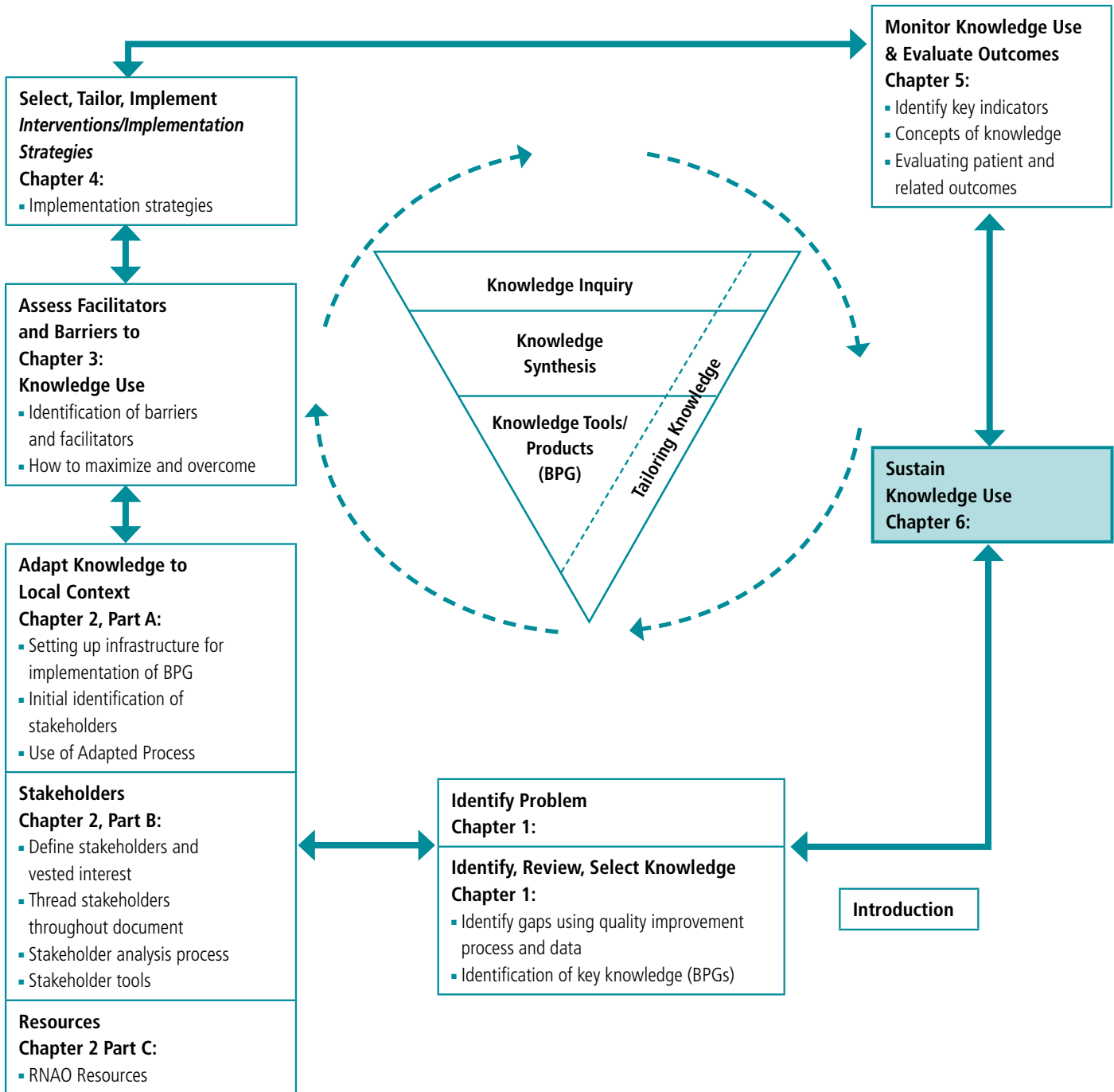


Chapter 6: Sustain Knowledge Use

CHAPTER SIX



Review of previous chapters:

In using the Toolkit, you have: identified a BPG and/or recommendations from a BPG that you would like to implement, begun to identify and collaborate with stakeholders; are conducting an environmental scan to identify facilitators and barriers and are choosing the implementation and evaluation strategies towards knowledge use and have identified the necessary resources to support implementation.

You also need to think about sustainability planning early in the implementation process as well as sustainability over the long term once the initial implementation stage is done. A sustainability perspective is essential to ensure that the clinical practice changes are integrated into both current and future health-care workflow designs.

What is this chapter about?

This chapter adds information to help you plan for the long-term improvement of patient care outcomes and the delivery of health-care services based on effective implementation of best practice guidelines.

Sustaining health-care innovations and guideline implementation:

- Are related to deliberate decision-making by nurses and the health-care team to seek new research and selectively implement the results.
- Are dependent on supportive leadership, facilitative human resources and ongoing staff education through orientation and professional development programs.
- Require adaptability and integration of new knowledge into ever-changing and evolving practice environments.
- Are vital components of success to maintain improved, consistent health care in hospitals, community, public health and long-term care.

Sustainability

Sustainability is defined as the degree to which an innovation continues to be used after initial efforts to secure its adoption are completed (Rogers, 2003). A UK-based team led by Maher (2010) has systematically developed a model and diagnostic assessment system, they offer the following definition of sustainability: When new ways of working and improved outcomes become the norm. Not only are process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and systems surrounding them are transformed in support of the change (Maher, Gustafson, & Evans, 2010).

What is already known about Sustainability?

- Changing clinical practice is not a simple and straightforward task.
- Leadership, organizational culture, training, facilitation and resources are important factors when sustaining evidence-based care.
- The extensive volume of concepts, trends and shifting practice processes for improving health care may be questioned by health-care providers and clients alike. It is important to prioritize change to avoid saturation due to the extensive volume of change.
- Embedding practice change requires systematic, thoughtful planning and action to ensure that changes are integrated into the organizational memory and knowledge reservoirs, e.g. policy and procedure manuals and documentation systems.

Key definitions:

Decay: Decreased application of BPG recommendations over time (Buchanan, Fitzgerald, & Ketley, 2007).

Discontinue: A decision to stop the implementation of a BPG recommendation. Many factors may affect this decision, including competing priorities and financial resources.

Institutionalization: The relative endurance of change within an organization, as it becomes part of everyday activities or normal practices (Davies, B. & Edwards, N. 2009).

Organizational Memory: The storage or embodiment of knowledge in various knowledge reservoirs within the organization. Examples include: formal staff education, orientation content, prompts/reminders embedded within clinical documentation systems and policy/procedure manuals, formal role expectations and performance indicators (e.g. identified resource nurse designation within practice environment) (Virani, Lemieux-Charles, Davis, & Berta, 2009).

Relapse: Reverting to previous ways of operating (Davies & Edwards, 2009).

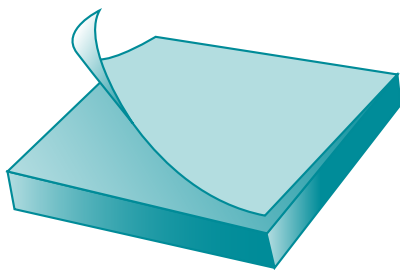
Routinization: When an innovation becomes entrenched into regular activities and loses its distinct identity. e.g. requiring all patients to have a falls risk assessment documented with a plan of care (Davies & Edwards, 2009).

Scaling up: The process through which new working methods developed in one setting are adopted with appropriate modifications as needed in other organizational contexts (Davies & Edwards, 2009). Extending the implementation of BPG to other sectors of health care in hospitals, community or educational settings.

Spread: The process through which new working methods developed in one setting are adopted, perhaps with appropriate modifications, in other organizational contexts (Davies & Edwards, 2009).

Sticky Knowledge: Knowledge is inherently sticky and difficult to move. “Stickiness is a product of the transfer process and can be predicted by examining a number of conditions related to the knowledge, its source, and the context of transfer and the characteristics of the recipient.” (Virani, Lemieux-Charles, Davis, & Berta, 2009).

Making practice change “stick” in your health-care delivery setting



Sustainability Action Planning

A number of factors facilitate practice change and realistic sustainability monitoring within health-care settings. These nine factors were derived from the literature and ten years of experience in implementing both nursing and health-care guidelines. The factors are listed as focussed questions to help leaders and champions with sustainability action planning. A related worksheet for team planning is in Appendix 6.1.

Permission granted for reprinting 1 page of content below from page 169 of Davies, B., Edwards, N. (2009). The Action Cycle: Sustain knowledge use. In S. Strauss, J. Tetroe & I. Graham (Eds.), Knowledge Translation in Health Care: Moving from Evidence to Practice. Oxford: Wiley-Blackwell and BMJ.

Relevance of the topic

- Is there a well-defined need and priority for the topic being implemented?
- Is there consensus about what knowledge needs to be sustained and what is needed to create conditions for sustainability?
- How does the new knowledge fit with current priorities?

Benefits

- What are the anticipated outcomes of knowledge implementation from a biological, economic, psychological, organizational, social, political or other perspective?
- How meaningful are these benefits to other stakeholders?

Attitudes

- What are the attitudes (potential resistance) of the patient/client, their family, the public, health-care providers, and relevant decision-makers toward the innovation?

Networks

- What teams/groups can be engaged to facilitate the sustainability of knowledge use?
- Are there people that can be engaged to cross disciplines, settings, sectors of the health-care system? (E.g. intraprofessional collaborative practice, academic programs, health-care organizations, community-based care, compliance officers)

Leadership

- What actions might leaders and managers at all levels of involvement and clinical roles take to support the sustainability of knowledge use?
- Are there champions of change?
- Who is responsible for continues implementation of innovation and making modifications as new knowledge is brought forward?
- Who will be responsible for ensuring that relevant outcomes are met?

Policy Articulation and Integration

- How will the fit between new knowledge and existing policies be assessed?
- How might the knowledge be integrated in relevant policies, procedures, regulatory and documentation systems? (e.g. electronic clinical decision support systems, workload measurement programs)

Financial

- What funding is required to implement, sustain and scale up knowledge?
- What flexibility in funding is necessary and available for reimbursement?
- Can cost-effective strategies be used?

Political

- Who are the stakeholders and what power or support might be leveraged?
- Who will initiate the scaling up process?
- What are the possible consequences with changes in the political climate?

Promising strategies for more sustainable evidence-based practice

1. Developing a “yes we can” attitude

A positive approach, even while facing ongoing barriers, is crucial. Long-standing barriers and inter-professional conflicts can lead to inertia. A stepwise positive approach is recommended toward collective goals for evidence-based practice (Marchionni & Richer, 2007).

2. Interprofessional reflective practice

Both individual and collective reflective thinking regarding what is required to achieve and sustain evidence-based practice is necessary. Decision-makers must understand the ongoing challenges faced in daily health care from the frontline care provider, patient and family perspectives. Care providers must understand the staffing and resource constraints that affect care and administrative decision-making. Together, administrators and care providers can use evidence-informed joint decision-making processes to align future care with best practice recommendations. Team meetings, unit councils and family forums are all examples of opportunities for discipline-specific as well as interprofessional planning and evaluation (Davies, Tremblay and Edwards, 2010).

3. Leadership

Leadership is vital to sustained guideline implementation. Gifford et al. (2006) found different patterns of leadership activities when comparing the results of organizations that had sustained guideline implementation versus organizations that did not sustain guideline implementation for at least two years (Gifford et al 2006).

Three strategies were identified in this grounded theory study include:

1. Facilitating individual staff to use guidelines;
2. Creating a positive milieu of best practices;
3. Influencing organizational structures and processes.

From an organizational perspective, there may be many priorities; thus, collective vision by clinical and senior leaders is important.

Evaluation Considerations for Sustained Evidence Based Guideline Implementation and Change

To ensure their sustainability, it is important to identify indicators that interrelate, as well as transcend, the micro, meso and macro levels of health-care delivery.

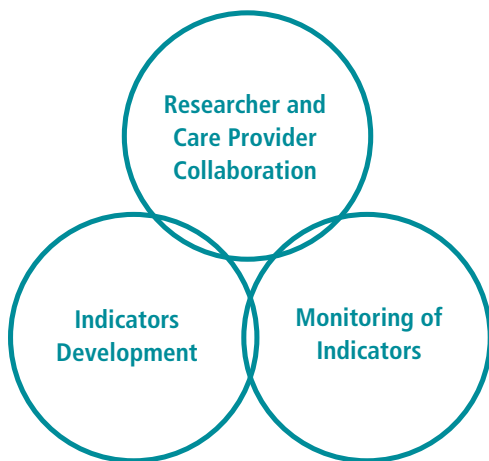
- At the **micro** level, the individual area of practice or clinical unit requires close evaluation. This may include use of unit protocols, order sets, resident/patient/family education tools and other facilitators of sustainability.
- At a **meso** level, other clinical practice units and/or departments within the same organization require consultation and collaboration. One approach is to look for synergies among multiple departments seeking to sustain an identified best practice initiative, e.g. a site was implementing the RNAO pain guideline across the entire health-care facility, while other leaders were focusing on new systems for more efficient care in the emergency department; the pain and emergency project working groups met and developed joint action plans that included new medical directives, revised policies and training sessions for nurses with integrated perspectives.

- On the **macro** level of sustainability planning, other organizations, geographic knowledge networks and regional health integration networks need to be considered to enhance consistency and coordinated care for patients and their families. Communities of practice are interprofessional health care teams that transcend many practice environments and may be associated with specific populations (e.g. gerontology, First Nations individuals), programs (e.g. outreach services, restorative care) or health conditions (e.g. congenital disorders, diabetes, obesity). Monitoring targeted specific indicators versus larger system changes requires careful analysis to balance capacity of change so that the scope is manageable within your projected timeframe, responsibility and budget.

Monitoring targeted specific indicators versus larger system changes requires careful analysis to balance capacity of change so that the scope is manageable within the projected timeframe, responsibility and budget.

It is prudent to identify indicators that are identical to existing organizational, educational and practice benchmarks. These indicators validate the importance and degree of successful implementation and sustainability of the BPG process.

Literature validates clinical point of care experiences that the process for identifying indicators of sustainability does not proceed nor evolve in a linear fashion. There is interdependency between each of the three components identified within the following illustrative model. A key factor is strong collaboration amongst researcher and care provider team during the evaluation process. Indicators for decision-making may at the micro, meso and macro levels may evolve over time depending on relevance.

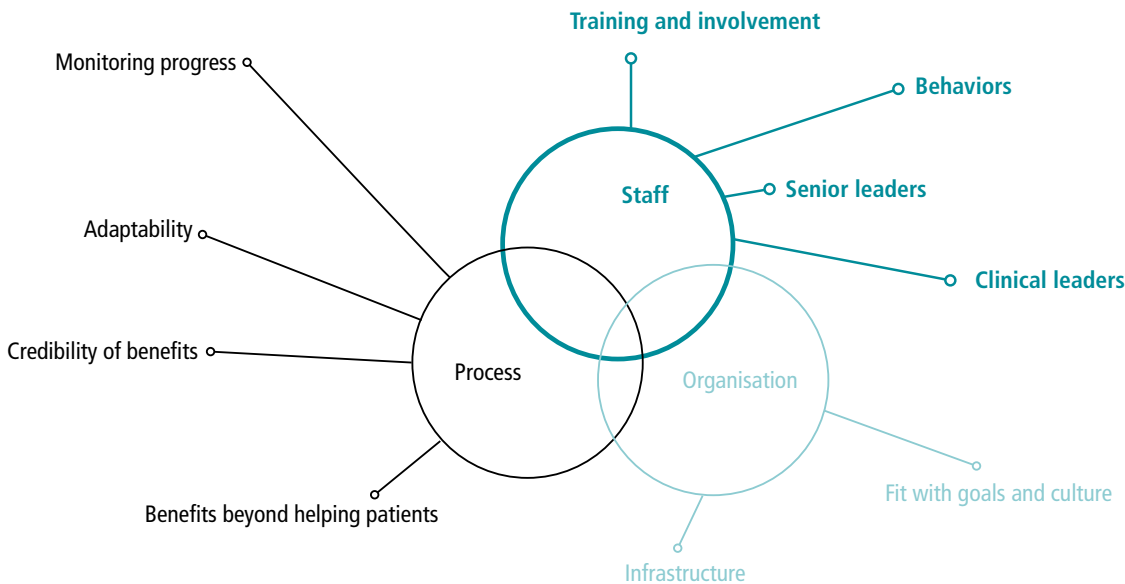


(Davies, B., Tremblay, D., Edwards, N. 2010)

Each circular aspect shown is interrelated and designed for continuous collaboration and participation considering the following:

- Select priority issues/policy questions
- Identify selected indicators
- Inventory of data sources
- Environmental scan of health assets and risks
- Evaluation of procedures
- Establish surveillance systems for selected indicators
- Data collection and analysis
- Accountability/communication
- Results and end user feedback
- Long-term vision for implementation
- and sustainability infrastructures

Recommended self-assessment model and tool: National Health Service sustainability model



Reprinted with permission. Maher et al., 2010.

The U.K. National Health Service (NHS) sustainability model consists of 10-factors that play an important role in sustaining change in health care. This model may be used for assessment by individuals or teams. A diagnostic questionnaire is available, with a scoring system for each factor. Detailed information outlining definitions, references and demonstration videos is available at the NHS website:

http://www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html

Two monographs are available from the above website: The Sustainability Model and Guide, which includes a detailed scoring system, and The Sustainability Guide, which provides suggestions related to each of the factors when difficulties are encountered. The NHS model is being tested in an ongoing study to implement several RNAO guidelines for improved client/patient outcomes (GICOM) over the course of two years – from 2010 to 2012 – in nine health-care settings in Ontario (Davies et al., 2011).

Criteria for selecting indicators to monitor progress towards sustainability in your practice setting

Relevance of the indicator to the priority policy or practice issue for stakeholders' long term objectives

Feasibility of obtaining data appropriate to the age and health status of the population receiving care. Relevant information can be retrieved in a reasonable time frame to inform timely decision-making.

Credibility of the information and trustworthiness by users

Clarity and ability to be understood by users

Comparability over time and across jurisdictions or regions (e.g. Local Integrated Health Networks (LHINs), benchmarking with other organizations, (e.g. Safer Healthcare Now!) <http://www.saferhealthcarenow.ca/EN/Pages/default.aspx>

Table 18 below describes potential indicators that affect sustainability at many levels of the health-care setting that should be considered when planning the level of sustainability of the implementation of any BPG. Each indicator is important to the overall objective of identifying how sustainability outcomes can be assessed and monitored continually to achieve the desired health-care delivery outcomes.

Table 18: Potential indicators for assessment of the sustainability of BPGs.

Potential Indicators for Assessment of the Sustainability of Best Practice Guidelines (BPG)			
Category	Structure <i>(What you need to have)</i>	Process <i>(How you go about it)</i>	Outcome <i>(What happens)</i>
Objective	Identify your sustainability outcomes.		
Organization/ Unit	<ul style="list-style-type: none"> • Philosophy, mission, and/ or culture to support necessary changes • Professional committee/structures, quality assurance, patient safety mechanisms, advisory personnel • Nursing care delivery system • Interprofessional team involvement • Physical facilities • Equipment • Synergy with partners and external influences • Key benchmarks unique to the organization 	<ul style="list-style-type: none"> • Engagement and accountability of leaders from administration and clinical practice • Development/modification of policies and procedures • Interprofessional team rounds, unit council membership • Charting –Standardized documentation or tools. • Computer systems/e-records • Continual education or availability of education • Guideline added to staff orientation • Increased staff awareness, morale and marketing • Accountability within hiring, performance appraisals • Engagement of volunteers in knowledge of BPG outcomes (e.g. fall safety plans, patient education brochures) during patient/client/family interactions. 	<ul style="list-style-type: none"> • Evidence-based philosophy, a strategic direction adapted by all. • Enhanced use of a common language, consistent terminology • Increased awareness of in-house resources i.e. referral clinics, interprofessional communications and consultations • More timely access to services • Achievement of targets for patient outcome improvement through visible results/exemplars (e.g. decrease in incident reports, improved staff/patient satisfaction with pain management) • Organizational accountability: Quality Assurance tracking, balanced scorecard methodology, • External accountability through LHIN agreements, accreditation indicators, changes in legislation • Achievement of condition specific goals (e.g. fall risk individualized patient care plans)

Potential Indicators for Assessment of the Sustainability of Best Practice Guidelines (BPG)			
Provider	<ul style="list-style-type: none"> • Number and qualification of staff • Ratio of staff to patients/clients • Roles, responsibilities, multi-disciplinary collaboration • Educational program 	<ul style="list-style-type: none"> • Awareness of/attitude toward BPG • Knowledge/skill level • Leadership by identified champions/resource nurses • Marketing of strategy to health-care recipient 	<ul style="list-style-type: none"> • Attendance at educational program • Adherence to BPG applicable recommendations • Standardized assessments completed • Completeness of assessments done • Number and range of appropriate treatments • Confidence level • Empowered to advocate for patients and families • Provider satisfaction • Increased awareness of community resources
Patient/client/ Family	<ul style="list-style-type: none"> • Patient/client characteristics (Demographics/level of risk) • Patient-centred approach • Involvement in decisions throughout continuum of care 	<ul style="list-style-type: none"> • Patient awareness of/attitude to the BPG • Family, community acceptance • Patient/family knowledge incorporated into admission, discharge and transition planning through family councils, team meetings and care conferences 	<ul style="list-style-type: none"> • Physical, psychological, social, patient/client outcomes • Number of remission/re-admissions related to BPG related processes. • Satisfaction with care • Access to care • Level of patient/family confidence in discharge planning, community resources, self-management • Use of external resources, (e.g. CCAC, public health, home care)
Financial costs	<ul style="list-style-type: none"> • Costs of additional staff and physical resources required • New equipment, if required • Maintenance/reassessment of required equipment and/or supplies. • Costs of ongoing education, process updates. • Costs for documents, patient/client forms, chart and/or electronic patient record modifications. 	<ul style="list-style-type: none"> • Costs of implementation strategies • Financial support for staff education • Patient/client education support (includes multi-lingual translation and varied multi-media formats) • Internet and web support 	<ul style="list-style-type: none"> • Incremental costs of innovation, including product and drug costs • Information technology, software costs • Revenue/growth of service • Length of stay trend changes/ variations • Number of diagnostic tests, interventions • Visits to ER, readmission rates • Incident report tracking, as indicated • Financial support for staff to attend conferences for knowledge acquisition and /or dissemination

Sustainability Monitoring and Feedback Mechanisms

Sustainability has gained recognition due to increasing awareness regarding public economic investment and health-care provider accountability. Many mechanisms are now utilized to ensure transparency of quality improvement processes. These include, but are not limited to, the following:

Local: (Organization)

- Balanced scorecard indicators (tracking of specific health-care delivery outcomes), posted on individual hospital/organization public websites.
- Quality Assurance committees
- Specific performance audits
- Municipal regulations, directives and public health campaigns.

Provincial: (Regional)

- Public disclosure of health-care quality standards (e.g. Ontario Hospital Association)
- Ontario Local Health Integration Networks (LHIN) service accountability agreements (indicators in all sectors of health-care delivery)
- Ontario Ministry of Health and Long Term Care Standards (e.g. compliance assessments, Resident Assessment Instrument – Minimum Data Set [RAI-MDS] documentation)
- Practice requirements within professional regulatory bodies (e.g. College of Nurses of Ontario) pertaining to performance measurement evaluations (e.g. accountability to provision of evidence-based practice)

National: (Country)

- Health Canada: Mandates, health indicators, regulations and policies
- Accreditation Canada Standards: Required organizational practices
- Canadian Institute for Health Information
- Canadian Patient Safety Institute (e.g. Safer Healthcare Now!)

International: (Global)

- World Health Organization resolutions and regulations
- Guidelines International Network (clearinghouse for evidence-base practice documents)

Before proceeding to the next chapter, consider the following:

Stakeholder Implications:

- Stakeholders who will play a part in sustainability include: administrators, who will want to see whether the resources to implement the BPG were warranted; clinical leaders, who will want to promote the best patient care; and all those involved in the implementation of the BPG, including patients and family.

Resource Implications:

- The sustainability plan will depend on the amount of resources available. Resources include: infrastructure program budgets; vendor/supplier incentives or discounts supporting education bursaries or programs; collaborating/networking with other BPG teams; research grants; government funding opportunities; the health-care organization's foundation donors; bequests for education; and safety and quality patient care outcomes.

Action Plan Implications:

- Add the selected sustainability strategies to your overall project action plan
 - Do you know which BPG recommendations are crucial to your clinical program, and organization as a long-term strategy?
 - Are you considering the clinical outcome, setting, evolving new research and guideline revisions in your sustainability plan?
 - Have you determined the accountability of your sustainability plan at all levels of the organization?

Scenario

Consider sustainability criterion as tabled within a sustainability assessment document (see example in Appendix 6.2), and reflect upon the following:

- Impact and relationship of sustainability at multiple levels (micro, meso, macro)
- The role of initial stakeholders over time (from initiator to implementer to evaluator)
- The role of staff and patient/client to ensure sustainability of change; incorporating new evidence and continued evolution of practice context.
- The timing of interventions with respect to organizational priorities/balanced scorecard/service accountability agreements.

Recommended Websites:

Sustaining Knowledge Use: Canadian Institutes of Health Research (CIHR)

Brief overview with learning objectives in English and French

English <http://www.cihr-irsc.gc.ca/e/41947.html>

French <http://www.cihr-irsc.gc.ca/f/41947.html>

PowerPoint Slide Presentation in English and French

http://www.cihr-irsc.gc.ca/e/documents/kt_in_health_care_chapter_3.7_e.pdf

http://www.cihr-irsc.gc.ca/f/documents/kt_in_health_care_chapter_3.7_f.pdf

Safer Health Care Now: <http://www.saferhealthcarenow.ca/EN/Pages/default.aspx>

Canadian network affiliated with the Canadian Patient Safety Institute, with the goal of facilitating best practices in patient safety. Resources are available for providers, organizations, health quality committees and health ministries, and have been tested for reliability. Topics include hand hygiene, fall prevention and medication reconciliation. Measurement tools are provided.

Sustainability Model and Guide: <http://www.institute.nhs.uk/sustainability>

Produced by the NHS Institute for Innovation and Improvement, this website provides a guide and Toolkit to evaluate the sustainability of an initiative, based on three defining parameters: staff, process and organization. Each parameter contains detailed questions to score and assess the degree of engagement within specific sustainability measures. An overall assessment score reflects the level of sustainability and provides insight into areas that need further attention.

Sustainability: <http://www.sustainability.com>

This website addresses sustainability in the business market, and provides an independent think tank and strategy consultation service focused on the development of creative solutions to environmental, social and governance challenges.

Sustainability Index: <http://www.sustainablemeasures.com/Sustainability/index.html>

This sustainability index provides measures and tools for assessing the level of sustainability of economic, social and environmental issues.

Sustainability Institute: <http://www.sustainer.org>

A non-for-profit organization applying models of thinking, modeling and organizational learning within global settings.

Appendix 6.1

Our selected guideline for implementation is:

We are particularly interested in the recommendations addressing:

1. Relevance of the topic: What is the need from the client/patient's perspective?

2. Benefits: What are the benefits for client/patients and their families? Are these benefits meaningful to other stakeholders?

3. Attitudes: What are the attitudes of the clients/patients to this issue? What might the family members perceive (positive and negative)? What attitudes do nurses and other major stakeholders have about the actions recommended in the guideline? Are the recommendations a major change? How?

4. Networks: What teams or groups can be engaged to facilitate sustainability?

5. Leadership: Who is responsible from a project lead perspective (short-term, long-term)? Are there champions and peer mentors in your setting? What actions can unit managers and administrators take? What might senior administration do from a sustainability perspective?

6. Policy articulation and integration: Does the recommendation fit with the current policies? What might need to change? e.g. orders, policies, chart forms? Are reminder systems feasible?

7. **Financial:** What funding is required to implement your strategies and action plan? Can you think of cost-effective or synergistic strategies?

8. **Political:** What power or turf issues exist? What support might be engaged?

Appendix 6.2 - Sustainability Action Plan

Below is a **sample** of a continuous action plan template. The plan depicts the identified sustainability indicators utilized within a large acute care hospital to monitor the sustainability of simultaneous BPG integrations.

Mackenzie Health previously York Central is a designated RNAO Best Practice Spotlight Organization® and is actively involved in the development, implementation and evaluation of numerous RNAO BPGs. The sustainability action plan examples below have been provided by Mackenzie Health.

Sustainability

Comment on key structures, processes and staff roles that have been or will be developed or utilized to sustain BPG use in your organization at the conclusion of your BPSO® candidacy. Please use the chart below to summarize your sustainability plans for the next two years. Please add additional rows, as necessary.

Prevention of Falls and Fall Injuries in the Older Adult

Year 1	BPGs	How sustained		
		Staff Roles	Structures	Processes
Goals	New/ongoing			
100% of new staff receive education of Falls Prevention Program	On-going	Clinical Educators/Managers	Adherence to Mentorship schedules	Ongoing monthly schedules in place
70% of staff complete annual quiz on e-learning	On-going	Clinical Educators/Managers	Adherence to professional development	Generate e-learning reports
70% of risk assessments completed as per HED audits	Ongoing 100% of new staff receive education of Falls Prevention Program	Clinical Educators/Managers	Clinical Educators/Managers	Adherence to Mentorship schedules Generate HED manual and electronic reports

Stroke Assessment Across the Continuum of Care

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
100% of staff hired to the Integrated Stroke Unit (ISU) will complete an orientation competency on stroke	On-going	Knowledge Transfer <ul style="list-style-type: none"> • Clinical Nurse Specialist (CNS) Completion of Package <ul style="list-style-type: none"> • Staff Nurses • Compliance • Unit Manger 	Manual & competencies already created Modules now available on Moodle	Embedded in orientation package Audit at 3 months new employees
Staff hired to the: <ul style="list-style-type: none"> • ISU (100%) • CCU (100%) will complete electronic self learning on the Canadian Neurological Scale	On-going	Knowledge Transfer <ul style="list-style-type: none"> • CNS • Patient Care Coordinator (PCC) Completion of electronic education <ul style="list-style-type: none"> • Staff nurses • Compliance • Unit Manager 	Self learning package on Moodle	Audit electronic completion within 1 month of hire
Patient & Family Education	On-going	<ul style="list-style-type: none"> • CNS • PCC • Nursing Allied Health 	Patient & family education worksheets Inter-professional stroke education series	Audit of worksheet upon patient discharge Maintenance of education log by CNS or PCC
Prevention of catheter associated UTI's <ul style="list-style-type: none"> • Stroke Unit • Across organization 	On-going New	Knowledge Transfer <ul style="list-style-type: none"> • CNS's & NP's • PCC's and CE's Support in Dissemination <ul style="list-style-type: none"> • Professional Practice • Infection Control • Compliance • Unit Manager 	Policy for the insertion urinary catheters in adults Moodle education	Annual completion of Moodle education Unit Visual management Monthly UTI and catheter rate reports
Tor-BSST swallowing screen	New	Knowledge Transfer <ul style="list-style-type: none"> • SLP Record of trained screeners and need to «refresh assessed «annually <ul style="list-style-type: none"> • CE 	4 hour education sessions presented by the SLP 3 return demonstration by the trainees Policy for TOR-BSST screening	Annual review of screening technique Monthly aspiration pneumonia rates
Signs & Symptoms of Stroke	New	Knowledge Transfer <ul style="list-style-type: none"> • CNS, PCC, CE 	Policy for Internal Stroke Protocol Electronic module on Moodle	Annual review of internal stroke “protocol

Stroke Assessment Across the Continuum of Care

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
			Embed into Hospital Orientation	

Reducing Foot Complications for People with Diabetes

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
1. To make recommendations for the e-learning component of this BPG to a) Be a part of the mandatory annual competency requirement completion for all nurses in areas with a diabetic patient population b) Be presented annually at the CKD Nephrology Day	New	Attendance at daily huddles and staff meetings Successful completion of e-learning models annually Attendance at the CKD monthly “BPG Article Review Club”	Develop diabetic foot risk assessment audit tool Monthly “BPG Article Review Club” Mandatory completion	Monthly chart audits for assessing the completion of diabetic patient foot risk assessment Yearly audit of e-learning site by each implementation unit educator to determine staff’s completion compliance

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
To continue to support and maintain the BPG throughout the organization	Ongoing	Report ongoing concerns and need for refresher training	Implement a “Diabetic Foot care week” annually throughout the hospital	Organize and present various activities throughout the week to provide ongoing education and celebrate success

Assessment and Management of Foot Ulcers for People with Diabetes

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
1. To facilitate the continued use of the “train-the trainer” approach to ongoing knowledge dissemination and best practice implementation on current and subsequent units	Ongoing	<p>Each best practice champions on each implementation units will be tasked with the responsibility of training groups of staff on their units in the assessment & management of diabetic wounds</p> <p>Mandatory annual completion of best practice competency learning activities on the organization’s e-learning system by all champions (with at least 85% grade pass)</p>	Collaborated efforts throughout the organization to continue workshops for identified best practice champions to continue to build on their best practice knowledge dissemination strategies	Organize a best practice champion’s workshop at a designated time at least once per year

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
1 To continue to collaborate with IT departments to facilitate nursing documentation of diabetic wound care management electronically throughout the organization	Ongoing	Provide ongoing input and feedback to IT pursuant to the ease of use of all developed and implemented e-documentation tools for diabetic wound management	Incorporation of wound assessment forms as part of nurses e-documentation	Completion of wound care assessment and management electronically requirements as part of nurses required on-line documentation

Promoting Asthma Control in Children

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Development of a PPO, documentation and educational tools for ED	New and ongoing	Knowledge transfer Compliance	Organizational practice change Stakeholder involvement	Revision of current tools for ED specific
Roll-out of BPG in the ED department	New	Compliance Knowledge transfer	Organizational practice change Stakeholder involvement	Education of KTT team: introduction of tools, moodle and quiz
Create an asthma clinic for children	New	Leads to meet with leadership, plan and strategize	Stakeholder involvement	Revision of current ED admissions for asthma, readmissions and cost to the organization as well as looking at potential revenue generation for the organization and savings
HED chart auditing	Ongoing	Compliance Knowledge transfer	Stakeholder involvement	Provide quarterly feedback on HED documentation including asthma documentation
Asthma BPG embedded in mentorship program	Ongoing	Compliance	Organizational practice change Stakeholders involvement	Complete competency validation process on Moodle

Screen for Dementia, Depression and Delirium/
Caregiving Strategies for Older Adults with Dementia, Depression and Delirium

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
To integrate screening strategies into q shift assessments both for inpatients and ambulatory patients	Ongoing	<p>Newly hired nursing staff:</p> <ul style="list-style-type: none"> • Attend Mentorship when hired • Attend ongoing education on the units/ services as provided <p>CNS for Senior Health will provide ongoing support for staff at point of care for admitted patients. She will also screen for depression</p> <p>Manager to follow up that all staff have attended mentorship sessions</p>	<p>Developed a policy for screening of delirium</p> <p>Imbedded delirium screening in the electronic documentation system</p> <p>Imbedded delirium screening in the ED assessments by having CAM auto print on all registered ED patients > 75 years</p> <p>Moodle unit developed including quiz for all new hires</p>	<p>Chart audits every quarter for completion of CAM screening, notification of MD of initial positive CAM and provision of family educational material. Will work with informatics to develop on electronic audit tool and will do manual audits of the ED</p> <p>Leadership team in Ed review metrics for TRST completion daily during Huddle.</p> <p>Team also decided that all nurses would complete 3D e-learning module as part of their yearly competency</p>
Increase the family/ visitor knowledge of delirium and empower them to be a proactive participant in the care		<p>Encourage the staff to provide patient/ families with educational material upon admission</p> <p>Quarterly work with Public Affairs to have posters placed in the elevators</p>	<p>Developed and have had approved several patient educational documents to provide knowledge to the visitors:</p> <p>Poster for use around the hospital You can Help Prevent Delirium</p> <p>Develop a poster to be placed on a rotational basis in the elevator discussing delirium and delirium prevention</p> <p>Currently working with public affairs to have information on delirium placed on the large TV's around the hospital in waiting rooms aimed at patients and family members</p>	<p>Materials are available in hard copies on each unit in binder and also available online</p> <p>Materials have been developed and quarterly reminder sent</p>

Client Centered Care and Establishing Therapeutic Relationships

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Embed the discharge checklist completely into electronic charting (Target date: Nov 2012)	Client Centered Care and establishing therapeutic relationships	Continue to complete discharge checklist	Build our discharge checklists into our e-health software	Partner with IT group to build into our documentation software
Post-discharge follow up phone calls	Client Centered Care and establishing therapeutic relationships	Continue to increase staff capacity to increase number of phone calls	Continue workshops to increase capacity Patient relations department to participate as well	Increase capacity at the unit level as well at organizational level

Breastfeeding Best Practice Guidelines for Nurses

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implementing policy	New	Compliance Knowledge transfer Improve awareness and knowledge	Organizational practice change Stakeholders involvement	Revision as needed
Developing documentation tools Develop pre-printed order	New	Compliance Involvement in creation and giving feedback	Implementation Monitoring Evaluation	Implement the paper version of tool to be used as blue print for the computerized documentation
Bi-annual nursing education and competency validation	New	Compliance Change behavior Change practice	Program core competency requirement	Involving lactation consultant and resource nurses

Healthy Work Environments: Professionalism In Nursing

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
100% of policy and procedure work plan on track	Ongoing	Manager for Quality/ Risk Professional Practice Leader, Nursing	Monthly Policy and Procedure review Committee Visual Management tools developed	Quarterly review
100% of Medical directives work plan on track	Ongoing	PPL, Nursing Clinical Practice Team members Chief Practice Officer	Visual Management tools developed	Quarterly review
100% of ethics work plan on track	Ongoing	Ethicist KTT, Ethics Facilitators	Monthly meetings	Generate e-learning reports, Quarterly review
Support ongoing forums to support understanding the meaning of self regulation and its implication for practice	Ongoing	KTT members Clinical Practice Team Members	Quarterly lunch and learn sessions for staff	Generate reports Sign in sheets
10% increase in staff satisfaction related to health workplace environment	Ongoing	Manager, HR Manager OD	Picker Staff Satisfaction questionnaire	Annual review

Healthy Work Environments: Professionalism In Nursing

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implement Patient Care Redesign across all inpatient areas	Ongoing	KTT members Nursing leadership team	Unit Based KTT Establishment of PM for the project to ensure aligns with BPG recommendations Visual Management tools established	Weekly meetings that transition to monthly and quarterly Embed work as part of reporting for the monthly operations review with senior leaders Evaluate patient and staff satisfaction via Picker results

Developing and Sustaining Nursing Leadership

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implement Patient Care Redesign across all inpatient areas	Ongoing	KTT members Nursing Leadership team	Unit Based KTT Establishment of PM for the project to ensure aligns with BPG recommendations Visual Management tools established	Weekly meetings that transition to monthly and quarterly Embed work as part of reporting for the monthly operations review with senior leaders Evaluate patient and staff satisfaction via Picker results

Embracing Cultural Diversity in Health Care: Developing Cultural Competence

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Diversity & Accessibility Council strategy reflects BPG	Ongoing—Embracing Cultural Competence	Manager, Employee Relations and Diversity Lead, BPG Cultural Diversity	Diversity & Accessibility Council BPSO Steering Group	Annual Diversity & Accessibility Strategy development and approval process
Review SickKids Cultural Competence Resources	Ongoing—Embracing Cultural Competence	Manager, Employee Relations and Diversity Lead, BPG Cultural Diversity	Diversity & Accessibility Council	Annual Diversity & Accessibility Strategy development and approval process Orientation sessions for new staff

Build working relationship with Toronto Region Immigrant Employment Council (TRIEC)	Ongoing—Embracing Cultural Competence	Manager, Employee Relations and Diversity and Relations Assistant	Implementation of the Mentorship program Utilizing TRIEC’s resources such as existing online educational videos	Understand the areas in which a successful mentorship program for Internationally Educated Professionals with YCH Obtain level of interest from internal stakeholders Educate internal staff about the program Ongoing monitoring and support
Implementing the 11 diversity events	Ongoing—Embracing Cultural Competence	Manager, Employee Relations and Diversity and Relations Assistant	Identified the 11 that the committee will support Need to create the plan on how to implement	Communicate event Obtain champions/ leader for event Coordinate with Foundation for any donations Event Coordinating—i.e. supplies, materials, guest speakers, meeting space, etc. Recognition: appreciation of the efforts for the volunteers—i.e. presentation of Certificate of Appreciation from the Diversity and Accessibility Committee Posting information on Intranet with event highlights including pictures

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Complete and continue review of Practice Policies	Ongoing—Embracing Cultural Competence	Lead, BPG Cultural Diversity	Professional Practice Manual	Nursing Council for approval of any revisions
Expand “Review, Reflect, Renew” sessions to 2 other units	Ongoing—Embracing Cultural Competence	Clinical Educators	Unit huddles	Liaison with Educator and ad hoc or regular RRR element of huddle

Risk Assessment and Prevention of Pressure Ulcers

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Sustain all implemented recommendations hospital wide	Nursing skin/wound assessment PU preventions according to BPG	Sustainability of “Wound Wizard” KTT team	Policies and procedures Patients education Staff education Develop and implement electronic incident reporting for all new PU Prevalence and Incidence study yearly	Wound Wizards education Ongoing education for frontline staff with focus on PU prevention Wound/ Skin Care Mentorship program for new staff with focus on PU prevention Staff will identify patients at risk for PU development and take active preventive measures by proper position and utilization of therapeutic surface

Assessment and Management of PU Stage I-IV

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Sustain all implemented recommendations hospital wide	Nursing skin/wound assessment PU preventions according to BPG	Sustainability of “Wound Wizard” KTT team	Policies and procedures Patients education Staff education Develop and implement electronic incident reporting for all new PU Prevalence and Incidence study yearly	Wound Wizards education Ongoing education for frontline staff with focus on PU prevention Wound/ Skin Care Mentorship program for new staff with focus on PU prevention Staff will identify patients at risk for PU development and take active preventive measures by proper position and utilization of therapeutic surface

CHAPTER SIX

Nursing Management of Hypertension

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implement 5 of 35 recommendations from BPG on 4 clinical units and ER	Nursing Management of Hypertension	KTT	Policies and Procedures Discharge Checklist	Clinical practice audit 3, 6 and 12 months post implementation Embedded into mentorship program Follow up with patients post discharge at 18 and 24 months post implementation

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implement 5 of 35 recommendations from BPG on 4 clinical units and ER	Nursing Management of Hypertension	KTT	Policies and Procedures Discharge Checklist	Clinical practice audit 18 and 24 months post implementation Embedded into mentorship program Follow up with patients post discharge at 3, 6 and 12 months post implementation

Decision Support for Adults Living with Chronic Kidney Disease

Year 1	BPGs	How sustained		
Goals	New/ongoing	Staff Roles	Structures	Processes
Implement quality improvement initiative focusing on patient education specifically modality and permanent access education for patients	Ongoing	CPL new start CKD Leadership team MRNs Program coordinators Interprofessional	Monthly new start meeting Tracking tool developed	Review Monthly

Appendix 6.3 Worksheet:

Questions to Guide Assessment of Facilitators and Barriers

	Questions	Facilitators	Barriers
Evidence	<ul style="list-style-type: none"> • Review guidelines with a view to the end user. Are the recommendations clear and easy to understand? If not, how might you make them so? • Will the end users be able to access the evidence easily from point of care? If not, how might it be made accessible? • Can it be built into current documentation? • What might prompt use of the evidence? • Are tools needed? Is the tool suggested clear and easy to complete? Can you involve those who will be using them to build the tool if a new one is needed? • How can you assure there is no duplication in documentation? 		
Potential Adopters	<p>Leadership support is critical to successful implementation. It is important to assure this is in place prior to proceeding.</p> <ul style="list-style-type: none"> • Will they support team member’s time to be on the committee? • Will they support time for team members to receive education? • Will they support the process of acquisition of new equipment or supplies? • Are they able to influence change? • Will they be willing to role model commitment to this change? • Are they visible and accessible to the team members when they have concerns? 		
	<ul style="list-style-type: none"> • Has the health-care team been exposed to evidence based practice? If not could some education about research be provided? Would a journal club work in this setting? • Are they able to access resources to help with clinical appraisal of research? For example, are librarian resources available? Could you link with academic partners? • What have their previous experiences been with evidence based changes in practice? What went well? What didn’t go well? What can you learn from those stories to modify your approach? • Does the team work well together? Do they have a history of collaboration? If not, how might you build some skills doing small implementations? • Does the team have flexibility in staffing and scheduling to allow attendance at meetings and education sessions? 		

	<ul style="list-style-type: none"> • Do senior nurses role model positive Clinical Leadership? • Who on this team might you target to help champion this implementation? Is someone passionate about these recommendations, this patient population, the potential outcomes that can be achieved? • Are there RNAO Best Practice Champions on this team(s) that could be enlisted to help? 		
	<ul style="list-style-type: none"> • How is education delivered currently? How is it communicated? How well does it work? If it works well, could the education needed for implementation use this format? If not, is there another approach to education that might work well with this group, or these clients? • Is there motivation of those being educated to change? 		
	<ul style="list-style-type: none"> • Is the client population knowledgeable about evidence based practice? If not, how might this is enhanced? • Is education targeted to the clients? • What factors should be taken into consideration? For example, are any senses diminished? Might they have trouble reading, seeing, hearing, and getting to the room? • What is the lowest level for literacy? • Where will they learn best? (during hospitalization, at home, in clinic?) 		
<p>Resources</p>	<p>Human Resource constraints</p> <ul style="list-style-type: none"> • Time is one of the most mentioned barriers, e.g.: • Time to do the literature search and review • Time to serve on the committee to plan the implementation • Time to prepare the components of the implementation • Time to go to education sessions • Time to evaluate the outcomes • It is important to accurately estimate the time required to complete the project and assure there is support both in principle and financially from leadership • Can other departments in the organization help? Is there a QA or Risk Management department? <p>Funding</p> <ul style="list-style-type: none"> • There may be funding for back fill to create the time needed for the human resources needed. What amount would that be? • Equipment: Is there enough for implementation needs? Is new equipment required? What is the process for obtaining new equipment and what is the timeline to delivery? • What other avenues are available to for funding with and external to your organization? Is there a Foundation for your organization? Would this meet funding from professional organizations? Government? Others? 		

<p>Environment</p>	<ul style="list-style-type: none"> • What other change projects are happening during the time frame of implementation – too many changes can overwhelm a team • What are the corporate priorities? Does this implementation complement the strategic goals? • What is the turnaround time for decisions in the organization? How far ahead do you need to be planning? • What is the timeline for producing a new documentation tool? Policy? Procedure? Who needs to approve? • Are there adequate rooms for meetings and education sessions? Do you need to go externally to educate? What will that cost? • What is the complexity of the client population? The greater the complexity, the greater the needs and scope creep can ensue. With greater complexity, the complexity of measuring outcomes can increase. 		
<p>Evaluation</p>	<ul style="list-style-type: none"> • What kinds of data are already being monitored in the organization? Can you get access to that data? • Has the current practice been evaluated? Could this provide baseline data or should one be conducted? • Will evaluation require further resource support? For example, if audits are needed, who will do them, with what tools? 		