

## RNAO Best Practices: Evidence Booster

### Impact of communities of practice: Collaborations and partnerships for evidence-informed resident care

#### Background

Ontario long-term care (LTC) homes are required by legislation to have evidence-based clinical programs. To support the implementation of evidence-informed clinical programs, Shaila Aranha, the LTC best practice coordinator in the Waterloo Wellington (WW) region designed and facilitated Communities of Practice (CoP). A CoP is a group of people with a shared interest who engage together in collective learning to support practice change (Wenger, McDermott & Snyder, 2002). These CoPs assisted LTC homes implement evidenced-based practices through the use of RNAO best practice guidelines (BPG) by using the *Toolkit: Implementation of Best Practice Guidelines* (2012).

This evidence booster focuses on LTC homes who participated in CoPs over the years from 2015-2018, demonstrating levels of impact on participants and the adoption of recommendations from the two falls prevention BPGs (2011[revised], 2017).

**“One of the major benefits of attending [the CoP] was the concentrated time spent away from the home...we could focus on our project without distractions. We had the opportunity to discuss our challenges with other homes and gain from their experiences”**

#### Practice Change

The first two CoPs focused on the clinical programs, therefore, the foci of each CoP team varied. In 2017-18, each clinical program was separated into a different CoP. In Figure 1 outer circle denotes focus on falls and inner circle denotes the focus on clinical programs.

The CoPs allowed LTC homes to share experiences with implementation strategies and development of tools.

A standardized process was used to assist LTC homes with implementing BPGs as follows:

- completion of gap analysis
- prioritization of gaps
- development of a sustainability action plan
- establishment of monitoring indicators
- sharing their journey of improvement including: plans for improvement, change ideas, challenges and successes.

**Figure 1: CoP Social connections over the three sessions**



(Source: CoP data)

**Impact:** The CoP allowed for the development of numerous relationships, helping to eliminate the professional isolation for the LTC teams. As a result, 57 per cent of WW LTC homes engaged in CoPs over time. In addition 70 per cent of the time was focused on fall prevention.

