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Background

The National Institutes of Health Stroke Scale (NIHSS) is a validated tool for certification of stroke assessment. Canadian Hemispheres 2.0™ Stroke Competency Series² offers eight levels of stroke education, the last of which is NIHSS training and certification. A Hemispheres online education certificate for NIHSS training is valid for one year. The Ontario Stroke Network Regional Education Group members participated in a workshop on knowledge translation through Li Ka Shing Knowledge Institute³ at St Michael's Hospital in Toronto. The workshop included a self-study project investigating a change process to implement sustainable practice change, based upon stroke best practices using the Knowledge to Action Cycle⁵ and adult learning principles⁴. This education led to a process of working with regional managers to build a sustainable retraining approach to NIHSS recertification, as well as a larger sustainability project around maintenance of training skills in the regional acute stroke units. Champlain Regional Stroke Network (CRSN) developed an approach to a sustainable model to NIHSS recertification that was incorporated at one facility, and will be used as a guide for regional implementation.

Methods

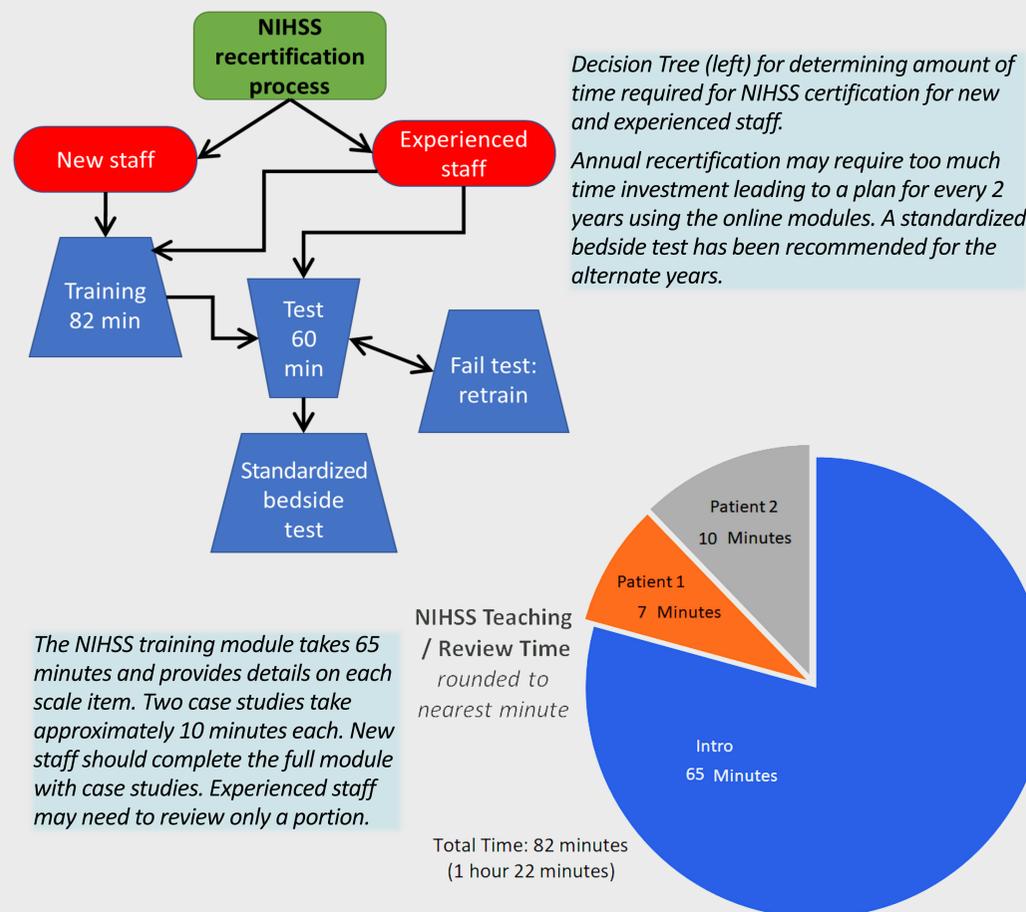
Leadership and staff were engaged in developing this model at a stroke centre. An informal discussion took place to identify barriers and facilitators to sustainable retraining. Levels of staff training were documented and accurate timelines for recertification of all appropriate health care workers projected. Staff self-identified their learning needs. Specific days were identified for staff coverage arranged to permit recertification.

Steps in the process:

- Objective of practice change:
 - create a sustainable model of orientation, individually tailored through a self-directed approach, aligning with adult learning principles
 - explain system and behaviour change
- Identify anticipated impact – create a culture of continuous learning, ongoing training on stroke units, nursing staff accountable for their training starting with NIHSS recertification annually
- Determine facilitators and barriers using the Theoretical Domains Framework¹:
 - Facilitators - management would have a regular training process; nurses would have more confidence in skills and regular portfolio evidence of learning
 - Barriers - low number of strokes, high staff turnover, technology, nursing time
- Considered which barriers and enablers needed to be addressed and formed possible solutions. A formal meeting with leadership and staff led to a mutually agreed upon strategy
- Operationalized the strategy with the facility implementing the plan. CRSN acted as a resource to support the process

Where are we now?

- One site completed the recertification for all nursing staff on the stroke unit. The nurse educator was involved and aware of the project as it was developing. In discussion with her manager, they agreed to be the lead site. The main obstacle was nursing time and finances. Creative sharing of costs for staffing was arranged.



Next steps

- Evaluate the intervention and measure behaviour change
- Collect data on confidence, scoring accuracy, care provider satisfaction, time savings post training
- Ongoing monitoring and measurement of sustainability of this process
- Discuss opportunity with other sites in region, identify next site based on readiness of management and staff
- Preparation work between CRSN and each site would include assessing individual site requirements, determining barriers/ facilitators to recertification and solutions through management and staff meetings

Results:

- 28 staff recertified with shared funding. One hour for each staff was supported through CRSN, and with additional training hours covered by the facility
- Challenges included accurate identification of barriers and facilitators, along with having management commitment to process
- Discussions with those who had completed the recertification indicated that their perception of their confidence was increased from 10% to 65%, accuracy from 10% to 30%. The most difficult items to score were vision and ataxia.
- Suggestions from staff to improve the process included more frequent practice, discussion of complex cases and yearly recertification.

Conclusions

Results indicated that there was support to work together from both the stroke unit site and the CRSN. Other sites will be offered a similar partnership to work together and determine support needed for success. Future will involve pulling together a plan to be able to sustain the training with the turnover of staff and the annual recertification requirement.

Key points that made it possible:

- Realization that this is not (primarily) about educational workshops
- Significant background work and preparation was required for success
- Leadership meeting, local opinion leaders, CRSN commitment is needed to ensure sites meet this requirement
- Preparation is required for success
- This was an effective method to do comprehensive recertification for all staff in stroke unit that was efficient to achieve

References

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Acknowledgements

- Thank you to the nursing staff and management who participated
- RaggedSound for technical assistance
- For information or questions, contact Marianne Thornton mthornton@toh.ca