

## NURSING

# Nursing Best Practice Guidelines Program improving patient care

BY TAMMY LABER

According to Tazim Virani, director of the Registered Nurses' Association of Ontario (RNAO) Nursing Best Practice Guidelines Program, the adoption of evidence-based practices means a promising future for nursing, one in which nurses and their health-care partners work together to better serve the public.

"This program began in late 1999 with funding from the Government of Ontario, our main support-

ers, after the establishment of clinical practice guidelines was recommended by a task force. Additional one-time funding was provided by Health Canada in 2004 to disseminate the guidelines across the country," Ms. Virani explains.

The guidelines are used in practice settings to assess current practice, to set quality standards, to update (or in some cases, change) practices significantly, and to develop policies, procedures, protocols, educational programs, assessment and documentation tools.

So far, a panel of expert nurses has systematically developed over two dozen best practice guidelines, with an emphasis on decisions based on the best available evidence. These guidelines cover a broad range of topics, including childhood obesity, asthma, post-partum depression, smoking cessation, fall prevention and the prevention of pressure sores.

The guidelines are reviewed every three years to ensure they include the latest research information.

"We have created accompanying implementation tools, evaluation tools and other supportive programs to ensure the recommendations are transferred from page to practice, says Ms. Virani. "Our program bridges the research to practice gap, to ensure that new ideas are actually implemented."

Ms. Virani adds, "It often takes a multi-disciplinary team approach to make change. For example, one guideline suggests that patients on certain medications are at a high risk of falling and need to have their medications reviewed frequently. Actually doing that requires a nurse, a doctor and pharmacist to work together."

According to Ms. Virani, "Sometimes the knowledge of what to do is available but organizational struc-

tures and supports are not always accessible. For example, nursing homes receive funding to treat pressure ulcers, but not to prevent them. We know how to prevent the problem from happening. These guidelines will provide the needed support for institutional changes and policy changes." She adds that nurses need to be supported by adequate staffing levels and equipment to do the best possible job. "Sometimes they are constrained by staffing problems."

Many hospitals, long-term care facilities, mental health centres and rehabilitation centres in Ontario, Quebec and Saskatchewan have adopted the best practice guidelines. There has even been interest from as far away as China.

Stephanie Lappan-Gracon is

one of the registered nurses working on the program. "This program is important because nurses play a central part in our health-care system. They are the first point of contact with patients, clinically knowledgeable and enjoy a high level of trust. Evidence-based guidelines will make them even more effective," she says.

John Letherby of the Ontario Ministry of Health and Long-term Care says, "The Best Practice Guidelines Program will help ensure evidence-based initiatives are actually adopted. It is a positive step forward for nursing in Ontario that will help ensure the highest standard of patient care."

For more information on Nursing Best Practice Guidelines, visit [www.rnao.org](http://www.rnao.org).



PHOTOS: SUPPLIED

The adoption of Nursing Best Practice Guidelines is helping build a promising future for nursing, one in which nurses and their health-care partners work together to better serve the public.

## Fund helps retrain - and retain - nurses

BY MARIE PATTERSON

Where have all the nurses gone? If you've been on a hospital ward recently, you may have pondered this question.

Ontario is facing a nursing shortage. The reasons are many: baby boomer nurses are approaching retirement age, post-secondary education spots are scarce, and on-the-job stress prompts some nurses to leave the profession. In addition, hospitals sometimes have to cut nursing staff to balance increasingly tight budgets.

Ontario is far from the only jurisdiction confronting such a crisis, says Mary Ferguson-Paré, president of the Registered Nurses' Association of Ontario (RNAO). She

recently spent a sabbatical in Europe, and she says the nursing shortage there is even worse. "This shortage is an international problem, and we in Ontario must be very vigilant around recruiting and retaining every available nurse."

In January, the Ontario government took a step in that direction that the RNAO and other nurses' organizations have applauded: it set up the \$40-million Nursing Retention Fund. This trust fund - administered by the RNAO, the Registered Practical Nurses Association of Ontario and the Ontario Nurses Association - provides funding to help hospitals retrain registered nurses and registered practical nurses. As a result, those no longer needed in one part of the hospital may be gainfully employed in areas of the hospital

that do need staff. The funding is expected to last until at least 2010.

Professional development such as this is particularly crucial for nurses, says Ms. Ferguson-Paré. "The sciences are moving quickly, and knowledge is the key to the system being sustainable and individuals being resilient in their work," she explains.

The fund is part of the Ontario government's comprehensive strategy to make Ontario an appealing destination for nurses, says David Spencer, press secretary for Ontario Health and Long-Term Care Minister George Smitherman. Mr. Spencer adds that the participation of the nursing industry has been crucial. "Having that partnership...is one of the most attractive pieces of the overall package."