

2014-2015 Best Practice Spotlight Organization® (BPSO®) Impact Survey

Summary of Survey Results



Overview

The Best Practice Guidelines (BPG) Program was launched by RNAO in 1999 with funding from the Ontario Ministry of Health and Long Term Care. The program attracted, from its inception, broad provincial interest in the then emerging field of guideline development. Today, the Best Practice Guidelines (BPG) Program is an Ontario flagship of excellence on both the national and international levels, taking a leadership role in clinical and healthy work environment BPG development, implementation science and practice, and evaluation of guideline uptake and impact. The three action spheres of guideline development, implementation and evaluation, all leading to better outcomes for patients, organizations, nurses and other providers and the system are depicted in the illustration included here.

The program enables organizations and health systems to focus on patient care and clinical excellence, using the latest research to inform practice and optimize outcomes. The BPG

Program has helped advance government priorities, as well as patient, provider, organizational, and health system outcomes. It is recognized the world over for its rigorous guideline development, transformational approaches that are contributing to implementation science, and robust evaluation methodology.

The Best Practice Spotlight Organization (BPSO) Designation commenced in 2003 with 9 health care organizations, in Ontario and Quebec, Canada all of which were either acute care hospitals or home health care agencies. The program has now expanded to 92 BPSOs representing 450 organizations from all health care sectors and academia, including international BPSOs from Australia, Chile, China, Colombia, South Africa, and Spain. In Australia, South Africa, and Spain key organizations act as BPSO Hosts and with RNAO's support they oversee BPSOs in their jurisdiction, mirroring the RNAO BPSO model. Other international BPSOs relate directly to the RNAO, as do local organizations.



The BPSO Designation is an opportunity for health organizations to formally partner with RNAO over a three-year period. The goal of the partnership is to create evidence-based practice cultures through systematic implementation of multiple RNAO BPGs. Since its inception, BPSO organizations have effectively used and contributed to implementation science in developing creative strategies for successfully implementing best practice guidelines, and sustaining and spreading their uptake. In addition, organizations have increased their ability to effectively monitor and evaluate BPG impact with the development of NQuIRE® (Nursing Quality Indicators for Reporting and Evaluation), RNAO's unique data base system of evidence-based structure process and outcome indicators.

Impact Survey and Results

In 2014 an impact survey of all BPSO organizations was conducted to:

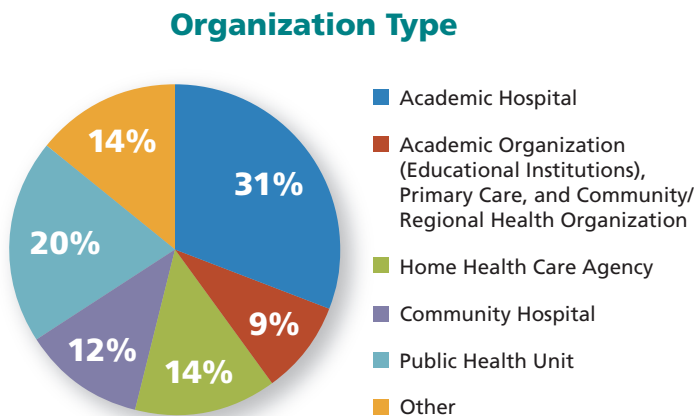
- Discover the degree to which the RNAO best practice guidelines have spread throughout each organization, in particular, the number of nurses, units/teams and patients/clients/residents that have been influenced by the guidelines;
- Identify the RNAO guidelines that have had the most impact on nursing practice and client outcomes and those that align most closely with the organizations’ strategic priorities;
- Identify structures and/or processes that have been utilized to facilitate sustainability;
- Identify which RNAO BPG implementation strategies and BPSO supports were most useful and effective throughout the BPSO experience.

To accomplish the above stated objectives, a web survey with 21 questions was developed. The project lead and sponsor from 50 established BPSO organizations were invited to submit a response on behalf of their organization. BPSO Host sites were asked to forward the survey to their corresponding BPSO sites. In total, responses were received from 35 BPSO organizations. There was a 70% response rate.

Reach

Findings from the survey identified the wide spread of RNAO’s best practice guidelines through the various types of BPSOs. Figure 1 illustrates how the 35 BPSO respondents were distributed by sector. Additionally, a number of the participating organizations have partnered with other health care and academic groups in their pursuit of BPSO designation, thereby widening the reach.

Figure 1: Sector distribution of the BPSO survey respondents.



Other findings reflective of reach across the 35 BPSO respondents indicated that:

- Thousands of RNs (ranging from 15 to 1800 per BPSO organization) are involved in the implementation of the RNAO best practice guidelines across all BPSOs each year.
- Hundreds of RPNs have participated in guideline implementation activities (ranging from less than 5 to more than 800 RPNs) in BPSO organizations.
- 97% of participating organizations reported adopting an interdisciplinary approach to guideline implementation and have involved other health-care professionals in various aspects of this work.
- RNAO clinical BPGs have been implemented across over 640 units/teams/programs within participating organizations and Healthy Work Environment guidelines across over 230 units/teams/programs.
- Three million patients/clients/residents ranging from 200 to more than 600,000 per BPSO are affected by the RNAO’s best practice guidelines annually.

Implementation

Figure 2: BPGs being implemented most frequently.



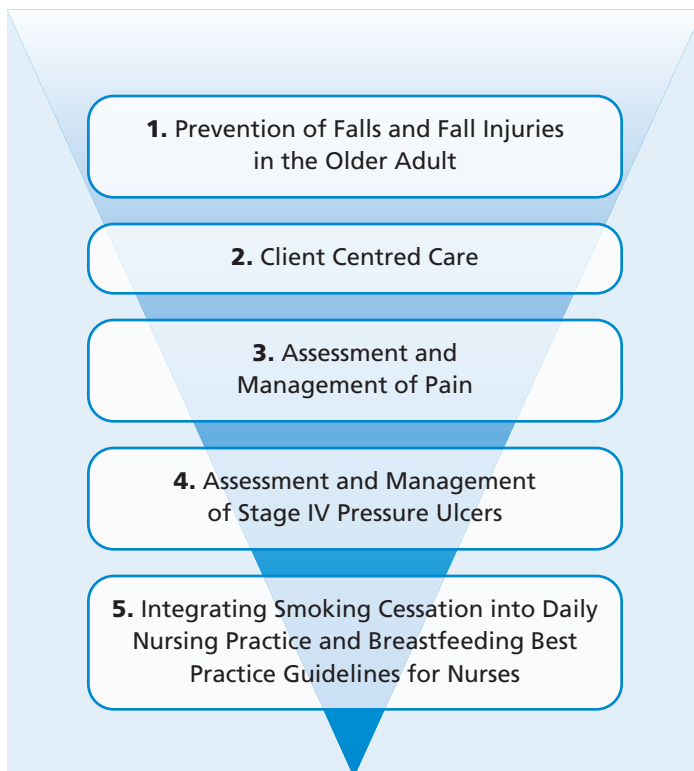
The BPGs implemented most frequently included 5 guidelines that reflect the cross-sectoral nature of BPSOs, and include Prevention of Falls and Fall Injuries, Client Centred Care (now Person- and Family Centred Care), Breastfeeding Best Practice Guidelines for Nurses, Assessment and Management of Pain, Integrating Smoking Cessation into Daily Nursing Practice.

The guidelines being implemented most frequently across the organizations have been carefully selected with the consideration of various factors.

The unanimous reason for guideline selection is that they reflect the care needs of the patient/client/ and/or resident. Other motivation for guideline selection includes the guidelines alignment with national or provincial initiatives or accreditation standards, and the care need being an organizational priority and part of quality improvement and/or strategic plans.

Outcomes

Figure 3: BPGs identified as having the greatest impact on client/patient/resident outcomes.

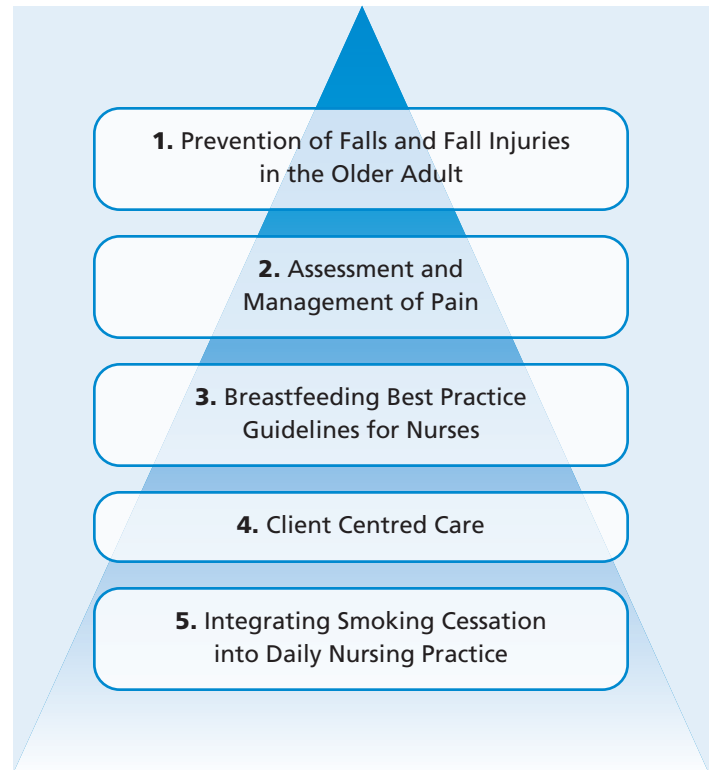


Implementation of RNAO BPGs has had tremendous impact on patient, client, and resident outcomes and nursing practice.

Findings from the survey indicated that the guidelines that were felt to have had the most impact on client outcomes included Prevention of Falls and Fall Injuries in the Older Adult, Client Centred Care, Assessment and Management of Pain, Assessment and Management of Stage IV Pressure Ulcers, and lastly Integrating Smoking Cessation into Daily Nursing Practice and Breastfeeding Best Practice Guidelines for Nurses (Figure 3). Key outcomes related to the implementation of these guidelines included a noted reduction in falls and related injuries, pressure ulcer incidence and prevalence, vascular access

infections. Wound healing, pain management, breastfeeding rates, smoking cessation, and overall patient/client/resident satisfaction and self-reported quality of life were all also enhanced. Outcomes were reported as reaching levels of success above the provincial average.

Figure 4: BPGs identified as having the greatest impact on clinical practice.



The BPGs that are felt to have had the greatest impact on nursing practice (Figure 4) are: Prevention of Falls and Fall Injuries in the Older Adult, Assessment and Management of Pain, Breastfeeding Best Practice Guidelines for Nurses, Client Centred Care, and Integrating Smoking Cessation into Daily Nursing Practice.

Specific nursing practice outcomes related to the use of these guidelines included consistent integration of the following assessments in the patient/resident admission process: falls risk, wounds, pain, smoking cessation, and pressure ulcer risk. For example the integration of the breastfeeding guideline recommendations resulted in a higher provision of professional support, which in turn created a marked improvement in breastfeeding rates at discharge, and an increase in mother and family satisfaction in regards to the support provided. There was also an increase in awareness in breastfeeding and smoking cessation techniques for healthcare professionals and for clients. Moreover, a high degree of nursing professionalism was reflected through RN shift to shift Transfer of Accountability bedside reporting, and formal nurse leadership training and mentorship.

Sustainability

As part of their implementation strategies, BPSOs are encouraged to incorporate plans of sustainability related to practice changes to ensure ongoing quality outcomes. These plans often involve creating new or altering existing organizational structures and processes and are instrumental in facilitating the sustained use of BPGs within various practice settings. The top 5 structures and processes incorporated by BPSOs to ensure sustained use of RNAO BPGs within the BPSOs were identified as follows:

- Staff education **(97.1%)**
- Evidence-based policy development **(88.2%)**
- Quality improvement activities **(88.2%)**
- Integration of best practices into documentation systems **(82.9%)**
- Orientation for new staff **(80.0%)**

Monitoring the impact of BPG implementation on nursing practice and clinical outcomes is critical to sustained implementation. The most frequently employed methods were:

- Chart audits to monitor staff practice changes **(85.7%)**
- Patient/client/resident satisfaction surveys **(74.3%)**
- Chart audits to monitor changes in patient/client/resident outcomes **(80.0%)**

RNAO Coaching and Support

RNAO coaching and support are key features of the BPSO Designation. The RNAO has created a number of tools and strategies for BPSOs to assist in the implementation of the best practice guidelines across their organizations. Some tools and strategies, employed throughout the BPSO Designation, have been identified as having a critical impact at certain phases of the BPSO experience. BPSOs were asked to identify what supports and strategies had the most impact at varying stages in the BPSO evidence based practice activities. The following 6 strategies/supports were identified as being the most effective throughout all stages of the BPSO Designation:

- BPSO Steering Committee/Accountability Structure
- Organizational (BPSO) Internet/Intranet websites (communication vehicle)
- BPSO Reports to RNAO (reporting progress)
- Report Review Meetings with RNAO
- Annual BPSO Knowledge Exchange Symposium
- Receiving Mentoring by another BPSO

The RNAO Toolkit: Implementation of Best Practice Guidelines and the RNAO BPSO coach were identified as the most important facilitators to the initial planning stage for the BPSO work. In the start up phase, the RNAO Educator's Resource and the RNAO BPSO Communities of Practice website were identified as essential to guide staff education. The BPG Summer Institute (Foundational and Advanced) and the Annual BPSO Knowledge Exchange Symposium were identified as most effective both in beginning the implementation and in maintaining the momentum and keeping staff engaged in the BPSO activities. Publication and manuscript development and presentations at conferences were reported as being most effective in sustaining the work and Nursing Best Practice Research Centre (NBPRC) involvement and participation in the NQuIRE (Nursing Quality Indicators for Reporting and Evaluation) data system were considered the most essential components to evaluation

Conclusion

Through the many strategies and supports built on implementation science, the International Affairs and Best Practice Guideline Centre, has successfully supported organizations across all sectors to implement, evaluate, sustain and spread uptake of multiple BPGs as part of the BPSO Designation. This survey has demonstrated that the BPSO Designation has influenced the scaling up and out of guideline use and the development of evidence based practice cultures across various health-care sectors and disciplines. Through the BPSO Designation, health-care and academic organizations have made strides to positively influence provincial, national, and international health care systems by:

- Integrating best practice guidelines into their organizational policy and processes.
- Creating partnerships with organizations within the health-care community to implement BPGs.
- Engaging health-care professionals in a shared quality improvement agenda by implementing BPGs.
- Encouraging point of care leadership in clinical staff.
- Increasing professionalism in nursing to improve the quality of patient/client/resident care and safety.

The impact of the BPSO Designation is clearly evident. It has touched thousands of health professionals, and millions of patients/clients/residents, and has impacted nursing practice and outcomes, demonstrating a highly effective approach to knowledge transfer of best evidence to practice.