Registered Nurses’ Association of Ontario
Implementation of Best Practices

April 28, 2016

JBI European Region Best Practices Symposium 2016

Dr. Doris Grinspun, RN. MSN, PhD, LLD (hon), O.ONT
RNAO CEO
RNAO is the 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.
Health System Effectiveness

Optimal Health Outcomes

- Evidence-based practice and policy
- Full/expanded scope of practice utilization
- Inter-professional practice
- Health Human Resource planning

Timely access to quality care and person centredness
Transforming Ontario’s Health-Care System: RNAO’s Response to Patients First
Registered nurses lobby for expansion of duties

May 3rd, 2012
Lisa van de Geyn

"The bottom line is that we're wasting valuable resources with our RNs," says Doris Grinspun, the Registered Nurses' Association of Ontario's chief executive officer. "European countries like the U.K. have been using RNs to their full capacity for years."

As a registered nurse in an Ottawa-based hospital, Anne-Marie Lemieux has a long list of daily to-dos: she assists patients in the restroom and the shower and helps them eat their meals; she administers medicine; inserts and removes catheters; changes dressings; starts IVs; perp patients for diagnostic tests and surgeries; supports families; updates charts; and works the admissions and discharge desk.

Like Lemieux, most registered nurses have plenty on their plates to keep them busy, yet 40 per cent of Canadian nurses say they aren't being used to full capacity. If given the green light from the Ministry of Health, these nurses would happily take on more responsibilities, like those currently held by the more senior nurse practitioners.

"The bottom line is that we're wasting valuable resources with our RNs," says Doris Grinspun, the Registered Nurses' Association of Ontario's chief executive officer. "European countries like the U.K. have been using RNs to their full capacity for years. It will be a missed opportunity for the public, taxpayers and patients if we don't move to full utilization of our nurses."

According to the Ontario Medical Association, Ontario is short 1,000 physicians, and almost one million Ontarians don't have a family doctor. The provincial shortage of doctors and the increasing waiting times for patients have hit the fire under Grinspun and her colleagues to establish a task force calling for the expansion of the role of registered nurses.

"Every group that has anything to do with health care in Ontario is involved in this task force," she says, from the Ontario College of Family Physicians to the Nurse Practitioners' Association of Ontario. She wants the province to recognize the education and expertise of registered nurses, and to agree that they should be doing more within the scope of their practice, like diagnosing patients, ordering diagnostic and lab tests, conducting pelvic exams and prescribing medications.

Though the mandate of Ontario's action plan for health care is to find ways to maximize the system, full utilization of care providers isn't possible until the government repeals policies about who can bill for certain medical procedures. "We should be using nurses and all health-care providers to open access, increase the timeliness and quality of care and to contain cost," she says. "But if a nurse does a pap smear, the doctor doesn't get paid. If a nurse diagnoses a child's ear infection and prescribes antibiotics, the physician doesn't get paid. I go berserk when I see doctors taking blood pressure," she says. "Nurses have the training to free up a doctor's time in primary care settings so she can focus on more complex situations."

The move to grant registered nurses more autonomy on the job would lower the waiting times for patients to be seen, meaning there will be fewer patients showing up at walk-in clinics and emergency rooms.

And there are other issues that surface when nurses aren't utilizing their full knowledge and expertise: lower job satisfaction and instability in the nursing workforce, as well as fewer students interested in enrolling in nursing programs.

Dr. Laura Mazurik works in Toronto's Sunnybrook Hospital's emergency room and says that nurse practitioners and registered nurses are a great source of help to physicians. "Nurses and physicians' assistants are an acknowledgement that MDs are not needed for all aspects of health care. They work well with doctors and can certainly help reduce the time it takes to manage a large volume of patients who don't need hospitalization or advanced procedures and diagnostics.

Mazurik says giving nurses the ability to run tests, draw blood work, do ECGs and give certain medications prior to physician contact would help to shorten the time to make a diagnosis or treatment decisions.

"They could also work in low-acuity clinics, or independently with online physician backup by phone or web-cam, such as is done in nursing stations in remote areas."

Dr. Mona Loufey, a physician in a primary-care clinic in Toronto, says she too is in full support of nurses taking on more responsibility. "In many areas like cardiology, maternal health, diabetes and oncology, for example, the medicine is very specialized, evidence-based and repetitive. A nurse can offer more time with patients than doctors, more compassion and provide excellent medical care," she says. With our increasing lack of capacity of doctors in Ontario to cover the health workload, I do not feel threatened by nurses taking on more responsibility. In fact, I would look forward to working with a care provider from a different discipline to provide better care for my patients."

If Grinspun and her task force's recommendations are successful and granted by the Ministry of Health, she believes there will be an inherent change to the province's health-care system: Primary care will start focusing on health, not on illness.

Lemieux, who's been a registered nurse since 2010, says she'd welcome the transition and expansion to her role in the hospital. "The nurses I work with are highly educated and committed to their profession, and many of them are enrolled in continuing education," she says. "Nurses are lifelong learners, and we can do more."
Evidence and Policy

Low-cost interventions could save people's limbs, lives, and millions of Ontario's health-care dollars

2016-04-12
Marion Zych

TORONTO - Apr. 12, 2016 - Each year, almost 2,000 Ontarians are forced to endure a diabetes-related amputation, 85 per cent of whom could be spared from this terrible suffering. In addition to the human cost is the direct health system cost of a diabetic foot amputation, estimated at about $70,000 per patient’s limb. The overall annual cost to the health system is $140 million.

Professionals and patients are heading to Queen’s Park today.

The Canadian Association of Wound Care (CAWC) and the Registered Nurses’ Association of Ontario (RNAO) are calling on government to improve the quality of life of people who suffer from complications of diabetes.

People with diabetes are at high risk for foot ulcers because many of them develop a sensory loss, which inhibits a patient's ability to feel sensation in their feet. As a result, bruises and other small injuries may fail to seek help until the problem is severe, leaving them with a foot ulcer that is often infected. Once this happens, RNAO and the CAWC say it's too late and they are at high risk.

“Diabetes-related foot complications are a costly problem for the system that has devastated Botros, a 42-year-old Ontarian,” said CAWC and RNAO Executive Director. “The good news is that these are preventable, but not to mention millions in health-care dollars annually.”

RNAO and CAWC have a number of resources for the public and for health practitioners. RNAO has developed research-based guidelines, case studies and teaching tools directly related to these four areas:

1. Provide universal education to all Ontarians living with diabetes.
2. Use all Ontario as a living laboratory to address prevention and care.
3. Adopt an Ontario model of care, as needed
4. Publish reliable diabetes care guidelines annually
Evidence and Policy
RNAO Best Practice Guideline Program

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.
Goals of the BPG Program

Improve health care

• Reduce the variation in care
• Transfer research evidence into practice
• Convey the knowledge base of nursing
• Assist with clinical decision making
• Identify gaps in research
• Stop interventions that have little effect or cause harm
• Reduce cost
Our VISION:

To Transform Nursing Through Knowledge

Locally, Nationally and Internationally!
Overall Model of the Best Practices Guideline Program

THE PROCESS of DEVELOPING, IMPLEMENTING AND EVALUATING BEST PRACTICE GUIDELINES

GUIDELINE DEVELOPMENT
- Topic Selection
- Panel of Experts
- Systematic Review
- Recommendation Formulation
- Stakeholder Review
- Publication
- 5-year Guideline Review

IMPACT
Patient/Client/Resident Provider Organization System

DISSEMINATION, IMPLEMENTATION & SUSTAINABILITY
- CHAMPIONS
- Workshops
- BPSOs
- Institutes
- Conferences
- Website
- NQUORE
- NURSING ORDER SETS
- RNAO COMMUNITIES

QUALITY IMPROVEMENT
- RESEARCH
- OUTCOME INDICATORS
- EVALUATION & MONITORING

QUALITY IMPROVEMENT
A Look at Guideline Development

THE PROCESS of DEVELOPING, IMPLEMENTING AND EVALUATING BEST PRACTICE GUIDELINES

GUIDELINE DEVELOPMENT

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Recommendation Formulation
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Publication
5-year Guideline Review

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EVALUATION & MONITORING

QUALITY IMPROVEMENT
OUTCOME INDICATORS
RESEARCH

NQuIRE®
Website
e-Learning
RNAO COMMUNITIES

WELLNESS FOUNDATION
Best Practice Guidelines are systematically developed statements/recommendation based on best evidence to inform decision making for better client outcomes.

They must be credible: AGREE II Standards

Nursing Best Practice Guidelines is a signature program of the RNAO

42 Clinical Practice Guidelines
10 Healthy Work Environment Guidelines
42 Clinical Best Practice Guidelines

** in development

Foundational
- Facilitating Client Centred Learning
- Person- and Family-Centred Care
- Establishing Therapeutic Relationships
- Supporting and Strengthening Families through expected and unexpected life events
- Transitions in Care

Women and Children
- Breastfeeding Best Practice guidelines for Nurses
- Interventions for Postpartum Depression**
- Primary Prevention of Childhood Obesity
- Promoting Asthma Control in Children
- Enhancing Healthy Adolescent Development
- Women Abuse: Screening, Identification and Initial Response
- Promoting Safe Sleep in Infants

Addictions and Mental Health
- Engaging Clients Who Use Substances
- Integrating Smoking Cessation into Daily Practice
- Supporting Clients on Methadone Maintenance Therapy
- Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour
- Crisis Intervention
42 Clinical Best Practice Guidelines

Clinical Management
- Risk Assessment and Prevention of Pressure Ulcers
- Assessment and Management of Stage I to IV Pressure Ulcers
- Assessment and Management of Venous Leg Ulcers
- Assessment and Device Selection for Vascular Access
- Care and Maintenance to Reduce Vascular Access Complications
- End-of-Life Care During the Last Days and Hours
- Assessment and Management of Pain
- Oral Health: Nursing Assessment and Intervention
- Promoting Safety: Alternative Approaches to the Use of Restraints

Older Persons
- Promoting Continence Using Prompted Voiding
- Prevention of Constipation in the Older Adult Population
- Prevention of Falls and Fall Injuries in the Older Adult
- Elder Abuse
- Caregiving Strategies for Older Adults Living with Delirium, Dementia and Depression
- Screening for Delirium, Dementia & Depression in Older Adults

Chronic Diseases
- Ostomy Care and Management
- Strategies to Support Self-Management in Chronic Conditions with Clients
- Decision Support for Adults Living with Chronic Kidney Disease
- Nursing Care of Dyspnea: The 6th Vital Sign in Individuals with COPD
- Nursing Management of Hypertension
- Subcutaneous Administration of Insulin in Adults with Type 2 Diabetes
- Reducing Foot Complications for People with Diabetes
- Assessment & Management of Foot Ulcers for People with Diabetes
- Stroke Assessment Across the Continuum of Care
- Adult Asthma Care: Promoting Control of Asthma
Clinical Guideline Recommendation Types

- **Practice Recommendations**: What the professional needs to do.
- **Education Recommendations**: What the professional needs to know.
- **Organization & Policy Recommendations**: What the Organization needs to create an Evidence Based Culture.
Healthy Work Environment BPGs

1. Intra-professional Collaborative Practice among Nurses, 2nd edition NEW
2. Developing and Sustaining Effective Staffing and Workload Practices *
3. Developing and Sustaining Interprofessional Health Care: Optimizing patients/clients, organizational, and system outcomes
4. Developing and Sustaining Nursing Leadership, 2nd edition
5. Embracing Cultural Diversity in Health Care: Developing Cultural Competence
6. Managing and Mitigating Conflict in Health-care Teams
7. Preventing and Managing Violence in the Workplace
8. Preventing and Mitigating Nurse Fatigue in Health Care
9. Professionalism in Nursing
10. Workplace Health, Safety and Well-being of the Nurse Guideline

Education Focus

1. Practice Education in Nursing, NEW

* In development
RNAO’s Framework for Guideline Implementation


- Available for free download www.RNAO.ca
- English and French
RNAO's BPG Implementation Methodology

- **Individual Level**
  - Champion Network®
  - Nursing Order Sets
  - Professional Development

- **Organizational Level**
  - Best Practice Spotlight Organization® Designation

- **System Level**
  - Implementation Projects
RNAO Best Practice Champion Network

A collective force that influences knowledge transfer and uptake of best practice guidelines

- RNAO has prepared thousands of Champions in a range of sectors, provincially, nationally and internationally:
  - Best Practice Champions
  - Long-Term Care
  - Smoking Cessation
  - eHealth
  - Addictions and Mental Health
Nursing Order Sets

• A knowledge translation tool to embed the clinical Best Practice Guidelines within electronic health information systems or paper-based environments.
• Provides content for clinical decision support logic to trigger interventions based on specific parameters and generate alerts/reminders to enhance patient/client/resident safety and aid decision-making at the point of care.
• Coded to International Classification for Nursing Practice (ICNP) Standardized Nursing Language
Accredited ICNP Research & Development Centre

- Map nursing order sets and nursing sensitive outcome measures
- Provide standardized nursing interventions that can be embedded within electronic medical/health records globally
- Facilitate electronic data collection and evaluation of nursing sensitive outcomes derived from RNAO’s BPGs
- One of 13 sites around the world; first site in Canada

RNAO Recognized by the International Council of Nurses (ICN) as an
<table>
<thead>
<tr>
<th>Cluster</th>
<th>Best Practice Guidelines With Available Nursing Order Sets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Diseases</td>
<td>• Risk Assessment and Prevention of Pressure Ulcers&lt;br&gt;• Assessment and Management of Stage I to IV Pressure Ulcers&lt;br&gt;• Ostomy Care and Management&lt;br&gt;• Strategies to Support Self-Management in Chronic Conditions with Clients&lt;br&gt;• Decision Support for Adults Living with Chronic Kidney Disease&lt;br&gt;• Reducing Foot Complications for People with Diabetes&lt;br&gt;• Assessment and Management of Foot Ulcers for People with Diabetes&lt;br&gt;• Supporting and Strengthening Families through Expected and Unexpected Life Events&lt;br&gt;• Assessment and Management of Pain&lt;br&gt;• Management of Hypertension&lt;br&gt;• Stroke Assessment&lt;br&gt;• Chronic Obstructive Pulmonary Disease (COPD)</td>
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<td>Women &amp; Children</td>
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<td>Elder Care</td>
<td>• Prevention of Falls and Fall Injuries in the Older Adult&lt;br&gt;• Screening for Delirium, Dementia &amp; Depression in Older Adults&lt;br&gt;• Oral Health Nursing Assessment and Interventions&lt;br&gt;• Prevention of Elder Abuse</td>
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<tr>
<td>General</td>
<td>• Person and Family-Centred Care&lt;br&gt;• Assessment and Device Selection for Vascular Access&lt;br&gt;• Care and Maintenance to Reduce Vascular Access Complications</td>
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Professional Development

RNAO’s signature approach to professional development for nurses and others to enable uptake of knowledge and skills in key areas related to guideline implementation

• Institute are generally
  – 3-5 days long
  – all inclusive
  – focused on an integrated curriculum including theory, application and small group work
  – targeted to participants to assist them lead implementation programs in specific topic areas

• Topic areas include:
  • Primary care
  • Chronic disease prevention and management
  • Wound care foundational and advanced
  • BPG implementation-foundational and advanced
  • Healthy work environments
  • Mental health and addiction
  • Executive Leadership

www.RNAO.ca/events
RNAO's BPG Implementation Methodology

- **Individual Level**
  - Champion Network®
  - ACPF
  - Nursing Order Sets
  - RNAO Communities
  - Professional Development

- **Organizational Level**
  - Best Practice Spotlight Organization® Designation

- **System Level**
  - Implementation Projects
Organizational Implementation

Key Strategy

*Best Practice Spotlight Organizations® (BPSO)*

Goal

To influence the uptake of best practice guidelines across all health care organizations, to enable practice excellence and positive client outcomes
Categories of BPSOs

**Service BPSOs**: focus on evidence-based practice to impact client outcomes

- Hospital, home care, public health, primary care
- Tailored BPSOs for Long Term Care Settings

**Academic BPSOs**: focus on evidence-based nursing education, to impact student learning, and client outcomes
Two Models of BPSO®

**BPSO Direct:** 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.

**BPSO Host:** Organization (BPSO Host) develops a contract with RNAO to oversee the BPSO Designation in their jurisdiction. Will work with RNAO as they provide support to enable organizations in their jurisdiction to apply and work to become BPSO Designates, and as a designee continues the relationship with the BPSO Host.
Best Practice Spotlight Organization®

First Cohorts partner with RNAO to implement three (3) clinical BPGs over a 3 Year period and attain the BPSO Designation. Second cohorts four ($)$ BPG, and subsequent cohorts five (BPG)s

- Application process and formal partnership with BPSO
- Specific requirements re:
  - Systematic guideline implementation
  - Infrastructure
  - Reporting
  - Knowledge exchange
  - Sustainability planning
  - Measuring outcomes through use of standard indicators
- Designated BPSO: sustained use, expansion, spread, and mentoring opportunities
90 BPSOs Direct and 4 BPSO Hosts representing over 500 health-care organizations
BPSOs
Leading the Way to Quality Care

Best Practice Guidelines
Implementation Science
Peer Support
Nursing Order Sets to guide assessment and Intervention
NQuIRE for Measurement and Evaluation
A BPSO Host Model that enables world wide spread
RNAO's BPG Implementation Methodology

- **Individual** Level
  - Champion Network®
  - ACPF
  - Nursing Order Sets
  - RNAO Communities
  - Professional Development

- **Organizational** Level
  - Best Practice Spotlight Organization® Designation

- **System** Level
  - Implementation Projects
Systems Level Strategies - Provincial

Specific projects and initiatives at the provincial level that are based on implementation of RNAO BPGs such as:

- **Smoking Cessation BPG**, Provincial Project;
- **The Long-Term Care Best Practices Program** across Ontario to support implementation of BPGs in long-term care settings
- **Mental Health and Addiction Initiative**, Provincial Project and also includes national initiative related to developing a faculty education resource to integrate mental health and addictions in the undergraduate nursing curriculum in collaboration with **CASN**
Specific projects and initiatives national level that are based on implementation of RNAO BPGs include the:

- **Falls** – RNAO is the national lead for the *Safer Healthcare Now!* Falls Prevention Intervention, supported by the Canadian Patient Safety Institute

- **Peer Leader Project** – Canada Health Infoway

- **Digital Health BPG** – Development of a guideline focusing on the integration of digital health, in partnership with Canada Health Infoway

- **Collaborative call for Commissioned Research 2016-2017** featuring RNAO Person Centred Care and Care Transitions BPGs with CPSI and other collaborators
A Look at Research and Evaluation - NQuIRE

THE PROCESS of DEVELOPING, IMPLEMENTING AND EVALUATING BEST PRACTICE GUIDELINES

GUIDELINE DEVELOPMENT
- Topic Selection
- Panel of Experts
- Systematic Review
- Recommendation Formulation
- Publication

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Patient/Client/Resident Provider Organization System

DISSEMINATION, IMPLEMENTATION & SUSTAINABILITY
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- Workshops
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- Institutes
- Conferences
- Website
- e-Learning
- NURSING ORDER SETS
- RNAO COMMUNITIES

EVALUATION & MONITORING
- QUALITY IMPROVEMENT
- RESEARCH
- OUTCOME INDICATORS
Research and Evaluation
NURSING QUALITY INDICATORS FOR REPORTING AND EVALUATION
Vision of NQuIRE

• “To develop a robust data system for reporting, monitoring and research that demonstrates how evidence based nursing practice improves patient outcomes. As the data system expands, it will impact practice, management and policy decisions, education and health system research.”
What is NQuIRE®

- **Nursing Quality Indicators for Reporting and Evaluation®**
  - Launched August 2012 (90% of BPSOs participating)
- A **data system of quality indicators** derived from the practice recommendations within RNAO’s BPGs
  - Collects, analyzes and reports comparative data (quarterly) on indicators reflecting the structure, process and outcomes of care arising from BPG implementation
- Utilized by **Best Practice Spotlight Organizations® (BPSO®)**
- International Advisory Council
What does NQuIRE measure?

- 6 structural indicators across all BPGs: nursing intensity, skill mix, absenteeism, turnover, educational preparation, and model of care delivery
- 4 to 8 process and outcome quality indicators based on the practice recommendations in our BPGs
  - Nursing-sensitive indicators unique to each BPG
- Measured nationally and internationally across different health sectors
- Collected monthly within BPSO organizations
Some NQuIRE indicators

- Falls prevention
- Pressure ulcer prevention
- Stroke assessment
- Pain management
- Breastfeeding
- Foot ulcers
- Ostomy care
- Client centred care
- Self-management
- Foot complications
- Stage I to IV pressure ulcers

- Hypertension
- Delirium, dementia & depression screening
- Smoking cessation
- Continence
- Constipation
- Oral health
- Chronic obstructive pulmonary disease
- Supporting & strengthening families
NQuIRe Participation: Key Activities

1. BPSO Enrollment
   - Data agreement
   - BPSO Lead account registration
   - Organization profile
   - Indicator selection

2. Implementation Site Registration
   - Implementation Site USER account registration
   - Site profile
   - Indicator selection

3. Data Submission
   - Baseline data
   - Monthly data
   - Quarterly submissions

4. Reports
   - Internal comparative data
   - BPSO peer group comparative data
BPSO participation in the data system expanding globally

Nursing Quality Indicators for Reporting and Evaluation (NQuIRE®)
Submissions to Date

- Submissions
- 01/01/2012, 01/01/2013, 01/04/2013, 01/07/2013, 01/10/2013, 01/01/2014, 01/04/2014, 01/07/2014, 01/10/2014, 01/01/2015, 01/04/2015
Types of NQuI.RE Reports*

1. Single indicator reports:
   - Single indicator trend report
   - Indicator comparisons across the organization

2. Indicator overlay reports:
   - Comparing one indicator to another within one Site in the organization

3. Immediate future
   - Investigate degrees of associations between indicators

*all reports are interactive and customizable
Types of reports – single indicator

DEMO BPG Indicator Report
Screening For Delirium, Dementia and Depression
DDDscreen_Pro01: Assessment, Baseline Cognitive Function

Percentage of Patients Screened For Cognitive, Functional, Behavioural and Mood Disorders on Initial Assessment Using a Standardized Tool

Reporting period

- Geriatric Psych In-patient
- Geriatric Psych Out-patient
- BPSO Mean (August 2015)

NQuIRE DEMO, Registered Nurses’ Association of Ontario
Types of reports - indicator overlay

DEMO BPG Indicator Overlay Report
Compare DDDscreen_Pro01: Assessment, Baseline Cognitive Function to Struc_Quart04: Absenteeism

Percentage of Patients Screened For Cognitive, Functional, Behavioural and Mood Disorders on Initial Assessment Using a Standardized Tool

### Reporting period

- **April 2015**
- **May 2015**
- **June 2015**
- **July 2015**
- **August 2015**

**Axes**
- Y-axis: Absenteeism
- X-axis: Reporting period

**Legend**
- DDDscreen_Pro01: Assessment, Baseline Cognitive Function
- Struc_Quart04: Absenteeism

NQuIRE DEMO, Registered Nurses’ Association of Ontario
Ongoing data quality and system enhancements

• **Annotation** option on NQuIRE reports
  – BPSOs have the ability to provide notes which will appear at the bottom of their data tables
  – A way to capture additional details which will provide context for their data

• **Standardization** of acute care unit types and implementation profiles
  – For BPSO-to-BPSO future comparison

• **Data quality framework** includes
  – BPSO site visits
  – Focus groups
  – Other ongoing data quality monitoring and improvement

• Creation of **dashboards** for BPSOs
NQuIRE and international collaborations

• The International advisory council (IAC) biannually provides *scientific and strategic advice around practice, policy, and research implications of NQuIRE*, and current priority questions related to performance measurement / quality improvement (QI), such as:
  – Data validation processes / data analysis and interpretation
  – Management strategies for large datasets
  – Leveraging QI data to impact policy agendas

• Chaired by Dr. Judith Shamian, International Council of Nurses (ICN) President

• Membership includes local and international representatives from: *nursing and health system improvement policy decision makers; experts in nursing practice evaluation and knowledge translation; health informatics specialists; and health quality database experts*
Nursing Best Practice Research Centre
Advancing care through knowledge

Membership
- 205 individual members
- 50 organizational members
- RNAO - Guidelines International Network Membership

Research Activity
- 235 research studies/projects
- 371 publications

Annual General Meeting
- NBPRC hosted its third AGM (March 9, 2016)
RNAO's International Reach Through BPG Program

- RNAO BPGs translated into 8 different languages
- BPGs freely accessible on the web site, and used globally
- BPGs Impacting care in nations all around the world through internationally recognized BPSO Designation spanning Canada and in 10 countries
- BPSO’s recognized as gold standard in implementation
- NQuIRE and Nursing Order sets gaining international attention and acclaim
- RNAO Recognized as an ICNP Research & Development Centre
Where do we go from here?

“We must create a public opinion which must drive the government, instead of the government having to drive us – an enlightened public, wise in principles, wise in details.”

Florence Nightingale

Florence Nightingale, 1892
A New World Order: Nurses as Leaders in Shaping Health Policy & Optimal Outcomes
Contact

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