

Long-Term Care Regional Best Practice Coordinators: 3 Years of Knowledge Uptake Strategies Directed at the Point of Care



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*Nursing Excellence: Bringing Best Evidence
To The Point of Care Conference*

Miami, Florida

Today's Objectives



- To gain understanding of how a knowledge broker role can be implemented in long term care as a strategy to increase evidence-based information uptake
- To share strategies to enhance evidence-based information uptake:
 - Resource & capacity development
 - Knowledge exchange activities, and
 - Synchronizing various initiatives

Challenges & Realities



As indicated in the literature, all sectors of nursing practice have limited use of research & guidelines, for example:

- **30-40%** of patients do not receive care according to current scientific evidence
- **20-25%** of care provided is not needed or potentially harmful
- Research is one of the **least frequent** sources of information used by nurses to guide practice yet **91% of nurses** agreed that nursing research is necessary but only 15% read it
- **1/3 of the time** health care providers do not even follow even uncontroversial, evidence-based recommendations

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(Cretin, 2001; Estabrooks, 1998 ; Grol and Grimshaw, 2003; Pape 2003; Wright et al.,1996)

Challenges & Realities

Reading, understanding and managing these large amounts of information, literature and research products are difficult for most long-term care organizations and their staff

- Numerous, differing, contradictory guidelines & research products
- Academic or unsure how to achieve desired clinical direction
- Lack the skills and knowledge to use the research products

Introducing evidence-based practice into LTC homes presents special challenges

- Fewer resources such as libraries, computers, experts resources
- Limited critical appraisal skills, no info management skills
- Staffing includes paraprofessionals
- English as a second language
- Many small and isolated homes
- Limited decision-making or authority to make changes

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Challenges & Realities



Guideline applicability

- BPGs all have different strengths and weaknesses
- Few are specific to the LTC environment & often require modification for LTC setting
- Many recommendations are actually just fact-based statements
- Guidelines do not address the complexity of the resident, all the co-morbidities
- Differences in degree of resident-centredness
- Many care issues in LTC for which there are no BPGs

Challenges & Realities



Guideline implementation

- Guidelines do not implement themselves
- What works in one setting does not necessarily work in another
- BPG implementation is complex & time consuming
- Implementation needs to focus on activities that turn guidelines into action and change clinical practice

Today's Situation

Long Term Care's Challenges

- Traditions and sacred cows permeate nursing practice, base care on trial and error that then becomes common practice
- Turnover, staff buy in, education / training, sustainability, culture
- Lack of evidence (esp. LTC) – too many nonevidence-based nursing practices
- A perception that management doesn't support implementation, lack of support – from physicians, other staff, other professionals

Available Options

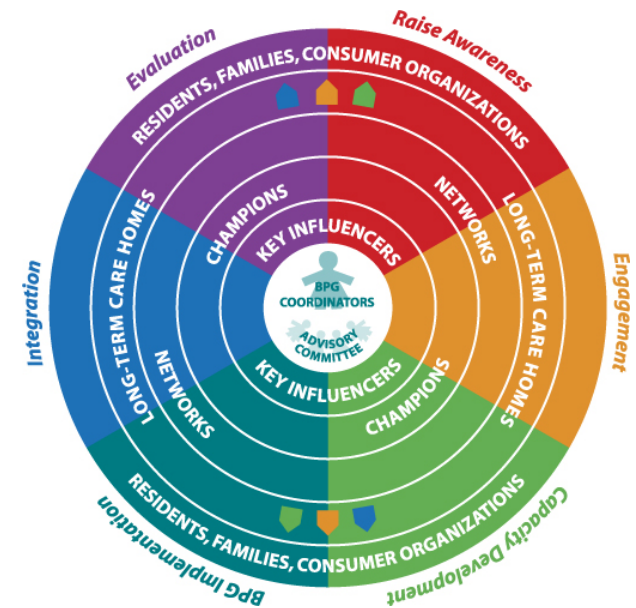
One emerging strategy regarding nursing leadership role , dealing with barriers and implementing EBG / BPGs is the:

Use “Knowledge Brokers” “Change Agents” “Data Miners
“Data Harvesters” “Disseminating Agents” “Geographic Scholars”
“Activity Fostering Roles” “Conduit Roles” “Linkage Agents”

- Highly skilled at communicating with nurses, media
- Facilitate a team of individuals who collaborate together to a common goal, lead EBP teams
- Knowledge in research utilization, guideline implementation, policy development, change theory and communication skills
- Investigate care issues
- Nurture the EBP/BPG culture
- Increase the speed of knowledge dissemination through resource development
- Improve the process of implementation
- Work with experienced nurses– critical to stimulate improvements

Ontario Ministry of Health and Long-Term Care Strategy

.....Regional
Best Practice
Coordinator
Initiative in
Long-Term Care



Regional Best Practice Coordinator Initiative in Long-Term Care

Part of the Ontario Nursing Strategy

Recruitment	Retention	Improve Work Environments
<ul style="list-style-type: none">• New Graduate Strategy• Clinical Simulation• Mentoring/Preceptoring	<ul style="list-style-type: none">• Late Career• Full-Time Employment (70%)• Mentoring/Preceptoring• Nursing Faculty Fund• Nursing Education Initiative• Salary Alignment for Nurse Practitioners	<ul style="list-style-type: none">• Patient Lift• Safety Engineered Medical Devices• BPGs in LTC• Funding for Healthy Work Environment activities• NP Task Team

Regional Best Practice Coordinator Initiative in Long-Term Care

- 8 Regional Best Practice Coordinators providing support/assistance to 630 LTCHs in Ontario
- **Mandate** to seek, create and coordinate opportunities to promote use of best practices through raising awareness, engagement, capacity development, implementation, integration and evaluation

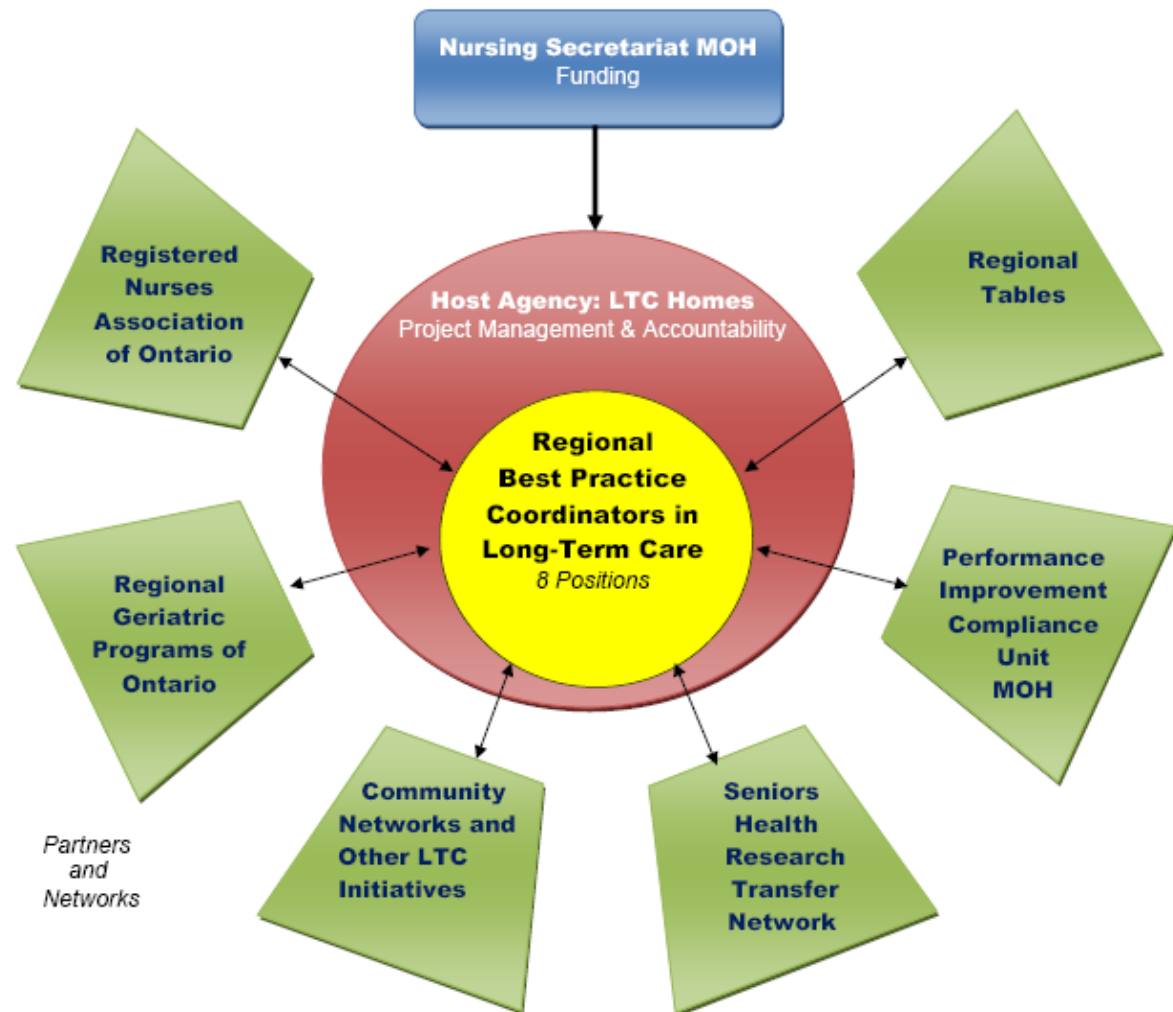


Regional Best Practice Coordinator Initiative in Long-Term Care

- Intended to address many of these challenges in Ontario Long-Term Care Homes
- “knowledge broker” model
 - emerging strategy to support BPG implementation
 - Coordinators have knowledge in research utilization, guideline implementation, policy development, change theory, communication skills, staff education

Model

Project Management and Accountability Matrix for Best Practice Coordinator in Long-Term Care Initiative 2005-2008

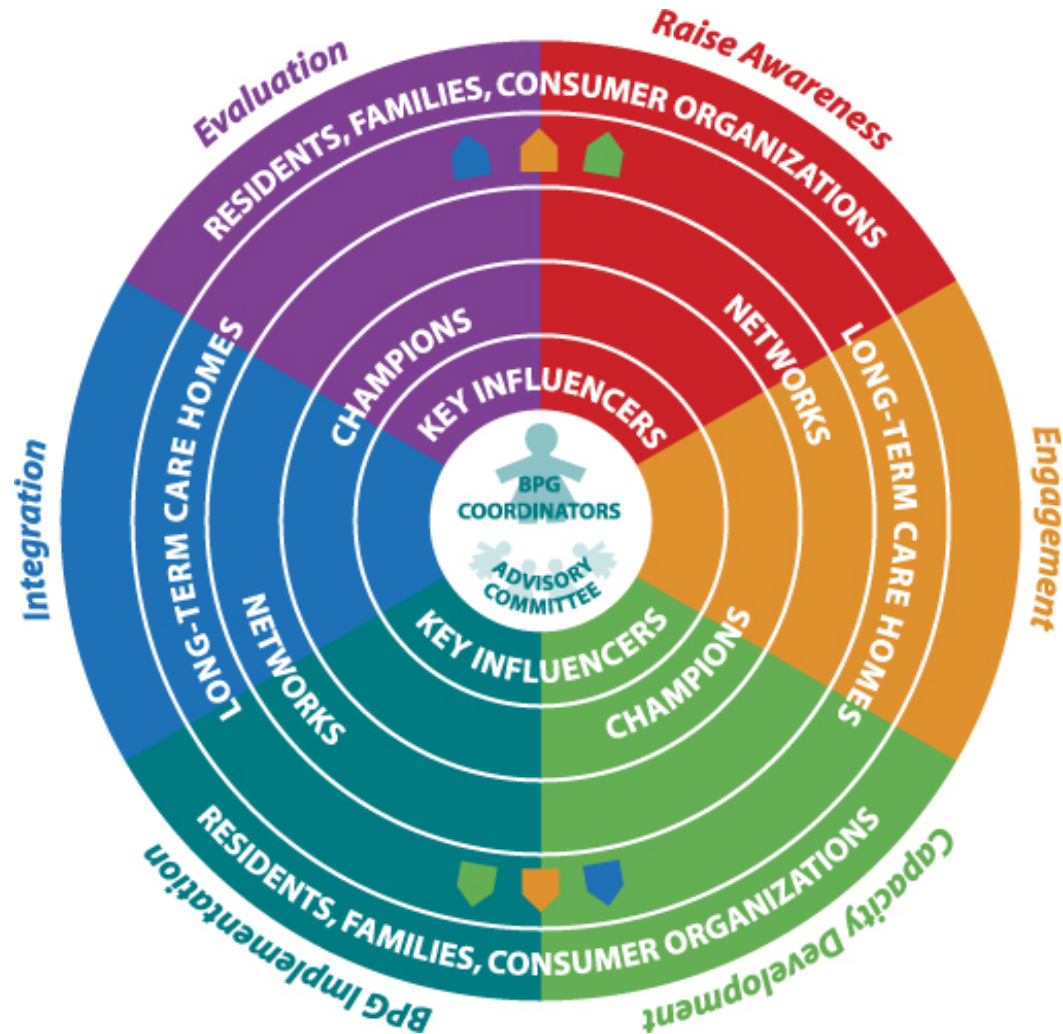


Regional Best Practice Coordinator Initiative in Long-Term Care



- Expected benefits:
 - Build capacity and promote knowledge transfer in geriatric health
 - Utilize evidence-based decision-making in care provided in long-term care sector
 - Deliver effective, quality care in long-term care homes
 - Provide supports for nurses and staff
 - Improve quality of work life for staff

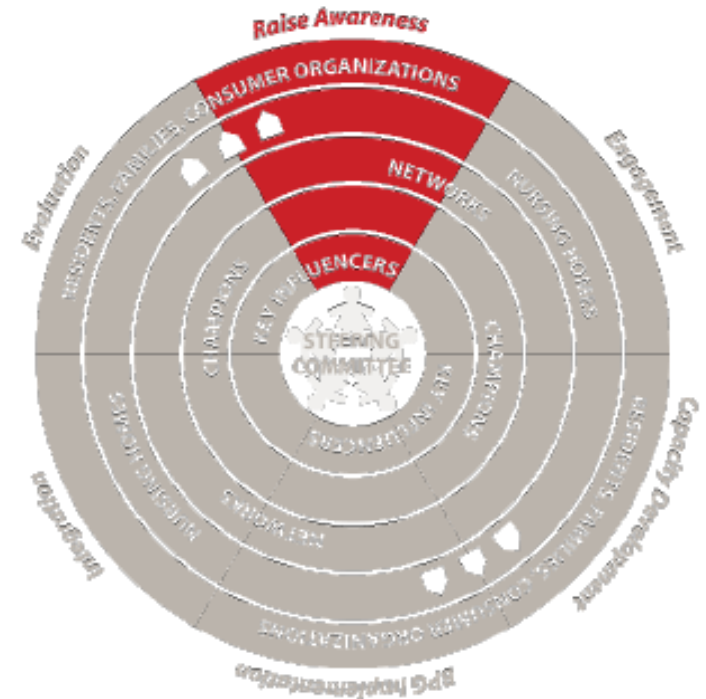
Guiding Framework: Circle of Care



Key Broad Objectives:

Raise Awareness

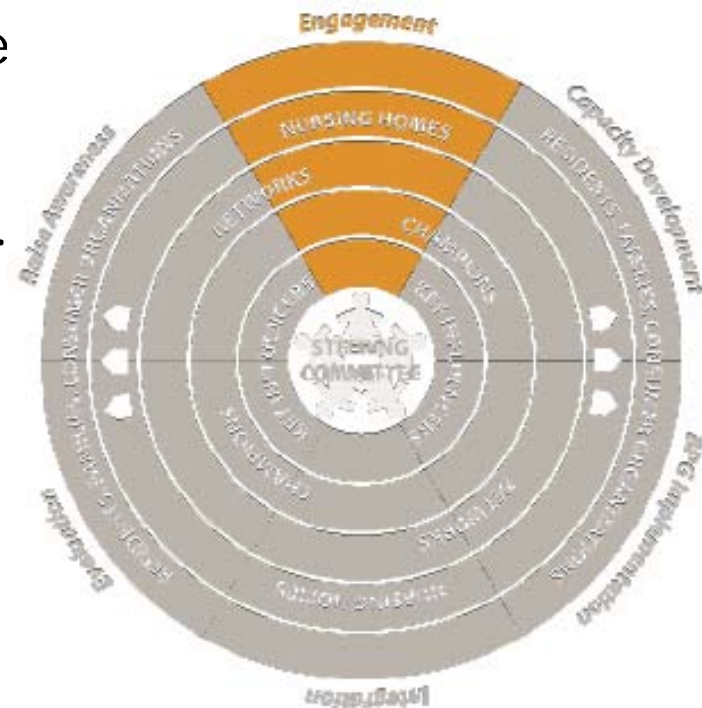
- Seek, create, coordinate opportunities to promote best practice guidelines
- Promote the importance of evidence-based practice in LTC homes and how BPs/BPGs can be used to enhance Resident care
- Provide access to best practices & evidence-based information
- Communication & marketing activities
- Networking



Key Broad Objectives:

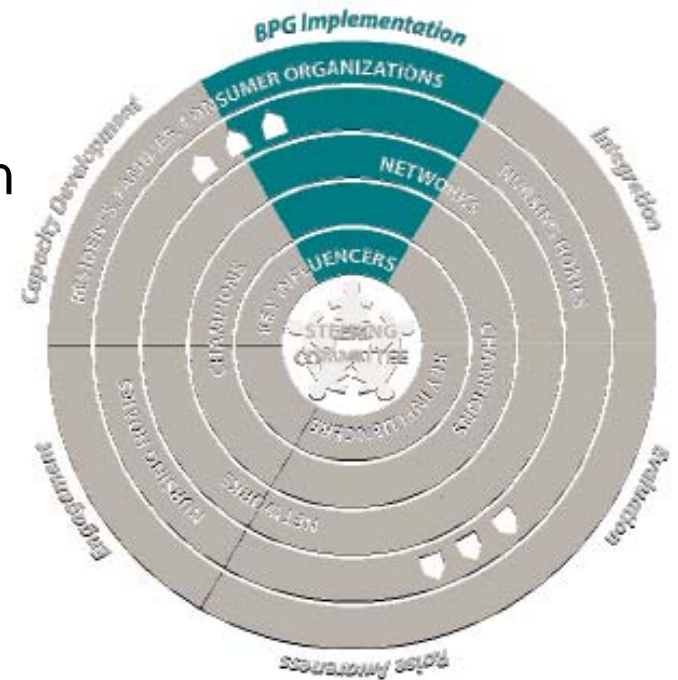
Engagement

- To evaluate levels of readiness for implementation of BPs/BPGs
- To engage key influencers, champions, networks, homes, and public in the best practices initiative.
- Create forces that will be empowering, supportive and sustainable beyond the term of the initiative.
- Create excitement and spin off projects
- Develop & deliver education sessions about BPs/BPGs to LTCH staff



Key Broad Objectives: BPG Implementation

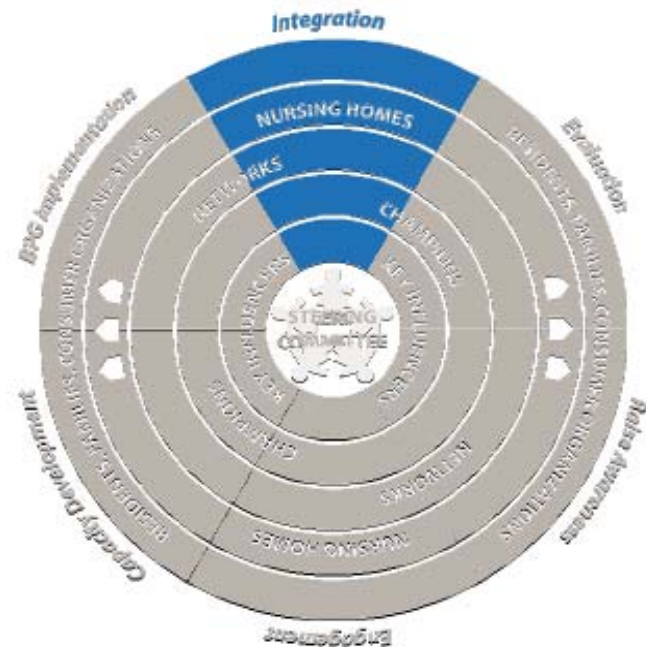
- Provide operational support practice integration within LTC homes such as assisting with pre-implementation evaluation assessments, policy development, appropriate assessment tools
- Development of resources and translation tools: toolkits, bloggers, presentations
- Coaching and mentoring, providing information



Key Broad Objectives:

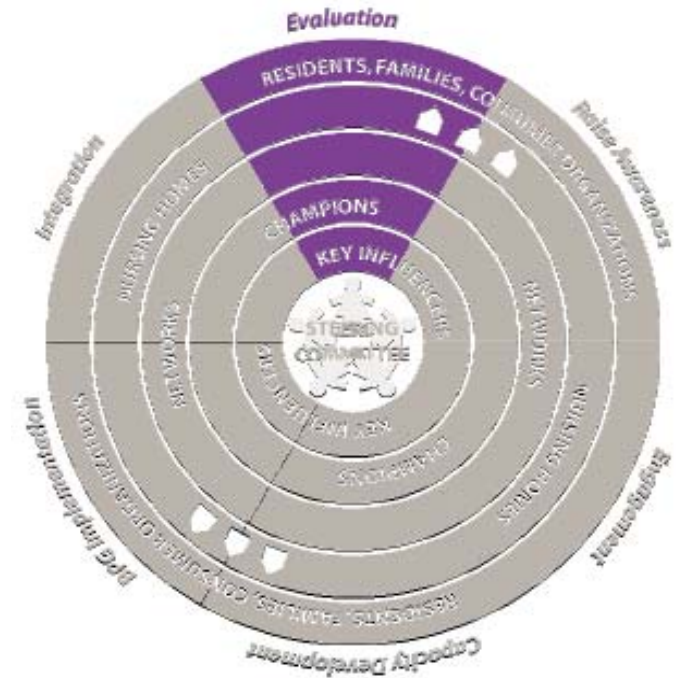
Integration

- Identify and engage existing networks that can support the promotion and implementation of best practices in LTC sector
- Integrate / use best care practices that have already been created and are applicable to LTC
- Link with other initiatives and networks involved in supporting LTC home Residents & staff



Key Broad Objectives: Evaluation

- To learn from this initiative and make necessary improvements
- To understand the impact of the initiative on Resident Care outcomes, staff satisfaction and cost effectiveness.
- University of Toronto's Nursing Research Division
 - Provide research expertise and data analysis



Evaluation of the BP Coordinator Initiative in LTC

- Evaluation of this Initiative has been undertaken by the Ministry of Health & Long-Term Care and the University of Toronto
- 3 phases:
 - Process Evaluation:
 - July to November 2006
 - Impact Evaluation:
 - January to March 2007
 - November to December 2007



Evaluation:

Phase I Results

- Phase I: Promoting Awareness and Uptake of Best Practice Guidelines in Long-Term Care: A Process Evaluation
 - Data collection July to November 2006 – 1 year into the Initiative
 - Interviews were conducted with BP Coordinators, Directors of Care, Ministry of Health Project Liaison

Phase I Key Findings

- The role of BP Coordinator has been implemented in all regions and continues to evolve
- BP Coordinators have initiated a variety of activities within their regions to raise awareness and engage LTCHs
- DOCs view the the BP Coordinators as a valuable resource to their LTCHs
- LTCHs are at various stages of implementation of BPGs into practice
- Dedicated resources (human and financial) are critical to the success of BPG implementation

Evaluation

Phase II

- Phase II: Promoting Awareness and Uptake of Best Practice Guidelines in Long-Term care: An Impact Evaluation – Phase II Interim Report
 - Summary of sample surveyed: 8 Regional BPG Coordinators, RNAO & MOHLTC Project Liaisons, 8 Directors of Care, 48 frontline staff (RNs, RPNs, PSWs), 47 Residents & family members
 - Results pending early 2008

Informal Evaluation from LTCHs

- Better understanding of the principles of best practice and how to use BPGs
- Clearer understanding and ability to progress through implementation
- Improved practice and enhanced Resident outcomes
- Improved work climate – sense of community and mutual support, team building

Successful Strategies

Managing Knowledge is a Challenge

- What makes **managing knowledge a challenge** is that it is not an object that can be stored, owned and/or moved around (document).
 - *So how do we make it reside in the skills, understanding and relationships of staff as well as their work tools and processes?*
- Knowledge is much more a **living process** than a static body of information
 - *So how do we make it feel real, current and applicable to their work?*

Successful Strategies

Managing Knowledge is a Challenge

- Knowledge is **changing** at an accelerating pace.
 - *So how do we value what staff know and help them accommodate new information, new inventions, and new problems?*
- Identify the staff who **need this knowledge** for their work.
 - *We need to explore - how to connect them - with that knowledge.*



Successful Strategies



Knowledge Transfer

- **Knowledge Utilization (KU)** refers to the use of various kinds of knowledge in practice (including empirics, aesthetics, personal knowledge and ethics) (Edgar et al., 2006)
- **Models of Knowledge Utilization (KU)**
 - The nursing literature is abundant with models describing the KU process
 - Earlier models focused on factors at the level of the individual nurse to more recent models having a more expanded view that considers socio-political, environmental and organizational characteristics of the practice environment

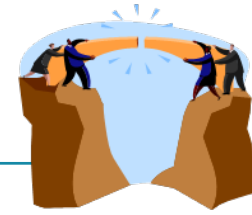
Successful Strategies

Knowledge Transfer

○ Models of Knowledge Utilization (KU)

- Well known models include:
 - Stetler Model (Stetler 2001)
 - Ottawa Model of Research Use (Logan and Graham, 1998)
 - Individual Determinants of Research Utilization (Estabrooks, 2003)
 - Stages in Research Utilization, Implementation, Evidence-Based Practice Cycle (Kitson, 2001)
 - Promoting Action in Research Implementation in Health Sciences Framework (Rycroft-Malone et al., 2002)
 - Framework for Research Dissemination and Utilization (Dobbins et al., 2002)
 - The Joint Venture Model of Knowledge Utilization (Edgar et al., 2006)

Successful Strategies



Knowledge Transfer

- The gap in knowledge transfer from research to practice is an ongoing challenge as cited in many quantitative and qualitative studies (e.g, pain care).
- **Workplace factors account for 80-90% of the variance in research utilization** (Royle and Blythe, 1998)
- Measuring the impact, effects or outcomes of knowledge utilization – usually include healthcare professional outcome (acquisition of knowledge, change in practice), patient-related outcomes (clinical, functional, satisfaction, fiscal, psychosocial), organization-related outcomes (retention, organizational commitment, job satisfaction, productivity) and **cost-benefit** (Edgar et al., 2006)
- **Evidence-based knowledge-informed client-centred decisions/care**

Successful Strategies

How are Innovations Accepted in Health Care?

- Different innovations spread and get adopted at different rates
- Health care innovations have adoption characteristics very similar to those studied in the wider literature and that their attributes are primarily adopters' perceptions
- Many nurses today are influenced by "knowledge creep" –research findings slowly progress into the conscious mind and gradually affect care decisions

Successful Strategies

How are Innovations Accepted in Health Care?

- Supportive culture: greatest facilitator
 - Attitudinal change through motivation
 - Recognize and reward
- Leadership: imperative
 - Enable others to act
 - Model the way by coaching and mentoring
- Provide ample education
 - Knowledge development
 - Having non-patient care time
- Effective communication
 - Teamwork (e.g., Communities of Practice)

Successful Strategies

How are Innovations Accepted in Health Care?

- What works in one setting doesn't necessarily work in another, implementation is complex and time consuming
- 87% of implemented guidelines reveal modest to moderate improvements in patient care
- Printed materials (guidelines and materials) alone can result in a moderate change of practitioner behaviour and improve patient outcomes



Successful Strategies

How are Innovations Accepted in Health Care?

Best compliance for guideline use:

- Recommendations are compatible with clinician values
- Doesn't require major changes to established routines
- Different professional groups perceive the attributes of "innovations" differently
- Simple innovations
- Have clear advantage over what they are intended to replace
- Are easy to use and experimented with on a limited basis
- Impact is observable

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NOTE: *If no relative advantage is perceived, the potential adopter may not explore the other attributes of the innovation*

(Franklin, 2005; Greenhalgh et al., 2005; Rogers, 2003)

Successful Strategies

What is the Value Proposition?

- New information (guidelines) and new technologies require us to
 - Adopt new perspectives
 - Master new communication
 - Develop new relationship skills
 - Learn ways of quickly and efficiently locating useful evidence-based information (knowledge warehousing → just-in-time)
 - Need to understand and focus on 'their' needs in 'their' context



Successful Strategies

What is the Value Proposition ?

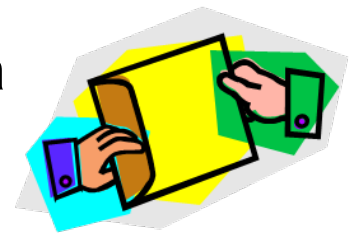
- Staff must view it as something that is “**of value**”
 - **Change the nature** of the value proposition
 - > Research is valued, guidelines are “assistive tools”
 - Identify **value propositions** that need to exist between the research/guidelines and practice worlds
 - **View** the relative importance (research >hands-off versus practice >hands on)
 - Only the recipient can assess the relative value

Successful Strategies

What is the Value Proposition ?

Look at it from their perspective and present them with **solutions that exactly fit** with their needs

- Choreograph the translation of knowledge
- Concerned with the activities that turn guidelines into action and change clinical practice
- Promote acceptance through a combination of strategies



Successful Strategies

Create a Content Experience

- Oh great – more binders and not enough time!
- **Narrowcast the information , target and connect with frontline staff**
 - Compelling and motivating to read
 - Trendy: title, concept, pictures
 - Bite-size pieces of information that are useable (avoid overload)
 - Applicable to their direct care situations and their topics
 - Comfortable , emotive > feel good
 - Credible - Latest > use current research and guidelines
 - Readable > common language
 - Quick > 1 page/2-sided or contain quick to read content

Successful Strategies



Acceptance?

- Success or failure is dependent on the **inherent characteristics of the innovation**, the environment in which it is created, the infrastructure that allows it to flourish, the characteristics of potential adopters and their perception of the innovation itself.
- *It's the **adopter's perception of the value proposition** that counts, not the innovation itself*

Successful Strategies

What makes them use the resources?

- **Relative advantage** - convenient, it works, the information is there
- **Risk** - low, not risk takers in LTC, fits with LTC but has geriatric scope
- **Image** - enhancing > using research information, evidence made simple

Successful Strategies

What makes them use the resources?

- **Complexity** - it's simple > cognitive psychologists tell us about the limited capacity of humans to handle complex information and maintain attention
 - **Interpretation** - requires no critical appraisal skills, assess validity
 - **Capability** - knowledge needed to use it – low – “stands alone”
 - **Implementation** - is simple
 - **Barriers** – few barriers in the system to its use

Successful Strategies

What makes them use the resources?

- **Similarity/differentiation** – feels like research evidence but different than guidelines, manageable bits of information, readable, narrative style helps to relay the facts
- **Compatibility** – it fits > consistent with their values and existing practices, not asking to change practices dramatically
 - *Standards* – doesn't challenge practice standards, may cause some self reflection, examine practices for improvements

Successful Strategies

What makes them use the resources?

- **Reinvention /trialability**– information can be modified in the process of adoption and implementation
 - *Divisibility* – it's not “all or nothing”, can trial single copies and then decide to use others, can use some of the information
 - *Discretion* - can still make choices, not restrictive
 - *Interoperability* - it interacts with other research products – can use it with guidelines

Successful Strategies

What makes them use the resources?

- **Cost/benefits** - no effort for user
 - can simply hand-out, provides latest information, use as education resource
 - *Adopting costs* – it's free to use
 - *Observability* – results are obvious to others
 - *Reliability* – seeking trusted sources, use credible information

Successful Strategies

Networks

- Registered Nurses Association of Ontario
- Dementia/Alzheimer's
- PIECES
- Society
- Stroke Strategy
- Home Care (CCAC)
- Colleges & Universities
- Cultural Awareness
- Infection Control
- Mental Health
- Osteoporosis Strategy
- Palliative Care/End-of-Life
- Red Cross
- Regional Geriatric Programs
- Residents' Councils
- Senior Health Research Transfer Network (SHRTN)
- Ministry of Health & LTC Committees
- LTC Associations
- Communities of Practice

Successful Strategies

Marketing Activities

- Newsletters
- Pamphlets
- Posters
- Conferences
- Presentations
- Meetings
- Committees
- Articles
- Branding

Successful Strategies

Marketing Activities

Where you can find your BP Coordinator

Northwest
Lisa Cassella
Phone: 781-474-3318
Email: lucass@bestpracticecoordinators.com

Northwest
Humbler Woodcock
Phone: 887-783-6422

Best Practice Coordinators in Long-Term Care

How we can help your long-term care home use best practice care approaches

BP Coordinators in LTC Initiative is funded by the Ministry of Health and Long-Term Care. This initiative is intended to help nurses and staff in long-term care homes use best practices and incorporate evidence-based practices into their daily care.

Supporting the use of "current knowledge in current practice"

Exchange Knowledge

Develop Resources

Synchronize Initiatives

Best Practice Coordinators in Long-Term Care

How we can help your long-term care home use best practice care approaches

Exchange Knowledge

- Locate BP information
- Assist with BP guideline conversion for LTC use
- On-site LTC Home visits
- Consultations
- Education
- Presentations
- Share our knowledge (e.g. BP Coordinator Newsletter)

Develop Resources

- Building capacity within LTC homes (e.g. Champion)
- Supporting groups and homes working on BPs
- Implementation strategies and kits
- Education tools (e.g. ABCs for RPNs, BP Program)
- Workshops

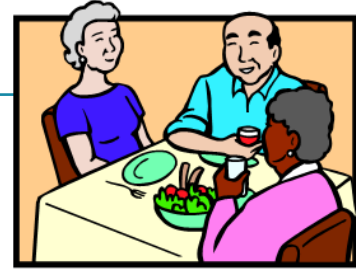
Synchronize Initiatives

- Collaborate with initiatives, networks and organizations (e.g. RNMO, Stroke, Alzheimer, Pain & Palliative Care)
- Create new working groups, collaborations and communities of practice
- Endorse and advocate for BP-based care

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Successful Strategies

Best Practices Being Implemented



- Acute Change of Condition
- Client-Centered Care
- Contenance
- Prompted Voiding
- Urinary Tract Infections
- Constipation
- Dementia, Delirium & Depression
- Falls
- Hydration
- Oral Hygiene
- Diabetes
- Palliative Care
- Pressure Ulcers
- Resident-Centered Care
- Skin and Wound
- Sexuality and Intimacy
- Caregiver Strategies
- Leadership
- Documentation
- Therapeutic Relationships
- Reducing Foot Complications for People with Diabetes
- Pain

Successful Strategies

Best Practice Coordinators in LTC - Resources

www.rqpc.ca

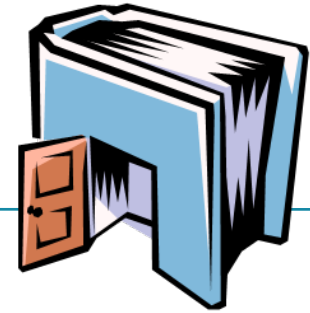
Samples:

- Persistent Pain
- Resident-Centred Care
- Acute Change of Condition
- Oral Care
- 3Ds: delirium, dementia and depression
- Implementation of BPGs

Lessons Learned

- With an ever increasing expectation to positive health care outcomes, care must be delivered with validated systems and based on evidence:
 - Reduces variation in care practices, potential negative effects of old practices are reduced and discouraged (use of evidence helps to avoid errors, avoid behaviours that are less effective, identify best methods)
 - Becomes an expected competency
 - Allows nurses to use the latest research findings in clinical practice and keep pace with advances in their profession

Lessons Learned



- Having new knowledge provides confidence nurses need to justify decisions to patients, physicians, and other nurses
- Nurses need to develop an authentic appreciation for research findings and evidence so that evidence is not simply another article or guideline but ...
... a method to improve care !



Best Practice Coordinators...

... inspiring LTC to provide not only the best care but also the right care and making it easy !!

References



- Ahrens, T. (2005). Evidenced-based practice. Priorities and implementation strategies. ***AACN Clinical Issues*, 16(1)**, 36-42
- Brazil, K., Rolye, JA., Montemuro, M., et al. (2004). Moving to evidence-based practice in long-term care. The role of a Best Practice Resource Centre in two long-term care setting. By providing staff with access to research, facilities can improve the care their patients receive. ***Journal of Gerontological Nursing, March***, 14-19.
- Buonocore, d. (2004). Leadership in action. Creating a change in practice. ***AACN Clinical Issues*, 15(2)**, 170-181.
- Cretin, S., Farley, DO., Dolter, KJ. & Nicholas, W. (2001). Evaluating an integrated approach to clinical quality improvement. ***Medical Care*, 39(Suppl. 2)**, 170-1184.
- CRTN & RTNA (2002). Knowledge transfer in health: A report on a two-day conference, October 24-25, 2002. Calgary, Ab: Canadian Research Transfer Network and Health Research Transfer Network of Alberta.
- Dobbins, M., Ciliska, D., Cockerill, R., Barnsley, J., and Dicenso, A. (2002). A framework for the dissemination and utilization of research for health-care policy and practice. ***The Online Journal of Knowledge Synthesis for Nursing*, 9(7)**, 295-306.

References



- Duffy, ME. (2005). Translation research. Its relationship to evidence-based practice. ***Clinical Nurse Specialist*, 19(2)**, 60-62.
- Edgar, L., Herbert, R., Lambert, S., MacDonald, J., Dubois, S., & Latimer, M. (2006). The joint venture model of knowledge utilization: A guide for change in nursing. ***Nursing Leadership*, 19(2)**, 41-55.
- Estabrooks, C. (2003). Translating research into practice: Implications for organizations and administrators. ***Canadian Journal of Nursing Research*, 35(3)**, 53-68.
- Estabrooks, CA. (1998). Will evidence-based nursing practice make practice perfect? ***Canadian Journal of Nursing Research*, 30(1)**, 15-36.
- Franklin, C. (2005). ***Why innovation fails***. Rollinsford, NH: Spiro Press. Graham, I.D., Harrison, M.B., Brouwers, M., et al. (2002). Facilitating the use of evidence in practice: Evaluating and adapting clinical practice guidelines for local use by health care organizations. ***JOGNN*, 31(5)**, 599-611.
- Graham, I.D., Harrison, M.B., Brouwers, M., Davies, B., & Dunn, S. (2002). Facilitating the use of evidence in practice: Evaluating and adapting clinical practice guidelines for local use by health care organizations. ***JOGNN*, 31(5)**, 599-611.

References



- Greenhalgh, T., Robert, G., Bate, P., Macfarlane, F., and Kyriakidou, O. (2005). ***Diffusion of innovations in health service organizations***. Malden, MA: Blackwell Publishing.
- Grimshaw, JM., Thomas, RE., Maclennan, G., et al. (2004). Effectiveness and efficiency of guideline dissemination and implementation strategies. ***Health Technology Assessment*, 8**, 1-72.
- Grol, R., & Grimshaw, J. (2003). From best evidence to best practice: Effective implementation of change in patients' care. ***Lancet*, 263**, 1225-1230.
- Henderson, A., Winch, S., Henney, R., et al. (2005). 'Working from the inside': An infrastructure for the continuing development of nurses' professional clinical practice. ***Journal of Nursing Management*, 13**, 106-110.
- Kitson, A. (2001). Approaches used to implement research findings into nursing practice: Report of a study tour to Australia and New Zealand. ***International Journal of Nursing Practice*, 7**, 392-405.

References



- LoBiondo-Wood, C., & Haber, J. (2001). ***Nursing research: Methods, critical appraisal, and utilization (5th ed.)***. St Louis, Mo: Mosby.
- Logan, J., & Graham, I. (1998). Toward a comprehensive interdisciplinary model of health care research use. ***Science Communication, 20*(2), 227-246.**
- Lomas, J. (1993). Diffusion, dissemination, and implementation: Who should do what? ***Annals New York Academy of Sciences, 703*, 226-235.**
- McCaughan, D., Thompson, C.A., Cullum, N., Sheldon, T.A. , & Thompson, D.R. (2002). Acute care nurses' perceptions of barriers to using research information in clinical decision-making. ***Journal of Advanced Nursing, 39*(1), 46-60.**
- McCluskey, A. & Cusick, A. (2002). Strategies for introducing evidence-based practice and changing clinician behaviour: A manager's toolbox. ***Australian Occupational Therapy Journal, 49*, 63-70.**
- NHSRU – Nursing Health Services Research Unit. (April 5, 2007). Promoting awareness and uptake of best practice guidelines in long-term care: A process evaluation. Survey of phase I findings. Final report to the Ministry of Health and Long-Term Care. Toronto: Ontario.

References



- Pape, T.M. (2003). Evidence-based nursing practice: To infinity and beyond. *The Journal of Continuing Education in Nursing*, 34(4), 154-161.
- Parahoo, K., & McCaughan, E.M. (2001). Research utilization among medical and surgical nurses: A comparison of their self reports and perceptions of barriers and facilitators. *Journal of Nursing Management*, 9, 21-30.
- Rogers, E.M. (2003). *Diffusion of innovations (5th ed.)*. New York: Free Press.
- Royle, J.A., Blythe, J., Brazil, K., et al. (2002). Assessing the information needs of staff in two long-term care organizations. *Educational Gerontology*, 28, 189-205.
- Royle, J., & Blythe, J. (1998). Promoting research utilization in nursing: The role of the individual, organization, and environment. *Evidence-Based Nursing*, 1(3), 71-72.
- Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A., & Estabrooks. (2002). Ingredients for change: Revisiting a conceptual framework. *Quality and Safety in Health Care*, 11, 174-180.

References



- Rutledge, DN & Bookbinder, M. (2002). Processes and outcomes of evidence-based practice. ***Seminars in Oncology Nursing, 18***, 3-10.
- Siegel, JE. & Clancy, CM. (2006). Relative value in healthcare. Cost-effectiveness of interventions. ***Journal of Nursing Care Quality, 21(2)***, 99-103.
- Stetler, CB. (2001). Updating the Stetler model of research utilization to facilitate evidence-base practice. ***Nursing Outlook, 49(6)***, 272-279.
- Waddell, C. (2002). So much research evidence, so little dissemination and uptake: Mixing the useful with the pleasing. ***Evidence-Based Nursing, 5***, 38-40.
- Wenger, R., McDermott, R., & Snyder, WM. (2002). ***Cultivating communities of practice. A guide to managing knowledge.*** Boston, Ma: Harvard Business School Press.
- Wright, A., Brown, P., & Sloman, R. (1996). Nurses' perceptions of the value of nursing research for practice. ***Australian Journal of Advanced Nursing Practice, 13***, 15-18.

When Nurses' sensitivity to human needs is joined with the ability to find reported research and apply it to their practice . . . there is no limit to the influence they might have on health care world wide.
- Virginia Henderson (1964)

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