Best practice guideline (BPG) implementation to improve satisfaction with care amid COVID-19

Person- and Family-Centered Care (May 2015)

Nurses and other members of the interprofessional health-care team can use this BPG to enhance the quality of their partnerships with individuals accessing care, ultimately improving clinical outcomes and the person and family's experience of health care through the use of evidence-based person- and family-centred care (PFCC) practices.
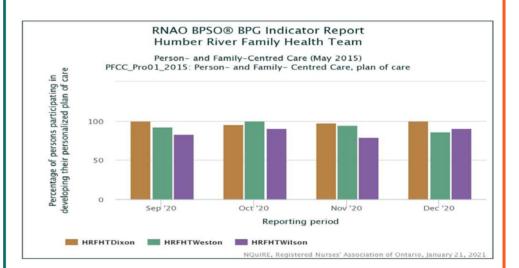
The Humber River Family Health Team (HRFHT) is a multi-site organization providing primary health-care services and programs using a team-based model. The organization is implementing the PFCC BPG in collaboration with the North Western Toronto Best Practice Spotlight Organization Ontario Health Team (NWT BPSO OHT). This BPG was piloted with interdisciplinary health professionals including nurses, social workers, dietitians, chiropodists and a pharmacist to provide holistic care. This data reflects patient encounters with IHPs and not their family physician.

Aim: To examine changes in persons' participation and satisfaction in their planning of care and treatment when implementing the *Person- and Family-Centred Care* (May 2015) BPG.

Measure: 1. Percentage of persons participating in developing their personalized plan of care (e.g. provided enough information to make a decision, given opportunity to ask questions). 2. Percentage of persons satisfied with their involvement in the planning of care/treatment.

Clinical improvement: 1. Increased the percentage of persons participating in developing their personalized plan of care. 2. Increased the percentage of persons satisfied with their involvement in the planning of care/treatment.

Impact: On average, 92 per cent of persons reported participating in developing their personalized plan of care across implementation sites from September to December 2020. The Weston and Dixon sites have more client visits, which may explain variation in results across sites.
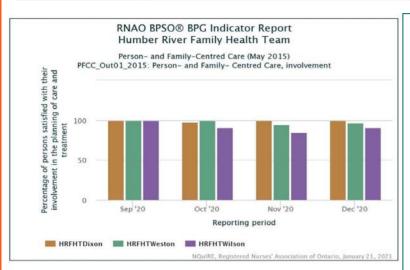
Practice changes
Since this BPG implementation coincided with the COVID-19 pandemic, the focus shifted to supporting staff, patients, and families with the transition to virtual care. In spring 2020, an education session on virtual care etiquette and PFCC was provided to all staff to equip them with the confidence and skills to provide virtual care. Data collection began in September 2020 using a post-visit patient satisfaction survey via paper, email or phone.

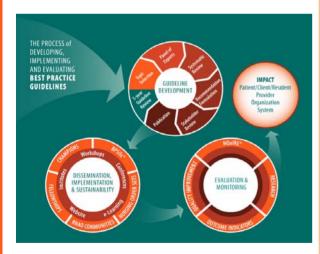February 2021

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Impact: On average, 96 per cent of persons across three sites reported being satisfied with their involvement in the planning of care and treatment. Despite the pandemic, there was an increase or consistent satisfaction from September to December 2020.

Practice changes
Support and resources implemented for the transition to virtual care to facilitate person- and family-centered care included:
- individualized patient care/counselling sessions using phone/video platforms
- integrated virtual group health education and support sessions
- training sessions to teach/learn secure email communication
- virtual care guidance documents to prepare for a virtual care appointment and how to navigate the electronic communication portal
- phone interpretation services to facilitate virtual care

Conclusion: In collaboration with North Western Toronto Best Practice Spotlight Organization Ontario Health Team and RNAO, the organization implemented the guideline with a focus on virtual care amid the COVID-19 pandemic. Overall, there were higher percentages in persons' participation and satisfaction with their involvement in planning of care and treatment.

RNAO launched the BPG Program in 1999 with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes. The BPSO OHT model is designed to support integrated systems of care. RNAO and participating organizations enter a collaborative partnership to collectively implement BPGs as one coordinated team. Learn more here: https://rnao.ca/news/learn-about-bpso-ohts

NQuIRE[2], a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact: NQuIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg.

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