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The 'FLAME' study: Facilitators and leaders actively mobilizing evidence

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Introduction

Leadership is considered a critical factor to enable evidence-based practice and improve healthcare delivery in community nursing settings.

However, lack of clarity exists about leaders and how they facilitate and support evidence-based practice.

As the largest professional workforce, nursing represents an important group to target to address this knowledge translational issue.

Study purpose

The purpose of this qualitative research study is to examine leadership and facilitation skills to enhance evidence-based nursing care at a clinical and organisational level in four countries: Canada, Australia, Sweden and England.

Research question

What are the roles, skills and behaviours of executive and clinical leaders to facilitate and support evidence-based nursing practice in home health care in Ontario?

Methodology for UROP project:

1

Interview transcription

2

Participate in NVIVO training

3

Import transcribed interviews into NVIVO qualitative software

4

Inductive thematic content analysis

5

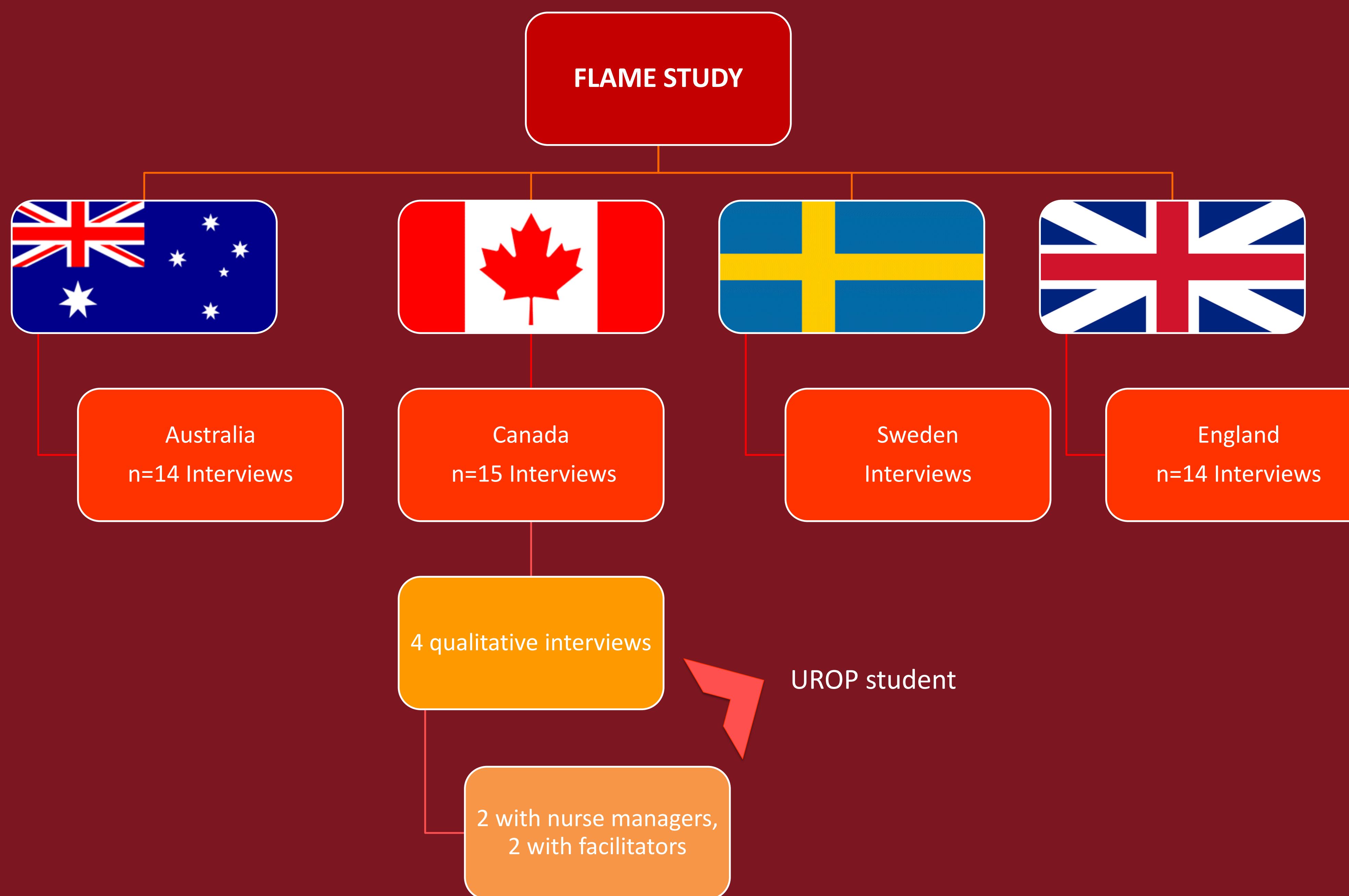
Data synthesis

6

Knowledge translation: UROP presentation

Contact information

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Discussion

8 leadership behavior themes were found. These behavior themes both **enhance staff role** as well as **enhance nursing staff's knowledge** in EBP, needed to achieve successful implementation.

Findings will help leaders better support nurses to build leadership capacity to improve patient care.

Conclusion

The knowledge from this study will create a more supportive context for EBP, which will help develop practical strategies for building leadership capacity, ultimately improving quality of care best practice and improving patient outcomes.

Examples of evidence-based practice

Intrathecal catheter care

"Going to clinical practice coach, researching the EBP behind the procedure, involving the key people (CCAC), and then providing feedback to front line staff"



Arterial wound management



"Providing available EBP information and providing means and resources to contact CCAC for further consult"

Palliative pain management

"Tracking the pain scales of palliative patients, discussing with palliative care nurses all factors that influence pain perception, and then speaking to staff"



Results: Facilitation and leadership behaviours to support and facilitate EBP in home health care

Behavior theme	Specific Examples	Behaviour theme	Specific examples
Providing EBP educational opportunities	Workshops and seminars with clinical practice coaches, weekly information sessions, educative interactive models	Providing access to electronic resources	Available online on websites or emails, through tablets embedded with BPGs, sending pictures to staff using virtual technology, contacting resource nurses using company paid phones
Monitoring staff performance and patient outcomes	Guiding and monitoring staff to ensure they are following BPGs	Collaborating with inter-professional teams	Coming and seeking advice from advanced practice consultants being available to support and provide EBP, clinical practice coaches present to discuss client situations or review charts
Facilitate staff to understand evidence	Leading staff in interpreting and clarifying nursing standards in situations where nurses don't know exact answers	Maintaining own EBP knowledge	Trying to become as up to date on nursing field in which staff are in
Communicating with staff about practice concerns and evidence to address them	Consulting with staff about concerns about audited data	Encouraging and supporting staff to adopt new practices	Alerting staff of current changes to practice and supporting them for the change process

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