

The Pulse of Renewal: A Focus on Nursing Human Resources



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A Phenomenal Journey: The Dissemination and Uptake of the Nursing Best Practice Guidelines across Canada

Final Report, April 30, 2004

Registered Nurses Association of Ontario
Nursing Best Practice Guidelines Program

Executive Summary

In late November 2003, the Registered Nurses Association of Ontario (RNAO) proposed to broaden its dissemination and uptake of the nursing best practice guidelines (NBPG) to all provinces and territories in Canada. Since 1999, the Ontario Ministry of Health and Long-Term Care (MOHLTC) has awarded multi-year annual funding of \$1.5 million to RNAO to develop, pilot implement, evaluate and disseminate NBPG across the province. This initiative is considered a high-priority initiative of the government and is closely monitored by the Joint Provincial Nursing Committee. MOHLTC has provided assurance for continual annual funding of this program.

The RNAO proposal to Health Canada comprised three major initiatives that would benefit all Canadian residents and be a catalyst for implementation of NBPG in the provinces and territories. The three initiatives were:

1. Best Practice Workshops: Shaping the Future of Nursing in Canada
2. French translation of five NBPG, 10 Health Education Fact Sheets (HEFS) and one Toolkit for implementation of clinical practice guidelines
3. Partnerships with two Best Practice Spotlight Organizations outside Ontario.

All three initiatives will be completed successfully and within budget. Several elements were carried over for completion by May 2004.

The RNAO concludes, from the experience of the three initiatives, that there is great need across the country for a concerted effort in providing supports for day-to-day clinical practice issues. For too long in recent history, attention to clinical matters has been superseded by financial and structural concerns, and the result has been erosion to good basic care. These situations have led to a lack of continual attention on clinical best practices. This is not to say that organizational and systemic issues are not important. On the contrary, these are important and must be addressed, but not to the

exclusion of clinical attention. RNAO strongly urges governments at all levels to invest generously in implementing evidence-based clinical practice through active implementation of the NBPG.

Background

RNAO's vision for clinical practice encompasses knowledge-based nursing care supported by healthy work environments and resulting in positive health outcomes for patients, nurses and the health system. This vision provides direction to the nursing best practice guidelines program, the mandate of which is to develop, pilot implement, evaluate and disseminate nursing best practice guidelines (BPG) as well as to review and update the evidence and recommendations of the BPG every three years. In its four-year history, the NBPG program has resulted in significant achievements, listed in Appendix A.

Project Initiatives

In December 2003, Health Canada granted \$800,000 in funding to RNAO to undertake three projects to broaden the dissemination and uptake of BPG across the nation. The timing and duration within which to plan, deliver and complete the projects was three months. The three projects, their planning and delivery, and the conclusions from each are discussed in this report.

1: Canada-wide Sessions – Best Practice Workshops: Shaping the Future of Nursing in Canada

Purpose

The purpose of the one-day workshop was to orient nurses to evidence-based practice, introduce the published NBPG and provide a preliminary understanding of knowledge transfer and NBPG implementation in practice settings. The overall aim was to disseminate knowledge about the NBPG, excite nurses to implement the guidelines and empower them to advocate with their provincial Ministries of Health within their regions to support nursing practice through NBPG. Workshops were provided in both official languages.

Number of workshops

In the three months for this project, RNAO planned and conducted 20 full-day, free-of-charge workshops across the provinces and territories in 17 different locations (see Table 1, Appendix B). These locations were identified based on several criteria: major centres, travel feasibility, minimum of one accessible workshop per region, numbers of nurses in region and input from regional provincial regulatory and labour bodies. No workshops were held in Ontario as previous workshops had been conducted there as part of the Best Practice Champions Network. Several minor changes were made

to the workshop locations in response to registration numbers. For example, a workshop in Gatineau was organized in French to enable French-speaking nurses from both Ontario and Quebec to benefit. A second workshop in Vancouver was organized due to overwhelming registration. Another workshop was cancelled in Brandon, Manitoba, due to poor registration; however, all Brandon registrants were later accommodated in Winnipeg. A total of 1,015 registrants were accommodated in these sessions, while an additional 1,432 were placed on a national waiting list.

Marketing and registration

The marketing for the workshops was conducted largely by email distribution of an electronic flyer, one in English and one in French. People were directed to obtain detailed information from the RNAO website. Registration for the workshop was free and was conducted online. A 10-day advance cutoff of registration occurred unless the workshop was not full. Registrants were selected based on a predefined set of criteria to ensure a diverse range of participants. Criteria included participation from diverse organizations and roles, geographic locations and timing of registration. This strategy was established as some organizations were registering 10 to 20 members. Registrants selected were contacted by phone, fax or email to confirm their registration. All participants who required more than \$75 funding support for travel and accommodation had to receive preapproval. This allowed us to guide the participant to economical travel and accommodation and to ensure the budget was tightly monitored. These strategies were used successfully to ensure equity in participation. Those who registered early but were not selected were provided with the explanation both on the website at time of registration and in subsequent emails.

The workshops were designed to target up to 600 participants nationally. Due to overwhelming response, this target was increased to 1,000 participants within the allocated budget; however, a further 1,400 nurses were unable to participate and requested to be kept on a waiting list should further funding be available. All workshops were increased from 30 to 50 target participants each. In order to ensure full capacity and to reduce the waiting list, workshops were purposely overbooked. Seven workshops averaged 86% capacity; the remaining 13 had an overparticipation rate of 10% on average.

Random audits were conducted by telephone and email to nurses who were registered but did not show at the workshop, to identify the contributing factors, which were as follows:

- Misunderstanding around whether registrant was confirmed;
- Last-minute cancellations due to other commitments;
- Confusing contact information; and
- Deciding to not attend (this appeared to be the major reason).

The findings from these random audits helped refine the registration process.

Participants

The workshop participants represented some but not all of the demographic characteristics of the general nursing population in Canada. Detailed demographics of participants can be found in Table 2 (Appendix B). Eighty-eight percent of participants were working in the nursing profession over 11 years; 39% over 25 years. Thirty-eight percent were employed in their current place of work between 11 and 25 years, 34% between 3 and 10 years, 11% between 1 and 2 years and the rest were equally split in either extreme. The educational backgrounds of the participants were varied: registered nurses were in the vast majority with 33% diploma prepared, 38% baccalaureate prepared, 21% masters prepared and 2% doctorate prepared. Three percent were registered practical nurses and 3% were other healthcare providers.

The types of healthcare settings the participants came from was varied: 28% from acute care, 17% from long-term care, 9% from public health and 8% from home care; the remainder were split in smaller percentages between mental health, rehabilitation and “other.” Likewise, reported specialty areas were greatly varied, although the top four categories were gerontology, health promotion, knowledge transfer/guideline implementation and medical–surgical. It is worth noting that a total of 135 participants identified themselves as having a role in guideline implementation – these may likely be nurse educators, clinical nurse specialists and individuals not hired specifically for a knowledge transfer role. Sixty-three percent reported they had been working in their current specialty between 6 and 25 years.

Unlike the general nursing population, 88% of participants worked full time, 11% part time and 2% casually. The difference in percentages is understandable, as organizations likely provided paid time to attend the workshop to their full-time staff while part-time and casual staff may have had to come on their own time, forgoing earnings. It was also interesting to note that 41% had a formalized leadership/management role (manager, director, administrator, leader), 11% identified themselves in formal academic roles and the rest worked in various clinical roles. (These numbers may not be accurate, as there were many that held dual roles.) It appears that many participants attending the workshop had some level of influence in decision-making in their practice settings.

Workshop facilitators

Five nurse educators/advanced practice nurses were trained in Toronto to conduct these workshops. Recruitment for facilitators was conducted using email requests for assistance from each provincial nursing organization as well as other contacts of RNAO. Individuals were recruited from Toronto, Burlington, Ottawa, Montreal and Calgary. The Montreal and Ottawa facilitators were especially recruited, as they were bilingual. All five facilitators had previous academic and practice experience teaching and conducting workshops in various clinical and nonclinical subject areas. The facilitators were contracted on a per-diem basis. A lead facilitator was engaged to assist in preparing the workshop materials and templates and to assume a leading role in training the other facilitators over a two-day period. The lead facilitator had previously worked with the

NBPG project and developed workshop materials with the support of project staff. The NBPG Project Director provided all direction and approved all materials. A graphic design company and printing company were selected based on a recent request for proposal, past working relationship with RNAO and ability to deliver the products within the necessary timeframe.

Workshop content

Standard lesson plans, workbook, slides, handout materials, CD with all published BPG, Health Education Fact Sheets (HEFS) and Implementation Toolkit, as well as other facilitating materials, were produced to ensure a high-quality and consistent approach. Each participant received the following materials to take away:

- Workbook;
- CD (published BPG, HEFS, *RNAO Toolkit: Implementation of Clinical Practice Guidelines* and PowerPoint slides);
- Hard copy of *RNAO Toolkit: Implementation of Clinical Practice Guidelines*; and
- NBPG program brochure. The purpose of the brochure was to allow participants to share information with colleagues. Participants were encouraged to champion the uptake of BPG within their practice setting and region.

All materials except for specific NBPG and HEFS were translated into French for the four workshops that were conducted in French.

At the end of each workshop, participants were expected to have achieved the following objectives:

- Increased understanding of the issues and trends in evidence-based practice.
- An introduction to the RNAO Nursing Best Practice Guideline Program.
- Greater understanding of the RNAO NBPG, how they were developed and how they can be used.
- An overview of knowledge transfer literature as it relates to guideline implementation.
- A basic understanding of how to use the RNAO Toolkit for implementing guidelines.
- Development of an initial list of strategies for generating momentum for BPG initiatives within the participant's home organization or region.
- Formulation of a Personal or Organizational Action Plan for implementation of evidence-based guidelines within the participant's home organization or region.

All participants completed the action plan, and 75% of these were provided to RNAO for followup. These action plans have been loaded onto a database and will be used for a three-month and six-month followup with each participant who completed the action plan to identify the level of postworkshop followthrough. Followup will be conducted using Web-based technology.

Workshop evaluation

Eighty percent of attendees completed a postworkshop evaluation. The overall rat-

ing for the workshop was 88% (4.38 out of a maximum of 5). (See Appendix C for comments and scores.) The qualitative comments were generally positive. The themes of the comments included the need for the NBPG, appreciation for RNAO and Health Canada to have shared the guidelines across Canada, enthusiasm for implementation of NBPG and also the recognition of significant barriers to implementation due to workload, support systems, etc.

Recommendations

The positive response strongly encouraged RNAO to organize further workshops for the remaining 1,400 individuals on the waiting list. A letter was sent to all provincial and territorial nursing bodies and provincial Chief Nursing Officers to source out funding to support additional workshops. RNAO is prepared to conduct further workshops of this nature provided appropriate supports are secured. RNAO recommends that Health Canada consider funding additional workshops.

2: French Translation of BPG and Health Education Fact Sheets (HEFS)

Purpose

In order to ensure accessibility of the BPG and HEFS to French-speaking nurses and patients, the following documents, which are in high demand, were translated:

Five BPG:

- Client Centred Care
- Establishing Therapeutic Relationships
- Assessment & Management of Pain
- Risk Assessment & Prevention of Pressure Ulcers
- Assessment & Management of Stage I to IV Pressure Ulcers

Twelve HEFS (2 more than initially targeted):

- Putting Patients First
- Taking the Pressure Off: Preventing Pressure Ulcers
- Gaining Control of Your Pain
- Deciding to Quit Smoking
- Understanding Crisis
- Constipation: Prevention Is the Key
- Incontinence: Breaking the Silence
- Reduce Your Risk for Falls
- The Goal Is Asthma Control
- Breastfeeding – The Best Start
- Recognizing Delirium, Dementia, Depression
- Taking Care of Your Legs

All documents will be available on the RNAO website. Printed copies of the translated

materials will also be available. Dissemination plans have been developed and will be executed over the coming months.

Recommendations

1. An outside translation company and a designated project manager are recommended for projects with tight timelines.
2. Given the demands of the project content and its specialized professional language, a long-term working relationship with the same translators is recommended.
3. The 3-step process of translation helped ensure a high quality outcome. This process is recommended for future translations.

3: Partnerships with Best Practice Spotlight Organizations Outside Ontario

Purpose

RNAO launched a long-term partnership demonstration initiative in November 2003. Titled Best Practice Spotlight Organizations, seven healthcare organizations in Ontario have been selected to partner with RNAO to implement multiple BPG through a strategic and structured approach, and evaluate their impact on patients' health/clinical outcomes and system/financial impact. The partnership provides generous funding from the project and matching funds from the healthcare organization. BPG Spotlight Organizations also serve as a ground for research opportunities for researchers and postgraduate students interested in learning about knowledge transfer and uptake as well as evaluation of patient and system outcomes. The seven organizations in Ontario include acute care, long-term care, rehabilitation and community, as well as organizations in large and small centres.

Process

The Health Canada funding allowed RNAO to expand this opportunity beyond Ontario. Through a well-publicized request for proposals (RFP) process, RNAO selected two organizations outside Ontario designated as additional Best Practice Spotlight Organizations. These organizations demonstrated strategic vision and priority in creating an evidence-based practice environment and a commitment to implementing multiple BPG over time. The RFP included a two-phase approach. The first phase entailed the provision of funding to develop internal capacity and structures to enable the implementation of NBPG in the organization – this portion was allotted from the Health Canada funding source. The second phase of NBPG implementation and evaluation will be fully funded by the Spotlight Organizations. This commitment was part of the criteria included in the RFP. In turn, RNAO has committed to providing continual intellectual support and other necessary guidance to the two Spotlight Organizations selected outside Ontario. It is envisioned that the relationship will continue over several years alongside the partnerships with Spotlight Organizations in Ontario. The two Spotlight Organizations selected from the RFP process are McGill University Health Centre (MUHC) and Hôpital Charles LeMoyné.

As part of the capacity development work, 10 nurses (five from each organization) spent one week in Toronto, receiving education and supports in planning for NBPG implementation and developing working relationships with the NBPG project staff and the other Spotlight Organizations in Ontario. These Change Agent Nurses were to return to their organizations and continue the planning process for NBPG implementation. At both Quebec Spotlights, the following activities were undertaken in order to meet their overall objectives for the first phase:

- Steering committees were formed.
- Plans were developed and implemented to communicate the NBPG across their organizations. Different strategies, including formal launch celebrations, key meetings with Nursing and Quality Councils, newsletter articles, etc., were used. A press release by RNAO was also coordinated with the public relations departments.
- Retreats were held to develop detailed implementation plans, and working groups continued with weekly or more frequent meetings.
- Front-line staff were actively involved in the planning process.
- Environmental and stakeholder assessments were conducted. This allowed for modification of initial plans with respect to the specific BPG for implementation. In one case, a pilot site was selected instead of an organization-wide implementation.
- Workshops for nurses and other healthcare providers were planned. At MUHC, seven workshops were conducted in which 168 individuals participated.
- Pre- and postknowledge and aptitude tests were conducted in one organization, and other evaluations were planned.
- Partnership with universities was an important element of capacity development in order to plan implementation evaluation and evaluation of patient outcomes.
- A doctoral student was enlisted for the evaluation component of the project.
- Up to 30 nurses from each Spotlight were sent to the Best Practice Workshops conducted by RNAO in their province.
- Material was translated into French, including one RNAO BPG (falls prevention).
- Initially, weekly communication was maintained with the project leaders. Later, monthly meetings with all Spotlight Organizations from Quebec and Ontario helped ensure that progress was maintained, learnings were shared and needed resources were identified and provided.

Additionally, both Quebec Spotlight Organizations have developed plans for the second phase of the initiative. The second phase will continue the work of capacity development, but will focus heavily on implementation. This will include the identification of Champions on units, BPG-specific education, further communication and awareness building, research with BPG, etc. Funding for phase two has been secured from within both Spotlight Organizations and their identified partners.

Recommendations

1. It will be beneficial for both the Quebec Spotlight Organizations and RNAO to continue working together in order to learn from the various BPG implementations.

2. RNAO and the Quebec Spotlight Organizations will seek joint research funding in order to explore outcomes related to BPG implementation.
3. Request for proposal (RFP) processes should have adequate built-in time for equitable access to information and opportunity for organizations to respond. A minimum of six weeks is recommended. RNAO was challenged by the timelines imposed by Health Canada and therefore was able to provide only a 3.5-week period for organizations to respond. The RFP was issued several days before Christmas, increasing the difficulty of eliciting responses to the RFP.
4. Organizations responding to RFPs should include broad consultation with key stakeholders within their organization. In this situation, however, the proposal developers were not able to do so owing to the time constraints. These were some of the comments made by one of the Spotlight Organizations in its report:
 - Perceived rapidity of progress and “lack of consultation” in decision to proceed with a response to the RFP from RNAO.
 - Perception of “top-down” approach.
 - Concern about lack of autonomy of site/mission Quality Committees and concern about the status of their current priorities for their work.
 - Lack of clarity about relationships between the Task Forces on Skin Integrity and Pain and the site/mission Quality Committees and the CN Quality Committee.
 - Need for extensive communication plan and activity.
5. Development of capacity for knowledge transfer and evidence-based practice is a long-term endeavour. The provision of less than three months for this phase is much too little. Both Spotlight Organizations have found it challenging and are putting plans in place to continue developing capacity over the coming months. RNAO recommends a minimum of one year for capacity development, planning and initial implementation of NBPG. RNAO further recommends that organizations commit to a long term and continual attention to NBPG implementation. NBPG implementation and evaluation should be a norm rather than a time-limited endeavour.

Conclusions

RNAO, through funding from Health Canada, provided the leadership, structure and ability to utilize already developed resources from the Nursing Best Practice Guidelines (NBPG) program in achieving a broader dissemination of NBPG and related materials to nurses across Canada. It is hoped that the thousand nurses who attended the workshops, the nurses and organizations who access the French translated materials and the leadership demonstrated by the Quebec Spotlight Organizations will add momentum in creating better healthcare practices and achieving excellence in patient and system outcomes.

Appendix A: Milestones in Nursing Best Practice Guidelines

BPG Development

- 17 BPG developed, 9 in development and 3 guidelines to be launched in 2004
- 12 Health Education Fact Sheets developed

BPG Evaluation

- 47 pilot sites across Ontario to pilot implement and evaluate BPG
- CHSRF-funded study: Sustained Use of Research Evidence (SURE)
- Development and testing of evaluation measures and tools for clinical, system and cost measures
- Four monographs published containing developed and tested evaluation tools
- Venous Leg Ulcers – Integrated Interdisciplinary Care (study partner with U. of T. Faculty of Medicine, Knowledge Transfer Unit and CCAC; funded by the Primary Transition Fund)
- Baseline survey conducted on the level of awareness and uptake of BPG in Ontario

Dissemination and Knowledge Transfer

- Toolkit: Implementation of clinical practice guidelines developed
- Spotlight Organization Partnerships – 7 in Ontario, 2 in Quebec
- BPG Champions Network – 400 Champions in Ontario
- PhD Fellowship program – first fellowship awarded January 2004
- Education Demonstration Projects – 11 academic institutions involved
- BPG Newsletter – published 3 times each year
- International Conferences – 2001, 2003, 2005
- BPG Summer Institute 2003, 2004 – Leading and Shaping Clinical Excellence
- Smoking Cessation E-learning module
- 12-week fellowships to acquire knowledge, skills and experience in implementing BPG
- Student placements with the project team (over a dozen undergraduate and graduate students have had placement experiences)
- Over a dozen publications
- Multiple presentations in provincial, national and international forums

NICEBIRG – International collaboration (annual symposium)

- United Kingdom, 2002
- Canada, 2003
- Australia, 2004

Appendix B: Tables

**Table 1. Best Practice Workshops:
Shaping the Future of Nursing in Canada – dates, locations and participants**

Location	Date	Registration	Wait List	Facilitator
Vancouver, BC	Feb 9	55 attended	99 wait list	Facilitator 1
Calgary, AB	Feb 11	54 attended	55 wait list	Facilitator 2
Halifax, NS	Feb 13	51 attended	63 wait list	Facilitator 3
St. John's, NL	Feb 16	58 attended	87 wait list	Facilitator 1
Vancouver, BC	Feb 18	44 attended	96 wait list	Facilitator 3
Regina, SK	Feb 20	46 attended	59 wait list	Facilitator 3
Charlottetown, PEI	Feb 27	48 attended	55 wait list	Facilitator 3
Victoria, BC	March 1	52 attended	116 wait list	Facilitator 1
Edmonton, AB	March 1	57 attended	116 wait list	Facilitator 2
Saskatoon, SK	March 5	58 attended	114 wait list	Facilitator 3
Halifax, NS	March 8	64 attended	225 wait list	Facilitator 1
Prince George, BC	March 12	50 attended	32 wait list	Facilitator 3
Winnipeg, MN	March 22	56 attended	46 wait list	Facilitator 2
Quebec City, QC*	March 22	41 attended	50 wait list	Facilitator 4
Montreal, QC	March 24	50 attended	67 wait list	Facilitator 5
Fort McMurray, AB	March 26	58 attended	12 registered	Facilitator 2
Moncton, NB*	March 26	53 attended	33 wait list	Facilitator 5
Gatineau, QC*	March 29	36 attended	14 registered	Facilitator 5
Yellowknife, NWT	March 29	46 attended	19 registered	Facilitator 2
Montreal, QC*	March 31	38 attended	74 wait list	Facilitator 4

*Workshops conducted in French

Table 2. Workshop participant profile

Years Experience in Nursing	969	%
>25 years	382	39%
16–25 years	355	37%
11–15 years	114	12%
6–10 years	62	6%
1–2 years	36	4%
3–5 years	20	2%

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Years Employed in Your Current Organization	971	%
16–25 years	256	26%
3–5 years	182	19%
6–10 years	148	15%
11–15 years	118	12%
1–2 years	105	11%
>25 years	87	9%
<1 year	75	8%
Years Exp. Working in This Specialty	978	%
16–25 years	262	27%
6–10 years	194	20%
11–15 years	161	16%
3–5 years	141	14%
>25 years	86	9%
1–2 years	82	8%
<1 year	52	5%
Highest Level of Education	1,087	%
RN (Bachelor of Nursing)	378	35%
RN (Diploma)	361	33%
RN (Masters – Nursing)	131	12%
RN (Masters – Other)	102	9%
RN (Bachelor – Other)	35	3%
Other Healthcare Provider	32	3%
RPN	31	3%
PhD	17	2%
Workplace Settings	1,490	%
Acute Care Hospital	423	28%
Long-Term Care	248	17%
Other	188	13%
Public Health	133	9%
Ambulatory Care	123	8%
Visiting Nurse/Home Care/CCAC	122	8%
Psychiatric Hospital or Mental Health	76	5%
Complex Continuing Care	74	5%
CHC	56	4%
Rehabilitation	47	3%
Current Specialty	1,079	%
Gerontology	218	20%
Health Promotion	147	14%

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Knowledge Transfer/Guideline Implementation	135	13%
Medical–Surgical	112	10%
Other	72	7%
Psychiatric/Mental Health	62	6%
Emergency/Trauma	45	4%
Critical Care	43	4%
Antenatal/Postpartum	38	4%
Palliative Care	30	3%
Wound Care	27	3%
Cardiac Care	26	2%
Operating Room	22	2%
Paediatrics	22	2%
Neurology	19	2%
Infection Control	15	1%
Oncology	13	1%
Diabetes	12	1%
Dialyses	9	1%
Pain	7	1%
Neonatal	5	0%
Employment Status at Organization	971	%
Part-time	102	11%
Full-time	852	88%
Casual	17	2%
Position	980	%
RN	168	17%
Manager	158	16%
Director	146	15%
Instructor	109	11%
Coordinator	101	10%
Consultants	48	5%
CNS – Clinical Nurse Specialist	42	4%
Leader	29	3%
Public Health	30	3%
Community Health Nurse	19	2%
Head Nurse	15	2%
Officer	18	2%
Supervisor	16	2%
Adviser	8	1%
Chair	5	1%
CRN – Clinical Resource Nurse	14	1%
Nurse in Charge	5	1%

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Nursing Student	13	1%
RPN/LPN	8	1%
VP	12	1%
Acute Pain Nurse	2	0%
Administrator	3	0%
Charge Nurse	3	0%
Counsellor	1	0%
District Office Nurse	3	0%
Nurse Practitioner	4	0%

Appendix C: Workshop Final Evaluation Results

	Average Score (out of 5)
Overview of RNAO BPG project	4.38
<ul style="list-style-type: none"> • Wonderful workshop. • What an opportunity! Thanks to RNAO and Health Canada. Very timely. • What a huge amount of work has been done! Many thanks to RNAO for sharing with nurses across the country. • What a beautiful initiative. 	
BPG: What are they and how are they are developed?	4.31
Evidence-based practice and best practice guidelines	4.27
<ul style="list-style-type: none"> • I am concerned that the ongoing resources may not be in place for the continual review and update of the BPGs. It is important that they stay current. • I am amazed at the depth and breadth of these guidelines, and after 35 yrs as a nurse very proud that nursing has moved in this direction. • I already was very familiar with evidence-based practice and BPG, but this was a good review. • Helpful to get some background on how they are developed and revised. 	
Knowledge transfer and the connection to guideline implementation	4.09
<ul style="list-style-type: none"> • New info for me; very interesting. • Need to read to really take it in. • Need time to digest and look at my environment. • More info on creating a learning environment is needed re: transformative leadership in front-line nursing. 	
RNAO Toolkit and the Role of Facilitation	4.19
<ul style="list-style-type: none"> • Would have liked more time on this. • Would be great to have toolkit before workshop. • Wonderful tool – thank you for sharing. • Will look forward to reading thoroughly. • Will be very useful. 	
Strategies for dissemination and implementation	4.02
<ul style="list-style-type: none"> • To me this is the toughest and would have appreciated if even group could share their experience. 	

- This will be a challenge to move implementation and work through the challenges. Not sure how it will be done.
- This section was somewhat overwhelming. Is it possible to have a “champion” from a site also share their experience and put it in perspective?
- The regional workshops are excellent, as are the materials provided.

Developing your action plan **3.95**

- We will definitely keep working on our project. You have given us excellent tools to do this.
- We were a bit confused at first – a little hard to do since we were not yet familiar with the documents.
- We have the support from our organization to review some existing NBPG and implement them; this did not apply at this time. Our plan is in place and proceeding well.
- We are from different areas so really had to be independent on that one.
- Wasn’t as difficult as I thought. Have more ideas for actions than I thought.

Workbook (user-friendly, content presentation, usefulness as a resource...) **4.26**

- The CD and the diskette are a great idea and I look forward to be able to refer to them in the future.
- They seem to be a good tool for dissemination and implementation.
- Thanks so much for providing this. For letting us have extras – would like to have option to buy more.
- Thank you for the great resource material. It’s nice to have someone share their material and successes without having to beg for it.
- Sometimes workbook and lecture did not correspond – made it difficult to follow.

Retreat facilitator **4.46**

- Vivacious speaker!
- Vibrant, motivated, friendly.
- Very enthusiastic, very excited about the material. The only suggestion I would like to make is talk less, brainstorm ideas more. Also, facilitator demonstrated a high knowledge level in the topic. I feel she should present parts of the presentation throughout.
- Very relaxed, friendly, good sense of humour, obviously a champion for BPG.

Hotel/meeting facility **4.26**

Food (breakfast, lunch) **4.49**

How would you rate your overall satisfaction with the day? **4.36**

- Would have been great to talk some more about applications of BPG in Ontario.
- Wonderful – what a treat to meet with fellow nurses, chat about common ideas.
- Will require some digestion – how to apply this for everyday use?

- Well spent day.

Did the workshop retreat meet the stated expectations/objectives? 4.22

- Yes, definitely.
- Yes, but not clearly, i.e., individual plan development for specific agencies. In smaller provinces, getting sectors together who have small staff numbers (LTC, public health, etc.) would have been better and more productive. May have created synergy too.
- Yes – further info on RNAO initiatives at “higher” levels (CNA, provincial authorities) may be useful.
- Yes — excellent workshop. Wonderful to know you don’t have to reinvent the wheel every time you need a BPG.

Identify one “key learning” or “Aha” that you will take with you.

- We have the ability to facilitate change!
- We can facilitate change by using a systematic approach.
- We can all be involved in best practices.
- We are on the right track! Exciting times ahead – I feel energized to make a difference in the quality/efficiency of our healthcare!
- We all want the best practice possible for our clientele.
- Was good to have “table” discussion re: “aha’s” right after lunch. Helped avoid post lunch slump. BUT THEN you went on and shot a whole lot of info at us (I think it was the evaluation, just before the toolkit). It was too much info.
- Want to learn more about BPG.
- Very well presented and very well organized.
- Lots of good information.
- Prepared to take home.
- Could concentrate more on the workshop rather than making notes.
- Very impressed with this project and especially the followup evaluation – this factor will ensure that nursing’s future is sloped – very exciting! Wonderful to know that there are guidelines out there and that those of us who don’t, have lots of resources.
- Very impressed with the “resources” given to us to take away with and use, e.g., CD-ROM, written material.
- Very impressed with the resources that were provided to us. Excellent workshop with good presenter.
- Value of knowing stakeholders – Thank you for the great tools to help me do my job better!