

REGISTERED NURSE JOURNAL

20
years of
BPSOs

Nurses celebrate two decades of evidence-based practice that always puts patients first.

SPECIAL BPSO ISSUE

A thriving global collective • Inspiration at annual symposium • Members grow RAO

Message from RNAO's President and CEO

This special anniversary issue of RNJ is a celebration of nurses, the nursing profession and an acknowledgement of the dedication of more than 1,500 Best Practice Spotlight Organizations® (BPSO®) committed to evidence-based care through the implementation and evaluation of RNAO's best practice guidelines (BPG).

For 20 years, we have watched individuals, health organizations,

educators and governments embrace our social movement of science, acknowledging that this shift towards world-class, person-centred and evidence-based care is vital to people's outcomes and to high-performing health systems.

The stories in this special issue will inspire existing BPSOs to continue their transformational work, and will motivate those in Ontario, Canada, and abroad who haven't yet joined our fast-moving train of change to

hop on board or risk missing the journey.

Through the implementation of RNAO's more than 50 clinical, system and healthy work environment BPGs, local and international BPSOs – and the 150,000+ champions they have enlisted to propel evidence-based practices – are seeing the fruits of their active, systematic and engaged labour. The difference they make in outcomes for patients, families, communities, health providers,

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By Kimberley Kearsey

organizations and the broader health system is seismic.

Our BPSO journey began with a vision in 1998 and was launched in 1999 with dedicated funding from the Ontario government. Our mission: To support nurses – RNs, RPNs and NPs – in strengthening clinical and organizational practices. We also aimed to build the resilience and confidence of the nursing workforce to influence interprofessional teams and together shape healthy public policy.

We always knew that this program’s potential was limitless. We now know

it’s improving the lives of millions everywhere, and that it will continue to strengthen our already powerful evidence-based movement for generations to come.


We hope you enjoy this 20th anniversary BPSO print edition. It is our gift to you, with our special thanks to our nursing colleagues in Ontario who were the early adopters of the program. And, to our BPSOs – co-creators of a commanding collective identity around the world – stand tall, knowing that our work enriches the lives of people far and wide.


DR. CLAUDETTE HOLLOWAY, RN, BScN, MSN, DHA, CHE, IS PRESIDENT OF RNAO.


DR. DORIS GRINSPUN, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT, IS CHIEF EXECUTIVE OFFICER OF RNAO, AND FOUNDER OF THE BPG PROGRAM AND ITS BPSO SOCIAL MOVEMENT OF SCIENCE.

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500-4211 Yonge Street
Toronto, Ontario
M2P 2A9
Tel: 416-599-1925
Toll Free: 1-800-268-7199
For inquiries related to this publication:
editor@RNAO.ca
RNJ.RNAO.ca
For more information about RNAO, visit RNAO.ca or follow us on

 X (formerly Twitter)

 Facebook

 Instagram

EDITORIAL STAFF

Marion Zych, Publisher
Kimberley Kearsey, Managing Editor
Victoria Alarcon, Communications Officer/
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Writer
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RNAO EXECUTIVE

Dr. Claudette Holloway, President
NP Lhamo Dolkar, President-Elect
Dr. Doris Grinspun, Chief Executive Officer

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Premier of Ontario - Premier ministre de l'Ontario

February 29, 2024

A MESSAGE FROM PREMIER DOUG FORD

Warm greetings on the celebration of the 20th anniversary of the Best Practice Spotlight Organizations (BPSOs) program.

As our government connects more people to care when and where they need it, nurses and BPSO partners play a vital role in providing patients with the high-quality care they deserve. BPSO programs enable registered nurses, registered practical nurses, and nurse practitioners to transform practices through knowledge sharing and using the world-renowned evidence-based guidelines developed by the Registered Nurses' Association of Ontario (RNAO).

For decades, the RNAO has partnered with governments and service providers to deliver better health outcomes through its transformative Best Practice Guidelines (BPGs) and corollary programs, including the BPSO program.

Celebrating 20 years, the BPSO program provides all sectors and settings, including public health, primary care, hospitals, home care, long-term care homes and educational institutions, the tools and guidance needed to improve person-centered quality care and drive improved health outcomes. Today, there are over 1,500 BPSOs across Ontario, Canada, and the world – and the program continues to grow every year.

Congratulations on celebrating two decades of excellence with the BPSOs program. I also applaud the RNAO for its ongoing commitment to promoting excellence and professionalism in nursing across the province.

Please accept my gratitude and best wishes for a wonderful celebration.

A handwritten signature in black ink, appearing to read "Doug Ford".

Doug Ford
Premier

Ministry of Health

Office of the Chief of Nursing
and Professional Practice and
Assistant Deputy Minister
777 Bay Street, 19th Floor
Toronto ON M7A 2J3

Telephone: **416 212-5494**

Ministère de la Santé

Bureau du chef des soins infirmiers
et de la pratique professionnelle et
sous-ministre adjoint
777, rue Bay, 19^e étage
Toronto ON M7A 2J3

Téléphone : **416 212-5494**



Message from Ontario's Chief Nurse

February 13, 2024

In 2023, Ontario outlined its plan for the healthcare system aptly named “Your Health: A plan for connected and convenient care.” Among its three pillars is “more health care workers,” emphasizing the recruitment and retention of our health workforce. This celebration of our healthcare workers is pivotal, and the centre of this effort resonates through the government’s commitment to fostering an evidence-based culture championed by Best Practice Spotlight Organizations® (BPSO®).

BPSOs serve as architects creating environments where our health human resources not only establish, but flourish in their careers. Through meticulous implementation and evaluation of best practice guidelines (BPG), these organizations stand as pillars of support for the government’s ambitious mission to fortify our health workforce and to sculpt a forward-thinking health system.

Through the implementation of BPGs within BPSOs, organizational culture is transformed, elevating patient outcomes and promoting quality care. What is amazing about this orchestrated effort lies in its power to minimize redundancy and promote a harmonious blend of creativity and innovation, enabling BPSOs to share best practices and problem-solve within a network.

I am proud to say that this program’s strategic approach has been proven to promote the development of evidence-based cultures, improve patient care and enrich the professional practice of nurses and other health-care providers. RNAO stands as a testament to this success, having grown to more than 1,500 BPSOs in the past two decades, earning international acclaim and demonstrating that Ontario and RNAO continue to be leaders in bolstering our healthcare workforce.

I am also pleased to see that the influence of BPSO and BPG initiatives extend beyond acute care settings. Their impact is becoming evident in a growing number of long-term care homes and Ontario Health Teams, some of which are embracing the transformative journey to become BPSOs. RNAO’s ability to adapt and support these organizations is a testament to its commitment to excellent care delivery across the entire patient journey.

I want to recognize RNAO’s achievements as an organization that is well renowned for its leadership in advancing the practice of nursing, evidence informed practice uptake, and the sustainability of guideline implementation. Ontario has funded BPSOs since 2003, underscoring the profound impact of this vital work. The enduring partnership between the government and RNAO, exemplified through initiatives like the Nursing Education Initiative, of which BPSOs are a part, is further testament to our ability to bridge the realms of policy and frontline implementation.

Sincerely,

Dr. Karima Velji, RN, PhD, CHE, FCAN
Chief of Nursing & Professional Practice; Assistant Deputy Minister
Ministry of Health, Ontario



Finding inspiration on Fall Tour

As I write this, I think back to the words of past-president Dr. Angela Cooper Brathwaite, who once wrote about the concept of “service” and “servant leadership.” She envisioned her role as serving and meeting the needs of members. Reflecting on the past few months, I want to share my thoughts about how my approach as president is similar. The desire to serve and ensure inclusion by bringing my voice as an experienced leader who is Black and capable of serving diverse members – this is what drove me to want to become president. I am more than a year into the presidency and the pride I feel for the work of RNAO and its members raising the issues that need to be raised has never been stronger. That was certainly evident during October’s ninth annual Fall Tour, when president-elect NP Lhamo Dolkar, our CEO Dr. Doris Grinspun and myself met members across Ontario.

I had the pleasure of visiting Thunder Bay, Kawartha-Victoria and Mississauga. Wherever I went, I was struck by the gratitude expressed by members. They genuinely appreciated being able to connect with RNAO leaders. There was a palpable excitement that RNAO was in the room and that we are

an organization that pays attention to our members.

The focus of our tour was twofold: to spotlight how a strong and vibrant nursing workforce is necessary for a well-functioning health system; and to encourage and support our members to keep advocating for the benefit of a healthier population.

“BY JOINING OR RENEWING, YOU HELP BRING ISSUES OF NURSING, HEALTH AND HEALTH-CARE DELIVERY TO THE FOREFRONT.”

While meeting with Amanda Mayock and the Kawartha-Victoria chapter executive, I visited the Northumberland Hills Hospital emergency department. The large number of people waiting was a reminder that this community, like so many others, would benefit from more robust primary care at NP-led clinics. Many of the patients that day likely had nowhere else they could receive care. In Thunder Bay, where I met with Sarah Myllyaho and members of the Lakehead chapter, I toured Thunder Bay Regional Health Sciences Centre. President and CEO Dr. Rhonda Crocker-Ellacott, a former RNAO board member, is an example of strength. One highlight: visiting the hospital’s prayer room, which is a sweat lodge. I was given a sacred gift of tobacco and felt

honoured to receive it. Our Indigenous colleagues led us in starting the visit “in a good way.”

I listened intently to a member who had reservations about RN prescribing. I shared with her the core messages of our *Nursing Career Pathways* report: remove barriers that hinder RNs, seize opportunities to

make the profession more attractive, and strive for a better-functioning health system. RN prescribing is crucial to achieving these goals. I assured the member that RNs will receive the direction needed to prescribe safely and effectively.

The visits in Kawartha-Victoria and Thunder Bay attracted media attention. Interview opportunities raise my excitement and passion to speak about how RNAO advocates on emerging issues.

My final stop with the Mississauga chapter and RNAO’s Staff Nurses Interest Group (SNIG) felt like a meeting of old friends. People who have served on the board with me, including Paula Manuel and Una Ferguson, joined me via Zoom to share the infectious enthusiasm of members.

We discussed the importance of mentoring and SNIG’s role in this essential work. Regardless of individual expertise, we all need encouragement and opportunities to build on each other’s strengths, learn together about our roles in RNAO’s chapters and regions, and prepare for changing times with data and strategies from RNAO to inform our continued advocacy.

I end this column with a shout out to the 51,650+ members who have placed their trust in RNAO. You help bring issues of nursing, health and health-care delivery to the forefront. We know that health begins with the social and environmental determinants of health. This is our foundation and an important focus. Equally important is our work in equity, diversity and inclusion. We are dedicated to ensuring members, who may look and sound different, and who hail from various communities, are heard.

Thank you for your commitment to make our profession stronger and our society a better place to live. **RN**

DR. CLAUDETTE HOLLOWAY, RN, BScN, MSN, DHA, CHE, IS PRESIDENT OF RNAO.



BPSO: Our social movement of science and compassion

Many years ago, I learned that when people are successful in the Chinese culture, they often give back through services that benefit the community. I learned this from an amazing woman who had a business making nursing uniforms in China and who approached RNAO to find ways to support the nursing community that had driven her business. The result was a partnership to provide leadership training for nurse executives in China – a beautiful relationship that is still going strong today, and that has propelled RNAO forward with its best practice guideline (BPG) work in that country.

Our first training in China was in 2008, with then IABPG director Dr. Irmajean Bajnok. The visit was out of this world. We told our hosts that we could accommodate around 130 nurse executives for the leadership training – as they had requested – but we soon learned of a much larger need. Indeed, over three separate visits, we ended up training well over a thousand nurse executives, all eager to develop the competencies to become top leaders.

Once RNAO had solidified its relationship with leading Chinese health-care organizations, we invited them to join our Best

Practice Spotlight Organization® (BPSO®) program. That way, local leaders could take over and run with BPG implementation in their own context while keeping the fidelity of the program. Today, many of those early trainees are leading stellar Chinese BPSOs or helping scale up the program as BPSO Hosts.

“BPSOs’ CREATIVITY, PERSEVERANCE AND COMPELLING OUTCOMES WILL INSPIRE YOU AS MUCH AS THEY INSPIRE ME.”

These organizations embraced BPGs and the BPSO program right from the beginning, with tremendous results. And they are not alone. Read more about our international expansion and other triggers for growth – including work in Spain that has since opened the doors to the larger Spanish-speaking world – in our feature, A thriving global collective (page 17).

The BPSO movement in China is an early example of RNAO mobilizing nurses for executive and clinical leadership through evidence-based practice. Relationship-building with our Chinese counterparts was a key point at which we saw and leveraged opportunities for growth. Using training based on RNAO’s BPGs as a foundation, we introduced Chinese nurses to the possibility of building change in the profession

through a collective movement. This is action with identity – it powers nurses to assert evidence and passion in all they do, benefitting patients, families and communities. In turn, nurses who work in the Chinese BPSOs have gained greater respect and esteem from the public and from funders.

We’re inspired by the intense desire to always do better and the commitment to learning shown by our Chinese colleagues. They exemplify the BPSO credo: A social movement of science and compassion.

Despite the growth of the BPSO movement, people often tell me they didn’t realize the extent of RNAO’s reach and success with BPGs until they heard first hand from BPSOs about the energy and impact of their work. Positive stories abound, whether shared at our annual BPSO Symposium or BPG Institute, at BPSO-hosted events around the world, or at global nursing congresses hosted by the International Council of Nurses and Sigma. I invite you to read more about the work of our stellar BPSOs in our feature, Success stories and inspiration at annual

symposium (page 22). I know their creativity, perseverance and compelling outcomes will inspire you as much as they inspire me.

The theory of scaling up (expansion), out (policy impact) and deep (sustainability) is at the core of the BPG and BPSO work we’ve been doing for two decades. In this special issue, we celebrate this formidable work, bringing you stories that illustrate the power of a collective group of knowledgeable providers coming together in the pursuit of better patient care.

As we scale the program, we also want to create environments where all care providers thrive, staying ahead of the curve, enjoying their work, learning from one another and feeling that their expertise makes a difference. Our BPSOs with their robust staff engagement – from the front lines to the executive team – achieve just that.

BPSO champions are trailblazers and the most dedicated and fired-up change agents you will ever meet. I know they – and you – will take us through the next 20 years of this social movement of science and compassion. **RN**

DR. DORIS GRINSPUN, RN, BScN, MSN, PhD, LLD(hon), Dr(hc), DHC, DHC, FAAN, FCAN, O.ONT, IS CHIEF EXECUTIVE OFFICER OF RNAO.

20 YEARS OF

Throughout its two decades of influence and impact, RNAO's Best Practice Spotlight Organization® (BPSO®) program has allowed RNAO and its partner organizations to always keep patients at the centre of critical, evidence-based change across the health system.



ILLUSTRATION: NISHANT BAJAJ

At the annual Best Practice Spotlight Organization® (BPSO®) Symposium in Toronto in September 2023, RNAO CEO Dr. Doris Grinspun, founder of the internationally renowned program, addressed a room of more than 200 in-person attendees and hundreds more online. It all “started with a proposal from a young nurse with dreams in her head,” she said of the Best Practice Guidelines (BPG) Program that has since grown into a social movement of science, with more than 1,500 BPSOs implementing RNAO’s BPGs around

the world.

She recalls how her first conversations about BPGs happened while she was doing work with the Pan American Health Organization as director of nursing at Toronto’s Mount Sinai Hospital through the early 1990s. Grinspun’s vision came to fruition when she joined RNAO as its executive director in 1996 and pushed to change nursing for the better. “It’s now a powerful movement we’ve shaped together...for nurses, other health professionals and the people for whom we care.”

RNAO’s BPSO program has become the gold standard for a purposeful, social movement of science that

relies on a conscious and intentional approach to growth that involves knowing when to accelerate change and when to slow down and let it happen organically (referred to by Grinspun as purposeful evolution in RNAO’s 2018 book about the program, *Transforming Nursing Through Knowledge*). This approach is one of the reasons why diverse care providers and political leaders of all stripes have supported RNAO’s BPG and BPSO programs since 1998 and 2003, respectively.

The 1990s was a time of widespread disruption in Ontario’s health system as a result of restructuring and nursing layoffs.

BPSOs

BY VICTORIA ALARCON

RNAO took on a leading role with support from the Ontario government to reinvigorate the profession and ensure nurses had the knowledge and skills they needed to provide care in an increasingly complex environment.

During a recent conversation with *RNJ* about the 20th anniversary of the program, Elizabeth Witmer, former Conservative health minister from 1997 to 2001, shared her recollection of the government's motivation to fund the BPG program. "We wanted to do everything we could to retain nurses, attract

more nurses to the profession and improve their working conditions," says Witmer, who is now retired and a member of the board of trustees for St. Mary's General Hospital in Kitchener.

Following a robust proposal by Grinspun in 1998, multi-year funding was announced and allocated to RNAO in 1999 for the development, pilot implementation, evaluation and dissemination of BPGs. The funding and partnership with the provincial government has continued for over two decades, regardless of the party in power. This speaks to the

We wanted to do everything we could to retain nurses, attract more nurses to the profession and improve their working conditions.

value, importance and impact of the program. Indeed, while 2023 marks the 20th anniversary of BPSOs, 2024 will mark 25 years since the BPG program was launched.



During a Take Your MPP To Work visit at Toronto's Mount Sinai Hospital in 2004, Elizabeth Witmer, former Conservative health minister (left) and RNAO CEO Dr. Doris Grinspun take a moment to review some BPG promotional materials.

Champions support BPG implementation

With the government funding, RNAO developed its first four BPGs focused on incontinence, constipation, falls prevention and pressure ulcers. They were piloted in 2001 and published a year later. It was also at this time that the association established its Best Practice Champions Network® with nurses from various workplaces, trained by RNAO to coach colleagues in implementing the BPGs. As part of the network, nurses became champions by participating in one-day, in-person workshops, later supplemented with a self-directed eLearning program and an eventual virtual learning series during the pandemic. The curriculum prepares champions with numerous tools and strategies to promote and support the implementation of BPGs in their organizations.

“By networking, sharing experiences and building strong ties between organizations, these champions are influencing change at the point of care,” Grinspun told *RNJ* when news of the growing program was first published in 2005. Fast-forward two decades to the fall of 2023 and the launch of a revitalized champions program. The Champions Blended Learning Series is a training course that gives champions strategies for driving change and mobilizing action in their workplaces or academic settings.

As the growing network got off the ground and continued to expand by the day (there are now more than 150,000 champions around the world), RNAO’s BPG program also continued to grow and more clinical guidelines were under development. The evidence-based Toolkit: Implementation of Best Practice Guidelines (published in 2002) was available to guide organizations through the implementation process.

Around that time, Dalton McGuinty was elected premier of Ontario, and he appointed George Smitherman his minister of health and long-term care. The shift to a Liberal government did not impact the funding agreement between RNAO and the province, as McGuinty was already well aware of the BPG program as leader of the official opposition at Queen’s Park prior to his election.

“Doris built a powerful vision,” McGuinty recalled in a recent conversation about his relationship with RNAO when he was premier. The now vice chair of the board at the University of Ottawa Heart Institute remembers his many conversations with Grinspun in the early 2000s. “(The BPG program) was built on data, monitoring and evaluation, and scientific rigor. I was immediately drawn to it.” The program was also transformative, and had the potential to be world-class and Ontario-driven, he adds.

With ongoing funding and support at the provincial level, expansion continued and healthy work environment BPGs were created to focus on things like nursing leadership, professionalism, collaboration and diversity in nursing. With this ongoing growth and success, it became clear that a strategy was needed to further implement BPGs into nursing practice through a sustained, organizational culture shift to evidence-based practice.

BPSOs implement BPGs

“That’s when BPSOs really came into being,” says Dr. Tazim Virani, director of the BPG program from 1998 to 2007. With a desire to build knowledge transfer into this important work at an organizational level, RNAO signed agreements with the first cohort of BPSOs in 2003.

It was a learning curve for RNAO and the inaugural seven health-care



Michelle DiEmanuele

BPSO MODELS

BPSO Direct

Organizations sign a contract directly with RNAO/BPSO Host to systematically implement BPGs.

BPSO Ontario Health Team (OHT)

Integrated systems of care, such as OHTs, sign a contract with RNAO to work across multiple sectors to collectively implement BPGs.

BPSO Host

Host organizations sign a contract with RNAO to oversee the BPSO Directs in their jurisdiction. They are identified in three ways: National Host (government, regulatory body), Regional Host (geographic area, province) or Specialty Host (Francophone, long-term care)

organizations that took part in the program. “We looked at how they were experiencing their success in implementing and sustaining their guidelines, and the kind of help they felt they needed,” Virani recalls. “They were trailblazers in creating an organizational culture that embraced evidence-based practice.” As more and more organizations signed agreements, the value of this new evolution of the program became clear.

Michelle DiEmanuele was CEO of Trillium Health Partners (formerly Trillium Health Centre and Credit Valley Hospital before merging) when she assigned her chief nurse to join the BPSO program in 2012. DiEmanuele left Trillium and is now Ontario’s Secretary of the Cabinet, and spoke to *RNJ* about the introduction of BPGs during the

merger. Becoming a BPSO was an opportunity she couldn’t pass up, she says today. Looking back, the program helped build enthusiasm at the newly merged organization.

“People came together to (implement BPGs) and we got outcomes fast from it...There’s nothing like feeling success to want to have more success,” she says. BPSOs could rely on RNAO to help with problem-solving during implementation and to recognize and celebrate quality care, quality outcomes and quality delivery, DiEmanuele adds.

With BPSOs came the introduction of BPSO leads within each organization. These leads were individual(s) who would help their organization achieve the requirements and deliverables of designation as a full-fledged BPSO

(it takes three years to reach this milestone). They were supported by BPSO coaches at RNAO, who provided expertise and resources around implementation science and knowledge transfer.

“We spent a lot of time working on the role of the lead, engaging these individuals in meetings and having them take a leadership role,” says Dr. Irmajean Bajnok, former director of RNAO’s Centre for Professional Nursing Excellence, and subsequently the director of the merged Centre and BPG program for nine years before her retirement in 2017. RNAO built a strong community of coaches and leads at different organizations to meet on a monthly basis to network and share the issues, challenges and successes they were experiencing. “It was a meeting to learn from each other,” she recalls.



In 2005, while he was Ontario’s premier, Dalton McGuinty (left) met with nurses during a Take Your MPP To Work visit, chatting about the implementation of BPGs.

This network continued to grow and eventually led to the very first clinical BPG Institute in 2004 and the association's first BPSO Symposium in 2007. The BPG institutes were launched as an educational program (not exclusive to BPSOs) that would bring champions and other professionals together to learn from each other about guideline implementation, evaluation and sustainability.

The BPSO symposiums (exclusively for BPSOs) were created to bring BPSOs together to share success stories, implementation strategies and provide inspiration to other organizations. Read more in our feature article, Success stories and inspiration at annual symposium (page 22).

We had to adapt our implementation supports and strategies to enable the international community to benefit from RNAO's rich knowledge and experience.

Going international with BPSOs

With BPSOs thriving in Ontario, Grinspun decided to open the door

to international involvement in 2010, when the government of Spain requested permission to translate the BPGs into Spanish and create a network of BPSOs across that country. This resulted in a formal and powerful partnership that set in motion a whole new scope in BPG and BPSO expansion, opening the doors to all Spanish-speaking countries. Soon after, the program was extended across multiple countries and continents. "We had to adapt our implementation supports and strategies to enable the international community to benefit from RNAO's rich knowledge and experience," Bajnok says.

An international network, supported by RNAO and its most seasoned BPSOs in multiple countries, was

1998

1998

Proposal for Best Practice Guidelines (BPG) Program submitted to Ontario's Ministry of Health and Long-Term Care (MOHLTC).

1999

Funding allocated by MOHLTC to officially launch BPG program.

2000

Launch of the Advanced Clinical Practice Fellowship (ACPF) program.

2002

First four BPGs published (focused on continence, constipation, falls and pressure injuries).
Launch of BPG Champions program.
Release of Implementation Toolkit (1st edition)

2003

First cohort of Best Practice Spotlight Organizations[®] (BPSO[®]) sign agreements with RNAO.

2004

RNAO hosts first Best Practice Guideline (BPG) Clinical Institute.

2007

RNAO hosts first BPSO Symposium to bring BPSOs together to share success stories and inspire others.

2008

With dedicated funding from Ontario's Ministry of Health and Long-Term Care, RNAO launches its Long-Term Care (LTC) Best Practices Program.

2009

RNAO launches its Mental Health and Substance Use Program.

2010

RNAO welcomes its first international BPSO Host (Spain) and agrees to have BPGs translated to Spanish to open the program to other Spanish-speaking countries.

Grinspun’s vision. And the BPSO ‘Host’ model was established to allow international organizations to develop a relationship with RNAO while building the BPSO network in their own jurisdictions and supporting organizations in their communities to become BPSOs. Host organizations are given the tools and resources to facilitate this outreach in their respective countries, while also ensuring program fidelity and deliverables, explains Grinspun. For more information about Spain and other early adopters (including Australia, Chile and China), read our in-depth feature, A thriving global collective (page 17).

International expansion speaks to what nurses around the world were really looking for: a stronger identity

as nurses and respected members of the health team, Bajnok says. “It helped nurses describe their practice, make changes to deliver evidence-based care, gave them a sense of confidence, and helped them network with nurses around the world. In fact, as in Canada, it shone a spotlight on the work and impact of nursing in health care.”

BPSOs in different sectors, specialties and communities

By 2009, RNAO began including academic institutions in the BPSO program. Today, 15 universities and colleges in different parts of the world have joined the program, and many more are joining in 2024, says

Susan McNeill, RNAO’s associate director of guideline implementation and knowledge transfer. RNAO recently launched an academic consortium and meets regularly with these academic BPSOs to build-up consistency in implementation of BPGs into nursing curriculum.

Grinspun also secured funding to establish the Long-Term Care (LTC) Best Practices Program in 2008, to enable LTC homes to benefit from RNAO’s expertise on evidence-based practice. And just like expanding internationally, growth to this sector helped nurses to feel valued and appreciated. “(BPSOs) helped build a team to give nurses a voice in long-term care,” says Janet Chee, RNAO’s associate director LTC program, who notes nurses partner with other LTC

2023

2012

The association launches its Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®) data system of quality indicators.

2015

RNAO launches BPG Order Sets™, evidence-based interventions and clinical decision support resources based on RNAO’s clinical BPGs.

2016

The Best Practice Guidelines (BPG) app is launched.

2017

RNAO publishes its first Evidence Booster, which includes infographics that demonstrate the impact BPGs are having in organizations and institutions.

2018

Transforming Nursing Through Knowledge – RNAO’s book about the evolution of the BPG program, guideline implementation science and evaluation – hits bookshelves.

2019

With the continued success of the program, RNAO launches BPSO Ontario Health Teams (OHT) and Indigenous-focused BPSOs.

2021

Launch of the Leading Change Toolkit, a resource for change agents and change teams to make lasting improvements in health care through two guiding and complementary frameworks.

2022

Launch of RNAO Clinical Pathways™ for long-term care homes, a platform that allows for more efficient and compliant BPG use for safer and higher quality care.

2023

A new training program for champions, which is a blended learning series, is launched in response to the success and expansion of the program over several decades.

professionals to implement BPGs in homes. This breakthrough in the program paved the way for RNAO Clinical Pathways™ in 2022. Find out

BPSO TYPES

Service BPSOs

Organizations focusing on BPG implementation in their sector* to impact health outcomes.

**Public health, primary care, acute care, home care, long-term care and other sectors*

Academic BPSOs

Institutions focusing on evidence-based education, to impact faculty teaching, student learning, and patient/client outcomes.

Indigenous-focused BPSOs

Organizations collaborating with RNAO to create a tailored BPSO program to honour Indigenous ways of knowing to support holistic community wellness.

BPSO Consortia

Groups that provide a forum for knowledge exchange, support and collaborative activities within specific jurisdictions or focus areas. Presently, there are consortia for academic BPSOs, BPSOs in China and Ibero-America, and Indigenous BPSOs. A consortium focused on equity, diversity and inclusion is also forming, however it is not exclusive to BPSOs.

more in our comprehensive feature, Using evidence to enhance resident care (page 26), about the expansion to long-term care and the clinical pathways initiative.

In 2019, funding to further expand the program to Indigenous organizations and Ontario Health Teams (OHT) was secured by Grinspun. “BPSO OHTs can now partner with RNAO to implement guidelines using a model that includes all disciplines and sectors across the care continuum,” says Kristen Campbell, an RNAO implementation science manager. Read about one OHT’s journey in our feature, Success stories and inspiration at annual symposium (page 22). Similarly, the Indigenous-focused BPSO program allows organizations to work with RNAO to implement BPGs that support the health and wellness of Indigenous people. Grace Suva, program manager, describes the focused work with Indigenous champions as a “game changer,” particularly in relation to the Leading Change Toolkit, a resource launched in 2021 to expand on and supplement the “Toolkit” created in 2002 for champions to implement BPGs. For Indigenous organizations, the process of change involves a true reflection on the Indigenous world view, and the updated toolkit “will resonate with current and future Indigenous-focused BPSOs and future champions,” Suva says. Read more about Indigenous-focused BPSOs in our feature, Weaving together Indigenous and western care practices (page 30).

Determining impact and evaluating outcomes

Throughout the BPSO program’s growth across sectors and countries over the last two decades, a focus on its impact and outcomes has

always been top-of-mind. In August 2012, Grinspun and Dr. Monique Lloyd, then associate director of guideline development, research and evaluation, launched Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE), an international data system consisting of a database, an online data-entry system, multiple data dictionaries and collection/reporting processes that gather quality indicator data submitted by BPSOs.



ILLUSTRATION: NISHANT BAJAJ

Thanks to NQuIRE, led since 2017 by Dr. Shanoja Naik, RNAO’s lead scientist, BPSOs can track their progress, identify areas for improvement, invest further in other areas and advance quality improvement. In 2015, RNAO began producing BPG Order Sets™, and began publishing Evidence Boosters two years later. Order sets are evidence-based interventions and clinical decision support resources (based on RNAO’s clinical guidelines) that streamline the data collection/submission process to NQuIRE. They support evaluation by providing a mechanism to link specific guideline interventions to corresponding indicators in the order sets. These order sets were critical to bring BPG-related interventions into a digital format and paved the way for RNAO Clinical Pathways – both led by Rita

Wilson, eHealth Program manager. Evidence Boosters are published documents that include infographics that demonstrate the impact BPGs are having in organizations and institutions. Read about some of the impressive outcomes in public health, acute care, home and community care, long-term care, and academic institutions in this issue's in-depth feature, Positive outcomes inspire change (page 36).

Scaling up, out and deep: The future of BPSOs

Today, with more than 1,500 BPSOs worldwide implementing BPGs in different settings and sectors, McGuinty and Witmer are impressed with the progress the program has seen over the last 20 years. "(BPGs) are becoming almost universally recognized as an essential

component in the delivery of quality care," McGuinty says. "More and more places are saying why would we not do that."

Encouraging all health professionals to think more systematically, Witmer adds: "I think BPGs have played a significant role throughout the entire world."

During his address to nurses and other health professionals at the BPSO Symposium in September, the Minister of Long-Term Care Stan Cho reiterated the provincial government's support for the program, including RNAO Clinical Pathways for Long-Term Care. "As we move forward with record spending...we need to make sure we are consulting with the experts to make sure the resources (spending) go to the right place," he said. "...I'm going to be travelling the world and...I'm going to say proudly: 'Look at this program we have here in Ontario.'"

For its part, RNAO will continue to envision new heights and new possibilities for the BPG and BPSO programs in collaboration and partnership with leaders at home and abroad, including the more than 150,000 champions who are passionate about being agents of change. "Going forward, we must always keep front and centre the people and communities we as nurses serve," Grinspun says. "The ultimate goal is for the public – individually and collectively – to receive the best possible care every time they come into contact with care professionals. RNAO BPGs and the BPSO social movement of science are key to achieving this. They (the public) must always remain the real winners of this magnificent transformational effort." **RN**

VICTORIA ALARCON IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.



Minister of Long-Term Care (LTC), Stan Cho at the 2023 BPSO Symposium with CEO Dr. Doris Grinspun.

A LASTING LEGACY

RNAO past-president Dr. Vanessa Burkoski's fierce advocacy for evidence-based practice will never be forgotten.

BY VICTORIA ALARCON

As chief nursing executive and people strategy chief at Toronto's Humber River Hospital, Dr. Vanessa Burkoski led the organization to become a Best Practice Spotlight Organization® (BPSO®) in 2021. She managed the review process and was a steadfast supporter of nurses during the implementation of two best practice guidelines (BPG): *Person- and Family-Centred Care* and *Delirium, Dementia and Depression in Older Adults: Assessment and Care*.

"She was a great connector with people in the entire building," says Jennifer Yoon, her mentee and former colleague. "She connected very easily with patients and staff just walking in the hallway."

Following her passing in August 2023, Burkoski's lasting legacy has been top of mind for anyone who knew and had the pleasure to work with her. Throughout her time on RNAO's board of directors and as

president from 2014-2016, she worked hand-in-hand with RNAO CEO Dr. Doris Grinspun advancing an expanded role for NPs, promoting RN prescribing (which was announced in November 2023), as well as urging for enhancements to community care and supporting medical assistance in dying.

In 2019, Burkoski envisioned the development of RNAO's *Clinical Practice in a Digital Health Environment* BPG (slated for release in 2024) and served as the co-chair alongside Maureen Charlebois on the expert panel. In this role, she provided expertise on research and clinical issues, guided the panel and ensured the BPG was moving towards completion. She always spoke proudly of BPGs, noting in 2015 in *RNJ* that "the integration of BPGs across health-care organizations is moving the system towards a patient-centred approach. BPGs shine a light on what

people need, based on evidence, and what will ensure they get the best health outcomes possible."

In one of her first *RNJ* columns as president, she wrote that one of her goals in the role was to empower nurses on the front lines to make the kinds of changes they believe the system needs.

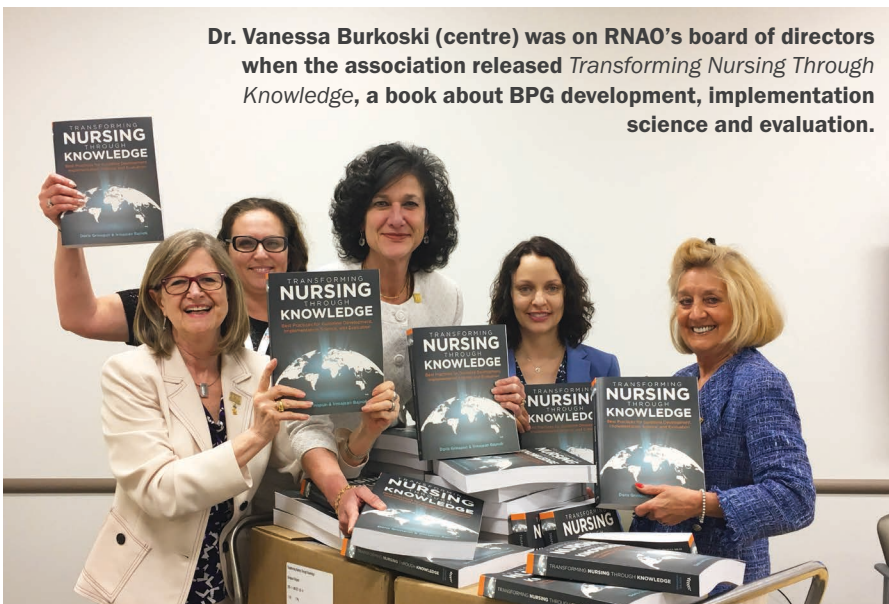
"You are the key to elevating the quality of care provided to patients. You also have the ideas and the know-how to make those changes, both within your own practice and within your work environments," Burkoski wrote in 2014. "Such changes make our health system more responsive, more effective, more efficient and safer. Your ability to have a say in your own work environment is important. Who knows better than you what is needed to help patients feel better, to heal faster? And the workplace benefits too because we can implement best practices right across the organization, fostering a culture of continuous improvement."

Prior to her role at RNAO, Burkoski worked as a public health nurse (1984-1990), primary care NP (1990-2002), director of emergency and critical care services (2002-2006) and as Ontario's longest-serving chief nursing officer (2007-2011). She was an innovator in provincial health programming and policy, a champion for the community, and a leader in strategic advice as well as nursing expertise.

Burkoski was recognized for her

(continued on page 42)

Dr. Vanessa Burkoski (centre) was on RNAO's board of directors when the association released *Transforming Nursing Through Knowledge*, a book about BPG development, implementation science and evaluation.



Canadian representatives and international BPSO partners gather at RNAO's booth at the International Council of Nurses Congress in July 2023.

Registered Nurses' Association of Ontario (RNAO) 07



A THRIVING GLOBAL COLLECTIVE

No matter the country, international BPSOs embrace evidence-based practice for better care and outcomes.

BY MADISON SCAINI

Expanding evidence-based practice to countries around the world didn't happen overnight. It required a combination of time, serendipity, relationship building and planned change (also known as purposeful evolution), according to Dr. Irmajean Bajnok, former director of the International Affairs and Best Practice Guidelines (IABPG) Centre and a key player in establishing an international presence for RNAO's Best Practice Spotlight Organization® (BPSO®) program.

Before RNAO welcomed Spain as its first international BPSO in 2010, Bajnok recalls a number of discussions about how to grow the program beyond Canada in a way that would be both manageable and sustainable for the association. At the time, all BPSOs reported to and were supported by RNAO (these are known as BPSO Directs). However, this model wasn't enough to match the pace of the program's growth.

"We had to find another way of enabling the international community to benefit from RNAO's rich knowledge and experience. That's

when (RNAO CEO Dr. Doris Grinspun) shared her vision of developing a vast network of BPSOs supported by RNAO and other, more mature BPSOs through what we now know as the BPSO Host model. The goal was to provide BPSOs with the tools and resources to facilitate outreach in their own jurisdictions, while also ensuring program fidelity and deliverables," explains Bajnok.

As these discussions about a new model continued, RNAO got on with the business of supporting its growing roster of BPSO Directs. In 2009, the association was hosting its annual BPSO Knowledge Exchange Symposium in Toronto to highlight the work these active organizations were doing. During that event, Grinspun met with Dr. Maria Teresa Moreno-Casbas, the head of Investén-isciii, Spain's National Nursing and Healthcare Research Unit. Moreno-Casbas was in Toronto and wanted to meet with Grinspun to explore the opportunity to translate RNAO's best practice guidelines (BPG) into Spanish.

After an impromptu meeting with Moreno-Casbas, plans were in place to sign an agreement and begin translating all of the BPGs

into Spanish, paving the way for a partnership with Investén-isciii (and by association the Spanish government) to become the first international BPSO Host, and opening the doors to all Spanish-speaking countries. Grinspun (whose mother tongue is Spanish) and Bajnok held training sessions in Spain. The Host model was formally defined and Investén-isciii welcomed more than 10 BPSO Directs after receiving overwhelming interest in the program.

Today, Spain has more than 650 BPSOs and counting. "Their commitment, passion and intensity during those early months – and still today – is awe-inspiring...they've run with implementation from the very start," says Grinspun, who serves as their mentor and coach. "Thanks to Investén-isciii and the Spanish government, millions of people around the world who receive care from Spanish speaking health professionals are benefitting from the success of this global program."

The rapid spread of international BPSOs didn't halt in Spain.

Backtracking to 2006, RNAO was connected (via a mutual contact in Ottawa) with the owner of a company in China (Beijing Nightingale



1 Dr. Doris Grinspun (left) and Dr. Maria Teresa Moreno-Casbas sign the agreement to translate BPGs into Spanish.

2 Grinspun (second from right) and Dr. Irmajean Bajnok (right) host leadership training sessions in China.



L to R: Former policy analyst Valerie Rzepka, former director of policy Rob Milling, Grinspun, Elizabeth Dabars and ANMF SA’s director of operations & strategy Rob Bonner meet at RNAO’s home office.

(From left) Janet Chee, Julie Burris, Christina Medeiros, Grace Suva, Lyndsay Howitt, Grinspun, Susan McNeill, Katherine Wallace, Heather McConnell and RNAO President Claudette Holloway gather for a special BPSO session at ICN 2023.

Consultation of Culture Co. Ltd.) that designed and produced nursing uniforms. The owner wanted to give back to nurses by sponsoring RNAO to provide leadership training for nurses in hospitals across China. Grinspun and Bajnok agreed to facilitate workshops for thousands of nurse executives, incorporating the BPGs as a critical tool to lead.

This early work in China led to the engagement of Chinese health-care organizations in the BPSO movement. The focus became clinical excellence through implementation of BPGs.

The Beijing University of Traditional Chinese Medicine (BUCM) reached out to RNAO through a nursing graduate student named Shangqian Gao, who has since moved on to Peking University First Hospital. Gao contacted RNAO because he wanted permission to translate the BPG Toolkit into Chinese. And his timing couldn’t have been better. Grinspun and Bajnok, who were on their way to China for another leadership training program, seized the opportunity to work with BUCM to become a BPSO. Gao and another graduate student named Junqiang (John) Zhao were eager to help with the translation and assist colleagues to understand the concept of implementation science.

When Grinspun and Bajnok met with Dr. Hao Yufang, the dean of BUCM’s School of Nursing, during their next visit to China, they were

Ottawa-based hospital assumes three BPSO roles

As a BPSO Direct, BPSO Host and as part of a BPSO Ontario Health Team (OHT), Ottawa’s Hôpital Montfort is one-of-a-kind. In 2009, Montfort began its BPSO journey as a Direct and graduated three years later. Given its positive experience, the BPSO team was eager to mentor and collaborate with other organizations. In 2019, it signed on as RNAO’s inaugural BPSO Francophone Specialty Host and as a BPSO OHT with Archipel (formerly called Ottawa East OHT).

“There’s big pride that comes with knowing we are the first Francophone BPSO in Canada, and we can also support and coach other organizations,” says Judith Makana, one of two BPSO leads for Montfort. Above all else, the opportunity to share knowledge on evidence-based practices with other local and international organizations is most gratifying, she adds.

Montfort received designation as a BPSO Francophone Specialty Host at RNAO’s 2023 Annual General Meeting in June. To date, it has two BPSO Directs: Sensenbrenner Hospital in Kapuskasing, Ontario and Centre Hospitalier Universitaire Vaudois in Lausanne, Switzerland – the first BPSO in that country.

“Right now, it’s about understanding them, knowing them, and trying to adjust and adapt all of the resources we have to respond to their needs,” Makana says of the unique relationship that’s forming with the Switzerland BPSO, which, like Montfort, is an academic hospital. Makana says they have started from a place of understanding even though they are in different countries. “It’s a winning game for both of us.”

Back at home, and in the role of partner organization with Archipel BPSO OHT, the Montfort team is further engaging with BPGs and working towards a more seamless patient experience in the region it calls home. To date, Archipel has implemented RNAO’s *Person- and Family-Centred Care* and *Engaging Clients Who Use Substances* BPGs, and is in the process of implementing *Transitions in Care and Services* (read more in our feature, *Positive outcomes inspire change*, on page 36).

“It’s amazing to see that the journey that started a little more than 10 years ago has helped us to connect with other organizations in the country, in the region and also internationally,” Makana says. “A door opened for the Montfort hospital...and we’re lucky to be in this position.”

presented with printed proposals for the university to become RNAO’s first international academic BPSO in China. “We were blown away,” says Bajnok. “They were excited...and they even brought professor Gao Ning from Dongzhimen Hospital – one of the largest in Chinese medicine – who was also interested.” In 2015, BUCM and Dongzhimen Hospital signed contracts to become the first BPSO directs in China. “Their work has been stellar, and today both organizations serve as BPSO Host leaders in Beijing,” says a proud Grinspun.

Although language and culture initially caused some challenges, that didn’t hinder the work of the BPSOs, which began to see positive results almost immediately. During the champions training sessions, hosted by Grinspun and Bajnok, the importance of being aware of the context of practice when implementing BPGs was never lost in translation. We always remind champions, “it’s not a cookie cutter approach,” says Bajnok. Adaptability

is key to success for any BPSO, regardless of the place they call home.

When they returned to China for an audit and feedback visit about a year later, Bajnok says she and Grinspun “were in awe. It was out of this world how serious they had taken this and how committed they were – and both the hospital and the university were delivering results,” Bajnok says. In addition to improved health outcomes, BPG implementation was also improving the status of and respect for nursing in China. The Chinese government even increased funding to the hospital given the positive, measurable impact of evidence-based care by nurses, she adds.

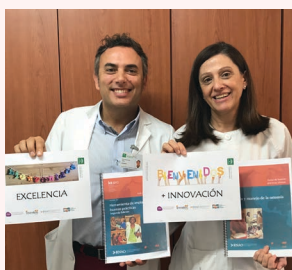
Fast forward to 2023, and BUCM (an academic BPSO Host) and Dongzhimen Hospital (a service BPSO Host) now each lead several organizations. Many other organizations across different regions and provinces in China have since taken the steps to become BPSOs, joining China’s dynamic consortium

that comes together every three months to share strategies and success stories.

International expansion of the BPSO program over the last two decades has been growing exponentially, with simultaneous interest and leadership in different countries and on several continents. The Australian Nursing and Midwifery Federation South Australian Branch (ANMF SA) is another trailblazer for BPG implementation outside of Canada, and has been involved since launching a BPG pilot program across three hospital sites in 2012. The organization’s CEO Elizabeth Dabars and then executive director Rob Bonner met with the RNAO team, including Grinspun, to explore the partnership after learning about BPGs and the BPSO program. They were and still are the only union to act as a BPSO Host.

During the COVID-19 pandemic, and with the resulting crisis in the aged care system, ANMF SA shifted its focus to long-term care, not only with respect to the care of its

ICN 2023: Remarks from BPSO special session panelists



Jesús Bujalance Hoyos
(far left, with a colleague)
Hospital Regional Universitario
de Málaga, Spain
BPSO Direct (graduated 2021)

“We have more than 400 nurses who are champions in the program and are the essence of it,” says Bujalance Hoyos. “One of the greatest achievements of BPSO is nurses’ active participation in their roles of clinical leadership and training other nurses.” Sharing the hospital’s success as a BPSO with others using social media (e.g., X, formerly Twitter) “accelerates organizational change” and “supports the credibility of the change, since nurses, patients and the organization itself can publicly visualize all of the changes occurring,” thanks to BPG implementation.



Nicola Williams
Australian Nursing and
Midwifery Federation
South Australian Branch
(ANMF SA)
BPSO Host (graduated 2015)

Implementing RNAO’s *Workplace Health, Safety and Well-Being of the Nurse* BPG has been eye-opening, says Williams: “The staff (in the aged care sector) are experiencing an unparalleled level of stress and fatigue and are so ready for any help and for change to make things better.” This project has “...really cemented the importance of having a healthy work environment to protect not only the staff but the residents as well...if the staff are happy, then the continuity and the quality of care improves.”

aging population, but also in relation to workplace safety for care providers. In addition to helping organizations in this struggling sector implement the *Person- and Family-Centred Care* BPG, ANMF SA is also focusing its attention on healthy work environment BPGs and the implementation of RNAO's *Workplace Health, Safety and Well-Being of the Nurse* BPG.

"The outcomes we have seen since the start of our BPSO journey are significant and have benefitted many within our communities across the state," says Dabars. "Implementing research is highly important...and we are pleased that the RNAO programs support this and encourage practice changes that are sustainable and provide measurable improvements for all involved."

In July 2023, ANMF SA joined representatives from four other international BPSOs to share details about their experiences at a BPSO special session during the International Council of Nurses (ICN) Congress in Montreal. The all-day

special session, which was held immediately following the congress, was an opportunity to focus on celebrating the global commitment of BPSOs to evidence-based cultures. The panel, which featured panelists from Canada, Chile, China and Spain, was moderated by Grinspun and preceded an afternoon of sessions for existing BPSOs to strategize, network and build new competencies.

"Being from different parts of the world energizes and strengthens the pursuit of evidence-based practice and the formation of a collective identity for BPSOs," says Grinspun. "Together, we are thriving as a social movement of science, like no other."

There are currently more than 1,500 BPSOs in Ontario, across Canada, and in countries such as Chile, China, Colombia, Italy, Jamaica, Peru, Philippines, Portugal, Qatar, Spain, Switzerland and Turks and Caicos Island (explore the geospatial map at RNAO.ca/BPG/BPSO). At the ICN Congress this year (the event happens every two years), Heather McConnell, director of the IABPG

Centre, saw firsthand the crowds that gathered at RNAO's booth and during the special session. "RNAO was a positive force and magnet, drawing nurses from around the world who were inspired that they too could become involved," she says.

"When different people from different countries can really align with each other based on their belief in evidence-based practice and how you go about making it happen – that is a social movement," McConnell says. "I don't think it could stop even if we wanted it to because it's its own movement now...and it's making a difference."

"It's exciting and very meaningful to see organizations around the globe embrace BPGs and the BPSO social movement of science," Grinspun says. "That was the vision in the early days, and it's inspiring to see how far we've come in 20 years." **RN**

MADISON SCAINI IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.



Dr. Amalia Silva
Universidad de Chile/
University of Chile
Academic BPSO Host
(graduated 2023) and
BPSO Direct (graduated 2015)



Tian Runxi
Dongzhimen Hospital, China
Service BPSO Host
(graduated 2018)

The university's involvement with BPSO has strengthened academic qualifications, improved learning experiences for students, developed lines of research, and generated partnerships that have supported the national and international nursing discipline, Silva says. The program is a "social movement...(that has had) a significant impact in Chile by adding evidence from a care perspective, which is the core focus of nursing." Many universities in Chile and other Latin American countries have expressed interest in working with Universidad de Chile to implement guidelines, which Silva says solidifies the position of BPGs in the global nursing community.

International events allow staff from Dongzhimen Hospital to network with BPSOs from other countries and introduce them to traditional Chinese medicine hospitals and nursing, which has been meaningful to Runxi. Dongzhimen Hospital has a close relationship with Beijing University of Traditional Chinese Medicine, which teaches the guidelines in nursing curricula, conducts academic research on outcomes, and provides guidance to the hospitals, Runxi explains. The guidelines are then applied in hospitals, and "together we organize evidence-based training with the university...so that more hospitals and nurses in China can learn about BPSO and RNAO."

SUCCESS STORIES AND INSPIRATION AT ANNUAL SYMPOSIUM

BY AUSTIN WHITE, ANNE WOJTAK, NENA PENDEVSKA, JHANVI KOTHARY, THAANIYA THEIVENDIRAN, KIMBERLEY KEARSEY

BPSOs from Ontario and around the world share knowledge, ideas and innovation at annual event, symbolizing how significantly evidence-based practice has changed nursing and health outcomes.

RNAO's 18th annual BPSO Symposium in September 2023 saw more than 235 representatives from local, national and international BPSOs gather in Toronto for three days of knowledge sharing and networking. Whether providing in-person or virtual concurrent sessions, or chatting with colleagues during poster sessions, participants shared reflections and success stories about their work as BPSOs. Some are beginning their pre-designation. Others are approaching the final stages before graduation. And others have achieved designation and are continuing their important work implementing additional best practice guidelines (BPG) to continue

improving health outcomes for the populations they serve. No matter their stage on the BPSO path, they all have valuable perspectives and experiences to share.

At the heart of the BPSO program's successful evolution are RNAO's BPGs, which are adaptable to any sector, specialty, client or patient population, country or professional group (nurses are not alone on this journey). The stories shared here paint a clear picture of why the program has grown by leaps and bounds. Evidence-based recommendations and BPG implementation tools can be tailored to different organizational priorities. That's part of what keeps the program thriving.

The out-of-the-box thinking we explore in these stories is indicative of the way all BPSOs approach their pursuit of optimal patient care and improved outcomes. Niagara Region Public Health, East Toronto Health Partners (ETHP) Ontario Health Team (OHT), and Central West Specialized Development Services – like so many other BPSOs – are leading new ways to embrace evidence in nursing practice that make a difference in all sectors and specialties.

Empowering youth to increase food access in their communities

Niagara Region Public Health achieved its BPSO designation in 2009. It has aligned an innovative new school project that focuses on food insecurity with the recommendations in RNAO's *Enhancing Healthy Adolescent Development* BPG.

BY AUSTIN WHITE

As a school health nurse, I see the impact that food insecurity can have on families and students' ability to learn. I work directly with students to identify health concerns within their school, and support them in creating solutions to improve their health and wellbeing. I do this using the Comprehensive School Health Framework in conjunction with RNAO's *Enhancing Healthy Adolescent Development* BPG.

At Edith Cavell Public School in Western Hill, St. Catharines, I partnered with Grade 4/5 teacher Alison Edward to highlight nutrition and food security with her students. Our work began with a vision to promote nutritious eating and



PHOTO: AUSTIN WHITE

RN Austin White helps students host their Fresh West Market in a Grade 4/5 classroom.

empower students to create a positive impact in their community.

The students identified places they might access nutrition: convenience and/or grocery stores, restaurants, and more. Through this process they concluded that many families within their school have difficulty accessing nutritious food.

Our goal was to find a way to increase families' access to fresh, affordable produce by creating a consistent access point at the centre of their community – their own school. With the support of United Way Niagara, we launched the first School Produce Market, calling it “Fresh West Market.” The name came from the students, who planned to offer the “freshest produce in the west.”

“Five months and five markets in, we have provided more than 2,200 kilograms of produce to the community (about the weight of five horses). Each month, between 110-169 bags of fresh fruits and vegetables go to families.

This monthly market – which is student led – allows families to purchase bags of fresh produce for only \$5, using an online pre-order model. The class is responsible for advertising, collecting orders, choosing/ordering the produce, and hosting the market.

The initiative is completely integrated into class time to align with curriculum expectations. Students learn about media literacy through their advertisements for the market. They learn about math and budgeting by calculating how much money comes in, and how much produce they can order. They even learn about nutrition as they write recipes for the food they sell each month.

Five months and five markets in, we have provided more than 2,200 kilograms of produce to the community (about the weight of five horses). Each month, between 110-169 bags of fresh fruits and vegetables go to families.

The success of the program – which is unprecedented – has led to the creation of a second school market at Soaring Eagles, an Indigenous alternative education school in Niagara. Through this second market, and thanks to ongoing and generous support from United Way Niagara and the Soaring Eagles school board, students have provided between nine and 13 kilograms of produce to families each month. They have distributed almost 450 kilograms of fresh produce within their first school year.

Using RNAO’s BPG, and both the Knowledge-to-Action Framework and Social Movement Action Framework, we have launched the School Produce Market Program and developed a toolkit to support more schools in increasing food access in their communities.

The School Produce Market Program Toolkit has been written to guide public health nurses, students and teachers through the entire process, and align each step with curriculum expectations for Grades 4 to 8. This 2023-24 school year, the program will be expanding to six more schools across the Niagara Region, bringing the total number of school markets to eight.

Witnessing the students’ growth, passion and dedication to this initiative has been the highlight of my career. This program has not only increased access to fresh, affordable produce for families. It has also instilled a sense of pride and empowerment in the students. **RN**

Family and patient advisors bring real-life perspectives to OHT

East Toronto Health Partners (ETHP) Ontario Health Team (OHT) will achieve its BPSO designation in 2024. Using RNAO's *Person- and Family-Centred Care* BPG, it has expanded its community advisory council from just five members to 60 who are involved in strategic planning and program/service development.

BY ANNE WOJTAK AND
NENA PENDEVSKA

In October 2019, ETHP embarked on its multi-year partnership with RNAO to improve patient outcomes through evidence-based practice and robust staff and community engagement. We committed to implementing four guidelines over four years, across several partner organizations. Our OHT has benefited considerably from the evidence-based recommendations and implementation tips in the guidelines.

Using the *Person- and Family-Centred Care* BPG, ETHP developed its first collaborative Quality Improvement Plan in 2020 with a shared focus across our partner organizations to improve patient and caregiver involvement in care planning and treatment, across various care settings.

From this starting point, ETHP has sought to demonstrate leadership and a commitment to person- and family-centred care in all that we do. A key example is the creation of our Community Advisory Council (CAC), which supports all organizations across our OHT.



PHOTO: ETHP

(Standing, L to R): Junell Kitchell, Hannah Trumper, Melissa Morey Hollis, Pam Stoikopoulos, Nena Pendevska, Arun Bala. (Seated, L to R): Anne Wojtak, Derrick An, Ellen Pisani, Vicky Beach, Omar Khan.

Our CAC started as a small group of five patients and caregivers who were brought together to help with the development of our OHT application. Once we were approved as an OHT, the small group of five quickly grew to 15 in the first year. New members joined us as a result of thoughtful recruitment targeted to diverse communities in different East Toronto neighbourhoods.

Our engagement strategy focuses on involving patient and caregiver advisors in both strategic planning and program and service design. Supportive leadership and clear accountability are key enablers of our success, and our leadership team proactively identifies a variety of engagement opportunities to involve the community. Our last ETHP biannual planning session in July 2023 drew 160 participants, and more than 40 of them were community members. In one of our workshops, the ETHP caregiver advisory group helped to design animated instructional videos to help patients and caregivers navigate the health-care system.

We incorporate our patient and caregiver advisors' input in whatever way possible, including surveys

and focus groups. And we see the value they bring to the work of the different ETHP committees and dedicated advisory councils. Using this approach to engagement, we have created five additional advisory councils – two residents' councils in the neighbourhoods of East Toronto, a caregiver advisory group and two youth advisory councils.

Over the past three years, we have successfully grown our community network to 60 active members. Our recruitment is very focused, with specific attention on priority neighborhoods and priority populations. We know that advisory councils comprised of members who are representative of the community often provide a platform for a broader, more diverse range of perspectives. Having robust engagement is particularly important for OHTs, since we are tasked with meeting the needs of the broader population.

We recognize that this work would not be possible without the dedication of our committed advisors who collectively contribute numerous volunteer hours of their time to bring to the table the patient and caregiver voice. **RN**

Developmental services sector gives falls prevention the attention it deserves

Central West Specialized Developmental Services (CWSDS) just joined RNAO's BPSO program as the first-ever BPSO in a sector focused on adults with intellectual and/or developmental disabilities (IDD) and complex needs. Implementing the *Preventing Falls and Reducing Injury from Falls* BPG has helped the organization address the unique needs of this population.

BY JHANVI KOTHARY AND
THAANIYA THEIVENDIRAN

CWSDS is proud to be the first BPSO in the developmental service sector, providing community and supportive living services for people with IDD and complex needs in Halton, Peel, Dufferin and the regions of Waterloo and Wellington. Our values of accountability, adaptability, collaboration, inclusion, innovation and respect provide a solid foundation in the development and implementation of our person-centred Falls Prevention Program within our supportive living homes and day services program.

Our collaboration with RNAO has enabled us to build momentum by recruiting health professionals in a variety of fields to become best practice champions in support of the *Preventing Falls and Reducing Injury from Falls* BPG.

Our Preventing Falls Committee includes representation from all of these interprofessional groups, including direct support

professionals, a family physician, occupational therapists, behavioural therapists, RNs, a quality and assurance coordinator, manager of supportive living and senior leaders.

During our presentation at RNAO's September symposium, we highlighted how our Falls Prevention Program has evolved to include the development of appropriate assessments, interventions and resources to minimize fall risk factors and decrease the number and severity of injuries resulting from falls.

During the development of this program, our committee recognized the limited tools and resources geared towards addressing the complex needs of people with IDD in relation to falls management. With this in mind, we embarked on the journey to customize a program tailored to the needs of people with IDD within a congregate care setting.

We assessed the environment and surveyed the people we support to gauge the suitability of the program in our practice setting. With guidance and support from the RNAO BPG team and other developmental

organizations, we created tools and resources that are unique to a congregate care setting and specifically for people with IDD.

Our committee was thrilled to be at this year's symposium to share our phased roll-out approach of the program, which included the introduction of our new falls prevention policy, the falls risk assessment tool, and comprehensive assessments for clinical practice in addition to accompanying resources and tools for accurate and consistent reporting for fall and near-miss fall incidents.

Given the limited cognitive and communication capabilities of the persons we support, we developed a head injury monitoring record to ensure accurate reporting of any abnormal findings or changes in health following a fall or near-miss fall resulting in a head injury.

As CWSDS strives to continue learning and leading collaboratively, we look forward to more opportunities to share our lived experiences in adoption of BPGs to provide excellence in care for people with IDD and complex needs. **RN**



Jhanvi Kothary (right) and Thaaniya Theivendiran lead a concurrent session about their BPSO work during RNAO's September BPSO Symposium.

Using evidence to enhance RESIDENT CARE

Long-term care homes across Ontario support staff to provide best practices in care.

BY MADISON SCAINI



You're greeted into a meeting room with the interviewers – the hiring manager, director of care and an unexpected panelist: a resident who lives in the home. The resident asks you about yourself and why you want to work in their home. This may come as a surprise to you, but the home – which is a BPSO – regularly enlists residents to join interviews. They do so because it's a great way to fulfill their commitment to engage residents in meaningful roles that make them active partners in their care – a recommendation outlined in RNAO's *Person- and Family-Centred Care* best practice guideline (BPG).

The home in this example is managed by UniversalCare Canada Inc., the first Host organization in RNAO's BPSO LTC program, which was established in 2014. The program, supported by 14 expert LTC best practices implementation coaches (formerly known as LTC best practice co-ordinators), sets the gold standard for resident care in the province. LTC BPSOs are coached on how to improve the knowledge, skills and practices of dedicated staff in the sector. This includes support

I imagine you've applied to work at a long-term care (LTC) home and have been invited for an in-person interview. You enter the home – excited and nervous. As you enter the building, you see a big sign: Best Practice Spotlight Organization (BPSO). Do you smile knowing what this means and feel confident? Or do you become more nervous of the unknown?

with the implementation of mandatory BPGs, such as the one noted above, and any other RNAO BPGs that are relevant to their organizational needs.

According to Carol Holmes, RNAO's retired LTC program manager, many homes didn't initially join the BPSO program due to strained human and financial resources. Another challenge was that BPSO requirements were not specific enough for resident care. Instead, LTC homes engaged with one of RNAO's LTC implementation coaches without a formal commitment to the BPSO program. Being responsive to the needs of staff and residents in LTC, RNAO CEO Dr. Doris Grinspun charged Holmes and Heather McConnell, then associate director for the International Affairs and Best Practice Guidelines (IABPG) Centre, to revise the general criteria of BPSOs to better support LTC homes.

"We wanted to support (LTC homes) in their work to move forward with formal guideline implementation. We held meetings, got input and put together recommendations for creating a specific path for LTC homes to become BPSOs," Holmes shares. "As experience shows, once we developed the program to meet their needs, homes came onboard."

When the BPSO LTC program was first introduced almost 10 years ago, RNAO welcomed: Parkview Manor in Chesley, Vision Nursing Home in Sarnia, Hamilton's St. Peter's Residence at Chedoke, and homes in the Region of Peel. Revised resources, including RNAO's LTC Best Practices Toolkit, webinars and monthly knowledge exchanges were launched to support homes in their quest to become a BPSO (typically a three-year process). This first cohort graduated at RNAO's 2017 Annual General Meeting, with other cohorts graduating every year since.

Veronica George is a quality



Carol Holmes, former LTC program manager (left), at the 2014 launch of the first cohort of LTC BPSOs. She's joined on stage by a representative from the Region of Peel, one of the first four organizations to join the program.

improvement RN and the BPSO lead at Braemar Retirement Centre in Wingham, one of the newest BPSO LTC designates to graduate in 2023. Braemar is home to approximately 50 residents and has seen "great success" implementing the falls prevention BPG. In fact, staff members were eager to adopt RNAO's recommendations related to falls prevention. "I didn't receive a lot of push back because they knew it was for resident safety and care," George says.

Sue Sweeney, RNAO's BPSO LTC program manager and Braemar's LTC coach, notes the home's impressive dedication to guideline implementation during the pandemic. "Their staff were so engaged about

the work and improving the quality of care, so even when there were challenges with COVID, someone else would pick up the ball and keep it going," she says. "They all had a shared goal to improve quality of care for their residents, families and staff."

Braemar increased its safety interventions for residents and introduced RNAO's recommended "falling stars" initiative to identify residents at high risk for falls. George and her team attach images of stars to resident equipment, such as wheelchairs and walkers, to draw attention to fall risks. They also have star-themed magnets above residents' beds with transfer instructions to prevent falls. "This is an easy indicator for new staff

coming onto the floor to identify residents in need of extra attention,” George says, highlighting the home’s very purposeful approach to maintaining the BPGs introduced in the home.

After implementing the *Preventing Falls and Reducing Injury from Falls* BPG, Braemar has seen a 75.2 per cent decrease in falls-related injuries and a 100 per cent improvement in falls risk screening. You can read more about the outcomes of Braemar’s BPSO work in a January 2022 Evidence Booster published by RNAO’s research unit (see pg. 36 for more on the work of RNAO’s research unit).

In addition to improving residents’ experiences and outcomes, George says BPG implementation has boosted staff morale by improving the practice, acceptance and energy levels within the home. It’s also motivating to know the management team and owners of the home support an evidence-based culture, she adds.

Becoming a BPSO has given staff “...confidence in themselves,” says Archie MacGowan, Braemar’s owner. “Joining BPSO has really raised our level of care.”

As a BPSO LTC Host, UniversalCare has standardized its approach to



Braemar Retirement Centre receives BPSO designation at RNAO’s AGM in June 2023.

BPG implementation with tools and resources to ensure staff across its 10 homes feel supported and empowered to enact change. RN Sara Ryan, the organization’s director of clinical services and BPSO Host coach, is no stranger to implementing BPGs. Before taking on her current role, she worked at Chatham-Kent’s Tilbury Manor, a BPSO designate that is now managed by UniversalCare. Using her knowledge of conducting gap analyses, developing action plans and improving the leadership within interprofessional teams, Ryan supports UniversalCare’s homes as they apply BPGs that meet legislative requirements.

Ryan also understands the importance of recognizing each home has specific needs. “Because our homes have implemented the *Person- and Family-Centred Care* BPG, they’ve come up with innovative ways of making their specific organizations more resident- and family-centred,” she says. Whether that’s having family members join committees or hosting events for residents, evidence-based care is

like a tiny seed that we’ve planted and then we watch it grow, Ryan notes. BPSO work has fostered more enthusiasm and initiative in staff to continuously think about what else they can do to enhance resident care, she adds.

Mackenzie Health in Richmond Hill, which is also managed by UniversalCare, graduated as a BPSO LTC in 2023. NP Clara Nisan, director of clinical care services and BPSO lead, says implementing BPGs gave the home “focus and structure,” boosting staff confidence. Mackenzie

Health has about 60 champions in different areas (e.g., assessment and pain management, palliative approaches to care, and end-of-life care), and Nisan says she is proud of their interprofessional team’s relationship:

“Everyone is on the same page...and understands (the care and processes are) evidence-based.”

Nisan says graduating as a BPSO LTC “is a huge achievement,” and she commends RNAO’s LTC implementation coaches for their ongoing support. This dedicated team of experienced leaders in LTC

BPSO work has fostered more enthusiasm and initiative in staff to continuously think about what else they can do to enhance resident care.



PHOTO: BRAEMAR RETIREMENT CENTRE



RN and BPSO lead Veronica George implemented the “falling stars” initiative at Braemar Retirement Centre.



BPGs aren't an add on; they're a tool to enhance the work you're already doing. I find homes have much more success when BPGs become part of their everyday culture.

Sue Sweeney, BPSO LTC program manager and implementation coach for Braemar Retirement Centre

welcome pre-designates annually, and ensure the program's resources and supports meet homes' needs to set them up for success.

"I've seen significant changes in organizations that utilize BPGs, and staff feel empowered knowing they're doing the right thing," says Sweeney. "I often tell homes, BPGs aren't an add on; they're a tool to enhance the work you're already doing. I find homes have much more success when BPGs become part of their everyday culture."

At Braemar, George says their BPSO designation certificate is hung at the home's entrance, right beside their popular fish tank. When residents and their families are looking at the fish, they'll see the plaque too. It's a symbol of the home's dedication to resident-centred care. "Being designated is a great achievement that is beyond words," says George.

"It's a great feeling to go through the three years, implement so much, be recognized for what we did and see that residents are happy." **RN**

MADISON SCAINI IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.

The pathway to simpler BPG implementation and evaluation

How do LTC homes improve the quality of care they deliver, embed evidence-based practices into electronic medical records and ensure legislative and regulatory compliance?

They use RNAO Clinical Pathways.

Approximately, one-third of Ontario's more than 600 LTC homes have already implemented RNAO Clinical Pathways, including Braemar Retirement Centre and UniversalCare Canada. And "there are many more in the queue that want to gain access to these evidence-based resources," says Rita Wilson, eHealth program manager for RNAO and the staff lead for the program, which is delivered in partnership with PointClickCare, a global leader in electronic medical record systems for senior care.

The RNAO Clinical Pathways are based on BPG recommendations and "this means every home that adopts this tool is providing evidence-based, resident-centred care in accordance with the Fixing Long-Term Care Act," says Wilson proudly. "These homes are improving the health outcomes of their residents."

During RNAO's annual Queen's Park Day in March 2023, then minister of LTC Paul Calandra said: "Critical to strengthening our long-term care system is ensuring nurses have quick and convenient access to up-to-date sector-based practices." Calandra announced the government's intention to extend funding of the program, with the aim of building future success stories.

In September, during a stop at RNAO's 18th annual BPSO Symposium, the current minister of LTC – Stan Cho – reiterated the government's support for the program: "As we move forward with record spending... we need to make sure we are consulting with the experts to make sure the resources (spending) goes to the right place," he said. "The Clinical Pathways program is a great example (of good spending). I'm going to be travelling the world and...I'm going to say proudly: 'Look at this program we have here in Ontario.'"

As a former director of care and administrator at an Ontario LTC home, Janet Chee, who is now RNAO's associate director for the LTC Best Practices Program, says she wouldn't think twice about implementing RNAO Clinical Pathways.

"Regardless of whether you're a brand-new grad or a really experienced nurse, RNAO Clinical Pathways can help improve care for residents," Chee says. This is especially true right now because nurses are "feeling burnt out and overwhelmed with new legislation, policies and a growing body of evidence. Clinical pathways help them to standardize their practice in a consistent way so that regardless of the situation, the unit or the organization, they're implementing evidence-based practice."

Learn more about RNAO Clinical Pathways by visiting RNAO.ca/clinicalpathways.

Weaving together INDIGENOUS and WESTERN care practices

Eight organizations join forces to focus on integrating Indigenous ways of knowing, being and doing with best practice guidelines.

BY VICTORIA ALARCON

As an Indigenous social worker and the Best Practice Spotlight Organization® (BPSO®) lead for Chigamik Community Health Centre, Cassandra Forget has worked closely with her nursing colleagues since 2019 to implement RNAO's *Assessment and Interventions for Perinatal Depression* best practice guideline (BPG). She is grateful for the knowledge she has gained as a champion of evidence-informed care within this BPSO, which is located on the shores of Georgian Bay. What makes Forget and others at Chigamik unique is their focus on ensuring an Indigenous world view is weaved with BPG recommendations. Their work is part of RNAO's Indigenous-focused BPSO program.

Forget says she takes a holistic approach to each recommendation to ensure the different populations that access services at Chigamik are receiving culturally sensitive care and feel respected. For Indigenous populations, she asks clients if they want to conduct a smudge or have any traditional medicines available during treatment. She also offers the option to have additional conversations with elders and traditional healers throughout their care.

"If they mention they are high risk for postpartum depression, we offer a (custom) care package...it could be seeing an Indigenous perinatal mental health worker or counsellor...(or) joining a peer-led support group," says Forget. The key is offering different approaches to care, knowing that a single approach doesn't work for everyone,

she explains. "It's really just asking each individual client what kind of culture they practice...and what approach they'd like to take."

RN Genevieve Catalan is also part of RNAO's Indigenous-focused BPSO program as a non-Indigenous ally. She says the experience has been liberating.

Joining the program was an opportunity to be "...leaders for weaving western health care and Indigenous cultures together to really help our clients," says the pre- and post-natal RN and BPSO lead for Anishnawbe Mushkiki, an Aboriginal Health Access Centre in Thunder Bay. Anishnawbe Mushkiki was one of the first organizations to join the program in 2019, and Catalan and her colleagues have worked hard to implement several BPGs with an Indigenous lens.

Using RNAO's *Person- and Family-Centred Care* BPG as a starting point, Catalan, with the guidance of a traditional wellness navigator, took her time building a better understanding of Indigenous cultures so she could incorporate this knowledge into her work, particularly through meaningful engagement and trust-building. Now, when clients walk into the health centre, they're greeted by Indigenous artwork, they're offered tobacco ties (a piece of cloth to tie one's tobacco in a small bundle) and they're welcomed in a more open setting where they can share their stories.

"We've really tried to do those little things...so they can see all their cultures reflected in the place they're visiting and create that feeling that this must be a safe place,"





Cassandra Forget is an Indigenous social worker at Chigamik Community Health Centre, a BPSO since 2019. She has worked closely with nursing colleagues to implement RNAO's perinatal depression best practice guideline.

PHOTO: STEF + ETHAN

says Catalan. It's a goal that is shared by all of the Indigenous organizations in the program, and one that RNAO has been striving for over the last decade.

In 2018, following the success of RNAO's Tobacco and Nicotine Intervention Initiative, the association received new funding to join forces with key Indigenous partners, elders and communities to expand the BPSO program to address the emotional, physical, social and economic inequalities that Indigenous communities continue to face. It was at this point the new Indigenous Health Program began to come to life, founded on developing and sustaining meaningful partnerships with Indigenous organizations that support tailored practice changes that are responsive to the community needs.

"At the heart of the program is meaningful partnership, co-creation and collaboration," says Sabrina Merali, who was the program manager at the time. In March 2019, RNAO announced the first eight organizations that had signed on to participate.

"There was a need to develop resources and tools from an Indigenous lens that would enable BPG implementation," says Grace Suva, who has been the program manager since 2021. This included working directly with the Indigenous-focused BPSOs to develop ways to provide evidence-informed care in a culturally sensitive and safe way.

Catalan adopted the two-eyed seeing approach in her work, which weaves together Indigenous culture and western health-care approaches. This involves listening,

seeking guidance from elders, creating a comfortable space for people to share their stories, and using a trauma-informed approach to care. "It's always important to listen to what they're saying, think about what they're

These Indigenous BPSOs are engaged in the program

Six of the original eight* program partners graduated in 2023:

- Anishnawbe Mushkiki Aboriginal Health Access Centre
- Chigamik Community Health Centre
- Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team
- Ontario Native Women's Association
- Sandy Lake First Nation
- Seventh Generation Midwives Toronto

These newest partners will graduate when they meet all the deliverables for designation:

- Maamwesying North Shore Community Health Services (OHT)
- Shibogama First Nations Council

**Two of the original eight partner organizations have withdrawn from the program.*



(From left) RNs Genevieve Catalan and Maxine Lesage, BPSO leads for Anishnawbe Mushkiki and Maamwesying Ontario Health Team (OHT), respectively, share details of their work at RNAO's 18th annual BPSO Symposium in September 2023.

saying and ask questions after,” says Catalan.

Maxine Lesage, BPSO lead for Maamwesying Ontario Health Team (OHT) – the first Indigenous BPSO OHT to join the program in 2022 – has created a unique approach for her organization’s BPG implementation. Lesage, who is Indigenous, created a sixth pillar in the BPSO program that outlines the importance of clear communication, trust, Indigenous languages, beliefs and traditions to deliver culturally safe practices. This includes: supporting individuals of all backgrounds; supporting collaborative partnerships at all system levels; and encouraging the involvement of and access to traditional healers, knowledge keepers, elders and resources to support cultural teaching, awareness and education.

Lesage, who represents Region 11 on RNAO’s board of directors, believes that becoming an Indigenous-focused BPSO will make a real difference. “It speaks volumes about reconciliation. It speaks volumes about us working together, moving forward, never forgetting the past,” she says. “It’s going to make a huge difference for our communities and most importantly our people to have better health outcomes and a better quality of life.”

RNAO CEO Dr. Doris Grinspun, who

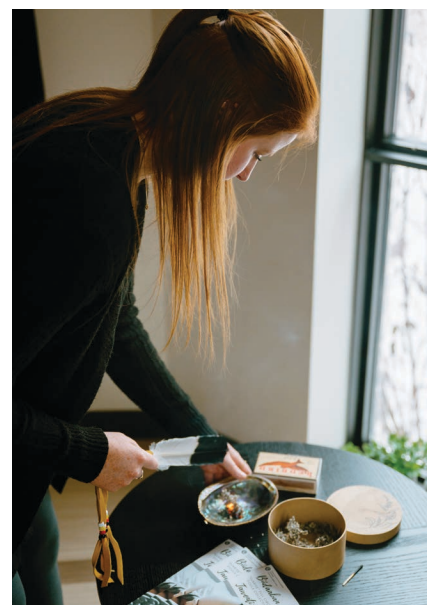
secured the funding for the program, agrees wholeheartedly with Lesage. She recently visited Pikangikum First Nation (near Kenora), to speak with elders and nurses. “We learn from Indigenous peoples – including Indigenous-focused BPSOs – much more than what we give. We learn from their pride, wisdom and resilience,” Grinspun says.

Since the program’s launch in 2019, RNAO has released its first-ever Indigenous-focused BPG: *Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and Their Communities*. Program partners have also begun re-envisioning the champions program from an Indigenous worldview, through the creation of a core team led by Lesage.

“I think this is a game changer...it will really help translate the Leading Change Toolkit (a resource for champions to implement BPGs) in a way that will resonate with current and future Indigenous-focused BPSOs and future champions,” says Suva.

Chigamik, Anishnawbe Mushkiki and four other program partners achieved their designation as full-fledged BPSOs (in 2023) and are now looking ahead to implementing additional BPGs and continuing with the improvements they’ve already made.

“Each year, we will be taking on a new BPG,” says Forget, adding that



Cassandra Forget asks clients if they want to conduct a smudge or have any traditional medicines available during treatment.

the program has given Chigamik staff more time for collaboration. “I think it’s a really great thing and it allows (us to) ...come together and really just ensure that we’re providing the best possible care.”

Catalan also expects the program will grow and expand across different settings within Indigenous communities. It “...shows that you don’t necessarily have to be an Indigenous-focused organization to weave Indigenous cultures...into what your organization does already,” she says. What this program shows is that it is “a way of recognizing what has happened in the past and rebuilding relationships and trust.”

Through this, we can make positive changes and work towards truth and reconciliation.

Find out more about Indigenous health and RNAO by visiting rnao.ca/in-focus/Indigenous-health. **RN**

VICTORIA ALARCON IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.

MEMBERS grow RNAO

Whether using the new, personalized QR code to recruit colleagues, or volunteering as a student ambassador on campus, RNAO's active and inspired members play a critical role in growing the association.

BY KIMBERLEY KEARSEY

Amanda Mayock, president of RNAO's Kawartha-Victoria chapter, was meeting with colleagues and RNAO staff at the assembly of leaders gathering in early 2023 when she shared the idea to create individualized QR codes for RNAO members. The QR codes automatically populate an application form with the existing member's information, allowing for easy collection of recruitment rewards.

Mayock's suggestion, RNAO CEO Dr. Doris Grinspun says, is an example of how the seed of an idea can change the way we do things at RNAO. "You ask, we listen and act," Grinspun says.

The new and unique QR codes were launched in August 2023, and are now an easy way for members to recruit colleagues (a personalized referral link is also available). Both recruitment tools can be found on



Western University student ambassadors Nandini Vyas (left) and Wendy Lan share RNAO membership information with colleagues.

member dashboards after sign-in to MyRNAO.ca

Mayock says she brought the idea forward as another option for recruitment, suggesting that members print the QR code and take copies to events for distribution to interested nurses and nursing students who are not members. It's like a business card that allows existing members to bring others onboard and get RNAO rewards, she says. Grinspun adds: "Members can also download the QR code to their

phone and present it to colleagues so they can easily scan it," which is what Grinspun does each and every time she's meeting with RNs, NPs and nursing students.

When these recruitment tools are used, members accumulate reward dollars that can be applied to membership renewal or registration for events immediately or at a later date. Rewards of 20 RNAO dollars for each new RN or NP member, and five RNAO dollars for each new internationally educated nurse (IEN)

PHOTO: SUPPLIED

associate or undergraduate nursing student, will accumulate as more members come on board. For even more incentive, those who recruit five new RNs will get their membership the following year for free. In celebration of RNAO's upcoming 100th anniversary in 2025, the Win-Win campaign is offering members who recruit 100 new members by April 30, 2025, the sum of \$5,000 cash toward attendance at the 2025 International Council of Nurses Congress in Helsinki, Finland from June 9 to 13 (see details at RNAO.ca/membership/ww100).

Membership growth is at an all-time high for RNAO, which added more than a thousand voices in the 2022-2023 membership year to the commanding 51,650 RN, NP and nursing student voices speaking out for nursing and speaking out for health.

“As nursing and health issues – like the nursing shortage and climate emergency – become more acute and complex, the strong and growing voices of members is important to move policy and get funding for a healthy population,” says Daniel Lau, RNAO’s director of membership and services. “This is our motivation to keep increasing membership year after year.”

“Our members provide the fuel that propels RNAO forward,” says RNAO President Dr. Claudette Holloway. “We count on existing members to spread the word about the benefits of membership to colleagues in their workplace and/or IENs (internationally educated nurses) and nursing students within their professional circles. This is how I got involved years ago and how I give back to nursing and health now. I urge everyone to get more members.”

IENs and nursing students have been the focus of several RNAO membership campaigns in recent months. The recruitment and training of the newest cohort of RNAO student ambassadors is one example.

“RNAO student ambassadors represent RNAO on campuses across Ontario. They are our link between the student body and RNAO home office,” says Lau. “They promote membership benefits, talk to colleagues about nursing as an inspiring career choice, and foster participation at the provincial and local levels.” They also help to promote the association’s Nursing Students of Ontario (NSO) interest group events and activities.

Since the launch of the RNAO student ambassador initiative in July 2023, more than 85 students have signed on for the role at more than 20 colleges and universities across the province, says Judy Liou, RNAO’s membership outreach co-ordinator. From Kingston to London, and Toronto to Thunder Bay, students are stepping

As much as we promote RNAO membership and events to school administrators, the more grassroots approach of students talking to students goes a long way in building a culture of RNAO membership.



Edgar Montano Martinez, an RNAO student ambassador at Loyalist College in Belleville.

PHOTO: SUPPLIED

up. At a training session in October 2023, representative from three new schools joined the discussion and learned about what to expect as the newest group of ambassadors. Representatives from schools that have already signed on were also there, including some from

Loyalist College, where 10 students (the maximum) have come together to share the responsibilities of growing membership at its three campuses in Bancroft, Port Hope and Toronto. “This is a great example of leaning on one another, and not putting the onus on only a few students to do this work,” Liou says.

“As much as we promote RNAO membership and events to school administrators, the more grassroots approach of students talking to students goes a long way in building a culture of RNAO membership,” concludes Grinspun, who is inspired by the collective work.

The expectation of RNAO student ambassadors is to host a minimum of three events on campus in September, October and January/February. They are also encouraged to be active on social media, reposting RNAO’s many campaign initiatives, and making classroom announcements, whenever possible.

Mark Anthony, VP for NSO, was also at the October training, sharing news of some of the events the interest group wanted help promoting, including an October Fall Tour visit with President-Elect NP Lhamo Dolkar at Humber River Hospital and a webinar about how students can contribute to revolutionizing the health system post-COVID, featuring a keynote presentation from Ontario's Provincial Chief Nurse Dr. Karima Velji.

NSO, Anthony said, is reciprocating the support to student ambassadors as they embark on their new, visible role at their respective schools. He offered to attend some of the events at universities in the fall, to keep NSO and student ambassadors connected for even greater impact.

To promote membership and continue to spread the word about everything RNAO has to offer, get involved in these initiatives:

Step up and stand out

#WinWin100 recruitment reward contest

RNAO is turning 100 in 2025. To celebrate, we're giving \$5,000 cash toward attendance at the International Council of Nurses Congress in Helsinki, Finland (June 9 -13, 2025) to RNAO members who recruit 100 new members by April 30, 2025. This one-time recruitment reward contest is open to existing members from Aug. 1, 2023 to April 30, 2025. For full contest details, visit RNAO.ca/membership/ww100

#RNAOProud pin campaign

#RNAOProud is the social media campaign that encourages all members to tag @RNAO in photos on X (formerly Twitter) or @registerednurses on Instagram proudly wearing your RN, NP or NS nursing pin at events or visiting with fellow members. Remember to include the hashtag #RNAOProud.

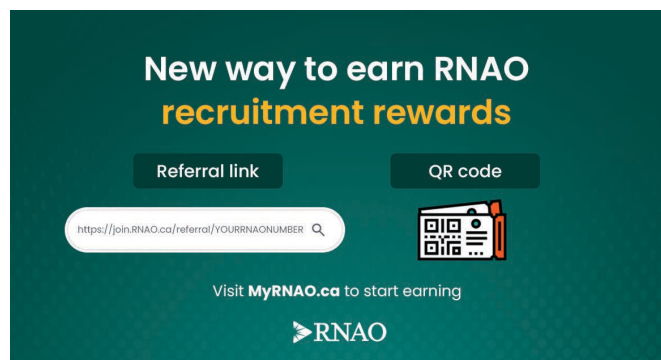
See what other members have shared, and get more information at RNAO.ca/RNAOproud

#WeAreNPs social media campaign

On Nov. 1, 2023, RNAO, in partnership with its NP Interest Group (NPIG), launched the #WeAreNPs social media campaign to highlight the immense contributions of NPs to health care and increase public awareness of how NPs want to do even more to benefit the health outcomes and wellbeing of all Ontarians. Read more at RNAO.ca/in-focus/nurse-practitioners-and-rnao

As RNAO embarks on a new membership year, there are high hopes for even greater growth in 2024 thanks to the participation of members recruiting more members by using their new QR code, the referral link, and taking on the role of student ambassador (in the academic setting) and nurse ambassador (in the workplace). "Our hopes are high and our gratitude to members is even higher," Holloway says proudly. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR/PROJECT MANAGER FOR RNAO.



Student ambassadors Gabrianne Webster (left) and Elyse Fath at Brock University in St. Catharines.

PHOTO: SUPPLIED

POSITIVE OUTCOMES

The collection and analysis of data through NQuIRE tells the story of how evidence-based practice is making a difference.

BY KIMBERLEY KEARSEY



During a keynote panel discussion in September, Montfort Hospital palliative care RN Ann Roberts was one of seven panelists sharing their real-world outcomes as a result of BPG implementation.



INSPIRE CHANGE

For Ann Roberts, a nurse of 35 years, being a BPG champion is about doing something that is “meaningful.” BPGs are incredibly meaningful because they’re having an impact, the Montfort Hospital palliative care RN says.

A self-described “product” of BPSO culture (she stepped into her role at the hospital when BPGs were already being implemented), Roberts talks fondly of both the anecdotal impact of BPGs and the impact obtained from the data. You can’t have one without the other, she noted during a panel discussion in Toronto this fall.

Roberts was one of seven panelists taking part in a discussion about the outcomes of BPG implementation during RNAO’s 18th annual Best Practice Spotlight Organization® (BPSO®) Symposium in September. At Montfort – which has expanded its BPSO Direct role to also act as Specialty Host for Francophone BPSOs and also a BPSO OHT (Ontario Health Team) – the culture of evidence-based practice and its



In a concurrent session during RNAO’s BPSO Symposium in September, Dr. Shanoja Naik talks about the importance of data collection.

link to better patient outcomes is so ingrained that Roberts, who is a BPSO lead for the organization, no longer finds herself looking for champions. The champions find her.

In one recent case, she received an email from a concerned nurse who had just come off a particularly boisterous night shift feeling really horrible that one of the patients on the unit was at the end of her life while the nurses were laughing and unaware at the nursing station. She wanted to right the wrong, and together with Roberts, created a new initiative to identify the rooms of patients at the end of their life with a large blue butterfly on the door. The initiative aligns with recommendations in RNAO’s *Person- and Family-Centred Care* BPG, one of 11 BPGs that are being implemented at the hospital.

“So simple, but so impactful,” Roberts says of the idea that came from a “self identified champion” who didn’t hold the formal title, but was eager to apply evidence to address a gap in person- and family-centred care.

This is an example of the anecdotal impact of BPGs on nursing practice, and examples like this are playing out in BPSOs across all sectors. These stories are the fabric and narrative of the BPSO movement. And while they are shared for inspiration at annual BPSO knowledge events and gatherings, another narrative is also playing out simultaneously. It comes in the form of numbers and hard facts – just what researchers, including statisticians need to show without a doubt that BPGs are making a tangible difference to



You can do all the implementation and innovation you want as a BPSO, but without hard data to show your efforts are making a difference, you won’t be able to build on your success and continue to see positive outcomes.



ILLUSTRATION: NISHANT BAJAJ

patient outcomes and health-care workplaces the world over.

“You can do all the implementation and innovation you want as a BPSO, but without hard data to show your efforts are making a difference, you won’t be able to build on your success and continue to see positive outcomes,” says Dr. Shanoja Naik, RNAO’s lead scientist. Monitoring and evaluating the impact of BPG implementation – the third of the BPG program’s three pillars – enables BPSOs to track their progress, identify areas for

improvement, and even predict patterns in BPG-related outcomes.

Launched in 2012, RNAO's Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system, collects data from quality indicators derived from the recommendations in RNAO's BPGs. This allows BPSOs in Ontario and around the world to track their progress, identify areas for improvement, invest further and advance quality improvement. Monitoring and evaluating these indicators became mandatory for all BPSOs almost 10 years ago. And the results are reflected in a growing body of research and academic publications, including RNAO Evidence Boosters, which offer infographics that shine a spotlight on BPSOs.

For champions and change agents, the compelling and relatable stories that colleagues like Roberts share at symposiums and other BPSO events provide the inspiration to propel a continued push for evidence-based practice. And for administrators and decision-makers who handle the purse strings for many initiatives,



Celebrating the launch of NQuIRE in 2012 are (from left) Dr. Monique Lloyd, RNAO's former associate director of guideline development, research and evaluation, Dr. Irmajean Bajnok, former director of RNAO's IABPG Centre, RNAO CEO Dr. Doris Grinspun and Rita Wilson, RNAO eHealth program manager.

the data is the bread and butter. It's this information that justifies the spending and clearly shows a need to continue the work.

"The data we collect shows the enormously positive impact the BPGs and BPSO program are having on patients, nurses and other health providers, organizations and health

systems as a whole," says RNAO CEO Dr. Doris Grinspun. "It informs where and how BPGs are enhancing nursing practice and patient outcomes, which leads to better organizational and health system performance and ultimately better allocation of resources to support evidence-based practice." (continued on page 40)

Let's take a look at some of the most recent data, collected from different sectors and published in RNAO Evidence Boosters:

Improving long-term care across Ontario

The Hamilton, Niagara, Haldimand, Brant (HNHB) Behavioural Supports Ontario (BSO) team enhances health services for older adults at 86 Ontario long-term care homes by providing non-pharmacological recommendations for residents with dementia, mental health, substance use, and/or other neurological conditions. As a BPSO, HNHB BSO began implementing RNAO's *Person- and Family-Centred Care* BPG in the spring of 2020.

Details of its success were published in an Evidence Booster in late 2021, outlining the hard numbers that show the five sites involved in BPG implementation saw a dramatic increase in satisfaction among residents and their families when involved in their own care and treatment plans. Within three months of implementing recommendations from the BPG, one site saw a 50 per cent increase in participation of residents and family members in developing their personalized care plans. Responses from a survey of all five implementation sites show an 80 per cent increase in resident and family member satisfaction with their involvement.

Hospital in Chile sees marked difference in pressure injuries

Hospital del Trabajador specializes in the treatment of trauma, burns, occupational health and rehab services for adults in Santiago, Chile. As a BPSO, it began implementing the *Assessment and Management of Pressure Injuries for the Interprofessional Team BPG* in 2020. Thanks to the creation of standardized practices across the organization, based on the BPG recommendations, the hospital saw a seven per cent relative decrease in the percentage of people who developed one or more new pressure injuries during their stay. According to an Evidence Booster published in October 2023, the percentage of persons who received a risk assessment for developing pressure injuries increased from 69 to 100 per cent in 2022.

University students well-prepared for BPG implementation

In 2018, Nipissing University in North Bay began incorporating BPGs into its nursing curriculum. Specifically, it implemented the *Person- and Family-Centred Care*, *Preventing Falls and Reducing Injury from Falls*, and *Engaging Clients Who Use Substances* BPGs into all of its direct and blended learning nursing programs for more than 1,700 students combined. By May 2022, the results of a survey of students was published in an Evidence Booster that revealed increases of 18, 38 and 19 per cent (respectively) in the number of students who were “very” or “extremely” familiar with recommendations in the three BPGs (noted above). When asked about implementing those recommendations at the bedside during clinical courses and on placements, the survey showed increases of 36, 25 and 19 per cent (respectively) in the number of students who were implementing recommendations “most of the time” or “always.”

Strong and credible data needs a strong and credible team

In order to ensure the integrity of its NQUIRE data system, RNAO established an advisory team with experts from health and academic organizations across North America and abroad. The NQUIRE International Advisory Council (IAC) was launched in 2012, the same year NQUIRE began collecting data from BPSOs. Its team of experts has been providing oversight and advice ever since.

The 14 IAC members include co-chairs Dr. Doris Grinspun, RNAO CEO (below, second from right), and Dr. John Lavis, director of McMaster University Health Forum (below, second from left), plus representatives from the World Health Organization, Canadian Institute for Health Information, Ontario Health and research innovators from Amsterdam, Spain and the U.S.

The group, which meets twice each year, gathered at RNAO home office in June 2023 to discuss progress and advise on next steps for the NQUIRE data system, new data features and innovations, as well as BPG developments, RNAO clinical pathways, and so much more. Input from council members informs and supports innovation and emerging opportunities, identifies areas for growth, and allows for discussion of improvements to data architecture and methods of analysis.

Find out more about the IAC and its work at RNAO.ca/BPG/IAC.



In late June 2023, members of RNAO's NQUIRE International Advisory Council (IAC) met in person at RNAO home office to discuss next steps for NQUIRE, new data features and innovations, BPG developments, RNAO clinical pathways, and more.

Want to learn more about artificial intelligence (AI) and machine learning?

In the Winter 2022 digital edition of *RNJ*, an article about AI and BPSOs was published (BPG Corner: Using emerging technologies to reach new frontiers in evidence-based nursing). It raised questions and excitement about this new frontier for evidence-based practice. Read the article at RNJ.RNAO.ca (search “past journals” for the Winter 2022 issue).

In the Fall 2020 digital edition of *RNJ*, an article, *Building tomorrow*, was published about RNAO’s call for nurses to engage in shaping and influencing the future of AI health technologies. The association released *Nursing and Compassionate Care in the Age of Artificial Intelligence*, a report with 15 recommendations, eight of which called for immediate action to establish a strong foundation upon which the remaining recommendations would be built. The aim for the report recommendations, developed by RNAO and AMS Healthcare, was twofold: to prepare nurses and nursing students to leverage AI to augment the patient experience and outcomes; and to successfully integrate emerging AI technologies into the nursing profession. Find out more about the report at RNJ.RNAO.ca (search “past journals” for the Fall 2020 issue).

Outcomes in home and community care

At the panel discussion in Toronto in September, two BPSO leads representing VHA Home Healthcare – which serves clients in Toronto, London, as well as the Durham and Champlain regions – joined Roberts and others to share some preliminary outcomes from the implementation of the *Assessment and Care for Adults at Risk of Suicidal Ideation and Behaviour* clinical BPG (a new edition will be released in 2024) as well as the healthy work environment BPG focused on *Preventing Violence, Harassment and Bullying Against Health Workers*.

Banu Sundaralingam is an occupational therapist and BPSO lead on the interdisciplinary team focused on suicide prevention. Their work to date has “...truly only scratched the surface on suicide prevention in the community. There is much more work to be done,” she says. Despite this, Sundaralingam is pleased to see what the data is saying to date.

A survey of staff pre-implementation showed the need for more training and a lack of confidence among providers in assessing clients at imminent risk of suicide. As a result, a suicide prevention champions committee was formed to focus on four things: updating VHA’s suicide prevention policy; creating discipline-specific crisis intervention processes to manage clients at risk; creating a suicide prevention education

e-module; and creating accessible resources for staff to use in practice.


The team collected data from 2021 to 2023 and found there was a 44 per cent increase in suicide risk reports by staff, and a higher awareness of how to identify and report risk. A survey post-implementation showed a 56 per cent increase in the confidence of staff to assess and provide the necessary supports. “We’re really thankful for this opportunity to implement the BPG...because we were able to raise awareness of the importance of suicide prevention and advocating for improved practices at VHA.”

Adam Benn, VHA’s director of equity, diversity and inclusion, and the BPSO lead working towards the

prevention of harassment and violence in the workplace, also shared findings, specifically related to a 32-week pilot project to increase reporting of violence and harassment towards PSWs, the largest portion of their workforce.

“We asked workers to report everything,” he

said. “If it happened, we wanted to hear about it.” During the pilot, almost a quarter of PSWs reported incidents they would not have traditionally reported. Of these, more than half offered up client-specific strategies to address the violence, and these strategies were shared with others. Forty incidents were reported, and two were escalated when it was determined there were trends in the reporting. “For me...the biggest thing is to get staff to



We’re really thankful for this opportunity to implement the BPG because we were able to raise awareness of the importance of suicide prevention and advocating for improved practices.

more comfortably identify violence and harassment,” Dunn said. “Once we get that data, we can go (to management) and say this is the percentage of staff experiencing this, and we have accurate numbers. Then we can push for larger changes in the sector.”

“It is inspiring to see that when BPSOs measure outcomes on any of RNAO’s clinical BPGs or healthy work environment BPGs, the data tells a powering story of just how

significantly evidence-based practice is making a marked difference,” Grinspun says. “After one year of implementation, BPGs produce outcomes and we know the science is strong. Sharing these outcomes internally with staff and externally through publications and research papers is energizing and validates nurses and other health providers, as well as their organizations. They feel recognized for their efforts and commitment to excellence in patient

care. This in turn reinforces person-centred evidence-based practices on a continuous basis, moving all from strength to even greater strength.”

For more about NQuIRE and the work of RNAO’s research unit – including projects on artificial intelligence and machine learning – visit RNAO.ca/BPG/research-unit. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR/PROJECT MANAGER FOR RNAO.



After one year of implementation, BPGs produce outcomes and we know the science is strong.



Banu Sundaralingam (left) and Adam Benn represent VHA Home Healthcare at the BPSO Symposium in September 2023.

A LASTING LEGACY (continued from page 16)

contributions to the nursing profession with numerous awards. In June 2023, she received the Order of Ontario, the province's highest civilian honour for excellence and achievement in a field and leaving a lasting legacy in our province. At RNAO's 98th Annual General Meeting (also in June), Burkoski received an RNAO Lifetime Achievement Award for her dedication to nursing in the areas of practice, education, administration and research at the provincial, national and international levels.

Always a supporter of nurses' growth and improvement, Burkoski once said that "ensuring nurses have all the tools to deliver the best quality and safest care" was important to her.

"She had such a love for nursing," Yoon adds. "She really, truly, deeply loved the profession and she really wanted to do everything in her power to advance it."

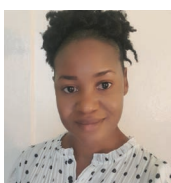
Family and friends, with the support of RNAO, have established the Dr. Vanessa Burkoski Memorial Scholarship for Nursing Education, to be managed by the Registered Nurses' Foundation of Ontario (RNFOO). Find out more at the link below. **RN**

VICTORIA ALARCON IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.

To read more about Vanessa Burkoski's legacy, including details of a new scholarship for nursing education in her name, as well as various videos and photo galleries celebrating her life, visit RNAO.ca/VanessaBurkoski

More content at RNJ.RNAO.ca

The digital version of this special anniversary issue includes additional content and interactive features about the work of BPSOs and the champions who move change. There are more than 150,000 champions in Ontario and around the world who act as volunteers in their health organizations to raise awareness of the benefits of BPGs. In September 2023, they were introduced to a new training curriculum to guide their work. Read more online.

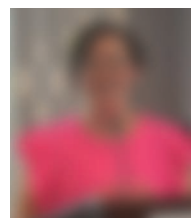
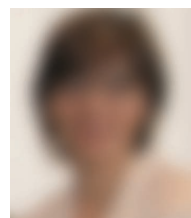
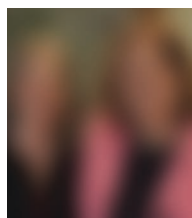
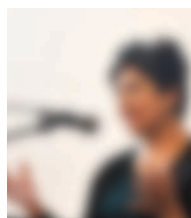


Visit RNJ.RNAO.ca to read details about what inspires these champions (left, top to bottom): Jason Bartell, Chatham-Kent Family Health Team; Wendy MacLeod, Glengarry Memorial Hospital; Esther González Maria, Investén-isciii (Spain); and Kameel Abdul Kareem, University of the West Indies (Jamaica).

(Above, L to R): Susan McNeill, RNAO associate director, guideline implementation and knowledge transfer, Harveer Punia, implementation science manager, and Katherine Wallace, senior manager, implementation science, talk to champions in September 2023 about the new training program.

Also online...

Test your knowledge



In this interactive feature, readers make their way through a series of blurred photos to identify four mystery nurse leaders who have propelled the profession to new heights and played a role in the evolution of RNAO's BPG and BPSO programs.

IN THE END



ILLUSTRATION: PETE RYAN

What nursing means to me...

To me, nursing is a beautiful mosaic of art, science and intent. As nurses, we strive to find the harmony between mental, physical and spiritual health for our clients. We become a trusted member of their decision-making team, often in the most difficult situations. We show empathy and compassion in every situation, while also adapting to the specific circumstances of our clients. We do this because each client becomes a part of our family and their story impacts the way we see their “bigger picture” of health.

Nursing has always held a special place in my heart. I was diagnosed with Type 1 diabetes at the age of two, and was no stranger to the hospital setting. What I remember most about my hospital experiences in those early days is the way the nurses made me feel safe and welcome, while also empowering my family to embrace the change that was happening in our lives.

When I came out of high school, I did construction. I had friends in nursing, and I found myself wanting to do their homework more than my own. I realized that nursing was calling me, and it was where I needed to be. I learned quickly that it can be physically and emotionally draining, but the opportunity to take even a little bit of the burden off of others, so they can heal and grow, makes this career feel like a privilege.

At Emily’s House in Toronto, we offer respite and end-of-life care to the pediatric population and their loved ones. It was here that I met a young boy who changed my perspective on palliative care and the final steps in life. He reminded me of myself when I was around that age, and we even looked similar. The way he took in everyone’s love

and reflected it back ten-fold was truly inspiring.

He acted like he was a nurse, caring for others and showing compassion in every situation. He was truly a good soul and lived every minute of his short life with such a gentle and caring energy that lit up every room. His strength and generosity reminded me that nursing is so much more than just procedures and medications. It’s ensuring your patients have the space to experience love, passion and happiness in the face of uncertainty. It’s removing the stress of planning for and managing the details of dying so families can feel peace and be there for their child.

Working in pediatric palliative care is not for everyone. But for me, it has re-inspired my passion for nursing. The strength, dedication and knowledge I have seen in others doing this work inspires me every day. Each family that passes through Emily’s House is safe and welcome with the same warmth I felt when I was receiving care as a child. We celebrate wins and grieve our losses together in a way that provides comfort, dignity and peace. Going above and beyond is the norm at Emily’s House and I feel blessed to be part of such a vital program for families to find a home away from home.

This is why I see nursing as a mosaic. Distinctive, little pieces of science and intent coming together to make a beautiful piece of art. **RN**

Julian Semczyszyn is an RN at Emily’s House Children’s Hospice. He is Best Practice Spotlight Organization® (BPSO®) lead for the 10-bed facility in Toronto that joined the BPSO program in 2021.

RNAO has several options to help you improve your nursing practice and expand your knowledge. Thanks to the voices of RNAO members, funding for the following educational programs continues on an annual basis.

Nurse Education Initiative (NEI)

Up to \$1,500 in grants per individual, per year for approved nursing education and professional development opportunities.

[RNAO.ca/NEI](https://rnao.ca/NEI)

Advanced Clinical Practice Fellowship (ACPF)

Up to \$20,000 in funding for projects that will meet a need or gap in service within your organization.

[RNAO.ca/ACPF](https://rnao.ca/ACPF)

RNAO has your back with several options – exclusively for RNAO members – to protect your nursing practice.

Professional Liability Protection (PLP)

- Has a duty to defend, even after your retirement
- Up to \$10,000,000 per claim

[RNAO.ca/PLP](https://rnao.ca/PLP)

Cyber Liability Protection (CLP)

- Extends to both your professional services and personal exposures
- Up to \$25,000 coverage

[RNAO.ca/CLP](https://rnao.ca/CLP)

PLP & CLP insurance coverage is automatically included in RNAO membership for all RNs and NPs at no additional cost.

Legal Assistance Program (LAP®)

Legal risk is an inevitable part of nursing practice. Complaints to the College of Nurses of Ontario (CNO) can be made against any RN or NP, even when you have done nothing wrong. Who will protect you, your professional reputation, and your registration with CNO if a complaint is made against you?

Legal fees can range from \$250 to \$500 per hour or more for advice and representation. Participation in LAP provides RNAO members with security and peace of mind for only \$64.57 (in addition to your annual RNAO membership fee).

[RNAO.ca/LAP](https://rnao.ca/LAP)

