Improving Peoples outcomes through evidence based practice: A Social movement agenda

Doris Grinspun RN, MSN, PhD, LLD(hon), Dr(hc), FAAN, O.ONT. Chief Executive Officer

July 25, 2019

Sigma’s 30th International Nursing Research Congress
Greetings from RNAO

Professional association of Registered Nurses, Nurse Practitioners and nursing students in Ontario, Canada

The strong, credible voice leading the nursing profession to influence and promote healthy public policy, and clinical excellence

The Best Practice Guidelines is a signature program of RNAO

The Health Policy program is a core program of RNAO

Registered Nurses’ Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.
Presentation Outline

• Context
  – Economic
  – Socio-Political

• Powering nurses and others to advance people’s health
  – Evidence-Based Practice
  – Evidence-Based Policy
  – From EBP to EBP: Evidence-Based Advocacy

• Advancing people’s health: Results
Total Health Expenditure as a Percent of GDP
(Selected OECD Countries 2017)
Government Health Expenditure as a Percent of GDP
(Selected Countries World Bank 2016)
Per Capita Health Expenditures: Public (Government/Compulsory Insurance) vs. Private (Selected OECD Members 2018 or most recent, US$)
Per Capita Health Expenditures: Government, Social and Private
(Selected OECD Members 2018 or most recent, US$)
Life Expectancy at Birth
(Selected OECD Countries, 2017 or Latest Available)

<table>
<thead>
<tr>
<th>Country</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japan</td>
<td>84.2</td>
</tr>
<tr>
<td>Switzerland</td>
<td>83.6</td>
</tr>
<tr>
<td>Spain</td>
<td>83.4</td>
</tr>
<tr>
<td>Korea</td>
<td>82.7</td>
</tr>
<tr>
<td>Australia</td>
<td>82.6</td>
</tr>
<tr>
<td>France</td>
<td>82.6</td>
</tr>
<tr>
<td>Sweden</td>
<td>82.5</td>
</tr>
<tr>
<td>Canada</td>
<td>82</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>81.3</td>
</tr>
<tr>
<td>Germany</td>
<td>81.1</td>
</tr>
<tr>
<td>United States</td>
<td>78.6</td>
</tr>
<tr>
<td>Turkey</td>
<td>78.1</td>
</tr>
<tr>
<td>China</td>
<td>76.5</td>
</tr>
<tr>
<td>Mexico ('18)</td>
<td>75</td>
</tr>
<tr>
<td>Colombia</td>
<td>74.6</td>
</tr>
</tbody>
</table>
Infant Mortality

(both sexes, per 1000 live births)
Selected Countries, World Bank, 2017
Leading the Future Together: From EBP to EBP to Health4All
Acting on the Present and Creating the Future
Leading the Future
Powering Health Professionals & the Public
Best Practice Guidelines Program
Transforming Nursing Through Knowledge

Funded by the Ontario, Canada Ministry of Health and Long-term Care since 1999 to:

Develop, disseminate, and actively support the uptake of evidence-based clinical & healthy work environment best practice guidelines and to evaluate their impact in patient/organizational and health system outcomes.

Join us at poster presentation
Evidence-Based Practice Poster Session 2
Saturday 8:00 am – 2:30 pm Poster #325
Powering Health Professionals with Evidence-Based Tools
EBP Guidelines Development Pillar

- Topic Selection
- Panel of Experts
- Systematic Review
- Recommendation Development
- Stakeholder Review
- Publication
- 5 yr Guideline Review
RNAO’s Best Practice Guidelines are Robust: AGREE II Standards

GRADE  GRADE  CERQual

Visit: http://www.agreetrust.org/resource-centre/agree-ii/
http://www.gradeworkinggroup.org/
BPG Development
Rigorous Methodology

1. Topic selection
2. Panel of experts
3. Systematic review
4. Recommendation development
5. Stakeholder review
6. Publication
Formulating Recommendations

Research (Systematic Review)

Meta-analysis or Narrative Summary

Qualitative Evidence Synthesis

GRADE Evidence Profiles

Benefits
Harms
Values
Preferences
Health Equity

Draft recommendations

Quality of Evidence
Practice
Policy
Education
Future Research

Modified Delphi Consensus

Strength of Recommendations
Indicator Development
Rigorous Methodology

Integrating Indicator Development with BPG and BPG Order Sets™ Development

**BPG Development**

- **Step 1:** Topic Selection
  - Scan of External Data Repositories
- **Step 2:** Panel of Experts
  - Facilitate Panel Discussion on Outcomes
- **Step 3:** Systematic Review
  - Preliminary Draft of Outcome Indicators
  - Identify Gaps in Existing Measurement
- **Step 4:** Recommendation Development
  - Develop Structural, Process and Outcome Indicators
- **Step 5:** Stakeholder Review
  - Develop BPG Order Sets™
  - Indicator Validation
  - Data Dictionary and Indicator Classification
  - Indicator Publication
- **Step 6:** Publication
  - 5 yr Guideline Review

**Indicator Development**

- **Step 1:** Guideline Selection
- **Step 2:** Extraction of Recommendations
- **Step 3:** Indicator Selection and Development
- **Step 4:** Practice Test & Validation
- **Step 5:** Implementation
- **Step 6:** Data Quality Assessment & Evaluation
RNAO Best Practice Guidelines

54 Best Practice Guidelines

3 Implementation Toolkits
RNAO Best Practice Guidelines

4 Categories

www.RNAO.ca/bpg

Foundational

Clinical

Population & Public Health

System & Healthy Work Environment
RNNAO Best Practice Guidelines: New/Next Edition Cycle

2018
1) Crisis Intervention
2) Supervised Injection Services
3) Perinatal Depression
4) Breastfeeding
5) Violence
6) Ostomy
7) Palliative Approach to Care
8) Oral Health

2019
1) 2SLGBTQI+
2a) Vascular Access &
2b) Vascular Complications
3a) Constipation &
3b) Continence
4a) Foot Ulcers and Diabetes &
4b) Diabetes Foot Complications
5) Therapeutic Relationships 6) Care Transitions
7) Leading Change Toolkit
8) Indigenous Health BPG

2020
1a) Client Centred Learning & 1b) Self-Management in Chronic Conditions
2) Childhood Obesity
3) Pain
4) Abuse in Older Adults
5) Women Abuse
6) Suicidal Ideation
7) COPD
8) Restraints
9) Professionalism

2021
1) Cultural Diversity
2) Healthy Adolescent
3a) Supporting Strengthening Families &
3b) Person-and Family-Centred Care
4) Nursing Leadership
5) End of Life 6) Safe Sleep for Infants

2022
1) Intra-professional Collaborative Practice among Nurses
2) Sustaining Interprofessional Health Care
3a) Staffing/Workload Practices &
3b) Nursing Fatigue
4) Practice Education
5) Engaging Clients Who Use Substances
6) Pressure Injuries (Prevention and Management)
7) Venous Leg Ulcers
8) Delirium, Dementia, Depression

2023
1) Preventing Falls
2) Asthma Care
3) Tobacco Interventions
4) Adopting eHealth Solutions
5) Conflict

Legend
*New BPGs: Black font
*Next Edition BPGs: Green font

2023: Cycle Starts Over
THE PROCESS of DEVELOPING, IMPLEMENTING AND EVALUATING BEST PRACTICE GUIDELINES

GUIDELINE DEVELOPMENT

IMPACT
Patient/Client/Resident Provider Organization System

DISSEMINATION, IMPLEMENTATION & SUSTAINABILITY

EVALUATION & MONITORING

QUALITY IMPROVEMENT

OUTCOME INDICATORS

RESEARCH

NQuIRE®
Powering Health Through Knowledge: Implementation Science & Social Movement Action

LEADING CHANGE
Implementation Science & Social Movement Thinking

Join us on Saturday for more at 8:45 AM in TELUS room 107

Disruptive
People-led
Social movement
Unruly
Collective identity
Proactive
More creative

(Grinspun, 2018)
BPG Implementation Pillar
Processes & Capacity Building

DISSEMINATION, IMPLEMENTATION & SUSTAINABILITY
RNAO's BPG Implementation Methodology

**Individual Level**
- Champion Network®
- ACPF
- BPG APP
- RNAO Communities
- Professional Development

**Organizational Level**
- BPG Order Sets
- Best Practice Spotlight Organization®

**System Level**
- Implementation Projects
Best Practice Champions

Champions Network: Over 50,000 worldwide

- 2017/18 – 1570 new Champions just in Ontario
- 2018/19 – 1951 new Champions just in Ontario, and counting!

eLearning Program: English and French
Individual Level Implementation Strategies

More than 100,000 people engaged!
RNAO's BPG Implementation Methodology

Individual Level
- Champion Network®
- ACPF
- BPG APP
- RNAO Communities
- Professional Development

Organizational Level
- Best Practice Spotlight Organization®
- BPG Order Sets

System Level
- Implementation Projects
BPSOs: Implementation Science & Social Movement at its Best!

*Best Practice Spotlight Organizations® (BPSO)*

**Purpose**

To influence the uptake of BPGs across all service organizations and academic institutions, to enable practice excellence and positive client outcomes through a social movement – *transforming nursing through knowledge*
<table>
<thead>
<tr>
<th>Types of BPSOs</th>
<th>Models of BPSO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BPSO Direct:</strong> Organization develops a contract directly with RNAO to work for a 3 year period to become a BPSO Designate, and as a Designate continues the relationship with RNAO</td>
<td><strong>Service BPSOs:</strong> Focus on evidence based practice to impact client outcomes</td>
</tr>
<tr>
<td></td>
<td>❖ Acute care, home care, public health, primary care</td>
</tr>
<tr>
<td></td>
<td>❖ Tailored BPSOs for Long Term Care Settings</td>
</tr>
<tr>
<td><strong>BPSO National Host:</strong> Organization (BPSO Host) develops a contract with RNAO to oversee the BPSO Designation in their national jurisdiction</td>
<td><strong>Academic BPSOs:</strong> Focus on evidence based nursing education, to impact student learning, and client outcomes</td>
</tr>
<tr>
<td><strong>BPSO Regional Host:</strong> Organization (BPSO Host) develops a contract with RNAO to oversee the BPSO Designation in their regional jurisdiction</td>
<td></td>
</tr>
</tbody>
</table>
Ontario BPSOs

Over 500 health service and academic organizations in Ontario
52 Long-term care Homes

William A. George ECF
Nipigon District Memorial Hospital
Pioneer Ridge
Geraldton District Hospital John Owen Evans Residence

Grove Park Home
FJ Davey Home
Tilbury Manor
Fiddick's Nursing Home
Woodingford Lodge, Woodstock, Ingersoll, Tillsonburg

Faith Manor
Grace Manor
Meadow Park
Henley Place
St. Peter's Residence
John Noble Home

= Multi-site
Global BPSO Network

10 BPSO Hosts
REPRESENTING
OVER
881
health-care
and academic
organizations
THE PROCESS of DEVELOPING, IMPLEMENTING AND EVALUATING BEST PRACTICE GUIDELINES
Evaluation Pillar
# BPSO-NQuIRE Evaluation Model

## Value of BPSO Designation Program on Evidence-based Practice & Policy

### Economic Impact Analysis

<table>
<thead>
<tr>
<th>NQuIRE Quantitative Data Analysis</th>
<th>myBPSO Qualitative Data Analysis</th>
<th>Secondary Data Analysis</th>
<th>Implementation Science Research</th>
<th>Comparative Analysis for Nursing Trends Report</th>
</tr>
</thead>
</table>

### NQuIRE Data System – myBPSO Reports – Other Data Repositories

- Donabedian Model for Quality Indicators
- NQuIRE Data Quality Framework
Indicators: Evaluation and Monitoring in BPG

Guideline Evaluation

The EDM model informs the development of measures for evaluating and monitoring quality health care (154). The model consists of three categories, including structure, process, and outcome. Structure describes the dimensions of the health system, organization, or academic institution, for example, physical barriers, required resources of the delivery system, regulations, and financial resources. Process measures capture the health care activities provided to, for, and with patients, the health status of persons, and populations; and outcome measures assess the quality of care in the health status of persons and populations and process improvement. Formal evaluation is the key element in the quality of care on the health status of persons and populations and process improvement. Guideline evaluation assesses the quality of care on the health status of persons and populations and process improvement. It is of the utmost importance to evaluate evidence-based practice changes when implementing a guideline. Table 9 provides structure, process, and outcome measures to assess guideline implementation success. It is important to evaluate evidence-based practice changes when implementing a guideline. Table 10 provides recommendations to support data collection, measurement, quality improvement, and evaluation.

Table 9: Structure Measures

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>PROCESS MEASURES</th>
<th>MEASURES IN DATA REPOSITORIES/INSTRUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Percentage of persons with documented plan of care for perinatal depression symptoms</td>
<td>New</td>
</tr>
<tr>
<td>2.5</td>
<td>Percentage of persons with documented perinatal depression symptoms who received psychosocial interventions</td>
<td>New</td>
</tr>
<tr>
<td>2.7</td>
<td>Percentage of persons with documented perinatal depression symptoms who received Cognitive Behavioral Therapy (CBT) and/or Interventions to Reduce Risk (IIR)</td>
<td>New</td>
</tr>
</tbody>
</table>

Table 10: Process Measures

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Percentage of persons with documented screening for risk of perinatal depression symptoms</td>
</tr>
</tbody>
</table>

Table 11: Outcome Measures

<table>
<thead>
<tr>
<th>STRUCTURE MEASURES</th>
<th>MEASURES IN DATA REPOSITORIES/INSTRUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of persons who screened positive for perinatal depression symptoms</td>
<td>Partial BORN</td>
</tr>
<tr>
<td>Percentage of persons who screened positive for risk of stillborn</td>
<td>CPR</td>
</tr>
<tr>
<td>Percentage of persons who screened positive for perinatal depression symptoms with an absence of perinatal depression symptoms post intervention</td>
<td>New</td>
</tr>
</tbody>
</table>

Table 12 provides potential outcomes measures to assess overall guideline success.
A 62% relative reduction in falls rate was noted for this Ontario Hospital BPSO.

Source:
International BPSO Annual Average Incidence Rate of Pressure Ulcers, 2013-2018

Initiation of BPG implementation

Source: RNAO NQuIRE (2018)
Ontario BPSO Annual Average Incidence Rate of Pressure Ulcers, 2013-2018

Source: RNAO NQuIRE (2018)
Average Nicotine Replacement Therapy usage in an Ontario hospital BPSO, 2015 to 2017

Source: RNAO NQuIRE (2018)
Annual average percent of clients who reported satisfaction with pain control in a BPSO, 2015 to 2017

Source: RNAO NQuIRE (2018)
Average Rate of Falls for Ontario Hospital BPSOs

A 62% relative reduction in falls rate was noticed for an Ontario Hospital BPSO

Initiation of BPG implementation

Sustainability

Falls Rate per 1000 Patient Days

2012 2013 2014 2015 2016 2017 2018

References:
RNAO NQuIRE (2018)
From 2017 to 2018, the estimated cost savings\(^1\) from reduced injurious falls for an Ontario Long-Term Care BPSO is approximately $15,145.

Ontario BPSO Annual Cost Savings, 2014-2017

Combined cost savings of approx. CAD $ 2,700,000.00 per year!

References:
RNAO NQuIRE (2018)
Evidence Booster Template

Number of Evidence Boosters created = 18
Leading the Future Together:
From EBP to EBP to Health4All
Acting on the Present and Creating the Future
Powering Health Professionals with Policy Analysis and Political Advocacy

Increasing the province's minimum wage will always be on RNAO's radar

Better access to palliative care.

The Long-Term Care Homes Public Inquiry
Powering Health Professionals Through Evidence-Based Advocacy

STRUCTURAL POWER

ENOss
Assembly
Members
Interest Groups
Chapters

Interest Group of the Year: Mental Health Nursing Interest Group

This award honours an interest group that demonstrates teamwork and leadership, influences decision-makers, and involves members in RNO initiatives.

With more than 1,900 members across Ontario working hard to advocate for mental health, Kamri Kata, president of the Mental Health Nursing Interest Group (MHING), says a lot of the group’s success has come from actively engaging members. Whether it’s hosting their annual general meeting (AGM) in different locations across the province, revitalizing their newsletter, or awarding bursaries to provide financial support to their membership, the group has steadily grown to a strong, united force. With the goal to promote mental health education, MHING has also helped launch numerous initiatives. Between 2014-2015, in partnership with RNO and the Diabetes Nursing Interest Group, MHING provided webinars for care providers to manage chronic illness, diabetes, and mental health issues. In addition, MHING executive members have assisted RNO with the development of an educational toolkit for students, teachers, faculty, and teaching assistants.
RNAO’s Signature Policy Events

“Speaking Out For Nursing. Speaking Out For Health”

RNAO powering its members to be leaders in the political process

- Evidence-based policy advocacy
- Develop relationships with MPPs
RNAO: Mobilizing Evidence for Better Health
Low-cost interventions could save people's limbs, lives, and millions of Ontario's health-care dollars
Social Enablers
Power of Social Media

#RNAOBPSO
"Across this country over a three-year span, almost 12,000 people have died from opioid-related overdose...As nurses, we cannot look away," writes RNAO CEO Doris Grinspun in a Toronto Star op-ed.
Gracias @RNAO y felicitades a todos los #BPSO del mundo, ya somos 881 y continuaremos creciendo cada día, juntos sumamos para dar cuidados de excelencia.

@DorisGrinspun @BpsoCl @BpsoLas @BpsoLuis @ministeriosalud @BpsoQatar @BpsoHrh @BpsoUch @BPSOmenorcaB @bpoohcin @BUwison

Wow!!! Increíble video que evidencia que el Programa #BPSO se expande alrededor del mundo y que @EnfermHrum_BPSO pueda ser parte de esta familia. Un gran honor. Seguiremos trabajando para transformar la enfermería a través del conocimiento.

#bposoandalucia #cuidoenregional
Collective Identity

RNAO’s BPG Program has purposefully fostered shared ownership and a nurturing of collective identity among participants and stakeholders at all levels. Our work with BPSOs emphasizes a transparent, engaging, and motivational approach that encourages identification with, and active participation in, all pillars of the Program.
"Patients voice and education will allow us to strengthen our knowledge and innovation in health care," @DorisGrinspun, @RNAO, on exploring the #Entrepreneur movement. #SEFutures

Last night I had friends over and met a young lady presently in the RPN program #NorthernCollege - I was grateful to spend time with her, this newest book from @DorisGrinspun @IBajnok @RNAO #nursingThroughKnowledge #nurses 😍

BRAVO Leader Maribel Esparza y equipo #BPSO Colombia! Son fabulosos! Vuestros pacientes de @Fiscal son los que más se benefician de vuestro uso continuo de #GuiasClinicas #RNAO Basadas en la evidencia. #Leadership #BPSO @LaVanguardia @ELTIEMPO @TVUNoticias @ACOFAN @AMYEN2018

Três países del Consorcio Latino-americano Colômbia, Chile y Perú trabajando en el programa de GBPC RNAO, avanzando por el camino iniciado con Doris Grinspun, gracias por unirnos y confiar en nosotros querida Doris.

Congratulations @iileeng and @Trillium_Health on your feature in @RNAO. Since implementing the RNAO best practice guideline and participating in the Baby Friendly Initiative, 75% of new moms leave the hospital exclusively breastfeeding.
Large-Scale BPG Program Spread: What has made it the Success it Is?

1. Location
2. Comprehensiveness
3. Robustness
4. Proven results
5. Accessibility
6. Leading-edge
7. Collective identity

(Grinspun, 2018)
Published by SIGMA

November 2019: Release in Spanish

Meet the Authors
Saturday at 1:45 pm – 2:15 pm
NB/UL Exhibition Hall E

Published by RNAO
Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back.
For questions & to join this Knowledge Movement contact:

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  pgbatten@RNAO.ca