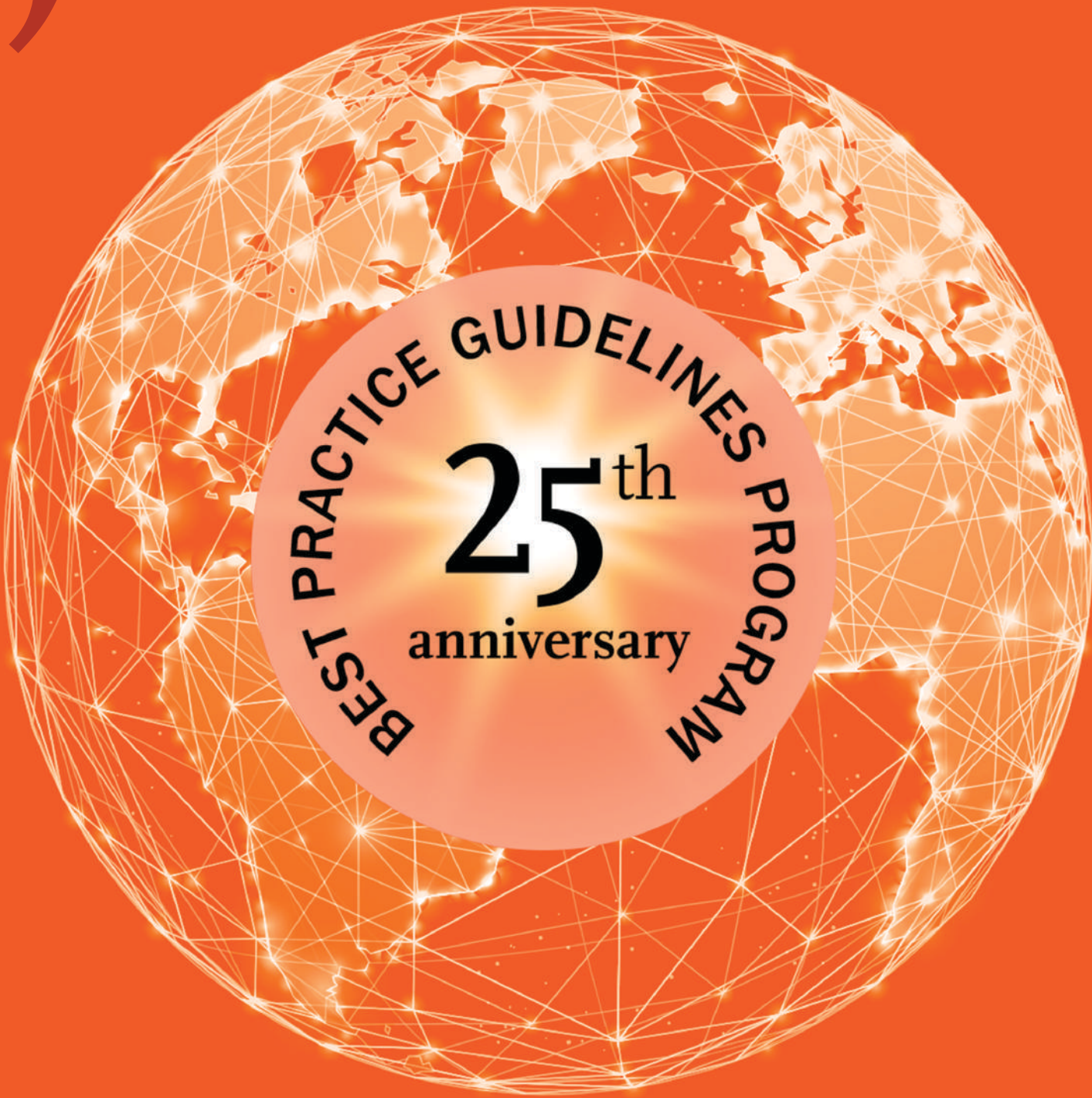


REGISTERED NURSE JOURNAL



SPECIAL ISSUE

Contributors' voices • Next generation leaders • Influencing modern nursing

Message from RNAO's President and CEO

For 25 years, RNAO has seen tremendous growth and expansion of its Best Practice Guidelines (BPG) Program. We began with four BPGs and now have more than 50 guidelines, with many now in second, third and even fourth edition to ensure they remain a gold standard.

We have witnessed individuals, health organizations, educators

and governments at home and around the world embrace our social movement of science. Whether you're a frontline RPN, RN, NP or nursing student; a Best Practice Spotlight Organization® (BPSO®) direct, service, academic, specialty, regional or host organization; or an expert in research and/or data collection – you play a critical role in creating cultures of evidence-based care that improve the lives of millions of people.

This special anniversary issue of

Registered Nurse Journal highlights our collective success over a quarter century of transformational work through the BPG Program. We bring you the experiences of nursing leaders whose contributions have cleared a path towards change that is improving patient and health-system outcomes.

We are immensely proud of this collaborative work and the active, systematic and engaged actions and advocacy of our colleagues and

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partners. Their expertise in the creation, implementation and evaluation of clinical, healthy work environment and health system BPGs benefits multiple sectors in Canada and beyond our borders.

RNAO BPGs stand the test of time because they advance evidence-informed care that keeps individuals, their families and communities at the heart of health-system

NP LHAMO DOLKAR, RN(EC), MN, CCN, 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.


COVER: The illustration conveys the global reach of RNAO's Best Practice Guidelines Program.


transformation. Our journey began with a vision in 1998 and dedicated provincial funding in 1999. We knew we were on to something formidable. And it's thanks to each partner in this important tsunami of change that we can celebrate our first 25 years and look ahead to even more growth and impact over the next 25 years and beyond.

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Dear friends,

On behalf of Premier Ford and the Ontario government, I extend my congratulations to you on the 25th anniversary of the RNAO's Best Practice Guidelines Program.

Dr. Grinspun and the RNAO's vision to provide the best available evidence for patient care across the health sector has strengthened the delivery of care, building on our government's bold and innovative action to provide more people with the right care, in the right place. Your development of over 50 guidelines and creation of the Best Practice Spotlight Organizations have set a new standard of care in Ontario, across the country and around the world, highlighting our province as a leader in the delivery of evidence-based care.

As our government continues to grow our health-care workforce, increase access to interprofessional primary care teams, like nurse practitioner-led clinics, invest in nursing education, and expand scope of practice, we will continue to rely on our health system partners, like the RNAO, its members, and creative programs like the Best Practice Guidelines Program to ensure families can connect to the care they need, where and when they need it, for years to come.

Congratulations again to the RNAO and everyone who is part of the Best Practice Guidelines Program, for your efforts to support innovative and evidence-based health care in Ontario.

I look forward to continuing our work together as we achieve many more years of success.

Sincerely,

A handwritten signature in black ink, appearing to read "Sylvia Jones".

Sylvia Jones
Deputy Premier and Minister of Health

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Fellow nurses,

I am pleased to offer my sincerest congratulations to the Registered Nurses' Association of Ontario (RNAO) on the 25th anniversary of your Best Practice Guideline (BPG) Program. This is an outstanding achievement that recognizes the hard work and dedication of Ontario's nurses and their endless contributions to our province's long-term care sector.

For 25 years, the RNAO has cemented the importance of evidence-based nursing practice through the BPG Program. The BPG program and its Best Practice Spotlight Organization[®] (BPSO[®]) program have been key to improving health outcomes, and I have seen firsthand how this initiative has had a positive impact on the long-term care sector. It has enhanced the delivery of care, complementing our government's bold and innovative efforts to ensure that more people receive the right care, at the right time, and in the right setting.

As a registered nurse and the Minister of Long-Term Care, I have had the privilege to lead a ministry dedicated to ensuring seniors receive the dignity and quality of care they deserve.

Your work developing more than 50 key guidelines and establishing Best Practice Spotlight Organizations across the province set a new benchmark for care in Ontario, positioning our province as a global leader in the provision of evidence-based health care. I would also like to take this opportunity to acknowledge the RNAO's commitment to evidence-based nursing in long-term care specifically through the development of clinical pathways.

We have and will continue to work with the RNAO to implement priority evidence-based clinical pathways which are also aligned with relevant BPGs.

The Registered Nurses' Association of Ontario's commitment to evidence-based nursing in long-term care homes is crucial to ensuring Ontarians receive the care they need. Nurses play a pivotal role in Ontario's long-term care sector and work tirelessly to ensure residents in homes across our province receive the best possible care. We look forward to continuing to work with your organization to drive better health outcomes.

Once again, congratulations on this impressive achievement.

Sincerely,

A handwritten signature in black ink that reads "Natalia Kusendova".

Natalia Kusendova-Bashta
Minister of Long-Term Care



By connecting, we strengthen practice, the profession and the system

As I reach the three-quarter mark of my first year as your president, I want to share what a privilege and honour it has been to meet and engage with members.

In September, I participated in RNAO's annual Fall Tour, which gave me a chance to visit members in their workplaces and communities. It was an opportunity to hear directly from you.

From the care we provide to patients and residents, to system challenges we encounter as nurses, and the underlying social and environmental determinants that shape a person's health and wellbeing – such as poverty, access to affordable housing and the state of our environment – we discussed it all. We also talked about solutions and how we can collectively strengthen nursing practice, our profession and the health system.

During my visit to Chatham Kent Hospice, part of the Chatham Kent Ontario Health Team, I was struck by the lengths taken to put thoughtfulness into every nook and corner. Even the placement of doors and bathrooms highlighted a sensitivity to the delivery of person-centred care.

I also visited with members in Windsor, and their energy was contagious. Their sense of connection to

each other as nursing professionals and to the values of RNAO was palpable. They shared their concerns about the lack of access to harm reduction and supervised consumption services in Windsor, and the impact on people struggling with substance use. Those challenges have worsened with the lack of

“RNAO TURNS VISION INTO ACTION AND IMPACT.”

political will to do what nurses know is backed by evidence.

During my visit with members of London's Middlesex-Elgin Chapter, I had the opportunity to speak with fellow NPs. We all understand the importance and impact of advocacy and the need for nurses to be politically engaged. We have witnessed how powerful that advocacy is.

RNAO has been forceful about fully utilizing the expertise of Ontario's 5,300 NPs to address the primary care crisis. We have called for fair compensation for NPs within our publicly funded system. The media has reported on RNAO's push to have the Ontario government speed up its process for approving publicly funded NP-led clinics, and how Minister of Health Sylvia Jones wrote to

her federal counterpart, Mark Holland, asking for Ottawa to take action.

Minister Holland announced (on Jan. 10) that “any medically necessary physician-equivalent services provided by regulated health professionals, such as nurse practitioners, are to be paid” through public

funding. This is a major step for the 2.5 million Ontarians who do not have regular access to primary care.

In November, I met with many interest group, chapter and region representatives at the fall assembly meeting in Toronto. I must commend Andrea Keller, Una Ferguson and Paula Manuel for delighting us with their wisdom, enthusiasm and numerous examples of how they and others are leading change in membership retention and recruitment and advocating for healthy public policy.

We also talked about members' instrumental role when meeting politicians. With elections – both federal and provincial – we will ensure that nurses' voices are front-and-centre for the political parties fielding candidates and for the voting public.

RNAO continues to lead as the first nursing organization in the country to issue a non-partisan federal election platform that prioritizes essential issues, including: safe nurse staffing; scope of practice for NPs and RNs; the primary care crisis; protecting and enhancing our publicly funded system; accessible housing; the toxic drug crisis; and climate action. Ontarians voted on Feb. 27, 2025, and RNAO prepared a provincial platform with recommendations in five key areas: nursing, health care, the social determinants of health, the environmental determinants of health, and increasing fiscal capacity and reducing income and wealth inequality.

RNAO, as an association, turns vision into action and impact. These events reflect the collective strength and dedication of our members. I appreciate the enormity of this office and the responsibility I have to members. I am both humbled and emboldened by it.

Thank you for your commitment to RNAO. We have much to be proud of, and much to anticipate as we continue to drive positive change.

NP LHAMO DOLKAR, RN(EC), MN, CCN, IS PRESIDENT OF RNAO.



Celebrating 25 years of evidence-based transformation

When I joined RNAO almost 30 years ago, I made a commitment to draw on evidence in everything we do as an association. Whether it's excellence in clinical practice, healthy workplaces, healthy public policy, educational resources, or media engagement – every aspect of our work is built on strong and compelling evidence.

You may wonder why.

Nursing has always been known as a caring profession. To build nursing as both a caring and knowledge profession – and to position RNAO as a scholarly organization that propels this – robust evidence is the foundation. On this anniversary of the Best Practice Guidelines (BPG) program, we reflect on our path.

The idea for the BPG program was formed when I was a director of nursing at Toronto's Mount Sinai Hospital (now Sinai Health). From 1990 to 1996, I led a solid journey of evidence-based practice alongside our frontline colleagues. Then, in 1992, the Pan American Health Organization asked me to lead the development of evidence-based centres of excellence for rehabilitation (my area of expertise). It was only natural that when I moved to RNAO, I was determined as executive

director to expand these experiences into opportunities for all.

Transforming Nursing Through Knowledge (published in 2018) is our detailed account of the evolution of the BPG program – and of how evidence forms its foundation. In the concluding chapter, we argue that

“EVERY ASPECT OF OUR WORK IS BUILT ON STRONG AND COMPELLING EVIDENCE.”

evidence is crucial to our work, but it cannot stand alone. It must be anchored in values and the courage of nurses and nursing students to speak out about its impact.

At RNAO, we refuse to let BPGs gather dust on shelves. Our approach integrates evidence into implementation science frameworks, powering current and future nurses to be change agents and to engage persons (patients/clients/residents) to understand how evidence-based and compassionate practices improve their care and outcomes. Thanks to tools like Nursing Quality Indicators for Research and Evaluation® (NQUIRE®) and MyBPSO, we measure outcomes and provide practitioners and system leaders with real-time

insights for rapid learning and continuous quality improvement. This philosophy, rooted in the three pillars of development, implementation and evaluation, has been the cornerstone of the BPG program since its inception.

My vision for the program was just that, a vision. It came to fruition through the

collective work of hundreds of thousands of people. Whether you have been involved with a BPG, worked with a BPSO, acted as a panelist, external reviewer, or international champion – we would not be where we are today without you.

And there's the expert RNAO staff. For more than two decades, we have attracted superb talent to the program, including nurses, statisticians, social scientists, AI experts, communications and information management and technology professionals, and more. Nurses who work at RNAO must have a master's degree and several hold a PhD. And, we have exceptional coordinators whose logistical acumen ensures we deliver BPG after BPG.

We are grateful to pre-miers, ministers, deputy

ministers, civil servants, and our provincial chief nurse officers for believing in us. Together, we deliver. And our work is not done.

We cherish and take pride in our accomplishments and continuously look to the future. As champions of change, we search for what is new. And when we don't find what we're looking for, we create new paths.

We are continuously growing as professionals and as an association. What we contribute to clinical and organizational practices, policy and science today is so much more than anything I envisioned in 1999.

What remains unchanged are our values and the anchoring in those values of person-centred care and health for all. This makes a difference for individuals, their loved ones, and communities – regardless of the country they call home. Our impactful work matters to nurses, nursing students and other professionals because it matters to the people we serve. We know this to be true because the outcomes show this.

And we need no further proof to keep growing on this important path.

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



BPG champions at Chatham-Kent Health Alliance, including RN Marcia Martin-Walden, manager of professional practice and BPSO lead (centre), have committed to preventing falls and reducing injury from falls for almost two decades.

BPGs

stand the test of time

More than 20 years after they were introduced, RNAO's first-ever BPGs are still among the most implemented guidelines in the association's expansive library.

BY KIMBERLEY KEARSEY

For almost two decades, southwestern Ontario's Chatham Kent Health Alliance (CKHA), an RNAO Best Practice Spotlight Organization® (BPSO®), has been implementing the *Preventing Falls and Reducing Injury from Falls* best practice guideline (BPG).

"We've covered every recommendation (in every edition since 2006)," boasts RN Marcia Martin-Walden, the community hospital's manager of professional

practice and BPSO lead. "We value the evidence and all the research RNAO has done on this. It takes us back to the basics, and I think that's why it's lasted so long."

As one of the original four groundbreaking guidelines published by RNAO in 2002, the falls BPG is still among the most implemented across multiple sectors and beyond provincial borders. It is a fourth-edition BPG (released in 2017) with a fifth edition in development and expected for release in 2026.

So, why is this BPG still relevant 20+ years later?

“Falls are among the most common problems that must be constantly addressed by nurses,” says Dr. Doris Grinspun, RNAO CEO and founder of the BPG program. “There was – and still is – a dire need to address injuries from falls. Falls can’t always be prevented, but injuries from a fall are completely preventable with the right proactive approach and scanning in place to remove the risk of harm to patients. These efforts also reduce patient suffering and health-system costs.”

“We had the ability to build much of our electronic medical records (EMR) system the way we wanted it, so we’ve used the BPG and embedded it into our EMR,” Martin-Walden explains. “One thing that has always been part of our regular work is completing a falls assessment daily. As soon as you identify someone at high risk – or even at low risk –

the EMR takes you through all the measures you should put in place to maintain patient safety.”

Since 2002, more than 1,500 organizations in Ontario, across Canada and around the world have implemented RNAO’s falls BPG, and most are seeing positive results thanks to their mandatory reporting of data to Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®). The data system is the first international quality improvement initiative of its kind that measures structure, process and outcome indicators related to RNAO’s BPGs.

CKHA, which serves a community that is mostly 65 years and older, still sees falls. “They’re going to continue

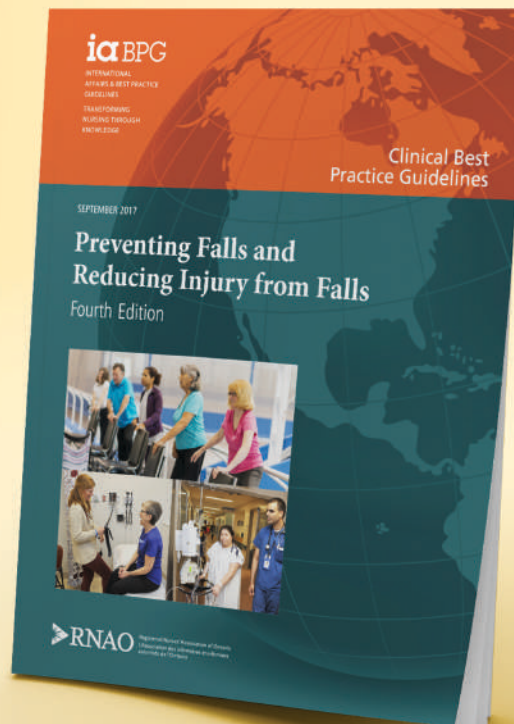
to happen,” Martin-Walden admits, but the key is that the hospital promotes mobility in a safe way. Rather than a complete elimination of falls, CKHA is seeing “a reduced number of falls with harm. We’re



Falls can’t always be prevented, but injuries from a fall are completely preventable with the right proactive approach and scanning in place to remove the risk of harm to patients.

seeing minor falls, like assisted falls to the ground or slipping off a chair,” she explains. “The harm has been reduced because of an awareness of constant safety and the proactive nature of the work now.”

As a BPSO, CKHA has partnered with RNAO to implement several other BPGs as well, reporting on each to NQIRE on a regular basis. RNAO’s research unit director, Dr. Shanoja Naik, says the hospital has shown tremendous improvement between 2014 and 2024 on its





Dr. Shanoja Naik

falls rate (outcome/impact). “As time has gone by, the data is available at our fingertips on a daily basis,” says Martin-Walden “This is part of our hospital harm indicator and improvement is embedded in our strategic plan. We have our leaders at the top looking at this data right down to the frontline staff.”

This BPG – and all BPGs – have been able to stand the test of time for several reasons, according to RN Nafsin Nizum, associate director for the International Affairs and Best Practice Guidelines (IABPG) guideline development team. “Internationally, the standards have developed and evolved over time and as an organization, RNAO has kept up with those standards,” she says of the changing landscape in guideline



Nafsin Nizum

development for the collection and appraisal of evidence by the scientific community.

Key to this is Grading of Recommendations, Assessment, Development and Evaluation (GRADE). A methodology for guideline development that was first introduced in 2013, it requires a rigorous process to develop recommendations based on specific and strong evidence, Nizum explains. “Developing a BPG prior to GRADE involved a broader approach, which wasn’t as streamlined and the recommendations and directions for practice were not as clear. With GRADE, the BPG expert panel picks the topic of interest and asks specific questions, which means the recommendations are specific as well.”

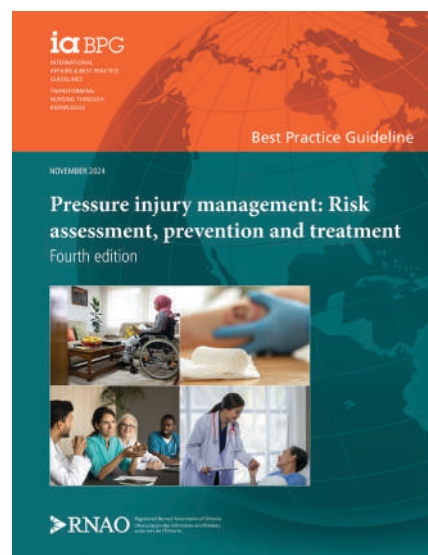
“One of the benefits of GRADE is that it’s given us a really transparent framework,” adds RN Lyndsay Howitt, an IABPG senior manager and guideline development methodologist. “If someone asks, “Why did you come up with that recommendation?” it’s clear how we arrived there with our panel of experts. It builds trust in how we create our guidelines.”

In the case of the falls BPG, revisions to the original recommendations were required in 2005, 2011 and 2017. When the fifth edition is released in 2026, it will reflect the most up-to-date evidence. “Guideline development has become a lengthier process,” Nizum suggests, and there are several variables to consider when determining if a BPG will be revised, retired or merged with another BPG.

Looking back to 2002, RNAO also released BPGs focused on continence and constipation (*Promoting Continence Using Prompted Voiding and Prevention of Constipation in the Older Adult Population*). Unlike the revised and new edition falls BPG

released in 2017, the continence and constipation BPGs were combined to produce *A Proactive Approach to Bladder and Bowel Management in Adults* (published in 2020).

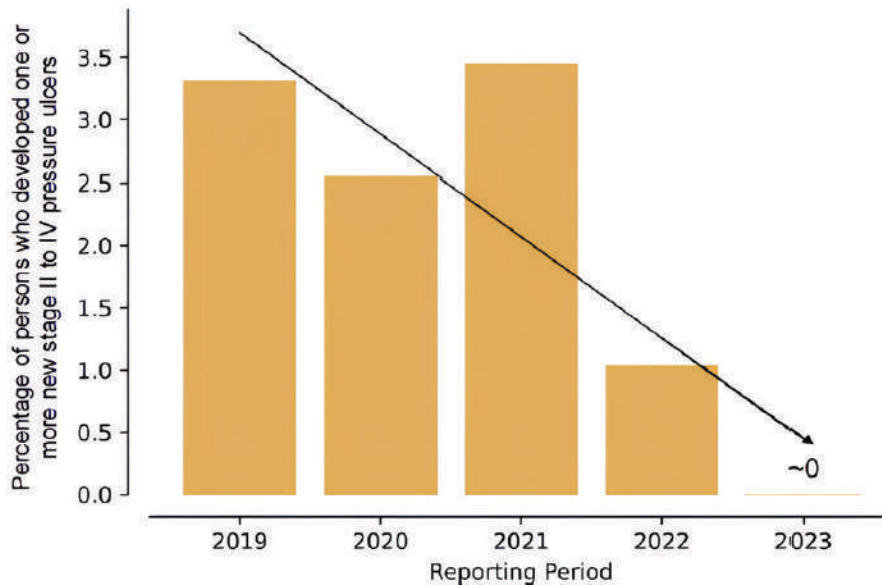
“These two BPGs were merged into one, mostly because the topics are very intertwined in terms of physiology and the sector they apply to (older adults in long-term care). The people who were involved in one topic had a lot of knowledge in the other topic. It just made more sense to combine them,” Nizum explains.



Chile’s Hospital de Niños Dr. Luis Calvo Mackenna has lowered the percentage of people developing one or more new stage II to IV pressure injuries to zero.

Retiring a BPG is far less common, but it does happen, she adds. Guidelines focused on methadone treatment, hypertension, subcutaneous insulin and chronic kidney disease have been retired over the years. Their recommendations have either been rolled into related BPGs or RNAO has recommended other high-quality, non-RNAO BPGs as an alternative.

The last of the original four BPGs introduced in 2002 is the *Risk Assessment, Prevention and Treatment of Pressure Injuries* BPG. Like the falls guideline, this is still



A May 2024 Evidence Booster published by RNAO shows data collected on pressure injuries at Chile’s Hospital de Niños Dr. Luis Calvo Mackenna (2019 to 2023).

one of the most implemented BPGs across sectors and countries. In November 2024, RNAO released the fourth edition, which replaces previous editions from 2005, 2011 and 2016.

“Pressure injuries are among the most common ailments or complications that nurses are key to preventing,” says Grinspun. “When you look at nurse sensitive indicators, even back in 2002, these were at the top of the list. Pressure injuries should never happen. And if you look at our BPSOs that are doing well, level III and IV pressure injuries no longer

exist thanks to the implementation of our BPG.”

In May 2024, RNAO published an Evidence Booster that illustrates in no uncertain terms the impressive impact this BPG is having for one BPSO in Chile. Hospital de Niños Dr. Luis Calvo Mackenna is a large public pediatric teaching hospital in the country’s capital of Santiago. It began implementing the pressure injuries BPG in 2018. Between 2019 and 2023, the hospital was able to bring its percentage of people developing one or more new stage II to IV pressure injuries to zero (from 3.3 per cent).

The hospital, one of the first in Chile to partner with RNAO as a BPSO, was one of six facilities that was directed by the country’s ministry of health (which acts as a BPSO Host and manages the work of BPSOs across the country) to implement the pressure injuries BPG due to its expected impact on quality, safe patient care, according to Paula Villablanca, nurse coordinator and BPSO lead.

And the ministry is pleased with the results.

By standardizing practices across

the hospital to conform to the BPG, individuals identified as being at medium- to high-risk of developing pressure injuries were repositioned every two hours and provided with a surface for pressure management, in addition to implementing specific measures based on risk factors such as humidity, friction, immobility and presence of medical devices. Pressure injury risk assessments are mandatory upon admission, and re-evaluations are conducted daily and as needed.

“Pressure injuries continue to be one of the main adverse events in hospitalized people. And we know these are preventable with the different measures and strategies that we find in the BPG,” Villablanca says.

In addition to the elimination of new stage II to IV pressure injuries, the hospital has seen a 71 per cent increase in the percentage of persons identified as “at risk.”

These results speak to Grinspun’s goal when she launched the BPG program 25 years ago. “I was concerned at that time that nursing care was not based on robust evidence, and that there was a perception that nursing care was only about compassion,” she says. “I wanted to advance the clinical knowledge and chose these guidelines (falls and pressure injuries) because evidence-based nursing care is key to both of these avoidable events.”

CKHL in southwestern Ontario and Hospital de Niños Dr. Luis Calvo Mackenna in Chile are just two examples of why these BPGs are still implemented so widely today. “These BPGs have made a huge difference to patients and clients; and to health systems,” Grinspun says proudly. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR RNAO.



Paula Villablanca

Global gathering offers glimpse of

SCIENTIFIC GOLDEN AGE

A look at the research world's growing focus on health equity in the collection of evidence.

**BY STEPHANIE BUCHANAN
LYNDSAY HOWITT**



Stephanie Buchanan (left) and Lyndsay Howitt attend the Global Evidence Summit in Prague in September 2024.

Bringing RNAO's outstanding best practice guideline (BPG) work to the second annual Global Evidence Summit in Prague this past September was a tremendous honour.

The journey to the summit was a powerful learning experience. RNAO's guideline development and research team submitted four abstracts for consideration and were excited to have all four accepted. This included three poster presentations that would highlight RNAO's work in three areas: BPG development methods; a systematic review conducted to inform the development of the next edition preventing falls and reducing injury from falls BPG; and a scoping review to inform RNAO's upcoming

BPG focused on addressing anti-Black racism in nursing. Our fourth presentation – delivered to a room of researchers from around the world – allowed us to highlight the unique role RNAO has created (guideline development methodologist) that allows nurses to lead the development of BPGs.

As we planned for this event, we had to consider the usual practical aspects, such as travel, geographical distance and a new time zone, and time away from our usual work. It was critical for us to ensure representation – in the way of a presenter – from the Black community for our presentation focusing on addressing anti-Black racism in nursing. After many meetings and thoughtful discussions – and the unwavering

support of the BPG co-chairs Dr. LaRon Nelson and Dr. Bukola Salami – I (Buchanan) agreed to be that voice, and we were on our way to Prague to present RNAO's work.

From day one, it was evident the summit was going to be a powerhouse multicultural event. Attendees included academics from many disciplines, researchers and policymakers from across the globe. The shared passion for evidence-based practice, health care and science was evident from the start. Upon arrival, the enormity of the venue – O2 Universum arena, which easily held 3,000+ attendees from all walks of life – was astounding.

Sir Jeremy Farrar, chief scientist at the World Health Organization, set the tone for the event during the opening plenary.

He talked about some of the challenges we face achieving the United Nations' goals for peace and prosperity (known as the Sustainable Development Goals). These include tackling poverty, gender inequality and threats to our environment – all areas of dedicated advocacy by RNAO. Farrar also emphasized that we are currently experiencing a scientific golden age marked by rapid advances in technology, such as artificial intelligence. We are navigating this while also facing significant challenges globally around scientific mistrust and the spread of misinformation. He urged us to be persistent in addressing these challenges as a global community.

These early impressions reflected the goal of the summit: to provide a multidisciplinary and cross-cultural platform for delegates and speakers to exchange ideas about how best to (1) produce, summarize and disseminate evidence to inform policy and practice, and (2) use that evidence to improve people's lives around the world.

One of the first memorable one-to-one conversations I (Buchanan) had was with a representative from the Pan-African Collective for Evidence in South Africa. During a visit to their exhibit, this individual remarked passionately that they "...have many student placements from McMaster University in Canada at our organization." I shared that RNAO also has many student placements from McMaster and the co-chair of our International Advisory Council, Dr. John Lavis, is a professor from McMaster. This was an example of the interconnectedness of our work across continents, and the

partnerships that must continue if we are to realize global change.

Although we could not explore the whole city, an interesting contrast emerged between the historic and visually breathtaking, culturally homogenous city of Prague and the diverse, multicultural, passionate group of delegates attending the conference. The week-long summit represented a "community" of visitors with a shared vision of what the world could and should become, where research benefits everyone quickly and inequalities do not exist.

Plenaries, workshops and oral presentations focused on: AI for evidence synthesis; research methods; health policy; and knowledge translation. Many talks integrated the theme of social justice.

Dr. David Williams, a professor of public health and African American studies at Harvard University, spoke convincingly about his research on the ways race, socioeconomic status, stress, racism and health behaviours affect health outcomes. Dr. Patrick Okwen, a physician and researcher,

spoke passionately of his dedication to storytelling as a means of communicating research to communities in Africa.

We were able to share RNAO's novel health equity work, including our focused attention and published

equity guidelines on 2SLGBTQI+ health equity (2021), Indigenous health (2022) and Black nurses (in progress). We were reassured that the approaches we have learned at RNAO from members of each of these communities has been invaluable.

Overall, the feedback we received about our presentations was positive.

Attendees were impressed by RNAO's integrated approach to guideline development, implementation and evaluation (see more about this in Research community applauds RNAO, page 19). The poster presentation that focused on the unique approach we are taking to develop the BPG about anti-Black racism in nursing also received excellent feedback from attendees.

The summit highlighted for us that there is a passion and appreciation for evidence-based practice with a greater focus on health equity globally. Health inequities continue to exist in health-care systems around the world, which has an impact on the way we conduct, translate, disseminate, utilize and evaluate research.

Like RNAO, many organizations are focused on understanding how and where equity is incorporated into research, policy and guidelines. Yet, it was clear that RNAO has taken health equity a step further by focusing on the development of its *Promoting 2SLGBTQI+ Health Equity* BPG, the first-ever Indigenous-focused BPG on prenatal smoking cessation, and the BPG in development about anti-Black racism in the nursing profession.

Attending the summit illuminated that RNAO is a leader in addressing the urgent call to eradicate health inequities, foster inclusive workplaces and improve patient outcomes.

For that and more, we were proud to represent our association at such an important global evidence summit. **RN**

STEPHANIE BUCHANAN, RN, MHScN, EdD (candidate), AND LYNDSEY HOWITT, RN, MPH, SHARE A PASSION FOR SOCIAL JUSTICE AND HEALTH EQUITY AS GUIDELINE DEVELOPMENT METHODOLOGISTS CO-LEADING RNAO'S ADDRESSING ANTI-BLACK RACISM IN NURSING BPG (EXPECTED RELEASE DATE: FEBRUARY 2026).

Many organizations are focused on understanding how and where equity is incorporated into research, policy and guidelines. Yet, it was clear that RNAO has taken health equity a step further.



NEXT-GENERATION BPG LEADERS



BY MADISON SCAINI

First-ever international conference – created and led by nursing students – focuses on understanding evidence-based practice in academic and practice settings.



Conference organizers Tabhata Lazzara (left) and Sarah Heatlie, nursing students in Toronto Metropolitan University's post-diploma bridging program, acted as translator and chair, respectively.

PHOTO: STEF+ETHAN

Fourth-year nursing student Cordelia Copeland was working on her presentation for the inaugural Student-Led Academic Best Practice Spotlight Organization® (BPSO®) Conference when Hurricane Beryl hit her home in the coastal community of St. Elizabeth, Jamaica. The Category 5 hurricane left her community without electricity in July 2024. Yet, Copeland still managed to meet her deadlines.

“Working on the conference was very difficult during that time,” the University of West Indies’ School of Nursing student recalls. “However, knowing the importance...especially because it’s student-led and we’re representing our school and country, gave me that drive to still work on it.”

Copeland partnered with fellow student Kelia Harris on a presentation about cultural safety in the context of their experiences in Jamaica. Their school/program, an academic BPSO in Kingston, Jamaica, is implementing multiple RNAO best practice guidelines (BPG) into the nursing curriculum. For their presentation, Copeland and Harris studied the *Embracing Cultural Diversity in Health Care: Developing Cultural Competence* BPG.

Fortunately, Harris’ home in the centre of Jamaica wasn’t hit by the hurricane, but she was without electricity and water for two weeks. Like Copeland, she didn’t let that hinder her progress. “I asked someone to take my (electronic) devices to a factory to get charged so I could finish my... work,” she says, noting “(the research) took our minds off of what was going on around us.”

The topic of cultural safety

stood out for them because Jamaica has a diverse population. Harris says to provide compassionate care, nurses “have to take other peoples’ cultures and their beliefs into consideration.”

Cultural safety in a global context was one of four themes at the conference, which took place virtually on Nov. 18, 2024, and saw more than 300 registrants. The other themes focused on leadership roles, understanding and applying BPGs, and the principles of person-centred care. The event’s 20-member planning committee included students from Canada, Chile, China, Colombia, Jamaica, Philippines and Qatar.

To steer this work, Sarah Heatlie, a nursing student in Toronto Metropolitan University’s (TMU)

post-diploma bridging program, served as conference chair. TMU is an academic BPSO, and Heatlie says she was approached by one of her professors about being involved. She saw it as a great opportunity to learn about leadership and connect with other nursing students.

“I cannot be (prouder) of the relationships we’ve built and of this amazing project that is unlike anything I’ve done before,” Heatlie shares.

She says a vital part when planning this conference was making it as accessible as possible for students through free registration, language translation services and an agenda that accommodates multiple time zones. “I think that really speaks to...equity, diversity and inclusion,” she says.



Cordelia Copeland (left) and Kelia Harris worked through Hurricane Beryl in Jamaica in July 2024 to contribute to the conference planning.

PHOTO: SUBMITTED



Daniela Cerda Bravo, Universidad Diego Portales (Chile)

Run by students, for students across the world, they wanted to ensure everyone felt included and had the opportunity to really learn something new.

To alleviate language barriers, Heatlie worked closely with the conference’s translation specialist, Tabhata Lazzara, who is also in her final year of TMU’s bridging program. “I think being accessible in terms of openness, cultures and languages

provides an open door for everybody to be free to express themselves and give anecdotes that can help us for future conferences,” says Lazzara, whose mother tongue is Spanish. More educational settings need to get involved with BPGs to solidify nursing practice, she adds. “The more we unify our efforts, the better it will be for us as a profession and the better the outcomes will be for patients. Being able to get students to understand this from the get-go is much better than later on.”

Lazzara’s hope for wider BPG implementation in academic settings is one she shares with others, at home and abroad. In Latin America, fifth-year nursing students Daniela Cerda Bravo and María Teresa Herrera Vásquez, at Chile’s Universidad Diego Portales and

Colombia’s Universidad Autónoma de Bucaramanga, respectively, are best practice champions at their schools, which are both academic BPSOs.

Since she recently entered a hospital practice setting, Cerda Bravo says she’s in a unique position to realize the importance of applying BPGs in her practice. She admits that when she initially read BPGs in her first semester of nursing school, she didn’t recognize their value and impact. “Now that I’m actually interacting with patients, I see the value it brings to me as a professional,” she says. BPGs are “a tool that have been created to stay for the long run.”

Likewise, Herrera Vásquez sees BPGs as an excellent resource for students. “It’s a reliable source of information that is backed up by

“The more we unify our efforts, the better it will be for us as a profession and the better the outcomes will be for patients.”

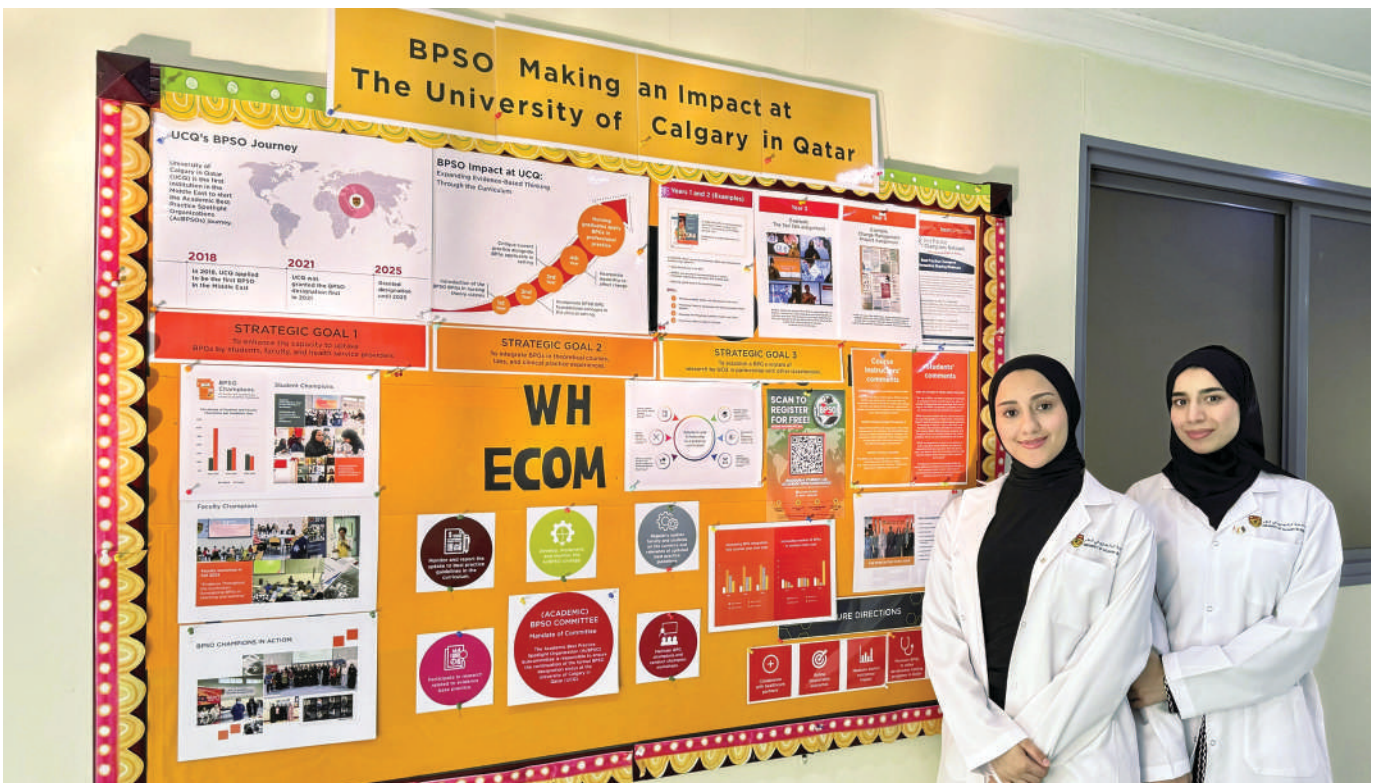


PHOTO: SUBMITTED

Alaa Daloul (left) and Safiya Mir are nursing students and BPG champions at the University of Calgary in Qatar.



**María Teresa Herrera Vásquez,
Universidad Autónoma de
Bucaramanga (Colombia)**

evidence that students and practising nurses can rely on in their practice,” she says. “It can (also) provide you with the tools you need to become a leader in the nursing field and to participate effectively in the interdisciplinary group of health-care professionals when providing care for a patient.”

Cerda Bravo and Herrera Vásquez were also proud members of the conference’s planning committee. “The student-led BPSO conference is an extremely important opportunity for everybody participating to be able to relate to others from different countries,” Cerda Bravo says. “It is opening the door for people to join together and see the nursing profession from different cultural points of view and move the profession forward.”

Echoing this, Herrera Vásquez says she didn’t realize nursing could be so broad in terms of its applicability. In advance of the event, she was most excited to learn how students apply knowledge based on their beliefs and culture.

Alaa Daloul and Safiya Mir are also fourth-year nursing students and best practice champions. They attend the University of Calgary in Qatar, an academic BPSO, and co-developed an abstract that was selected for the

Academic BPSOs inspire one another, globally

RNAO has long recognized the importance of introducing nursing students to BPGs and has worked with 15 universities and colleges in 10 countries to integrate the guidelines into their nursing curriculum. To advance this work, an academic BPSO consortium was launched, bringing together BPSO leads from Canada, Chile, China, Colombia, Jamaica, Mexico, Philippines, Portugal, Qatar and Spain to propel their collective efforts for the next generation of nurses under the leadership of RNAO’s implementation scientists Susan McNeill and Harveer Punia. Their meetings provide a forum for exchanging ideas about how to integrate BPGs into nursing curriculum, as well as provide support and facilitate collaborative activities.

Dr. Louela Manankil-Rankin, associate professor at Nipissing University’s School of Nursing, has been a member of the consortium since its inception in 2022. She says the group is currently working on developing academic indicators that will monitor and evaluate the extent to which BPG implementation is improving students’ knowledge of evidence-informed practice and culture. The indicators will measure and monitor the impact of BPG implementation in academic settings.

This work began with Dr. Amalia Silva Galleguillos (Universidad de Chile), Olga Lucía Gómez Díaz (Universidad Autónoma de Bucaramanga, Colombia) and Manankil-Rankin, in collaboration with RNAO’s research unit director, Dr. Shanoja Naik, and indicator developer/implementation scientist, Dr. Christina Medeiros.

Manankil-Rankin says the consortium encourages nursing students to become evidence-informed practitioners who use research in their practice. “That is the recipe for improving patient outcomes,” she explains. “Their whole identity as a nurse emerges from the academic formation that they receive, so it’s very important how you lay the groundwork and framework by which students learn and develop capacities.”

Once the academic indicators are fleshed out and finalized, the consortium will work to identify standardized approaches for gathering information to monitor the progress of integrating the evidence-based practice in nursing curriculum.

The consortium’s work is important because it propels and inspires the nursing profession in the present to “change the future of health care across the world,” Gómez Díaz says. This is “mediated by an international curriculum” that promotes best practices.

There is a “synergy” between members of the consortium, Silva Galleguillos says. “What I expect most from the consortium’s work is solid and enriching interaction(s) where we share knowledge (and) experiences...to achieve the objectives set and also to generate new ideas and perspectives within the academic field,” she shares.

Echoing these sentiments, Manankil-Rankin says she also enjoys learning from her global BPSO colleagues in the consortium: “You only know what you know, so hearing different experiences opens up your window of looking at what you do critically.”

Note: Quotes from Dr. Amalia Silva Galleguillos and Olga Lucía Gómez Díaz have been translated from Spanish.

conference, titled *Empowering Tomorrow's Nurses: The Impact of Best Practice Guidelines on Nursing Student Success*. Although they both acknowledge not seeing the full value of BPGs when they first encountered them in school, they recognize their importance now that they've begun their clinical setting rotations. In fact, they regularly consult the BPGs to provide quality care.

"When I face challenges in the clinical field, I feel the only reliable resource I can turn to at any time is the BPGs," Daloul shares. Without an instructor by her side for guidance when she enters the workforce,

Daloul says she is reassured she can always access the BPGs. Even when "...looking for guidance on how to regain confidence... (or) how I can act if I encounter conflict. It's not just about clinical skills... it's also about... leadership skills... That's why we wrote this abstract and joined the

conference: we want to encourage other students as well to use the BPGs."

Mir says their presentation highlighted how leadership skills and qualities aren't exclusive to individuals in higher positions, such as nurse managers or charge nurses. "As a nursing student, I can have leadership qualities. This realization didn't just come from my experience with clinical rotation or theoretical knowledge in university, but also from the use of BPGs," she explains. "I don't think that in these four years, we as nursing students will learn everything about leadership... (but) using BPGs (and) encouraging

everyone to use them will help us in the future with how to react, respond and deal, whether it's with patient education, skills, or how to set and be in a healthy work environment."

"Today we are nursing students, but tomorrow we'll be nurses, and the BPGs will guide us," Daloul adds.

Back in Ontario, Western University's Arthur Labatt Family School of Nursing began its BPSO pre-designate journey in April 2024, alongside Confederation College and 15 other health organizations. NP Amy Horton, associate director and BPSO lead, says the university immediately applied to become a

BPSO after RNAO CEO Dr. Doris Grinspun visited the campus.

"It's very interesting from an academic lens," Horton says about the BPSO process. "We want to graduate students who are leaders... so understanding BPGs and using them to help identify areas in their practice that

can be improved and then going through that change process and impacting patient outcomes is what's most exciting to me about it."

Horton says Western will be implementing the *Person- and Family-Centred Care, Transitions in Care and Services and Assessment and Management of Pain* BPGs into its curriculum. Although the formal BPSO partnership and expectations are new to the university, it has used BPGs in its curriculum for many years. Horton says many students signed up to join the BPSO steering committee. "As an academic institution, everything we do is for our students' learning," Horton says. "It's always



NP Amy Horton, associate director and BPSO lead at Western University.

nice to have students involved and at the table because they bring such a unique lens...They also are helpful in letting educators know what would be meaningful for their learning."

Looking ahead, Heatlie is hopeful for more student-led BPSO conferences and ongoing BPG implementation in academia. She says the planning committee has created a roadmap for future students to continue to build and improve the conference next year and beyond.

"With an international movement like the BPGs, it's something we can share with colleagues around the world to drive care to the absolute best standard," Heatlie says. "If it's a (nursing) program driven by BPGs, you know what you can expect in your education and you know what is expected of you." **RN**

MADISON SCAINI IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.

Note: Quotes from María Teresa Herrera Vásquez and Daniela Cerda Bravo have been translated from Spanish.

“
As a nursing student, I can have leadership qualities. This realization didn't just come from my experience with clinical rotation or theoretical knowledge in university, but also from the use of BPGs.”



RN Nikki Mann (left) is one of many champions of change who has published details of their BPG implementation work. The director of resident services and BPSO lead at Toronto's Villa Colombo is pictured here with workplace colleagues (from right) Nives Bosco, Philomena Jose and Yudith Rodriguez.

BY ALICIA SAUNDERS

Research community
applauds

RNAO

*BPG implementation around the world
has positioned RNAO as an international
leader in evidence-based practice.*

Nikki Mann says co-authoring a peer-reviewed article about implementing RNAO's pain management best practice guideline (BPG) was incredibly rewarding. The RN and director of resident services and Best Practice Spotlight Organization® (BPSO®) lead at Toronto's Villa Colombo long-term care home knows the impact BPGs are having on her residents and adds that looking at the bigger picture for the article (published in March 2024) was crucial.

"You can do so much on the ground level (that) you know (is) effective, but you don't recognize (the full impact of) it until you take a step back and begin looking at the data. It's the data that speaks to you," she says. In the case of this article, it found that implementing RNAO's pain management BPG resulted in a decrease in residents whose pain worsened after an initial pain assessment.

Mann is a proud champion and committed member of RNAO's network of BPSOs that have signed formal partnership agreements to implement multiple BPGs and measure their impact. As part of this agreement, BPSOs are required to complete one peer-reviewed journal article during their pre-designate



Michelle Rey, director, International Affairs and Best Practice Guidelines Centre.

contract and an additional article once they have graduated and become a full-fledged designate. For Villa Colombo, which graduated in 2022, this was their second published article. Mann says her organization was excited to have the recognition and to be published. "Being able to showcase that with frontline staff, with family members, with residents, with our board of governors and others. Being able to share the accomplishment was significant."

The idea, says International Affairs and Best Practice Guidelines (IABPG) Centre director Michelle Rey, is for BPSOs to continue learning and utilizing guidelines in their work. She notes that these articles are a source of pride for BPSOs. "It documents a journey. It's part of that public visibility for the program," she says. In many cases, like that of Mann, RNAO collaborates with BPSO leads and other researchers to publish articles, which Rey says adds to the value of the program.

As co-chair for RNAO's International Advisory Council (IAC), Dr. John Lavis has seen firsthand the meticulous work that goes into BPGs. The IAC provides advice on the development, implementation and evaluation of guidelines. It also contributes to data analysis and recommends strategies to build and share knowledge. Lavis – who is director of the McMaster Health Forum and director of the World Health Organization Collaborating Centre for Evidence-Informed Policy – chairs the council alongside RNAO CEO and BPG program founder Dr. Doris Grinspun. Other members of IAC are experts in data, quality improvement and performance measurement who hail from health and academic organizations in North America and abroad, including Spain and France.



Dr. John Lavis (right) attends an IAC meeting alongside fellow IAC member Dr. Teresa (Mayte) Moreno-Casbas (second from right). Also pictured is Dr. Christina Medeiros (left), senior manager, evaluation and monitoring, International Affairs and Best Practice Guidelines (IABPG) Centre.

Lavis says RNAO's work is "widely acknowledged to be world leading," and he agreed to be IAC co-chair "...because it provided a chance to learn from and spur ongoing improvements to a...platform for supporting practice and policy changes based on the best available evidence."

"My goal is to ensure that many more government policymakers, system and organizational leaders, and citizen partners learn about RNAO's work," he says. While other organizations have created best practices, RNAO is unique for its three-pillar approach of guideline development, implementation and evaluation. "Just the ecosystem of practice supports alone is extraordinary, ranging as it does from best practice guidelines to implementation supports...to monitoring and evaluation," he notes.

Peer-reviewed journal articles and presentations at local, national and international conferences are vital to help share the impact of BPGs, Lavis says. "You have to get out there and tell your story. RNAO and BPSO leaders have amazing stories to tell and amazingly rich data to back them up."

On a regular basis, Grinspun, BPG

team members and BPSO leads are taking advantage of the many opportunities to share those stories at conferences in Canada and abroad. When the International Council of Nurses (ICN) Congress was held in Montreal in 2023, RNAO's presence was felt. "RNAO's conference booth was bursting at the seams," Grinspun said in her *RNJ* column about the event. "It seemed like the entire international community of nurses wanted to be at our booth. It was so energizing to engage with colleagues who knew about RNAO's work and others encountering us for the first time." A variety of poster presentations focused on various topics were accepted for the conference. Several concurrent sessions were also hosted by RNAO, including sessions on anti-Black racism in nursing, the use of artificial intelligence in falls prevention and chronic pain. RNAO also held its own BPSO event following the congress to share information about the program and offer BPSOs an opportunity to gather and collaborate.

It is important to write articles and make presentations... to motivate other institutions and nursing professionals to implement evidence-based practices.

"The impact the guidelines are having...is phenomenal. It's just so rewarding to know as nurses... as organizations, as health-care agencies...we can all support each other and collaborate," says Mann. The 2025 ICN Congress will take place in Helsinki in June and will feature 20 poster presentations from RNAO and its BPSOs in Ontario and abroad. These will include topics such as person- and family-centred care, the toxic drug crisis and nursing student leadership. Another BPSO-

specific event will be hosted by RNAO at the same time, continuing the tradition of coming together at ICN to share knowledge.

Maribel Esparza is the BPSO lead at Clinica FOSCAL in Colombia. She too knows the impact BPGs are having globally. Publishing

journal articles "serves as a model for institutions that are just starting the guideline implementation process or considering joining the program," she says. "It is important to write articles and make presentations... to motivate other institutions and nursing professionals to implement evidence-based practices."

Esparza has also served as a BPSO trainer for other organizations in Latin America and Mexico. She recently contributed to the development and delivery of a BPG-specific nursing diploma course at Bogotá's Juan N. Corpas University. The course includes RNAO BPGs and offers strategies for implementing them into nursing practice. And she's planning the 2025 FOSCAL Nursing Congress,



Maribel Esparza, BPSO lead at Clinica FOSCAL in Colombia

which will focus on the palliative care BPG. This is an important topic, she says, and "...its implementation will contribute significantly to nursing (in Colombia)."

Thanks to the work of RNAO and its BPSOs, BPGs have become a sought-after and reputable resource for researchers, educators, employers and more, Lavis says. "It's game-changing work that deserves as wide an audience as possible." **RN**

Inspiring publications that advance evidence-based practice

For a curated collection of journal article citations showcasing the real-world impact of the BPG program and its BPSOs, read this issue's New 'Open Library' a repository of searchable best practice resources (page 33). The library supports researchers, health providers and nursing students with an interest in advancing evidence-based practice. It is the first phase of an initiative aimed at building research capacity and inspiring publications.

ALICIA SAUNDERS IS COMMUNICATIONS ASSISTANT FOR RNAO.

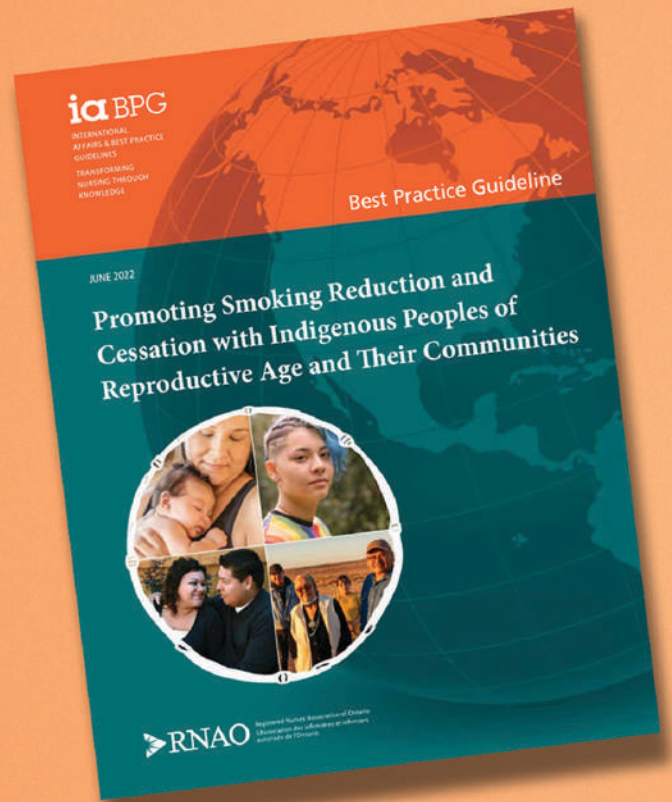


RNAO's booth at the 2023 ICN Congress

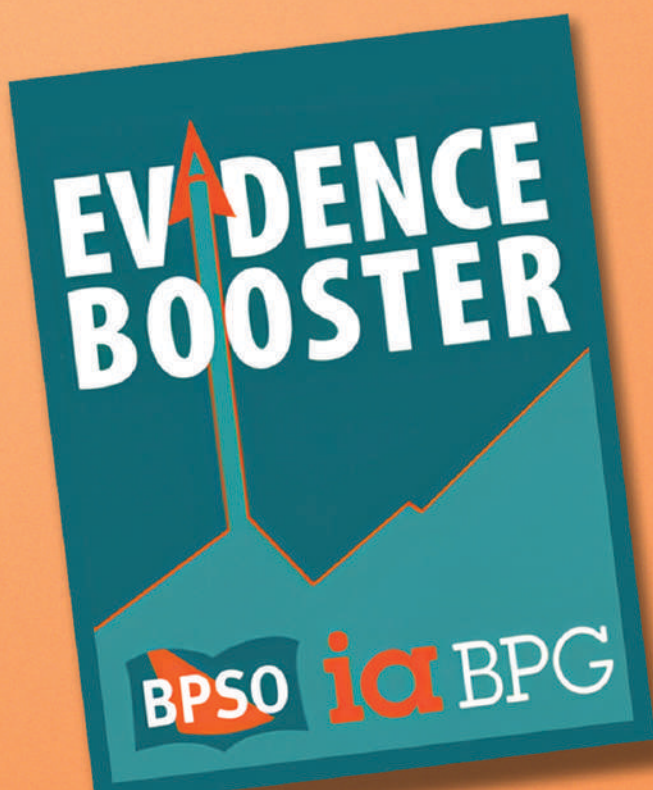
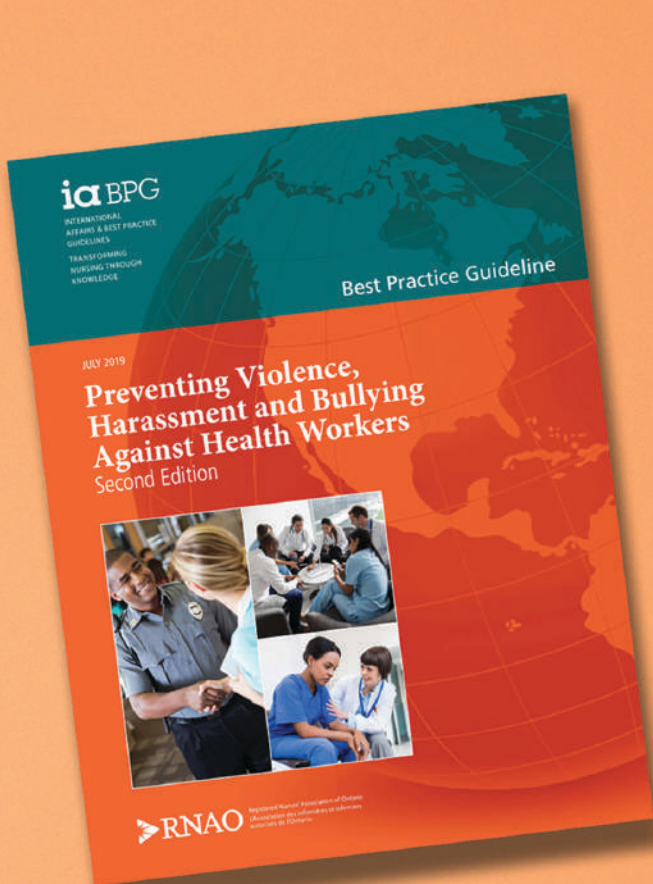
BPG contributors share thoughts on the
of the program

SUCCESS

COMPILED BY KIMBERLEY KEARSEY AND MADISON SCAINI



RNAO's BPG program is built on the passion, dedication and knowledge of many individuals. What draws them in, and keeps them coming back?



A

fter 25 years of growth and expansion, RNAO's Best Practice Guidelines (BPG)

Program has become an impressive social movement of science that stretches across health sectors and geographical borders. Health professionals, their patients and families, researchers and policy makers are working behind the scenes to support the ongoing growth of the program. And we wanted to hear from them.

There are currently more than 50 guidelines in RNAO's growing library. Best Practice Spotlight Organizations® (BPSO®) extend the reach of the program by committing to formal partnerships with RNAO to implement multiple BPGs. Specialized programs under the BPG umbrella drill down to vital aspects of evidence-informed practice, including research and innovation, long-term care, mental health and Indigenous health, to name a few.

As many as 150,000 champions and BPSO leads are in the field implementing and evaluating the impact of BPGs across multiple

sectors and in different countries around the world. These vocal and passionate change agents are supported by expert staff at RNAO home office, not to mention all of their own networks that support their ongoing work to advance evidence-informed care.

We asked some key end users and contributors to tell us about what drew them in, and why they keep coming back. Their insights illustrate the complexity of the program and offer a window to what happens day-to-day to improve patient care and health systems around the world.

Here's what they told us...

...about being an external reviewer on multiple BPGs...

"My journey as an external reviewer for several BPGs has been both rewarding and enlightening. My initial motivation stemmed from a deep commitment to the nursing profession and a belief in the power of evidence-based practice. Engaging with these guidelines has helped me stay at the forefront of clinical advancements, which is crucial for my role in the long-term care sector. Interacting with diverse perspectives enriches my understanding and strengthens our team's clinical competencies. Ultimately, by sharing insights and advocating for best practices, I contribute to safer, more effective care for residents. This experience reminds me of the profound impact we can have together in health care."



Nitha Reno

Nitha Reno is manager, interprofessional practice and innovation, for the Regional Municipality of Durham Long-Term Care & Services for Seniors Division. She was a panelist for *Clinical Practice in a Digital Health Environment*, *Diabetic foot ulcers: Prevention, assessment and management*, and *Pressure injury management: Risk assessment, prevention and treatment*.

...about co-chairing an RNAO foundational BPG...

“Having the opportunity to co-chair the *Transitions in Care and Services* BPG was an absolute privilege. What a unique and truly incredible experience to positively impact care and outcomes across the health sector. From the beginning, the full RNAO team was engaged in the review of the literature and current research – measured against the input and experience of practice experts. Together it was a journey that ultimately enabled us to develop a guideline that we expect will help to fundamentally improve the experience of those transitioning through care and services in health. The guideline is informed through the compilation of best evidence together with the lived experience of patients, families and providers. We look forward to hearing about how this guideline, once applied and integrated into our systems, will enable better care for patients and families, and a better experience for providers. Thank you for the opportunity to lead and transform health care.”



Dr. Rhonda Crocker Ellacott

Dr. Rhonda Crocker Ellacott, HBScN, M.A., Ed.D, is president and CEO for Thunder Bay Regional Health Sciences Centre, and CEO for Thunder Bay Regional Health Research Institute.

“...It’s truly been a transformational experience. To have the opportunity to bring the voice of a registered nurse practising in general internal medicine, a scholar in an assistant professor role at an academic institution, a research scientist at two research institutes, a patient partner with a community organization, and a caregiver of family members with chronic illnesses as the co-chair is an experience I will treasure forever. We all wear many hats in our professional and personal lives, but to have an opportunity to wear all these hats during the redevelopment of this (*Person- and Family-Centred Care*) BPG has been life changing. To collaborate with the incredible RNAO staff and all the individuals in our advisory panel as well as my fellow patient co-chair, we are truly executing a document that will continue to revolutionize how patients and families experience and become active members during their care delivery.”



Dr. Kateryna Metersky

Dr. Kateryna Metersky is an assistant professor (year-two lead) at Daphne Cockwell School of Nursing, Toronto Metropolitan University, and a practising nurse in general internal medicine at Toronto Western Hospital.

...about contributing to a BPG as a person with lived experience...

“With every tragedy there is always a lesson learned and teachable positive movement forward in change. We share these stories to raise awareness and stand together for change. I was honoured to be asked to contribute to the BPG panel from a caregiver’s perspective with lived experience. I’ve learned a lot through the lens of a caregiver and now I coach others on how much more value we (caregivers) can provide if we are integrated into the care plan. A lot has transpired since our story aired (on television) nationally in 2019. I am hoping to empower caregivers and care teams to communicate and collaborate. This will save lives and is a simple key to prevention. Care teams and caregivers are “essential together.” Caregivers are an extra set of eyes, ears, voice and helping hands to the medical teams and the patients. We are more than just a visitor. We are partners.”



Linda Moss

Linda Moss has become an advocate for pressure injury prevention and a board member for Wounds Canada since losing her father to a pressure injury. She was a panelist for the *Pressure injury management: Risk assessment, prevention and treatment* BPG.

...about being the first long-term care BPSO....

“This journey was about more than implementing evidence-based practices; it was about redefining leadership and care quality expectation in long-term care. The invaluable guidance of our coach, Elaine Calvert, shaped our journey, providing us with the confidence and knowledge to implement meaningful change. Implementing the *Developing and Sustaining Nursing Leadership* BPG has profoundly impacted both frontline staff and nursing leaders by providing actionable strategies to enhance decision-making, foster collaboration and build a culture of mentorship and support. It has strengthened nurses’ confidence in leadership at point-of-care and has empowered nursing leaders to inspire their teams, driving innovation and setting a new standard for excellence. The BPSO designation has brought pride and purpose to our organization, uniting us around a commitment to improving resident outcomes and amplifying resident and family voices in care.”



Bahar Karimi

Bahar Karimi is BPSO lead for The Thrive Group’s Idlewyld Manor in Hamilton and executive director-long-term care services chair for the Centre of Excellence.

...about the systematic reviews that inform BPGs...

“Working with the BPG team, my role involves applying my expertise in literature searching, such as selecting appropriate databases and creating search strategies that are comprehensive, reproducible and tailored to the research question. Literature searching plays an important role in BPG development because it provides the foundation for best practice guidelines, ensuring that the recommendations are informed by the most up-to-date, comprehensive and high-quality evidence. I enjoy this role because it allows me to use my problem-solving skills and support evidence-based research to improve patient care.”

Cynthia Chui is an information specialist for HealthSearch, a service of the University Health Network (UHN) that operates within UHN Library & Information Services.



Cynthia Chui

...about the importance of cultural sensitivity when implementing RNAO BPGs...

“For (long-term care) homes that have a majority of residents of a different nationality, the culture plans are designed in such a way that it meets their needs based on their culture. For example, if we look at the (home with 100 per cent) Korean residents, most of the staff are Korean. Some of the residents don't speak English. The food, the menu, it's very specific. (At) the Italian home...it's a whole menu of Italian food, including serving wine at dinner, which is very important for them. To an outsider, it may not seem like a lot, but it means a lot to the residents living there. If you look at the BPG about alternatives to the use of restraints, if an Indigenous resident (at the Indigenous-owned home) becomes anxious and we need to look at alternatives to help them settle...we use drums to calm them down. Rather than using western approaches, we look at Indigenous approaches and what will work for the residents. These homes are so happy and so engaged.”



Maria Cherbel

Maria Cherbel is VP of Quality and Clinical Services, UniversalCare Canada Inc., a BPSO Host pre-designate that manages 10 homes, half of which serve different cultural groups.

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR RNAO. MADISON SCAINI IS COMMUNICATIONS OFFICER/WRITER FOR RNAO.

Impact =

GROWTH

Collecting hard data and anecdotal evidence that shows the impact of guideline implementation is critical to growth and expansion of the BPG program.

BY VICTORIA ALARCON

PHOTO: HARDY TERRACE LONG-TERM CARE



When a new resident arrived at Brantford's Hardy Terrace Long-Term Care facility in the fall of 2023, RN Dalal Isbiteh and her colleagues knew exactly what to do to ensure he was admitted properly. Using RNAO Clinical Pathways, an evidence-based software derived from best practice guidelines (BPG), the team completed a comprehensive

assessment to document his daily routine and health.

"(You go) from no information to almost everything you need to know about the resident within a short period of time," Isbiteh says. The information they collected, which draws on recommendations in RNAO's *Delirium, Dementia and Depression in Older Adults: Assessment and Care* BPG, is then stored in the home's secure electronic medical records system.

By the evening, the resident started to act differently. He was confused, moving around a lot and not answering questions. The nurses who came for the evening shift went back to the detailed admission information that revealed "...he had a recurrent UTI [urinary tract infection] and he gets delirium with his UTIs," Isbiteh explains. He was sent to the hospital and successfully treated for delirium over a number of days.

Isbiteh looks back on the

experience with appreciation for the home's use of the RNAO Clinical Pathways and its ongoing partnership with the association as a Best Practice Spotlight Organization® (BPSO®). It has had a tremendous impact on delirium care and outcomes, she says.

Between 2022 and 2024, the percentage of residents assessed for delirium risk factors at the initiation



Hardy Terrace Long-Term Care Home RN Dalal Isbiteh (right) uses RNAO's Clinical Pathways and sees the impact on residents like Bernard Parkins (centre) and Ruth Hooper.

of care increased from zero to 100 per cent. The percentage of at-risk residents with delirium prevention plans also rose, from just under one per cent to 100 per cent. The home has consistently maintained low delirium incidence rates among its residents since 2022. There was some minor fluctuation in these numbers, but that was largely attributed to the COVID-19 pandemic.

RNAO Clinical Pathways allow long-term care homes across the province to measure the impact of

the BPGs they are implementing. "We provide them with evidence-based performance indicators," explains Rita Wilson, senior program manager. "Once they implement the clinical pathways, their data is sent to RNAO's Nursing Quality Indicators for Reporting and Evaluation® (NQIRE®) data system for processing, and reports are generated for the homes to use to support their own quality improvement initiatives."

With the data collected, RNAO partners with organizations to produce an Evidence Booster, a two-page infographic that showcases the results. Dr. Shanoja Naik, director of the RNAO Research Unit, says access to data in daily practice is critical to understanding gaps in care, measuring improvement and demonstrating impact. "We began publishing Evidence Boosters almost a decade ago and these are extraordinary tools to show – with hard data – the impact of BPGs. Any organization implementing BPGs should strive for publication of their data to share their journey and inspire others."

"BPGs are making a marked difference in long-term care," says Janet Chee, associate director of guideline

implementation and knowledge transfer, and the former associate director of the long-term care BPG program at RNAO (now being led by Dr. Julia Fineczko). "We see results for residents...improvement in quality of life for residents. Everything built around these RNAO Clinical Pathways has the resident in mind."

The impact of BPGs is seen also in all other sectors.

At CBI Home Health – a BPSO and large home care and specialized community service provider in

Canada – Kathy Mazza, manager of clinical excellence, says BPGs have helped with wound care for clients.

It's one of the best guidelines that we've implemented to be honest. It's made a big difference," she says, referencing the data shared in an Evidence Booster in October 2024.

Between 2016 and 2023, CBI Home Health implemented *Assessment and Management of Foot Ulcers for People with Diabetes* (2013) (in October 2024 this BPG was replaced with *Diabetic foot ulcers: Prevention, assessment and management*). As a result, they are now seeing more than 90 per cent of patients with diabetes and foot ulceration consistently assessed for problems with lower extremities. They have also seen a 55 per cent increase in the percentage of clients prescribed an offloading (pressure relief) device, helping with disease management, foot care and ulcer care.



Rita Wilson (top) and Janet Chee explain the positive impact of BPG implementation in long-term care homes.



Nadine Neve (left) and Jane Mathews are seeing the impact of BPGs across the Sarnia-Lambton OHT.

Measuring impact without numbers

This hard data collected through NQuIRE is vital to determine the impact of BPGs. Yet, it's not the only way to measure progress and improvement.

At the Sarnia-Lambton Ontario Health Team (OHT), processes are becoming more efficient and standardized across the health-care continuum thanks to BPGs. Instead of having patients repeat information they've already provided to one organization, everything is uploaded into a shared system, so

assessments take less time. "We have a number of community support agencies that are uploading and sharing their assessments across the board," says Nadine Neve, executive lead.

Guideline implementation, which includes work on the *Person- and Family-Centred Care* BPG – a mandatory BPG for all BPSOs – has also enhanced collaboration and communication between OHT partners. "We're able to reach a number of partners pretty easily and

share the information and those best practices with smaller organizations that may or may not have access to them," says Neve. "Through the development of learning modules based on the BPGs, OHT partners are collaborating, and patients are benefitting."

Jane Mathews, chief nursing executive and vice president of clinical support services at Bluewater Health, a BPSO and Sarnia-Lambton OHT partner, says they're "seeing some really great responses coming back from patient surveys where patients are providing feedback that they are feeling supported and ready to go home" from the hospital.

Looking overseas for examples of widespread impact, Osakidetza-Basque Health Service in Spain, which runs the public health-care system in the Basque Country, had inspiring outcomes to share with its Ibero-American counterparts at a recent gathering. This Host coordinates the BPSO centres that provide primary care, mental health, acute care and long-term care to a population of 2.2 million people across 17 health organizations.



At Osakidetza-Basque Health Service, Maria Angeles Cidoncha-Moreno (left) and Lucía Gárate Echeñique have implemented the restraint BPG, which has led to expanded work on verbal de-escalation and patient comfort plans.

“The solutions we are developing within the system are spreading to every organization across the Osakidetza-Basque Health Service. If we create a new (BPG-derived) protocol or have something that needs to be implemented, it’s not just done in the BPSO-affiliated organizations, but throughout the entire region. This has a ripple effect,” says Maria Angeles Cidoncha-Moreno, head of teaching and research in nursing. According to BPSO co-lead Lucía Gárate Echeñique, coordinator of

strategy and nursing projects, the implementation of BPGs – focused on least restraints, breastfeeding, falls prevention, pressure ulcer prevention and vascular access – has been impactful. For example, by implementing the *Promoting Safety: Alternative Approaches to the Use of Restraints* BPG at Bizkaia Mental Health Network (one of the region’s BPSOs), Cidoncha-Moreno and Gárate Echeñique expanded the work on verbal de-escalation and patient comfort plans

to help patients feel calmer across the system. “Everything aligned, and a multidisciplinary working group was created to represent not only the original mental health centre but all stakeholders. This led to the development of a policy at the public health system level, with a protocol that maximizes the impact of what was initially implemented at the (mental health) centre,” says Gárate Echeñique. This BPG – and others – is also being disseminated across Basque province through webinars and peer-to-peer, which is changing the way providers care for patients. In 2020, restraints were used on almost 400 patients across the region. By 2024, that number was cut by more than half, decreasing to under 200 patients.

“The solutions we are developing are spreading to every organization across the Osakidetza-Basque Health Service.”

Impact on a new generation of nurses

The positive impact of BPGs can also be seen in the way nursing students are educated. Thunder Bay’s Confederation College Practical Nursing Program is working to become the first academic BPSO to implement the *Transitions in Care and Services* BPG into its curriculum. BPSO co-leads Jamis

Robins and Dr. Michael Scarcello have changed language in course outlines and assignments and added more knowledge, skills and course learning outcomes that are in line with recommendations in the BPG. The college is a partner in the Indigenous BPSO program, and as such must ensure the

implementation of the BPG honours Indigenous ways of knowing and supports holistic community wellness. “We...looked at where (the BPG) makes sense (to implement) and where does it fit,” says Robins. “(We’re) taking the art of nursing and trying to balance it with evidence... (while) really looking at the cultural



Confederation College’s Jamis Robins (front row, second from left) and Dr. Michael Scarcello (second from right) have begun implementing BPGs into their curriculum to teach students to be more culturally aware and leaders in evidence-based care.

PHOTO: CONFEDERATION COLLEGE



ESEP BPSO lead Marisa Lourenço (second from right) participated in Portugal's BPSO training, led by Amalia Silva Galleguillos and Dr. Doris Grinspun (second and fourth from left, respectively).

aspects of Indigenizing our content.” They also work with Oshki Wenjack, a post-secondary training institution founded by the 49 Indigenous communities of the Nishnawbe Aski Nation to offer support and strengthen culturally enriched learning.

Scarcello is asking students to be more culturally aware when working on lab assignments. “We’re encouraging them to use things like art to provide patient education... (and) land-based activities,” he says. The goal is to not “...follow the status quo, but to actually ask people what is it that you need as an Indigenous person going back to your community?”

Confederation College is only in the first year of its BPSO journey, and Scarcello says he’s already seeing students step up as leaders in evidence-based care. “They have the information at their fingertips. They don’t have to go look for (BPGs)... and we’re teaching them how to use

it and not to be afraid of evidence,” he says. Over time, he expects to see an impact on patients, families and communities across northern Ontario.

Internationally, Portugal’s Escola Superior de Enfermagem do Porto (ESEP), which joined as an academic BPSO in September 2024, is preparing for the impact BPGs will have on its students.

“We are excited about the potential impact (these BPGs) will have on the education of our students and the quality of health care in Portugal. We believe the implementation of BPGs will transform how we prepare our students for the challenge of clinical practice, enhancing client safety, satisfaction and the continuous development of future nursing professionals,” says Marisa Lourenço, adjunct professor and BPSO lead. Four other academic institutions in Portugal have since joined the program, she adds, and all will be implementing BPGs into

their nursing curriculum, including *Person- and Family-Centred Care*, *Practice Education in Nursing*, and *Assessment and Interventions for Perinatal Depression*.

BPG implementation is constantly evolving and with it so do the ways we measure and evaluate its impact, Naik says. Through quantitative (data) and qualitative (anecdotal) methods, organizations measure their health outcomes at the individual, organizational and health system levels. This is critical from an organizational perspective, and also from an RNAO perspective in terms of the purposeful evolution of the BPG program. “It’s important we always evaluate impact and showcase the value of evidence-based practice on outcomes, and use that evidence to continue to grow as a program.” **RN**

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New 'Open Library'
a repository of
searchable best
practice resources

BY ALEXA PAROUSIS

Welcome to RNAO's Open Library

RNAO's new Open Library – an online resource – is now available to anyone interested in a curated collection of journal articles and reports showcasing the real-world impact of the Best Practice Guidelines (BPG) Program and its Best Practice Spotlight Organizations® (BPSO®), plus RNAO's policy and advocacy work.

The library will promote literacy around evidence-based practices to support researchers and health providers with an interest in advancing this work across health-

care and health-service organizations and academia. By encouraging access to these resources, RNAO will also support and inform policy, advocacy and consultations, and act as one central resource for knowledge sharing, innovation and practice change to complement RNAO's BPGs.

To develop the library, RNAO consulted with its diverse community partners on the literature collections that should be included to meet and respond to their needs. The association's guideline development team and research unit collaborated to bring it to life.

The launch represents the first phase of an initiative aimed at building research capacity and inspiring publications that advance evidence-based practice.

During the second phase, users will be able to share their own publications that meet stated criteria for being indexed in the library. Stay tuned for the release of RNAO's Research Toolkit in 2025. It will include research resources such as an authorship manual, publication tips and opportunities to connect with researchers.

Open Library is searchable by topic,

keyword and author. It is organized into collections that include:

- **RNAO publications:** Articles or books published by RNAO staff (i.e. systematic reviews of BPGs, book chapters and other peer-reviewed articles).
- **BPSO publications:** Articles written by BPSOs that discuss the implementation and/or evaluation of BPGs.
- **RNAO in action:** Articles that reference RNAO but are not written by RNAO staff members or BPSOs. These articles demonstrate the impact of RNAO.
- **Chapter, region, interest group or task force publications:** Articles published by members of an RNAO chapter, region, interest group or task force who is detailing the activities of the group.
- **RNAO policy reports:** A collection of policy reports produced by RNAO.

Visit RNAO.ca/open-library
Questions? Reach out to
research@RNAO.ca

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Alexa Parousis

The landscape of **CHANGE**

BY KIMBERLEY KEARSEY

How today's most pressing social issues impact BPGs and the work of BPSOs.

As we mark 25 years of RNAO's Best Practice Guidelines (BPG) Program, we would be remiss if we did not take a closer look at how today's social landscape informs BPGs and the work of Best Practice Spotlight Organizations® (BPSO®). The issues of anti-Black racism, Indigenous health, 2SLGBTQI+ health equity and harm reduction are social concerns that RNAO addresses.

So, what do these social issues have to do with BPGs?

Simply put: Lots.

RNAO's relentless commitment to evidence-based healthy public policy and equity BPGs serves to inform nursing practice in clinical settings, academic institutions, research, policy and administration.

Let's take a closer look at these social issues in the context of the BPGs that inform nursing practice in these areas, and the ongoing and crucial advocacy of BPG champions, BPSO leads and RNAO to stay true to a commitment that places patients, clients and community members at the core of practice change and policy development.

Anti-Black racism in nursing

Work began in October 2023 on a new RNAO BPG focused on anti-Black racism in nursing, set for release in February 2026. Leading this work are RNs and co-chairs Dr. Bukola Salami, Canada Research Chair in Black and Racialized Peoples' Health, and Dr. LaRon Nelson, Associate Dean for Global Health & Equity and Independence Foundation Associate Professor of Nursing at Yale University.

"We know that anti-Black racism is real," Salami explains. "Black people experience disparities, and Black nurses...have challenges in terms of access to leadership and...face micro-aggressions." Despite this, she says the social landscape has shifted since the early days of the racial reckoning tied to the murder of George Floyd in 2020.


"What we've seen lately is a rise against...EDI (equity, diversity and inclusion) initiatives," Salami says. "And we have to keep asking ourselves: How can we strategize and continue to address issues related to

inequities and disparity?"

"I think this BPG...will be very well-positioned to continue the momentum and provide tools that people can use to address anti-Black racism," Salami predicts. Shutting out the noise and focusing on recommendations that draw on the experiences of the panel is foremost in her mind as co-chair. "We all bring in our lived experience in the clinical setting...in the educational setting... We are drawing from lived experience and also educational experience to inform the BPG...to ensure it is of benefit and of impact to nurses and ultimately to patient care."

Nadia Prendergast, an RNAO Recognition Award winner and a member of the expert panel, wrote a book on the subject – *An introduction to anti-racism for the nursing professional* – in 2023. The Toronto Metropolitan University faculty member says there's still a "quietness" around anti-Black racism despite it being a "critical social issue." But that won't deter strong advocates like those on the BPG panel.

"What we're seeing now is more research, more studies, more Black

A portrait of Dr. Bukola Salami, a Black woman with long braids, wearing a red top and a dark blazer. She is standing in an office setting with a window in the background.

Dr. Bukola Salami is co-chairing RNAO's newest BPG focused on anti-Black racism in nursing.

PHOTO: STANG PHOTOGRAPHY, JASON STANG

Pairing practice change with broader RNAO advocacy

RNAO's Black Nurses Task Force (BNTF) was launched in June 2020 following brutal acts of anti-Black racism and discrimination in Canada, the U.S. and around the world. The murder of George Floyd at the hands of law enforcement was an atrocity that led to a movement of solidarity to stop inequities based on the colour of one's skin.

The mandate for BNTF is to reduce anti-Black racism and discrimination within the nursing profession. It released its Task Force report with 19 recommendations in February 2022. The formation of RNAO's Black Nurses Leading Change (BNLC) interest group was inspired by the task force recommendations. This group advocates for mentorship, educational supports and networking opportunities for Black nurses.

For resources and information about this ongoing work, plus examples of members making a difference, visit [RNAO.ca/in-focus/Black-nurses-and-RNAO](https://rnao.ca/in-focus/Black-nurses-and-RNAO).

professors and Black scholars who have a space to talk," she suggests, adding "...there are social and health determinants that show anti-Black racism is prevalent in our health systems, our education systems... in all systems." Nurses "...need to be more active in being critical allies and being an agency that speaks against anti-Black racism. We have a responsibility to make change, and we can't do it separately, we have to do it together."

The BPG is a tool to help us and it's for all nurses, Prendergast says. "It isn't just going to help Black nurses; it's going to help white nurses and racialized nurses too. We'll have a competency that's diverse rather than a competency that looks from one lens. Even though we're doing work that has to do with equity, sometimes we build our own enclaves and get stuck in that. Let's open these doors

so we can walk into each other's understanding."

Prendergast says she "gets a lot" from her work on the panel. "With change, there's going to be pain and discomfort, and I can walk with (colleagues) through this discomfort. I can walk through my own discomfort and my own pain. But the process of walking through this pain will transform me into a better person and will transform my colleagues to be better."

Salami says the panel is a strong group of Black nurses who are committed to social justice and equity. And there's an acknowledgement that the work isn't done when the BPG is published. "Even after the BPG, we must continue on the journey towards equity. It's not about reaching a goal (the BPG) and we're done. It's a continuous process." **RN**

Indigenous health

In 2022, RNAO's first Indigenous-focused BPG was published: *Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and Their Communities*. A second guideline focusing on life promotion and youth suicide prevention is being developed.

Greta Meekis is a child wellness coordinator and the BPSO lead for Sandy Lake First Nation, located 600 kilometres northwest of Thunder

Bay. She and her team wanted to implement the smoking cessation BPG because of its suggestion that wholistic health assessments should include conversations about smoking, in a culturally safe way.

Meekis, who is Indigenous, has played a critical role in her community and in RNAO's Indigenous-focused programs. "Her leadership and authenticity are contagious," says RNAO CEO Dr. Doris Grinspun, founder of the BPG program. Drawing on her invaluable personal and community perspective,

Meekis is now serving as co-chair for the second Indigenous-focused BPG.

"We lost a champion a year ago due to suicide. She was part of the team, and helped the team move forward and grow," Meekis remembers fondly. The trauma of that loss has stirred a need in Meekis to participate in the new BPG. "For my healing journey, I feel I need to try and help others. We've lived it, and we as a team at Sandy Lake...recognize the gaps. There's the before, during and after (with suicide). There's a lot of prevention and a lot of support during, but the after...there's a lot of gaps...there's something lacking there. As part of the panel for the new



Greta Meekis (centre) speaks to media during the Indigenous-focused BPSO Symposium in Thunder Bay in July 2024. She is accompanied by Joan Rae (right), health director for Sandy Lake First Nation, and RN Cheryl Yost, Sandy Lake's BPSO coach.

If we can change one person's opinion or perspective, that has a big impact...and that's the start of the change.

BPG, we can be part of the change and bring more awareness to this."

BPG implementation for Sandy Lake – which is also implementing guidelines on peri-natal depression and person- and family-centred care – is all about one-on-one communication with clients, Meekis explains. "If we can change one person's opinion or perspective, that has a big impact for us because that one person will let others know, and that's the start of the change."

One of the team's most successful



Sandy Lake BPSO hosted a radio show in the spring of 2023, prompting many community members to engage and learn more about the hazards of smoking.

awareness building campaigns came in the form of a radio show in the spring of 2023. Everyone in the community loves to tune in to the local station, and many listeners are engaged by calling in to win prizes, Meekis says. To raise awareness of the dangers of smoking, the health unit hosted a special guest on the show to discuss the evidence about smoking, and to raise the issue that

tobacco used in cigarettes contains sugar. Considering a lot of people in the community have diabetes, there was a lot of reaction to this, Meekis recalls. With prizes to hand out for the correct answers in a follow-up, call-in quiz, Meekis was happy with the engagement of the community.

“I can’t tell people they can’t smoke in their own homes,” she says. But sharing the evidence in the BPG and suggesting they consider that evidence when they’re deciding whether to smoke around their child – that’s the approach she feels works well in Sandy Lake. “We say don’t hold your baby for 20 minutes after smoking because the carbon monoxide will linger – this is what the evidence shows us.” And educating the community and raising awareness of the evidence is her primary goal.

“I feel we do make a difference,” Meekis says hopefully. “There’s no right or wrong way to accomplish what we want to accomplish. Even one individual at a time.” One step at a time is the goal for Meekis and her team. “Having an impact makes you smile and try even more the next day,” she says. **RN**



PHOTO: SANDY LAKE FIRST NATION

On site at the radio station for a special smoking cessation segment are Greta Meekis (centre), Sandy Lake BPG champion Charity Rae (standing) and special guest Nicole Carnochan, Tobacco Wise Lead for the Indigenous Cancer Care Unit of Ontario Health.

Pairing practice change with broader RNAO advocacy

A decade ago (2015), Canada’s Truth and Reconciliation Commission issued 94 calls to action aimed at addressing the legacy of residential schools and advancing reconciliation. Seven of those calls were focused specifically on health (numbers 18-24).

Nurses are actively contributing in many ways to improved Indigenous health and the fulfilling of these calls to action. RNAO’s Indigenous Nurses and Allies Interest Group (INAIG) was formed in 2021 to mobilize nurses and raise awareness of the impact of ongoing systemic racism, discrimination and inequities in the nursing profession and health system that impact Indigenous health and wellness.

In 2018, RNAO secured government funding to partner with key Indigenous groups to address the health and social inequalities that Indigenous communities continue to face. By March 2019, eight Indigenous communities formally signed BPSO partnerships with RNAO and all are thriving. More have joined since and more are geared to sign in 2025.

For resources and information about this ongoing work, plus examples of members making a difference, visit [RNAO.ca/in-focus/Indigenous-health](https://rnao.ca/in-focus/Indigenous-health).



Niagara’s Quest Community Health Centre BPG team members (from left) Ailish Westaway, Jenny Stranges and Kim Parise.

2SLGBTQI+ health equity

Advocacy by and for the 2SLGBTQI+ community has been a priority for RNAO for the last two decades. The association partnered with experts, allied health professionals and people with lived experience to create the *Promoting 2SLGBTQI+ Health Equity* BPG in 2021. Quest Community Health Centre in Niagara Region is one of 10 BPSOs currently implementing the BPG.

“We were really excited when this particular BPG became available,” says Jenny Stranges, Quest’s program director. Implementation “...was a good opportunity to examine the work

we’d been doing and think about how we could further grow it...in a way that aligns with data and clinical best practices.”

The 2SLGBTQI+ population represents about 40 to 45 per cent of clients visiting Quest, which is the third-largest trans clinic in Canada (the others are in Toronto and Vancouver). These individuals are from Niagara Region primarily, but also travel from other communities such as Oakville, Burlington and Hamilton. And they’re travelling because they’ve heard good things about Quest.

One service that has garnered positive attention is cervical cancer screening through Papanicolaou

(PAP) tests. “PAPs are not something people enjoy,” says Quest RN Kim Parise. After the test, clients receive an anonymous survey “...and what’s happening is people are telling their friends this is a really safe and positive environment to come and get your (test).” Parise says comments on the surveys have ranged from “this is a safe space” to “people are very respectful” to “this is as professional as I’ve ever seen” and “it was very simple.” And she notes she’s seeing more people coming in for tests.

“For individuals who are non-binary or who identify as trans...any medical procedure is incredibly anxiety-provoking because you’re never quite sure how you’re going to be

perceived,” Stranges adds. “It’s always an uphill battle around ensuring that your preferred pronouns are being used, and people understand your preferences around language, around body parts...and just respecting your dignity.”

Quest’s general client experience survey, handed out by providers after appointments or to clients in the waiting area, has also resulted in positive feedback. According to Ailish Westaway, a health promoter and the BPSO lead at Quest, 100 per cent of 2SLGBTQ+ clients who completed the survey in 2023 responded that Quest uses language that makes them feel included, and 92 per cent felt Quest welcomed them and treated them in a non-judgmental way.

“Interactions with the health-care system have been unfortunately historically quite painful for the population,” Stranges says. “Building

that trust and word-of-mouth that it is a place you can come, feel safe, feel respected and have boundaries respected – it makes a big difference.”

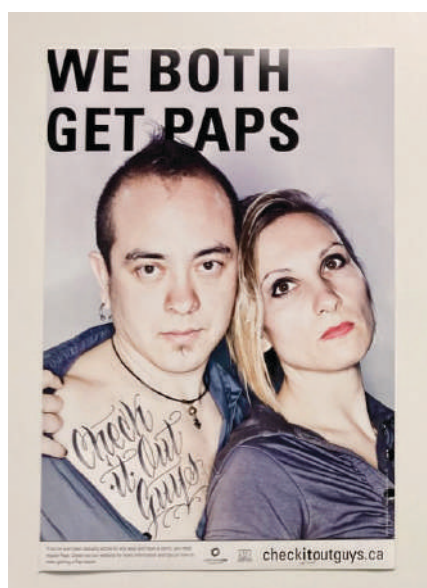
As a BPSO, Quest is implementing a total of eight RNAO BPGs. It participates on several community committees and works with

community partners such as Rainbow Health Ontario to raise awareness at events and conferences. It works with other community care partners to train-the-trainer on culturally competent care for the 2SLGBTQ+ community accessing post-

operative services, which can be challenging after gender affirming surgery. Quest also works closely with Niagara Region’s Ontario Health Team to ensure the needs of the 2SLGBTQ+ population are represented in all health sectors.

“The BPG is so important because... (2SLGBTQ+ health equity) is an ever-changing and evolving (issue). It takes work. You have to keep working at it and this is a great opportunity to keep working and evolving as an organization.” **RN**

Any medical procedure is incredibly anxiety-provoking because you’re never quite sure how you’re going to be perceived.



A poster promoting PAP tests at Quest hangs in one of the client rooms.

Pairing practice change with broader RNAO advocacy

RNAO has called on the provincial government to commit to creating safe spaces for the 2SLGBTQI+ community. RNAO has also repeatedly called on the leader of the federal opposition – Pierre Poilievre – to stop targeting transgender and gender-diverse youth.

The association’s Rainbow Nursing Interest Group (RNIG) was formed in 2007, and members have proudly held the RNAO banner at every Pride Parade since. Members have also brought resolutions to the AGM calling on governments and health leaders to include the health needs of sexual and gender minorities in nursing curriculum. RNAO’s position statement on Respecting Sexually and Gender Diverse Communities was published in 2021, developed in partnership with the RNIG.

Physical and mental health inequities are often experienced differently by 2SLGBTQI+ people. Their health outcomes are impacted by the intersection of gender identity, gender expression and sexual orientation with other determinants of health such as age, income, disabilities, ethnicity or race.

For resources and information about this ongoing work, plus examples of members making a difference, visit RNAO.ca/in-focus/2slgbtqi.

TESTIMONIALS

“Great service, it actually helped me to remain living... thank you.”

-gender queer adult

“Thank you for providing a safe space and health care for trans patients.”

-trans young adult

Harm reduction

RNAO has published three BPGs that offer recommendations for optimal care through a harm reduction lens. The first (now retired) focused on supporting clients on methadone maintenance and treatment (2009). The second and widely implemented BPG is focused on *Engaging Clients Who Use Substances* (2015). A third BPG, released in 2018, provides recommendations for *Implementing Supervised Injection Services*.

Thunder Bay Regional Health Sciences Centre (TBRHSC) is one of the BPSOs implementing the 2015 BPG. RN Giulia Daniele is its addictions medicine and mental health clinical nurse specialist and best practice champion. She assumed her role in June 2023, when TBRHSC acknowledged the

need for an individual dedicated to this work. Thunder Bay has been identified as the number-one city for opioid overdose deaths per 100,000, she explains. “That was a major contributor to us doing some of this work because we recognized there was a concern.”

In her role, Daniele supports staff who have questions and concerns in relation to mental health and substance use. She leads efforts to educate colleagues on stigma, harm reduction and trauma-informed care, and improves policies and procedures to support nurses who work with

patients who use substances. The BPG “helps guide a lot of our initiatives...any time policies and procedures come about...we are looking to see what is in the BPG and how we can implement that into our practices.”

Daniele works closely with RN

Kim Gross, who was also hired to raise attention to harm reduction in acute care. On a referral basis, Gross assesses patients and supports their families in collaboration with the health-care team and ensures seamless discharge to the community by connecting with external partners.

You don't need a policy to give you permission to treat people with empathy.



PHOTO: THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE

RNs Giulia Daniele (right) and Kim Gross offer harm reduction services in the acute care setting, where advocates say more services need to be in place to address the needs of the population.

This transition is critical to ensure patients and families continue to get what they need, when and where they need it.

In fact, it became even more critical in August 2024, when Path 525 – a supervised consumption services (SCS) site operated by the NorWest Community Health Centre in Thunder Bay – received notice that it would be one of 10 Ontario sites closing in March 2025 (read more in the sidebar (right) and at [RNAO.ca/news/media-releases](https://rnao.ca/news/media-releases)).

Tali Magboo Cahill is an Ottawa acute care RN and the former eastern Canada representative for the Harm Reduction Nurses Association of Canada. She helped plan and acted as a panelist in a webinar hosted by RNAO's Mental Health and Substance Use Program.

The webinar focused on the need for increased harm reduction efforts in hospital settings. Nurses in acute care are uniquely positioned to help people who use substances, she says. "We have the ability to make or break a patient's day and to work with them on making them comfortable. I think that's a power we need to recognize...when people are in a very vulnerable time."

"Harm reduction is evidence-based practice for people who use drugs.



Tali Magboo Cahill

There's a growing gap between what's happening in the community... and what's happening in the hospital. The more this gap grows...the poorer we're serving our patients," she says.

Acute care nurses are often unsure of their harm reduction role(s) because there are limited policies and procedures that clearly define what they should be doing, Magboo Cahill adds. But "...you don't need a policy to give you permission to treat people with empathy and to treat them well," she reminds nurses. "You don't need a policy to be non-judgemental." **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR RNAO.

IN FOCUS

Health Equity Consortium

RNAO's Health Equity Consortium brings together three interest groups – Black Nurses Leading Change, Indigenous Nurses and Allies Interest Group and Rainbow Nursing Interest Group – to work alongside the Black Nurses Task Force, RNAO's CEO, and many other key staff to: share perspectives and experiences; identify collective actions to power all members to end racism and all forms of discrimination; enrich nurses' careers; and improve health care for all.

For resources and information about the Health Equity Consortium, visit the RNAO and Health Equity In Focus website ([RNAO.ca/in-focus](https://rnao.ca/in-focus)).

Pairing practice change with broader RNAO advocacy

Since the Ontario government's August 2024 announcement to close SCS sites, RNAO has been forcefully stating that the decision will lead to unsafe communities, increased deaths, overwhelmed emergency services and escalating health-care costs.

"Our health system treats those with cancer and chronic illnesses with compassion and with comprehensive services," RNAO CEO Dr. Doris Grinspun has said repeatedly. "We must extend the same care to persons dealing with substance use." RNAO is calling for the government to adopt an integrated care model that supports both harm reduction and treatment services.

RNAO members have also been vocal, joining other concerned allies at rallies and protests. They have met with decision makers in their own communities to discuss concerns and provide a frontline view on the issue. Drawing on lived experiences and the power of the evidence, members are raising awareness that the defunding of harm reduction programming places ideology over health care.

For resources and information about this ongoing work, plus examples of members making a difference, visit [RNAO.ca/in-focus/mental-health-substance-use](https://rnao.ca/in-focus/mental-health-substance-use).

What **BPGs** mean to me

BY AMY GARZA

An international nursing student reflects on BPGs and how they inform the nurse she aspires to be.

My interest in caring for others started when I was little. I had a neighbour who was only two years younger than me, and whenever I heard him cry, I would tell my mom I had to take care of him. If one of my friends got hurt while we were playing, I would be the first to help, even if it was to simply give them a bandage.

As a nursing student, I am amazed at how I can help at the beginning of life, and support people during the process of dying – an act of profound respect and humanity. These experiences constantly confirm to me that I chose the right profession. Every piece of knowledge I acquire gives me strength and confidence to carry on with dedication and responsibility.

I was first introduced to RNAO's best practice guidelines (BPG) as a student in my second year of study. I remember thinking about how these would be a great tool for students and also for nurses around the world. The BPGs have helped me develop knowledge in many areas of my career. From bonding with my patients to having the clinical skills needed to assist them at any stage of their health journey.

My experience as a BPG student champion has been extremely enriching and significant for my professional and academic development. One of the most valuable lessons I've learned in this role is the connection between the clinical pillar of nursing and the academic one. While I was on placement at the hospital, a nurse explained to me how the pain felt by a patient giving birth can be reduced with proper breathing exercises. I was surprised at how a very simple technique based on evidence can make the experience of that new mother a thousand times more pleasant. I am grateful to learn from seasoned nurses who help me understand in a practical way how evidence-based BPG recommendations are implemented in real health-care environments.

BPGs add value to my academic training by offering



Amy Garza says that being part of the global BPG initiative is a source of immense pride. PHOTO: AMY GARZA

a clear structure. They also prepare me to carry out safer and more knowledgeable practices in the future. Being part of a Best Practice Spotlight Organization® (BPSO®) gives me the opportunity to promote BPG recommendations and the steps to correctly apply them with my colleagues, strengthening collaborative learning and commitment to continuous improvement.

Attending the first university in Mexico – Universidad de Monterrey (UEM) – to be part of this global initiative is a source of immense pride for me. This partnership is a great incentive to actively participate in all BPG-related initiatives. In fact, I've had the opportunity to be part of the student champion program thanks to UEM's relationship with RNAO and commitment to BPG implementation.

In collaboration with my teacher and fellow champion students, I will be implementing a BPG training program for the rest of the students and teachers at the school. In the future, I hope to offer this training to other nursing schools in Mexico. We are pioneers in Mexico, which reinforces our responsibility to contribute to the development of clinical practice based on evidence and aligned with the highest international standards.

The commitment and passion of my professors – who love what they do and inspire me with their dedication – has been fundamental in motivating me to continue this path towards evidence-based nursing practice. Without a doubt, my experience as a student BPG champion will mark a turning point in my educational and professional future.

Nursing is more than just the care we provide to patients. As a nursing student, I'm the next generation of a beautiful, caring and knowledgeable profession. I will take great joy in calling myself an RN champion when I graduate and enter the workforce. **RN**

AMY GARZA IS A THIRD-YEAR NURSING STUDENT AT UNIVERSIDAD DE MONTERREY (UEM) IN SAN PEDRO GARZA GARCIA, MEXICO. UEM BECAME AN ACADEMIC BPSO IN MARCH 2024.

IN THE END



ILLUSTRATION: PETE RYAN

What nursing means to me...

I was diagnosed with asthma at a young age and spent a lot of time in and out of the hospital. I remember how vigilant and tender the nurses were with my mother and I as they treated me for yet another asthma attack. In my eyes, the nurses were superheroes, and their capes were replaced with stethoscopes.

I always knew I wanted to work in health care, but my journey to become a nurse was anything but smooth. I had many detours and roadblocks and more than enough reasons to quit my nursing journey. I didn't believe that I could complete the program. In my mind, people who looked like me could not be nurses. At the time, I did not know any Black nurses.

I vaguely remember seeing Black nurses in my cohort, much less a Black professor. I found myself trying to fit in with my non-Black peers by driving to school every day, instead of taking the community bus. I was also intentional and mindful of how I spoke with my white peers and professors because I was worried they would not understand my position in conversations. I acquiesced to make them feel comfortable. I recall one day, in a dimly lit lecture hall with more than 1,000 students, I raised my hand to provide an opinion on why a certain stereotype regarding Black people was not true. The professor responded: "You must be Black, right?"

My classmates (non-white and white) were upset and told the professor he was being racist. The entire lecture hall began to grumble with his response, which could have supported my argument instead of using my race to support his argument.

After graduation, I had no clue what field to choose.

When the opportunity to participate as an expert panel member with RNAO's Black Nurses Task Force was presented to me, I was hesitant. What do they see in me that I do not see in myself?

I have learned that my journey as a new nursing graduate matters, especially as we are currently in the early development stages of a new best practice guideline that will address anti-Black racism in nursing.

I am a few months into my new RN role as a diabetes educator and I work alongside some of the most supportive, knowledgeable and ethnically diverse people I've known. It is like Bernice Redmon (the first Canadian-born Black RN in public health) picked this field of nursing specifically for me. I am passionate about health literacy and my dear, late grandmother, who had diabetes, often encouraged me on my nursing journey.

Nursing is a profession that you inherently carry with you. It becomes part of what makes you, you. Being a bystander in any situation is not an option. Nurses are fearless and at times fearful. We are often thrown into the fire and come out refined.

To graduates who are unsure what discipline to choose or what nursing interventions to use for your patient, I leave you with these words: You have the knowledge, skills and judgement. Now you just have to apply it. **RN**

TANIA LAFLEUR GRADUATED FROM ONTARIO TECH UNIVERSITY IN JUNE 2024. SHE IS A DIABETES NURSE EDUCATOR IN MARKHAM, ONTARIO.

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