

RNAO Best Practices: Evidence Booster

Best Practice Guideline (BPG) Implementation to Improve Satisfaction with Care Amid COVID-19

Person- and Family- Centered Care (May 2015)



This BPG is to be used by nurses and other members of the interprofessional health-care team to enhance the quality of their partnerships with individuals accessing care, ultimately improving clinical outcomes and the person and family's experience of health care through the use of evidence-based person- and family-centred-care (PFCC) practices.

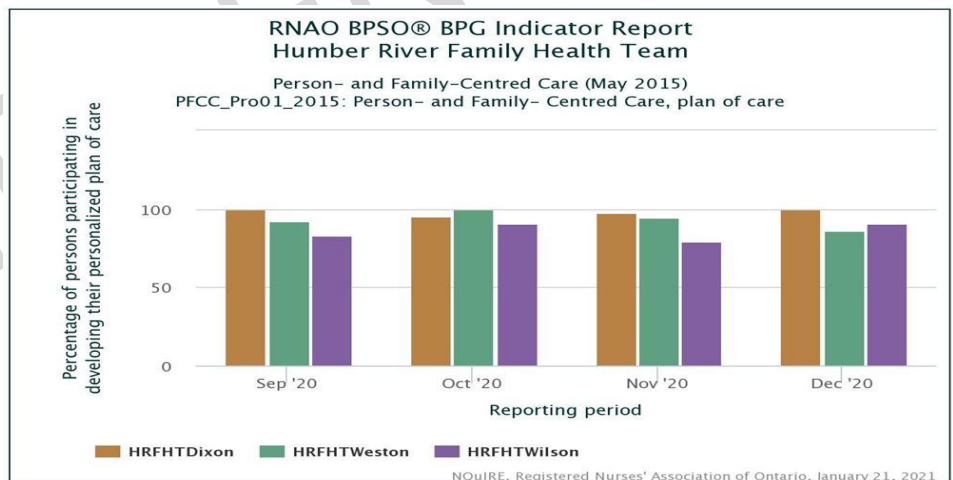


The Humber River Family Health Team (HRFHT) is a multi-site organization providing primary health care services and programs using a team-based model. The HRFHT is implementing the PFCC BPG in collaboration with the North Western Toronto Best Practice Spotlight Organization Ontario Health Team (NWT BPSO OHT). This BPG was piloted with interdisciplinary health professionals (IHPs) including nurses, social workers, dietitians, chiropractors, and a pharmacist to provide holistic care. This data reflects patient encounters with IHPs and not their family physician.

Aim: To examine changes in persons' participation in developing their personalized plan of care and satisfaction with their involvement in the planning of care and treatment when implementing the PFCC BPG across three sites at the HRFHT.

Measure: 1. Percentage of persons participating in developing their personalized plan of care (e.g., provided enough information to make a decision, given opportunity to ask questions); 2. Percentage of persons satisfied with their involvement in the planning of care/treatment.

Clinical improvement: 1. Increase in the percentage of persons participating in developing their personalized plan of care; 2. Increase in the percentage of persons satisfied with their involvement in the planning of care/treatment.



Impact: On average, 92% of persons reported participating in developing their personalized plan of care across implementation sites from September to December 2020. The Weston and Dixon sites have more client visits, which may explain variation in results across sites.

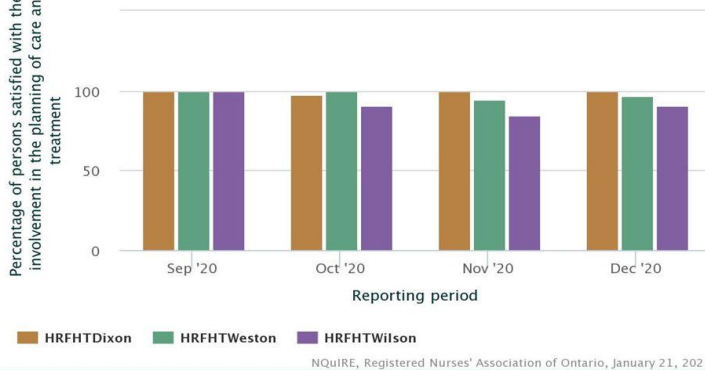
Practice changes

Since PFCC BPG implementation coincided with the COVID-19 pandemic, the focus shifted to supporting staff, patients, and families with the transition to virtual care. In spring 2020, an education session on virtual care etiquette and PFCC was provided to all staff to equip them with the confidence and skills to provide virtual care. Data collection began in September 2020 using a post-visit patient satisfaction survey via paper, email or phone.

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RNAO BPSO® BPG Indicator Report Humber River Family Health Team

Person- and Family-Centred Care (May 2015)
PFCC_Out01_2015: Person- and Family-Centred Care, involvement



Impact: On average, 96% of persons across three sites reported being satisfied with their involvement in the planning of care and treatment. Despite the pandemic, there was an increase or consistent person satisfaction from September to December 2020.

Practice changes

Support and resources implemented for the transition to virtual care to facilitate PFCC included:

- Provided individualized patient care/counselling sessions using phone/video platforms
- Integrated virtual group health education and support sessions
- Developed training sessions to teach/learn secure email communication
- Virtual care guidance documents were created to prepare for a virtual care appointment and detailed how to navigate the electronic communication portal
- Increased use of phone interpretation services to facilitate virtual care

Conclusion: In collaboration with the NWT BPSO OHT and RNAO, the HRFHT is implementing the PFCC BPG across three sites, with a focus on virtual care amid the COVID-19 pandemic. Overall, there were higher percentages in persons' participation and satisfaction with their involvement in planning of care and treatment.



RNAO launched the BPG Program in 1999 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 outcomes. The BPSO OHT model is designed to support integrated systems of care. RNAO and participating organizations enter a collaborative partnership to collectively implement BPGs as one coordinated team. Learn more here:

<https://rnao.ca/news/learn-about-bps-ohts>

NQuIRE², a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact: NQuIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg.

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References

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