Evidence Bytes
Bringing Knowledge and Evidence News to Nurses’ Work

January/February 2013
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January is dedicated to Older Adults and February is Heart Month
Welcome to the first issue of 2013 of the Evidence Bytes Newsletter. With over 350 hits per issue and an ever growing newsletter subscription list, we thank you for taking the time to make Evidence Bytes a part of your practice.

We are excited to kick off our newsletter lineup for 2013 with an issue dedicated to older adults and cardiovascular health.

FHA Point of Care Research Challenge Nursing Study
Assessment of generalist RN/LPN knowledge of heart failure self-management strategies and comfort level in delivery of information
Principal Investigators: Lauren Thomas, RN & Krista Greenberg, RN
Preparing nurses to engage patients in education is an area of interest for the Fraser Health Heart Failure Outreach Support (HOST) team. Lauren, Krista, and the Weepy Hearts research team are now actively recruiting participants - RNs and LPNs who do not have previous cardiovascular experience and are currently working in medicine, surgery, and home health. Participation involves completing a survey that seeks to identify how well prepared nurses are to engage heart failure patients in self-management.

This research has broad applicability to nurses and leaders as we prepare to meet the challenge of chronic illness care. So – don’t hesitate – participate when they come to your unit and support nursing research at the point of care!

If you are interested in participating, contact: Lauren.Thomas@fraserhealth.ca

Heart Failure Patient Education: Where are we at?
It is well known that the prevalence of chronic illness is on the rise, particularly in wealthy nations. In response to expectations that chronic illness care will create overwhelming pressure on the health care system, a clear research interest has shifted on preparing patients for the task of chronic disease self-management.

Heart failure self-management and patient education has been a priority on the agenda of many nursing researchers. A systematic review of educational interventions for patients with heart failure conducted by Boyde, Turner, Thompson, and Stewart (2011) provided some insight into the state of the science around preparing patients to self-manage through educational initiatives.

Educational interventions were varied across the 19 studies. Most involved an initial one-to-one session. The most common outcome measure included direct measures of patient knowledge and self-care behaviours. Although it is commonly accepted that patient education is a vital aspect of excellent nursing care for clients with chronic illness, nursing has been challenged to provide strong evidence for its value, particularly related to clinical outcomes. This is largely the result of inconsistent methodology and variable interventions and outcome measures. Additionally, little is known about the individual nurses who deliver education and the impact these factors may have on success.

Full article: http://goo.gl/7lIhy

Preventing Delirium by Managing Pain

Modeling the use of a sling to support the position for a Hip Fracture X-ray. This can be a painful experience for the client.

Literature states that patients who experience unmanaged pain are 9 times more likely to develop delirium. A study of 411 cognitively intact patients with hip fractures followed 6 months after surgery showed that those with unmanaged pain had:

- Significantly increased length of stay
- Delayed ambulation
- Long term functional impairment
- Greater likelihood (9 times) to develop delirium

Full article: [http://goo.gl/hELZa](http://goo.gl/hELZa)


RCH Heart Function Clinic

The RCH Heart Function Clinic Emergency Avoidance Visit Evaluation Project was presented at the Canadian Council of Cardiovascular Nurses Conference 2012.

According to Cardiac Services BC there are over 90,000 people in BC diagnosed with heart failure, and over 40% live in the FH. RCH Heart Function Clinic was initiated February 1, 2011 with a multidisciplinary approach to promote heart failure education and management with the goals to:

- Improve clients’ quality of life (QOL)
- Reduce hospitalizations due to heart failure
- Reduce mortality

The clinic has received over 465 referrals and currently cares for over 245 clients. An evaluation of the RCH Heart Function Clinic and analyzed data from February 1, 2011 to May 1, 2012 shows:

- **50% reduction** of ER visits
- **50% reduction** of hospitalizations
- **76% improvement** in heart function symptoms demonstrated by the New York Heart Association Class Scale (NYHA)

Submitted by: Charline.Hooper@fraserhealth.ca (NP), Rita.Sobolyeva@fraserhealth.ca, and Marga-

Meet the ARH Specialized Senior Clinic Team

The role of the Abbotsford Specialized Seniors Clinic is to provide comprehensive medical assessments, medication review, psychosocial support, and age related chronic disease management support as well as connecting patients to appropriate health care and community resources. The team’s goal is to partner with primary care providers and other health care agencies to support patients and families to remain in their homes longer and have an excellent quality of life.

Back row: Dr. Haque (Geriatric Psychiatrist), Carl Dragt (Manager), Dr. Skanthan (Geriatrician), Sandra Gruenhage (Registered Nurse), Pat McRae (Clerk), Lori Blain (Pharmacist), Dr. Fluit (COE Physician) Front row: Bev Wilkins (Registered Nurse), Peggy Schonberger (Clerk), Susan McMillan (Social Worker), Carlie Orchison (Registered Nurse), and Lisa Hendry (Patient Care Coordinator). Missing from the photo: Nunu Jaganath (Clinical Resource Nurse), Heidi Cumberworth (Clinical Nurse Educator), Helen Chow (Clinical Nurse Specialist), and Kathleen Friesen (Director)
Hip Fracture Best Practice – A Pilot Project at Abbotsford Regional Hospital (ARH)

The pilot was initiated on November 1, 2012 to improve the outcomes for hip fracture patients. Evidence from last fiscal year showed that less than 24% of the patients went home directly. Mortality rate related to uncontrolled pain, fasting more than 12 hours, lack of operation room availability within 48 hours, oxygen saturation less than 92%, infection, urosepsis, pneumonia, and delirium ranged from 20-36%.

Models of care from Sweden, Scotland, and evidence based best practice were used to develop this pilot project. It is part of a collaborative effort at ARH. The project team, led by Helga Imbenzi, is comprised of many members including Val MacDonald CNS FH, BC Ambulance Services, ARH ER dept, ARH Orthopaedic Surgeons, ARH Anaesthesiology dept, ARH OR, ARH Specialized Seniors Services, Sodexho, and the Directors of FH Nursing Care Home. The initiative seeks to improve outcomes by:

- Delivering the patient with an IV/gown (by BC Ambulance)
- Transferring the patient to the surgical unit in 3-6 hours
- Preventing delirium and pain by adequate analgesia
- Accelerating the time to OR
- Providing surgery within 24 hours for those older than 80 years and in less than 48 hours for those younger than 80
- Preventing catabolic states

For additional information, contact Helga.Imbenzi@fraserhealth.ca

Creating a New Care Delivery System for Fraser Health Patients Needing an Implantable Cardiac Electrical Device (ICED)

Background: Within Fraser Health the service delivery model and clinical care model were non-standardized and fragmented for patients needing an implantable cardiac electrical device (ICED). ICEDs include permanent pacemakers, implantable cardioverter defibrillators (ICD) and cardiac resynchronization therapy (CRT). High demand for ICED was compounded by capacity and budget issues leading to unacceptable wait times.

Methodology: Cardiac and the surgery programs collaboratively worked together to engage multiple stakeholders and used multiple strategies such as comprehensive literature reviews, environmental scans and gap analysis, interviews with subject matter experts, and surveys to develop action plans.

Results: 3 models were adopted for the initiative:

1. ICED Service Delivery Model was developed where four sites were collapsed into two sites.
2. ICED Intra-Procedure Care Model was developed where the anesthesiologist role was assumed by an anesthesia assistant (AA) for uncomplicated pacemaker procedures.
3. ICED Pre- and Post-Procedure Clinical Care Model which adopted the Reimer-Kent Postoperative Wellness Model © (Reimer-Kent, J. (2012). CJCN 22(2), 7–14) as foundational to developing numerous practice support tools.

Evaluation Plan: This initiative will be fully evaluated at 6 and 12 months post-implementation to ensure that it meets the needs of patients and care providers. The outcomes from the evaluation will be analyzed and used to support future enhancements.

Respectfully submitted on behalf of the Cardiac Program – ICED Initiative by: Jocelyn Reimer-Kent, ; Sanjy Lochan, Julie Werry, ; Denise Di Lella, ; Tracy Barra-Navratil.

Research Jargon 101

Q: What is a p-value?
A: A p-value is the chance that what you are observing is something that would happen purely by chance.

For example, a typical result from a study would state something like, “we obtained a p-value of <0.05” - this translates to “there is a less than 5% chance that our findings are something you would see as a result of chance alone” OR “there is a less than 5% chance that the relationship between the variables we are looking at doesn’t actually exist.” Be careful of reading p-values however, as these can be related to different statistical tests that may look at differences between groups, relationships between variables, etc. The type of statistical test also determines how to interpret your p-value.

What are some other research terms you would like to get some clarification around? Email them to: nursingresearch@fraserhealth.ca!
Research Events

**DERS Workshops**
Register today and take advantage of the FREE research workshops offered by the Department of Evaluation and Research Services!

**Publishing Your Research**
Date: February 6, 2013
Time: 9:00-12:00
Location: FH Corporate Office, Central City Tower

**Appraisal of Economic Evidence in Health Care**
Date: February 11, 2013
Time: 9:00-12:00
Location: Fir Room, 4th floor, Central City Tower

**Analyzing Research Data Using Excel**
Date: February 20, 2013
Time: 9:00-12:00
Location: RCH, IM Training Room, Sherbrooke Building

**Disseminating Your Research Results: Posters and Oral Presentations**
Date: February 26, 2013
Time: 9:00-12:00
Location: Fir Room, 4th Floor, Central City Tower

Date: March 05, 2013
Time: 9:00-12:00
Location: Hemlock Room, 4th Floor, Central City Tower

Register at: [http://goo.gl/I9st6](http://goo.gl/I9st6)

For the full listing of workshops, visit: [http://goo.gl/eUG6X](http://goo.gl/eUG6X)

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**Nursing Research Café**
February 25, 2013
13:00-15:30
4th Floor, Arbutus/Birch Room
Central City Tower

**Topics:**
1. South Asian Postmenopausal Women at Risk for Cardiovascular Disease (CVD) & Health Benefits of Yoga
2. Creating a New Care Delivery System for Fraser Health patients Needing an Implantable Cardiac Electrical Device (ICED)
3. Assessment of the Generalist RN/LPNs Knowledge of Heart Failure Self-Management Strategies and Comfort Level in Delivery of Information
4. Royal Columbian Hospital Heart Function Clinic

Register at: [http://goo.gl/fUflk](http://goo.gl/fUflk)

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**Biennial School of Nursing Research Conference**
"Both/and" not "Either/or": Valuing multiple modes of inquiry
May 10, 2013
University of Victoria, BC
Registration deadline: Midnight, April 19, 2013
Fee: Student $ 50+Taxes, Non-students $100+Taxes

Moving beyond binaries and dualism ("either/or" logic) to embrace a spirit of inclusion ("both/and"), students, alumni, faculty, staff, and practice partners are invited to explore how multiple modes of inquiry advance research for practice in nursing. Employed in many contexts from religion to rhetoric, the concept of "both/and" proposes that we encompass multiple ideas and viewpoints—even contradictory ones—at the same time.

For more information, visit: [http://goo.gl/7WE4L](http://goo.gl/7WE4L)
Register at: [http://goo.gl/4Z7Yn](http://goo.gl/4Z7Yn)

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**17th National Conference on Gerontological Nursing**
Personhood & Caring: Honouring the Older Adult’s Journey
May 29 to June 1, 2013.
Sheraton Vancouver Airport Hotel, Richmond

This conference will provide you with gateways to meet and dialogue with older adults, nurses and interdisciplinary colleagues, across the FULL spectrum of life’s journey and care (acute, home health, community, mental health, residential, assisted and independent living).

For more information, visit: [http://goo.gl/iq1tr](http://goo.gl/iq1tr)
Information on conference support grants: [http://goo.gl/jpTCe](http://goo.gl/jpTCe)
Register at: [http://goo.gl/jx5gH](http://goo.gl/jx5gH)
Upcoming Funding Ops

The Terina Werry Excellence in Critical Care Nursing Bursary

This is an annual bursary in the amount of $800 to be used to further nursing or post graduate studies, or for conference fees.

**Deadline: March 31st each year**

The Florence Martin Excellence in Nursing Bursary

This is an annual bursary in the amount of $1,000 for nurses working in pediatrics. Although anyone may apply, preference is given to single parents. Preference will also be given to Pediatrics but will be open to other chosen departments. This bursary has been generously provided by the children of Florence Martin, the Egeeland family; Debby, Steve, Lory and Deanna.

**Deadline: March 31st each year**

For more guidelines and to download application, visit: 
[http://goo.gl/AA7UK](http://goo.gl/AA7UK)

Critical Literature Review
Grant amount: $5,000

Established in 2005. COTF is funding the grants and CAOT will be disseminating published works. It is a joint initiative between CAOT and COTF.

**Deadline: February 28th each year**

Isobel Robinson Historical Research Grant
Grant amount: $2000

Established in 2004. Awarded every two years to individual, life or student members of CAOT undertaking historical research on some aspect of occupational therapy.

For more info, visit: [http://goo.gl/cx3fP](http://goo.gl/cx3fP)

Canadian Occupational Therapy Foundation Research Grant

COTF Research Grant
Grant amount: $5,000

Awarded annually to individual, life or student members of CAOT who have been sponsored by an employer or educational institution to pursue research directly applicable to the practice of client-centered occupational therapy.

**Deadline: February 28th each year**

Sigma Theta Tau International

Emergency Nurses’ Association Foundation Grant
Grant amount: $6000

**Deadline: March 1st 2013**

The purpose of this grant is to encourage nursing research that will advance the specialized practice of emergency nursing.

For more info, visit: [http://goo.gl/NXNDh](http://goo.gl/NXNDh)

Rehabilitation Nursing Foundation Grant
Grant amount: $4500

The purpose of this grant is to encourage research related to rehabilitation nursing.

For more info, visit: [http://goo.gl/mTtlw](http://goo.gl/mTtlw)

About Evidence Bytes
This bi-monthly newsletter is written by the Nursing Research Facilitator and brings you the latest research news at Fraser Health. We hope this newsletter assists nurses in finding, evaluating, and using evidence in practice.

**Click to Subscribe**

If you have story ideas, research events or news to share, please email: nursingresearch@fraserhealth.ca or call: 604-953-5112 x769625

Submission deadline for the March/April, 2013 issue:
Feb. 15, 2013