



# Sustainability of Best Practice Guideline Implementation

Supporting the  
sustainability of the  
Registered Nurses'  
Association of Ontario's  
Best Practice  
Guidelines

 **RNAO** Registered Nurses' Association of Ontario  
L'Association des infirmières et infirmiers  
autorisés de l'Ontario  
NURSING BEST PRACTICE GUIDELINES PROGRAM

## Acknowledgement

The Registered Nurses' Association of Ontario (RNAO) and the Nursing Best Practice Guidelines Program would like to acknowledge the following individuals and organizations for their contributions to the development of the presentation *Sustainability of Best Practice Guideline Implementation*.

- ▶ **Karen Ray, RN, MSc**, recipient of an RNAO Advanced Clinical Practice Fellowship, who developed this presentation as one of the outcomes of her Fellowship. This presentation has been adapted for web dissemination by the RNAO.
- ▶ **Saint Elizabeth Health Care**, Markham, Ontario as the sponsor organization in support of this Fellowship, and
- ▶ **Joyce Ridge RN, MN, PNC(C), IBCLC**, for her role as ACPF Mentor to Karen.

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## Objectives

- ▶ To provide an overview on sustainability of guideline implementation
- ▶ To present strategies associated with sustainability
- ▶ To provide a framework for planning for sustainability using the Ottawa Model  
(Graham and Logan, 2004)
- ▶ To present considerations for evaluating the success of sustainability

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## Overview: Literature Review

Research has focused on:

- 1) guideline development process
- 2) influences for evidence-based practice/research use
  - ▶ Implementation strategies (stakeholder engagement, assessment, educational strategies, etc.)
  - ▶ Organizational structures and processes (leaders, infrastructures, roles of nurses, decision making ability, etc.)

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## What is Sustainability?

*Definition:* Continued use of an idea (Ackerlund, 2000)

- ▶ Needs to be planned
- ▶ Builds on implementation activities
- ▶ Influenced by factors at an individual, organizational and external level

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## Key Concepts of Sustainability

Underlying concepts: behaviour/organizational change

- ▶ *Project design*: duration; financing; training; type
- ▶ *Organization*: strength; integration with programs; champions and leaders
- ▶ *Community*: socio-economic influences; community participation

(Shediac-Rizkallah & Bone, 1998)

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## Sustainability of Guidelines: What does research show?

### Wallin et al., 2000

- ▶ Guidelines for neonatal nursing in Sweden
- ▶ Descriptive design; questionnaire
- ▶ Sample=35/39 managers; 30/35 responded
- ▶ 72 Quality Improvement (QI) activities were reported:
  - 51 specific to guidelines
  - 20 units used guidelines as beginning for QI
  - 4 evaluated care against guidelines
- ▶ 4 factors were related to use:
  - QI system
  - more than 4 years managerial experience
  - good staff resources
  - the presence of an assistant nurse manager

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## Sustainability of Guidelines: What does research show?

### Wallin et al., 2003

- ▶ Relationship between QI and research utilization
- ▶ Descriptive design; validated questionnaire
- ▶ 220 nurses; 4 days QI training
- ▶ Response rate=70%; 119 respondents
- ▶ 39% reported:
  - involved in QI
  - more searching of literature and implementation activities
  - support of their Chief Nursing Officer, researchers and statisticians
  - presence of research committee
  - research and development strategy



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## Key informant interviews - Exploratory Qualitative Study

- ▶ ACPF Fellow interviewed 9 key informants – exploratory qualitative study
- ▶ Positions: Ranged from educators supporting guideline implementation to Project Leaders
- ▶ Interview questions established based on definition of sustainability (Akerlund, 2000)
- ▶ 1 hour tape recorded interview, transcribed and analyzed
- ▶ Key themes identified

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## Results

5 themes were identified that impact on guideline sustainability:

1. Change factors
2. Organizational factors
3. Implementation factors
4. Leaders
5. Passion

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## 1. Change Factors

- ▶ Individual/group behaviour
  - Awareness, see it, apply it, feedback, refine it
  - Relevancy, repeated use, see outcomes
  - Early vs late adoption
  - Multiple strategies to impact change
- ▶ Organization
  - Culture that promotes/accepts change (readiness)
  - Rewards and recognition

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## 2. Organizational Factors

- ▶ Culture: change; learning; empowerment
- ▶ Commitment: vision; accountability; resources; time
- ▶ Systems and infrastructure: communication; documentation; quality management; workflow
- ▶ Internal and external partnerships

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## 3. Implementation Factors

- ▶ Planned with objectives, goals, funding
- ▶ Multiple strategies, given at multiple times
- ▶ Professional discussion forums
- ▶ Practice model that promotes role modeling

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## 4. Leaders

- ▶ Leadership is required at all levels
- ▶ Support of senior level administrators is essential
- ▶ Champions for the initiative
- ▶ Co-champions in practice groups
- ▶ ‘Self identified’ champions
- ▶ Opinion leaders
- ▶ Networks of clinical experts

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## 5. Passion

- ▶ Passion for topic area
- ▶ Communication
- ▶ Encouragement
- ▶ Support
- ▶ Education
- ▶ Capacity building/mentoring

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## Differences for Guidelines

### Practice vs program

- ▶ Level of integration (one-to-one with client)
- ▶ Systems to support practice change such as: Quality Management, documentation, feedback, networks, workflow, rewards and recognition
- ▶ Strategies for provider such as case-based, small group discussions, role modeling, etc.
- ▶ Observable outcomes
- ▶ Co-champions and opinion leaders at practice level



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## Developing a plan for sustainability

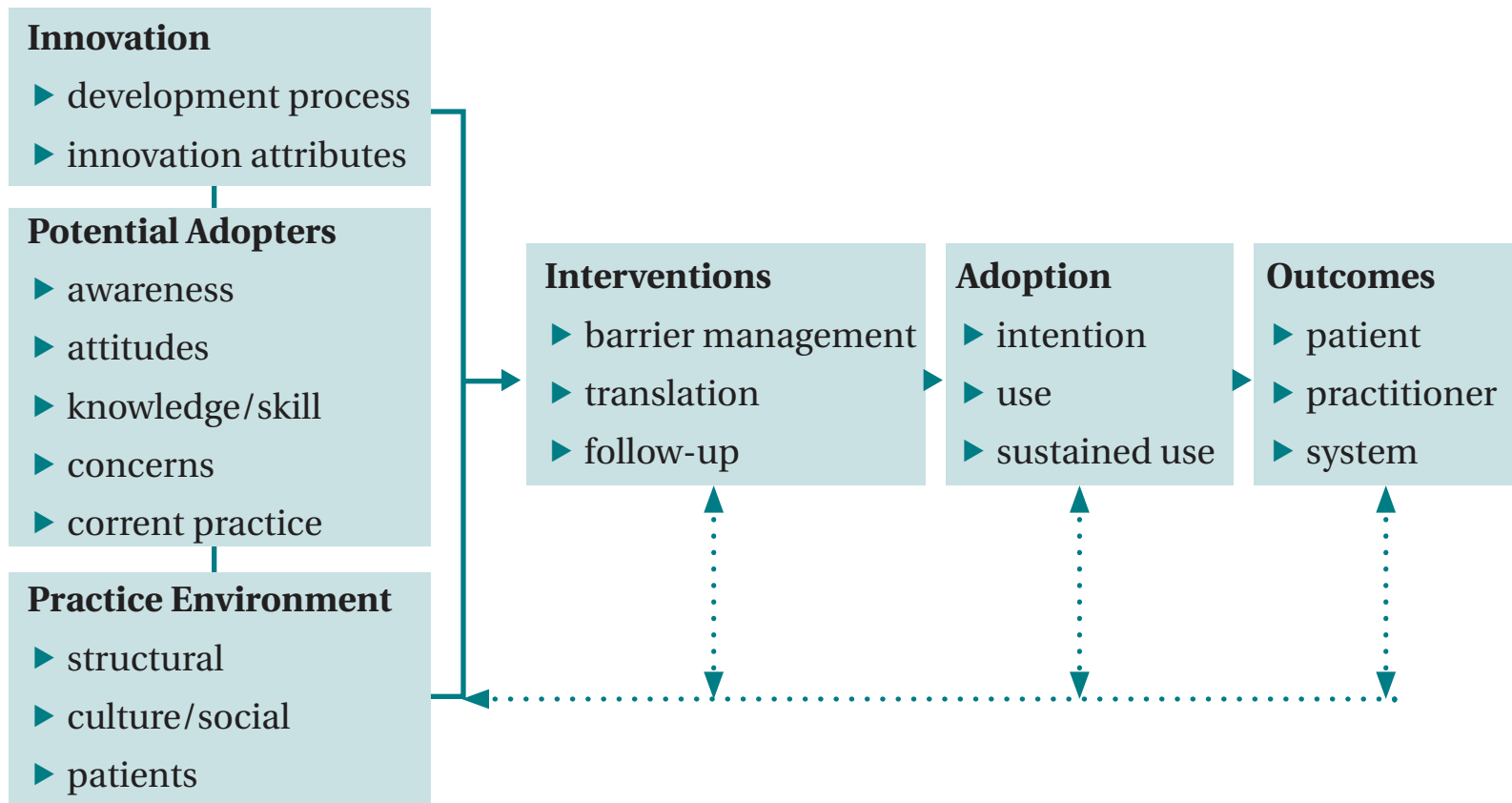
### Practice vs program

- ▶ Ottawa Model (Graham and Logan, 2004)
- ▶ Active change vs passive change theory (Rogers, 1995)
  1. Evidence-based innovation
  2. Potential adopters
  3. Practice environment

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## Ottawa Model (Graham & Logan, 2004)

Assess barriers & supports + Monitor interventions + Evaluate outcomes of degree of use



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## Active change vs passive change theory (Rogers, 1995)

### 1. Evidence-based innovation

- ▶ Evidence translation process
- ▶ Innovation attributes

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## Active change vs passive change theory (Rogers, 1995)

### 2. Potential adopters

- ▶ Awareness
- ▶ Attitudes
- ▶ Knowledge and skills (knowing about, how to do and being able to do)
- ▶ Concerns
- ▶ Current practice

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## Active change vs passive change theory (Rogers, 1995)

### 3. Practice Environment

- ▶ Clients/patients
- ▶ Culture/social
- ▶ Structure
- ▶ Economic
- ▶ Uncontrolled event

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## Evaluation of sustainability

- ▶ Evaluation will differ for each organization
- ▶ Evaluation may include:
  - Quality Management indicators
  - Evaluation tools developed through guideline evaluation
  - Sustainability tools from literature for maintenance of health benefits, integration, capacity building
  - Logic model (Shediac-Rizkallah & Bone, 1998);  
Project design and implementation; organization;  
outside organization
  - Other evaluation methods

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## Evaluation of sustainability

- ▶ What do you want to sustain?
  - may change over time
  - may be different for each level of analysis
- ▶ How much?
  - need to define 'sustained practice' in your organization
- ▶ By whom?
  - providers, clients or partners
- ▶ By when?
  - different outcomes at different time points

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## Summary

- ▶ Sustainability is a complex concept
- ▶ Requires early planning
- ▶ Sustaining guidelines is similar to sustaining programs, with some differences:
  - education and practice strategies
  - systems and infrastructures
  - funding mechanisms
  - evaluation methods



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## Guideline Survival

- ▶ Plan for sustainability using Ottawa Model  
(Graham and Logan, 2004)
- ▶ Explore possible approaches to the evaluation of sustainability
- ▶ Reflect on survival challenges

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