

# Nursing Health Services Research Unit

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

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research that focuses on:

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Lawrence Bloomberg Faculty  
of Nursing University of  
Toronto  
155 College St, Suite 215  
Toronto, Ontario, Canada  
M5T 1P8  
Tel: (416) 978-1966  
Fax: (416) 946-7142

McMaster University  
Faculty of Health Sciences  
Michael G. DeGroote Centre  
for Learning and Discovery,  
MDCL 3500  
1200 Main St. W.  
Hamilton, Ontario, Canada  
L8N 3Z5  
Tel: (905) 525-9140 x22581  
Fax: (905) 522-5493

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## Best Practice Guidelines in Long-Term Care Phase 2: An Impact Evaluation: Fact Sheet II of III. RESULTS

This fact sheet (II of III) is part of a series which presents selected content from a report produced for the Ministry of Health & Long Term-Care (MOHLTC) entitled *Promoting Awareness & Uptake of Best Practice Guidelines in Long-Term Care: An Impact Evaluation. Phase 2 Interim Report*. The full report is available online at [www.nhsru.com](http://www.nhsru.com).

### RESULTS

#### 1. Summary of Participants

- All 8 Best Practice Guideline (BPG) Coordinators, RNAO Project Manager & MOHLTC Project Liaison
- 8 long term care (LTC) homes (1 representing each geographical area)
- 8 DOCs, 1 ADOC, & 48 frontline staff (16 RNs, 20 RPNs, 5 Personal Support Workers)
- 31 LTC residents & 16 family members

#### 2. Advancement of the BPG Coordinator Role

- BPG Coordinator role was viewed positively by most DOCs & frontline staff by increasing awareness & uptake of BPGs in their LTC homes.
- Various roles & activities were adopted by coordinators to implement BPGs including:

##### Roles

- Translator of information
- Mentor/coach
- Assisting in policy development

##### Activities

- Development of assessment tools
- Delivery of BPG Champion workshops
- Development of resource tools such as newsletters

#### 3. Implementation of BPGs in LTC Homes

- LTC homes were at various stages in their implementation of BPGs. Guidelines mentioned in order of frequency of implementation by participating sites:
  - Falls Prevention: Prevention of Falls & Fall Injuries in the Older Adult
  - Skin & Wound Care
  - Management of Pain
  - Palliative Care
  - Screening for 3D's (delirium, dementia & depression)

#### Supports, Barriers & Strategies

##### Supports

- Leadership & management (i.e., Administrators & DOCs buy-in, replacing staff, & listening to staff input.)
- Frontline staff (i.e., staff buy-in, knowledge of benefits to residents' care & relevance to practice, & "user-friendly" information.)
- Quality of resident care (i.e., need of individual homes for specific BPGs for example due to increases in resident falls).
- Awareness of BPGs in LTC (i.e., increasing understanding of BPGs & evidence based practice in LTC)

##### Barriers

- Workload & competing priorities (e.g., competing initiatives such as accreditation, increasing documentation associated with BPGs.)
- Staffing issues (i.e., staff shortages, increased staff turnover, unregulated or unregistered staff.)
- Written guidelines (i.e., not user friendly, not translatable to residents, limited scope, only written in English)
- Organization of BPG Coordinator role (i.e., too large a geographic region, 2 positions were part time)

### *Strategies Implemented by LTC Homes to Support Implementation of BPGs*

- Commitment of leadership staff - Leaders who are committed to the project & have a vision & strategic plan
- Presence of support staff - Educators & BPG Champions to facilitate workshops & education sessions
- Staff training & education - Staff learning opportunities for in-services, workshops, RNAO Summer Institute
- Dedicated staff to specific projects - Specific staff dedicated to specific BPG implementation
- Support systems in the homes - Internal committees, multidisciplinary teams
- External supports - OANHSS, BPG Advisory stakeholders, RNAO, MOHLTC

### **4. Impact on LTC Staff ( RNs, RPNs, PSWs, DOCs, Educators, librarians etc)**

#### *Awareness*

- At 4 out of 8 sites the staff could identify their BPG Coordinator
- RNs were more aware (than RPNs or PSWs) of the project & familiar with the terminology related to BPGs
- RNs felt more responsibility for implementation as they were receiving the education & taking the lead in many facilities

#### *Practice Implications*

- Majority of staff reported improvements in their practice
- Improvement in consistency of interventions
- Enhanced current & on-going BPGs
- New & updated procedures, forms & assessments
- Provided rationale/information for set standards that can be tailored to each patient

### **5. Resident & Family Members' Awareness of BPGs & Resident Care**

- From the 8 resident/family focus groups conducted, only 2 of the groups indicated that they were familiar with the term BPG
- Care provided to residents was reported to be average to very good with room for improvement
- Concerns regarding the lack of staff (all designations), & it was reported that staff are constantly rushed with no time to provide patient care
- Staff are unfamiliar/unresponsive to patient needs/care
- Lack of volunteers
- Care issues related to medication administration & daily issues such as toileting
- Residents and family members perceived staff to be overstressed, unmotivated, & overworked
- Lack of communication/knowledge from staff to residents & family members
- Out of the 2 sites which were aware of the implementation of BPGs
  - One resident noted that staff seemed more educated, however staff still overstressed
- Out of the remaining sites
  - One family member noticed a change in the treatment of his wife in regards to falls prevention
  - One participant noticed a change in the use of overhead lifts