

Leading Quality Improvement through Best Practice Guideline Development, Implementation, and Measurement Science

Liderando mejoras de calidad mediante el desarrollo, implementación, y medición de las guías de buenas prácticas de Enfermería

Liderando com melhor qualidade por meio da elaboração, implementação e avaliação de guias de boas práticas na enfermagem

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Abstract

Introduction: The quest for evidence-based practice has spurred action by a number of groups worldwide to develop knowledge tools. However, the uptake of knowledge and implementation of clinical practice guidelines in any practice setting requires more than just the awareness and distribution of rigorously developed guidelines. **Objective:** The objective of this article is to share successful implementation strategies developed by the Best Practice Guideline Program of the Registered Nurses' Association of Ontario (RNAO), that ensure practitioners are fully aware of the best available knowledge and have adequate supports to translate clinical practice guideline recommendations into their day to day practice. **Topics:** Details of RNAO's seven stage process of sound guideline development are provided and RNAO's Best Practice Spotlight Organization® Designation is highlighted as a top implementation strategy that enables organizations to partner with RNAO to

implement multiple RNAO Best Practice Guidelines using a systematic planned approach and full participation of staff, with a focus on quality improvement and evaluation. The BPSO Designation is informed by implementation science and is rapidly gaining international acclaim for its effectiveness in creating high levels of nurse and other health provider engagement in quality care, evidence-based practice cultures, and improved health outcomes. **Conclusions:** Through its leading work in rigorous guideline development, implementation and evaluation, RNAO is successfully transforming nursing practice thorough knowledge on a global scale. [Bajnok I, Grinspun D, Lloyd M, McConnell H. Leading quality improvement through best practice guideline development, implementation, and measurement science. *MedUNAB* 2015; 17 (3): 155-162]

Keywords: Evidence-based practice; Evidence-Based Nursing; Practice Guideline; Quality Improvement; Nursing.

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Resumen

Introducción: La búsqueda de prácticas basadas en la evidencia ha estimulado acciones por parte de un número de grupos a nivel mundial para desarrollar herramientas de conocimiento. Sin embargo, la absorción de conocimiento y la implementación de guías de práctica clínica en cualquier ambiente clínico requieren más que la concientización y distribución de guías desarrolladas rigurosamente. **Objetivo:** El objetivo de este artículo es compartir la implementación de estrategias exitosas desarrolladas por el Programa de Guías de Buenas Prácticas en Enfermería de la Asociación de Enfermeras Profesionales de Ontario (RNAO, por sus siglas en inglés), la cual asegura que sus practicantes estén completamente consientes del mejor conocimiento disponible y que tengan el adecuado soporte para transferir las recomendaciones de guías de buenas prácticas clínicas a su práctica diaria. **Temas de reflexión:** Los detalles del proceso de siete etapas de la RNAO de desarrollo de la guía y el Programa de Directrices sobre las Mejores Prácticas de la RNAO son proporcionadas y resaltadas como estrategias de implementación que permite a las organizaciones asociarse con la RNAO para implementar múltiples guías de buenas prácticas usando un método sistemático planeado y una activa participación del personal, con énfasis en mejoras de calidad y evaluación. El Programa de Directrices sobre las Mejores Prácticas es informado por la ciencia de implementación y esta rápidamente ganando aclamación internacional por su eficiencia en crear altos niveles de cuidado de enfermería y calidad en el cuidado que las instituciones sanitarias ofrecen, así como mejoramiento y mejores resultados en las prácticas basadas en la evidencia. **Conclusiones:** A través de su labor de liderazgo en el desarrollo, la implementación y la evaluación rigurosa de las guías, la RNAO esta exitosamente transformando las prácticas de enfermería mediante el conocimiento a escala mundial. [Bajnok I, Grinspun D, Lloyd M, McConnell H. Liderando mejoras de calidad mediante el desarrollo, implementación, y medición de las guías de buenas prácticas de enfermería. MedUNAB 2015; 17 (3): 155-162]

Palabras clave: Práctica Clínica Basada en la Evidencia; Enfermería Basada en la Evidencia; Guía de Práctica Clínica; Mejoramiento de la Calidad; Enfermería.

Introduction

Knowledge development is increasing at a fast pace, making it a major challenge to synthesize and present that knowledge to end users in a way that enables them to readily utilize it in their daily work (1). While this challenge exists in many fields, it has become critical in health care as use of best evidence can mean the difference between independence and dependence, comfort and pain, even life and death.

The Registered Nurses' Association of Ontario (RNAO), is the voice of registered nurses (RNs), nurse practitioners (NPs) and nursing students in Ontario, Canada, with the mandate of speaking out for nursing and speaking out for health; excellence in nursing practice is of paramount importance. RNAO's mission is to pursue healthy public

Resumo

Introdução: O movimento de práticas baseadas na evidência, associado à enfermagem, tem estimulado ações em nível mundial para desenvolver ferramentas de conhecimento. Contudo, assimilar o conhecimento e implementar as diretrizes na prática clínica em qualquer ambiente clínico requer mais do que conscientização e distribuição de guias de orientação desenvolvidas com rigor. **Objetivo:** O objetivo deste artigo é partilhar a implementação de estratégias bem-sucedidas desenvolvidas pelo Programa de Guias para a Boa Prática na Enfermagem, da Associação de Enfermeiras de Ontário, (Canadá) (RNAO, segundo sua sigla em Inglês), que assegura aos praticantes maior consciência sobre os melhores conhecimentos disponíveis fazendo-os realidade em sua prática cotidiana, já que as guias ou manuais de boas práticas baseadas em evidências constituem uma abordagem que possibilita melhorias da qualidade da assistência à saúde. **Tópicos:** Os detalhes do processo das sete etapas do desenvolvimento RNAO de Orientação e Diretrizes do Programa de Melhores Práticas RNAO são oferecidas e destacadas como estratégias de implementação que permitem às organizações associadas com RNAO implementar diversas guias ou manuais de boas práticas através de um planejamento sistemático e da participação ativa, com ênfase na avaliação e melhoria da qualidade e da assistência à saúde permanentemente. O Programa das Diretrizes de Melhores Práticas é informado pela ciência da implementação e está ganhando rápido reconhecimento internacional pela sua eficiência na criação de alto nível nos cuidados da enfermagem e da qualidade nos cuidados que as instituições de saúde oferecem, igualmente pela sua melhoria contínua e aprimoramento dos resultados das práticas baseadas em evidências. **Conclusões:** através do seu protagonismo e liderança no desenvolvimento, implementação e avaliação rigorosa das guias, o RNAO está transformando exitosamente a prática da enfermagem, através do seu conhecimento e divulgação mundial. [Bajnok I, Grinspun D, Lloyd M, McConnell H. Liderando com melhor qualidade por meio da elaboração, implementação e avaliação de guias de boas práticas na enfermagem. MedUNAB 2015; 17 (3): 155-162]

Palavras-chave: Prática Clínica Baseada em Evidências; Enfermagem Baseada em Evidências; Guia de Prática Clínica; Melhoria de Qualidade; Enfermagem.

policy and promote the full participation of RNs, NPs, and nursing students in shaping and delivering health services now and in the future. In conjunction with an active membership, RNAO promotes and enables knowledge-based nursing practices, advocates for quality of work life, and offers excellence in professional development services. This narrative paper will share how RNAO has developed a signature program to address the need for the best evidence to guide health care, as well as the need to ensure practitioners have the best available knowledge and adequate support to use that evidence in daily practice.

Best Practice Guideline Program

RNAO's leading edge work related to knowledge-based nursing practice and management decision making was



Figure 1. RNAO¹ Best Practice Guidelines Program Model
¹ Registered Nurses' Association of Ontario this graph is the result of this study.

launched in Ontario, Canada, in 1999. The program mandate, depicted in Figure I: RNAO Best Practice Guidelines Program Model, is the development, dissemination, support for implementation, and evaluation of clinical and healthy work environment best practice guidelines (2,3).

To date, the program has produced: 42 clinical and 10 healthy work environment guidelines; a tool kit to aid in the implementation of the guidelines in practice settings; an educator's resource to facilitate guideline implementation in the nursing curriculum; and a myriad of educational programs offered across Canada and internationally (4,5). The published guidelines are disseminated and uptake is supported using a multi-pronged approach, based on implementation science. The approaches used to facilitate guideline implementation are directed towards the individual, organizations and the health system. Strategies used when working with individuals include a focus on: individual capacity development, through the Best Practice Guideline Champion Network®, Nursing Order Sets, RNAO Learning Institutes, eLearning programs, and other professional development opportunities (6,7). The key organizational strategy is the Best Practice Spotlight Organization Designation® (BPSO®) (8). Health system-strategies include a range of provincial and national implementation projects directed at specific sectors, (i.e. public health, long term care), or clinical topic areas (i.e. falls, smoking cessation, prevention of elder abuse). The guidelines, related resources, and implementation projects are available for free download from the RNAO web site at www.RNAO.ca/bestpractices.

Best Practice Guideline Development

RNAO defines best practice guidelines as evidence-based resources that are systematically developed to support

clinical decision making related to the treatment plan for specific client health situations (9). The terms “guideline”, “clinical practice guideline”, and “best practice guideline” are often used interchangeably to describe a variety of tools that direct clinical practice (4). RNAO's unique name for clinical practice guidelines is Best Practice Guidelines (BPG) (4). While there are many guidance documents for various practice situations, not all meet the standards embodied in the *Appraisal of Guidelines Research & Evaluation (AGREE II)* Instrument which helps differentiate between a quality “guideline” and other practice related documents available to clinicians in the workplace (10). RNAO's rigorous guideline development process is based on the AGREE II guideline development standards, and consists of a seven-phase approach that enables the highest quality and most current research and other evidence related to a topic area to be utilized in the development of practice, education and policy recommendations (11). The incorporation of evidence-based recommendations for practice, policy, and education in each guideline makes RNAO's BPGs invaluable resources to direct education and practice and inform healthy public policy, organizational policy, standards, and protocols.

The seven steps of the guideline development process are depicted in Figure 1 and include: 1) comprehensive topic selection; 2) identification of an expert panel of nurses and other experts and delineation of the specific scope of the guideline; 3) a systematic review of the scientific literature; 4) development of evidence-informed recommendations focused on practice, education and policy areas; 5) a broad stakeholder review process; 6) publication and dissemination of the guideline and 7) a five year review and revision cycle. Throughout the guideline development process, RNAO staff, who are technical and methodological experts, work alongside the Chair of the expert panel to lead the development process ensuring all phases of RNAO's

methodology are followed, guided by the AGREE II standards. In addition, a team of RNAO research staff utilize rigorous tools and standards to conduct the systematic review of evidence, identify the highest quality research, prepare data extraction tables, and complete the systematic review manuscript for publication.

RNAO's commitment to nurses as knowledge professionals and to knowledge-based practice, fuels the infrastructure established to support widespread dissemination and implementation of its extensive set of evidence-based resources. RNAO's guideline dissemination strategies commence even before the initiation of guideline development, as often the topic selection is influenced by a public process such as a provincial or federal health-care task force report that recommends RNAO be involved in developing a related BPG. The panel selection process aims to involve experts across all nursing roles and domains of practice as well as other health-care professions, methodological experts, and a health sciences librarian. These activities contribute to an early awareness in the nursing and health-care community about the guideline in development. The stakeholder review process, which involves self-selected users and invited experts and users to review the guideline before publication and impart feedback, not only provides a comprehensive view of how the guideline will be received, but also creates a greater level of awareness of the guideline's pending availability. Finally, once the guideline is published RNAO arranges a media release to coincide with a related event to ensure a high profile for the guideline. Furthermore, electronic and hard copy notices are sent for widespread dissemination of the BPG to key stakeholders in policy, practice, research, administration and education.

Best Practice Guideline Implementation Support

The uptake of knowledge in any practice setting requires more than the awareness and distribution of guidelines. Clinical practice guideline implementation at the point of care is a multifaceted and challenging process for all involved. Successful implementation involves specific, clear plans and strategies to convert evidence based recommendations into specific practice changes and better outcomes (12). While there is often considerably more focus on guideline development than the more unpredictable implementation processes, a number of strategies have been crafted by key health-care stakeholder organizations that reinforce the need for attention to planned change, education, and leadership (13). Indeed, the RNAO's Best Practice Guidelines Program focuses as much on implementation as it does on the rigorous BPG development process.

The implementation supports at the individual, organizational and system levels provided by RNAO reflect

components that have been identified as success factors in the implementation science literature in implementing and sustaining evidence-based guidelines. These factors are listed below and illustrated throughout the discussion of RNAO's implementation supports:

1. Use of a systematic planned approach(4).
2. Treating guideline implementation as a change process (14).
3. Utilizing formal leaders and informal leaders including Champions, implementation teams, and steering committees at all stages of BPG implementation (15,16).
4. Linking BPG implementation strategies to organizational context, such as government directives, strategic priorities, quality improvement, and other clinical initiatives(17).
5. Selecting implementation strategies based on an assessment of facilitators and barriers of knowledge uptake in the organization, including level of knowledge of the practice change (16).
6. Integrating the BPG recommendations into organizational structures and processes to ensure sustained use(17).
7. Becoming part of a broader network of organizations working to create evidence-based practice cultures and implement BPGs (16).

RNAO's implementation methodology is documented in the *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)*, which provides an evidence-informed approach to a planned, systematic implementation process (4). The Toolkit is based on emerging implementation science that indicates the likelihood of achieving successful uptake of practice guidelines in health-care increases when:

- Leaders at all levels are committed to support facilitation of guideline implementation (4).
- Guidelines are selected for implementation through a systematic, participatory process.
- Stakeholders relevant to the focus of the guideline are identified, and engaged in the implementation process (15).
- An environmental readiness assessment for implementation is conducted for its impact on guideline uptake.
- The guideline is tailored to the local context.
- Barriers and facilitators to use of the guideline are assessed and addressed.
- Interventions are selected that promote guideline use.
- Guideline use is systematically monitored and sustained.
- Evaluation of the impacts of guideline use is embedded into the process.
- There are adequate resources to complete the activities related to all aspects of guideline implementation.

The RNAO Toolkit uses the Knowledge-to-Action Model that follows a detailed step-by-step process for implementing guideline recommendations at the local level (16). Key implementation phases based on the Knowledge-to-Action Model include: 1) adapting knowledge to local context; 2) assessing barriers to knowledge use; 3) selecting and tailoring implementation interventions to meet the local

context; 4) evaluating impact and spreading the best practices across the organization, and sustaining use over time. Guideline implementation must be systematic and participatory to ensure recommendations are customized to fit the local context. In addition, successful BPG implementation addresses the needs of the individual through education and performance expectations; incorporates organizational supports such as enabling policy and resources; and is reinforced at the system level through health policy, resources, and legislation. When all these areas are addressed and aligned, implementation activities are effective and sustained over time.

RNAO's evidence-informed implementation strategy incorporates provision of education through Learning Institutes of 3-5 days in length, which bring together practitioner/learners to address a critical clinical issue through use of BPGs. The Institutes provide an opportunity for learners to: gain in depth knowledge; apply concepts to case studies that prepare them to use their new knowledge and skills on return to their workplace; and build and utilize a network of nurses and other health-care professionals in their ongoing guideline implementation work.

A further capacity building strategy used by RNAO is the Best Practice Champion Network® wherein thousands of nurses and other health professionals have been educated in Ontario and various settings in Canada and around the world to help their peers understand the importance of evidence-based care and to implement BPGs (6). These Champions are supported through a foundational and an advanced educational program, and regular knowledge transfer sessions, which bring together the network of champions to share successes and determine solutions to key challenges in guideline implementation. Champions each play a leadership role in guideline implementation through role modeling, teaching, sharing information at committees, and formal and informal presentations and discussion with peers (6).

RNAO also leads a highly innovative and successful BPG implementation methodology for organizations through its Best Practice Spotlight Organization® (BPSO®) Designation. Established in 2003, the BPSO Designation provides an opportunity for health-care organizations across all sectors and academic institutions to receive support from RNAO in the implementation and outcome evaluation of multiple RNAO BPGs. The end goal is to optimize nursing care, and patient/client/resident and organizational outcomes, through the use of best practices, promoting a culture of evidence-based nursing practice and management decision-making. The primary objectives of the BPSO Designation are to:

1. Establish dynamic, long-term partnerships that focus on making an impact on patient care through supporting knowledge-based nursing practice.
2. Demonstrate creative strategies for successfully implementing nursing best practice guidelines at the

individual and organizational level.

3. Establish and utilize effective approaches to evaluate implementation activities utilizing structure, process and outcome indicators.
4. Identify effective strategies for system-wide dissemination of BPG implementation and outcomes.

Organizations are eligible to apply to become a BPSO if they demonstrate a commitment to evidence-based practice and to implementing RNAO nursing best practice guidelines and visibly support staff/faculty and students to participate in opportunities to develop capacity in evidence-based practice/education. In addition eligible organizations express strong and explicit support from executive leadership and other key stakeholders for evidence-based practice/education, the nursing profession and the implementation of RNAO BPGs. They incorporate a senior nurse leader who oversee the academic or service program, and is part of the senior/academic/service senior management team.

In the BPSO Designation, organizations commit to a 3 year qualifying experience, during which time a formal partnership is established with RNAO and the organization with the mandate of building capacity, implementing multiple BPGs, developing a supportive and sustaining infrastructure, disseminating results, and evaluating impacts. At the end of the three-year period, and assuming all deliverables are met, the organization becomes a "Designated BPSO." As Designated BPSOs, organizations focus on sustainability, and commit to continue the implementation and evaluation of best practice guidelines in their organization and within the system, in order to renew their designation every two years.

Given the rapid spread of RNAO's BPGs around the world, RNAO established a BPSO Host Model in 2012 whereby governmental entities or associations apply to take on the role of establishing and overseeing a group of BPSOs in their jurisdiction. BPSO Hosts sign an agreement with RNAO and consent to utilize the RNAO methodologies and materials to invite applications from organizations in their jurisdiction, select a cohort of BPSOs and provide training and support, coaching, and monitoring to ensure their success in meeting the expected targets on guideline implementation and evaluation deliverables. BPSO Hosts meet regularly with RNAO to share successes and challenges and gain support in their host activities. To date, Spain and Australia have been involved in the BPSO Designation through the BPSO Host Model in which Investén-iscii in Spain, and the Australian Nursing and Midwifery Federation in Australia lead the BPSO Designation in their jurisdictions. These BPSO Hosts have provided leadership with RNAO's support to successfully spread this innovative and highly effective organizational knowledge transfer strategy related to uptake of best practice guidelines. A further BPSO Host arrangement is commencing through the Best Practice Institute for Nursing

and Health Care in South Africa, and others are soon to be established in Canada and Latin America.

There are a number of key features related to sustained guideline implementation and evaluation that contribute to the success of the BPSO Designation (16). They have been honed over the last 10 years of the BPSO Designation and include:

- An infrastructure of decision making.
- Implementation knowledge resources and supports.
- A BPSO Lead to champion the process.
- Regular knowledge exchange sessions with other BPSOs.
- Regular reports to RNAO focused on key implementation deliverables.
- An RNAO Coach to assist with challenges and strategies.
- Annual knowledge exchange sessions with other BPSOs for learning and sharing together.
- An informed and engaged cadre of Champions and other BPG leaders who work together to achieve a culture of evidence-based practice.
- Linkage of BPG implementation to ongoing quality improvement initiatives.
- Support for evaluation of BPG impact through RNAO's Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) data base of structure, process and outcome indicators.
- Clear deliverables to be met annually during the 3 year qualifying period and as a Designated BPSO.

The BPSO Designation is internationally renowned and has been a resounding success in demonstrating the uptake and sustained use of best practice guidelines (19). The BPSO Designation's strategic approach has served to trigger the development of evidence-based cultures, improve patient care and enrich the professional practice of nurses and other health-care providers. There are currently 92 BPSOs from around the world, encompassing 450 different practice and academic health organizations.

Ploeg and colleagues identified the following six facilitators as influencers of guideline implementation in the BPSOs: group-based educational sessions; positive staff attitudes and beliefs regarding the value of BPGs for patient outcomes; leadership support; champions; professional association support and inter-organizational collaboration and networking amongst the BPSOs (20). According to the authors, these facilitators can be effective in overcoming some of the key barriers to successful BPG implementation including: staff attitudes and reluctance to adopt BPGs, the multiple change activities that characterize health-care organizations today and the lack of integration of the practice change into organizational structures and processes to ensure sustained use (20).

Conclusion

As outlined in this paper, RNAO's implementation infrastructure and supports focused on individuals,

organizations and the system, demonstrate the sound application of the key findings from implementation science. The RNAO BPSO Designation provides a model for bringing knowledge to action through multiple strategies and evidence-based resources, enabling more rapid practice change based on best evidence and resulting in better patient outcomes.

Conflict of interests

The authors state that they have no conflict of interest.

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Appendix A: List of RNAO Best Practice Guidelines

Clinical Best Practice Guidelines

1. Adult Asthma Care Guidelines for Nurses: Promoting Control of Asthma^{FS}
2. Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
3. Assessment and Device Selection for Vascular Access^S
4. Assessment and Management of Pain^{JFS}
5. Assessment and Management of Stage I to IV Pressure Ulcers^{IS}
6. Assessment and Management of Venous Leg Ulcers^{IS}
7. Assessment and Management of Foot Ulcers for People with Diabetes^{FIS}
8. Best Practice Guideline for the Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes^{FI}
9. Breastfeeding Best Practice Guidelines for Nurses^{FIS}
10. Caregiving Strategies for Older Adults with Delirium, Dementia and Depression^{FS}
11. Care and Maintenance to Reduce Vascular Access Complications
12. Care Transitions^F
13. Client Centred Care^{CS}
14. Crisis Intervention^S
15. Decision Support for Adults Living with Chronic Kidney Disease
16. End-of-Life Care During the Last Days and Hours
17. Enhancing Healthy Adolescent Development^S
18. Establishing Therapeutic Relationships^{FIS}
19. Integrating Smoking Cessation into Daily Nursing Practice^{FS}
20. Interventions for Postpartum Depression^S
21. Facilitating Client Centred Learning
22. Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with Chronic Obstructive Pulmonary Disease (COPD)^S
23. Nursing Management of Hypertension
24. Oral Health: Nursing Assessment and Interventions^I
25. Ostomy Care & Management^{FS}
26. Primary Prevention of Childhood Obesity^S
27. Prevention of Constipation in the Older Adult Population^{FS}
28. Prevention of Falls and Fall Injuries in the Older Adult^{FS}
29. Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches
30. Promoting Asthma Control in Children^S
31. Promoting Continence Using Prompted Voiding^{FIS}
32. Promoting Safety: Alternative Approaches to Use of Restraints
33. Reducing Foot Complications for People with Diabetes^F
34. Risk Assessment and Prevention of Pressure Ulcers^{FIS}
35. Screening for Delirium, Dementia and Depression in Older Adults^{FIS}
36. Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients^F
37. Stroke Assessment Across the Continuum of Care^{IS}
38. Supporting Clients on Methadone Maintenance Treatment^S
39. Supporting and Strengthening Families through Expected & Unexpected Life Events^S
40. Woman Abuse: Screening, Identification and Initial Response^{FS}
41. Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age

Healthy Work Environment Best Practice Guidelines

1. Collaborative Practice Among Nursing Teams^S
2. Developing and Sustaining Effective Staffing and Workload Practices

3. Developing and Sustaining Interprofessional Health Care^F
4. Developing and Sustaining Nursing Leadership^{FIS}
5. Embracing Cultural Diversity in Health Care: Developing Cultural Competence^S
6. Managing and Mitigating Conflict in Health-Care Teams^F
7. Preventing and Managing Violence in the Workplace^S
8. Preventing and Mitigating Nurse Fatigue in Health Care^F
9. Professionalism in Nursing^S
10. Workplace Health, Safety and Well-Being of the Nurse^S

Note: ^C, Chinese translation available; ^F, French translation available; ^I, Italian translation available; ^J, Japanese translation available; ^S, Spanish translation available.