

Introduction and Background

As nursing researchers and leaders, we sought to mobilize recent and local, nurse-led research findings to support oncology nurses in conducting advance care planning (ACP) with patients and their families. Despite the value of ACP in supporting patient-centered care, it has not been integrated into standard nursing practice at BC Cancer.

This project aimed to foster leadership and knowledge mobilization (KMb) opportunities for direct-care nurses, while implementing systems-level changes to enhance nursing care and patient outcomes.

1 Learning Community Engagement

Informed by knowledge translation and change management methodologies, our project adopts a **collaborative approach** to actively engage the learning community in every aspect of the work, from planning to project completion.

This includes the **ACP Provincial Working Group, Patient & Family Partner Focus groups,** and **Engagement Sessions.** Ongoing collaboration ensures activities and outcomes align with the learning community.

ACP Provincial Working Group



Co-led by members from **Nursing and Allied Health Research and Knowledge Translation** and **Professional Practice Nursing.**

Patient & Family Partner Focus Groups

We held **patient and family partner focus groups** to elicit feedback on our approach to ACP from the patient perspective and the development of patient-facing ACP educational resources.

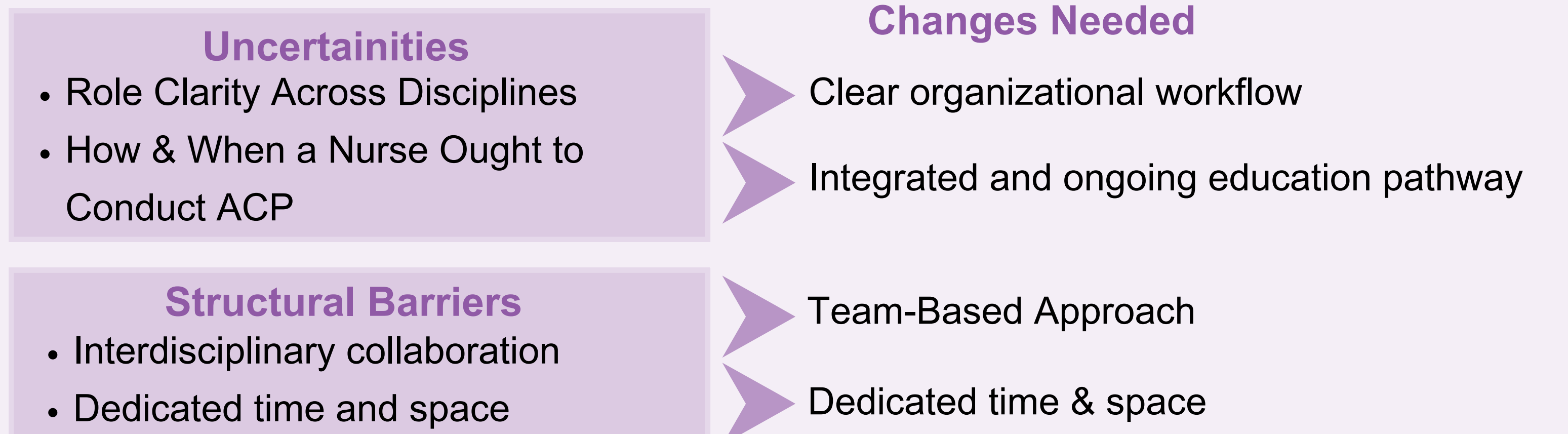
Nursing Engagement

Engagement sessions were held at each of the six Regional BC Cancer Centres on the proposed ACP nursing practice change. Oncology nurses provided feedback that directly influenced their standard practices related to ACP.

2 Knowledge Mobilization

Nurse-led Research Findings

Oncology nurses indicated several important factors affecting Oncology Nurse Engagement in ACP & changes needed to support them in conducting Nurse-led ACP.



Equipped with this knowledge, we mobilized these findings to **co-create a provincial nursing practice change at BC Cancer.**

Knowledge Mobilization Phases

Phase 1: Define Scope of Problem & Team Formation	Phase 2: Developing & Testing Solutions	Phase 3: Provincial Implementation, Evaluation, & Sustainability
<ul style="list-style-type: none"> ➤ Establish a Provincial ACP Nursing Working Group ➤ Review Evidence on ACP Best Practices, Identify Current BC Centre of Palliative Care (BCCPC) and BC Cancer ACP Assets 	<ul style="list-style-type: none"> ➤ Co-create New Nursing Workflow with Provincial ACP Working Group ➤ Key Knowledge User Analysis: Barriers & Facilitators ➤ Co-create Implementation Strategies: Awareness & Education ➤ Evaluation and Pilot Testing 	<ul style="list-style-type: none"> ➤ Activate Launch ➤ Oversee Implementation and Evaluation ➤ Plan Sustainability

Outcomes of Engagement

1. Enable nurses to exert influence from the outset of the new nursing workflow.
2. Establish a KmB pathway that spans **issue identification to mobilization of findings.**
3. Foster a **learning community** that is highly motivated in creating change and improving patient care.

3 Lessons Learned

Establishing strong organizational partnerships and grounding our project in co-creation with direct-care nurses, patient and family partners, and nursing leaders, is essential to ensure the new ACP workflow held relevance and was acceptable into practice. Creating change in healthcare can be a challenge – but by taking the time to engage those most impacted by the work, our team has had success unlocking nurses' motivation for change.

➤ **Grounding the project in co-creation**

➤ **Establishing strong organizational partnerships**

➤ **Building momentum for change in healthcare**