

## QEII Foundation TRIC Grants funded in the May 1, 2014 Competition

### Summary of Anticipated Impact

1. Management of Low Back Pain in the Capital Health Emergency Department (level 1) \$3,000

**Dr. Jill Hayden, Dr. Kirk Magee, and Dr. Samuel Campbell**

*Impact:* Back pain is a common complaint with Nova Scotians between the ages of 20 and 44, reporting back problems more than any other condition, and it is a common reason for Emergency Department visits. The study proposes to develop knowledge within the CDHA Department of Emergency Medicine to support appropriate management of lower back pain. Low back pain presents at the ED 5 times per day. Treatments vary widely. Clinical guidelines are out there but not applied to the ED. With proper ED guidelines, effective and consistent treatment of non-specific lower back pain could reduce unnecessary testing for patients, mobilize quick and effective treatment strategies for patients, free up health care resources and prove to be cost effective.

2. Care and Respect of Elders in Emergencies (CARE) Program (level 1) \$2,908.50

**Dr. Stacy Ackroyd-Stolarz and Sandra E. Janes**

*Impact:* The aim of this study is to conduct a qualitative study using semi-structured interviews with seniors and/or their caregivers and Emergency Department personnel in an attempt to gather their perspectives on the ED experience for older patients. Information related to the practical challenges that need to be considered for the development and implementation of a similar program at the QEII will be collected. The long-term goal is to improve the safety and experience of care for older patients in the ED by implementing and rigorously evaluating a CARE Program in the Halifax Infirmary ED that can be adopted by other EDs in Canada. Given the aging population in Nova Scotia, as well as ED wait time concerns; this project is timely and relevant. Moreover, the need to address safety concerns and optimal preventive care is a priority for care at the QEII.

3. Developing an Informed Approach to Transitioning Cancer Survivors from the Cancer Centre to Primary Care (level 1) \$2,962

**Dr. Robin Urquhart and Vickie Sullivan**

*Impact:* Through group meetings with oncologists, managers, primary care physicians and survivors, this team will formulate strategy plans on how to develop a better transition plan for cancer survivors to Primary Care Providers (PCPs). The alternative strategies will be presented to receive feedback on what will be best strategy. They will also develop inventory of Canadian initiatives to inform the process. The growing number of cancer survivors will require better strategies to transition in an effective manner so as to relieve the burden on cancer care centres. This plan is to help develop such a strategy.

4. Towards Impacting Infection Rates in Hospitalized Patients Undergoing Cardiac Surgery (level 1) \$3,000

**Dr. Jean-Francois Legare, Sue Brander-Murtha and Vicki Wiseman**

*Impact:* Hospital acquired infections affect 1 in 5 patients undergoing open heart surgery and are associated with significant morbidity and increased length of hospital stay. The aim of this project is to a) better understand staff compliance of standard infection prevention procedures; b) to survey Health Care Providers perceptions of best practice for infection prevention. The study will provide preliminary information regarding ways to better inform a larger Infection Prevention Program. The infection rates regarding cardiac surgery have

continued to rise over the past 17 years and are associated with adverse patient and economic outcomes. Thus discovering and instituting ways to improve on these findings is important.

**5. Stepping Up Aerobic Exercise at the Nova Scotia Rehabilitation Centre to Improve Health Outcomes After Stroke: A Clinical Feasibility Project (level 2) \$30,000**

**Dr. Marilyn MacKay-Lyons and Dr. Richard Braha**

*Impact:* The team proposes conducting a pre- post intervention study to explore application and feasibility of change in practice at the Nova Scotia Rehabilitation Centre. Specifically, they intend to create a new evidence based on-site aerobic exercise screening and prescription clinic. The goal of this team is to improve outcomes after stroke among inpatients at CDHA through the creation of a new aerobic exercise program clinic at the Nova Scotia Rehabilitation Centre. There is a wealth of literature documenting the clinical, physiological, and psychological benefits of exercise both in patients who have had a stroke, and for the population in general. Yet, aerobic exercise is still not a formal part of inpatient care. The implementation of this aerobic exercise clinic will close this knowledge to practice gap, and collect data about its implementation, use, and outcomes as part of implementation of the clinic.

**6. Implementation of a Sustainable, Formalized Shared Decision Making Process Among Frail, Elderly Patients Referred for Cardiac Surgery (level 3) \$88,817.54**

**Dr. Greg Hirsch, Dr. Janet Curran, Debbie Hutchings-Mulcahey, Jim MacLean, and Karen Mumford**

*Impact:* It has been reported that there are poor levels of comprehension among surgery patients after informed consent. Shared decision making (SDM) is a formalized approach to involving patients in clinical decisions. In cardiac surgery there are growing numbers of frail, elderly patients being referred for increasingly complex surgical procedures. Earlier research by some of the research team has identified a higher risk of adverse outcomes (e.g., mortality) associated with cardiac surgery in this population. As patients may risk loss of functional independence related to surgical complications, it is important to have a decisional process that takes into account patient preferences and values. The team seeks to transform the SDM programme into one that is integrated into the routine work flow for these patients and to develop electronic decision tools that can be supported by the existing patient navigator, thus making this a more sustainable programme. A successfully integrated SDM Programme has the potential to improve timely access to information for purposes of decision-making about cardiac surgery for frail, elderly patients.

**7. Evaluation of the Nova Scotia District Health Authorities/IWK Health Centre Influenza Control Policy (Note – this grant spans both QEII and IWK) (level 3) \$100,000**

**Dr. Donna MacDougall, Dr. Charmaine McPherson and Steve Ashton, Murray Doucette**

*Impact:* Influenza causes the highest number of deaths in Canada amongst all vaccine-preventable diseases and hospitalized patients are among the highest at risk of mortality from influenza. Research has also demonstrated that healthcare providers are a significant source of infection for this at-risk population. Even with this evidence, immunization rates among health care providers in Nova Scotia ranges from 30 – 50%, grossly underachieving the desired aim of the province (90%). CDHA and IWK are planning to implement a policy that will improve immunization rates. This application proposed a careful two year plan to implement a policy and collect evidence on what works, what does not, and the impact this change has on the institutions it aims to impact.