

THE GREAT LAKES 5TH BIENNIAL NURSING CONFERENCE

INTEGRATING RESEARCH, THEORY,
AND PRACTICE TO MAXIMIZE
PATIENT SAFETY AND HEALTH OUTCOMES

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Symposium Presentations



Partnering to Mitigate Safety Risks in Homecare for Clients, Caregivers, & Providers: The Pan-Canadian Homecare Safety Study

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Panel Objectives:

1. Increase awareness of safety issues identified by homecare triads (clients, caregivers, and providers), so evidence can be more quickly translated into practice in health, social, and political systems.
2. Discuss key actionable messages and to share the successes and challenges of partnering with those receiving and providing homecare services, researchers, health care providers, and policy and decision-makers to enhance homecare safety for all involved.

Background& Purpose: Although homecare continues to be the most rapidly growing segment of the Canadian healthcare system, public, professional, and policy attention remains largely focussed on issues related to care provided in institutions at the expense of homecare. Identifying and addressing the multiple dimensions of safety that exist for homecare triads is essential for the organization and delivery of homecare services. The *Pan-Canadian Home Care Safety Study*, the first of its kind in Canada and internationally, included interviews with homecare triads in three jurisdictions representing Eastern, Central and Western Canada.

Methodology, Sample & Setting: Semi-structured interviews with eighteen sets of triads as well as focus groups with homecare professionals and personal support workers were conducted in British Columbia, Manitoba and New Brunswick. Photo narrated walkabouts were also conducted with clients and caregivers in order to visually capture safety concerns in the homecare setting and analyzed from a Human Factors perspective.

Results/Conclusion: Key interconnecting patterns of safety concerns for homecare triads were identified which enabled the delivery of evidence-based recommendations to decision and policy makers. Homecare models that are client and caregiver centered need to be considered in order to mitigate the risks and provide seamless, quality, sustainable homecare. A Knowledge Exchange Board comprised of Canadian homecare stakeholders was set up from the beginning of the project with regular meetings to share research results, to receive their feedback and suggestions, and to discuss dissemination methods and strategies for implementing lessons learned from the study.

Implementing A Just Culture to Improve Patient Safety

Claudia denBoer Grima, BSc, MSc, Vice President, Regional Cancer and Clinical Support Services, Windsor Regional Hospital

Sharon Morris, BA, LLB, Director, Human Resources/Labour Relations, Windsor Regional Hospital

Claudio Pullo, Manager, Diagnostic Imaging, Windsor Regional Hospital

The Healthcare system is a high risk industry and all employees must be actively engaged in the creation of safety in this complex system. Healthcare leaders and managers are focused on the creation of cultures that will embed safety in all elements of the healthcare environment.

To do this, an organization must establish a foundation that clarifies the accountabilities of leaders, managers, and all employees. The Just Culture Framework has been recognized as a methodology that provides this objective and sustainable foundation. This framework promotes accountability within a supportive climate and helps ensure that patients are protected from harm. It is about accountability for the systems that are designed, and the choices (behaviours) we make within those systems. Algorithms guide the process and align the appropriate response based on the nature of the incident.

This presentation will 1) define the Just Culture Framework and 2) describe the implementation of the Framework at the Windsor Regional Hospital and its impact on patient safety, accountability, and employee satisfaction. It will outline the challenges of determining when to console, to coach, or to discipline employees when an adverse event occurs. Participants will be provided the opportunity to apply the Just Culture methodology to an actual case.

The Just Culture Framework has allowed the Windsor Regional Hospital to create an environment of transparency around risk, provided a means to measure risk both at the unit and organizational level and to design systems that reduce and/or mitigate risk.

When Band Aids Aren't Enough - Examining Patient Use of the Emergency Department and Suggested Policy Changes to Improve Health Outcomes

Maher El-Masri, PhD RN, Professor, University of Windsor
Jamie Crawley, PhD RN, Assistant Professor, University of Windsor
Judy Bornais RN, BA, BScN, MSc, CDE, Experiential Learning Specialist, University of Windsor
Abeer Omar, RN, PhD, Post Doctoral Fellow, University of Windsor
Tomasina Mallot, RN, BScN, Graduate Student - MScN program, University of Windsor
Fabrice Mowbray, RN, BScN, University of Windsor
Khazem Eldabagh, RN, BScN, University of Windsor

Background: There are an estimated 5.4 million annual Emergency Department (ED) in Ontario, suggesting that EDs have been misused for non-urgent medical conditions. Non-urgent ED visits can result in long ED waits, delays in treatment for urgent cases, misuse of already limited resources, and poor health outcomes. Understanding the factors associated with non-urgent ED visits is essential to solving this problem.

Purpose: The primary purpose of this symposium is to present the processes associated with the planning, conduct and dissemination of the study findings. The panel will also present the quantitative and qualitative findings of this research with regard to exploring the independent predictors of non-urgent ED visits and describing the experiences of patients visiting the ED for non-urgent health conditions.

Methodology: Mixed quan–qual design was conducted using data from five hospitals in ESC LHIN. The quantitative arm of the study analyzed archived data from 597,373 ED visits between 2009 and 2010. The qualitative arm entailed individual interviews of 32 patients from the EDs of four of the five hospitals.

Sample and Setting: The study sample was obtained from patients visiting the ED departments of five regional hospitals in southwestern Ontario. Two of these hospitals are classified as large community urban hospitals, while the other three are considered small rural community hospitals.

Results: Quantitative findings suggested that 43.6% of all ED visits were non-urgent. Predictors of non-urgent ED visits were younger age, day shift, referral by primary healthcare provider, no family physician, and summer time. Other predictors were proximity to hospital, presenting condition, and gender. Qualitative findings revealed two main themes that were inductively created from the words of participants: 'Why the ED?' and 'Solutions'.

Conclusions: Our findings show that non-urgent ED visits continue to be a serious concern that shall be addressed at the policy and practice levels. It is therefore important that innovative models of practice that will ease the burden on the healthcare system and improve health outcomes without compromising patient safety be introduced.

Implementing a First Nations & Métis Cancer Screening Project In Southwestern Ontario: Process and Outcome Evaluation

Heather Krohn, University of Windsor; Neelu Sehgal, Erie St. Clair Regional Cancer Program; Jeff Booth, Erie St. Clair Regional Cancer Program; Audrey Logan, Erie St. Clair Regional Cancer Program; Tomasina Malott, University of Windsor; Abeer Omar, University of Windsor; Maher M. El-Masri, University of Windsor

Background: The literature suggests that First Nations and Métis (FNM) communities experience screening access barriers that include perceptions & beliefs toward accessing healthcare.

Purpose: The purpose of this symposium is to present the planning, implementation, and evaluation phases of a First Nations & Métis Cancer Screening Project that was implemented among on- and off reserves in southwestern Ontario. The specific aims of the project were to (a) examine the impact of the program on cancer screening related knowledge and awareness, (b) explore the predictors of cancer screening, and (d) describe the perceptions of FNM about cancer and cancer screening

Setting and Sample: The study was conducted with 12 FNM communities in southwestern Ontario. While 1013 completed the study questionnaire, only 130 completed the before and after questionnaires.

Methods: A participatory action mixed methods research was conducted on a total of 1013 participants from 12 FNM communities in ESC LHIN region. Quantitative data included a pre-post questionnaire to assess the impact of delivering an educational program on knowledge, attitudes, and awareness of study participants. Focused groups and personal interviews were also conducted in each participating community.

Results: Although the program was associated with improved knowledge, it was not associated with change in awareness and attitudes toward cancer screening. Predictors of screening included smoking off-reserve residency, history of cancer, having a PHC provider, and gender. Qualitative results were categorized into three major themes: Meaning of cancer; Factors that delay or prevent participation in cancer screening, and components of an ideal culturally appropriate cancer prevention program.

Conclusion: Cancer screening in FNM communities remains a challenge due to a wide range of geographical, cultural and infrastructure barriers. However, our study revealed that cancer is a major concern to FNM communities and that their members and leadership positively value involvement in cancer screening initiatives.

Oral Presentations



Adverse Events / Harmful Incidents amongst Homecare Clients in Canada

Régis Blais PhD University of Montreal
Nancy Sears RN PhD St Lawrence College
Ross Baker PhD University of Toronto
Marilyn Macdonald RN PhD Dalhousie University
Lori Mitchell RN PhD Winnipeg Regional Health Authority
Diane Doran RN PhD University of Toronto (emeratus)

Background

Patient safety problems are well documented in institutionalized healthcare but not in homecare. One study (published 2013) examined homecare adverse events (AEs) in Ontario. This latest study examined AEs in three additional Canadian provinces.

Purpose

To determine: the rate and types of AEs amongst homecare clients in Canada; contributing factors to these AEs; and the extent incident reports document AEs.

Methodology

Retrospective cohort study using validated two-stage chart review. Screening criteria sensitive to AE occurrence located cases whose charts were then fully reviewed to determine the presence, nature and preventability of AEs.

Sample

Stratified random sample of 1200 clients discharged fiscal 2009/10 from homecare services in 3 provinces. All ages and all conditions were included.

Setting

Publically-funded homecare programs in Manitoba, Quebec and Nova Scotia

Results

Of the 1200 sampled charts, 518 (43.2%) were positive for one or more screening criterion. 93 AEs were located across 81 patients. The AE rate was 4.2% (95% CI: 3.0%-5.4%) or 10.1% per client-year. 56% of AEs were judged preventable. The most frequent AEs were falls, wound infections, psychosocial, behavioral or mental problems and medication problems. More comorbid conditions (OR 1.15; 95% CI 1.05-1.26) and a lower Instrumental Activities of Daily Living score (OR 1.54; 95% CI 1.16-2.04) were associated with a higher risk for an AE. Physician reviewers estimated that self-care contributed to 48.4% of AEs, informal caregivers to 20.4%, and health care personnel/system to 46.2%. Incident reports were present in 17.3% of cases with, and 4.8% without, an AE.

Conclusions

Sicker and more vulnerable patients are at a higher risk of experiencing an AE. There are multiple contributors to AEs. To improve homecare safety, patients and caregivers need to develop awareness of risk and the skills to mitigate it. Incident reports are not reliable sources of data regarding AEs.

The Case for Photovoice: A National Photovoice Study Exploring Rural Women's Health

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Lynn Scruby, RN, PhD, Assistant Professor, Faculty of Nursing, Helen Glass Centre, University of Manitoba

Heather Mair, PhD, Associate Professor, Department of Recreation and Leisure Studies, University of Waterloo

Donna Meagher-Stewart, RN, PhD, Associate Professor, School of Nursing, Dalhousie University

Robyn Plunkett, RN, MSN, PhD Candidate, Arthur and Sonia Labatt School of Nursing, University of Western Ontario

Kevin Wamsley, PhD, Professor, Faculty of Health Sciences, University of Western Ontario

Background: Sport and recreation play important roles in rural life. Yet, rural women have few opportunities to experience the social and health benefits of sport and recreation.

Purpose: 1) Explore effects of curling on the health and community life of rural women; 2) Determine how health, sport, and recreation can be understood within the contexts of rural gender and community change; and 3) Utilize photo voice, an innovative, participatory qualitative research method, to work with rural women in expressing their perspectives.

Methodology: Rural ethnography, in its exploration of ways in which the world is experienced and understood in the everyday lives of people, acknowledges the centrality of gender, power, process, and complexity in rural life. Photo voice, with its novel use of photographs and oral and written methods, elicits rich data about rural contexts and social and health-related experiences.

Sample and Setting: Fifty-two women and girls, ranging in age from 12 to 75 years with an average age range of 50-60 years, in seven rural communities in Nova Scotia, Manitoba, Ontario, and the Northwest Territories participated in the study.

Results: Study participants took 955 photographs, recorded in 52 log books, and participated in two group interviews. Results reveal that curling enhances physical and mental health and resiliency, facilitates vital social and community connections, and provides a valued and visible way for women to support rural community life. Photo voice was revealed as a significant enhancement to this research. Narrative and pictorial data will illustrate these findings.

Conclusions: This research significantly enhances understanding of how gender and recreation intersect to influence rural women's health, social capital, rural community change, and community development and sustainability. Photo voice methodology enriched recruitment, data collection, analysis, and dissemination activities. Further research is needed to enhance substantive and methodological understandings in other rural settings.

Patient Stories and Metaphors of Interprofessional Care: A Narrative Inquiry

Kateryna Aksenchuk-Metersky BScN RN MN PhD (Student), University of Western Ontario
Jasna K. Schwind RN PhD, Ryerson University

Background: Within the last decade, a trend in healthcare has been toward formation of interprofessional care teams (IPCT). These teams, composed of at least two different healthcare professionals, have been depicted as being able to lower wait times for care, shorten length of hospitalization, as well as improve provider care delivery, increase patient satisfaction, and enhance patient outcomes. Although the concept of teams has been around since the early 1900s, the difference in these current teams is the introduction of the patient as team member. However, studies published to date have largely explored the perspectives of healthcare professionals and students in placements, without considering this caring model through the patient's lens. This is problematic in that, as recently as 2009, patients still did not know what role they can play within their IPCT and whether they can even be involved in them. With limited understanding and exploration of patients' perspectives, IPCT will not be able to deliver effective care to, and in partnership with, patients in the future. Thus, the **purpose** of this Narrative Inquiry study was to provide three patients with an opportunity to voice their experiences of receiving interprofessional care during their respective hospitalizations at a large urban hospital.

Methodology: A modified form of Schwind's Narrative Reflective Process, a two-step data collection process was conducted: narrative conversational interview, followed by metaphor selection and drawing. Collected data were analyzed using the three levels of justification-the personal, the practical and the social, while considering the experiences through three common places: temporality, sociality and space of Narrative Inquiry. This process **resulted** in three key narrative threads: communication within the IPCT, patient role within the team, and professional membership of IPCT.

Conclusion: The findings will inform educators, policy makers, and care providers as they strive to enhance patient-centred interprofessional care practice.

Words: 300

**Are They Still Thinking of Leaving?
Values, Expectations and Migration Intentions of Nursing Graduates
in a Canadian Border City**

Michelle Freeman PhD, RN, Faculty of Nursing, University of Windsor
Lizette Beaulieu MN, RN, St. Clair College

Purpose: The purpose of this study was to provide a pre-employment profile of a class of baccalaureate nursing students graduating in *June 2013* in a Canadian border community and their intent to migrate from Canada for employment in nursing. The study, guided by the value-expectancy theory, examined the antecedent factors influencing migration intentions by exploring the relationship between job values, expectations and other characteristics known to influence migration and to examine whether these factors influence intent to migrate or remain in Canada for their first job.

Rationale and Significance: Canadians have been referred to as a *border people* where 75 percent of Canadians live within a narrow radius of 150 kilometers from the US border (Hillmer, 2005). Both in Canada and internationally, nurse migration in border cities has received limited attention. Nursing graduates in these communities have the option of working in Canada or the United States (US). They are able to cross the international border each day as commuter migrants. The US is the largest importer of nurses and Canada has long been an important source country, especially in border states (Aiken et al., 2004).

Methodology: An explanatory sequential mixed methods design was used.

Sample and setting: Participants were recruited from a class of baccalaureate nursing students (N= 268) graduating from a university in a Canadian border community in June 2013.

Results: The response rate to the survey was 48.5% (N= 130). The interview sample consisted of 9 new graduates the majority of graduates preferred full time work (79.2%; $n = 103$) and to work in Canada (86.9%; $n = 113$) although almost 71 percent ($n = 92$) identified that they were considering migrating for work outside of Canada. Differences between expectations (confidence) for working in Canada or in another country will be shared. Factors influencing the participant's choice of a first job will be described.

Conclusion: This research was a replication of a study completed on the graduating class of 2011 (Freeman et al, 2012) and provides additional insights into the migration intentions of recently graduated Canadian nurses and the job factors which are "pushing" them to leave Canada. Implications for educators, researchers, health care leaders, and policy makers will be identified.

With a Little Help from our Friends!
Integrating the Science of Patient Safety in Medication Administration Practices
in a Faculty of Nursing

Michelle Freeman RN, PhD, University of Windsor; Susan Dennison RN, MScN, University of Windsor; Pat McKay RN, MScN, University of Windsor; Debbie Rickeard RN, MSN, CCRN, CCN(C), University of Windsor; Judy Bornais RN, MSc, CDE, University of Windsor; Jamie Crawley RN, PhD, University of Windsor; Virginia Walsh RN, MN, University of Windsor

Medication administration is the highest risk intervention by nursing students. There are many error-prone conditions in the clinical environment that create opportunities for error (Institute for Safe Medication Practices, 2008) and it is essential that nursing schools adapt strategies to minimize their occurrence. Guided by the emerging science of patient safety, the Faculty of Nursing at the University of Windsor has been involved in a five year journey to redesign their medication policy and practices. A patient safety committee was established for the Faculty and an interdisciplinary medication safety committee was created with hospital partners. Strategies that were implemented included standard operating procedures (SOPs) that make the expectations of our medication administration policy easier to practice for instructors and students and explicitly outlines expected safe practices and the reporting of errors. In addition, the old culture of “train and blame” was changed to a learning culture where errors are examined, not to blame the individual, but to learn how to prevent them from happening again. A paper-based error reporting form was replaced with an on-line form to support the trending and tracking of errors and near misses.

The goal of this initiative was to improve not only the safety of medication administration for our students, faculty/instructors, and patients but to ingrain safe medication practices (such as independent double checks) in nursing students so they become habits. This initiative has received international attention by leaders in quality and safety education for nurses (QSEN). Outcomes include improved integration of safe practices by students at all levels and improved medication error reporting. The importance of interdisciplinary academic-hospital partnerships in the success of this project will be shared.

**Their stories, our heritage:
Development of a College of Nursing Oral History Research Project**

Carolyn (Carrie) J. Lee, PhD, CNE, RN, University of Toledo

Background

Lewenson & Herrmann argue that “historical research enables nurses to explore their past and thus become critically aware of their professional identity” (2008, p. 2). Much can be learned from the paths of local nurses and have ‘lived’ the progress of our profession. The last half century has revealed significant advancements in roles for women and wonderful gains in professional nursing practice roles and education. The testimonies of those who have advanced these efforts provide a valuable historical reference for contemporary nurses and educators.

Purpose

The purpose of this ongoing oral history research project is to develop a college archive serving to document the stories and professional paths of expert nurse faculty.

Methodology

This IRB approved research study adopts recommended oral history research guidelines. Interviews are audio-recorded using a structured interview guide to gather information about participant original nursing education, career path, graduate education, academic roles and the history of our college.

Sample and Setting

This study is an ongoing effort in a large public university to build a nursing college archive. To date, thirteen interviews of women, educated as early as the mid 1950’s, representing a broad array of professional experiences, clinical expertise and academic roles have been conducted.

Results

Participants express appreciation in sharing their professional journey and involved students gain insight into history. The shared stories are humorous as they describe now archaic practices, impressive as they document how far our profession has come, touching in descriptions of the ever-present power of clinical experiences and inspiring as they describe a commitment to one’s professional career.

Conclusions

It is important to gather these valuable insights and historical ‘memory’ of participants before it is too late. In doing so, we advance an appreciation for our professional and local heritage and honor their work in a special way!

Chinese Canadian Women's Experience of Fighting Breast Cancer

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Beryl Pilkington, RN, PhD, School of Nursing, York University
Grace Ho, MSW, RSW, South Riverdale Community Health Care Centre

Background: Breast cancer is the leading cause of death for women in Canada. Most Chinese Canadians are foreign-born, with limited social networks. The language obstacle, cultural adaptations and the Eastern view of health beliefs and practices may act as barriers to both access to and utilization of, services. Although the number of Chinese Canadians is growing in Canada, there are very little appropriate culture-sensitive resources available for them to obtain in-depth information after being diagnosed with cancer. This lack of information may weaken their adjustment by increasing their cancer-related anxiety and degrading their quality of life.

Purpose: To understand the experience, informational and psychosocial needs of Chinese immigrants in Canada who are survivors of breast cancer through individual interviews.

Methodology: A phenomenological approach and in-depth interviews were used.

Sample and setting: Eleven Mandarin-speaking Chinese who had a diagnosis of breast cancer were interviewed in Toronto, ON. The interviews were tape-recorded and transcribed verbatim. Data were analysed using Colaizzi's methodology.

Results: Seven themes were emerged from the interview data: a) miscommunication between healthcare professionals and participants, b) the inexperience of the healthcare professionals, c) lack of cancer related information, d) the financial hardship towards cancer medication and living expense, e) emotional changes related to the diagnosis of cancer, f) the dramatic change in lifestyle, and g) the comprehensive support from spouse, family and friends.

Conclusion: The result of the study can facilitate the healthcare providers a better understanding of the experience, informational and psychosocial needs of Chinese Canadian breast cancer survivors. Appropriate intervention and strategies in caring cancer patients should be developed in hospitals and communities to help them to face physical and psychosocial challenges in the journey of fighting cancer.

Caregivers are an integral part of home care safety

Ariella Lang, PhD, VON Canada

Marilyn T. Macdonald, PhD, School of Nursing, Dalhousie University

Caregivers, regardless of their age, personal health, work obligations, or family situation often feel pressured to assume care of a family member/friend because there are few options available. In institutions, 24-hour care is primarily provided by experienced and regulated care providers; at home, caregivers are often unprepared for the extent of the care they have to give when paid care providers aren't there. Caregivers find themselves responsible for complex, around-the-clock care such as helping with mobility, toileting and pain control and possibly dealing with confusion and wandering. Their inevitable fatigue is a potential safety risk to clients because it may affect decisions about medication or care. Fatigue and the psychological and physical impact of stress on caregivers can also lead to depression or substance abuse, endangering both caregiver and client with the potential to lead to physical and psychological abuse. These factors add up to a significant risk that caregivers may become patients themselves, ultimately increasing, rather than easing, system demand for healthcare. We will discuss how the safety of caregivers and clients is intertwined, and why threats to the safety of family/ caregivers must not be severed from client safety.

Exploring Self-Perceived Hand Hygiene Practices Among Undergraduate Nursing Students

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Michelle Freeman, RN, PhD, Faculty of Nursing, University of Windsor

Background: Limited research has investigated pre-graduate nursing students' perceptions of hand hygiene compliance and the factors that influence hand hygiene practices.

Purpose: This study explored the self-reported hand hygiene compliance rates, predictors, and barriers to hand hygiene compliance among pre-graduate nursing students.

Methodology: A descriptive, cross-sectional study was conducted on a non-probability convenience sample of pre-graduate nursing students. An anonymous hand hygiene questionnaire explored self-perceptions of hand hygiene compliance during clinical experiences. Participants were considered compliant if they indicated performance of hand hygiene at least 90% of the time both before and after direct patient contact.

Sample and setting: 306 participants from a pool of 578 nursing students registered in years two, three, and four in the Faculty of Nursing at the University of Windsor, in Ontario, Canada, completed the questionnaire, yielding a 53% response rate.

Results: 74.8% of participants perceived they were hand hygiene compliant. Stepwise logistic regression results suggested seven variables were predictors of compliance: Concern about reprimand or discipline if hand hygiene guidelines are not followed (odds ratio [OR], 4.324; 95% confidence interval [CI], 1.465 – 12.758); Motivation to protect patients from infection (OR, 2.418; 95% CI, 1.001 – 5.838); Number of clinical placements (OR, .815; 95% CI, .702 – .947). The perceived barriers of: Busyness (OR, .231; 95% CI, .126 – .423); Forgetfulness (OR, .356; 95% CI, .186 – .678); Alcohol hand rub damages skin (OR, .163; 95% CI .070 – .380), and clinical nursing instructors consistently perform hand hygiene (OR, 2.227; 95% CI 1.009 – 4.915).

Conclusions: Study findings highlight the fact that nursing students' self-perceive high rates of hand hygiene compliance, hand hygiene compliance declines with greater number of clinical experiences, and clinical nursing instructors are influential role models for hand hygiene compliance in nursing students.

Experiencing Loss in Simulation: A Meaningful Way to Integrate Theory Into Practice

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CASN developed Palliative and End-of-life Competencies which were disseminated in 2012. Determining how to best incorporate competencies into a curriculum can be a challenge. As educators, it is not possible to expose every student to every clinical situation. Nursing graduates enter their professions often without ever having seen, much less obtained experience with such high-stakes situations as working with a patient who is living with or dying from a progressive life-threatening illness. But can experiencing death and dying be learned in a classroom setting?

One solution is to use a simulated learning environment to allow students to experience loss in a safe setting with opportunities to debrief. By complementing our traditional teaching with simulation, we, as educators, are addressing our need to do more with less. In making simulation real, we can deliver our teaching in an engaging yet effective manner, in so doing transform nursing education through a simulation-based pedagogy. This pedagogical approach allows us to use simulation to teach end-of-life competencies in delivering safe patient care. This presentation will describe the pedagogical approach and include feedback from fourth year nursing students involved in the end-of-life scenario. Suggestions and recommendations for how such a simulated learning environment could be replicated in other institutions will be shared. This will include assisting students in learning how to approach patients and their family members with respect and dignity during this time. As well as collaborating with other members of the healthcare team to delivery safe quality care in an emotionally charge scenario.

**Addressing Food Insecurity in Psychiatric Consumer/Survivors On Low and Fixed Incomes
With a “Healthy Garden Project”**

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S. Ouseley, MEd. CanVoice
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Food insecurity is a fact of life for people on low or fixed incomes. Access to adequate food, in terms of quantity and quality is a daily concern. Given that adequate nutrition is important for healing and health, lack of food due to poverty contributes to health problems in consumer survivors with low or fixed income. Nurses have a responsibility to advocate for people living with food insecurity. This pilot project evaluated the difference access to healthy vegetables, food knowledge, healthy lifestyle knowledge and activity can make on depression, physical health, mental health and overall quality of life in psychiatric consumer/survivors living on Southern Ontario. The Healthy Garden program involved engagement in the garden activities, education about food, nutrition, healthy activities and cooking. Using a mixed methods pre/post-test program evaluation design, participants (n=12) were interviewed individually, using the Beck Depression Inventory, the Lehman Quality of Life Questionnaire (Brief), and a demographic questionnaire with survey questions related to diet. They also participated in focus groups at the beginning and the end of the program. The program improved food knowledge and access for psychiatric consumer/survivors living on low or fixed incomes. Participants received the crops harvested for their own use. Findings support the program as one strategy for promoting health in people with limited income.

Right Place, Right Time, Right Care: Short Stay Medical Unit Improves Patient Flow

Theresa Morris, BScN, Windsor Regional Hospital

Like many hospitals Windsor Regional Hospital experienced challenges with patient flow and utilization. Average occupancy in 2011-2012 for inpatient medicine units was 102%. There were few days where empty patient beds were available adding pressure to the Emergency Department. A group of staff and physicians worked with a hospital-based LEAN company to design a “best practice” unit for a specific patient population. The Short Stay Medical Unit (SSM) was developed for patients who are admitted through the Hospitalist Program and relocated from the Emergency Department to the unit for efficient assessment, treatment and care.

This presentation will outline the initiatives taken to implement the SSM unit and achieve the benefits including:

- Improving flow within the Emergency Department – admission to the SSM unit averages about 6-8 patients/day allowing for better flow through the ED;
- Reducing the amount of time patients spend in the ED waiting for a bed – the organization consistently meets or exceeds the provincial target for time from admission to transfer to inpatient unit;
- Reducing the overall length of stay for medicine patients - the SSM unit launched in July, 2013 and positive results include moving from a baseline of 30% to 51% of patients discharged within 72 hours.

Bug Patrol Phase II: A Proactive Approach to Outpatient Screening

Jennifer M. Cameron, RN, MSc, Windsor Regional Hospital
Shannon Sampson, RN, BScN, MN, Windsor Regional Hospital
Ron Chevalier, RN, Windsor Regional Hospital

Background: It has been estimated that one hospital acquired infection can cost an organization over \$14 000; yet there are a limited number of studies that clearly validate measures for preventing outpatient surgical infections. Approximately 75% of all elective surgery is performed in the “ambulatory”, “same-day,” or “outpatient” setting at Windsor Regional Hospital.

Purpose: To reduce and prevent the incidence of nosocomial and community infections through a standardized approach of pre-operative infection control screening at both Campuses.

Sample and Setting: In Oct. 2010, a standardized method for screening outpatient surgical patients for transmission based infections (methicillin-resistant staphylococcus aureus (MRSA), Vancomycin resistant enterococcus (VRE), clostridium difficile) was established at Windsor Regional Hospital, Metropolitan Campus.

The same standardized method of screening outpatient surgical patients was implemented in March 2014, at the Windsor Regional Hospital, Ouellette Campus.

Methodology: The outpatient screening process was standardized across both Campuses to match existing, rigorous inpatient infection control screening protocol. Using a risk assessment questionnaire/tool during their pre-assessment visit, patients deemed to be at higher risk for infection are swabbed. Relevant departments are notified of any positive laboratory results; thereby, ensuring the appropriate infection prevention and control practices were used on the day of surgery (including hand hygiene; protective personal equipment; and environmental disinfection).

Results: The benefits of safer patient handling have resulted in (1) earlier recognition and interruption of infection transmission; (2) a potential reduction in hospital acquired infections; (3) enhanced quality patient care; and (4) a potential reduction of health care costs.

Picturing 'Health' Through the Eyes of Muslim Women Using Photovoice

Jamie Crawley, PhD RN, Faculty of Nursing, University of Windsor

Deborah Dayus, RN, MSc (Nursing), PhD (c), Faculty of Nursing, University of Windsor

Alaa El-Masri, BScN, Faculty of Nursing, University of Windsor

Background: The word 'health' may have many definitions and meanings for nurses and patients. Nurses' understanding of the word 'health' may determine the care they provide to, for, or with patients. Cultural beliefs and religious faiths are important influences on health beliefs and health practices. Islam is the fastest growing religion in North America. There is growing importance for nurses and healthcare providers to learn more about the health and illness beliefs of women who practice the Muslim faith.

Purpose: The purpose of this study was to examine the meaning of health using photovoice for women of the Muslim faith.

Methodology: Qualitative focused ethnography- participants were interviewed before and after taking pictures of what health meant to them. Photovoice provides a unique insider point of view and gives participant's control over representation of their world. Research ethics board (REB) approval was granted.

Sample and Setting: Twelve women of the Muslim faith participated. Interviews took place at a community centre in Southwestern Ontario, Canada.

Results: Participants described and took pictures of what health and illness meant to them and the people, items and activities that helped support or made it sometimes difficult for them to maintain their health. They provided some suggestions of how to improve the health care experiences for Muslim women.

Conclusions: Learning more about the meaning of health from participants' perspectives will advance the development of patient-centered, culturally safe care. Nurses and health care providers can learn more about how to best treat, support and improve health outcomes for women of the Muslim faith.

A Pledge of Safety

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Melissa Lot, RN, CONC, Interim Clinical Practice Coordinator, Windsor Regional Hospital

If we assume that nurses are ethical beings, whose practices are driven by altruistic motives, then one can assume that a nurse's promise or pledge to provide a certain level of care to their patients brings with it a high likelihood of compliance.

In an effort to maximize patient engagement, improve quality of care, reduce adverse events and create a culture of accountability, a safety pledge was created based on core corporate indicators/expectations and centered on patient safety. It was piloted on a 28 bed inpatient oncology/medicine unit. The pledge addresses fall safety, hand hygiene practices, medication administration safety and safe practices for infection control. At the beginning of every shift nurses pledge safe practices to their patients and/or families and encourage patients to remind them if they have forgotten, making them active participants in safe care. This same pledge, in poster format, is prominently hung at the foot of every patient's bed as a constant reminder that patient safety is our number one priority. Additionally, the nurse's picture is affixed to the poster to support familiarity of the nurse for the patients and or their families.

Daily leadership rounding by the clinical practice educator and the program manager ensures staff compliance and patient/family engagement. Rounding includes interacting with patients and families with the purpose of establishing confirmation and understanding of the pledge. In addition, an environmental scan is conducted to ensure a safe surrounding. Patient participation in safe practices is reinforced by management, strengthening the idea that patients are equal partners in creating a culture of safe patient care.

Results From an Online Curriculum: Responding to Domestic Violence in Clinical Settings

Susan O'Rinn, Women's College Hospital, Women's College Research Institute
Robin Mason, PhD, Women's College Hospital, Women's College Research Institute
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Background

Domestic Violence (DV) is both common, affecting approximately 25% of Canadian women over the course of their lifetime, and serious, with 13% of women injured and requiring medical attention. Many health-related governing colleges and regulatory bodies including the Registered Nurses Association of Ontario have called for improved education and better clinical practices for identifying and responding to victims of DV.

Purpose

To develop an online curriculum to help health care providers achieve competency in responding to women who have experienced DV. Seventeen scenarios teach basic through more advanced competencies through presentations that progress from straightforward to increasingly subtle and complex.

Methodology

Registrants complete a demographic questionnaire, pre-test and post-test three months after exiting the program. The pre-and-post tests assess knowledge and competency in responding to DV. Learners also provide feedback at the end of each scenario.

Sample

From August 2007 through April 2013, 5866 individuals registered on the website of which 4093 (69.8%) completed at minimum the first scenario. 2419 of these are nurses or nursing students

Results

We will present both qualitative and quantitative results from our sample including demographic summary of participants, characteristics of those who engage the most and pre/post results with a focus on nurses and students. Preliminary results suggest that younger, female nursing students are our greatest users.

Conclusions

Feedback has been overwhelmingly positive about the benefits of the program, its clarity, and ease of use. Learners report that the program is engaging and instructive and as a result they feel more comfortable asking about abuse and supporting those who disclose experiencing DV.

Students Leading the Charge Toward Change: A Patient Safety Champion Program in a Faculty of Nursing

Susan Dennison RN, MScN, Faculty of Nursing, University of Windsor
Michelle Freeman RN, PhD, Faculty of Nursing, University of Windsor

Despite an increase in research in patient safety and a multitude of efforts directed at improving the culture of safety in both healthcare and education environments, progress in designing safer systems and instilling safe practices in practitioners has been slow. Guided by the emerging science of patient safety, the Faculty of Nursing at the University of Windsor has been involved in a five year journey to create a culture of safety for students and faculty. Key to the change was the development of several patient safety committees; one was established for the Faculty to examine internal practices; the second was an interdisciplinary medication safety committee with hospital partners. In an attempt to engage students, a Patient Safety Champion Program was developed three years ago. Its goal is to advance the understanding of the science of patient safety and quality improvement in our undergraduate nursing students. Champions are used effectively in all healthcare environments to improve quality and patient safety but this strategy is not commonly used in nursing education.

The Patient Safety Champion role is a volunteer position and requires the completion of an application. It is open to all levels of students who are interested in assuming a leadership role in advancing a culture of safety. This presentation will describe the purpose of the role, the application and orientation process, the role requirements, and role expectations. Accomplishments and challenges with implementing this role in a nursing program will be discussed and insights from the safety champions will be shared.

Bad Bugs – No Drugs: Threat, Impact & Prevention Strategies

Erika Vitale B.Sc., MLT, CIC, candidate MPH, Infection Prevention and Control Manager, Windsor Regional Hospital

Gram negative antibiotic resistant organisms, particularly Carbapenemase Producing *Enterobacteriaceae* (CPE), are emerging as a threat to patients and healthcare facilities. Despite their ease of spread, increasing incidence in North America, and mortality rates as high as 50 percent, few healthcare providers are aware of their existence.

This session will examine the threat and impact of emerging antibiotic resistant organisms, and discuss strategies to manage and contain them in healthcare settings.

This session will:

Recognize the increasing incidence of Gram negative antibiotic resistant organisms;

Analyze the impact of gram negative infections on the burden of infectious disease compared to other common infections in Ontario;

Review the implications of CPE by examining CPE outbreaks in other countries and effective control measures;

and

Identify ways healthcare workers can reduce the risk from Gram negative antibiotic resistant organisms.

Have We Hit With Our Best 140 Characters or Less? A Two Year Evaluation Linking Trauma Services and Injury Prevention Education with Social Media

Diane Bradford, RN, MN, Manager Regional Trauma Program & Injury Prevention
Emergency & Trauma Services, Windsor Regional Hospital

Social media when used with a common message can not only link your target audience with health services, but can engage the masses. There is a growing network of social media sites dedicated to spreading the word around the latest injury prevention issues and research. Review of current research links the use of social media with health promotion as a tool to reach a large target audience and satisfies the current need of Canadians to participate in the health information they receive. Knowing your target audience is essential when using social media to ensure the right message is being disseminated. The use of your own consistent message can provide your target audience with interesting local information, link all your social media sites, and connect with the entire world of IP as evidenced by tracking site hits and follows.

It is a difficult task educating teens on the topic of injury prevention. Today's teen is undoubtedly social media savvy and tends to respond to certain messages better when spread through this medium. Prevent Alcohol and Risk-related Trauma in Youth Windsor has worked with Hotel-Dieu Grace Hospital Trauma Services since August 2012 with both Twitter and Facebook. At the one year mark we will assess the usage and success of our sites with an analysis using metrics and survey approaches. The results of this evaluation will be discussed and recommendations explained for other Injury prevention practitioners to place into their practice in order to enable our research and experience into their action.

Bursting the Quality Improvement Bubble: Graduate Nursing Student Perspectives On Learning Leadership Through a Quality Improvement Lens

Tomasina Malott, RN BScN MSc(c), Graduate Student, Faculty of Nursing, University of Windsor
Conrad Lauko, RN BScN MSc(c), Graduate Student, Faculty of Nursing, University of Windsor

Graduate nursing programs in Canada currently lack education on quality improvement. According to Quality and Safety Education for Nurses (QSEN), both theoretical and experiential knowledge in quality improvement are essential to graduate prepared nurses. In 2014, the College of Nurses of Ontario called quality improvement an entry level competency for registered nurses, yet, this area of study is absent in today's nursing curriculum. A novel method of teaching quality improvement was initiated at the University of Windsor in fall 2013 in a graduate leadership course. Through weekly seminars and a variety of web-based learning modules from the Institute for Healthcare Improvement, students were mentored in the process of quality improvement.

As graduate nursing students, we will share our experience on completing our first quality improvement project in partnership with local community hospitals. Throughout the course of the semester, issues arose, partnerships were formed, and the political arena came to light. As a result, three quality improvement reports, focused on nursing practice, were finalized and submitted to the hospitals for implementation. Although this experiential methodology of teaching quality improvement was effective for graduate nursing students, it was not without challenges. Facilitators and barriers to the process will be noted and recommendations for the future of quality improvement education will be shared. Furthermore, recommendations from the students' perspective will be provided to guide nurse administrators, educators and potential students on how they can support the development of these essential competencies in graduate prepared nurses and bring quality improvement science to every nurse.

Predictors of Canadian Registered Nurse Examination performance: Nursing coursework, Clinical Courses and length to program completion

Dianne T. McCauley RN, BA, BScN, MN, Ed.D (C), York University

Background

With a declining national success rate on the Canadian Registered Nurse Examination (CRNE) and the shortage of Registered Nurses this study was designed to examine academic undergraduate nursing program predictors of performance on the CRNE.

Purpose

While there has been some research on predictors of National Council Licensure Examination for Registered Nurses, in the United States, there have been comparatively few studies on predictors of success on the Canadian Registered Nurse Examination (CRNE) in Canada. A very important outcome measure of nurse educators and publically funded BScN programs is their graduates' performance on the CRNE. Nurse educators have a responsibility to ensure that graduates of their BScN programs have the tools and nursing knowledge to successfully pass the CRNE.

Methodology

The research design for this study was non-experimental, retrospective, descriptive, correlation in nature, which was chosen to identify the statistically significant relationship among the independent variables and performance on the CRNE on the first attempt. **Sample and Setting**

Sample size consisted of 280 graduates of a Collaborative BScN program. Longitudinal sampling included data gathered over a 4-year period. Setting was a large public metropolitan University in Ontario.

Results

Path analysis identified 9 nursing courses, from the curriculum, that predict with statistical significance the success on the CRNE. Grade point averages at points in the 4-year program also predicted success on the CRNE.

Conclusions

The predictors identified are critical for Nurse Educators to identify students early in the BScN nursing program. Determining which variables influence licensure success can assist in establishing admission standards for entry into BScN programs, progression policies to foster student success, improve graduation rates, and ultimately, increase success on the CRNE on first attempts.

Evaluating the Effectiveness of a Nurse Practitioner –Led Outreach Program For Long-Term Care Homes

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Fabrice Mowbray, RN, BScN, University of Windsor

Background: Statistics from Erie St. Clair (ESC) LHIN region suggest that over 50% of LTC residents who present have semi-urgent or non-urgent case presentations and that only 44% of LTC residents visiting the ED require hospitalization.

Objectives: The general objective of the study was to evaluate the effectiveness of an NP-Led Outreach Program on health outcomes, unnecessary ED transfers, and hospital admissions of LTC home residents.

Sample and Setting: Quantitative data were collected on a total of 1,353 case presentations (i.e., complaints) that were obtained from a sample of 311 LTC residents. These 311 LTC residents constituted approximately 80% of all residents in the four LTC homes that participated in the study.

Methods: All data were collected prospectively from the medical records from LTC residents once identified for an eligible case presentation.

Results: No difference was found in the health outcome (i.e., case resolution) among NP, MDs, and RNs. Interestingly however, NPs were more likely to treat chronic or exacerbated chronic conditions than MDs and RNs. Of all ED transfers, only 10.8% were transferred by NPs. The data showed that all patients who were transferred to the ED by an NP were at least urgent. Advanced statistical modelling suggested that ED transfers by NPs were more likely to be urgent than transfers made by physicians and RNs. Our findings also showed that ED transfers by NPs were three times more likely to be admitted to hospital than transfers made by MDs.

Conclusions: The findings of our research support the need for, and importance of the outreach NP-Led program to improving care of LTC residents. The fact that none of the ED transfers by the NPs were non-urgent and that vast majority of these transfers were legitimate candidates to hospital admission indicates that the program is meeting its intended goal.

Student Confidence and N-Clex Anxiety: Implementation of a Year 4 Lab for NCLEX Preparation

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Nicole Graham, RN, BScN, Contract Instructor, School of Nursing, Nipissing University

As of January 1, 2015, licensure examination for Registered Nurses changes from the Canadian Registered Nurse Exam (CRNE) to the National Council Licensure Exam (NCLEX). The change has impacted the preparation of students to write the licensure examination to become a Registered Nurse, resulting in increased anxiety on their part and decreasing their confidence being successful. The CRNE identifies key competencies that must be met by new graduates, while the NCLEX blueprint relates to the practice of nursing within the first six months after practice. Educators are also challenged to help prepare students to write the exam, and must also ensure what is being taught aligns with College of Nurses (CNO) Entry-to-Practice Competencies as well as the new NCLEX blueprint. One of the approaches employed includes changes in teaching and learning strategies.

The implementation of a weekly year 4 clinical lab to help students identify learning needs with respect to the upcoming new examination will be presented. Each weekly lab is comprised of specific learning outcomes related to an identified NCLEX Blueprint statement. Students are expected to do self-directed research and readings to answer pre-lab questions that relate to the learning outcomes. Several learning strategies are used in the lab sessions, including simulation, peer-peer learning, and collaborative learning. Successes and challenges will be presented as well as next steps.

The Effects of Antepartum Bed Rest on Infant's Birth Weight and Gestational Age at Birth for High Risk Women with Comorbidities

Abeer Omar, RN, MSN, PhD, Postdoctoral Fellowship, Faculty of Nursing, University of Windsor

Background: Each year, nearly 20% of pregnant women are treated with antepartum bed rest (ABR) in the United States. Many RCTs comparing high risk women treated with or without ABR have shown no differences in infant's birth weight and gestational age at birth.

Purpose: To determine the effects of antepartum bed rest on pregnancy outcomes for women with comorbidities using the New York Pregnancy Risk Assessment Monitoring System (PRAMS) and birth certificate data.

Methodology: The design was a secondary analysis of retrospective population based data, which collected using stratified systematic random sampling. PRAMS is a CDC perinatal surveillance system developed to minimize adverse maternal-infant outcomes.

Sample and Setting: The sample included 1426 high risk women who were residents of New York State. On average, women were 29 years of age, had 32 weeks infants with a mean birth weight of 1789 grams. About 41% were treated with ABR, 30% had ≤ 12 years of education and 66% were white.

Results: The moderation effect of ABR on infant's gestational age and birth weight included: Women with premature rupture of membrane (PROM) and were treated with ABR had a lower infant gestational age and birth weight than those with PROM and were not treated with ABR. Conversely, women with preterm labor and were treated without ABR had a lower infant gestational age and birth weight than their counterparts who were treated with ABR. Also, women who had hypertensive disorders and were treated with ABR had a lower infant gestational age than those were not treated with ABR.

Conclusion: Study results can be used to modify ABR treatment and develop strategies to minimize the adverse effects of ABR on infants and maternal outcomes.

The Certainty of Uncertainty: Uprootedness and Health of Women Temporary Agricultural Workers

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Helene Berman RN, PhD, Arthur Labatt Family School of Nursing, Western University
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Cheryl Forchuk RN, PhD, Arthur Labatt Family School of Nursing, Western University
Tanya Basok, PhD, University of Windsor

Background:

Global migration for work is increasing and there is limited evidence regarding the health of women temporary workers in Canada, particularly related to how women make sense of their lives within the structural constraints and opportunities of their employment status.

Purpose:

The purpose of this research was to discover women temporary agricultural workers' experiences of health in the contexts of lengthy and recurring uprootedness from their homes and families, and intersecting gendered, global, political, and economic structures.

Methodology:

Using critical ethnography with a feminist perspective, methods included participant observation fieldwork and semi-structured interviews. Analysis was an iterative progression to identify and describe themes, relationships and power relations through participants' representations of their lives.

Sample and Setting:

The participants were 20 women employed in southwestern Ontario through two federal temporary worker programs, whose countries of origin included Mexico, the Philippines and Jamaica.

Results:

Participants recognized the injustices of having to leave home in order to support their families and in the working conditions they encountered, yet strongly considered their employment in Canada as a necessary maternal responsibility and caring "sacrifice". They described uncertainty about initially not knowing what their work and living arrangements would entail, and the necessity of maintaining a "mindset" to adjust to prolonged and repeated separation from their children. Systematic and continuous uncertainty arose from their precarious employment and immigration status. Health was defined holistically with emphasis on the need for their acceptance of recurring migration and remaining strong for their families.

Conclusion:

In order to inform nursing practice, policy development and further research, explicit acknowledgement is needed that the strengths, resiliencies and barriers to health experienced by migrant farm worker women engaged in temporary work are embedded within gendered and intersecting inequities at regional, national and global levels

Qualitative Longitudinal Research (QLR) To Evaluate Policy:

Examining Employer Perceptions Over Time

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Background

Longitudinal research is often used to evaluate the impact of a policy over time. Quantitative longitudinal methods have been upheld as the gold standard in providing the best evidence to evaluate the impact of policy decisions. More recently, qualitative longitudinal research (QLR) has emerged as a valuable approach to understanding the context within which policies work.

Purpose

The purpose of this presentation is to examine QLR as an emerging methodology for evaluating policy. Results of a study that used QLR methods to examine the impact of a government policy on public sector employment will be presented.

Methodology

In 2007, the Ministry of Health and Long-Term Care introduced the Nursing Graduate Guarantee (NGG) initiative to increase full-time employment opportunities for new graduate nurses. A trend study design was used to examine employer perceptions of the NGG. Focus groups with healthcare employers that participated in the NGG were conducted yearly between 2007 and 2012.

Sample and Setting

Employers were sampled repeatedly at one year intervals over the six years. The sampling technique was purposeful to ensure the same employers were interviewed each year.

Results

In the early years of the NGG (2007, 2008 and 2009) full-time employment for new graduates increased significantly compared to pre-policy levels. In 2010, the trend began to reverse. It was important to understand why the decrease in full-time employment had occurred. Interview findings revealed that the change in employer hiring practices was a result of two factors: 1) the economic downturn that began in 2009 and 2) from hiring large numbers of new graduates in earlier years of the initiative.

Conclusion

The use of QLR methods allowed for an analysis of interview data over time. As a result, contextual factors that affected employers' ability to hire new graduates emerged.

Rethinking the Social Determinants of Health

Josie Watson, RN, MScN, Clinical Nursing Instructor, University of Windsor

The social determinants of health theoretical model asserts that health is not only affected by states internal to the living organism, but by the social and economic environment in which the human organism lives. Societal and economic factors like poverty and homelessness can cause health deficits that impair individuals' physical, psychological and social well-being. The present paper will argue that the social determinants of health model is an indispensable guide to a holistic health care practice that can contribute to improved health outcomes by identifying the broader social causes of ill health. In particular, this paper will draw upon research conducted in Southwestern Ontario. I conducted a secondary analysis of original research that studied social exclusion as a social determinant of health. The research examined the everyday living conditions of participants who were hidden homeless and who experienced the physical and psychological deprivations this research showed this form of social exclusion to cause. The theoretical discussion of this research will elaborate upon the problematic relationship between the population health model and the health promotion model that exists in health care policy today.

Evaluating an Empowerment Approach to Improving Staff Health, Safety and Wellness in Long Term Care

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Andrea Baumann, PhD, McMaster University
Pat Norman, MEd, McMaster University
Paul Rizk, MSc, McMaster University

Background: This study builds on previous work by Baumann et al. (2012) that evaluated a health and safety intervention model. Employees Participating in Change (EPIC) is designed to improve workplace wellness and safety, increase employee participation and empowerment, improve management/worker relations and reduce Musculoskeletal Disorders (MSDs).

Purpose: To evaluate the effectiveness of a health, safety and wellness intervention with a focus on MSDs resulting from non-client handling activities.

Methodology: Process evaluation was used to assess the efficacy of the health and safety intervention model. Pre-implementation data was collected (baseline context); semi-structured interviews and surveys were conducted to assess changes resulting from the intervention. Project outcome indicators were developed to enhance assessment of the intervention.

Sample and Setting: A large, urban, non-profit residential long-term care (LTC) facility serving over 10,000 residents and their families and employing over 1000 staff. Participating units included nursing, facility management, home support services and food services.

Results: EPIC was successfully implemented in the long term care setting. The participants used the tools and found they had a strong foundation for a culture of safety, therefore, targeting their health and safety activities to improve their work environment and reduce MSD hazards.

Conclusions: Organizations with strong safety cultures should not disregard high probability, low severity hazards/risks which are generally overlooked and can lead to lost time and no lost time injuries. Solutions can be cost effective and manageable. Involvement of frontline workers in the identification, assessment, and control of risks and stressors increase the efficacy of interventions. The findings underline the importance of employee participation in changes associated with their workplace environment. Advancing health, safety and wellness using a comprehensive employee empowering program can mitigate workplace hazards and positively influence safety climates.

Implementation of Telemedicine at a Community Hospital - The Challenges, The Keys to Success and The Patient Stories

Karen Riddell, RN, BScN, MBA, Windsor Regional Hospital
April Reed, RN, Windsor Regional Hospital

Windsor Regional Hospital (WRH) a large multi site community hospital located in Windsor Ontario Canada received funding from the Ministry in February 2012 to expand its Telemedicine capability with the addition of five telemedicine nurses. Benefits of telemedicine include reduction of time/distance barriers, stress, expense, wait-times and improved patient satisfaction. A readiness assessment completed prior to implementation identified key challenges including clinical space, camera and peripheral availability, and multiple hospital sites requiring service. Additional challenges include provider buy in, fear of technology, lack of experience and resources, technology downtime and lack of standardization.

The purpose of this presentation is to share the project plan, implementation strategies, challenges, wins, and lessons learned during the implementation as well as our patient stories and data from our Nurse driven Telemedicine Program at Windsor Regional Hospital in Windsor Ontario. Our results have been impressive, in the time since implementation we have increased our clinical telemedicine events from 40 per year to over 500 per month.

Nursing Students in Honduras

Brenda Oraziatti BSCN, CNCC(C), Med, Sessional Lecturer, Course Director, York University

Background: Nursing has a historical foundation in Christianity and Mission work. Many schools of nursing offer for credit courses to students as an option to nurse in developing countries. York University, does not yet offer this, but a group of innovative and brave 4th year students ventured out on their own to do just that. The group travelled without faculty to provide nursing services to a developing region, Roatan Honduras.

Purpose: The purpose of the study is to share the 4th year nursing students' experiences with other nursing students and faculty.

Methodology: a questionnaire was emailed to the students who travelled to Honduras to provide nursing care to the residents of that area.

Sample: 10 nursing students, completing their 4th year

Setting: The nursing students travelled to Roatan, Honduras and provided free nursing care at the CinicaEssperanza for 2 weeks, without a faculty member, and without this being part of a course.

Results: The experience was most life altering, and so worth it on many levels. They realized how much knowledge was gained from their degree program; it was empowering, and deeply meaningful.

Conclusions: The students would encourage administrators to consider adopting this into a curriculum of formal study. Deep learning and great meaning occurred from this event in the student's lives.

Nursing Leaders in Ontario: Insights and Reflections

Brenda Oraziatti BSCN, CNCC(C), Med, Sessional Lecturer, School of Nursing, York University
Mina D. Singh RN, PhD, Associate Professor, School of Nursing, York University

Background: In all undergraduate nursing degree programs, a course on nursing leadership is taught. There is no single resource highlighting Ontario's nurse leaders and how they lead. Information presently used to highlight nursing leaders is American based, making the present DVD useful to showcase our own leaders to students so that they can feel inspired and choose a nursing leader mentor relevant to our environment. A video has not been created like this, and we see this as a great teaching tool and opportunity.

Purpose: The purpose of the research is to share with our nursing students our great nursing leaders so that they can learn about their journey, learn from their advice, study their style, their stories, apply theory, and become inspired by them.

Methodology: Interviews were conducted on 18 nursing leaders from across Ontario. Through the medium of film, we were able to capture information from our nursing leaders to raise our image and understanding of the significant work that goes into running our top nursing organizations' throughout our province. An analysis was done to find common themes.

Sample: 18 nursing leaders were in the sample, representing a wide cross section in roles and regions.

Setting: The study covers nursing leaders throughout Ontario. The results pertain to educators in Ontario teaching leadership, or those interested in the topic.

Results: An analysis of the 18 nursing leaders led to several common themes, such as having a great mentor, support of your initiative, and about creating change.

Conclusions: From the analysis of the teaching DVD on Ontario's Great Nursing Leaders we have learned that many leaders have much in common, versus more variability. Many themes have been uncovered, such as having a transformational style but differ in how it was enacted. No matter what your involvement in nursing may be, all nurses are leaders, and must be able to apply the concepts and theory in practice. All nurses can gain from understanding how the very best leaders have made it to the top. Come listen to what we have uncovered.

**Personal Essays for Admission to The PHCNP Program;
Can They Predict Success?**

Elsabeth Jensen RN, BA, PhD, Associate Professor, Graduate Program Director, School of Nursing
York University

Shelley Walkerley NP-PHC PhD, Site Coordinator/Practicum Coordinator, Primary Health Care Nurse
Practitioner Program, York University

Nurses who apply to the Primary Health Care Nurse Practitioner Program in the province of Ontario are required to submit an essay as part of their application package. The essay answers four specific questions about the understanding of the role of the Primary Health Care Nurse Practitioner and the qualities they bring to that role. Decisions about who will be admitted to the program are based in part on the answers the applicant provides in the essay. The purpose of this retrospective study was to explore the relationship between the content and the quality of applicant's personal application essays and both their final grade for the summative course in the COUPN PHCNP Program at York University and success in becoming registered as a Nurse Practitioner in Ontario. Descriptive data were also collected from the application files and analyzed in order to better understand all the variables that may best predict success in passing the RN-EC exam. Review of the literature shows that generally there is limited data describing the significance of goal statements, what questions or topics ought to be addressed, and the relationship between the statement content and quality and the applicant's ability to undertake graduate level nursing course work and clinical practice. While the applicants addressed and answered the required questions the analysis showed that in fact the responses reflected a lack of depth of understanding of what they were getting into as a new career. Nothing in the essays predicted course outcomes or success in licensing exam. These results will add to knowledge of the validity of current admissions processes and assist in making revisions to these processes that will increase the likelihood that applicants who are more likely to be successful are admitted to the program. The findings may be useful for all graduate programs.

Men in Nursing: What Factors Lead to Job Satisfaction and Intention to Stay

Dale Rajacich, RN, PhD, University of Windsor

Kathryn Lafreniere, PhD, Department of Psychology, University of Windsor

Sheila Cameron, RN, EdD, DSc (Hon), University Professor, University of Windsor

Michelle Freeman, RN, PhD, University of Windsor

James Daabous, RN, BScN; Graduate Student, University of Windsor

Debbie Kane, RN, PhD, University of Windsor

Background

Males remain an elusive and untapped human health resource. In Canada, males represent approximately 6.4% of nurses indicating that nursing has yet to break the gender barriers that other professions have been successful in addressing. It is essential to understand work factors which are valued by males so that retention and recruitment strategies can be implemented.

Methods

A cross sectional study of male RNs (n=382), employed in acute care settings, was conducted in the province of Ontario. Participants completed the McCloskey/Mueller Satisfaction Scale (MMSS; Mueller & McCloskey, 1990), the Intention to Leave Inventory (Meyer, Allen, & Smith, 1993; Hasselhorn et al., 2008), a demographic questionnaire and an open-ended section where participants were invited to provide any additional comments. Correlations and multiple regressions were used to examine RNs career satisfaction and turnover intention. Content analysis of the written comments was completed.

Results

Nurses who were most satisfied with their career valued extrinsic rewards, control and responsibility and opportunities for professional development; those who were least satisfied and voiced an intention to leave the profession worked part-time, experienced gender mistreatment, and were dissatisfied with extrinsic awards, scheduling and hospital support. Findings from the open-ended question included the following themes: concerns about lack of organizational support received from their place of employment; mixed experiences, both positive and negative, about supervisor support; and, continuing concerns about gender experiences in the workplace.

Conclusion

Overall males were moderately satisfied with their work factors. A unique finding of this study relates to the significant predictive relationship between gender mistreatment and males' intention to leave. These results have implications for nursing practice, education and research.

Do We Know What is Best When Trying to help Others?

Mary Louise Drake, Ed.D, M.A.,BScN. BA. SCM., Dip. P.H., Faculty of Nursing, University of Windsor

During my nursing career I have worked in several foreign countries euphemistically known as underdeveloped or in today's correct language Third World Countries. For most of us coming from North America we feel that our lifestyle and level of preparation, professionally and educationally is superior to any that we might meet in a Third World Country. Work experience in countries such as Tunisia, Ghana, Jordan and Jamaica has taught me that there is more for me to learn than to disdain. This presentation will discuss how we as well-meaning professionals can improve our relationships with other professionals and citizens in Third World Countries by examining the value of what we have to offer and how we offer needed support. Issues of respect, mutual identification of goals, use of equipment, recognition and understanding of culture, provision of useful equipment and collaboration beyond the initial contact will be discussed. The more we work with professionals and citizens from countries identified as Third World, the more important it is to develop rational approaches to the circle of care.

Challenges in Recruitment and Retention of Research Participants

Karen M. Williamson RN, PhD, Faculty of Nursing, University of Windsor

Debbie Rickeard, RN, Faculty of Nursing, University of Windsor

Recruitment of study participants is perhaps the most challenging part of a clinical research study. It begins with identification and enlistment of participants and involves providing information to the potential participants and generating their interest in the proposed study (Patel et al., 2003). Although recruitment can be difficult, especially when the study requires inclusion of patients who may have serious health issues, the use of skilled Research Assistants can often facilitate attainment of an ideal sample size. That was the case when this researcher studied the effectiveness of a weekly, individualized, telephone, educational intervention for coronary artery bypass graft (CABG) patients during the first three weeks following discharge from hospital. The study involved 296 individual contacts with a sample of 88 patients. Major findings from the analysis indicated that the intervention was effective in improving knowledge of symptom management and performance of therapeutic self-care ability, and in reducing symptom severity.

There have been no previous reports of the implementation of individually tailored educational interventions with acute myocardial infarction (AMI) patients. The researcher decided to adapt the intervention and examine the impact that such an educational intervention may have on addressing the symptoms that are important to each patient during the early recovery period and identify self-care strategies that are perceived by AMI patients as being effective in the management of those symptoms. However, during this study recruitment and retention of participants were extremely problematic and the study was eventually terminated. The purpose of this presentation is to discuss issues related to participant recruitment and retention. Strategies, designed to address those issues, will be identified.

The Meaning of the Client Experience at a Health Centre Within a First Nations Community in Southern Ontario

Heather K. Krohn, PhD, RN, Faculty of Nursing, University of Windsor
Margaret Black, RN, PhD, Associate Professor, (Retired), School of Nursing, McMaster University
Jenny Ploeg, RN, PhD, Associate Professor, School of Nursing, McMaster University
Wayne Warry, PhD, Associate Professor, Director, Centre for Rural and Northern Health Research
Laurentian University

Background: While the literature provides multiple insights on the perspectives of First Nations (FN) peoples regarding their use of mainstream health services in Canada, few studies have explored their views and experiences of programs and services provided by health centres within their own communities.

Purpose: This qualitative, interpretive study aimed to gain an understanding of the client experience at a health centre within a FN community in Southern Ontario.

Methodology: A Heideggerian, hermeneutic approach and participatory processes were used within the research framework. Data were collected through the use of face-to-face, semi-structured interviews. Thematic analysis based upon the work of Max van Manen was employed to discover themes of the FN client experience.

Sample and Setting: Participants included seven female and five male members of one FN community in Southern Ontario.

Results: The first of three overriding themes yielded a wholistic First Nation's view of health that was grounded in traditional concepts of the medicine wheel in which health is achieved through balance in mind, body, spirit and emotion. The second theme revealed participants' views of their health centre as a valued source of information and health services, and as a trusted location for accessing traditional healers. Under the third theme, participants who reported little or no use of their health centre cited a number of reasons including: a) a lack of awareness of services offered, b) a lack of comfort and familiarity with the health centre's staff, services and building structure, and c) a reliance on self-healing methods, traditional healers and alternate sources of health information and care.

Conclusions: First Nations choices concerning personal use, or avoidance of their health centre were influenced by many factors including, but not limited to their knowledge of, and comfort with the staff, programs and the structural design of the health centre.

Validation of the Undergraduate Nursing Students' Academic Satisfaction Scale – Short Form (UNSASS - SF)

Maher-El-Masri, RN, PhD, Faculty of Nursing, University of Windsor
Susan Dennison, RN, MScN, Faculty of Nursing, University of Windsor
Susan Fox-Wasylyshyn, RN, PhD, Faculty of Nursing, University of Windsor
Abeer Omar, RN, PhD, Post Doctoral Fellow, University of Windsor

Background: The Undergraduate Nursing Student Academic Satisfaction Scale (UNSASS) is a valid and reliable scale that has been widely used since its initial publication. However, it is a relatively lengthy 48 item scale.

Purpose: The Purpose of this study was to examine the psychometric properties of a 15-item short form (SF) of the UNSASS.

Methods: A self-report test-retest questionnaire was administered to a convenience sample of 796 students enrolled in a Bachelor of Science in Nursing (BScN) program in years two (n = 297), three (n = 247), and four (204) of the program.

Results: Data analysis on this study is currently underway. The plan is to examine the instrument reliability via internal consistency and test-retest reliability. Validity will be established via face, content, and construct validity measures.

Conclusions: We expect that the UNSASS – SF will provide an easy and short tool to comprehensively measure the satisfaction of nursing students with the academic aspects of their nursing programs without the burden associated with lengthy completion time.

**Promoting Health Outcomes in Elder Care:
A Public Health Nursing Strategy to Elder Abuse Prevention**

Lucia Yiu, BSc, BA, MScN, Faculty of Nursing, University of Windsor

Elder abuse is a silent epidemic and a public health issue. This is of particular concern when our population is aging rapidly. With medical advances and improved socioeconomic conditions, today's older adults are living longer, but many are living with chronic illnesses or disabilities, from diabetes, heart disease, arthritis, dementia, to frailty. Those who require assisted daily living often rely on their family to care for them before seeking institutional care. The shrinking family size and work demands also have added significant burden to the family caregivers. Elder care imposes tremendous physical, emotional, and financial strains and challenges on the family caregivers, and indirectly, on the workplace and the health care system. Elder care touches all cultures and every family.

Elder care can become elder abuse or neglect when the needs of the person needing care or providing care are not met. To prevent elder abuse, community health nurses must attend to the safety needs of the aging population, and evaluate if community services are sustainable and achieving positive health outcomes around the complex needs of the older adults and their family caregivers. The author will (1) present an overview of the literature on elder abuse related to who is at risk, the contributing factors to abuse, and the needs of caregivers; and (2) present public health nursing strategies aiming to prevent elder abuse and neglect, and (3) discuss how community nurses could work together to promote and improve quality care to the older adults and their families.

Restorative Care Unit: A Focused Ethnography of Leadership In a 20-Bed Hospital

Lucy Elliott, RN, MScN; York University

Background

In Ontario, the healthcare system is changing because of the added complexity of care that exists with the increased number of older adults. Older adults want to age at home. Chronic disease management and rising healthcare costs have required a change to innovative projects that promote preventative and wellness services. The creation of a restorative care unit (RCU) within an acute care environment caused a change in the nursing team relationships that impacted leadership and culture of the RCU.

Purpose

This qualitative research study is to describe how nursing team (PSWs, RPN, and RNs) relationships impact leadership and the culture on an RCU.

Methodology

A focused ethnographic approach provided insight into the nursing team members' (registered nurses [RNs], registered practical nurses [RPNs] and personal support workers [PSWs]) shared experiences, and the contextual factors that impacted the culture. Critical Social Theory and intersectionality (Hankivsky & Christoffersen, 2008) provided the theoretical basis for the study design, data collection and data analysis.

Sample and Setting

A total of 11 interviews were conducted. All participants were female; eight of the 11 participants were part of the nursing team, and three others who worked on RCU. The research took place in a small rural community with a population of 2,000 people in Ontario, Canada. The hospital had 10 restorative care beds together with a 10-bed in-patient acute care unit.

Results

Four themes emerged from the data analysis: (1) uncertainty within a new intersection; (2) working together emerges from within; (3) leading within the hierarchy; and (4) everyone contributing within a team.

Conclusion

The nursing team members' have created a culture where nursing team members' have a shared belief in the RCU program, and they have demonstrated leadership in their day to day activities by working, supporting, learning and valuing the relationships with each other.

Interprofessional Assessment and Management of Co-Morbid Pain and Dementia in Long-Term Care: Engaging Stakeholders in Change

Kathryn A. Pfaff, PhD, RN, Faculty of Nursing, University of Windsor

Jean Echlin, MSN, RN, Faculty of Nursing, University of Windsor

Sharon Thorpe, RN, MSc, Faculty of Nursing, University of Windsor

In long-term care facilities, pain assessment is severely hindered when residents have moderate to severe cognitive impairment, and are therefore unable to communicate their pain experience. Residents with dementia are also less likely to receive appropriate treatment and management of pain. Although interprofessional approaches can improve outcomes in this population, there are significant barriers at the team, organizational, regulatory, and governmental levels.

A clinical case study served as the impetus for change, and a systematic review of the literature was conducted to identify the barriers to interprofessional pain assessment among long-term care dwelling individuals who have dementia. These included: lack of consistent and accurate assessment of pain by long-term care team members; insufficient team communication; and a lack of interprofessional knowledge and education.

To improve the quality of life within this growing and vulnerable population, we identified key stakeholders as 'champions for change'. These individuals were equipped with the knowledge and tools to improve pain assessment and management in their organizations. They include long-term care administrators, nurse practitioners, registered nurses, registered practical nurses, personal support workers, chaplains, representatives from community organizations, and family members. This presentation will describe our process of engaging champions, and highlight the outcomes and next steps.

Emergency Department Triage Acuity Assignment in Patients with Sepsis at an Academic Tertiary Care Centre: Predictors and Outcomes

Leon Petruniak, London Health Sciences Centre

Susan Fox-Wasylyshyn, RN, PhD, Associate Dean and Associate Professor, Faculty of Nursing, University of Windsor

Maher M. El-Masri, RN, PhD, Associate Professor and Research Leadership Chair, Faculty of Nursing, University of Windsor

Background

Recognition and appropriate triage of septic patients is a fundamental component of managing sepsis, a serious condition that requires prompt medical intervention. However, evidence suggests that this group of patients may be under-triaged, which results in delayed receipt of treatment.

Purpose

The purpose of this study was to examine patient and contextual variables that predict triage acuity assignment of septic patients by emergency department (ED) nurses, and to examine how septic patients with high versus low acuity scores differ with respect to time until receipt of first antibiotic, and 28-day in-hospital mortality.

Methodology

A retrospective analysis was conducted on 154 medical records of septic patients who were triaged in the ED at a large academic tertiary care center in Southwestern Ontario. Logistic regression was used to explore the independent predictors of low versus high acuity triage assignment.

Results

Those with language barriers/cognitive impairment (OR 5.7; 95% CI 2.15, 15.01), acute confusion (OR 3.4; CI 1.3, 8.2), and unwell appearance (OR 3.4; 95% CI 1.7, 7.0) were more likely to be assigned higher acuity triage scores. Hypotension was the only physiological indicator that was related to triage acuity assignment (OR .98; CI .96, 1.0). Those assigned higher acuity triage scores had a lower mean time to first antibiotic and a higher risk of 28-day in-hospital mortality.

Conclusions

The finding that vital signs did not play a significant role in triage assignment points to a need for enhanced education for ED triage nurses regarding the physiological indices of sepsis. This will likely improve recognition, time to treatment, and overall patient safety.

Autoethnography: Nursing Students' Experiences in Self-Awareness and Reflective Practice

Patricia Sealy RN, PhD, LambtonCollege

Deborah Dayus RN, MScN, PhD Candidate, University of Windsor

James Stainer, BScN Student, University of Windsor

Lauren Quaglia BScN Student, University of Windsor

Antonia Milos BScN Student, University of Windsor

Autoethnography is an emerging qualitative research approach that “connects the researcher’s personal self to the broader cultural context. Evocative writing, where the writer shares personal stories of their own experiences is used to extend understanding of a particular social issue” (Foster, McAllister, & O’Brien, 2006, p. 44). The process of developing an autoethnography provides students with an opportunity to delve further into the significance of lived experiences in fostering healing and an awareness of personal beliefs and strengths beyond that of reflective clinical journals. This presentation explores the impact of three third year nursing students’ autoethnographies on experiences of stress, coping and social support in relation to the principles of psychosocial rehabilitation in the context of Bevis’s Model of Caring in a scholarly paper. Themes included surviving the chronic illness of a spouse, the premature death of one’s mother, and surviving mental illness as a teenager. These autoethnographies facilitated the self-reflection of students’ own lives fostering personal healing and an awareness of their beliefs and strengths, as well as heightening their understanding of the cultural psychosocial implications of stress and crisis. Symbolism and metaphor in evocative writing enhanced students’ ability to utilize empathy with client and families. We argue that student nurses need an opportunity to reflect on stressful situations to question whether they have not only resolved the issues, but to identify how they have matured based on reflection to be able to practice at their emotional capacity and the relationship to culture.

Developing Strategies to Implement a Cross Continuum Care Pathway for Patients with Hip Fracture in The Esc Lhin

Helen Johnson, BScPT, MSc, ESC LHIN Rehabilitation Network Lead, Chatham-Kent Health Alliance

Nancy Snobelen, MBA, S-LP(C), Chatham-Kent Health Alliance

Andrea Knowler, BScN, RN, Chatham-Kent Health Alliance

Pete Crvenkovski, BSc, MBA, IA, Director, Performance Quality and Knowledge Management ESC LHIN

John Norton, BScPT, Hotel-Dieu Grace Healthcare

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Cindy Wilson, BScPT, Bluewater Health

Kelly Heron, RN, MCISc, CETN (C), Windsor Regional Hospital

Danielle Dupuis, RN, MN, Windsor Regional Hospital

Hip fracture is a serious, potentially life altering event for older adults. Without rapid access to surgery and specialized rehabilitation services, many patients never regain pre-fracture levels of independent living.

Care of patients following hip fracture requires an interprofessional rehabilitative team approach with specialized medical expertise to reduce complications and maximize outcomes. To support and improve care for patients with hip fracture, implementation of best practices across the care continuum is a key priority of the 2012 ESC LHIN Rehabilitation Strategic Plan. The Bone and Joint Canada National Hip Fracture Toolkit (2011) detailed innovative best practices, including timely surgery and access to appropriate rehabilitative care, to improve outcomes and return more patients home. The Ministry of Health and Long Term Care (MOHLTC) Health System Funding Reform (HSFR) Quality Based Procedures Clinical Handbook for Hip Fracture (2013) further outlines evidence-based approaches to drive better patient experience, outcomes and cost. Data collected in the MOHLTC database repository, Intellihealth was linked to inform important questions of regional system performance and outcomes during the patient journey across care settings. Development of the ESC LHIN Rehabilitation System Scorecard to evaluate current hip fracture care against best practice targets was facilitated. A LHIN-wide cross-sector Hip Fracture Care Forum was convened in May 2014, with key system stakeholders, to present the current status of system performance; illustrate best practices variation; and develop consensus on improvement initiatives. Reducing practice and process variations are crucial in enhancing patient outcomes, patient experience, and optimizing resources. This session will present outcomes realized from the Forum and discuss ongoing change management initiatives to improve patient experience, functional independence, and system efficiency.

Predictors of Adolescent Sleep

Dr. Kathy Campbell, School of Nursing, Chair, St. Clair College, Windsor Campus
Mr. Ty Campbell

Background: Obesity has been widely reported as being associated with sleep duration in childhood.

Purpose: Despite the increased reporting of the consequences of reduced sleep, the predictors of sleep have received limited attention in the adolescent population. The purpose of this study was to investigate the predictors of both weekday and weekend sleep of adolescents.

Methodology/Sample/Setting: An observational self-report survey was conducted on a sample of 1068 adolescents in elementary schools in Southern Ontario. The web-based *Food Behaviour Questionnaire*, including a 24-h diet recall with questions related to physical activity, and health-related patterns and behaviours was administered to a cross-section of schools. Physical measurements included waist circumference, blood pressure, height and weight.

Results: Predictors of girls' weekday sleep included sedentary activity ($\beta = -.217, p < .001$), weekend sleep ($\beta = .257, p < .001$), eating breakfast ($\beta = .100, p < .05$), and BMI ($\beta = -.094, p < .05$). For boys, predictors of weekday sleep were sedentary activity ($\beta = -.136, p < .001$), weekend sleep ($\beta = .281, p < .001$), breakfast ($\beta = .173, p < .001$), encouragement of physical activity by parents/guardian ($\beta = .151, p < .001$), and late night snack ($\beta = -.095, p < .05$).

The addition of weekday sleep for girls rendered sedentary activity non-significant. Weekday sleep becomes the only significant predictor of weekend sleep ($\beta = .287, p < .001$). Similarly, for boys, weekend sleep was predicted only by weekday sleep ($\beta = .303, p < .001$).

Conclusions: Our findings suggest the predictors of weekday and weekend sleep operate very differently in the adolescent population. A comprehensive health initiative should be targeted at the predictors of adolescent sleep as a modifiable risk factor noting the only significant predictor of weekend sleep was weekday sleep.

Mental Health Campus Crisis Research Generated Action

Laurie Carty, RN, PhD, University of Windsor
Mika Tomac, RN, PhD, CCC, University of Windsor

Universities in Canada and the United States are struggling with a mental health crisis experienced and expressed by students. A number of Canadian Universities have established systemic programs to address the crisis, while other Universities struggle to define the problem and its solution. In 2004 Kadison and Foy DiGeronimo reported that since 1988 the likelihood of student depression has doubled, suicidal ideation has tripled and sexual assaults have quadrupled. A 2011 study of 1600 students at the University of Alberta reported that 51% felt hopeless, more than 50% felt overwhelming anxiety, and 7% admitted that they had seriously considered suicide.

The Faculty of Nursing at the University of Windsor, concerned about the distress experienced by increasing numbers of students funded a research study that examined students in all four years of the undergraduate program. The study measured stress, coping, social support and depression. Stress levels were high in all four years, coping scores were positive, and social support scores were low in years three and four. On the Beck Depression Inventory 47 students scored moderate to severe depression and 9 students scored extremely severe depression. These scores indicate a serious risk for suicide. Study results revealed there was a need for intervention. Based on the research study results, an application for an internal Strategic University Grant to fund an in-house therapist was obtained. In this presentation the research study will be presented as well as the results of the in-house therapist intervention after two years work with students and faculty.

Early Childhood and Adolescent Losses Experienced by First and Third Year Nursing Students Situation of Stress and Loss Among Third Year Nursing Students

Patricia Sealy, RN, PhD, Nursing Professor, Lambton College

Deborah Dayus, RN, PhD (c), Clinical Practice Learning Specialist, Faculty of Nursing, University of Windsor

Kathy Pfaff, RN, PhD, Principal, Healthcare Systems Research Collaborative, Faculty of Nursing, University of Windsor

Robin Coatsworth-Puspoky, RN, MScN, Nursing Professor, Lambton College

Background: There is much research on the diathesis/stress model in which exposure to early childhood or adolescent losses and trauma can make a person vulnerable to developing anxiety, depression or post-traumatic stress disorders. There is also anecdotal evidence that nursing students are experiencing stress and anxiety disorders as well as depression.

Purpose: This research examines the frequency of childhood and adolescence losses among nursing students.

Methodology, Sample and Setting: This was an online survey of first and third year nursing students in a faculty of nursing in Southwestern Ontario.

Results: First year (n = 56) and third year nursing students (n = 104) reported a mean of 5.1 losses (SD =4.2) with the range from zero to 18 losses. Fifty-six percent of students reported having experienced bullying in elementary schools and 32% experienced bullying in high school. Twenty-nine percent of students came from a home in which their parents had divorced. Students were also exposed to emotional abuse (38%), neglect (21%), physical abuse (16%), and sexual abuse (15%). In addition students experienced personal and family illness: parent with a serious illness (34%), friend with a serious illness (30%), or personally being hospitalized (26%). Fifteen percent of students have experienced a serious accident, and finally approximately 10% of students have experienced the death of a parent or sibling. Fourteen percent of students currently have a chronic illness.

Conclusions: Students may be a risk of anxiety and depression as a result of childhood and adolescent losses. Since nursing students are constantly exposed to patient stressors/losses and sometimes the death of patients, student need an opportunity to reflect on the impact of personal losses to reduce the potential for psychological transference and counter-transference reactions. Future research is needed to examine the depth of the impact of previous losses on nursing students.

Poster Presentations



Development and Testing of the Chronic Pain Integration Questionnaire

Kathryn Deshaies, St. Clair College; Noori Akhtar-Danesh, McMaster University; Sharon Kaasalainen, McMaster University; Jennifer Skelly, McMaster University

Background: Chronic pain negatively affects the individual, family, and society. In spite of many years of chronic pain research, treatment remains inconsistent and inadequate. The inconsistent outcomes of treatment are likely due to treating patients the same, rather than as unique individuals with unique experiences, who require individualized treatment plans. A deeper understanding of how people with chronic pain adjust to living life in pain is necessary in order to develop meaningful and effective plans of care. A self-report questionnaire, The Chronic Pain Integration Questionnaire, is proposed as a useful tool to assist health care professionals to gain insight into their patients' pain experiences and how these patients are integrating pain into their life.

Purpose: The purpose is twofold: (1) to determine the psychometric characteristics of the Chronic Pain Integration Questionnaire; and (2) to test several hypotheses relevant to the chronic pain experience.

Methodology: A quantitative non-experimental design has been developed in order to test the psychometric properties of the Chronic Pain Integration Questionnaire. This study has been designed to incorporate reliability and validity testing recommended when testing a new questionnaire: test-retest reliability; internal consistency reliability; and construct validity.

Sample: A total of 200 adults living with chronic pain are being recruited for psychometric testing (50 participants will be recruited for test-retest reliability)

Setting: Recruitment of participants is from two chronic pain programs within the geographical boundaries of the Erie-St. Clair LHIN.

Findings: Research currently in progress

Conclusion: If the Chronic Pain Integration Questionnaire demonstrates reliability and evidence of construct validity, it may be a useful tool for future research examining specific interventions that may enhance chronic pain integration. Ultimately, it may be a useful tool for health care professionals to obtain a deeper understanding of how people with chronic pain adjust to living a life in pain.

Surgical Preoperative Lead Time and Undiagnosed Anemia

Veronika Pulley, RN; BScN; BA; OHN, Windsor Regional Hospital

Research indicates that undiagnosed anemia is widespread among the general population and negatively impacts patient outcomes following surgical procedures. Timely intervention leads to optimization of hemoglobin levels and decreases the need for post-operative blood transfusion. Positive results can occur if there is sufficient preoperative lead time to allow for strategies which improve hemoglobin levels. The Ontario Nurse Transfusion Coordinators (ONTraC) developed Blood Conservation Programs in 25 Ontario hospitals. The goal was to reduce allogeneic red cell use and improve patient access to transfusion alternatives. Initially, the program focused on knee replacements; hips were added as a targeted procedure in 2007.

The Blood Conservation Program at Windsor Regional Hospital initiated a Blood Clinic in the summer of 2012. This provided greater lead time and allowed patients to access strategies to improve hemoglobin levels before surgery. Patients are scheduled for an initial visit 2-3 months prior to surgery to review hemoglobin and ferritin results, and receive information and education on strategies that may improve hemoglobin levels. Preadmission visits are scheduled three weeks prior to surgery when hemoglobin levels are reassessed. Approximately 95 % of patients seen had improved hemoglobin by the preadmission visit. Early intervention(s) included eating more iron rich foods and using oral Iron supplements. ONTraC data collection indicated that over a six month period there was a decrease in transfusion rates for hip replacement surgery (from 38% in 2012 to 16% in 2013).

Early intervention through the Blood Conservation Program and Clinic has proven promising in improving patient outcomes.

Independent Double-Checks for High-Alert Medications: Essential Practice

Katrina Baldwin, BScN, University of Windsor
Virginia Walsh, MScN, RN, University of Windsor

Medication errors with high-alert medications pose a major threat to the safety of patients within the health care system. Conducting an independent double check (IDC) when administering these medications is one way of ensuring the patient receives medication in the safest way possible. An IDC is conducted by having a second practitioner independently verify whether a drug dosage is correct, without any input from the original practitioner. The two practitioners then compare their answers to verify that it is correct. When performed properly, IDCs catch approximately 95% of potential errors. With approximately 10,000 to 98,000 North Americans dying each year from medical errors and preventable adverse events, healthcare organizations need to develop a culture of safety that focuses on improving the safety of patient care. If IDCs are an effective way of preventing medication errors and ensuring patient safety, then why is this procedure not being performed regularly?

This poster presentation will outline some of the barriers faced by nurses and other allied health care practitioners to performing IDCs. It will also provide insight into some of the different methods of tackling these barriers and implementing an effective procedure for performing an independent double check.

Lean On Me: Practical Strategies for Improving Patient Satisfaction Through Improved Emotional Support

Monica Staley, RN, BScN, LLB Director, Windsor Regional Hospital

While overall patient satisfaction scores were excellent (93%), Windsor Regional Hospital identified one dimension that needed improvement – providing emotional support to patients. Only 67% of patients were satisfied with the emotional support received. The Patient Experience Task Force, comprised of more than 35 staff from several departments, developed comprehensive strategies that would increase awareness and introduce daily practices focused on improving emotional support. The goal was to develop comprehensive, practical strategies to improve emotional support and positively impact overall patient satisfaction scores. The Task Force surveyed more than 100 patients to determine their emotional support needs.

Several initiatives were launched including: Improving the Patient Experience Expo; Customer Service (AIDET) Training; Concierge and Patient Orientation Programs; Leadership Rounding. Innovative strategies to increase awareness included playing the *Lean On Me* chime over the paging system. Corporate initiatives were implemented and initial results are encouraging as the organization works toward a 15 point improvement. More work, focused on specific areas, has been launched.

Emergency Medical Paediatric Program (Emp): Timely Access to Specialized Paediatric Care

Kelly Bartnik, BScN, MScN, Program Manager, Paediatrics, Windsor Regional Hospital

Community hospital emergency departments (ED) are not child friendly. Sick and frightened children endure the same long waits and share crowded waiting rooms with sick adults. The EMP Program at Windsor Regional Hospital aims to allow sick children timely, specialized access to Paediatric care. The goal was to create a system where sick children can access specialized Paediatric care in a timely manner. Children triaged as having respiratory or gastrointestinal problems, dehydration and/or fever are sent directly from ED to Paediatrics. A Paediatrician assesses the child within 30 minutes of their arrival. Following assessment, the child can be treated and released, or admitted for observation and further treatment and investigations. Child Life Specialists are actively involved in the care of the child from the moment they arrive to the unit. They prepare the child for any tests and procedures and engage the child in play therapy.

In 2012, 348 children were seen through the EMP Program. Of these children, 15% required admission to Paediatrics for ongoing care. The remainder (85%) were assessed, treated, and discharged home within 4 hours of their arrival to the ED. This resulted in improvement in patient and caregiver satisfaction.

Quick Response Codes: A Scan or Miss? An Evaluation of the Use of Qr Codes to Promote a Distracted Driving Public Service Video Announcement

Diane Bradford, RN, MN, Windsor Regional Hospital
Kim Leonard, Web Specialist CRD, Windsor Essex County Health Unit
Heather Wilson, RN

A Quick Response or QR code is an imaging device that is formatted when scanned to link with many sources such as a website or video posted to a video sharing website. This device was recently utilized when promoting a public service video announcement for a local distracted driving education campaign. The education campaign is called Drive Only Never Text and provides high school students in Windsor and Essex County interactive information about the dangers of distracted driving. The video was produced then a promotional release campaign was devised utilizing many community partners such as the Windsor and Essex County Health Unit, The Windsor and Essex County Injury Prevention Coalition, and local college students from a business and marketing program. The QR messaging for this video will be launched provincially as well through the Ontario Brain Injury Association.

QR codes were designed to be released at different locations with a unique signature. This unique signature could be tracked as to the number of hits each QR code caused. The initial launch happened in February, 2013 and the number of hits per signature is being analyzed. This analysis along with the program release detailed plan will be discussed as to whether or not it is an effective addition to the launch of injury prevention messaging.

Clinical Alarm Fatigue and Patient Safety

Michele Reiser, RN, BScN, CPPS, Manager Emergency Services, Windsor Regional Hospital

Clinical Alarm Fatigue results in patient death. In fact, the U.S. Food and Drug Administration's (FDA) Manufacturer and User Facility Device Experience (MAUDE) database reported 566 alarm related patient deaths between January 2005 and June 2010. Emergency, Telemetry, Operating Room and Critical Care Departments can become an orchestra of alarms where clinicians become desensitized to the warning signals produced by technology.

There are many factors that can contribute to alarm fatigue however the most significant are false alarms rates that can approach 85% of alarm sounds. Coupled with the background noise level and distractions in these busy departments, clinicians have learned to 'tune out'.

This presentation will review the current literature highlighting the magnitude of the safety concern. Contributing factors associated with Clinical Alarm Fatigue relating to technology, Human Factors, departmental distractions coupled with the clinicians' response will be explored. Use of current identified best evidence methods to minimize desensitization will be summarized.

In the United States, Clinical Alarm Safety has been identified as a National Patient Safety Goal for 2014. As this has been an ongoing safety concern that still exists, identifying a concrete plan to minimize alarm fatigue will assist all clinicians to safely monitor and manage their alarm environment.

Implementing Strategy: Using a Logic Model to Evaluate the Erie-St. Clair (Esc) Local Health Integration Network (Lhin) Rehabilitation Network Strategic Plan Implementation

Nancy Snobelen, M.B.A., S-LP(C), Reg. CASLPO

Hope Olexa, Health Studies Cooperative Education Program, University of Waterloo

Key to Health Systems Funding Reform is VALUE. A Rehabilitation system is a critical enabler of value by maximizing physical and psychosocial function; delivering a positive experience, and optimizing resources. Rehabilitation and health system performance experts crafted a **logic model** to demonstrate value and evaluate clinical outcomes and system performance. Quality dimensions aligned with the ESC LHIN Integrated Health Service Plan and the Rehabilitation Network Strategic Plan. Key indicators (18 System, 24 Stroke, 17 Hip Fracture and 16 Geriatric rehabilitation) were defined using best evidence, e.g., Ontario Stroke Network Scorecard, Bone & Joint Hip Fracture Toolkit, Quality Based Procedures handbooks and consensus discussions.

The **Logic Model** facilitated the prioritization of **balanced** key performance indicators as data and indicators were abundant. Access to a dedicated decision support analyst, Intellihealth data and data-sharing agreements was essential to develop and populate the data accurately and expeditiously. Visually displayed clinical outcomes and system performance measures were complementary to practice and system level evidence-based decision making. The indicators, results and targets enabled the team to make recommendations on high impact improvements. However, missing definitions and data, e.g., outpatient/community services prevented a fulsome evaluation and the **Logic model** didn't provide a definitive link of action to outcome. For rehabilitation services, using a logic model with a strategy map and a balanced approach is beneficial for implementing strategy. A cross-sector clinical and system level logic model facilitates evidence-based decision making to improve practice, patient experience and cost and ensures value in our complex system.

Transforming Strategy to Action: Turning the Curve on Obesity for Chatham-Kent

Fran Meloche, RN MScN (c), University of Windsor
Jennelle Arnew, RD, MSc, Public Health Nutritionist, Chatham-Kent Public Health
Karen Loney, BA, MA., Health Educator, Chatham-Kent Public Health/Coordinator CK Community Leaders' Cabinet
Laura Zettler, MSc, Epidemiologist, Chatham-Kent Public Health

Special Acknowledgement:

Laurie Zimmer, RN MN, ED/ALC Manager, Erie St. Clair Local Health Integration Network
Dr. Lorna de Witt, RN PhD, Associate Professor, Faculty of Nursing, University of Windsor

Abstract

Background: The provincial government has identified a goal to reduce childhood obesity by 20% within 5 yrs¹. Currently, one-third of all children across Canada are overweight¹. In Chatham-Kent (CK), 37% of all youth aged 12-17 are obese which is well above the national average². Believing that change can happen, the CK Community Leaders' Cabinet asked the CK Healthy Community Partnership to develop a local strategy. The Healthy Kids working group was formed and lead by the CK Public Health Unit. Through participatory action research and local partnership, this group is working together to turn the curve on obesity for Chatham-Kent. The initiative is supported by the Municipality of Chatham-Kent and the Erie St. Clair Local Health Integration Network. **Purpose:** To select and integrate a theoretical framework to guide and enhance the existing theoretical process surrounding the healthy weights initiative for CK. **Methodology:** Three conceptual models were chosen and compared in a matrix based on current literature, professional practice, and applicability to the project. All research was peer-reviewed and done through CINAHL complete, Google Scholar, community nursing textbooks, and the San Francisco Department of Public Health's website. **Setting:** Chatham-Kent, Ontario. **Results:** The CK Healthy Kids working group collaborated and selected the Community Action Model³ (CAM) to serve as the theoretical framework for the project. A chart was developed to demonstrate how the CAM enhances the existing theoretical process. **Conclusion:** The CAM was integrated successfully into the healthy weights initiative and will continue to guide the project.

Evaluating Primary Caregiver Satisfaction with Teaching Methods in the Neonatal Intensive Care Unit

Kadeen Briscoe RN, BScN, MScN(c), School of Nursing, York University

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Background

Psychological distress experienced by primary caregivers due to the untimely birth and complex health challenges faced by their premature infant have been the subject of numerous studies in the fields of neonatology and pediatrics. These studies have not explored the use of an application(app) to deliver need to know evidence-based educational content about the neonatal intensive care(NICU) environment to primary caregivers on their smart-technology devices.

Purpose

This pilot study will determine the acceptability and feasibility of using an app to provide education to primary caregivers of premature infants about the NICU environment.

Methodology

The study will be undertaken using quasi-experimental design. Both the control group and intervention group will receive the standard NICU care. The intervention group will be supplemented with the educational app which will be delivered on-demand and non-sequentially to meet individual learning needs.

Sample

A convenience sampling of 20 primary caregiver/infant dyads will be assigned to one of two study groups.

Setting

Participants in both groups will have been admitted to a level III NICU.

Results

Results-in-progress. The groups' overall satisfaction with education received will be evaluated. It is hypothesized that primary caregivers in the intervention group will report a higher rate of satisfaction with education compared to the control group.

Significance

Education is an essential element in promoting optimal health-outcomes for primary caregivers and their infants. An app is a flexible, convenient and innovative approach to providing primary caregivers with important and evidence-based information on how they can be more active and involved in their infant's care and development.

Conclusion

By examining the acceptability and feasibility of using an app as a medium to deliver education to primary caregivers in the NICU, this study will highlight the need and benefits of delivering education via a mode that is client-centered, efficient and reliable.

Nurse Educators, Emotional Intelligence and Closing the Theory-Practice Gap

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In the early 1990's the concept of emotional intelligence (EI) was identified as an important component in professions that were people based. EI refers to the ability to perceive, control and evaluate emotions; our own and those of others. The concept of EI was made popular when Daniel Goleman wrote the book, *Emotional Intelligence: Why it can matter more than IQ* (1995). Business and management disciplines embraced the EI concept but healthcare and the profession of nursing have taken longer to discover its importance. The purpose of this poster presentation will be to explore emotional intelligence, why it is important for leaders in nursing education as well as compile a list of recommendations. An integrative review was used to summarize the current research and non-research evidence available regarding emotional intelligence as it relates to nursing, education and the nursing curriculum. Results suggest a theory-practice gap in nursing education. Studies suggest that emotional intelligence is central to the profession of nursing and stress the need for EI to be integrated within the nursing undergraduate curriculum. Could the reason why newly graduated nurses are contemplating leaving the profession within 5 years be lack of EI? Moving forward, nursing educators need to study emotional intelligence, become familiar with active learning strategies that teach EI and integrate these strategies into the nursing curriculum as well as in professional development opportunities post-graduation.

Behavioural Supports Ontario: Evaluating knowledge transfer in long term care (Windsor-Essex)

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In 2010, the government initiated the Behavioural Supports Ontario (BSO) and each local health integration network (LHIN) was held responsible to initiate an action plan. This plan involved the training of staff in long term care (LTC) facilities in Gentle Persuasive Approaches (GPA), P.I.E.C.E.S., U-first and Montessori Methods for Dementia. The establishing of BSO lead teams and a referral process was demonstrated for all LTC homes and directors of care with importance of developing plans of care for older adults with responsive behaviours.

In January 2014 discussions were held with the BSO regional coordinator and both lead teams. Through meetings questions were raised concerning the development and utilization of the program in LTC homes. A survey was developed to assess the knowledge level of the BSO model, appraise the LTC home's acceptance of BSO practice, recognize areas of improvement needed towards utilization, and to devise recommendations for Erie St. Clair-LHIN by addressing survey results. After conducting the survey in two 'High Performing' LTC homes and two 'Opportunities for Improvement' homes, results were analyzed and common themes were identified.

It was identified that LTC workers understood the purpose of the BSO model and supported the work of the BSO teams. Some workers supported the BSO model and promoted the team-work and communication amongst the BSO lead teams and LTC workers. Many workers voiced the need for continual education sessions concerning the BSO model and the need for enhanced resources to care for the residents with responsive behaviours.

Recommendations were identified to the BSO coordinator which included: High performer LTC home leaders present success strategies to colleagues, additional resources being provided to buddy homes in the form of education and resources, work with LTC leadership to evaluate impact of spread strategy had on reduction of responsive behaviours, evaluate remaining acuity of individuals with responsive behaviours with promotion of collaborative discussions amongst LTC sector's leadership and policy makers, conduct survey on remaining LTC homes in Erie St. Clair, draft a spread strategy targeting LTC homes with identified opportunities and utilize lead homes to support the spread strategy.

The results were shared with Erie St. Clair LHIN and regional coordinator as well as the LTC homes involved in the survey.

Self-stereotypes about getting older: A course designed to counter negative expectations

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Background: Negative aging self-stereotypes adversely affect cognitive, emotional, and physical well-being (Levy, 2003; Sarkisian et al., 2007). Techniques for reducing stereotypical thinking and supporting fulfillment in older adults provide a basis for interventions to reduce such effects.

Purpose: To pilot an interactive course designed to teach participants how to counter negative and foster realistic positive expectations about aging.

Methodology: Participants were enrolled in a non-credit course on fighting age stereotypes sponsored by a university-affiliated organization led by and for older adults as part of a series of courses on varied subjects offered semi-annually. Participants completed the Expectations Regarding Aging-38 scale (Sarkisian et al., 2002) at the beginning of the first two-hour session and at the end of sessions 2 through 7. Additionally they rated each session (1 to 5) in three areas and session-specific components.

Sample: Ten participants were present at sessions 1 and 7 and from 3 to 5 additional sessions. Three participants joined for one or more sessions after the first one for a total of 13 women (age $M = 75$ years ± 4 ; education $M = 15$ years ± 3).

Setting: Organization rented conference room in college in southwestern Ontario. There were no age restrictions. Participants consented to use of responses in a REB approved study.

Results: Significantly more favourable age expectations were reported after the seventh session (54.7 out of 100) compared to baseline (46.8). After the first session, average ratings of the degree to which knowledge was gained about stereotypes, the extent to which ways to counter negative age self-stereotypes were taught, and the degree to which means of fostering positive ones were taught were 3.4, 3.3, and 3.4, respectively. Subsequent session ratings ranged between 4 and 5.

Conclusions: Participants reported more positive aging expectations after a course designed to counter negative age self-stereotypes.

Challenges of Chronic Obstructive Pulmonary Disease for Those in Poverty: Implications for Practice

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Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death and will be the third cause by 2020. This respiratory disease not only impairs the quality of life for sufferers but also contributes to a significant economic burden. COPD exacerbation is a common cause of emergency department visits and hospitalization. The mortality rate for COPD is continuously increasing, while mortality rate for other chronic conditions have fallen significantly over the last 30 years. Despite the increasing hospitalization and mortality rate, approximately half of Canadians living with COPD remain undiagnosed and untreated.

Individuals who are homeless or live in extreme poverty face higher prevalence of COPD, increased mortality rate, and significant negative health outcomes compare to the general population. What constitutes to such disparity and why does this chronic condition cause significant challenges for those in poverty? One reason is that the current health care system is focused on providing curative and episodic care to this vulnerable population and often neglects the determinants of health.

In this poster presentation, we explore the importance of certain determinants of health, such as income and social status, health services, social support, and physical environment. We present a critical review of the literature and clinical practice to provide an evidence-based informed strategy for providing a more comprehensive optimal care for those in poverty with COPD.

The goal of this poster presentation is to advocate for the integration of the Expanded Chronic Care Model in practice and address implications for nursing practice.

Developing Strategies Toward Best Practice Care for Patients With Hip Fracture Through the Use of Linked Health Care Data in Esc Lhin

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Implementation of best practice care for patients with hip fracture was a key priority of the 2012 ESC LHIN Rehabilitation Strategic Plan. Reducing practice variations and ensuring appropriate availability of rehabilitative care services are crucial in maximizing patient outcomes, patient experience, and optimizing resources. Accurate data was needed to assess adherence to best practices, and identify gaps.

The Ministry of Health database repository, Intellihealth, was accessed to obtain data collected during the hip fracture patient journey across the care continuum. The discharge abstract database (DAD) was first queried for all patients who presented with a hip fracture to each ESC hospital for fiscal year 2012-13. Datasets for other care settings, such as rehabilitation, were then downloaded. Using the encrypted health card number of the patient in the DAD, linkages were made across sectors, informing important questions spanning care settings.

Evaluation of system performance in hip fracture care against best practice targets was facilitated. Clear directions were identified for improvement initiatives. A dedicated decision support analyst was essential to acquire necessary data.

Length of stay and alternate level of care days revealed potential gaps in system capacity such as availability of inpatient rehab beds. Some patient outcomes such as return home, and areas requiring further data gathering and analysis were also identified.

Health system data is critical to evaluate services against best practices. For patients with hip fracture, care journeys cross several sectors. Linked data can most appropriately monitor system performance.

Implementation of Breastfeeding Best Practice Guidelines

Sarah Lopez, RN, BScN, IBCLC, MScN (student) Affiliation: University of Windsor (work completed at Windsor Essex County Health Unit for 599 placement).

The World Health Organization (WHO) as well as Health Canada recommend exclusive breastfeeding for the first 6 months and continued through the first two years of life and beyond. The Baby Friendly Hospital Initiative was launched in 1991 by WHO and the United Nations Children's Fund as a global effort to support, promote and protect breastfeeding. Ontario Public Health Standards has mandated this initiative be integrated to all public health units. This project assisted a local community health unit with the integration of the Registered Nurses' Association of Ontario (RNAO) Best Practice Guidelines for Breastfeeding as an important step in achieving the Baby Friendly Initiative designation.

Using the toolkit for Best Practice Guideline implementation a gap analysis and literature review were conducted. It was identified that 7 guidelines are successfully being met, 8 partially met, 3 are hospital specific and 1 guideline is unmet. Following collaboration with stakeholders an additional focus area of breastfeeding self efficacy was established; the assessment of a woman's confidence in her ability to breastfeed in the early post partum period was identified as an unmet recommendation. The Theory of Breastfeeding Self Efficacy and the corresponding scale were explored and in depth information provided to the agency. A list of future recommendations for implementation to assist in closing the identified gaps was also provided. A discrepancy between the Baby Friendly guidelines and the RNAO Best Practice guidelines was identified and attention was raised to the RNAO in the authoring of a formal letter.

Primary Care Based Cancer Screening Intervention – A 4th Year Nursing Student Pilot

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Research evidence indicates that primary care based, individualized direct interactions result in a greater uptake of cancer screening. However, resource constraints within the primary care offices often present a barrier. To circumvent this barrier, an innovative and cost effective pilot project was introduced by stakeholders from the University of Windsor – Faculty of Nursing, Regional Cancer Program, and Primary Care Physician offices. The project presented a novel clinical placement opportunity for 4thYear Nursing Students who completed their community health nursing placement in primary care offices with a focus on cancer screening.

Over the past academic year, 10 students completed their placements in 4 different primary care settings. Their mandate was to identify and contact eligible patients who were due or overdue for their respective cancer screening tests. These patients were then provided with direct interventions that included education and completion or booking of the appropriate cancer screening tests. Quantitative and qualitative data were planned to evaluate the effectiveness of the program and explore the experiences of its participants. Preliminary data suggest that the program has demonstrated over 650 direct one-on-one interactions with patients who were due or overdue for cancer screening, resulting in the distribution of over 250 Fecal Occult Blood Test kits, booking of more than 75 mammograms, completion of about 18 pap tests, and booking of over 100 pap test appointments. Evaluation of the research outcomes of this project are undergoing and are expected to be completed in the Fall of 2014.

Managing the Self Within Interprofessional Teams in Health Care Environments

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Background:

The movement in the health care system towards interprofessional collaborative teamwork values the expertise and perspectives of various health care providers. Power imbalances can lead to conflict within and between team members, leading to patient safety problems. When teamwork is collaborative, patient well-being is positively impacted through patient care that is safe. Factors that may explain collaborative relationships relate to a professional's prior experience with another professional before an encounter, the personality traits within the professionals who are interacting and their orientation towards a collectivism or individualism ideology. These factors may mediate the way in which professionals participate in interprofessional interactions. Other variables that may moderate the interaction relate to individual shame responses and the perception of competence other professionals hold for those they work with in the caregiving experience. These may culminate to influence how a health care professional responds to interprofessional interactions.

Purpose

The purpose of this research study is to gain insight into fostering safe work environments that build collaborative relationships between health care professionals to ultimately champion the well-being of patients.

Methodology

This is a proposed mixed methods study using open ended questions and instruments related to shame, personality, individualism-collectivism orientation and communication competence completed after viewing shame inducing vignettes.

Sample and Setting

Data is planned to be collected from interprofessional health science students within a university setting.

Results

The potential influence of shame management on the interaction between professionals may be critical to vulnerable patients that depend on their care.

Conclusions

Understanding the relationship between the variables within the proposed model of study will enhance the literature on other influences impacting interprofessional collaboration.

Author Index



Author	Page(s)	Author	Page(s)
Akhtar-Danesh, N.	56	Foote, A	17
Aksenchuk-Metersky, K.	11	Forchuk, C	33
An, K.	68	Ford-Gilboe, M	33
Arnew, J.	64	Fox-Wasylyshyn, S	30, 45, 49
Baird, A.	68	Freeman, M	12, 13, 17, 25, 41
Baker, R.	9	Freeman-Gibb, L	72
Baldwin, K.	58	Graham, N	31
Bartnik, K.	60	Griffin, M	4
Basok, T.	33	Helgerman, S	51, 70
Baumann, A.	34, 36	Heron, K	51, 70
Beaulieu, L.	12	Ho, G	15
Berman, H.	33	Hosseina, S	69
Black, M.	44	Hunsberger, M	34
Blais, R.	4, 9	Idriss-Wheeler, D	36
Booth, J.	7	Jacobs, J	67
Bornais, J.	6, 13, 18	Jensen, E	19, 40, 65
Bradford, D.	27, 61	Johnson, H	51, 70
Briscoe, K.	65	Kaasalainen, S	56
Butt, M.	65	Kane, D	41
Cameron, J.	21	Kiernan, J	72
Cameron, S.	41	Knowler, A	51, 70
Campbell, K.	52	Krohn H	7, 44
Campbell, T.	52	Kushnier, B	19
Carstens, J.	68	Lafreniere, K	41
Carty, L.	53	Lana, D	24
Chevalier, R.	21	Lang, A	4, 16
Clarke, C.	23	Lauko, C	28
Coatsworth-Puspoky, R.	19, 54	Lee, C	14
Crawley, J.	6, 13, 22	Lee, T	15, 65
Crea-Arsenio, M.	34	Leipert, B	10
Crvenkovski, P.	51, 70	Leonard, K	61
Daabous, J.	41	Logan, A	7
Day, J.	72	Loney, K	64
Dayus, Deborah	22, 50, 54	Lopez, S	71
de Witt, L	67	Lot, M	23
denBoer Grima, C	5	Macdonald, M	4, 9, 16
Dennison, S	13, 25, 45	MacDougall, L	73
Deshaies, K	56	Mair, H	10
Doran, D	4, 9	Mallot, T	6, 7, 28, 30
Drake, M	42	Mason, R	24
Dupuis, D	51, 70	McCauley, D	29
Easty, A	4	McEwan, J	66
Echlin, J	48	McKay, P	13
Edmunds, K	33	McParland, T	31
Edwards, B	19	Meagher-Stewart, D	10
Eldabagh K	6, 30	Meloche, F	64, 67
Elliott, L	47	Milos, A	50
El-Masri, A	22	Mitchell, L	4, 9
El-Masri, I	30	Morris, S	5
El-Masri, M	6, 7, 17, 30, 45, 49, 72	Morris, T	20

Author	Page(s)	Author	Page(s)
Mowbray, F	6, 30	Watson, J	35
Norman, P	36	Williamson, K	43
Norton, J	51, 70	Wilson, C	51, 70
O'Rinn, S	24	Wilson, H	61
Olexa, H	63	Yiu, L	46
Omar, A	6, 7, 30, 32, 45	Zettler, L	64
Oraziotti, B	38, 39		
Ouseley, S	19		
Petruniak, L	49		
Pfaff, K	48, 54		
Philip, P	72		
Pilkington, B	15		
Ploeg, J	44		
Plunkett, R	10		
Pulley, V	57		
Pullo, C	5		
Quaglia, L	50		
Rajacich, D	41, 72		
Reddam, J	67		
Reed, A	37		
Reiser, M	62		
Rickeard, D	13, 18, 43		
Riddell, K	37		
Rizk, P	36		
Sampson, S	21		
Scarlette, L	19		
Schwind, J	11		
Scruby, L	10		
Sealy, P	50, 54		
Sears, N	9		
Sehgal, N	7, 72		
Seneviratne, C	69		
Singh, M	39, 65		
Skelly, J	56		
Snobelen, N	51, 63, 70		
Stainer, J	50		
Staley, M	59		
Stergiou, C	67		
Stevenson, L	4		
Storch, J	4		
Thorpe, S	48		
Tomac, M	53		
Toon, L	4		
Vitale, E	26		
Walkerley, S	40		
Walsh, V	13, 58		
Wamsley, K	10		
Wang, L	68		
Warry, W	44		