

## QEII Foundation TRIC Grants Funded in the November 1, 2014 Competition

### Summary of Anticipated Impact

1. Development of a Research Project to Examine the Relationship between TAVI and Frailty Using PACER (level 1) \$3,000  
**Dr. Paige Moorhouse, Paula Bond**  
*Impact:* When patients have narrowing of the aortic valve (“aortic stenosis” or "AS") there are three treatment options available. This planning grant will bring together patients and their caregivers who have had experience with the various treatment options for aortic stenosis with provider stakeholders in TAVI (Transcatheter Aortic Valve Implantation), OVR (Open Valve Replacement), Cardiology, and Geriatrics, to answer the question: How can we approach the various treatment options in aortic stenosis in a way that respects outcomes that most matter to frail patients?
2. Sustaining clinical gains for young adults with psychosis transitioning from specialized to community mental health care (level 1) \$3,000  
**Dr. Philip Tibbo, Dr. David Pilon**  
*Impact:* Early, phase-specific treatment of mental illness results in better outcomes. Early intervention services (EIS) for psychosis, focused on the ‘critical period’ of the first five years after psychosis begins (early adulthood), including phase specific medication and psychosocial treatments, has been shown to be much more effective than routine care. This team will plan a multi-component intervention to sustain the recovery process, as young adults transition from specialized early intervention services to community-based mental health services.
3. Optimizing the Service Delivery Process of Manual Wheelchairs: A Needs Assessment (level 1) \$3,000  
**Dr. R. Lee Kirby, James Adderson**  
*Impact:* Wheelchair provision at Capital Health is currently more confusing, more inconsistent, more prolonged and less effective than it could be. The goal of this planning grant is to bridge the gap between evidence and practice through the development of a Knowledge Translation intervention that optimizes the wheelchair service-delivery process. This will lead to improved mobility and participation of manual wheelchair users; improved infrastructure, policy and education.
4. Validating the Use of an Industrial Engineering Model of Patient Flow through Physiotherapy at Capital Health (level 3) \$68,780  
**Dr. Michael Dunbar, Randi Monroe**  
*Impact:* Currently, referral models to physiotherapy, prioritization of patients, treatment modalities and outcome measures are not completely standardized. There is a need for more information on the current model of physiotherapy care for osteoarthritis (OA) in order to optimize the use of resources by improving efficiency and ultimately patient outcomes. This project will collect and evaluate information from hospital database systems to document the current clinical situation and work flow for knee osteoarthritis referrals and how it interacts with physiotherapy services. This data will be used to develop an industrial engineering model that describes the current process and flow of patients that will provide a decision-aid tool to understand the impact

of changes to patient flow. It will also provide a basis to appropriately distribute and standardize resources, treatments, and outcome assessments.

**5. Beyond Talking the Talk: Integration of Health Behaviour Change Interventions into Primary Care Settings (level 3) \$76,725**

**Dr. Michael Vallis, Dr. Tara Sampalli**

*Impact:* There is an urgent need for healthcare providers and systems to support sustained health behaviour change. This project will evaluate a strategy to effectively integrate theory-driven, evidence and competency based behaviour change interventions into Primary Health Care. The team has established behaviour change champions in two clinical programs within Primary Care (level 1 TRIC grant) who are positioned to support in the dissemination of this approach. The project will evaluate the implementation and spread of behaviour change/psychosocial management strategies across the programs where these champions function. Both healthcare providers and patients receiving services will be evaluated and these results will be compared to a matched service not provided with training. In addition to evaluating dissemination this project will advance the field by refining competency assessment tools.

**6. Preparing Emergency Patients and Providers (Note – this grant spans both QEII and IWK) (level 3) \$73,000**

**Dr. Janet Curran, Dr. Darrell Chiasson, Sandra Janes, Barb Bergeron**

*Impact:* Emergency departments are chaotic and stressful environments and communication gaps between the patient and providers are common. By implementing a patient and parent expectation (PrEPP) questionnaire at four emergency departments, this team will explore emergency department productivity, resource utilization and patient satisfaction with their care. It is expected that the PrEPP questionnaire will improve the effectiveness and efficiency of health care and the provision of emergency care services in Nova Scotia.