these days, there are few places Danielle Collier doesn’t read best practice guidelines (BPGs). Whether she’s scrolling through the documents’ recommendations at work, or in her car while waiting to pick up her son after school, she always has access to RNAO’s BPGs thanks to her new personal digital assistant (PDA).

The tiny device is no bigger than her hand, and easily slides into her purse. But it gives her access to tools that would line an entire wall of library shelves in the real world. Collier uses her PDA to search for the latest research articles to her documents’ recommendations at work, or in her car while waiting to pick up her son after school, she always has access to RNAO’s BPGs thanks to her new personal digital assistant (PDA).

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mediate with their colleagues on different floors or hospital sites because they can now send a quick text message. Nurses are also reporting significant increases in their awareness and use of research, and in the quality of care they can provide.

Doran says her data is also starting to show how the technology is improving the quality of nurses’ work lives, especially in long-term care. She believes the increased benefit may be because the PDAs are giving RNs in long-term care and the community access to information hospital staff has long been able to find in the organization’s library or by talking to another team member.

“In long-term care, there may only be one RN working, so she doesn’t have ready access to other colleagues to consult with,” she says.

Jill Geiger can attest to that. She usually works the night shift at Bluewater Rest Home in Zurich, 70 km northwest of London. That means she’s the only RN on duty at 3 a.m., so if she has a question about a new medication a resident is on or wants to look up nutrition recommendations to prevent constipation in RNAO’s best practice guidelines, she can do it quickly on her tablet instead of relying on cumbersome books that may be outdated before the ink on their pages is dry.

“The fact you’ve got current information at your fingertips, that’s wonderful,” she says. “We’re able to provide better care.”

George Fieber says better care motivates him to stick with the project. Fieber is the professional practice leader at Thunder Bay Regional Health Sciences Centre, and joined the PDA initiative when it began last year. He says RNs are using tablets across the hospital, with varying degrees of success.

Nurse practitioners in acute care units, for instance, can now do research on the go, and lower nurse-to-patient ratios in the intensive care unit meant those RNs were able to spend time getting used to the tool. But he says it was harder for nurses on the busy medical/surgical floor to work tablets into their shifts. Fieber says more nurses got excited about PDAs once they were linked to patient information on the hospital’s electronic health records, and when the hospital became a candidate to be an RNAO Best Practice Spotlight Organization and set out to implement five BPGs over three years. Now, for example, RNs can use the electronic health record to instantly see which patients will need information about caring for an ostomy when they go home, and show them an electronic presentation based on a newly released BPG on the topic.

Nancy Bauer can understand why it took time to make PDAs an integral part of practice, but she believes that, one day, reading a BPG on an iPhone will be as indispensable to practice as a stethoscope is today. Bauer led some of the workshops to teach nurses how to use the tools, and she says if RNs start to feel frustrated with their PDA, they should just remember one thing: they master more complex nursing knowledge and skills during every shift.

“Each and every day of my nursing career, I learned things that were far more complicated than the PDAs,” she says. “This is just a tool to do the other work, which is far more complicated.”

In Ottawa, public health nurse Nadine Hodgins says it was easy to adapt to her tablet. Hodgins is a member of Ottawa’s Live it Up team that visits high schools to promote healthy eating and exercise to students. During the school year, Hodgins is usually on the road. The tablet allows her to keep in touch with principals and teachers without wasting precious time travelling back to the office to read emails. Hodgins says she’s also glad to have the tablet on hand so she can double-check her facts, or show students the city’s website where they can get information on sexually transmitted infections. It’s also handy if a teacher asks Hodgins to teach students about sexual health.

“We sometimes get requests from teachers about something that’s beyond physical activity and nutrition. Then we can look at the school curriculum and see how the public health resources we have match up,” she says.

Back in Sioux Lookout, Collier says the PDA is more than a tool that can save time and paper — it also shows the nurses management understands that they need the latest knowledge. She believes the devices are particularly helpful to recruit new graduates who won’t want to work in isolated northern communities unless they’re plugged into the latest research. Patients have also started to notice the PDAs. In fact, Collier says it’s funny when a patient comments on how state-of-the-art SLMHC’s nurses are, since they’re using the latest technology in a building constructed long before computers became a must-have appliance in everyone’s home.

“We’re in a hospital that’s 70 years old. So the fact that we’re pulling out PDAs is pretty neat,” she says.

JILL SCARROW IS ACTING MANAGING EDITOR AT RNAO.