Improving the Uptake of BPGs: One Agency's Experience with the PARiHS Framework

Charlotte Koso RN BN CHPCN(C)

4th National Community Health Nursing Conference

June 16-18, 2010

Presentation Objectives

- To share with you a general overview of the PARiHS Framework and how it can be used to assist in implementing Best Practice Guidelines

- To create an awareness of some of the challenges and barriers we encountered and how we overcame them

Care Partners

How It All Began

- CarePartners, a community nursing agency in Southwestern Ontario, provides approximately 550,000 nursing visits/year to clients in their homes & community nursing clinics

- CarePartners was chosen by RNAO to be a Best Practice Spotlight Organization candidate in April 2009

- Awarded a 3-month RNAO ACPF with a focus on the implementation of Best Practice Guidelines (BPGs) in the fall of 2009

- Literature search led to identifying "The Promoting Action on Research Implementation in Health Services (PARiHS) Framework" as a valuable adjunct to the RNAO Best Practice Guidelines Toolkit

Care Partners

Implementing BPGs

- My Advanced Clinical Practice Fellowship goal focused on developing expertise in implementing BPGs through learning theoretical/practical applications, coupled with perfecting a range of strategies that facilitate knowledge translation and change in practice/behaviour of community nurses

- Secondary fellowship goal focused on the Management of Chronic Pain in Wounds

- CarePartners is committed to implementing four of RNAO's BPGs utilizing RNAO's *Implementation of Clinical Practice Guidelines Toolkit*

Care Partners

PARiHS Framework

- First developed by a team consisting of Kitson, Harvey & McCormack in 1998

- Additional work led by Jo Rycroft-Malone in the UK and published in 2004 in the Journal of Nursing Care Quality

- Focused on ways to deliver evidence-based and clinically effective care to clients

- Efforts needed to integrate research into practice, thereby leading to improved quality of care

Care Partners

PARiHS Framework

- This "multi-dimensional framework was developed in an attempt to represent the complexity of the change processes involved in implementing research-based practice"

<div align="right">(Rycroft-Malone, 2004)</div>

- Essentially links the interrelated concepts of evidence, context and facilitation – 3 elements placed on a continuum of high to low

Care Partners

PARiHS Framework as an Adjuvant

Successful implementation occurs when:

a) **Evidence**
- Research
- Clinical Experience
- Patient Experience
- Local Data/Information

b) **Context**
- Culture
- Leadership
- Evaluation

c) **Facilitation**
- Purpose
- Role
- Skills & Attributes

Care Partners

How did CarePartners use the PARiHS Framework in Conjunction with the RNAO BPG Toolkit?

- Decision to use the PARiHS Framework elements and sub-elements to conduct an assessment to determine our score from high to low on the continuum

- Completed Environmental and Stakeholder Assessments as presented in the RNAO's BPG Toolkit

- Chose two divisions as pilot sites
    1) Mississauga-Halton – 100% urban
    2) Southwest-South (Elgin) – mixed but heavily rural

- Conducted focus groups in both divisions – diverse groups in terms of age, RN vs RPN, years of experience as a nurse and years of practice with CarePartners

- Informal chart audits completed in both areas

Care Partners

Focus Group Participants

- **Mississauga-Halton Program**

- **South-Southwest Program (Elgin Division)**

Care Partners

Results

Focus Groups – Elgin & Mississauga

Group Demo-graphics	# RN	6 − 50%			
	# RPN	6 − 50%			
	Age Range	(20-30) − 1 (8%)	(30-40) − 1 (8%)	(40-50) − 3 (25%)	(50+) − 7 (58%)
	Yrs. Nursing Experience	(0-2) − 1 (8%)	(2-5) − 0 (0%)	(5-10) − 3 (25%)	(10+) − 8 (67%)
	Yrs. of Working in Community	(0-2) − 3 (25%)	(2-5) − 1 (8%)	(5-10) − 5 (42%)	(10+) − 3 (25%)
	Yrs. Working for CarePartners	(0-2) − 3 (25%)	(2-5) − 2 (17%)	(5-10) − 5 (42%)	(10+) − 2 (17%)

Care Partners

Results

PARiHS Framework Assessment Results	Evidence	Low	High	% Low	% High
	Knowledge through Research	-	6 | 6	-	100%
	Clinical Experience	-	6 | 6	-	100%
	Client Experience	-	6 | 6	-	100%
	Local Data / Information	5 | 3	1 | 3	**67%**	33%
	Context				
	Culture	5 | 1	1 | 5	**50%**	50%
	Leadership	5 | 1	1 | 5	**50%**	50%
	Evaluation	2 | 3	5 | 2	**42%**	58%
	Facilitation				
	Purpose	1 | 3	6 | 2	**33%**	67%
	Role	1 | 3	6 | 2	**33%**	67%
	Skills & Attributes	1 | 1	5 | 5	**17%**	83%

Care Partners

Themes that Emerged (Focus Group Discussions)

- Confidence by staff that P&P, CarePlans, flowsheets, client information handouts, etc. are based on research/evidence

- Nurses use clinical & client experience for decision making

- Importance of local data being available in a timely fashion – very challenging with paper charts

- Importance of relationships between all participants – Nurses, NM, CNEs and clients

- Importance of leadership style – nurses feel a strong need to be empowered rather than dictated to

- Culture varies – sometimes decentralized decision making, other times not – work pressure changes this

- Facilitation – varies within organization and between situations but good examples when recognized as evident

Care Partners

Chart Audit Findings

- Demonstrated use of evidence (clinical and client experience) but was inconsistent – notable variation between the two areas

- Chart audits are completed and results shared with nurses however only once clients are discharged – reporting of findings significantly delayed (due to paper charts – electronic documentation would improve this)

- More consistent use of evidence-based practice was seen through documentation when expectations (eg. flowsheets with appropriate cues) were clear and appropriate and effective facilitation utilized for implementation

Care Partners

Actions Taken

- Implementation of the BPG *Assessment and Management of Pain* – recommendations chosen focus on screening, assessment, communication of findings and advocating for interventions for chronic pain in wounds (manageable for nurses)

- Decision by CarePartners' BPSO Steering Committee to pilot thoroughly in 2 sites prior to agency wide implementation

- Commitment to PDSA cycles to achieve best possible tools, approach, effective education, etc.

- Agency's strategic plan committed to continued actions moving toward electronic documentation

- Education from a facilitative perspective – ie) key focus on making the adoption / learning requirements for this BPG easier for the nurses

Care Partners

Early Results

- Initial meetings / education in both pilot sites has been well attended

- Focus group results and themes shared (in keeping with importance of local information sharing)

- Nurses expressed willingness to participate in pilot, as well as provide timely feedback – agreeable to use pilot tools within 2 week parameter (timeline set by group) with feedback

- Agreeable to participate in PDSA cycles – e-mailing comments following personal experience with tools

- Nurses recommendation to make forms NCR and be placed in all charts has been addressed in terms of costing, feasibility, etc.

Care Partners

Quick Look Back Specifically at the PARiHS Framework

- **Benefits of the PARiHS Framework**
  - ➢ provided a framework that we could use to assess our agency in regard to the concepts of evidence, context and facilitation in relation to the implementation of best practices

  - ➢ were able to identify the elements / sub-elements where we scored low, allowing us to focus on these in our implementation strategies

  - ➢ the framework has allowed us to use a somewhat different approach for our Pain BPG implementation but further to that has also created an overall new awareness of the importance of addressing these elements in many aspects of CarePartners' initiatives

  - ➢ Ongoing assessments and evaluation will demonstrate further benefits and possible changes to how we implement change
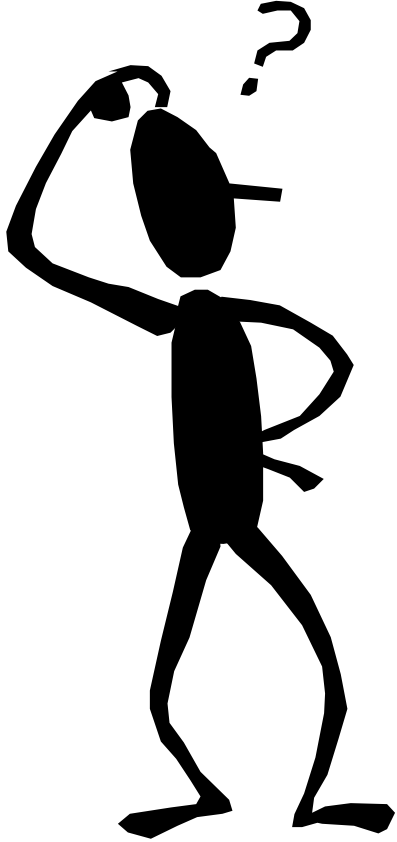
Care Partners

Next Steps

- Continuing PDSA cycles

- Frequent feedback with appropriate changes in timely manner

- Hands-on, in-person availability – focus on all aspects needed for practice change to occur

- Nurses need to be valued – work has to be realistic, doable and meaningful

- Needs to be client focused – with client's own goals that they themselves can measure

Care Partners

References

Rycroft-Malone, J (2004). The PARHIS framework – A framework for guiding the implementation of evidence-based practice. *Journal of Nursing Care Quality, 19(4) 297-304.* Retrieved September 10, 2009 from http://www.basale-stimulation.de/Pflege/pflege-ol/PARIHS.pdf

Care Partners

Thank You!

Charlotte Koso RN BN CHPCN(C)
charlotte.koso@carepartners.ca

Care Partners