

TRANSFORMING NURSING THROUGH KNOWLEDGE

BPSO® designation tackles the sustainability challenge

By Irmajean Bajnok, RN, MScN, PhD, Director, IABPG Centre, RNAO



Vintage BPSOs, some almost 15-years-old, and new BPSO designates alike have tackled the sustainability challenge and made it work. This is the firm conclusion we have come to based on our annual meetings

over the summer months with our 26 designated BPSOs. The BPSO model, which involves a three-year initial partnership to develop implementation processes for sustained practice change for five best practice guidelines (BPG), designation as a BPSO on successful BPG implementation, and ongoing designation requirements, has enabled organizations to sustain evidence-based approaches and reap the benefits in quality care and engaged staff.

BPSOs have shared their exciting and, in many cases, dramatic care delivery practices and process as evidence-based organizations.

Their activities are centred around five key themes: an enhanced and expanded BPSO infrastructure; renewal throughout the organization in relation to the champion role; a clearer orientation to evaluation and outcomes; a sound focus on actual practice change that has endured; and

an ability to document the full use of evidence-based guidelines throughout the organization.

We have been heartened to see strong professional practice frameworks in our BPSOs that incorporate the BPSO infrastructure and requirements and BPG use within professional practice, practice development, and quality improvement, often involving interprofessional teams. These structures have incorporated reporting relationships at the senior level that have enabled sharing of the many outcomes of the BPSO work.

BPSOs have also recognized the value of well-informed champions to sustain practice change, and have augmented their champion numbers, associated their role with specific implementation and follow-up activities, and are finding ways to grow their champion network. With broader use of NQuIRE®, we have seen a stronger focus on evaluation both using NQuIRE data and through other means of evaluating practice changes and client outcomes. Our BPSOs are entering data sharing reports with staff, and engaging in “outcomes” discussions. This is a major change in many organizations as nurses and other health-care professionals are increasing their focus on examining and discussing the impact of their work on client outcomes. The focus on outcomes has really enabled organizations to put practice changes front-and-centre, and to talk about what needs to be done differently as supported by the evidence. It has made the discussion of evidence-based interventions, and reducing variations in care, much more meaningful in terms of both supporting new practices

in the workplace and sustaining practice changes.

Organizations have been able to document when and where they are implementing guidelines, and through this, have a clearer picture of the extent of evidence being used, the degree to which it has spread, and areas for strengthening practice through the use of guidelines in the future. Many of our well-established BPSOs have implemented several BPGs that are now embedded into policies, procedures, and the culture of the organization.

Our work, and the work of our partner BPSO organizations, demonstrates that the BPSO designates have kept the flame burning. This is because of the seeds sown at the outset of their work, and also because of their continuing quest for integration, connection, enhancement, growth, quality improvement, evaluation, reinforcement, and renewal, all in the name of best practice and better outcomes.

FALL 2016

IN THIS ISSUE:

- 2 Announcing the launch of the *Youth Mental Health and Addiction Champion (YM HAC) Initiative Toolkit*
- 2 A warm welcome to the newest long-term care Best Practice Spotlight Organizations® (BPSO®)
- 3 *Assessment and Management of Pressure Injuries for the Interprofessional Team*, Third Edition
- 4 Another successful Nurse Executive Leadership Academy
- 4 Development of RNAO's *Patient and Public Engagement Strategy*
- 5 Advanced Clinical Practice Fellowship (ACPF) – Upcoming opportunities
- 5 Release of new best practice guideline: *Delirium, Dementia and Depression in Older Adults: Assessment and Care*
- 6 International experts advise RNAO's NQuIRE team
- 7 A snapshot of a week in Italy: The BPSO orientation program
- 7 Welcome to the team
- 8 Announcements

Announcing the launch of the *Youth Mental Health and Addiction Champion (YMHAC) Initiative Toolkit*

By Kyle Dieleman, BA, Project Coordinator, IABPG Centre, and Sabrina Merali, RN, MN, Program Manager, IABPG Centre, RNAO

In a forever-changing landscape, today's youth are faced with unique and complex pressures as they journey into adulthood. Many of the mental health problems that adults experience, such as depression and anxiety, also affect the young. In fact, youth mental illness and substance use is a serious health issue in Canada. The good news is that a peer-led resource has been developed by RNAO, called the *Youth Mental Health and Addiction Champion (YMHAC) Initiative Toolkit*.

The YMHAC Initiative toolkit is based on a peer-led initiative funded by the Ministry of Health and Long-Term Care's Healthy

Communities Fund, and supported by public health units, district school boards, and provincial youth-based organizations in Ontario. Between 2013 and 2015, this peer-led initiative engaged the health and education sectors, the community, and youth in developing healthy, resilient, safe and inclusive communities through the development of youth leaders. Youth engagement principles were used to train youth as mental health champions. These champions learned strategies to increase awareness about mental health promotion and stigma reduction with a goal of fostering supportive, resilient and inclusive school environments.

Due to an overwhelming response from public health units and the education system to expand the YMHAC initiative,

RNAO, alongside its partners from public health units and district school boards, developed the toolkit. It includes evidence-based resources to support implementation of a local youth-led mental health promotion initiative. The toolkit also highlights new innovations in evidence and practice, and aims to support public health staff, teachers, and other adult allies in implementation of an evidence-based, youth-led mental health promotion project.

The YMHAC Initiative toolkit will be accessible through RNAO's website (for free) beginning in Autumn 2016. It will be available in both English and French. For more information, please visit RNAO's Mental Health and Addiction Initiative website at RNAO.ca/mentalhealth

A warm welcome to the newest long-term care Best Practice Spotlight Organizations® (BPSO®)

By Suman Iqbal, RN, MSNIMHA, Long-Term Care Best Practice Coordinator, Provincial Projects, RNAO



In May 2016, RNAO launched cohort C of the long-term care (LTC) BPSO program for the 2016-2019 period. Eight new organizations have now joined the previous two cohorts, bringing the total number of LTC homes participating in the program to 25.

Grove Park Home for Senior Citizens, established in 1968, is an accredited, non-profit LTC home located in Barrie. Their mission is "to continuously provide excellent care in a secure environment with family and community support."

St. Joseph's Lifecare Centre, Brantford, is a member of the St. Joseph's Health System, which includes St. Joseph's Villa, Dundas, and St. Joseph's Health Centre, Guelph. They have an overarching goal to develop, deliver and sustain a culture

of evidence-based best practice, entrenching it in the organization.

The Perley and Rideau Veterans' Health Centre, with its 450 beds, is one of the largest LTC centres in Ontario with 250 veterans of World War II and the Korean War. Its goal is to promote full utilization of the best practice guidelines (BPG) to achieve excellence in care based on current evidence.

The Regional Municipality of Halton owns and operates three not-for-profit LTC homes. It is committed to offering a fulfilling quality of life for residents by delivering high-quality programs and services. Allendale, Creek Way Village, and Post Inn Village were awarded accreditation with exemplary standing from Accreditation Canada.

The Regional Municipality of Niagara operates eight LTC homes, with over 900 residents at Rapelje Lodge, Woodlands of Sunset, and Deer Park Villa. It is seeking to equip its nurses with the tools and knowledge found in the BPGs. The goal is to build on the knowledge, skills and abilities in these three homes by spreading to the other five homes in the municipality.

Tilbury Manor Nursing Home accommodates 75 residents. Its goal is to provide excellent care services, the best quality of life, and holistic care by a group of dedicated staff. It promotes the

independence of residents through its life enrichment, physiotherapy and restorative programs.

William A. "Bill" George Extended Care Facility is an elderly capital assistance program unit in Sioux Lookout. The home provides LTC beds for the town's 6,000 residents and to residents of 28 remote First Nations Communities in the north. It serves a population of approximately 28,000 people.

Woodingford Lodge is a municipally owned and operated not-for-profit LTC trio of homes located in Oxford County – Woodstock, Ingersoll and Tillsonburg. Its goal is to raise awareness among all staff of BPGs, and to provide exceptional resident care by implementing the guidelines.

These eight organizations chose to partner with RNAO to create evidence-based cultures through the systematic implementation of multiple RNAO BPGs. They joined RNAO staff at a launch event and were welcomed into the program by IABPG Centre Director Irmajean Bajnok and Ontario's Provincial Chief Nursing Officer Kaiyan Fu. RNAO's leaders shared their vision for BPSO designation and reviewed the partnership between RNAO and LTC homes to share the impact nurses are having on clinical outcomes through the promotion and implementation of evidence-based practices.

Assessment and Management of Pressure Injuries for the Interprofessional Team, Third Edition

By Grace Suva, RN, MN, Program Manager, IABPG Centre, RNAO

RNAO's International Affairs and Best Practice Guidelines Centre (IABPG) is excited to announce the publication of the third edition of the *Assessment and Management of Pressure Injuries for the Interprofessional Team* BPG. This new edition replaces the *Assessment and Management of Stage I to IV Pressure Ulcers* BPG (originally published in 2007).

The term 'pressure injuries' in the title is a reflection of the most recent changes in terminology by the National Pressure Ulcer Advisory Panel (NPUAP). The change in terminology and modification to the staging system were made after the consensus of 400 wound care experts at a meeting in Chicago in April 2016. According to the NPUAP, the change more accurately describes pressure injuries to both intact and ulcerated skin. In the previous staging system, Stage 1 and Deep Tissue Injury described injured intact skin, while the other stages described open ulcers. This led to confusion because the definitions for each of the stages referred to the injuries as "pressure ulcers."

The term 'interprofessional team' was added to the title by the BPG's expert panel in order to emphasize the importance of the entire wound care team in the management of pressure injuries. Moreover, it is an expectation that the interprofessional team collaborate with the person with the pressure injury and the person's circle of care (i.e. PSW, family, etc.) to develop a plan of care.

There are three significant changes in this edition of the guideline:

- 1) It emphasizes the importance of an interprofessional, person-centred approach in the assessment and management of existing pressure injuries.
- 2) It incorporates NPUAP's most recent change in terminology from 'pressure ulcer' to 'pressure injury'.
- 3) It touches on laser therapy, which was not discussed in the previous edition of the guideline. Currently, the expert panel does not support the use of laser therapy as an alternative treatment to speed the closure of stalled but healable pressure injuries. To date, there is limited evidence, and there is a potential for harm to, or contamination of, the person's pressure injury if an inexperienced health-care professional performs the therapy.

The guideline was revised by the expert panel using the 2015 wound bed preparation paradigm as a guiding framework, to better highlight

the principle recommendations for pressure injury care for the interprofessional team in collaboration with the person and the person's circle of care. The expert panel was also deliberate in including a range of 'enablers' in the appendices, to support guideline implementation for frontline health-care professionals. It is a highly anticipated guideline that has incorporated the most recent terminology and staging system revisions endorsed by the NPUAP.

This BPG is now available online for free download at: <http://rnao.ca/bpg/guidelines/pressure-injuries>. It is also available in hard copy for purchase from the RNAO online store at <https://shop.rnao.ca/node/161>



Another successful Nurse Executive Leadership Academy

By Melissa Aziz, BA, Project Coordinator, IABPG Centre, RNAO

The 5th Annual Nurse Executive Leadership Academy (NELA) took place from May 31 to June 3 at the White Oaks Resort and Conference Centre in Niagara-on-the-Lake. Sixty nurse executives from all health-care sectors engaged with leaders, experts from government, policy makers, and other leading-edge thinkers. This year's event was built on themes of responsible stewardship, digital health, evidence and innovation, palliative care and medical assistance in dying, and the patient experience. Kaiyan Fu, Ontario's provincial chief nursing officer, discussed her vision of health care for Ontario, and engaged with participants collectively and individually. Ted Ball, transformation coach from Quantum Transformations, Peter Donnelly, president and CEO, Public Health Ontario, and Christine Elliott, Ontario's first patient ombudsman, also engaged

with the group, among an array of other professionals. Attendees included several nurse executives leading BPSO organizations. This group led a panel presentation entitled *Using nurse executive leadership roles to advance innovation, quality, and integration*. They discussed how their role has contributed to innovation and cross-sector integration. This interactive

learning experience not only encouraged individuals to build on their personal and professional networks, but also reaffirmed the critical role of the nursing executive leader for quality, integrated health care. Participants rated this year's event very highly, and planning is underway for the 6th Annual Leadership Academy on June 20th-23rd, 2017.



Kaiyan Fu discusses her vision of health care for Ontario at NELA's Dinner with the Chiefs.

Development of RNAO's Patient and Public Engagement Strategy

By Jennifer Callaghan, BA, MPH, Project Coordinator, IABPG Centre, RNAO



RNAO is developing a formal *Patient and Public Engagement Strategy* (PPES) that aligns directly with the

organizational mission and values. The PPES will not only strengthen the voice of nurses and health-care professionals by grounding their knowledge and practice in the concept of patient and family-centred care, but will also reinforce the voices of patients and members of the public directly to support the efforts of nurses to improve health care and health policy.

RNAO believes that patient and public engagement is more than a responsibility or requirement. The PPES implemented across all departments of RNAO will follow the philosophy

of patient- and family-centred care and will consider the following evidence as its foundation:

- PPES can lead to improved health outcomes, more relevant research, better service quality and increased patient safety. It can build trust and communication between organizations and patients, clients and friends affected by health-care decisions and resources.
- PPES is a democratic process whereby citizens have opportunities to voice their opinions on how publicly funded programs are carried out in a way that best benefits them directly, as the target population. As such, PPES can be an avenue to patient empowerment and patient activation, involving individuals as partners, and working "with" them rather than "for" them.
- PPES recognizes that patients have an expert understanding of their own health and illness, through lived

experience. This first-hand perspective is vital to identifying the most relevant, effective, and cost-efficient methods in health care, health programs, research, and resource design.

RNAO continues to speak out on emerging issues that impact nurses and the nursing profession, health and health care. The need for health care to reflect the voice of patients and their families has been a central focus of nurses, and RNAO is committed to advancing this vision through a formal PPES. Overall, an effective PPES will advance RNAO's commitment to develop a transparent, robust, and collaborative person-centred culture, organization, and ultimately, health-care system.

For more information about RNAO's PPES, please contact Jennifer Callaghan at jcallaghan@RNAO.ca

Advanced Clinical Practice Fellowship (ACPF) – Upcoming opportunities

By Ifrah Ali, BA (Hons.), Project Coordinator, IABPG Centre, RNAO

For the past 15 years, Ontario RNs and NPs have partnered with nurse mentors and their organizations to improve patient care and health outcomes through RNAO's Advanced Clinical Practice Fellowship (ACPF) program. Now in conjunction with Associated Medical Services (AMS), the AMS/RNAO fellowship provides an additional opportunity for nurses to continue to strive for excellence in their workplaces by building skills to provide humane, compassionate and person-centred care.

If you are an RN or NP who has identified a "need" or a "gap" in the current services being provided at your health-care organization, one of the



ACPF fellowships (clinical, leadership, or guideline implementation), or the AMS/RNAO fellowship, may be a great opportunity for you

and your organization. Here are five steps to submitting a proposal:

- 1) Review ACPF's archived webinar series for more information on the different fellowships and on pertinent elements of the proposal, such as the learning plan – <http://rnao.ca/bpg/get-involved/acpf/webinar-what-acpf-program>
- 2) Determine the focus or topic/specialty area of your fellowship.
- 3) Identify a primary nurse mentor specializing in the chosen focus/topic area, and obtain support from management at your organization.

- 4) Develop your proposal and enter your responses directly into the ACPF application.
- 5) Submit your proposal.

Fellowships are 450 hours in length, completed on a full-time or part-time basis, and must include strategies for sustaining both the learning of the fellow and the impact of the project outcomes after the fellowship term is completed.

Coming up this fall: A *Request for Proposals* for both the ACPF and AMS/RNAO fellowships will be posted on the ACPF website in early November. The deadline for applications is January 16th, 2017.

Q&A sessions with past fellows will be held November to January via webinar/teleconference to support applicants in their proposal development.

Please visit RNAO.ca/ACPF for more information.

Release of new best practice guideline: *Delirium, Dementia and Depression in Older Adults: Assessment and Care*

By Verity White, BSc, Project Coordinator, IABPG Centre, RNAO

RNAO and the guideline development team are pleased to announce the best practice guideline (BPG) *Delirium, Dementia and Depression in Older Adults: Assessment and Care*, released online in July 2016. This is a new edition clinical guideline that will replace the *Screening for Delirium, Dementia and Depression in the Older Adult* and *Caregiving Strategies for Older Adults with Delirium, Dementia and Depression* BPGs (both published in 2010).

Prior to starting the development process for this guideline, RNAO's internal team carried out several measures to determine if a single guideline should cover both screening and caregiving for the 3Ds (delirium, dementia and depression). The two existing RNAO BPGs on the topic

were carefully reviewed. A search to scan through current literature was completed. And focus groups with experts in the field – including those who actively implement BPGs – were conducted. Upon analysis of the results of these activities, it was decided there was a clear enough clinical link between the 3Ds and that it would be easiest for users if the recommendations covered both screening and caregiving in one guideline.

The recommendations in the guideline are focused in three areas: practice, education and organization/policy. The guideline looks at how to best assess for delirium, dementia and depression, and addresses how to care for older adults with these conditions. It also covers the relationship between the 3Ds, and explores some of the nuances in terminology associated with these conditions. There is emphasis on the concept of person- and family-centred care and the guideline makes reference to other RNAO BPGs that support the provision of best care for people with delirium, dementia and depression. Appendices in the guideline include practical resources that health-care professionals can use in their daily

practice, such as a table comparing the clinical features of delirium, dementia, and depression.

RNAO would like to sincerely thank the 15 expert panelists who contributed their knowledge and expertise to the development of the BPG. The guideline co-chairs, Michelle Acorn, nurse practitioner, Lakeridge Health, and primary health care – global health nurse practitioner coordinator, University of Toronto, and Lori Schindel Martin, associate professor and associate director, scholarly, research and creative activities, Ryerson University, Daphne Cockwell School of Nursing, did an outstanding job helping to lead this thoughtful work. Furthermore, close to 100 stakeholders working in various roles and different health-care settings took the time to provide feedback on the guideline before publication. Their opinions are highly valued and their passion for evidence-informed practices is brilliant.

This BPG is now available online for free download at RNAO.ca/bpg/delirium-dementia-depression. It will also be available in hard copy for purchase in the coming months.

International experts advise RNAO's NQuIRE team

By Yaw Owusu, PhD, Associate Director, Research and Evaluation, Gurjit K. Toor, RN, MPH, Data Quality Analyst, NQuIRE, and Angela Joyce, B.A. (Hons), Project Coordinator, BPSO and NQuIRE, RNAO

Launched in 2012, the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) data system captures the outcomes of quality improvement work in Best Practice Spotlight Organizations (BPSO) based on RNAO best practice guideline (BPG) implementation. BPSOs use NQuIRE as an evaluation tool to establish baseline measures and track their performances over time on key measures. Since 2015, BPSOs have been required to submit data on organizational attributes such as human resources and organizational structures, processes (actions done to, for, and with clients in implementing practice recommendations from BPGs), and the resulting BPG-specific client

outcomes. The data collected (i.e. indicators) are relevant to the organization's context of care and to the BPGs it is implementing. The NQuIRE reports and BPSO dashboard enable BPSOs to monitor and evaluate ongoing progress of their implementation, and the impact of evidence-based nursing care and quality improvement on clinical outcomes.

On July 5 and 6, 2016, the NQuIRE International Advisory Council, chaired by ICN President Judith Shamian and sponsored by RNAO CEO Doris Grinspun, met at RNAO home office in Toronto to provide expert advice to RNAO's NQuIRE team. The council provided advice on operational activities and initiatives, including: the NQuIRE data quality framework and strategy, which encompasses all of the core elements of the BPG program (development, implementation and

evaluation); advancing the capacity of NQuIRE for e-clinical analytics through the integration of RNAO's Nursing Order Sets into electronic health systems; how BPSOs can leverage NQuIRE reports in their performance measurement reports; work on academic indicators; strategic direction and positioning for the use of NQuIRE data to inform BPG development; strategic alignment and collaborations with global organizations holding health databases; and research initiatives and practice, education, management, and policy work at local, national and international levels. The council is comprised of international nursing and health system improvement policy decision-makers, and local and international research experts in evidence-based practice, data quality and data governance, indicator management, nursing practice, implementation science, knowledge translation, and evaluation.



The NQuIRE International Advisory Council, pictured above, is chaired by ICN President **Judith Shamian** and sponsored by RNAO CEO **Doris Grinspun**.

By monitoring, evaluating and reporting progress and improvements in nursing care through these quality indicators, NQuIRE aims to better understand the impact of evidence-based nursing practice on health-care quality and client outcomes. We look forward to working with our BPSOs to enhance and expand the use of this exciting and innovative system for quality measurement and improvement in nursing. For more information about NQuIRE, please visit RNAO.ca/bpg/initiatives/nquire

A snapshot of a week in Italy: The BPSO orientation program

By Collegio Interprovinciale IPASVI
Milano-Lodi-Monza e Brianza;
adapted by Oliwia Klej, HBSc, Project
Coordinator, IABPG Centre, RNAO

This past summer, the Collegio IPASVI of Milano-Lodi-Monza e Brianza joined RNAO as a Best Practice Spotlight Organization (BPSO) Host, becoming the first official reference point for the implementation of RNAO's best practice guidelines (BPG) in Italy. "For a long time, we tried to identify a method in order to make nursing much more centred on best practice," Giovanni Muttillo, president of IPASVI College, says. "It is an approach that assures better care, a decrease in complications and waste, a significant cost reduction, and better outcomes for patients. Even if the benefits related to evidence-based practice as a method to provide better care are unequivocal, nurses often do not use it in daily practice."

During the BPSO Program Week (Sept. 26-30), the Collegio had the opportunity to disseminate and begin implementation of some of the BPGs in academic settings and in clinical practice. Irmajejan Bajnok, outgoing director of RNAO's IABPG Centre, and Tiziana Rivera, Senior Nurse Executive Leader and RNAO Certified BPSO Facilitator, were joined by 70 participants from all across Italy to raise awareness of the BPG program and the importance of implementing guidelines within health-care organizations.

"This is just the first step," Muttillo said at the event, committing to the move towards a new way to

provide nursing care and a new vision of nurses.

Nurses are health-care professionals who are always oriented to patient outcomes and who constantly have to dialogue with the scientific community, he said, adding that becoming the first BPSO Host in Italy is the achievement of a very important goal, not only for the Collegio IPASVI, but also for the nursing profession.

"It shows responsibility, the will to improve patient quality care, and an improvement in the nurses' role both in clinical and academic settings," he said. "In addition to this, it will also be possible to have a positive influence on public health policy and to promote strategic nursing leadership, evidence-based knowledge, a culture based on a safe and healthy work environment, and clinical excellence."

Welcome to the team

Ifrah Ali (BA) joined the IABPG Centre as a project coordinator in May. Ifrah graduated from the University of Toronto and holds an Honours BA in International Development Studies. Before joining the RNAO team, she held positions with Bridge International Academies in Kenya as a development program officer, and at the Ontario Liberal Fund as a donor relations assistant. She's excited to be part of the team and looks forward to the work ahead.

Julie Blain (RN, BScN, MA) joined the IABPG Centre as a nursing research associate at the end of March 2016. Prior to joining RNAO, she worked at Toronto Rehab Institute as a research assistant. Julie has a bachelor of science in nursing from Brock University and a master's degree in applied health sciences (community health) from Brock

cont' on pg 8...



The Collegio IPASVI Milano-Lodi-Monza e Brianza BPSO team, pictured above (from left): **Giovanni Muttillo**, President Collegio IPASVI Milano-Lodi-Monza e Brianza; **Irmajejan Bajnok**, outgoing director of RNAO's IABPG Centre, RNAO; **Loris Bonetti**, BPSO Host Lead, Collegio IPASVI Milano-Lodi-Monza e Brianza; **Duilio Fiorenzo Manara**, Senior Nurse Leader and BPSO Direct Lead San Raffaele University of Milan; **Anna Maria Rossetti**, Director of Nursing Service (Chief Nurse Executive) San Raffaele Hospital; **Tiziana Rivera**, Senior Nurse Executive Leader and RNAO Certified BPSO Facilitator.

Fall BPG specials

For a limited time only, the IABPG Centre is offering 50 per cent off the regular price of select clinical and healthy work environment guidelines.

Clinical:

- *Assessment and Management of Venous Leg Ulcers*
- *Promoting Asthma Control in Children*
- *Engaging Clients Who Use Substances*
- *Enhancing Healthy Adolescent Development*
- *Interventions for Postpartum Depression*
- *Nursing Management of Hypertension*
- *Preventing and Addressing Abuse & Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*
- *Prevention of Falls and Fall Injuries in the Older Adult*



- *Promoting Safety: Alternative Approaches to the Use of Restraints*

Healthy Work Environment:

- *Preventing and Mitigating Nurse Fatigue in Health Care*
- *Embracing Cultural Diversity in Health Care*
- *Practice Education*
- *Developing and Sustaining Effective Staffing and Workload Practices*



To purchase RNAO best practice guidelines, or for further details, please visit RNAO.ca/bpg or call/email the sales office 416-907-7965, jburris@RNAO.ca

Sale ends **February 1, 2017** so purchase your copies today.

Standard shipping rates and HST apply. All sales are final.

Upcoming events

Program details and registration information for the following events can be accessed through RNAO's website at RNAO.ca/events

- **Evaluation before Implementation: Put Value back into Evaluation**
January 30, 2017
Hilton Garden Inn Hotel, Toronto
- **Best Practices in Wound Care Institute: Clinical Stream**
February 26, 2017 - March 3, 2017
Hilton Hotel, Niagara Falls
- **Best Practices in Wound Care Institute: Program Planning Stream**
March 1, 2017 - March 3, 2017
Hilton Hotel, Niagara Falls

Welcome to the team

...cont' from pg 7

University. Julie is excited to be working with the RNAO team, supporting both the revision of existing guidelines and the development of new guidelines.

Nafsin Nizum (RN, BScN, MN) joined the IABPG Centre as a nursing research associate in November 2015. Nafsin completed her bachelor of science in nursing at McMaster University and her master's degree in nursing at Ryerson University, where she conducted a research thesis exploring challenges and resilience in the lives of older adults living with mild dementia. Prior to joining the RNAO team, Nafsin practised as a visiting registered nurse for Saint Elizabeth, and was a graduate

assistant at Ryerson University. She is excited to be a part of the BPG development process by conducting systematic reviews.

Connie Wood (RN, BScN, MN) joined the Long-Term Care Best Practice Guidelines Program as the best practice coordinator for central east LHIN. She is a registered nurse with an undergrad degree from Lakehead University and master's degree in nursing with a teaching focus from Athabasca University. She brings with her over 30 years of nursing experience in acute care, primary care, long-term care, community and education settings. Her prime area of interest is the development, implementation and evaluation of evidence-based programs to deliver holistic person-focused care.



IABPG Newsletter Editors:

Oliwia Klej, Heather McConnell and Kimberley Kearsay.

Please send comments/inquiries to Heather McConnell, Associate Director, IABPG Centre by email hmcconnell@RNAO.ca, by fax 416-599-1926, or by mail to 158 Pearl Street, Toronto, ON M5H 1L3.

Made possible through funding by the Government of Ontario.

Printed on recycled paper.