

Introducing evidence-based guidelines through a best practice accreditation programme to improve care quality in Spain

Overview

In 2010, seeing the potential to improve service quality, the Nursing and Healthcare Research Unit of the Spanish Institute of Health Carlos III (Investén-isciii) partnered with the Registered Nurses' Association of Ontario (RNAO) in an effort to translate RNAO's best practice nursing guidelines to enable their use in Spain. As a result, RNAO's 40 or so guidelines supporting evidence-based nursing, care quality improvements and better health outcomes for patients have been translated into Spanish. Furthering this relationship, Investén-isciii also became a Best Practice Spotlight Organization Host, responsible for overseeing implementation of RNAO's prestigious Best Practice Spotlight Organization (BPSO) accreditation programme in Spain.

The BPSO Programme aims to not only raise health care organizations' awareness of best practice guidelines, but also provide a guiding structure to incentivize, facilitate and monitor guideline utilization. In 2011, the first cohort of Spanish health care organizations was selected to participate in a three year BPSO Programme. Eight organizations were selected to ensure each could receive enough personalized support during the project. BPSO candidates were required to select at least three best practice guidelines to introduce based on the needs of their organization; examples of guidelines chosen for implementation included fall prevention, ostomy care and breastfeeding promotion, among others. Nurses and other health professionals have been recruited and trained to work as guideline

champions within participating organizations. Champions are responsible for training other professionals on the guidelines being implemented within their organization in a cascade model; the aim of this model being to promote guideline utilization through peer learning. All BPSOs collect and report data on standardized nursing quality indicators using a shared online portal. Each BPSO has access to their own data, which enables strategic planning and informs improvements; organizations can also view aggregate data of other BPSOs. In 2015, all eight BPSO candidates achieved accreditation, which is valid for two years. The BPSO Programme is expanding and 10 additional BPSOs were recently recruited into the three-year accreditation process.

Problem definition

In 2010, inconsistencies in nursing practices across the Spanish health system contributed to concerns about quality and safety standards in clinical practice (Box 1). A lack of comparable indicators across health care organizations, coupled with limited record keeping or evaluation of nurses' clinical practices, resulted in a failure to systematically measure and monitor services delivery.

Box 1

What problems did the initiative seek to address?

- Variability in nursing practices across health care organizations and concerns over quality and safety of services provided.
- Lack of comparable indicators across institutions with which to systematically monitor or evaluate nursing practices.

Health services delivery transformations

Timeline of transformations

In line with goals laid out in the Spanish government's Quality Plan for the National Health System 2006–2010, an agreement was signed between the Registered Nurses' Association of Ontario (RNAO) and the Nursing and Healthcare Research Unit of the Institute of Health Carlos III in Spain (Investén-isciii) to establish a project to promote the use of evidence-based best practice

nursing guidelines in health care organizations across Spain (Table 1).

Under the new partnership, RNAO's guidelines were translated into Spanish and Investén-isciii became a Best Practice Spotlight Organization (BPSO) Host, responsible for managing the introduction of the BPSO Programme in Spain. In 2011, Investén-isciii issued an open call for health care organizations wishing to become accredited through the Programme. In 2012, eight organizations were selected and began the three-year accreditation process. In 2015, all eight organizations achieved accreditation, which is valid for two years. Accredited organizations continue to receive support from Investén-isciii and RNAO through the Programme and a second wave of 10 BPSOs has been enrolled.

Description of transformations

Selecting services. The initiative has retained the core package of services offered under national insurance. In addition, BPSOs are required to select three guidelines to implement based on identified priority needs. Depending on guidelines chosen, the addition or enhancement of some services may be required.

Designing care. RNAO has developed over 40 evidenced-based guidelines for nurses to use in everyday practice; guidelines have been translated into Spanish. BPSOs must implement at least three guidelines to receive accreditation. Examples of guidelines include prevention of falls and injuries in the older adult; assessment and management of pain; assessment and management of diabetic foot ulcers; stroke assessment; collaborative practice among nursing teams; and developing and sustaining nursing leadership. Guidelines promote the inclusion of patients and often require patient education and involvement of patients in care planning. Where

Table 1

What were the chronological milestones for the initiative?

| | |
|------|--|
| 1999 | RNAO launches Nursing Best Practice Guideline Programme in Canada; over 40 clinical guidelines generated to date. |
| 2003 | BPSO Programme developed in Canada to promote uptake of best practice guidelines developed through the Nursing Best Practice Guideline Programme. |
| 2010 | Concerns over variability in the quality and safety of care in Spain lead to an agreement between RNAO and Investén-isciii to translate RNAO guidelines into Spanish; Investén-isciii becomes a BPSO Host, responsible for introducing and managing the BPSO Programme in Spain to promote guideline uptake. |
| 2011 | Open call for health care organizations wishing to participate in the project; eight organizations selected from the applicant pool. |
| 2012 | First group of Spanish BPSO candidates begin the three-year path to accreditation. |
| 2014 | Second open call launched; 10 additional BPSOs selected from applicant pool. |
| 2015 | First Spanish BPSOs receive accreditation; second wave of organizations begin activities towards BPSO accreditation. |

necessary, protocols have been updated or developed to support implementation of guidelines, for example a skin-to-skin protocol for breastfeeding mothers. A toolkit to support implementation of the guidelines is also available. BPSOs receive specialized implementation support and guidance. However, all organizations can access the translated guidelines free of charge.

Organizing providers. Generally, guidelines call for the collaboration between professionals, including physicians, physiotherapists, nurses, midwives and others to deliver care. However, how providers work together varies considerably based on the organizational context and guidelines that have been chosen for implementation.

Managing services. A formal agreement contracts Investén-isciii to host the implementation of the

Spanish BPSO Programme. Host responsibilities include selecting BPSO candidates and establishing contracts; training BPSOs and supporting them to implement best practice guidelines; reviewing biannual progress reports; and monitoring achievement of required deliverables. These responsibilities are overseen by two dedicated Investén-isciii BPSO Programme coordinators. All materials to implement the Programme are provided by RNAO at no cost and then translated to Spanish and fit to the specific contexts by Investén-isciii. While Investén-isciii provides support to BPSOs, it is the responsibility of the participating organizations' managers to allocate the necessary human and financial resources from their current provision of services and designate a leader responsible for the implementation of each guideline.

Improving performance. Trainings have been provided to nurses and other health providers within participating BPSOs. Training is organized through a cascade model, whereby a group of appointed champions within each organization receive a week of training on implementing new guidelines; in turn, champions train, encourage and monitor other providers within their organization to facilitate uptake of these guidelines. Additional champion trainings are offered annually, as building staff capacity is recognized as a continuous process. Training materials are provided free by RNAO and translated to Spanish by Investén-isciii.

Under the terms of their contracts, BPSOs must meet a number of reporting requirements. BPSOs can use data reported on to track performance and inform improvements. Data Dictionaries have been developed to help guide BPSOs through the data collection process and provide step by step instructions on data collection. For example, the Data Dictionary for diabetic foot ulcers requires measurements of the ulcer be taken and tracked over time to assess healing rates and details how to perform this task.

Health system enabling factors

The Quality Plan for the National Health System 2006–2010 was developed by the Spanish government to promote high quality health care focused on patients' needs through supporting the promotion of clinical excellence and adoption of evidence-based best practices.¹ The initiative has built on this supportive backdrop (Table 3) to incentivize, through accreditation and greater recognition of health care organizations meeting BPSO requirements, the increased use of evidence-based guidelines in care delivery. Recognition as a BPSO provides a non-financial incentive

Table 2
How was the delivery of health services transformed through the initiative?

| Before | After |
|--|---|
| Selecting services | |
| Statutory national health system provides universal coverage. | Delivery of services package enhanced; some additional services may be added if called for under guidelines and not already offered as standard care. |
| Designing care | |
| Some efforts to introduce evidence-based care guidelines in Spain under the Guia Salud Project; weak and inconsistent implementation of guidelines in practice. | BPSOs commit to implementing, monitoring and evaluating a minimum of three RNAO best practice guidelines within their organization; care protocols are updated or developed to reflect guidelines; a BPSO toolkit assists organizations in implementing guidelines. |
| Organizing providers | |
| Strong primary care network with effective gatekeeping; each region has at least one large hospital which offers access to inpatient and outpatient specialists. | Any adjustments to provider arrangements depend heavily on existing organizational structures and the specific guidelines chosen for implementation; cooperation and collaboration is encouraged between providers; nursing roles have been strengthened. |
| Managing services | |
| Majority of health facilities are publicly owned, financed and managed. | A formal agreement contracts Investén-isciii to oversee the implementation of the Spanish BPSO Programme; minimal resource investments needed as Programme materials provided free of charge by RNAO. |
| Improving performance | |
| No systematized method for performance improvement; quality and performance varies widely across health care organizations. | Network of champion providers trained on new standardized guidelines; cascade training model sees champions train other providers within their organizations and monitor adherence to new guidelines; BPSOs must collect and monitor performance data. |

for improving care, as a prestigious symbol identifying an organization as a high-quality care provider.

Strong reporting structures in place require Investén-isciii to send biannual reports to RNAO who monitors and evaluates all BPSO Hosts' progress. Similarly, BPSOs are contractually obligated to send biannual reports to Investén-isciii for review. All selected BPSOs must complete a baseline analysis prior to commencing activities and subsequently collect and enter data into an online platform. Nursing Quality Indicators for Reporting and Evaluation (NQuIRE)

is the online platform developed by RNAO to collect, analyse and report comparative data on nursing sensitive indicators for all BPSOs worldwide; CarEvID is the fully compatible Spanish equivalent to this system. Nursing Quality Indicators BPSOs are required to collect and report on were specifically developed to assess RNAO best practice guidelines.

Outcomes

Several research projects designed to investigate the effects of the BPSO guidelines in Canada have demonstrated positive outcomes

for patients. While research relating to Spain's implementation of BPSO guidelines is not yet available, data collection currently taking place will allow outcomes to later be evaluated. It is expected the success of Canadian BPSOs will be mirrored in Spain.

Change management

Key actors

The initiative rested on the collaboration between RNAO and Investén-isciii. These two actors worked closely together throughout the initiative to bring the BPSO Programme to Spain (Box 2). Investén-isciii, a national Spanish health research organization with experience collaborating with other international centres, took on the role of BPSO Host and therefore has full responsibility for the implementation and management of the BPSO Programme in Spain. RNAO is responsible for oversight of the initiative and for providing Investén-isciii with free guidance and support in the form of trainings, educational resources and mentorship. Participation in the Programme is voluntary, but has proved to be competitive as there is a surplus of organizations wishing to participate. All senior management within selected organizations must sign the BPSO contract with Investén-isciii to demonstrate widespread managerial support for the initiative. Selected BPSOs lead the changes necessary within their organizations to meet BPSO Programme standards. Each BPSO is required to designate an overall project leader, as well as a leader for each guideline being implemented. In addition, a group of health providers are selected by organizations to become champions for each guideline; it is up to organizations how many are recruited. Champions lead trainings for other providers within their organization and help promote new evidence based organizational cultures.

Table 3

How has the health system supported transformations in health services delivery?

| System enablers | Example |
|-----------------|---|
| Accountability | <ul style="list-style-type: none"> Quality Plan for the National Health System 2006–2010 developed by the Spanish government; promotion of evidence-based care guidelines a key part of the plan. Contract signed between RNAO and Investén-isciii, formalizing the introduction of the BPSO Programme to Spain. RNAO sets accreditation standards for the BPSO Programme; Investén-isciii responsible for ensuring Spanish BPSOs meet required standards. |
| Incentives | <ul style="list-style-type: none"> Prestige of accreditation incentivizes participation in the Programme and improvements in care quality; BPSOs recognized as high-quality care providers. |
| Information | <ul style="list-style-type: none"> BPSOs are required to perform a baseline analysis and report on specified Nursing Quality Indicators developed by RNAO. NQuIRE online platform is used by RNAO to collect, analyse and report comparative data on nursing sensitive indicators for all BPSOs; CarEvID is the fully compatible Spanish equivalent to NQuIRE. |
| Innovation | <ul style="list-style-type: none"> RNAO developed new Nursing Quality Indicators tailored to specifically evaluate their best practice guidelines. BPSOs commit to participating in health research on evidence-based guidelines; BPSO data is submitted to a shared international database. |

Box 2

Who were the key actors and what were their defining roles?

- **RNAO.** Created and launched BPSO Programme in Ontario, Canada; oversee and support geographic expansion of the Programme; work with BPSO Hosts to facilitate implementation of the Programme internationally.
- **Investén-isciii.** Main national body for health research in Spain; signed contract with RNAO to serve as the BPSO Host for Spain; manages all aspects of the BPSO Programme in Spain; translated RNAO's guidelines and Programme materials into Spanish; hired two project coordinators to support the initiative.
- **BPSOs.** 18 health care organizations, representing 81 suborganizations, currently involved in the BPSO Programme; under contractual obligation under Investén-isciii to meet required Programme standards; implement at least three best practice guidelines within their organization, monitor their utilization and evaluate outcomes.
- **Champions.** Nurses and other providers recruited within each BPSO to serve as advocates for best practice guidelines (each guideline has its own group of champions); train other providers within their respective organizations to apply the guidelines; monitor adherence to guidelines.

Initiating change

Development of the BPSO Programme was initiated by RNAO in 1999 with funding from the Ontario Ministry of Health.

Quickly growing to become a well-established programme with a reputation for quality and excellence, the Programme was expanded internationally. In the 2000s, the national Spanish government was attempting to increase the use of evidence-based care guidelines to address concerns over variable care quality. Around this time, a conference facilitated by the University of Toronto brought together RNAO with Investén-isciii, giving rise to a partnership between these two organizations, a partnership was born to translate RNAO's best practice guidelines into Spanish and establish the BPSO Programme in Spain. The BPSO Programme kicked off with an initial training led by RNAO for Investén-isciii project leaders.

Implementation

A toolkit developed by RNAO served as the template for implementation. Health care organizations wishing to participate were recruited through an open call and were required to show readiness and ability to become BPSOs. Investén-isciii selected eight organizations from over 30 applicants, as a small number could be supported and monitored to the level needed. Investén-isciii acts as a coach for BPSOs, helping and motivating organizations to implement guidelines, monitoring

adherence to BPSO standards and offering support to help organizations achieve their goals. With the appropriate support, BPSOs are able to “change something they never thought was possible,” which has proved motivational for further improvement. Support is delivered through regular teleconferences and online knowledge exchanges, but also through onsite visits by BPSO coordinators. While BPSOs receive considerable support from Investén-isciii, they are ultimately responsible for ensuring the implementation of guidelines within their own organizations.

Moving forward

Having graduated the first cohort of Spanish BPSOs in 2015, the focus is now on maintaining standards achieved, growing the network of BPSOs across Spain and developing research on best practice nursing guidelines. Accredited BPSOs will continue to be monitored and will require recertification every two years to ensure maintenance of standards. Meanwhile, the newly recruited cohort will be supported to achieve accreditation in 2018. National and international alliances help to sustain the initiative; as the network of BPSOs continues to grow, more organizations will be able to collaborate and share experiences.

Highlights

- The initiative implemented a well-established and structured programme model; however, flexibility in implementation supported the tailoring of new practices to local population needs.
- Requiring providers to take a leadership role over peer education provided ownership over the initiative and greater acceptance of the new practices.
- A focus on generating and comparing data enabled positive health services delivery transformations.
- Strengthening the evaluation of care practices motivated better performance and continuity around people-centred health care.

1 Spanish Ministry of Health and Social Policy, (2009), *Quality plan for the national health system of Spain 2006-2010*. Madrid: Author. Retrieved from http://www.hpm.org/organizacion/sns/planCalidadSNS/docs/InformePlanCalidad_ENG.pdf