

K_{ingston} N_{ursing} R_{esearch} C_{onference}



Thursday, 2019 March 07
St. Lawrence College
100 Portsmouth Avenue
Kingston, Ontario

Presented by:



Acknowledgements

Collaborating organizations are acknowledged for their significant financial contribution in support of this conference as well as support of planning committee members.



Planning Committee

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The planning committee wishes to acknowledge and thank those who have provided displays and exhibits of interest to conference participants.

Displays

Canadian Nurses Association

KFL&A Public Health

Kingston Community Credit Unit

Queen's School of Nursing Graduate Programs

Registered Nurses Association of Ontario

Donations

Mathew Stephenson, Surgical Specialist

Cardinal Health Canada

Educational Grants

Dwayne Henne

Financial Planner & Investment Advisor



On behalf of the Kingston Nursing Research Conference Planning Committee collaborating organizations,



We welcome more than 30 speakers and poster presenters to share some of the exciting and innovative nursing research taking place in the Greater Kingston Area and we anticipate your experiences today have the potential to transform your practice.

This annual conference allows participants an opportunity to be engaged in the nursing research process and allows participants to immerse themselves in a wide variety of topics which will enable the exchange of both current clinical practice and innovative research.

We are honoured to have 91 participants joining this forum; coming from clinical practice, academia, and leadership positions as well as nursing students, including 1 St. Lawrence College-Laurentian University student and 121 Queen's School of Nursing students dropping in for portions of the day.

The event opens with *Evidence Informed Care in Pursuit of Quality Health Outcomes* presented by **Dr. Doris Grinspun**, RNAO Chief Executive Officer; followed by a symphony of informative talks and opportunities to network and experience invaluable professional development; and closes with keynote presentation *Trauma Informed Care: Supporting Ourselves and our Patients* presented by **Yehudis Stokes**, University of Ottawa PhD Student.

We wish to recognize Dwayne Henne, Financial Planner & Investment Advisor with KCCU Wealth Solutions for generously providing an education grant to support our conference. Please visit Dwayne at the KCCU Wealth Solutions display during the conference for information about his services.

Thank you for joining us in what promises to be a most rewarding and extraordinary event.

Nicole Chenier-Hogan & Barb Patterson

Nicole Chenier-Hogan & Barb Patterson
2019 KNRC Co-Chairs

Presenters

- Monika Bhatnagar, BSc, MSc, Manager of Professional Practice-Allied Health, Providence Care Hospital
- Debra Campbell, RN, BScN, CCN(c), PMPA Student, Queen's University & Cardiac Rhythm Device Clinic Nursing Coordinator, Kingston Health Sciences Centre
- Marie-Jo Cleghorn, MHSc, Clinical Education Coordinator, Providence Care Hospital
- Dr. Jacqueline Galica, RN, MSc, PhD, CON(C), Assistant Professor, Queen's University School of Nursing
- Dr. Doris Grinspun, PhD, Chief Executive Officer, Registered Nurses' Association of Ontario
- Jessica Holmes, RN, BScN, MN, CON(C), Patient Navigator, Colorectal Diagnostic Assessment Program, South East Regional Cancer Program
- Christine Noseworthy, RN, BNSc, Patient Navigator, Lung Diagnostic Assessment Program, South East Regional Cancer Program
- Jennifer Pereira, RN, BScN, Patient Navigator, Esophagogastric Diagnostic Assessment Program, South East Regional Cancer Program
- Dr. Marian Luctkar-Flude, RN, PhD, Assistant Professor, Queen's University School of Nursing
- Suzanne Poldon, RN, BNSc, MNSc Student, Queen's University School of Nursing & Staff Nurse (SADV and Inpatient Surgery), Kingston Health Science Centre (KGH site)
- Cathy Seymour, BNSc, Clinical Learning Specialist for Critical Care, Kingston Health Sciences Centre (KGH site)
- Vanessa Silva e Silva, PhD(c), Queen's University School of Nursing
- Ruhi Snyder, RPSGT, CCSH, Sleep Disorders Lab, Kingston Health Sciences Centre
- Yehudis Stokes, RN, MScN, PhD Student, University of Ottawa & Neurology Clinic Case Manager, CHEO
- Katie Weekes, BScN, Davies 4 ICU Staff Nurse, Kingston Health Sciences Centre (KGH site)

Poster

- A Scoping Review of Nursing Students' Experiences of Patient Safety Incidents – *Lenora Duhn & Nancy Sears*
- Cardiac Implantable Electronic Device Remote Monitoring Follow-up: Informing Future Guidelines and Policy from the Patients' Perspective – *Debra Campbell*
- Creating a Knowledge Community in Falls Prevention as a RNAO BPSO Candidate – *Shari Glustein & Vic Sahai*
- Establishing, Implementing and Sustaining a Mentorship Program – *Monika Bhatnagar & Marie-Jo Cleghorn*
- 'GOING VIRAL' A Case Study on Dilated Cardiomyopathy – *Crystal Blakely*
- Healing a Broken Heart: An In-depth Look at Takotsubo Cardiomyopathy – *Louise Snider*
- Hospital to Home: Leveraging Health Literacy Strategies to Mitigate Barriers to Successful Transitions – *Darlene Bowman, Stacy Cox & Amy Ronan*
- Implementation and Evaluation of a Nap-at-Night Intervention Strategy for Front-Line Hospital Staff – *Cathy Seymour & Katie Weekes*
- Management of Patients Receiving Immunotherapy: The Current Patient Education Process at the Cancer Centre of South Eastern Ontario – *Janet Giroux*
- Nursing Practice & Technology: Cell Phone Use – *Tracey Stevenson*
- Quality Improvement Initiative – Resolving Automatic Dispensing Unit Discrepancies – *Jane Dantes & Rene Thibault*
- Results of a Mixed Methods Study of Effects of Neurofeedback on Cognitive Impairment and Fatigue in Post-Treatment Breast Cancer Survivors – *Marian Luctkar-Flude*
- Sticky Situation: Does Thrombocytopenia Increase Risk for Major Adverse Events in Patients Undergoing Stentless Tissue Valve Implantation? – *Crystal Blakely & Rebecca Hart*
- Using SAFEWARDS to Reduce Violence in the Workplace – *Kendra Moore*
- Virtual Simulation Game Versus Case Study: Nursing Student Preference for Presimulation Preparation Activities - *Marian Luctkar-Flude*

Agenda

0800 am

Registration, Continental Breakfast & Poster Viewing
- *please arrive early to ensure a prompt start*

0830 am

Welcome
· *Jolene Heil*

0840 am

Keynote Presentation: Evidence Informed Care in Pursuit of Quality Health Outcomes
· *Doris Grinspun*

0925 am

Navigating Diagnostic Care for People at Suspicion of Cancer: The Role of Patient Navigator in Practice and Quality Improvement
· *Jessica Holmes, Christine Noseworthy, Jennifer Pereira*

0955 am

Refreshment Break & Poster Viewing

1025 am

Probing a Geographical Frontier in Psychosocial Oncology: How do Ovarian Cancer Survivors Living Outside of Large Metropolitan Centres Cope with Fear of Cancer Recurrence?
· *Jacqueline Galica*

1040 am

Results of a Mixed Methods Study of Neurofeedback on Cognitive Impairment and Fatigue in Post-Treatment Breast Cancer Survivors
· *Marian Luctkar-Flude*

1055 am

Virtual Simulation Game Versus Case Study: Nursing Student Preferences for Pre-simulation Preparation Activities
· *Marian Luctkar-Flude*

1110 am

Cardiac Implantable Electronic Device Remote Monitoring Follow-up: Informing Future Guidelines and Policy from the Patients' Perspective
· *Debra Campbell*

1130 am Lunch Break

1245 pm

Establishing, Implementing and Sustaining a Mentorship Program
· *Monika Bhatnagar & Marie-Jo Cleghorn*

1300 pm

Defining Criteria for Successful Organ Donation Programs: A Scoping Review
· *Vanessa Silva e Silva*

1315 pm

Understanding the Influence of Inter-Professional Relational Networks within Organ Donation Programs in Ontario: Research in Progress
· *Vanessa Silva e Silva*

1330 pm

Implementation and Evaluation of a Nap-at-Night Intervention Strategy for Front-Line Hospital Staff
· *Cathy Seymour & Katie Weekes*

1345 pm

Field Observations on Current Patterns of Sleep in Pre-Teens and Teens
· *Ruhi Snyder*

1415 pm Refreshment Break & Poster Viewing

1445 pm

Exploring How Sexual Assault Nurse Examiners in Ontario Practice Trauma Informed Care: Preliminary Results
· *Suzanne Poldon*

1500 pm Poster & Student Awards

1505 pm

Keynote Presentation: Trauma-informed Care: Supporting Ourselves and our Patients
· *Yehudis Stokes*

1550 pm

Closing Remarks

**Oral Presentation
Abstracts**

KEYNOTE

Evidence Informed Care in Pursuit of Quality Health Outcomes

Doris Grinspun, PhD, MSN, BScN, RN, LLD(hon), Dr(hc), FAAN, O.ONT



Dr. Doris Grinspun is Chief Executive Officer of the Registered Nurses' Association of Ontario (RNAO), the professional association representing registered nurses, nurse practitioners, and nursing students in the province of Ontario, Canada's largest jurisdiction. RNAO's mandate is to advance healthy public policy and the role of registered nurses and nurse practitioners. Grinspun assumed this position in 1996. She is the founder and visionary of RNAO's internationally renowned Best Practice Guidelines Program and a leading figure in Canadian and international health and nursing policy.

From 1990 to 1996, Grinspun served as Director of Nursing at Mount Sinai Hospital in Toronto. She has also worked in practice and administrative capacities in Israel and the United States. Grinspun, who was born in Chile, has an RN diploma from Hadassah School of Nursing in Jerusalem, Israel; a baccalaureate degree in nursing and

organizational behavior from Tel Aviv University, Israel; a master of science in nursing from the University of Michigan in Ann Arbor, Michigan, USA; and a PhD from the Department of Sociology at York University in Toronto, Ontario, Canada.

Grinspun is Adjunct Professor in the Faculty of Nursing at the University of Toronto, Adjunct Professor at the University of Ottawa School of Nursing, and Associate Fellow of the Centre for Research on Latin America and the Caribbean (CERLAC) at York University. Grinspun was a member of the board of directors of Sigma Theta Tau International Honor Society of Nursing (Sigma) from 2013–2017. She has served on several Sigma task forces and committees and is a proud Virginia Henderson Fellow.

For over 2 decades, Grinspun has led many international programs in Latin and Central America, China, Australia, and Europe. Having published and spoken extensively in Canada and abroad, she is a forceful advocate of Canada's universal health system and the contribution of registered nurses and nurse practitioners to its success. Her expertise is in the areas of health, healthcare, and nursing.

Grinspun appears frequently in the media, advancing nursing, health and social policy, and evidence-based practice. She has been featured in major media outlets and publications for her bold, compelling, and visionary leadership. Examples include *North of the City* (Ontario, 2004); *National Review of Medicine* (Canada, 2004); *GP Provincial Profile* (Ontario, 2005); *Pace International* (Australia, 2005); *Factor Hispano* (2006); *Nursing Economic\$* (USA, 2010); *Jewish Tribune* (Canada, 2013); *El Pais* (Spain, 2014); *La Vanguardia* (Spain, 2012, 2014); and numerous newspapers in Chile, Peru, and Spain in 2016, 2017, and 2018.

Throughout her career, Grinspun has received numerous professional and scholarly awards. In 2003, she was invested by the government of Ontario with the Order of Ontario, in recognition of the highest level of individual excellence and achievement in any field. In 2010, the Canadian Hispanic Business Association named her one of the 10 Most Influential Hispanic Canadians. In 2011, Grinspun was conferred the degree of doctor of laws honoris causa by the University of Ontario Institute of Technology. In 2012, she received the Nursing Leadership Award from Sigma's Lambda Pi at-Large Chapter. Also in 2012, Grinspun was the recipient of the Nursing Leadership Award from the Canadian College of Health Leaders. In 2013, she received the Queen's Diamond Jubilee Medal. In 2017, she was conferred the Lampara Florencia Nightingale (Lamp of Florence Nightingale) by the Colegio de Enfermeros de Peru (College of Nurses of Peru). Also in 2017, she was declared Distinguished Visitor Municipalidad de Tacna, Peru, and conferred with Tacna's City Medal. In February 2018, Grinspun was the first nurse ever to be bestowed a doctor honoris causa by the Universitat de Lleida - Spain. Most recently, she was inducted as a Fellow of the American Academy of Nursing in November 2018.

Navigating Diagnostic Care for People at Suspicion of Cancer: The Role of Patient Navigator in Practice and Quality Improvement

Background

Under Cancer Care Ontario (CCO), the Diagnostic Assessment Programs (DAPs) manage and coordinate diagnostic care for people at suspicion of cancer, from testing to a rule-out of cancer or to a definitive diagnosis and transition to treatment. In the South East region there are 3 DAPs for the following disease sites: lung, colorectal and esophageal/gastric. The DAP teams include a patient navigator who acts as a single point of contact and supports care coordination, patient education and the psychosocial needs of patients. The navigator collaborates with members of the multidisciplinary team to provide care that is evidence-based, streamlined and person-centered. Each DAP disease site is unique based on their own evidence based care pathways and the nature of the patient population they work with.

Problem/Issue

A primary focus for CCO is ensuring equitable access to care for patients during the diagnostic phase of the cancer care continuum. The DAPs strive to work towards this goal; however, each program is challenged in different ways. In the LDAP, an identified access to care issue is the wait time to a confirmed diagnosis or rule out of lung cancer. In contrast, the CDAP has struggled with how to offer equitable geographic access to navigator support for patients receiving care outside of the Kingston hospitals. Finally, the EDAP was established in 2018 to address the lack of navigator support for esophageal/gastric patients, who undergo a particularly complex diagnostic and treatment pathway.

Methods

Each DAP used a similar methodology with the quality improvement work being undertaken. The approach involved Plan-Do-Study-Act (PDSA) cycles, which is a well-established framework used in Quality Improvement. During the PDSA cycles, engagement from the DAP multidisciplinary team was imperative. Each team included the navigators, physicians, administrative staff, quality improvement specialists and management.

Results

The PDSA cycles allowed us to track data and measure our improvement based on previously defined goals. For the LDAP, time of referral to time of diagnosis improved from a median wait time of 34 days down to 27.5 days. For the CDAP, the virtual navigation model was implemented for N = 20 patients in 2017/18 at LACGH; for these patients the wait time for staging was reduced to below provincial targets, for CT imaging from a median of 16.5 to 7 days, and MRI imaging from a median of 23 days to 7 days. For EDAP, the new model was implemented for N=74 patients in 7.5 months; and staging CT wait times were reduced for these patients below the provincial target of 10 days, to 6.8 days for a recent sample of patients.

Conclusions

The DAPs are helping to improve access to care for their patients through a focus on patient-centered measures and multidisciplinary collaboration. The Patient Navigators work at the frontline with patients and families every day, as well as contribute their nursing knowledge, skills, and expertise to improve the care provided to patients undergoing a potential diagnosis of cancer.

Probing a geographical frontier in psychosocial oncology: How do ovarian cancer survivors living outside of large metropolitan centres cope with fear of cancer recurrence?

Problem/Issue

Fear of cancer recurrence (FCR) is a paramount concern among ovarian cancer survivors (OCS). It is suggested that cancer survivors living beyond large urban centres have higher psychological morbidity, however, no known studies have explored the methods by which OCS living outside of large urban centres cope with FCR. Study objectives were: i) to explore responses used by OCS treated at the Cancer Centre of Southeastern Ontario (CCSEO) in Kingston, Ontario to cope with FCR; and ii) to explore these OCS' styles of coping with FCR.

Methods

Semi-structured questions were used to elicit data from OCS treated at the CCSEO via focus groups or 1:1 telephone interviews. Interviews with English-speaking women over 18 years of age were transcribed verbatim. Participants completed a demographic form and the Fear of Cancer Recurrence Inventory, and clinical information was extracted from hospital charts.

Results

The average age of participants (n=15) was 62.8 years (Range 51-76 years) and the average time since diagnosis was 2.7 years (Range 1-19 years). Fourteen of the 15 participants had a level of FCR that may benefit from professional intervention. In the qualitative data, the descriptions of women were varied and sometimes contradictory, but five common themes were expressed by all women: 1) finding what works; 2) redirecting thoughts and actions; 3) knowing, trusting, and prioritizing self; 4) uniqueness and belonging; and 5) health care provider support. One additional theme was expressed by most women: 6) preparing for the future.

Conclusion

Findings illuminate the need for psychosocial oncology resources beyond large metropolitan areas. Results can serve as a catalyst for intervention development and subsequent research using integrated knowledge translation strategies to reduce geographical disparities of psychosocial cancer survivorship care.

Results of a mixed methods study of effects of neurofeedback on cognitive impairment and fatigue in post-treatment breast cancer survivors

*Also a poster

Background

Cancer-related fatigue and postcancer cognitive impairment (PCCI) or “chemobrain” are distressing symptoms that linger post-treatment. EEG biofeedback or neurofeedback brain training is a non-invasive, drug-free Complementary and Alternative Medicine (CAM) therapy reported to help with a variety of conditions including fatigue and cognitive decline. This study aims to determine feasibility of a randomized controlled trial investigating the effect of neurofeedback on PCCI and fatigue in post-treatment cancer survivors.

Methods

Sixteen post-treatment breast cancer survivors were recruited for this pilot wait-list controlled study. Participants served as their own wait-list controls and received 20 NeurOptimal™ neurofeedback sessions over a ten week period. Primary study outcomes were cognitive impairment as measured by an objective neurocognitive assessment, CNS Vital Signs, and a standardized patient-reported outcome (PRO) measure, the FACT-Cognition Scale. Secondary outcomes include fatigue as measured by the FACIT-Fatigue. Participants completed a follow-up interview five to ten weeks post neurofeedback therapy.

Results

Self-reported cognitive status increased following neurofeedback therapy: Total FACT Scores were statistically significantly different [$F(1.346, 18.845) = 6.192, p = .006$] with a medium effect size (partial eta squared = .307); however, objective measures did not demonstrate any changes: Mean scores for CNS NCI not statistically significantly different [$F(1.021, 10.213) = .554, p = .477$]. Self-reported fatigue decreased significantly following neurofeedback therapy: FACIT-Fatigue [$F(2, 28) = 10.953, p = .000$] with a large effect size (partial eta squared = .439).

Conclusions

Results of this pilot feasibility study demonstrated that the neurofeedback protocol was acceptable to cancer survivors. Statistically significant improvements in perceived cognition and fatigue levels support the need for further trials of neurofeedback in cancer survivors.

Funding

Queen’s University School of Nursing Research Development Fund (RDF), and the INCAM Research Network Canadian CAM Research Fund (CCRF).

Virtual simulation game versus case study: Nursing student preferences for presimulation preparation activities

*Also a poster

Background

Presimulation preparation activities are critical to prepare learners to participate fully in clinical simulations; however, learners often do not complete traditional presimulation activities such as assigned readings. In alignment with self-regulated learning senior nursing students were provided with a choice of presimulation preparation activities based on their self-determined learning needs.

Research Questions

Given a choice, which presimulation preparation activities will senior nursing students complete prior to participating in a live simulation: case study, virtual simulation game (VSG), lecture notes and readings, self-assessment rubric, and/or scenario summary/patient profile? Which presimulation preparation activities are perceived as most/least helpful?

Method

Senior nursing students were provided with several presimulation activities to choose from: case study, VSG, lecture notes, textbook readings, self-assessment rubric, scenario summary and patient profile. Participants indicated which activities they completed, and rated the case study and VSG in terms of usability, engagement and impact on learning, using a modified CRISP survey.

Results

Seventy-six senior nursing students participated. Of these 68% reviewed the scenario and patient profile; 66% completed the paper-based case study; 46% played the VSG; 43% completed the self-assessment rubric; 13% reviewed lecture notes/textbook readings; and 12% completed no preparation. Interestingly 30% of learners chose to complete both the case study and virtual simulation game. Time spent on the case study was an average of 8.8 minutes, whereas learners reported spending 11.5 minutes on the virtual simulation game, 15 minutes reviewing the scenario and patient profile, 5 minutes completing the assessment rubric, and 8.3 minutes reviewing lecture notes or textbook readings. Participation in any preparation resulted in significant improvements in competence ($t=2.3$; $p=.02$). Learners rated the VSG higher than the case study in terms of usability ($t=2.6$; $p=.01$), engagement ($t=2.8$; $p=.01$) and impact on learning ($t=2.4$; $p=.02$). Qualitative feedback suggested the VSG supported clinical decision-making and reduced learner anxiety during simulation.

Conclusion

Results revealed senior nursing students have different preferences for presimulation preparation. Although more completed the case study than VSG, those who played the game rated it more highly. Further qualitative study may help to explain the different choices made by the students.

Cardiac Implantable Electronic Device Remote Monitoring Follow-Up: Informing Future Guidelines and Policy from the Patients' Perspective

*Also a poster

Background: The growing number of Cardiac Implantable Electronic Devices (CIEDs) being implanted has necessitated additional in-clinic follow-up. Remote monitoring (RM) is a technology that transmits CIED data directly from patients' home to clinic through a company specific server. Current evidence suggests that RM is a safe alternative to in-clinic follow-up, and is often recommended as a safety measure for CIEDs with lead and battery advisories. Current standard CIED follow-up includes a 1:1 ratio of in-clinic and RM assessment. Given RM's proven safety, a paradigm shift to exclusive RM has been suggested where patients access clinic only if they have a CIED or lead concern. To date, there is little evidence regarding the patients' perspective and experience while on RM. Accreditation Canada mandates that all aspects of health care planning, delivery, and evaluation be centred on the patient and family. No patient satisfaction questionnaires regarding RM have been conducted at our center since implementation in 2012.

Purpose: To acquire knowledge regarding the patient perspective on RM and to better understand their level of confidence and satisfaction with this emerging technology.

Methods: A survey approach was used wherein a telephone questionnaire was conducted with 80 CIED patients' who were registered on RM and who had completed ≥ 1 remote transmission. Standard descriptive statistical analysis was completed, and Spearman correlations were used to assess the association between items with ordinal response options.

Conclusion: Results of the study questionnaire will inform guideline and policy makers to ensure our practices remain patient centered, and meet accreditation standards for exclusive RM.

Establishing, Implementing and Sustaining a Mentorship Program

*Also a poster

Purpose

To establish and implement a mentorship program for clinical staff to foster and support an organizational culture of mentorship which inspires people to live Providence Care values, strengthens relationships, and encourages professional growth, development, and leadership capacity

Methods

Before initiating the program, a literature review was completed to examine the benefits of a mentorship program. With the support of Senior Leadership Team, a working group was established and resources were developed. Stakeholder and manager engagement/training was undertaken, and Phase 1 of implementation began in 2011. To evaluate the program, the working group held focus groups and reviewed feedback from attendees. As a result, the program was enhanced; the formalized mentorship training program was initiated in November 2012:

- 3 1/2 hour training session that is free to Providence Care staff
- Facilitated by 3 instructors, and offered 3-4 times per year

To sustain the program feedback surveys are sent to both mentor and mentee and data regarding number of pairings has been collected and trended over time with comparable Human Resources (HR) hire statistics.

Results

We have been able to develop, implement and sustain a program that is supportive and non-evaluative that fosters peer-to-peer relationships. In addition, this program consistently receives positive feedback based on survey results from new employees who are trying to integrate within a new working environment, and has been cited as a motivating factor to stay within this organization. Pairings and attempts to pair have increased consistently with a current rate of greater than 90% based on comparative HR data.

Conclusions

This initiative was established to support our organizational culture. As a result of its implementation, Providence Care has strengthened collegial relationships, developed leadership capacity, and enhanced recruitment and retention. This program has been sustained as a result of the flexibility of the program to incorporate mentee/mentor feedback, and the utilization of Professional Practice Leaders to match newly hired allied staff, and Clinical Educators to match newly hired nursing staff. Our mentorship pairings continue to rise with the goal set to attempt to match 100% of new clinical staff hires, and match transferring clinical staff as appropriate. Mentor training registration continues to rise as word of mouth regarding the benefits of the program spreads, and former mentees request to become mentors themselves.

Defining criteria for successful organ donation programs: A Scoping Review

Issue

Organ donation program performance evaluations have predominantly focused on cross-country comparisons of quality indicators and legislative processes. Even though those evaluation measures are relevant to quality assessment, there are other criteria that need to be identified and accounted for to define a program as successful. **Therefore**, this scoping review aims to synthesize the current evidence on key organizational attributes and processes of international organ donation programs associated with successful outcomes.

Methods

We followed a three-step approach for systematic scoping reviews in accordance with the Joanna Briggs Institute. Inclusion criteria: Studies, reports or documents that investigated and provided measures for organ donation program, processes, or initiatives effectiveness/success worldwide (conversion rates, number of organs transplanted, cost-effective measures); studied program evaluation generically, but contained success measures and definitions for programs; definitions of organ donation program effectiveness; measurement of good processes or organ donation program improvements. Full text available in Spanish, Portuguese or English, with no year limit. Exclusion criteria: Studies not related to the 'concept of interest' (success, effectiveness, good processes description); evaluation of other programs (organ transplant programs, tissue donation and transplantation programs, mental health programs, etc.); other healthcare and non-healthcare related studies that do not contain definitions or measures for effectiveness and success in organ donation program evaluation; conference abstracts not linked to full text article. non-heart beating/donation after circulatory death programs; articles about knowledge and attitude of people about organ donation; tissue donation programs (bone marrow, skin, bones, eggs, sperm, stem-cell, cornea); paired kidney donation programs and living donation programs; composite tissue transplant (face/hand/leg); organ donation quality indicators for organ transplantation and not focused in the organ donation programs. All documents were screened by two independent reviewers as follows: (1) studies selection by title and abstract reading (in progress), and (2) study selection after full text reading. The synthesis will include quantitative analysis (e.g., frequency analysis) of general data on the type of study, country of study, terminologies used to describe "success", etc.; and qualitative analysis (e.g., content analysis) of the components of the research purpose and conceptual definitions of "success" in organ donation programs.

Results

A total of 7832 articles were identified and 958 duplicates were removed. During the title and abstract screening phase 6662 articles were excluded due to irrelevance to this research. We reviewed 208 full texts and 69 articles were included for data analysis. From the 69 articles reviewed, no one defined the term "success" for organ donation programs. Organ donation programs described in the articles were at different levels of maturity, and the great majority of the articles that described their programs as successful, linked success with their conversion rates or performance in effective donations. Three main domains were identified in the qualitative analysis of the articles as follows: barriers to success, facilitators to success and routes to success.

Conclusion

This research is still in progress. We will present findings relevant to the identified domains. It is anticipated that the findings from this research will better inform the development of future quality initiatives for organ donation programs.

Understanding the Influence of Inter-Professional Relational Networks within Organ Donation Programs in Ontario: Research in Progress

Issue

To optimize organ donation performance, we need to understand the nature and impact of the complex factors that may influence success. Some factors are well known and might not be modifiable (e.g., contra-indications for transplant, age limit of organ donor, etc.), but others (e.g., interprofessional collaboration and relationships) are poorly understood. The overall aim of this research is to understand the nature and impact of relationships within the organizational context of organ donation programs in Ontario.

Methods

We will employ exploratory, multimethod study: (1) to describe the characteristics of social networks of health care professionals of the organ donation programs (Social Network Analysis) and (2) to describe the organizational attributes and processes of organ donation programs (Multiple Case-Study), and (3) to compare the influence of social networks and organizational attributes on the performance of organ donation programs (Network Comparison). The study sites will include Ontario hospitals designated as type A based on trauma centre level (Public Hospitals Act classification); and hospitals partners of the Ontario's Organ Donation Organization. At least five sites will be purposely selected to capture the greatest variability of settings possible.

Results

We will start data collection at Site 1 on November 14th, 2018. Our presentation will include a description of the theoretical underpinnings to the proposed study design, the implementation and start-up activities, and preliminary findings.

Conclusion

Understanding the influences of professional and relational networks on organ donation outcomes is relevant to the development of interventions to optimize performance.

Implementation and evaluation of a nap-at-night intervention strategy for front-line hospital staff

*Also a poster

Problem

Shift work is an increasingly prevalent work pattern. Approximately 25% of full-time employees in Canada and 45% of healthcare workers are shift workers. Emerging evidence suggests that shift work exposure, that includes a night shift, is associated with increased risk for chronic diseases. Unfortunately, mitigating the effects of night-shift work in hospitals is complex and few studies have implemented and evaluated interventional strategies. One potential strategy is the implementation of a nap-at-night.

Project aim

To implement and evaluate a nap-at-night strategy during work-breaks for front-line hospital staff.

Methods

We conducted a pre and post test evaluation design consisting of both process and outcome measures. The intervention was a nap-at-night protocol based on a systematic review of the literature that was adapted to local context based on meetings with unit staff and management. At baseline, all staff who rotated through night shifts were invited to participate in a pre-intervention questionnaire that assessed night-time sleepiness and fatigue, overall sleep quality and current practice for breaks. The intervention was introduced and implemented following baseline assessment, and is ongoing. We repeated the baseline questionnaire 7 months later.

Results

We initiated the intervention on March 1, 2018. 40 participants completed the baseline questionnaire. At baseline, only 31% (n= 12) reported taking a nap at night break, occasionally; 26% (n= 10) reported that they did not feel that culture on the unit supported taking breaks on the night shift. There was wide variation in sleep quality scores. Our implementation log book clearly demonstrated that during the past 7 months, more staff have scheduled and taken a nap break. Our post-intervention results are pending.

Conclusions

We have successfully implemented and evaluated a staff-directed, management supported, quality improvement initiative. This project demonstrates that staff can influence their work environment within the context of organizational processes and structures. We will continue to evaluate this intervention, and work with other units interested in adapting the protocol to their unit.

Field Observations on Current Patterns of Sleeping Pre-Teens and Teens

Introduction

Sleep patterns in adolescents and pre adolescents are changing. Data collected in a cross-sectional, multinational study show how mean sleep time has decreased from 8.5- 9 to 7.5 hours in the last 10 years, independent of socio-economic status (*Manyanga, T et. al. Sleep Health 2017 4: 87-95*). Low sleep quantity and quality have been linked to poor academic performance, emotional deregulation, ADHD, alcohol and substance abuse (*Touitou, Y et.al. Journal of Physiology-Paris 2016 110: 467-79*). While preliminary studies have linked decreased sleep time to social expectations, increased structured activities, technology, there is a paucity of data investigating the factors contributing to sleep debt in adolescent and pre-adolescent youth. In the current study, sleep workshops were conducted in multiple schools across Kingston, Ontario (population 123,800 with 15.4% earning < \$20,000.00) to inform and educate students about the importance of sleep. During these workshops, qualitative data were collected to ascertain factors affecting the quality and quantity of sleep achieved by the young participants.

Methods

Interactive sleep workshops were conducted in primary, middle and high schools with students ranging from Grade 5-12 (9-17 years). Students were asked about their bedtimes, total sleep time, and their overall state of well-being. Responses were gathered within one of four frameworks: i) contribution from students raising of their hands when prompted with questions; ii) one on one conversations with students; iii) open group discussions with the students on barriers they are facing to getting a good sleep; iv) feedback from the teachers about the impact of the sleep workshops through content submitted by students in “end of year reflections” received at the conclusion of the school year.

Results

A total of 405 students participated in the workshops (Table 1). A higher proportion of Grade 5/6’s had adequate sleep, based on the students’ perception, which they attributed to parental supervision and the presence of a structured schedule. The amount of sleep decreased with grades 7-12, with only 1-2 students per grade reporting receiving an adequate amount of sleep. Reasons for shortened sleep were delayed bedtimes related to structured activities, social media, environmental disturbances and early rise times. Delayed sleep onset and maintenance was related to pre sleep worries, social media, and over stimulation. Reports of depression, anxiety and frequent headaches were more common in female students than male students. Teachers reported that students responded positively to the interactive workshops, and that the students felt they had made a positive impact on their well-being.

Age Group (Years)	9-11	12-13	14-15	16-17
Number of Student Participants	70	225	80	30

Conclusion

My observations in the field are consistent with the existing literature. Our lack of appreciation of the importance of good sleep is putting the physical and mental well-being of our children at risk. The interactive sleep workshops made a positive impact on the well-being of the students by making the science and importance of sleep accessible. The workshops also created an open dialogue among the students about the barriers they face in achieving adequate sleep and began to address the awareness and practical tools required in order to address these. Further workshops, aimed at students, teachers and parents, have been put in place in a number of schools across the region. The well being of our children is our collective responsibility and such requires collaboration on all sides.

Exploring How Sexual Assault Nurse Examiners in Ontario Practice Trauma Informed Care: Preliminary Results

Problem

Sexual violence is an over-arching term describing sexual acts, completed or attempted, where consent is not freely given. In Canada and the United States, Registered Nurses (RN) employed as sexual assault nurse examiners (SANEs) are trained and educated to address the medical and legal needs of victims/survivors of sexual violence. Trauma informed care (TIC) is an organizational approach recommended for the care of individuals who have experienced trauma, such as sexual violence. Currently, there is poor understanding of whether the practice of SANE incorporate the principles of TIC. The purpose of this study is to understand how SANEs practice TIC for adult and post-pubescent adolescent victims/survivors of sexual violence in Ontario, Canada.

Methods

In this study a qualitative interpretive description approach will be used to answer the research question: what are sexual assault nurse examiners' experiences and perceptions of a trauma informed approach in the care of adult and post-pubescent adolescent victims/survivors of sexual violence? Twelve to fifteen SANEs employed in Ontario will be purposively recruited to participate in semi-structured interviews via online teleconferencing (Skype). The interview guide will be designed to answer the primary research question through examination of the following sub-questions: the application of the six principles of TIC, perceptions of organizational support, and the perceived barriers related to a trauma informed approach in practice. Thematic content analysis of verbatim transcriptions will be completed with the interviews, ultimately informing the data analysis and conclusions of the research.

Results

Preliminary results will be presented at the conference.

Conclusion

The results of the study will provide insight into the current state of TIC implemented by SANEs employed in Ontario. The results will inform practice guidelines and future research on the topic of TIC within this population. By understanding and supporting nurses in their practice, their patients will ultimately benefit from improved services and outcomes.

KEYNOTE

Trauma-Informed Care: Supporting Ourselves and our Patients

Yehudis Stokes, RN, MScN, PhD student



Yehudis Stokes is a PhD student at the University of Ottawa and a Registered Nurse at the Children’s Hospital of Eastern Ontario (CHEO) in Ottawa. At CHEO, she currently works primarily as a case manager in the neurology clinic, as well as a group facilitator with the outpatient dialectical behaviour therapy (DBT) team. Since graduating with her BScN from UOttawa in 2014, Yehudis has served as an RN for youth and families at CHEO on the mental health inpatient units and on the medical float team. She completed her Master’s in Nursing at UOttawa in 2016 with a research focus on exploring nurses’ knowledge and attitudes related to trauma-informed care. Her primary research efforts aim to support health care services (including mental health care services) in becoming trauma-informed, and Yehudis is presently a part of the trauma-informed care steering committee at CHEO. Yehudis is concurrently completing her training as an art therapist with the Toronto Art

Therapy Institute (TATI) and is offering art therapy services as a practicum student at the Ottawa Centre for Resilience (OCFR).

Yehudis’ PhD research is focusing on defining and measuring the core trauma-informed principle of ‘psychological safety’.

**Poster
Abstracts**

A Scoping Review of Nursing Students' Experiences of Patient Safety Incidents

Problem/Issue

Approximately one in 18 patients in Canadian hospitals experience a preventable, harmful safety incident. Research within the field of patient safety has informed strategies to reduce patient safety incidents (PSIs) and near misses within the clinical setting. This is of critical importance within nursing education, as nurses have been identified as the health professional most likely to be familiar with incident reporting. Nursing students often gain exposure to the realities of patient safety incidents as novice practitioners during clinical placements. How students learn about and interpret patient safety and incident reporting within the context of clinical placements remains to be explored.

Methods

This scoping review was guided by the Arksey and O'Malley framework (2005), and addressed the question: *From the current evidence, what is known about nursing students' understanding and experiences of patient safety incidents and incident reporting while practicing in a clinical setting?* The following databases were searched: CINAHL Plus, MEDLINE, Scholars Portal, and ProQuest Nursing and Allied Health. The included articles were: (1) peer-reviewed; (2) described study participants are undergraduate nursing students active in clinical placements; and (3) identified patient safety is the primary focus. Based on the inclusion criteria, studies were selected and data extraction was conducted by two independent reviewers. The data were collated, summarized and reported in narrative form. The data were thematically analysed in order to construct themes to represent the findings. All members of the research team contributed to the analysis and interpretation of the findings.

Results

There are 44 articles in this review, and the themes include: (1) the types of incidents reported; (2) how nursing students engage in incident reporting; (3) student factors related to clinical incidents; and (4) environmental factors relevant to the student experience of incidents.

Conclusion

Nursing students' perceptions of patient safety incidents and the complexity of factors informing their decision to report incidents during clinical placements are described in this review. The results have implications for educators seeking to improve student understanding and application of patient safety principles within clinical settings. The results of the scoping review will inform the next phase of the study, in which an incident reporting tool, tailored for nursing students will be developed.

Creating a knowledge community in falls prevention as a Registered Nurses' Association of Ontario Best Practice Spotlight Organization Candidate

Problem/IssueIn today's world, problems require greater access to and assimilation of information to ensure sustainable solutions. Harnessing our collective knowledge and wisdom increases the probability of innovative and sustainable solutions to systematic challenges such as Falls Prevention. Kingston Health Sciences Centre (KHSC) Hotel Dieu Hospital (HDH) site in Kingston, Ontario provides over 500,000 patient visits per year, serving the Southeastern Local Health Integrated Network (SE LHIN) which has the highest proportion of people 65 years of age and older within the province. The incidence of fall related Emergency Department visits for this age group is 16% higher in the SE LHIN compared with the provincial average (Puxty & Ang, 2015). Completion of fall risk assessments and subsequent implementation of fall prevention strategies and care plans are considered first steps toward the ultimate goal of preventing falls and fall injuries for patients while in hospital and when at home and in their community.

Methods

In order to achieve this goal, we needed to develop a culture and supporting infrastructure that allowed content and process experts, from varying backgrounds, to collaborate, share experiences, and apply their intellectual energy to leverage their knowledge so that the collective wisdom of the team is greater than the sum of each participant. Each participant becomes a knowledge node, and the combination of participants creates a network that can assimilate and integrate information that exceeds the capacity of any individual. This capacity creates new and sustainable knowledge, solutions, and wisdom.

Results

To this end, Hotel Dieu Hospital (prior to integration into KHSC) used the Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) Direct Model, a three year partnership (2012-15) that allowed it the opportunity to create a knowledge community around falls prevention, working together towards BPSO designation as the successful outcome of the candidacy. This partnership supported a culture of collaboration in pursuit of greater wisdom, providing individuals and partner agencies with a common goal of clinical and research excellence in preventing falls. The work involved a process of gap analysis to determine the most relevant recommendations from selected Best Practice Guidelines (BPGs) for our clinical environment, implementation of these recommendations in specific units or across the organization, and data collection for indicators and submission to a collective database (NQuIRE) administered by RNAO. It also involved ongoing evaluation, research and dissemination of findings, knowledge exchange and mentorship, and sustainability planning, bringing individuals together in ways that would not normally occur in "stand-alone" or "silo" organizations.

Conclusions

During this presentation/poster we will introduce the concept of a knowledge community and how, through contextual feedback, we used our BPSO candidacy opportunity to leverage the skills and resources of staff in achieving the goal of best practice in falls prevention.

Reference

Puxty, J. & Ang, M. (2015, November 17). Research & Innovation in Aging Forum: Regional Integrated Falls Prevention & Management [Webinar].

'Going Viral' – A Case Study on Dilated Cardiomyopathy

Problem/Issue

Dilated cardiomyopathy (DCM) is a condition where the structure and function of the heart muscle is abnormal. Dilatation of the left ventricle (LV) leads to LV dysfunction resulting in signs and symptoms of heart failure. Myocarditis, or inflammation of the heart muscle, is thought to be a major trigger in the development of DCM and according to the literature accounts for up to half of all cases. Acute myocarditis is most commonly caused by viruses, which produce an acute inflammatory response leading to cardiac inflammation, remodeling and tissue fibrosis. This predisposes otherwise healthy adults to significant adverse outcomes including arrhythmias, heart failure and sudden death.

Methods

A case study approach will be used to demonstrate the clinical course of acute viral myocarditis by providing an overview of the etiology, pathophysiology, presenting symptoms, diagnosis and treatment of this disease process. The case involves a twenty-nine year old male diagnosed with DCM and heart failure, who presented with symptoms of palpitations, chest pain and dyspnea following a viral prodrome.

Results

Impaired LV function associated with viral induced cardiomyopathy is reversible with optimal medical therapy and supportive measures. Nurses play an important role in patient monitoring as well as teaching related to medication adherence, lifestyle modification, and the importance of adequate follow-up and future preventative measures in order to optimize quality of life and health outcomes.

Healing a Broken Heart: An In-depth Look at Takotsubo Cardiomyopathy

Background

Takotsubo cardiomyopathy (TCM) also known as stress cardiomyopathy (SCM), is a non-ischemic cardiomyopathy in which there is an unexpected and temporary weakening of the wall of the left ventricle. TCM presents as the result of severe emotional or physical stress. These patients present to hospital with signs and symptoms that mimic an acute myocardial infarction (AMI). Research has shown that 90% of TCM patients are postmenopausal women between the ages of 60 to 80 and represent 1-2% of AMI admissions.

Purpose

The purpose of this presentation is to raise awareness about the increased prevalence of TCM and to identify the types of symptoms experienced by patient's prior seeking medical attention.

Methods

Data will be collected retrospectively from our electronic medical records for the past 5 years, identifying patients who have presented to the hospital as an acute myocardial infarction, with the absence of coronary artery disease (CAD) and positive for left ventricular wall motion abnormality.

Implications

There are currently no standardized guidelines for treatment and follow-up of TCM. Additional research and education of healthcare providers is required in order to establish consistency in high quality patient care delivery and to identify modifiable risk factors. Early diagnosis and treatment could result in improved health outcomes and quality of life for this population.

Hospital to Home: Leveraging Health Literacy Strategies to Mitigate Barriers to Successful Transitions

Problem/issue

Limited health literacy is associated with higher rates of hospital utilization and poor self-management skills especially in those with chronic health conditions. Those with limited health literacy skills are especially vulnerable at times of transition. Unplanned healthcare reutilization after discharge from hospital is common and costly. Health literacy, defined as the use of a wide range of skills that improve the ability of people to act on information in order to live healthier lives, affects many Canadians. Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information.

This quality improvement initiative has two objectives.

1. Identify the relationship that health literacy plays in discharge transition from hospital to home
2. Determine if an intervention using health literacy principles results in successful transitions and decreased healthcare utilization

Methods

Unplanned readmissions are often the result of suboptimal discharge processes including discharge planning, medication reconciliation, failed handoffs and insufficient patient and caregiver education. A comprehensive analysis of the discharge process at Kingston Health Sciences Centre (KHSC) informed the coproduction and implementation of an evidence-based toolkit of interventions designed to identify risk factors for unsuccessful discharge transitions, standardize interventions, improve patient preparation for discharge and ensure access to appropriate and timely aftercare. It includes evidence-based health literacy strategies for patients discharged from the General Internal Medicine (GIM) program. These strategies include a patient-and family-centred discharge summary, the use of plain language and teach-back for patient communication and education, and scripted follow-up phone calls 48-72 hours after discharge. Quality measures were obtained for the GIM program and the subgroup of patients who received the full intervention. Specific exclusion criteria were developed for the post-discharge follow-up phone calls. The phone calls facilitated collection of metrics that included the risk of unplanned reutilization and patient and caregiver perceptions of the transition process.

Results

Early findings suggest common transition themes, barriers, and patient and caregiver perceptions.

Conclusions

Ongoing analysis and reporting of process, outcome, balancing and patient experience measures to stakeholders is important to maintain project visibility, energy, and commitment. Findings should contribute to the implementation of future quality improvement initiatives and efforts to optimize hospital discharge transitions. Partnerships along the entire continuum of care are vital to improving transitions.

Management of Patients Receiving Immunotherapy: The Current Patient Education Process at the Cancer Centre of South Eastern Ontario

Problem/Issue

Patient education and clinical advice are cornerstones of oncology nursing care. While the use of immunotherapy is not new in the world of cancer, the use of this comparatively young therapy has grown across multiple disease sites over the last few years. Immunotherapy agents function as immune checkpoint inhibitors; activating the immune system to fight cancer. There are unique side effects associated with immunotherapy that requires proactive, prompt assessment and care coordination to enhance patient understanding of the seriousness of inflammation responses. These agents have novel toxicities generally not well understood by most healthcare providers as they differ from chemotherapy side effect management. Unique immune-mediated adverse events and recommended nursing actions to enhance patient outcomes are now required of nurses working in cancer centres as well as emergency departments. The use of patient education strategies can lead to improved patient understanding of side effects which could lead to earlier and timely symptom management as well as the recognition that assistance is required to avoid treatment breaks or discontinuation of therapy. Ensuring patient safety and negating feelings of helplessness through early intervention of non-pharmacological and pharmacological interventions promotes increased adherence to treatment with improved outcomes. These agents offer new hope for cancer patients.

Methods

A Quality Improvement Project was implemented through a multi-disciplinary collaborative team approach to develop a practical educational audio/visual presentation for patients beginning immunotherapy. The presentation was incorporated into a new group education process, supplemental to pre-existing individual patient teaching. Patient satisfaction surveys were administered after each group teaching session to gauge effectiveness and feedback. Literature review, in-house expertise and developed patient education resources, as well resources from Cancer Care Ontario's website and respective pharmaceutical companies' patient education resources were reviewed and incorporated into the educational intervention.

Results

The Immunotherapy Class Participant Satisfaction Survey results were overwhelmingly positive. The process requires a patient educator specializing in oncology supporting the role of the primary nurse working with immunotherapy patients. Having a specialized class separate from chemotherapy patient education classes have enhanced patient understanding of the toxicity and need for a different approach to side effect management and education.

Conclusions

Reiteration of the toxicity management and patient educational needs who are undergoing immunotherapy requires a different approach from chemotherapy. The role of the oncology patient educator and the primary nurse managing these patients are critical in ensuring patient safety and negating feelings of helplessness through early interventions which promotes increased adherence to treatment with improved patient outcomes. Telephone Nursing Practice (TNP) follow-up care can play a key role in the acknowledgment, grading and management of troublesome events. This poster will review the oncology nurses' steps to ensure patients are optimized during immunotherapy.

Nursing Practice & Technology: Cell Phone Use

Problem/Issue:

Utilization of cell phone technology is being embraced within the clinical setting by both healthcare providers and patients. Healthcare settings are not immune to current cultural trends of increasing cell phone use for both personal and professional applications. Concerns arise, in the context of patient care, related to patient safety and misdirected workflow and often results in difficult decision making. This literature review was conducted in response to a nursing practice concern surrounding use of cell phones in ambulatory clinics. Currently there is no policy concerning cell phone use to guide nurses providing front-line care at Kingston Hospital Sciences Center. The purpose of this review is to identify current trends in the literature and lay the ground work for future direction and potential policy development with respect to cell phone use among front-line nursing staff within KHSC.

Methods:

A broad literature search was conducted to discover current practices surrounding cell phone use/utility in provision of nursing care, guidelines directing appropriate utility, and to identify pertinent bodies of knowledge pertaining to personal cell phone use within the health care setting.

Results:

It was found that cell phones are commonly utilized in patient education and support activities, intervention type apps and general communication regarding patient care and patient care plans. Additionally a significant amount of literature was dedicated to occurrence of nosocomial pathogens cultured from cell phones in the health care setting. At least one article identified the need for policy implementation to restrict personal cell phone use.

Conclusions:

Further work is needed to explore utility of cell phone use among front-line nursing staff within KHSC, define professionalism with respect to cell phone use, and to further explore and mitigate potentially harmful effects of nosocomial pathogens on personal cell phones used by health care professionals within the clinical setting.

Quality Improvement Initiative – Resolving Automated Dispensing Unit (ADU) Discrepancies

Problem/Issue

The utilization of Automated Dispensing Units (ADU's) to improve medication administration processes and enhance safe medication practices was undertaken at a healthcare facility. Data regarding medication discrepancies created by ADU users was captured in an Omnicell report run in pharmacy. The data regarding the volume (number) of unresolved discrepancies was shared with the Senior Clinical Team and forwarded to a Quality Improvement Facilitator. Initial attempts were made during the first three months post ADU implementation to monitor and resolve all medication discrepancies. Despite concentrated efforts, the volume of unresolved discrepancies continued to increase and the capacity within pharmacy and nursing to resolve these discrepancies decreased. Investigations regarding the source of unresolved discrepancies identified three issues: a problem associated with the technology, an educational gap with nursing staff and the lack of a clearly mapped discrepancy resolution process.

Methods

Due to the increasing number of unresolved discrepancies, an interprofessional working group was formulated to address the issue. With the support of the Senior Clinical Team, the working group developed a priority action plan. Pharmacy purchased the appropriate sized cassettes for the ADU's. Targeted ADU refresher education sessions were developed and delivered to the relevant stakeholders to support independent resolution of discrepancies by frontline staff. A sustainable discrepancy resolution process with defined accountabilities was implemented.

Results

There was a significant decrease in the number of unresolved discrepancies following the replacement of the original Omnicassettes with the correct sized cassettes. There was an additional decrease in the number of unresolved discrepancies following the delivery of the refresher education and a further decrease following the implementation of the discrepancy resolution process. In the 12 months prior to implementing these three changes, the volumes of unresolved discrepancies ranged from seven to as high as eighty-three unresolved discrepancies per month. The volumes post-implementation decreased to fourteen in May and ranged from one to three from July-September, respectively.

Conclusions

A quality improvement initiative related to resolving ADU medication discrepancies was successful. Collaboration with multiple stakeholders resulted in a significant decrease in the volume of unresolved discrepancies within the organization.

Sticky Situation: Does Thrombocytopenia Increase Risk for Major Adverse Events in Patients Undergoing Stentless Tissue Valve Implantation?

Problem/Issue:

The progressive aging of the general population is associated with a higher prevalence of aortic stenosis (AS) and associated co-morbidities. Surgical aortic valve replacement (AVR) using stented tissue valves is a well-established treatment for AS. In recent years, novel surgical prostheses have become available that benefit this complex patient population. Stentless tissue aortic valves allow for implantation of a larger valve size, offering improved hemodynamic performance. Additionally, there are fewer complications associated with this approach when compared with conventional AVR due to a reduction in cross-clamp time and duration of cardiopulmonary bypass. As a result, this has become an innovative alternative to the standard approach in the treatment of AS in high risk patients. Nevertheless, concerns have been raised about the potential occurrence of early and severe transient thrombocytopenia in patients receiving stentless valves.

Purpose:

Stentless tissue AVR is associated with an unexplained, observable decrease in postoperative platelet count. Does this place patients at increased risk for development of postoperative complications

Methods:

Data will be retrieved retrospectively from our clinical database, identifying patients who have undergone stentless valve implantation. Analysis of the data will determine the incidence of thrombocytopenia and whether there was occurrence of adverse events including post-operative bleeding, blood transfusion, and major cardiovascular events in our patient population.

Results:

Thrombocytopenia is a common occurrence after stentless tissue AVR and does not have an effect on patient outcomes. It is important for nurses to be aware that the platelet drop is to be expected (peaking on POD 3-4) and is usually transient in nature.

Conclusions: Cardiovascular nurses need to be aware of the risks and benefits associated with stentless valves as they become more common in clinical practice, particularly in this high risk patient population. Nurses should watch for signs of bleeding and understand that these patients do not need treatment for thrombocytopenia unless clinically indicated.

Using SAFEWARDS to Reduce Violence in the Workplace

Problem/Issue

Eliminating or reducing violence in the workplace is a key priority in Health Care, especially in the area of Psychiatry and Mental Health. How can we reduce acts of violence while continuing to provide recovery oriented care and using least restraint measures as per best practice guidelines?

Methods

Safewards, an evidence based model, was implemented on Forensics Mental Health at Providence Care Hospital to help improve safety in the workplace. The model was developed for use on inpatient psychiatric units to reduce violence through incident management and prevention. The model consists of 10 interventions. The goal of these interventions is to identify flashpoints, decrease conflict, improve communication between staff and clients, and provide methods for staff to manage difficult situations or crisis.

Results

The benefits to our staff and clients from using the Safewards model can be seen in many ways. We can see clear expectations and guidelines maintain consistency and limit room for challenge. It has fostered a positive environment in a complex area of nursing where situations can be negative or difficult to manage. Front line staff are using advanced de-escalation strategies and providing clients with alternative calm down methods when in crisis. The interventions have improved client satisfaction and give clients a valued role. Effective and supportive communication along with mutual respect contributes to reduced levels of conflict. Social Relationships have improved for clients, and a notable decrease in control interventions has been recorded.

Conclusions

Our staff dedication to the implementation of the Safewards model has improved the environment which we work in and changed the culture of how we provide care. Safewards is a safe and effective practice model that provides frontline staff with tools to manage potentially critical events, thus reducing the likelihood or severity of aggressive acts.

We hope you found today's agenda informative.

If you wish to receive future conference announcements directly, please email Barb.Patterson@kingstonhsc.ca to have your email address included in our records.

As well, if you are an employee/student of one of the conference's contributing partners and are interested in participating on next year's planning committee, please forward your name by email to Barb.Patterson@kingstonhsc.ca.

Finally, please help planning for future conferences by responding to a survey email you will receive within 3 business days. If you don't receive the survey, please contact Barb.Patterson@kingstonhsc.ca as your feedback is very important.