

Nursing Health Services Research Unit

a collaborative project of
the University of Toronto
Lawrence Bloomberg
Faculty of Nursing and
McMaster University
School of Nursing

Our mission is to develop,
conduct and disseminate
research that focuses on:

- design
- management
- utilization
- outcomes
- provision
...of nursing.

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Best Practice Guidelines in Long-Term Care Phase 1: A Process Evaluation Fact Sheet II of II. RESULTS

RESULTS

1. Summary of Participants

Demographics

- 7 out of 8 BPGLTC Coordinators participated
- Coordinators came from a variety of difference backgrounds: Assistant Director of Care (ADOC), Clinical Nurse Specialist, Nursing Supervisor
- 13 DOCs participated

Supports Available

- Mostly from host agencies (i.e., administrative, orientation)
- Regional Planning offices
- RNAO
- MOHLTC (financial, appointed liaison officer)

Linkages

- Coordinators (formal & informal)
- LTC facilities in their region
- Regional Planning Offices

Host Agency Structure

- Office space & equipment varied by region

RNAO & MOHLTC

- RNAO Project Manager offered the Summer BPG Institute as part of the orientation process
- RNAO offered BPG Champion workshops to the BPG Coordinators to prepare nurses to take active roles in promoting & implementing BPGs
- MOH provided financial support, documentation & provision of resources such as teleconference lines

2. Implementation of the BPG Coordinator Role

- 8 original Coordinators were hired, with a 50% turnover rate by the time the study was conducted (July – Nov 2006).

Orientation & Understanding of the BPGLTC Coordinator Role

- Formal & informal strategies used to orientate BPG Coordinators to their new role:
 - Formal – RNAO Summer BPG Institute etc.
 - Informal – networking, host agencies linking coordinators with key contacts in their region etc.

Contacting LTC Facilities in the Regions

- Initial contact – made by coordinators primarily via email with follow up phone calls to Directors of Care (DOCs). Some sites initiated contact with the BPG Coordinators.
- Depending on the region BPG Coordinators were able to meet anywhere from 48-95% of the facilities within their regions
- Primary contacts for BPG Coordinators were DOCs & administrators

Enablers & Barriers in Accessing LTC Facilities & Staff

Enablers	Barriers
<ul style="list-style-type: none"> • Getting DOC buy in viewed as critical to their ability to access the homes 	<ul style="list-style-type: none"> • Competing priorities (e.g., implementation of lift initiative)
<ul style="list-style-type: none"> • Knowledge of the BPG guidelines 	<ul style="list-style-type: none"> • Changes in nursing leadership
<ul style="list-style-type: none"> • Formal meetings (e.g., Regional Planning Meetings, meetings with CCAC's etc) 	<ul style="list-style-type: none"> • Lack of resources in comparison to other sectors (e.g., acute care)
<ul style="list-style-type: none"> • The MOHLTC appointed liaison 	<ul style="list-style-type: none"> • Communication with DOCs
<ul style="list-style-type: none"> • Funding from the MOHLTC 	<ul style="list-style-type: none"> • Time (i.e., staff are very busy may not have time to respond to emails)
<ul style="list-style-type: none"> • Accreditation & move towards evidence-based practice 	<ul style="list-style-type: none"> • Size of geographical area (e.g., some coordinators travel 200 km to visit a LTC facility in their area)

Support in LTC Homes

- Essential for the implementation of the BPGs
- DOCs, assistant DOCs & educators met with the BPG LTC Coordinators to discuss gap analysis regarding resources needed to implement BPGs
- Some facilities provided telephone access, computer access, & office space

3. Early Process Evaluation Outcomes

Raised Awareness

- Findings from interviews suggest that DOCs had a good understanding of the BPG Coordinator initiative.
- Information about the BPG LTC project came from a variety of sources (e.g., RNAO, compliance officer, or the BPG Coordinator)
- Most DOCs stated the project linked well & built on existing processes & resources

Activities Accomplished in LTC Homes

Development of Formalized Processes re: Implementing BPGs	<ul style="list-style-type: none"> • Formation of steering committees & implementation teams, involving front line staff, & integration into staff orientation program & standards of care
Regional Workshops & Education	<ul style="list-style-type: none"> • Collaborative workshops, BPG Champion workshops, educational sessions, BPG board on units
Coordinator Site Visits	<ul style="list-style-type: none"> • Provided printed material & other resources
Committees & Meetings	<ul style="list-style-type: none"> • Internal & external linkages to shared resources, monthly meetings with all DOCs in region
Documentation Tools	<ul style="list-style-type: none"> • Chart audits, assessment forms, & screening tools
Miscellaneous	<ul style="list-style-type: none"> • Newsletters, Open House, baseline data collection

SELECTED RECOMMENDATIONS FOR POLICY MAKERS

- Provide sustainable funding for the BPG Coordinator program
- Develop a “lead coordinator” role
- Introduce a standardized reporting template & interval for BPG Coordinator reporting, to enhance efficiency & comparability between regions
- Continue to support the RNAO Summer BPG Institute & BPG Champion Workshops within the regions
- Fund the development of a orientation process/package for new BPG Coordinators
- Evaluate ongoing need for additional Coordinators