The Best Practice Spotlight Organization Program (BPSO):
An Organizational Strategy to Successfully Implement and Sustain Best Practices in Childhood Obesity

July 31, 2014
Welcome

Irmajean Bajnok, RN, MScN, PhD
Director, International Affairs and Best Practice Guidelines Centre
Registered Nurses’ Association of Ontario

Heather McConnell, RN, BScN, MA(Ed)
Associate Director, International Affairs and Best Practice Guidelines Centre, Registered Nurses’ Association of Ontario

Grace Suva, RN, BScN, MN
Program Manager, International Affairs and Best Practice Guidelines Centre, Registered Nurses’ Association of Ontario

Laura Mitchell, RN, BScN, BA
Public Health Nurse
Chronic Disease and Injury Prevention
Toronto Public Health
Today’s Speakers Are...

Irmajean Bajnok RN, MScN, PhD
Heather McConnell RN, BScN, MA(Ed)
Grace Suva, RN, BScN, MN
Laura Mitchell RN, BScN, BA
Registered Nurses' Association of Ontario

- Professional association of Registered Nurses in Ontario, Canada
- The strong, credible voice leading the nursing profession to influence and promote healthy public policy, and clinical excellence
- Best Practice Guidelines is a signature program of RNAO
Agenda

• Overview of the International Affairs and Best Practice Guidelines Centre

• Highlights of the Primary Prevention of Childhood Obesity guideline, 2\textsuperscript{nd} Ed.

• Overview of Best Practice Spotlight Organization\textsuperscript{®} Program

• Lessons from the Field – Role of BPSOs in supporting the uptake of the Primary Prevention of Childhood Obesity Guideline

• Discussion and Questions
International Affairs and Best Practice Guideline Centre Mandate

Funded by the Ontario Ministry of Health and Long-term Care since 1999 to:

Develop, disseminate, and actively support the uptake of evidence-based clinical & healthy work environment best practice guidelines and to evaluate their impact on client/organizational and health system outcomes.
Goals of the BPG Program

Improve health care:

- Reduce the variation in care
- Transfer research evidence into practice
- Convey the knowledge base of nursing
- Assist with clinical decision making
- Identify gaps in research
- Stop interventions that have little effect or cause harm
- Reduce cost
Primary Prevention of Childhood Obesity, Second Edition
Webinar Series: In the Know with RNAO

1) Primary Prevention of Childhood Obesity, Second Edition: RNAO Best Practice Guideline Launch (June 26, 2014)

2) The Best Practice Spotlight Organization Program: An Organizational Strategy to Successfully Implement and Sustain Best Practices in Childhood Obesity (July 31, 2014)

UP-COMING!
Adapting the Primary Prevention of Childhood Obesity Guideline to Different Clinical Settings
September 8th 2014
Purpose and Scope

• To address the primary prevention of obesity in infants, preschool and elementary-school-aged children
• To provide evidence-based nursing recommendations to all nurses and the interprofessional team, across all practice settings
• To use a population health, socio-environmental, health equity perspective to inform the recommendations
Recommendations

Practice Recommendations (14)
- Assessment (4)
- Planning (2)
- Implementation (5)
- Evaluation (3)

Education Recommendations (2)

Organization & Policy Recommendations (5)
RNAO's BPG Implementation Methodology

**Individual Level**
- Champion Network®
- Learning Institutes
- eLearning Programs
- Nursing Order Sets

**Organizational Level**
- Best Practice Spotlight Organization® Designation

**System Level**
- Implementation Projects
Organizational Implementation

**Key Strategy:**
Best Practice Spotlight Organizations® (BPSO) Program

**Goal:**
To influence the uptake of best practice guidelines across all health care organizations, to enable practice excellence and positive client outcomes.
Best Practice Spotlight Organization®
Objectives

1. Establish dynamic, long-term partnerships that impact patient care by supporting knowledge-based nursing practice

2. Demonstrate creative strategies for successfully implementing nursing best practice guidelines

3. Establish and utilize effective approaches to evaluate implementation activities

4. Identify effective strategies for system-wide dissemination of BPG implementation
Best Practice Spotlight Organization®

• Application process and formal partnership with RNAO over a 3 year period

• Specific requirements:
  ✓ Systematic BPG implementation
  ✓ Infrastructure
  ✓ Reporting
  ✓ Knowledge exchange
  ✓ Sustainability planning
  ✓ Measuring outcomes through use of standard indicators

• Designated BPSO: sustained use, expansion, spread, and mentoring opportunities
Best Practice Spotlight Organizations® (BPSO) International Reach

73 BPSOs: over 320 sites!
BPSO® Requirements

- Implementation
- Capacity Building
- Evaluation and Research
- Dissemination
- Sustainability
BPSO® - Implementation
BPSO® - Capacity Building
BPSO® - Evaluation and Research

NQURE

Nursing Quality Indicators for Reporting and Evaluation
BPSO® - Dissemination
BPSO® - Sustainability

KEEP CALM
AND
SUSTAIN EXCELLENCE
Important Timelines

Fall 2014
- Release of BPSO RFP for 2015-2018 Cohort

Winter 2014/15
- Proposal Deadline and Review Process

Winter 2015
- Results Announced

Spring 2015
- Launch of BPSO Cohort 5
Toronto Public Health
Implementation of the Primary Prevention of Childhood Obesity Best Practice Guideline at Toronto Public Health

Laura Mitchell
Public Health Nurse
Chronic Disease and Injury Prevention
Toronto Public Health
July 31, 2014
Agenda

- Background
- Purpose
- Methods
- Results
- Discussion
- Next Steps
RNAO BPG Recommendation

Nurses promote a decrease in sedentary activities with emphasis on reducing the amount of time clients spend watching TV, playing video games, and engaging in recreational computer use.
Screen time (ST) is thought to affect body weight through various mechanisms:

1. Competes with time spent being active
2. It may lead to consumption of advertised foods
3. Overeating may occur as hunger cues tend to go unnoticed when sitting in front of a TV

Critical to engage and support families early in children’s lifespan
The Health Action Process Approach (HAPA)

- Action Self-Efficacy
- Maintenance Self-Efficacy
- Recovery Self-Efficacy
- Outcome Expectancies
- Intention
- Risk Perception

Motivational Phase
Volitional Phase
The purpose of the evaluation was to:

- Determine the **FEASIBILITY** of implementing a ST reduction initiative;
- Measure parent attitudes towards decreasing their child's ST behaviours (**SELF-EFFICACY & OUTCOME EXPECTATIONS**); and
- Measure parent-reported **ST BEHAVIOURS** of their pre-school children.
Methods

8-week pilot:

- Nobody’s Perfect parenting program
- ST reduction & awareness activities
**Methods**

Weeks 1, 4 and 8

---

**TV Time and Pre-School Children**

1. How long did your child watch TV for yesterday? *(circle 1 answer)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>No TV</td>
<td>30 minutes or fewer</td>
</tr>
<tr>
<td></td>
<td>30-60 minutes</td>
</tr>
<tr>
<td></td>
<td>60-90 minutes</td>
</tr>
<tr>
<td></td>
<td>90 minutes or more</td>
</tr>
</tbody>
</table>

2. What types of TV did they watch? *(circle 1 or more answers)*

- Cartoons
- Educational TV
- 30-minute show
- Movie
- Unsure

3. How long was the TV left on with no one watching yesterday? *(circle 1 answer)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>No background TV</td>
<td>30 minutes or fewer</td>
</tr>
<tr>
<td></td>
<td>30-60 minutes</td>
</tr>
<tr>
<td></td>
<td>60-90 minutes</td>
</tr>
<tr>
<td></td>
<td>90 minutes or more</td>
</tr>
</tbody>
</table>

4. When the TV was on with no one watching, what shows were on? *(circle 1 or more answers)*

- Cartoons
- Educational TV
- 30-minute show
- Movie
- News
- Unsure
Weeks 1 and 8

### Methods

**Instructions:** Put a checkmark (✓) in the box that applies to you.

**I feel confident that I can decrease TV time for my child even when:**

<table>
<thead>
<tr>
<th>Not Confident</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) My child is sad or angry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) It is bad weather</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other family members encourage a lot of TV time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) I feel tired</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:** Put a checkmark (✓) in the box that applies to you.

If I change how much TV time my child has then I **believe**...

<table>
<thead>
<tr>
<th>Do not Believe</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Believe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) My child will be more physically active</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) My child will be bored</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) I will have more time to bond with my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) I would be more stressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reach

• Four Nobody’s Perfect program pilots, January 2012 to January 2013

• Participant profile: culturally diverse, mixed-income

Implementation

• 69% of sessions included a ST activity

• Activities were founded in the Experiential Learning Cycle and encompassed goals of the HAPA model
Results

ST Behaviours, Self-efficacy, Outcome Expectations

- 45% reported a decrease in their child’s ST
- 51% expressed an increase in self-efficacy
- Small but positive improvements in their outcome expectations

Feasibility

- Relevant to material and fit well with the Nobody’s Perfect program
Results

Facilitators Feedback:

- Program flexibility and collaboration facilitated success
- Observed improved parent attitudes
- Parents gained insight into positive and negative outcome expectations
- Parents verbally reported positive changes and intent to change
Screens are everywhere in society.

I use TV because I don’t know how to play with my child.

I feel guilty for using TV as a babysitter, but sometimes I am tired and need to get stuff done.

I notice my child slouching after watching TV.

If you sit with your child and talk about the TV program then it’s more meaningful.
Summary of Recommendations

- Sample a larger number of participants, use control groups
- Undertake a more detailed consideration of the validity of the self-efficacy items used in the evaluation
- Focus groups with parents
- Translate materials
- Standardized training for all facilitators
Challenges and Success

Limited research

Prior research focused on:
• School-aged children only
• Developing skills for daycare service providers

Best strategy?
• Multi-level coordinated effort

Next Steps
inTO Kids’ Health
Pilot project partnering with TCDSB and TDSB
Pilot Approach

Use evidence to build connections through an obesity prevention lens

- Build lifelong healthy behaviours
- A multi-component approach (behavioral, environmental and educational)
- High needs schools
- Schools as hubs
- Parental engagement
- Partnerships within multiple social and environmental settings

Make the healthy choice, the easy choice
Overview of Activities

DEC 2013 - MARCH 2014: SCHOOL COMMUNITY ASSESSMENT

Interviews with:
- School administration and staff
- Settlement /Child and Youth/Community Support /Social Workers
- Student nutrition program coordinators/volunteers
- On-site childcare staff, other resource centre staff
- Parents
- Other partners: FoodShare, PFR, Children’s Services etc.

Mapping/Audit Components:
- Food Strategy – Food Access Mapping
- Active City Community Audits of the Built Environment

Other existing school community data
Overview of Activities

APRIL - JUNE 2014: DEVELOP ACTION PLANS

Home

• Leisure Screen Time Reduction

School

• **School Nutrition** - e.g. classroom celebration guidelines, fundraising activities, milk program, SNP improvement
• **Active Play** – e.g. playground markings, peer led activities (PALS)

Broader School Community

• **Access to healthy foods in the school community** – e.g. mobile vending, healthy corner stores, procurement, social enterprise opportunities
• **Access to community space for recreational opportunities** - e.g. provide free space after school for community groups, support groups in finding available free space within the community
• **Physical school community environment** – e.g. ASRTS, AT School Charter, infrastructure changes (raised cross walks, count downs)


Any Questions?
For More Information on Innovative Guideline Implementation Strategies

• Next webinar: *Adapting the Primary Prevention of Childhood Obesity Guideline to Different Clinical Settings*

  **September 8, 2014 from 12:00-1:00 p.m.**

• Download the RNAO's 2012 Clinical Practice Guideline Implementation “Toolkit”:

  [www.rn ao.ca/bpg/implementation-resources](http://www.rn ao.ca/bpg/implementation-resources)
For more details on the BPSO® Program, visit:
www.RNAO.ca/bpg/bpsO
To Access the Guideline

Available for free download at:
www.rn ao.ca/bpg.guidelines

Hard copy available for order by contacting RNAO:
www.rn ao.ca/contact
For more information, please contact:
Laura Sykes
RNAO Project Coordinator
lsykes@rnao.ca

Please fill out the evaluation at the end of this presentation
Thank you!