

Research In Action: Completed Projects

This fact sheet highlights the findings from a research study entitled “Linking Best Practice Guideline Use and Health Outcomes for Better Information and Care (HOBIC) in the Community”. The research team led by Dr. Diane Doran includes Nancy Lefebvre, Drs. Linda O’Brien-Pallas and Carole Estabrooks, and Peggy White. The study was conducted at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and funded by the Ontario Ministry of Health and Long-Term Care. The full report is available on our website at: www.nhsru.com.

Characteristics of Nurse Participants:

- 56% of participants were RNs or RN(EC)s and 44% were RPNS.
- The vast majority of respondents were visiting nurses (90%), with clinic nurses, complex care and shift nurses, educators or managers making up the remainder.
- Demographics: On average nurse participants were 43 years old, Female (93%), Employed full time (62%), and diploma prepared with 24% baccalaureate prepared. These averages are comparable to the Ontario nursing workforce in general.

Work Experience of Nurse Participants:

On average nurse participants:

- Worked 37 hours each week
- Had 13 years experience in nursing
- Had 4 years experience with their current organization
- Had 4.5 years experience in their current role

During the 10 months of data collection, the 28 teams of nurses averaged:
81 monthly admissions, 2947 visits/month and 2753 nursing hours /month

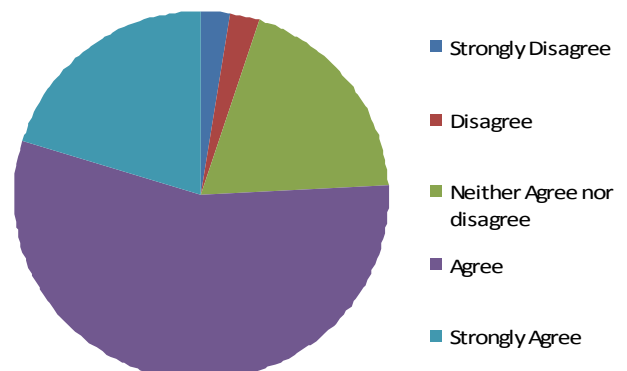
Highlights from Nurse Questionnaires:

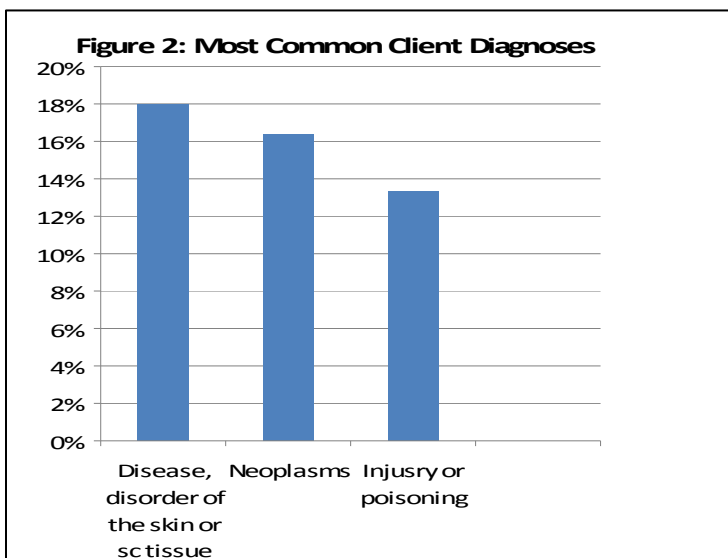
- 51% of nurses reported that they used research based practice 75% or more of the time
- 69% of nurses agreed or strongly agreed they had used research to change practice within the last 6 months
- 76% of nurses agreed or strongly agreed that they would use research more often if they could (see Figure 1)
- 77% of nurses agreed or strongly agreed that they had adequate orientation to their present job
- 92% agreed or strongly agreed that they had adequate knowledge for their job

Research Background & Purpose

Gaps exist in our understanding of the factors that influence nurses’ use of evidence-based knowledge and how these factors are related to client outcomes. This study investigated the relationship between client, nurse and environmental factors that explain variation in BPGs use in home care settings and the relationship between BPG use and HOBIC outcomes. A mixed methods design guided the study which occurred over a 3 year period from 2008-2011. Four home care organizations participated with data collected by 28 teams at 13 sites across Ontario. 348 questionnaires were returned for an estimated 40% response rate, and 939 charts were audited.

Figure 1: Sample Nurse Questionnaire Question – I would use research more often if I could





Client Characteristics:

- On average, clients were 64 years old, female, with 3.4 medical diagnoses
- Clients received care for an average of 25.3 days

HOBIC Client Outcomes:
 Pain, Dyspnea, Falls & Pressure ulcers (prevention & management) were chosen because they matched easily with RNAO BPGs and because previous research has shown that these outcomes are particularly relevant for home care clients.

Key Findings:

- Nurses documented assessment related best practices for pain (98% of clients) yet the side effects of opioids were monitored & documented in only 44% of cases
- Non-pharmacologic interventions for pain were rarely documented
- Home care clients who received more nursing visits were more likely to experience a reduction in pain frequency
- the most frequently documented included assessing falls risk on admission (documented in 36.4% of cases), and assess falls risk after a fall (documented in 12% of cases).
- The most frequently documented best practices for pressure ulcers included head-to-toe assessment on admission and daily if at risk (84% of pertinent cases), and protective barriers to reduce friction injuries (49% of pertinent cases.)
- Of the 18 best practices for pressure ulcer management outlined in the RNAO BPG, 6 were rarely or never documented
- Clients who had COPD or dyspnea and who had at least one evidence-based intervention documented, had 111% odds of reduced dyspnea than clients whose charts did not include evidence of similar interventions.

Key Findings & Practice Implications

- For clients with dyspnea or COPD, greater nursing experience was associated with less documentation of evidence-based practice.
- Older clients were less likely to have documentation of pain improvement.
- A positive culture for evidence-based practice was related to increased documentation of best practices related to preventing falls. The culture questionnaire items reflected several concepts: recognition, autonomy, worklife balance, development opportunities, focus on service/mission and support.



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