Advancing Patient Care through Nurse-Led Best Practice Guideline Implementation

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Objectives

• To discuss the evolution of the St. Michael’s Hospital BPSO Candidacy, Designation and Sustainability

• To describe the evolution of nurse-led best practice guideline implementation

• To present a case scenario of organization-wide best practice guideline spread and sustainability

• To share the experience of a BPG Nurse Champion
What is a BPSO

Stands for **Best Practice Spotlight Organization**, the designation awarded by the Registered Nurses’ Association of Ontario (RNAO) upon an organization’s successful implementation, evaluation and knowledge translation of RNAO best practice guidelines (BPGs).

The RNAO created its BPG program to provide nurses and healthcare teams with the most up-to-date, comprehensive, evidence based patient care and healthy work environment recommendations.

RNAO BPG’s are recognized provincially, nationally and internationally.
Why BPSO...

Nursing Excellence
Through Our Culture of Caring, Innovation and Scholarship

1. Enhancing a Culture of Caring
2. Cultivating a Culture of Discovery
3. Embedding Clinical Scholarship
4. Creating a Healthy Work Culture by Strengthening Partnerships
5. Embracing Technology and Innovation in Patient Care
A 10 year journey

- December 2008: EVP, CNE requests endorsement for application to become a BPSO Candidate
- April 2009: RNAO BPSO Candidacy announced at RNAO AGM
- May 2009: Corporate announcement and first steering committee meeting
- Summer 2009: Project planning for stakeholder engagement and implementation planning
- September 2009: Nursing Best Practice Research Unit established and GICOM program launched
- January 2010: BPSO Kick-off – Boot Camps launched
- February 2010 – December 2011: Ongoing implementation, evaluation and sustainability of BPG
A 10 year journey continued

**August 2011**
- Care Utilizing Evidence (CUE) Dashboard introduced

**October 2011**
- CUE-QI kick off

**April 2012**
- Awarded BPSO Designation

**June 2014**
- Launch of BPG Online Booster

**October 2015**
- Monthly BPG Community of Practice (CoP) re-established

**April 2016**
- SMH BPSO Intranet re-launched

**October 2016**
- First issue of the Annual SMH BPSO Newsletter
The PARiHS Framework

Successful Implementation
E = evidence
F = facilitation
C = Context
S = structures

Evidence
- Research
- Clinical experience
- Patient experience
- Local information

Facilitation
- Appropriate
- Purpose
- Role
- Skills

Context
- Culture
- Leadership
- Evaluation

Participants
- Experience
- Knowledge
- Skills

Nurses' Role
Assessment, diagnosis, intervention, follow up

Outcomes
Clinical – Patient response to intervention
Functional – physical functioning
Financial – cost and length of stay
Perceptual – Patient satisfaction
The Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act, Plan, Study, Do

Circular flow of improvement process.
A 3-Pronged Approach to Supporting Nurse Champions

Education:
• Facilitated sessions by SMH teams to provide teams new insights, knowledge and tools

Knowledge Sharing:
• Opportunities for front-line nurses from across the organization to come together and learn from each other

Mentorship:
• Provided by unit team members and Professional Practice to provide one-on-one coaching and support
Engaging our Frontline Nurses: Boot Camps & Fellowships

*Understand*...key principles from the Corporate Best Practice Guidelines as they establish the foundation for enhancing nursing professional practice at SMH

*Apply*...requisite knowledge and self reflection practices as the starting point for implementing clinical BPGs at the local level

*Reaffirm*...the importance of strengthening therapeutic relationships between the client and nurse as a guiding principle when considering changes in practice to improve patient outcomes

*Scope*...local clinical BPGs and design a SMART intervention that utilizes 2-3 guideline recommendations

*Create*...early work plans for successful implementation, evaluation and sustainability of the intervention

*Sustain*...work by selecting a supportive mentor who will facilitate ongoing work for the local team during the 6 month implementation period
Engaging our Frontline Nurses: CUE-QI

- **Learning Component:** interactive learning modules in classroom and working group sessions on quality improvement principles and methods, project planning, and knowledge translation.

- **Action Component:** each CUE-QI participant was partnered with a mentor for 6 months in which they applied the PDSA framework, starting with review of the unit data profile (CUE dashboard) to focus their improvement and develop an action learning plan, performing a rapid test of change.

- **Knowledge translation:** participants shared their projects, outcomes and lessons learned in a forum during nursing week.
Engaging our Frontline Nurses: BPSO CoP

Engagement:
- Establish connections with other nurses involved in BPG initiatives
- Discuss project-related problems in a safe, non-judgmental environment
- Share ideas, knowledge and experience
- Access expertise not readily available in the respective clinical area

Education Sessions:
- QI Frameworks including the Plan-Do-Study-Act Model for Improvement and process mapping
- Quality Improvement versus Research; Sustainability
- Developing and Delivering Education to support change
- Change Management: How to minimize resistance and maximize uptake
- How to develop a poster presentation

Support:
- Unit Mentor
- CLM
- Professional Practice Mentor
Since 2009 there have been

- 239 Nurse Champions
- 31 unit-based BPGs implemented
- 27 Clinical areas
- 8 corporate BPGs implemented

And more to come...
My Story
Do you know this patient?
The patient

John is a 40-year-old mechanic, presented in ED with history of sudden onset of mid-abdominal pain radiating to back. The pain awakened him at 4:00. He vomited several times. Emesis did not relieve his pain. He recently vacationed in Cuba.

History: pancreatitis, ETOH, GIM admission in March 2018 d/t pancreatitis.

While in ED, his condition deteriorated requiring mechanical ventilation and fluid resuscitation. He was transferred to MSICU.
The Family

- Patients are unable to tell us their stories.

- Family members and surrogate decision makers (SDMs) become active partners in decision making.

- Family members often have first-hand insight into patients’ preferences.

- Family is part of the care team.

How do we get to know the patient better?

How do we engage the family in therapeutic relationship?
The mandate

• To humanize the unconscious patient and get to know them

• To enhance caregiving

• To provide a conversation starter

• To promote a therapeutic relationship

• To make patients feel better understood and cared for
My Story helps humanize our bedside approach and get to know our patient beyond what’s documented in the patient chart.
John has been off Levophed for 3 days. He is now on 40% FiO2 at 4L/min via nasal prong. MSICU MD has ordered for patient's discharge. GIM has accepted John.

In GIM, John had 2 falls in the last 3 days. He does not know where he is. Despite constant reminder to use call bell when he needs to go to bathroom, John insists he can do it. He is also heard screaming and calling out at night.
Our journey with *My Story* at SMH
Transfer of Accountability
Back to John...

John’s daughter mentioned to the Night Nurse that her dad seems to be more restless than usual and does not recognize her. Upon assessment, the patient c/o of headache.

The Night CA told the Night Nurse that he heard that John had a fall on day shift, and asked what happened. The Night Nurse said “I don’t know as the Day Nurse did not provide ToA”.

The Night Nurse informed the MD about the fall and patient’s restlessness and confusion. CT was ordered.
THE WALL STREET JOURNAL.

The Most Crucial Half-Hour at a Hospital: The Shift Change

Nurses conferring in hospital rooms makes patients and families feel comforted and safe

https://www.youtube.com/watch?v=nX-upN6OQLY

Nurses Corey Bennett, left, and Reenie Mraz-Peterson talk in a patient’s room during a shift change at the University of Vermont Medical Center. PHOTO: DAVID SEAVER
Patients give thumbs up to bedside reporting (aka ToA)

Nurses Justina Sienes and Danielle Bull-Wagner ask a patient about his concerns during the new bedside transfer of accountability process.
Source:
Our journey with ToA

Shift-to-shift

Intrahospital

Interfacility/Facility to home
A BPG Nurse Champion’s Perspective
Thank You!
References


