RNAO Background

• 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
RNAO Best Practice Guidelines Program

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 in patient/organizational and health system outcomes.
RNAO Best Practice Guidelines Program

Best Practice Guidelines are systematically developed statements/recommendations based on the best evidence to inform clinical and management decision making for better outcomes for clients. They must be from a credible source. AGREE II Standards guide the development of Best Practice Guidelines.
Goals of the RNAO 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
RNAO Best Practice Guideline Program

Guideline Development
- Topic Selection
- Panel of Experts
- Systematic Review
- Recommendation Development
- Stakeholder Review
- Publication
- 3 yr Guideline Review

OUTCOMES
- Nurse
- Patient
- Organization
- Societal

Deployment & Implementation
- CHAMPIONS
- BPSOS
- FELLOWSHIPS
- RNAO COMMUNITIES
- NURSING ORDERSETS

Evaluation & Monitoring
- NQuIRE
- QUALITY IMPROVEMENT
- PATIENT OUTCOMES
- OUTCOME INDICATORS

INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES PROGRAM COMPONENTS
Guideline Development

1. A seven step process
2. Scientific Rigor
3. Expert input
4. Broad stakeholder review
5. 3-5 year review and revision
Clinical Guideline Recommendation Types

Practice Recommendations

- What the Nurse needs to do

Education Recommendations

- What the Nurse needs to know

Organization & Policy Recommendations

- What the Organization needs for a Best Practice setting
HWE Guideline Recommendations

Individual/Team Recommendations

Education Recommendations

Organization & Policy Recommendations

What the Nurse/Team needs to do

What the Nurse needs to know

What the Organization needs to do for a Healthy Work Environment
Nursing Best Practice Guidelines is a signature program of the Registered Nurses’ Association of Ontario

38 Clinical Practice Guidelines
9 Healthy Work Environment Guidelines
2 Implementation Resources
38 Clinical Best Practice Guidelines

Foundational
- Facilitating Client Centred Learning
- Client Centred Care
- Establishing Therapeutic Relationships
- Supporting and Strengthening Families through expected and unexpected life events
- Transitions in Care

Women and Children
- Breastfeeding Best Practice guidelines for Nurses
- Interventions for Postpartum Depression
- Primary Prevention of Childhood Obesity
- Promoting Asthma Control in Children
- Enhancing Healthy Adolescent Development
- Women Abuse: Screening, Identification and Initial Response

Addictions and Mental Health
- Integrating Smoking Cessation into Daily Practice
- Supporting Clients on Methadone Maintenance Therapy
- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
- Crisis Intervention
- Substance Use and Related Issues
2 Toolkits


Educator Resource: Integration of Best Practice Guidelines

9 Healthy Work Environment

- Collaborative Practice Among Nursing Teams
- Embracing Cultural Diversity in Health Care: Developing Cultural Competence
- Developing and Sustaining Nursing Leadership
- Developing and Sustaining Effective Staffing and Workload Practices
- Managing and Mitigating Conflict in Health-Care Teams
- Preventing and Managing Violence in the Workplace
- Preventing and Mitigating Nurse Fatigue in Health Care
- Professionalism in Nursing
- Workplace Health, Safety and Well-Being of the Nurse
Guideline Implementation
National Uptake of BPGs

- The Council of the Federation (CoF)
- Clinical Practice Guidelines (CPG)
- RNAO BPGs selected
  - 2012-2013 Care of Patients with Diabetic Foot Ulcers
- National RNAO-led webinars
International Uptake of BPGs

RNAO guidelines used widely around the world.

BPGs translated into:
- Spanish
- Portuguese
- French
- Italian
- Japanese
- Chinese
RNAO’s Framework for Guideline Implementation


- Available for free download www.rnao.ca
- English and French
RNAO's BPG Implementation Methodology

- **Individual Level**
  - Champion Network®
  - Learning Institutes
  - eLearning programs
  - Resources for mobile technology
  - Nursing Order Sets

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

- **System Level**
  - Implementation Projects
Individual Strategies

- **Nursing Best Practice Champion Network®**
  - 12,000 Champions
- **eLearning Programs**
  - 9 currently available
- **Resources for Mobile Technology**
- **Learning Institutes**
  - Signature professional development offering
- **Nursing Order Sets**
  - Individual and organizational
RNAO Best Practice Champion Network

A collective force that influences knowledge transfer and uptake of best practice guidelines

- RNAO has prepared over 12,000 Champions in a range of sectors:
  - Best Practice Champions;
  - Long-Term Care;
  - Smoking Cessation;
  - eHealth;
  - Addictions and Mental Health
Resources for Mobile Technology

- Nurses and Mobile Technology: eHealth at the Point of Care
- Apps – Apple App; Blackberry App; Android App
- Personal Digital Assistant Videos
- Patient Education Fact Sheet: *Nurses and the Use of Computer Technology*
- eHealth Etiquette Tips for Nurses
Learning Institutes

Upcoming Institutes in 2013:

• Healthy Work Environments Institute – August 18-23, 2013
• Designing and Delivering Effective Education Programs – October 21-25, 2013
• Chronic Disease Management Institute – November 10-15, 2013
• Best Practices in Wound Care Institute – Minding the Gap – March 2-7, 2014

For more information, visit: www.RNAO.ca/events
An RNAO nursing order set is a group of ICNP-encoded evidence-based interventions derived from the RNAO BPGs. It aids BPG implementation & standardizes the care provided for a specific patient/client condition (e.g. pain, pressure ulcers, smoking).
RNAO welcomed by the International Council of Nurses as:

Accredited ICNP Research & Development Centre

- Map nursing order sets and nursing sensitive outcome measures
- Provide standardized nursing interventions that can be embedded within electronic medical/health records globally
- Facilitate electronic data collection and evaluation of nursing sensitive outcomes derived from RNAO’s BPGs
- One of 11 sites around the world; only site in Canada
Sample Nursing Order Set

Assessment and Management of Foot Ulcers

Nursing Order Set [Sub-Set]

See Associated Document for Practice Recommendations (PR)

The interventions displayed in bold font are supported by the strongest evidence.

Assessment

- Obtain a comprehensive health history
- Perform physical examination of affected limb(s)
  
  ALERT: People with diabetic foot ulcers should be identified as high risk for amputation
- Measure foot ulcers using a consistent tool
- Classify foot ulcers using an appropriate stratification system
  
  Associated Document: University of Texas Foot Classification System. PEDIS: Diabetic Foot Ulcer Classification System
- Assess bed of foot ulcer(s) for exudate, odour, condition of peri-ulcer skin and pain

Planning

- Determine the potential of the foot ulcer(s) to heal and ensure interventions to optimize healing have been explored.
  
  ALERT: Moist wound care is not recommended in wounds where complete healing is not the goal. Use a dry dressing to keep the wound bed dry.
- Develop a plan of care incorporating goals mutually agreed upon by the client and health-care professionals to manage diabetic foot ulcer(s)

Implementation

- Implement a plan of care to mitigate risk factors that can influence wound healing
- Provide wound care consisting of debridement, infection control and moisture balance, where appropriate
  
  ALERT: Application of moisture retentive dressings in the presence of ischemia and/or dry gangrene can result in a serious limb-threatening infection. Apply a drying antimicrobial, such as providone iodine, a protective dry dressing and ensure proper off-loading

PR# 1.0

1.0

1.1

1.1

1.2

2.0

2.1

3.0

3.1

Clear, concise nursing interventions aligned with the nursing process

Evidence-based/linked to practice recommendations

Highlights interventions with the strongest evidence

Alerts & Clinical Resources

Standardized terminology
# Available Nursing Order Sets

## Chronic Diseases
- Risk Assessment and Prevention of Pressure Ulcers
- Assessment and Management of Stage I to IV Pressure Ulcers
- Ostomy Care and Management
- Strategies to Support Self-Management in Chronic Conditions with Clients
- Decision Support for Adults Living with Chronic Kidney Disease
- Reducing Foot Complications for People with Diabetes
- Assessment and Management of Foot Ulcers for People with Diabetes
- Assessment and Management of Pain
- Management of Hypertension
- Stroke Assessment

## Women & Children
- Breastfeeding

## Addictions & Mental Health
- Smoking Cessation

## Elder Care
- Prevention of Falls and Fall Injuries in the Older Adult
- Screening for Delirium, Dementia & Depression in Older Adults

## General
- Client-Centred Care
# Nursing Order Sets In Development

## Chronic Diseases
- Adult Asthma Care
- Nursing Care of Dyspnea in Individuals with COPD
- Supporting and Strengthening Families: Expected/Unexpected Life Events
- Assessment and Management of Foot Ulcers for People with Diabetes
- Assessment and Management of Venous Leg Ulcer

## Women & Children
- Interventions for Postpartum Depression
- Primary Prevention of Childhood Obesity
- Promoting Asthma Control in Children
- Woman Abuse: Screening, Identification and Initial Response

## Addictions & Mental Health
- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
- Caregiving Strategies for Delirium, Dementia, and Depression
- Crisis Intervention

## Elder Care
- Oral Health Nursing Assessment and Interventions
- Prevention of Constipation on the Older Population
- Promoting Continence Using Prompted Voiding

## General
- Assessment and Device Selection for Vascular Access
- Care and Maintenance to Reduce Vascular Access Complications
- Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes
RNAO's BPG Implementation Methodology

- **Individual Level**
  - Champion Network®
  - Learning Institutes
  - eLearning programs
  - Resources for mobile technology
  - Nursing Order Sets

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

- **System Level**
  - Implementation Projects
Organizational Implementation

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

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®

Organizations partner with RNAO to implement multiple BPGs over a 3 Year period and attain the BPSO Designation

• Application process and formal partnership with RNAO
• Specific requirements re:
  – 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®

68 BPSOs; 310 sites
BPSOs National & International

Canada: 52 BPSOs

International:

- 2 BPSO Country Hosts:
  - Spain: 9 sites
  - Australia: 10 sites and growing
- Chile: 2 BPSOs
- Colombia: 2 BPSOs
- USA: 1 BPSO
Successes:

• Thousands of nurses involved in impacting the care and outcomes of over 1 million clients

• Guidelines with greatest impact on client outcomes
  – Falls; Pain; Screening for Delirium, Dementia and Depression; Wound Care

• Guidelines with greatest impact on practice
  – Falls; Pain; Screening for Delirium, Dementia and Depression; Wound Care; Professionalism in Nursing

• Key sustainability strategies
  – Staff Orientation & Education; Policies; Documentation records; Quality Improvement program activities

• Client outcomes and economic results
Guideline Sustainability
BPSOs and Sustained BPG Use

- All BPSOs have Sustainability plans
- BPSO Designation requirements build in sustained use
  - Embed guideline use in ongoing structures
  - Spread
  - Expand
  - Mentor
- NQuIRE facilitates sustainability through
- All BPSO Designates still fully engaged from program start up in 2003
- All BPSO Designates sustaining, spreading and expanding BPG use
What Sustains BPG Use?*

- It takes a combination of strategies: learning opportunities, champions, discussion, communicating goals
- Frontline workers “deeply involved” to figure out barriers and ways around them
- Strong leadership is necessary at every level to align vision, goals + activities
- RNAO guideline use was sustained 7 to 10 years later
- “Absolutely better” to be a patient at the hospital now than 10 years earlier

Implications:

- Sustaining evidence-informed innovations for the long term depends on full engagement of leaders and staff in their implementation. When people feel involved, they will see its value and benefits and stick with it in the long term.

RNAO's BPG Implementation Methodology

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  - Implementation Projects
Specific projects and initiatives at the provincial level that are based on implementation of RNAO BPGs such as:

- **Smoking Cessation BPG**, Provincial Project;
- The Long-Term Care Best Practices Initiative across Ontario to support implementation of CPGs in long-term care settings
- **Mental health BPGs**, Provincial Project;
Specific projects and initiatives national level that are based on implementation of RNAO BPGs include the:

- **Falls BPG** - National Collaborative with Canadian Patient Safety Institute (CPSI);
- **Elder Abuse CPG** being developed - supported by Human Resources Skills Development Canada;
- **Chronic disease management and mental health CPGs** - work with First Nations related to implementation
Enhancing eHealth to support evidence-based practice

• eChampion Network

• Nursing and eHealth Education Program: online education course available at www.rnao.ca/eHealth_course

• Nursing and eHealth Toolkit: Enhances knowledge, awareness and engagement of nurses in eHealth innovations and adoption;

• eHealth for Every Nurse: an electronic newsletter to keep nurses updated and informed

• Linkage to Canada Health Infoway: “Peer to peer nurse strategy” Family Practice Nurses

• Nurse Educator Resource: Helping faculty integrate eHealth in nursing curricula
Guideline Evaluation
Nursing Quality Indicators for Reporting & Evaluation
Improved quality health care through the use of nurse-sensitive indicators based on implementation of RNAO Best Practice Guidelines, to impact practice, management and policy decisions, education and health system research.
Key Features of NQuIRE

• A database of quality indicators
  – from practice recommendations within RNAO’s clinical BPGs (guidelines)
  – reflecting structure, process and outcomes of care arising from BPG implementation
  – collected in Best Practice Spotlight Organizations®

• Collection, analysis and reporting of comparative indicator data

• To evaluate outcomes of BPG implementation
NQuIRE: Evaluating BPG Impact through Measurement of Indicators

- Structure Indicators
- Process Indicators
- Outcome Indicators

Nursing care & Client outcomes specific to BPG Practice Recommendations
NQuIRE is helping Best Practice Spotlight Organizations answer common questions

- Are we making progress?
- What are our targets?
- Are we sustaining improvement?
- How do we compare to others?
Evaluation: Nursing Best Practice Research Centre

• Membership
  – 69 individual members
  – 24 organizational members
• 2011-2012 NBPRC Annual Report
  – More than 170 research studies and projects
  – 234 publications by members of NBPRU

www.nbprc.ca
Guideline Impact
Impact on Patient/Client Outcomes

• Reduction in incidence of falls and injury fall rate
• Increased satisfaction with pain control; lower pain scores on discharge
• Decreased prevalence of pressure ulcers
• Reduced length-of-time on service for wound healing
• Increased limbs saved
• Increased # of smoking quit attempts
• Increased exclusive breastfeeding rates; reduced in-hospital formula supplementation
• Greater accuracy of assessment and detection
• Enhanced overall patient satisfaction scores
Impact on Provider Outcomes

- Provision of evidence-based practice vs. traditional practice
- Current clinical knowledge
- Enhanced satisfaction
- Engaged staff through increased focus on clinical work
- Increased retention and reduced turnover
- Demonstration of clinical leadership at point of care
- Increased professionalism in nursing to improve the quality of patient care and patient safety
Impact on Organizational Outcomes

• Reduction in length of vacancy; reduced turnover
• Accreditation success
• Reputation as a Leader in clinical excellence
• Enhanced interprofessional practice & team collaboration
• Sustained use of evidence-based practice through:
  – Staff education
  – Policies
  – Orientation for new staff
  – Documentation records and forms
  – Quality improvement program activities
Impact on Financial Outcomes

- Reduced staff turnover results in savings of minimum $64,000 / nurse
- Reduced injury falls results in savings of minimum $35,000 / fall
- Reduced amputation results in savings of $70,000 - $80,000 / limb
- Reduced prevalence of pressure ulcer results in saving of minimum $9,000 / pressure ulcer
- Reduced variability of care results in savings related to supplies (e.g., Promoting continence BPG; Wound care BPGs)
For more information...

www.RNAO.ca

• Access the Guidelines for free: www.RNAO.ca/bpg

• Get more details regarding our various implementation resources: http://rnao.ca/bpg/implementation-resources