A Blue Print for Development to Dissemination: A Community Health Nursing Change Management Approach

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Maryann Kusmirski, RN MN
Alison Nelson, RN MN
Teresa Earl, BCS
Objectives

• To increase participants’ awareness and knowledge of an innovative change management approach to developing and distributing community health nursing resources.
• To increase participants’ understanding of the applicability of an innovative change management approach within their community health nursing practice.
Outline

• Alberta context
• Development to distribution steps
• Exemplar: Staff education resources
• Adapting the approach
Alberta context

Alberta Health Services

- North Zone
- Edmonton Zone
- Central Zone
- Calgary Zone
- South Zone

90,000 employees
3.8 million Albertans
51,000 births/year
Development to distribution steps

• Guide standardization and utilization of resources
• Integrate community health nursing, project management, health promotion, change management
• Are adaptable and transform concepts from development to distribution, can be used for ongoing review/updates
• Include stages and steps to ensure multiple levels of approval
Exemplar: Staff education resources
Development and Review/Feedback

- Define messages, target audience, users
- Brainstorm ideas
- Focus on purpose
- Review previous content and comparators
- Write content into bulleted messages (don’t develop in final layout e.g., brochure)
Messages and Comparators
Revisions and Testing

- Determine revision criteria
- Who: Expertise and authority
- What: Content not writing style
- Why: Rationale and evidence
- When: Timelines, extensions
- How: Organize and theme
- Revise content in bulleted messages (don’t revise in final layout e.g., brochure)
Finalization and Production

- Communicate timelines to endorser, approver levels
- Use rounds of approval, limited revisions
- Work backwards from deadline
- Finalize/approve layout
- Copy edit content, then put into approved layout
# Colour Coding and Endorsement

<table>
<thead>
<tr>
<th>Endorser</th>
<th>Concern for discussion</th>
<th>Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAMES</td>
<td>1. How is LCHAD deficiency treated? Consistency edit - Treatment is lifelong</td>
<td>Changed - see sheet</td>
</tr>
<tr>
<td>NAMES</td>
<td>1. What are the clinical features? Suggest: &quot;Children may also have developmental delay, poor weight gain, neurological problems, liver disease and cardiomyopathy.&quot;</td>
<td>Changed - see sheet (took out &quot;increased long chain fatty acid metabolites are detected...&quot;)</td>
</tr>
<tr>
<td>NAMES</td>
<td>3. How is the diagnosis confirmed? Suggest: &quot;The diagnosis is confirmed by detecting specific metabolites in urine or on blood acylcarnitine analysis.&quot;</td>
<td>Changed - see sheet (took out &quot;...finding increased long chain fatty acids on blood acylcarnitine analysis and urine organic acid analysis&quot;)</td>
</tr>
</tbody>
</table>

**Biotinidase deficiency (BIOT)**

**What is BIOT?**
Biotinidase is an enzyme required for recycling biotin, one of the B group vitamins in the body. Biotin is required for the normal function of carbamylase enzymes, key enzymes in the metabolism of amino acids, fats and carbohydrates. In the absence of biotin, patients may present with classic features of biotin deficiency.

**What causes BIOT?**
BIOT is caused by mutations in the biotinidase gene which results in decreased or absent activity. Some mutations may cause partial deficiency of biotinidase activity.

**How common is BIOT?**
The incidence in Alberta is 1:100,000.

**What are the clinical features of BIOT?**
Neonates with BIOT appear normal at birth. Clinical features are variable depending on the dietary intake of biotin and the degree of residual biotinidase activity. Major symptoms develop within the first few weeks or months of life. While a minority of babies present with a biotin-deficiency metabolic crisis, most babies present in the first few months of life with skin rash, hair loss, lethargy, seizures, hearing and visual problems. Individuals with partial biotinidase deficiency may be asymptomatic but may develop clinical features under stress or with minor illness.

**What is the screening test for BIOT?**
Absence of a marked decrease in biotinidase activity is detected on the newborn blood spot screen.

**How is the diagnosis confirmed?**
The diagnosis is confirmed by measurement of biotinidase activity in a blood spot sample. Confirmation of this method can also be performed. Physicians and the diagnostic laboratories listed below can arrange diagnostic testing.

**Is BIOT inherited?**
BIOT is inherited as an autosomal recessive trait. Parents of a child with BIOT are carriers of the condition and have a 25% chance of having another affected child in each subsequent pregnancy. BIOT occurs...
Distribution

- Develop communication plan to audiences, users, stakeholders
- Create access plan “push or pull” (e.g., web pages, print ordering)
- Plan for version control (e.g., dates and #s)
- Plan for future updates (e.g., receiving feedback after finalization)
- Distribute and start again!
Communication and Access

NMS Program Resource Order Communication:

What & Why

1. To inform pathway partners of the broad scale card and envelope order process
2. The NMS results delivery and distribution process has changed to an online ordering process
3. NMS Program manuals will be updated to reflect the new process
[Click here to enter a purpose or objective of the communication. For example: to tell people the clinical policy suite is available online.
[Click here to enter a why statement to show what you want to achieve. For example: people can now view the clinical policy to know what practice changes they need to implement.

Who

Service Area  Affiliate Status  Key Contact  Source - Contact Info
Inpatient & Outpatients  Nurse  Rob Campbell  Ambulatory Care, Materials Management  rob.campbell@albertahealthservices.ca
Inpatient & Outpatient  MLS  Ministry Rep  Supervisor Regional Records Management  sherry.williams@albertahealthservices.ca
Calgary Zone NAMS Donation Units  Nurse  Megan Pieri  Educational Resource & Member Clinician  Megan.Pieri@albertahealthservices.ca

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Implementation Steps: From Development to Distribution

Development → Review & Feedback → Revisions → Testing → Finalization → Production → Distribution

Contributors → Consultants → Reviewers → Consultants → Reviewers → Users → Preliminary Approvers → Final Approvers → Users → Stakeholders

Communication
Knowledge Exchange
Evaluation
Adapting the approach

• Where ever resources are created, adapted, developed and/or disseminated
• Multiple community health nursing practice settings
  – public health
  – home health
  – midwifery
  – First Nations
  – health education
Thank-you!

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