes. It underscores the value add of a program specifically designed to develop, disseminate, and support nurses to implement evidence-based knowledge in their day-to-day practice. Moving from theory and concepts to the programmatic and institutional background, the chapter then recounts the 2-decade history of RNAO's BPG Program, focusing on its origins, goals, design, scientific basis, purposeful evolution, and social movement thinking that drive its success. It points to the uniqueness of the BPG Program that focuses on: 1) guideline development; 2) dissemination, implementation, and sustainability; and 3) monitoring and evaluation. It showcases the nursing and broader context in Ontario, Canada that makes this program possible and its extraordinary national and international expansion from its inception to date. The final section highlights the seven key factors that have made this program the success it is today and expands on the concept of collective identity.

UNIT 1: GUIDELINE DEVELOPMENT—FIRST PILLAR FOR SUCCESS

Chapter 2, by Rey, Grinspun, Costantini, and Lloyd, provides an overview of guideline development and the importance of robust evidence-based guidelines in healthcare today. RNAO's seven-step, rigorous guideline development process (that is consistent with the AGREE II Standards) is highlighted,

with attention to the overall purpose of each step of guideline development and the ongoing attention to quality improvement. Aspects of the development process featured are the enhanced systematic review, the modified-Delphi process used for building recommendations, and the progression of RNAO's application of GRADE (Grading of Recommendations Assessment, Development and Evaluation) to mark the quality of evidence and strength of the recommendations. The chapter provides answers to key challenges in guideline development such as timelines, resources, keeping guidelines current, and teaming up with experts to achieve maximum results.

Chapter 3, by Bajnok and Stewart-Pyne, identifies the strong links between work environments and uptake of EBP, clinical BPGs, and clinical excellence. Highlighted are RNAO's impetus behind the initiation of Healthy Work Environment Best Practice Guidelines (HWE BPGs) and the model of healthy work environments that guided the processes. The chapter also outlines the participatory processes used to identify and evaluate the early foundational BPGs and how these have been implemented in workplaces in all sectors. The chapter provides an overview of the outcomes of HWE BPG implementation, including enhanced provider satisfaction and sustained uptake of clinical practice guidelines, leading to better client and organizational outcomes. Concluding the chapter is a case study outlining HWE BPG implementation and resulting organizational changes that impacted successful clinical BPG uptake.

UNIT 2: IMPLEMENTATION SCIENCE: SECOND PILLAR FOR SUCCESS

Chapter 4, by Grinspun, McConnell, Virani, and Squires, provides the foundation for RNAO's groundbreaking work in BPG implementation at the micro, meso, and macro levels. Each of RNAO's signature implementation strategies is highlighted with a brief history along with key evidence based in implementation science that was used to shape and support the strategy. Discussed are the RNAO Champion Network; the RNAO Learning Institutes including the BPG Institute; and RNAO's popular Implementation Toolkit and Educator's Resource. These tools synthesize best evidence and related recommendations to direct guideline implementation in both service and academia. Finally, the Best Practice Spotlight Organization (BPSO) Designation is briefly outlined (to be discussed in detail in Chapter 6), as well as system-level implementation strategies, with both regional and national reach (discussed in detail in Chapter 10). Future perspectives close the chapter and address such areas as patient engagement, technology, deimplementation, and how RNAO is building a research collaboratory to contribute to implementation science through on-the-ground participatory research.

Chapter 5, by Wilson and Bajnok, showcases RNAO's technology-related resources to support evidence-based practice. The chapter highlights RNAO's contribution to nursing and eHealth and to advancing the nursing profession's full engagement in eHealth. From this beginning, key resources are discussed that showcase technology as an enabler of evidence-based practice. These resources include RNAO's BPG App that is accessed around the world by thousands of students, faculty, nurses, and other health professionals; RNAO's evidence-based nursing order sets, including samples that outline key features and their coding to the international classification of nursing practice (ICNP); and RNAO's BPG on supporting clinician and patient involvement in design and adoption of technology in healthcare.

Chapter 6, by Bajnok, Grinspun, McConnell, and Davies, focuses on the BPSO Designation and how its vision is being realized through the key implementation supports for the BPSOs. Detailed in the

chapter is a discussion of the formal BPSO Agreement and how it defines and strengthens the BPSO Designation, leading to full engagement, commitment to achieve deliverables, sustained BPG implementation, and evaluation of results. It discusses the purpose and impact of the BPSO Orientation Program, coaching model, capacity building, implementation, evaluation, and reporting requirements. The elements of the RNAO Implementation Toolkit and how they are incorporated into the BPSO Designation to inform a structured implementation methodology are briefly outlined. The important roles of peer BPSOs and Designated BPSO Mentors in knowledge translation and building a collective identity are presented. Concluding the chapter is a view of the future in relation to dynamic sustainability and fidelity in the BPSO Designation.

Chapter 7, by Sharkey, Lefebvre, Ray, Malek, Bell, Taggar, O’Leary, and DasGupta, launches the first in-depth discussion of BPSOs and their lived experiences. The chapter features three BPSOs: a home healthcare organization, a complex continuing care organization, and an acute care organization, representing both the “pioneer” BPSOs, and those who followed. Each BPSO speaks from the perspectives of their motivation to become a BPSO, unique successes and challenges, how the BPSO Designation shaped their current work culture, and what has enabled them to sustain and expand their work some 5 to 15 years later. Lastly, the chapter provides insights into how these leaders and leading organizations plan to take their BPSO work into the future.

In Chapter 8, by Timmings, O’Neil, Whitney, Quinn, and Canzian, five BPSOs from across all sectors (and ranging from early to more recent cohorts) tell their powerful stories. The BPSOs discuss why they chose to join the BPSO movement, how they got started, what their successes and challenges were, what the overall organizational impact was, and how the BPSO Designation defines their organization today. Plan to be amazed at how the BPSO Designation has transformed practice in a public health unit; defined and broadened primary care in a Nurse Practitioner-Led Clinic; contributed to national dissemination of evidence-based practice in a home healthcare organization; supported a community hospital in achieving a person-centered care cultural revolution; and finally how an acute care setting implemented numerous BPGs to create a “tsunami of evidence-based practice” across the entire organization.

Chapter 9, by MacDonald, Silva-Galleguillos, Gómez Díaz, and Bajnok, presents a world-view of BPSOs in academia through collective experiences of academic BPSOs in Canada, Chile, and Colombia. The chapter commences with a brief history of RNAO’s early work in academia. Of particular focus here are the development of the Educator’s Resource to support BPG integration in the curriculum and faculty’s use of BPGs that led to the formal academic BPSO Designation popular around the world today. Also included is an overview of how academic BPSOs shape their undergraduate and graduate nursing curricula to integrate RNAO BPGs and evidence-based practice. Readers will appreciate gaining a perspective on the different BPG-integration approaches used globally and the discussion of their impact on curricula, faculty, students, and healthcare organization partners.

UNIT 3: SCALING UP, SCALING OUT, AND SCALING DEEP: SYSTEM-WIDE IMPLEMENTATION

Chapter 10, by McConnell, Merali, John, McNeill, and Bajnok, outlines factors that influence successful scaling up, out, and deep at micro, meso, and macro levels. Three case studies are presented that relate to specific RNAO projects based on selected BPGs in the areas of mental health and addiction, smoking cessation, and falls prevention. This chapter charts the work of each initiative. It describes

how critical BPG-related health outcomes in each of the above areas have been impacted at regional, provincial, and national levels, across a variety of sectors, through maximizing system-wide engagement. Successful scaling strategies used in each project are highlighted, demonstrating the strategic focus of RNAO on different aspects of scaling from increasing exposure to influencing policy to impacting culture.

Chapter 11, by Holmes, Iqbal, Karimi, McConnell, and Bajnok, describes the Long-Term Care (LTC) Best Practices Program and its 15-year history. Key resources, including the LTC coordinators as BPG implementation facilitators, web-based tools used around the world, and an active Champion program, are featured. This chapter also showcases the development and phenomenal success of the LTC BPSO Designation—boasting growth to over 50 organizations in just three years. Central to the chapter is an illustration of the scaling approaches used to shape the BPSO Designation to fit the long-term care culture while maintaining program fidelity.

UNIT 4: INSPIRING AND MANAGING IMPLEMENTATION ON A GLOBAL SCALE

Chapter 12, by Bajnok, Grinspun, and Grdisa, addresses the overall impact of the BPSO Designation and how this has and will increasingly influence nursing and healthcare worldwide. Focal in the chapter is the use of Rogers' diffusion theory to document factors that have influenced the phenomenal spread of RNAO BPGs and the BPSO Designation globally. The BPSO Direct and Host Models are examined, delineating their role in facilitating the management and sustainment of this broad spread. Also explained are pivotal approaches to BPSO quality assurance and fidelity, such as the BPSO Orientation Program, audit and feedback process, and training-of-trainers model. These approaches all support effective global spread, while ensuring consistency and engaging local and international BPSO partners. The chapter wraps up with a futuristic view of the BPSO Designation and emerging new directions necessary as the BPSO Designation continues to go viral.

Chapter 13, by Moreno-Casbas, González-María, and Albornos-Muñoz, showcases the birth of RNAO's international focus, beginning in Spain with the translation of all RNAO BPGs into Spanish, extending to development of the BPSO Host Model to support this long-distance BPSO, and resulting in designation of their first Spanish BPSOs, three years later. The chapter also features the growth of Spain's BPSO Designation, which in five years has expanded to 81 organizations in a variety of sectors and academia, all across the country. RNAO's social movement philosophy and purposeful evolution of the BPG program are evident in discussions of Spain's strong contribution to NQuIRE's development and BPG impact evaluation, as well as key implementation science and evaluation lessons learned. These have been shared with and have benefitted all BPSOs, contributing greatly to the collective identity in the BPSO Designation.

Chapter 14, by Yufang, Hailing, Lijiao, Runxi, and Junqiang, documents the exciting work in RNAO's partnership with China related to establishment of a service and an academic BPSO. Attention is drawn to the widespread and transformative impact of the BPSO Designation in these BPSO organizations, other centers in China, and the nursing profession. The chapter presents the themes of Champion building, knowledge transfer, scope of practice changes, and role of the BPSO Lead in creating success in BPG implementation in BPSOs. The integration of traditional Chinese medicine and traditional Chinese nursing within the BPSO model is central to its success and is highlighted as an aspect of dynamic sustainability.

Chapter 15 by Serna Restrepo, Esparza-Bohórquez, Abad Vasquez, Cortés, Granados Oliveros, Belmar Valdebenito, Mo, and Grinspun, exposes the unique approaches to the BPSO Designation in Latin America, incorporating the use of a rapidly growing BPSO Consortium that crosses borders, and full participation in NQuIRE to inform quality improvement and sustain effective results. The consortium has nurtured robust visibility and collective identity that brings together RNAO's BPSOs in the Latin American cultural context and has resulted in inspiring levels of support from the writers of this chapter to 20 new BPSOs that have joined the BPSO movement in recent years. This peer support is evident through capacity building, ongoing mentorship and generous sharing of learnings, including the sponsorship of a national conference that rotates amongst BPSOs in these countries. The chapter showcases the approaches and achievements of three BPSOs from their beginnings with guidelines selection, to their implementation strategies, to results in patient outcomes.

UNIT 5: EVALUATING OUTCOMES, PROVING RESULTS: THIRD PILLAR FOR SUCCESS

Chapter 16, by Grdisa, Grinspun, Toor, Owusu, Naik, and Smith, traces the history of NQuIRE—Nursing Quality Indicators for Reporting and Evaluation—from its conception stage through to the early beginning as a database system. The chapter also highlights the current state of NQuIRE poised to produce comparative reports and the Nursing Trends Report, and to be a source of data for practitioners, quality improvement and patient safety leaders, administrators, researchers, and policymakers. Descriptions of the NQuIRE vision, purpose, and infrastructure are provided. Examples of structure, process, and outcome indicators are shared and linked to demonstrate the impact of BPG use around the world. Key sections emphasize NQuIRE support for BPSOs, capacity building, ensuring data quality as conceptualized through the Data Quality Framework, and future directions, including dissemination of NQuIRE-driven findings in Evidence Boosters and the Nursing Trends Report.

Chapter 17, by Bonner, Hurley, Ho, and Dabars, discusses the work of the Australian Nursing and Midwifery Federation (ANMF) (SA branch) in its role as a BPSO Host supporting four multisite BPSOs Direct in South Australia. The chapter chronicles the progress of the BPSO Designation with the initial stages of gaining government support, recruiting and selecting BPSOs, capacity building, and the Host's role in providing support to the BPSOs. Prominent in the chapter is discussion of ANMF's full participation in NQuIRE and its link to determining financial outcomes. In this regard, the role of RNAO BPG recommendations and related NQuIRE structure, process, and outcome indicators are highlighted as they apply to cost benefit analysis of BPG implementation. The methodology and related tools used to demonstrate the impact of BPSOs for clients, providers, organizations, and healthcare dollars are a primary focus of this chapter.

UNIT 6: NEXT STEPS: FROM PRACTICE TO POLICY

Chapter 18, by Grinspun, Botros, Mulrooney, Mo, Sibbald, and Penney, addresses the link between evidence-based practice and evidence-based policy and how to connect one with the other to achieve healthy public policy. It shares a larger story about how a professional nursing organization can become a transformative social force and an effective policy advocacy machine that is respected and influential in a key jurisdiction—Ontario, Canada's largest province—as well as nationally and internationally. It describes how a group of nurses, who 2 decades ago were mostly spectators and watched policy processes unfold, is now a leading contributor to and formulator of policy. This success story

has lessons for nursing organizations anywhere that want to become policy and politically relevant. It demonstrates how one can build on nurses' clinical work and expertise to the policy frameworks and social contexts that shape how nurses' work is enabled or blocked. The chapter provides two detailed case studies of how nurses' evidence-based work affects patients' health outcomes and how they can leverage evidence and advocacy to affect health system policy changes that ultimately feed back into practice and better healthcare and health for all.