



Practice & Research in Nursing Group
Faculty of Health Sciences
Queen's University

Annual Report 2005

Directors:

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Practice and Research in Nursing
A Centre for Nursing Health Services Research

Practice and Research in Nursing Group

The mission of the Practice and Research in Nursing Group (PRN) is to produce and use evidence to plan, implement and evaluate nursing practice change to promote improved outcomes (individual, provider, and system).

Founding Members:

The PRN concept was developed by Drs. Jennifer Medves, Margaret Harrison, and Joan Tranmer, and the organization was introduced to the greater Kingston community in August 2003 with the support of the School of Nursing and the Faculty of Health Sciences, Queen's University. Its offices are centrally located at 78 Barrie Street, Kingston, Ontario. Dr. Jennifer Medves is currently Director of PRN and Drs. Harrison and Tranmer are Senior Scientists. To date, PRN has actively built its capacity to include over 9 PRN scientists and 10 PRN clinical affiliates.

Research Strategy:

The research strategy of the PRN Group is to produce and use evidence to plan and execute organizational changes to promote effectiveness and efficiency in nursing that benefit the health of Canadians.

Preamble:

The strategic plan of the PRN group recognizes and acknowledges the plans and activities of our partner institutions in the Southeastern Ontario Academic Health Science Centre (SEOHSC) and

the research plans and activities of the Faculty of Health Science. Our key goal is build upon the strengths and linkages at this academic Health Science Centre (HSC) to create a focus of nursing research excellence of relevance to the nursing discipline and practice.

Strategic Priorities of PRN include:

1. Establishing and maintaining an organizational structure to support the research, knowledge translation and training activities of the PRN group.
2. Leading and conducting programs of innovative research to address health service issues of relevance to the discipline and practice of Nursing.
3. Leading and conducting research and scholarly activities that contribute to the science of knowledge translation.
4. Developing, creating and supporting educational and training opportunities for undergraduate and graduate nursing students, and practicing nurses.
5. Communicating and marketing PRN activities locally, nationally and internationally.

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Practice and Research in Nursing Group Faculty of Health Sciences, Queen's University

The Practice and Research in Nursing (PRN) group is pleased to report on activities in 2005, its second year of operation. In summary, PRN has been successful with new funding, capacity building in nursing research in Kingston, and acquiring support for graduate students.

PRN is increasingly acknowledged for its national and international collaborative research. One of PRN's Senior Scientists, Dr. Margaret B. Harrison, was recognized for her PRN Continuity of Care research program with the 2005 Queen's University Basmajian Award, presented to the Health Sciences faculty member "judged to have made the most meritorious contribution to health research during the previous or several years".

The PRN group is primarily housed in two locations, 78 Barrie Street on the second and third floors and the Nursing Research Unit based at the Clinical Research Centre, Kingston General Hospital. The PRN group includes three founding members: Dr. Jennifer Medves (Director), Drs. Margaret B. Harrison and Joan Tranmer (Senior Scientists), and in 2005, 8 research associates became affiliated with the PRN group: Dr. Marianne Lamb, Dr. Elizabeth VanDenKerkhof, Dr. Judy DeWolfe, Dr. Diane Buchanan, Catherine Perkin, Susan Laschinger, Cheryl Pulling, and Judy Plourde. In total, 9 students were provided support from the PRN group, including 3 from the undergraduate nursing program. Don Wildfong, a third year nursing student, received a summer studentship from CIHR in 2005 to work with PRN.

This year PRN has concentrated on a number of issues. The most important issue has been to continue to build capacity for nursing research in the School of Nursing. This has been achieved by providing support to faculty to engage research as primary researchers and to access grant funds. With help from the PRN group, S. Laschinger and C. Pulling submitted three grants to support simulation learning. Dr. M.B. Harrison acted as a mentor to Dr. E. VanDenKerkhof in her applications for career support and CIHR grant applications. One of our recent graduates in the

Master of Science program submitted as co-PI with PRN scholars a grant application to evaluate the research evidence of transition in mental health from adolescent to adult programs. The grant was submitted to the MOHLTC and CIHR.

One of PRN's major research initiatives continues to be the Queen's Joanna Briggs Collaboration (QJBC). We have applied for additional funding to enhance our ability to conduct systematic reviews and transfer knowledge to practice. We have two applications in review (OMHLTC and CIHR). The systematic review topic for 2004-2005 is: *The psychosocial and spiritual experience of elderly individuals recovering from stroke* and is being completed by Drs Lamb, Buchanan and Harrison. The systematic review topic for 2005-2006 has been selected by a Delphi technique involving all our clinical partners and nurse researchers. The topic is: *The effect of restricted visiting on patients and families*.

PRN continues to place importance on developing educational opportunities through its research initiatives. Through QJBC, training in appraising evidence in qualitative and quantitative research has been provided to both undergraduate and graduate nursing classes, and a funded internship program has been developed to mentor clinical nurses and nursing students at both graduate and undergraduate levels. In 2005, 5 students, one clinical RN, and 7 faculty supervisors participated. The CIHR Bandaging Study (led by PRN Senior Scientist, Dr. M.B. Harrison & PRN Research Associate, Dr. E. VanDenKerkhof) sponsored a 2-day educational session with wound care practitioners from across Canada and the UK, many of whom are experiencing primary research for the first time. The *Queen's University Inter Professional Patient centred Education Direction* project includes several of the PRN group (Dr. J. Medves, Dr. M. Lamb, Ms. C. Pulling, Dr. D. Buchanan, and Ms. C. Perkin) and is a major initiative to implement evidence based teaching practice into interprofessional initiatives. Workshops, seminars and laboratory experiences offered through QUIPPED are being formally evaluated so that evidence of attitude, knowledge and beliefs about interprofessional practice can be mapped.

PRN, through QJBC, is a co-partner of a Canadian Health Services Research Foundation research program grant, *Implementing patient safety in paediatrics and adult health care*. The project will examine barriers and facilitators within acute care hospitals in Canada. This is an exciting initiative that involves several universities and organizations including the Canadian Association of Paediatric Health Centres and the Canadian

Council on Health Services Accreditation. An important aspect of the research program is the methodologies used in the synthesis of evidence to support clinical leadership and policy decisions for the enhancement of patient safety. Dr. Harrison is one of the three PI's.

Over the past year, PRN has developed a solid outreach with both faculty and the practice community. The PRN web site became fully functional in 2004 and contains information about the group, links to other research groups within Kingston, and fellowships and other research opportunities with group members. Lunch and learn opportunities were organized for nurses to engage in research and philosophy of nursing discourse. Together with the School of Rehabilitation Therapy, PRN co-sponsored visiting scholar, Dr. Joy Johnson, University of British Columbia who provided four days of lectures, seminars, and discussion to faculty and learners with acclaim from nurse clinicians, the School of Nursing, the School of Rehabilitation Therapy, and the School of Business.

The PRN group has targeted specific areas of research and knowledge transfer this year that are a high priority in the clinical areas. Patient safety is continually targeted for improvement, particularly in the area of assessment and management of pain. Dr. M.B. Harrison and Dr. E. VanDenKerkhof undertook an adverse event trend analysis of 12 years of acute care risk and patient safety occurrence of pressure ulcers in the Ottawa area, and the results will be widely disseminated to our clinical partners. The data was presented at Epidemiology rounds at the University of Ottawa and at Queen's University. Dr J. Tranmer continues to advocate for the FUTURE program and the integration between the research findings and clinical practice. Dr. Tranmer and her colleagues presented in a workshop at an International Nursing conference in Europe.

Another important PRN initiative concerns research about transitions. Nursing practice is often occurring at times of transition in people's lives. Transitions can be from health to illness to health, developmental, or health care setting related. Much of the research that is based in a practice setting is underpinned by understanding the complexity of people's lives as they require nursing care or intervention. For example, the CSN SCORE project examines the complexity of care for those who have suffered a stroke and emphasises the coordination among rehabilitation therapies. This theme has linked every member of the School of Nursing faculty in some way and is seen as key to establishing groups of nurse researchers who are examining common themes and areas of speciality in order to build capacity.

PRN obtained six new PI grants in 2005 with total funding of \$2,285,727, 9 Peer reviewed publications and over 20 presentations. Applications for new funding continue but we are now at capacity for research projects both in researcher time and physical space. Personnel under PRN includes three nurse scientists, three administrative support staff (V. MacDonald, N. Hahn, D. Emmerton), two research project managers (V. Angus, T. Browers), two project education officers (A. Patteson, L. Smith), two research coordinators (E. Whitehead, E. Friedberg), and five part-time research assistants (two graduate students, three undergraduate students), as well as summer graduate and undergraduate studentships.

The next year will be a time of conducting research and publishing results. Consolidating and strengthening the links developed within the School of Nursing and with colleagues in other academic departments and clinical settings will ensure learners in the two new proposed programs - the Master's NP program and the PhD program in nursing – will have access to many research opportunities in the future.

Respectfully submitted

Jennifer Medves, RN, PhD
Director, Practice and Research in Nursing Group

New PI Funding in 2005

Title	QUIPPED (Queen's University Interprofessional Patient centred Education Direction)
Investigators	Medves , Paterson, Verma, Krupa, Lamb , Schroder, Docherty, Spring, King-VanVlack, Munoz, Racz, Scott, Tomalty, Christmas, McKeen, Fisher-Goodchild, Hutchinson, Baillie, Jalovicic, Clarke, Delva, Flynn, Holland, Tan, Taylor, Baker, Buchanan, Perkin, Pulling , Jamieson, O'Riordan, McBride, Culham, Olney, Tata, Young, McKinven.
Funding source	Health Canada (\$1,195, 000)
Years of funding	2005-2008
<p>The Queen's University Inter-Professional Patient-Centred Education Direction project (QUIPPED) is a new health care initiative funded by Health Canada.</p> <p>QUIPPED aims to create an educational environment at Queen's University that enhances the ability of learners and educators to provide patient-centred care through inter-professional collaboration, while recognizing the contribution of the health care team within a respectful and collaborative framework.</p> <p>The QUIPPED project is a partnership between three schools and one programme at the Queen's University Faculty of Health Sciences, namely, the School of Medicine, the School of Nursing, and the School of Rehabilitation Therapy (Occupational and Physical Therapy), as well as the X-Ray Technology Program, offered in conjunction with the Eastern Ontario School of X-Ray Technology, based at Kingston General Hospital.</p> <p>QUIPPED seeks to facilitate and promote IPE initiatives systematically across the Queen's health and social development community, to enhance clinical outcomes through inter-professional patient care. The systematic approach will build on the different initiatives already in place, while establishing new IPE activities at a variety of levels of professional integration.</p> <p>The QUIPPED team is developing knowledge on best practices related to teaching and learning and is sponsoring 20 interdisciplinary learners on research projects, five new education initiatives and primary evaluation research.</p>	

Title	What Factors Influence Rural Women's Choices: Giving birth in rural Alberta and Ontario
Investigators	Medves, Davies, O'Brien, Sprague, Mitchell, Smith
Funding source	Canadian Institutes of Health Research (\$67,000)
Years of funding	2005-2006
<p>The Aim of this study is to understand how women make choices of maternity services by documenting: a) reasons given by women for decisions taken when choosing where to give birth, and b) health care provider beliefs about factors influencing rural women's decisions about place of birth. The design will be institutional ethnography.</p> <p>The proposed study is a two-province (Alberta and Ontario), multi-disciplinary (nurses, physicians, and administrators), rural initiative to understand the choices women make in deciding where to give birth. Four communities will be selected – two in each province. Two communities will have maternity units where there are higher percentages of women who choose not to give birth locally, and two where there is a low percentage of women who choose to birth non locally. The <i>Maternity Practice in Rural Settings</i> conceptual framework will guide the study. The framework has been developed from previous and ongoing research undertaken by the research team. The research study will utilize several research methods to answer the questions. A quantitative analysis of data sets will provide data to support the selection of the communities. Focus groups and interviews will be conducted with women and health care providers, administrators, and community leaders. A documentary analysis will be conducted with all written material related to maternity care in the community.</p> <p>Ultimately it is women who should make place of birth decisions. There is evidence to support women giving birth close to home: when women are required to travel to receive care in pregnancy and for birth, perinatal morbidity increases. Yet, women's views have not been sought or expressed in understanding where and why women choose one setting over another. This is a critical issue for rural women where travel in labour, especially in winter, may be hazardous. This investigation is unique as it will be woman centred as societal and cultural contexts of women's decision making in rural settings are addressed.</p>	

Title	Research Program for Implementing patient safety on pediatrics and adult health care
Investigators	Graham, Harrison , Richardson, Shojania, Lee, Angus, Logan, Cronin, Straus, King, Wrong, Nicklin, Orrbine, Moher, Greco
Funding source	Canadian Health Services Research Foundation (\$795,000)
Years of funding	2005-2008
<p>The ultimate goal of the research program is to improve health outcomes and patient safety in Canadian paediatric and adult health facilities. In brief, our research focuses on: 1) how facilities monitor for adverse events and the processes they use to ensure that such information is acted upon; and 2) an in depth analysis of the level of use of, and factors related to, the implementation of 3 patient safety practices (handling and storage of KCI, CPOE and the third safety practice to be selected by study participants). The research program consists of 3 streams of research activities and uses mixed methods. The objectives of stream 1 (literature synthesis) are to: 1) learn from the literature and what is known about how to monitor for adverse events occurring external to one's setting; and 2) identify the factors (barriers and facilitators) related to the adoption and implementation of the 3 safety practices. This will be achieved by conducting 4 literature syntheses. The objectives of stream 2 (environmental and horizon scanning) are to: 1) identify how health care facilities actually monitor the external environment for adverse events; 2) describe how they make decisions to act on safety recommendations and the approaches they use to implement them; and 3) to determine the extent and level of implementation of each of the 3 safety practices. This will be done by conducting qualitative interview studies and surveys. Stream 3 (case studies) objectives are two: 1) understand the system, organizational, and individual factors influencing the implementation in Canada of patient safety practices designed to prevent PAE; and 2) determine how implementation factors and experiences differ between paediatric centres that are free standing and incorporated into adult hospitals, tertiary and community facilities, and paediatric and adult facilities without paediatric units. This will be accomplished using case study methodology. The objective of cross-cutting stream 4 (knowledge translation and exchange) is to develop, disseminate and facilitate policy maker and management uptake of tools, methods and strategies to promote implementation of patient safety practices. The streams are linked sequentially and conceptually with the literature syntheses and surveys informing the case studies. The conceptual frameworks guiding the research program are the Ottawa Model of Research Use and the Intersectoral Continuity of Care framework. Table 1 provides a map of the research program. A sequential triangulation approach will therefore be used to achieve the programs objectives. A 4th cross-cutting stream, KTE is woven throughout the 3 research streams from the outset of the program. We will use our networks and co-sponsors to disseminate our findings and engage the appropriate decision makers and managers with the findings so that they may use them to facilitate organizational change in support of patient safety for children and adults.</p>	

Title	Identification, concept and bibliometric analyses of organizational change theories/frameworks
Investigators	Graham, Harrison , Logan, Grimshaw, Angus, Brouwers, Davies, Driedger, Eccles, Godin.
Funding source	Canadian Institutes of Health Research (\$70,522)
Years of funding	2005-2006
<p>Objectives: 1) To conduct a focused search for conceptual models, frameworks, or grand theories of knowledge translation, 2) To undertake a theory analysis of the identified models to determine their strengths and limitations and to determine similarities and differences among them, and 3) To determine the extent to which each model has been used and/or tested.</p> <p>Methods: <i>Objective 1:</i> We will conduct a focused literature search of the social science, education, and health literature and search the internet to identify KT models/theories. <i>Objective 2:</i> This will involve conducting a theory analysis of the identified theories. We will identify the major concepts/elements of each theory, the definition of KT related to each, and the nature and scope of the theory. We will compare the models/theories and their components for similarities, differences, and inclusiveness. <i>Objective 3:</i> We will perform a bibliometric analysis using the science and social science citation journals to identify additional literature which might report on the use and/or testing of the models/theories. This analysis will be used to identify who is citing/using the model/theory, the extent to which the models/theories are being used, and the areas of research to which the models/theories have been applied.</p> <p>The results of this work will inform health researchers and others about conceptual models, frameworks and grand theories as opposed to individual level models of implementation and knowledge translation. In our experience, health researchers often tend to be unaware of these broad conceptual frameworks, perhaps because many have originated in disciplines other than medicine. The result of the proposed work will provide a valuable resource in terms of cataloguing knowledge translation models/theories as well as furthering our understanding of the critical elements of such frameworks. The proposed synthesis of models/theories of knowledge translation will have the potential to increase understanding of research utilization and may be useful to guide implementation studies and knowledge translation endeavours. The study will also provide foundational information upon which new theories or frameworks of knowledge translation may be derived.</p>	

Title	Identifying factors associated with functional decline in older women living with breast cancer: Development and validation of a self-reported risk profile (SRRP)
Investigators	Tranmer , Green, Robb Blenderman, Groome, Groll, Madarnas, Day.
Funding source	Canadian Breast Cancer Foundation (\$108, 205)
Years of funding	2005-2008
<p>The primary aim of this study is to develop and begin validation of a self-report risk profile, consisting of items from reliable and valid measures of evidence based domains associated with functional well-being. The specific research objectives are: 1) Develop a multi-dimensional, self-reported risk profile (SRRP), relevant to functional status and well-being in older women with newly diagnosed breast cancer being treated with curative intent. Domains will include those with strong evidence of association with decline in functional status, such as: affect, cognition, comorbidity, symptom burden, disease burden, physical activity, nutrition, social support and lifestyle choices. 2) Validate the items in a second cohort of breast cancer patients through comparison with validated self-reported physical and emotional function measures and interviewer-administered Functional Autonomy Measurement System (SMAF).</p> <p>This project will consist of two phases: (1) development of the self-report risk profile (SRRP) and (2) validation of the profile in a representative cohort of older women with newly diagnosed breast cancer. Items for the assessment tool will be developed from published conceptual frameworks and taxonomies for functional decline, a review of the literature of predictors for functional decline, established questionnaires, the patient, self-reported results of our current longitudinal study, and upon consultation with experts in the field of oncology, gerontology, and rehabilitation science. To determine validity of the SRRP, we will enrol and consent 100 or more women with newly diagnosed breast cancer who are greater than 65 years of age. We will administer the assessment profile, at baseline, every 6 months for 12 months beyond completion of chemotherapy or radiation treatment. To determine construct validity we will administer standardized health related quality of life measures (MOS SF12 and the EORTC QLQ – C30), and an interview-administered measure of functional autonomy (SMAF). Our analysis plan will be designed to determine if the SRAI is feasible to administer, and a reliable and valid measure of functional well-being.</p> <p>Development of self-report, functional status assessment strategies that are easy to implement and accessible for the majority of older persons with cancer should assist in the planning of appropriate health care and support services. Until we are able to systematically assess the factors that contribute to poor functional health we are poorly positioned to plan health services to optimize outcome.</p>	

Title	Primary health care needs and preferences of Ontario women: analysis of existing data and recommendations for future data collection
Investigators	Tranmer, VanDenKerkhof, McColl
Funding source	Ontario Women's Health Council (\$50,000)
Years of funding	2005-2006
<p>This project will define primary health care needs and preferences of Ontario women by analyzing data previously collected in the Canadian Community Health Survey (CCHS) and the Health Services Access Survey (HSAS), identify determinants of unmet need, identify information gaps, and develop proposed methods to address information gaps.</p> <p>The specific project objectives are to: 1) Provide detailed information based on available CCHS/HSAS data on the use of primary care/primary health care services by women in Ontario, including, where possible, analysis on the basis of geographic regions (as close as possible to Ontario LHINs) and high level demographic variables. 2) Identify gaps in available information from the CCHS/HSAS on the use, needs and preferences of Ontario women with respect to primary care/ health care. 3)Develop proposed methods to fill these information gaps including: optional/subsample content of the next cycle of the CCHS (4.1) in order to fill some of the key information gaps about Ontario women's health/health care use and barriers to primary care/primary health care, and identification of an appropriate sample size on the HSAS that will enable the OWHC to obtain detailed information on system barriers by gender and geographic area.</p> <p>Project results will support the OWHC's current strategic themes of ensuring access to care (identifying gaps in equitable and appropriate health services for both short- and long-term priorities and then identifying unique opportunities to fill these gapes) and of building research capacity in one of its key areas (population health research related to women's health).</p>	

New Co-investigator Funding in 2005

Title	Understanding chronic pain in women following surgery
Investigators	VanDenKerkhof , Goldstein, Murdoch, Towheed, Hopman, Johnston, Walker, Wilson, Harrison .
Funding source	Canadian Health Research Institute (\$181,620)
Years of funding	2005-2007

There is evidence to suggest that gender differences exist in pain tolerance and responses to certain analgesics. Up to 80% of physician visits have a pain related component and females are more likely to utilize health care professionals than males. In addition, pain after surgery is one of the most common complications associated with delayed recovery and discharge from hospital. The literature suggests varying levels of chronic postsurgical pain (CPSP) in some common surgical procedures. Chronic pain is difficult to treat and is associated with disability and poor health related quality of life (HRQOL), making prevention strategies of paramount importance. There is a paucity of knowledge about predisposing factors to CPSP and decreased HRQOL, however evidence suggests that after breast or abdominal surgery CPSP may be as high as 50%. The purpose of this study is to identify factors associated with CPSP, decreased HRQOL, and increased health care utilization in women after breast surgery or laparotomy. Factors such as age, menopausal status, and type of anaesthetic, surgery and incision are associated with the development of CPSP, poor HRQOL, and increased health care utilization in women undergoing breast or abdominal surgery. The identification of predictors of CPSP and decreased HRQOL following surgery can be used to develop tailored prevention and treatment strategies.

A prospective study (n~1500), with a 1-year follow-up period, of women undergoing elective surgery at the Kingston Hospitals over an 18 month period. Surgeries include breast (e.g. malignancy, reconstructive, cosmetic) and laparotomy (e.g. open hysterectomy, caesarean section, bowel resection).

The impact of the proposed research will be widespread. It will provide baseline information about outcomes after hospital discharge. Chronic pain is long lasting and difficult to treat, and predictors of chronic pain specific to females are necessary to aid in the development of prevention strategies for women. The study will have profound implications for pre-operative counselling, informed consent, and individually tailored pain treatment strategies.

Title	Chronic post surgical pain and health-related quality of life after cancer-related breast surgery: a pilot study
Investigators	VanDenKerkhof , Goldstein, Hopman, Towheed, Wilson, Walker, Harrison , Lam.
Funding source	Breast Cancer Action Kingston (\$10,000)
Years of funding	2005-2006
<p>In this project we will follow longitudinally a large cohort of women undergoing breast or abdominal-pelvic surgery in order to study clinical determinants of CPSP. We will examine and control for individual sociodemographic and psychologic factors (e.g., age, menopausal status, past pain history, illness attitude) which may have an impact on the development of CPSP. We will examine these determinants among the entire study population and among subpopulations: surgical procedure; pre-existing pain; and pre/post menopause. Our hope is to generate information that will assist clinicians in providing patients with tailored prevention and treatment strategies to reduce the development of CPSP and improve health related quality of life (HRQOL).</p> <p>The aim of this study is to identify clinical risk factors associated with the development of CPSP, decreased (HRQOL), and increased health care utilization in women after breast surgery or laparotomy, while controlling for known or suspected individual confounders (sociodemographic and psychological).</p> <p>Primary Objectives: Using a large sample of patients from two acute care hospitals in southeastern Ontario, we will examine: the prevalence, incidence and clinical risk factors associated with CPSP pain in women after breast surgery or laparotomy, from the pre-surgical period to one year post-surgery (if sample size allows subgroup analysis will include participants with no pre surgical pain, pre surgical pain in surgical site only, and pre surgical pain in other sites; surgical procedures; pre/post menopause); the association between clinical risk factors and the development of CPSP and reduced HRQOL, while controlling for sociodemographic and psychological risk factors.</p> <p>Secondary Objectives: Examine pain management in the 6 weeks following surgery, and its effect on 6 and 12 month pain outcomes; Evaluate the impact of CPSP on HRQOL and health care utilization in the year following surgery.</p>	

Title	Mapping interventions for care coordination
Investigators	Straus, Zwarenstein, Thorpe, Harrison
Funding source	Canadian Health Research Institute (\$45,968)
Years of funding	2005-2006
<p>Coordination of care is a goal that health care organizations around the world are attempting to achieve. Indeed, the Romanow Report on the Future of Health Care in Canada identified integrated, coordinated care as a priority. However, there is no widely agreed typology for coordinated care, nor is there a catalogue of the scope of potential interventions. This proposal describes a scoping review and research synthesis to meet this identified gap and it directly addresses the need for workforce planning and timely access to quality of care that are priority themes in this request for applications.</p> <p>Objectives: 1) to conduct a comprehensive search for and map definitions and models of coordinated care interventions including case management, share care and clinical pathways amongst others; 2) to determine the extent to which each of these care coordination interventions has been used and evaluated in order to identify future priorities for research; and, 3) to complete a systematic review of one intervention for achieving case coordination as identified from the scoping review.</p> <p>Methods: Objective 1: We will conduct a comprehensive literature search of the health literature and search the internet to identify definitions and models of care coordination interventions. Objective 2: We will complete a comprehensive literature search of the health literature and search the internet to identify the extent to which each of these interventions has been used and evaluated. Funding agencies including AHRQ, MRC-UK, CIHR, and CHSRF will be contacted to identify additional literature. Representatives from these organizations and from large-scale organizations that focus on integrated care in developed countries similar to Canada (including the NHS in the UK, the Veterans' Affairs System in the US, and Kaiser Permanente) will be contacted to explore their experiences with these interventions. Objective 3: A systematic review of the effectiveness of 1 intervention identified from the scoping review will be completed using the methods outlined by the Cochrane Effective Practice and Organisation of Care Group.</p> <p>Significance: The results of this work will inform health researchers, funders and policy makers about what is currently understood about achieving coordinated care and will provide an inventory of various interventions and their effectiveness. It will serve to guide future priorities for research including the completion of both primary studies and systematic reviews.</p>	

Ongoing PI Funding in 2005

Title	Evidence for Practice: Nursing Implementation Study (Queen's University)
Investigators	Harrison, Medves, Tranmer, Lamb
Funding source	Ontario Ministry of Health and Long Term Care (\$351,240)
Years of funding	2004-2007
<p>The Practice and Research in Nursing Group will take practice-based issues and respond with the most up to date evidence in practical forms for practitioners and policy developers. The group will actively include clinicians and researchers from varied fields of nursing, including acute care, chronic and long-term care, and community and home care. The focus will be on the provision of nursing practice, based on the best available evidence with the field of home care. The populations of focus will be cross sectors of care with particular emphasis on topics related to chronic conditions, maternal child health and patient safety.</p> <p>The grant is to support 1) initial infrastructure including personnel and equipment, 2) a demonstration project that will include participation in the international commitments required by membership in the JBI partnership, and 3) an evaluation of the effect of a Joanna Briggs Centre on nursing care delivered through the use of best practice. The priority directions will be a) to build research capacity in knowledge translation, b) conduct implementation research related to best practices and practice change, c) conduct research based on 'gaps' that focus on Canadian Health Care, d) participate fully in JBI collaborative activities, and e) promote evidence based nursing practice within the practice partners of the SEOHSC and the remote site of Moose Factory.</p> <p>The project will utilize an action research methodology throughout the project so that practicing nurses can fully participate in identifying the priority areas, engage in systematic reviews of the evidence, and designing best practice protocols for use in practice.</p> <p>Each year at least one systematic review will be completed and submitted to the JBI in Australia for worldwide dissemination.</p>	

Title	Adaptation of best practice guidelines for the management of diabetes in a northern aboriginal community
Investigators	Medves, Harrison, Pulling, Laschinger, Lamb, Mill, Plourde, McLeod, Oakley
Funding source	Queen's University (ARC) (\$9,995)
Years of funding	2004-2005
<p>The joint initiative between Weeneebayko Hospital, Moose Factory, a northern Ontario community and Queen's University School of Nursing is focused on using evidence for practices in diabetes management. Transferring evidence into practice is a cornerstone of best practice in health care. It is also an enormous challenge, requiring both clinical and health services adjustments to support the best practice delivery. Clinical practice guidelines (CPGs) are a primary source of "best available evidence" providing clinical recommendations with ranked evidence. In practice, CPGs have been shown to improve both the quality of care and patient outcomes. This implementation research will engage the northern community in the adoption and use of already developed CPGs for diabetic care. The research goal is to study the impact of this implementation and further understanding of how northern communities can adapt national or international guidelines. The community has decided that CPGs related to diabetes health care across the continuum and in particular with young aboriginal families, is their priority.</p> <p>The primary research objective is: To develop/adapt and implement culturally appropriate best practice guidelines for diabetes care in an aboriginal community in northern Ontario. The secondary objectives are to study the process of establishing culturally appropriate best practice guidelines and the implementation of best practice guidelines identified and adapted by aboriginal nurses and their community. The information gained from this study may be helpful in implementation of research guidelines in other aboriginal communities that require adaptation to be relevant and acceptable for northern contexts and settings. The research will involve an iterative process with each stage having community involvement. The project is broadly defined under ten steps. The research objectives are 1) identify aboriginal community perceived gaps in service and care, 2), identify and assess the quality of potentially relevant guidelines, 3) identify barriers and enablers to 'best practice' and selection of appropriate implementation strategies, and 4) evaluate the implementation of 'best practices' pilot. Concurrently, the aboriginal community guided by their advisory group will i) identify broad areas of focus, ii) identify specific clinical foci within diabetes, and iii) adapt guideline recommendations to context of aboriginal peoples health, and iv) implement the 'best practice' guidelines. The methodologies include well-established evidence and recommendations appraisal techniques (levels of evidence, AGREE), institutional ethnography for barriers assessment, and program evaluation of process and outcomes of the implementation.</p>	

Title	A Regional Perspective of Gender Differences in Functional Decline of Older Persons Living with Symptomatic Heart Failure: The Role of Supportive Resources
Investigators	Tranmer, Harrison, McCans, O'Callaghan, Day, Groll
Funding source	Canadian Institutes of Health Research (\$274,130)
Years of funding	2004-2007
<p>Heart failure (HF) is a prevalent chronic cardiovascular condition of particular concern to the elderly and their caregivers. Despite substantial medical advances in the understanding and management of HF, the course of the illness remains unpredictable. Acute exacerbations of HF are associated with poor management of heart failure symptoms, frequent visits to hospitals, and create substantial burden for the patient, family and health care system. Because of the chronicity of the condition, much of the responsibility and burden of management and care rests with the HF patient and/or their caregiver. The older female population with HF represents a unique and highly vulnerable group as the underlying pathophysiology may be different, diagnosis may be delayed, and access to, and utilization of, informal and formal support systems may be less. For the older female (and male), there is limited information about the processes of care associated with optimal outcome. Therefore, the primary aim of this study is to gain a better understanding of the personal, social and system supportive resources that contribute to functional decline in older persons living with symptomatic HF, and the gender differences in this profile and the relative impact of these resources on functional decline. We hypothesize that women with HF, in comparison to their male counterparts, will have lower levels of functional well being and fewer available supportive resources, when age and disease severity are controlled for.</p> <p>Prospective study objectives will involve a one year follow up of a representative sample of persons 65 years of age or older with HF in order to: (1) assess and quantify the potential relationships between (i) the primary outcome measure of functional well being, as assessed with health related quality of life measures, as well as with secondary outcome measures of (ii) use of emergent services and (iii) mortality with (a) personal and social characteristics and (b) use of supportive resources, including personal (self-care), informal and formal supports while simultaneously controlling for the potential confounding effects of age, disease severity and presence of comorbid conditions; and (2) to derive multiple variable models and explore causal pathways based on the relationships described above, with the intention of informing a risk profile of low functional well being and/or high use of emergent services for older men and women living with HF. The qualitative study objective is to describe the patients' and families' experiences with exacerbation of illness.</p>	

Title	Health and well being in older persons living with cancer
Investigators	Tranmer, Green, Robb-Blenderman, Groome, Groll, Ginsburg, McCans
Funding source	Oncology Nursing Society Foundation (\$US44,500)
Years of funding	2004-2006
<p>Rationale and purpose: The number of elderly patients receiving treatment for cancer has increased and is expected to increase as the population ages. Despite the substantial advances in medical care and treatment protocols there is a poor understanding of the supports required to maximize the effect of treatment and the impact of treatment on overall health of the patient and family. This is particularly important for the older patient as treatment effectiveness may be influenced by pre-existing comorbid conditions, social isolation, limited economic resources and diminishing physical and mental capacity. The purpose of this descriptive study is to profile the cardiovascular health, quality of life, informal and formal supports, and physical and emotional well being in older persons with cancer.</p> <p>Research objectives: The specific research objectives are:</p> <ol style="list-style-type: none"> 1. To systematically measure, over the course of a year cardiovascular health, using validated measures, the symptom burden, social support and health related quality of life (HRQL) in older persons with cancer. 2. To describe these measures across disease site and treatment modality 3. To determine the prevalence of cardiovascular illness and cardiovascular risk factors across disease site. 4. Where possible (i.e., n > 64 for disease site), across disease sites determine if there are relationships between cardiovascular health, levels of symptom distress, functional comorbidity, social support and HRQL 5. To describe the informal and formal supports that are accessed by elderly patients with cancer 6. To compare the characteristics of elderly cancer patients who receive treatment at Kingston Regional Cancer Centre (KRCC) with the characteristics of the elderly cancer population registered in the Ontario Cancer Registry. <p>Relevance: This research is relevant to the increasing number of elderly patients with cancer, their caregivers, and to health care providers. As novel treatments are developed and implemented, we need to ensure that the health care delivery system is optimally designed to support the delivery of this complex care. The information gained from this study will contribute to the future planning of regionally based, age sensitive health services for older persons living with cancer.</p>	

Title	KAB Project: Evaluation of the Multidisciplinary Collaborative Primary Maternity Care Project
Investigators	Davies, Medves , Graham, Peterson
Funding source	Health Canada (\$100,000)
Years of funding	2004-2006
<p>An evaluation of the impact of the Multidisciplinary Collaborative Primary Maternity Care Project (MCPMCP) on the attitudes, knowledge and beliefs of practitioners, professional association representatives and government policy decision makers. Practitioners will include family physicians, midwives, nurses, nurse-practitioners and obstetricians in urban, rural and remote settings. We are also proposing to describe the lessons learned over the course of this project and generate suggestions for future initiatives. The overall project is a national initiative with five partner associations:</p> <ul style="list-style-type: none"> • The Association of Women's Health, Obstetric and Neonatal Nurses (Canada) • Canadian Association of Midwives • College of Family Physicians of Canada • Society of Obstetricians and Gynaecologists of Canada • Society of Rural Physicians of Canada <p>A pre and post design will be used. Mixed methods of data collection will be used with quantitative surveys, qualitative interviews and focus group discussion sessions. Quantitative surveys will be conducted pre and post project with practitioners. Qualitative interviews will be conducted with professional association representatives and government policy makers pre and post project. One focus group will be held with participants attending one national annual meeting of each of the five collaborating professional associations.</p> <p>The participants of the study will include</p> <ol style="list-style-type: none"> 1. Practitioners: A target of 500 with 100 randomly selected from each of the five participating partner associations. 2. Professional Association Representatives: A target of 15 with 3 from each of the partner groups 3. Government policy decision makers: A target of 15 with 2 to 3 from each of four to six participating provincial government groups (e.g. Ontario, British Columbia, Manitoba, Nova Scotia) 4. Practitioners attending an annual professional association meeting with 6 to 8 participants in each group. 	

Title	Enhancing continuity in Pediatrics
Investigators	Graham, Harrison
Funding source	Canadian Health Services Research Foundation, Ontario Ministry of Health and Long Term Care, and Children's Hospital of Eastern Ontario (\$270,000)
Years of funding	2004-2005
<p>Improving continuity of care within and across health care sectors is receiving increasing attention. Patients and families experience numerous transitions across the continuum of health care related to shorter inpatient hospital stays, increased community-based care, and increased specialization of health care. To date, little attention has been given to identifying the barriers and facilitators to management continuity, specifically in pediatric populations. This issue has been identified as a serious concern by patients, families, providers, and decision makers.</p> <p>This project, examining four patient population groups from three pediatric acute care hospitals across Canada, will not only identify and describe the major factors related to continuity and fragmentation of care in pediatric health services from the perspective of families and providers but also make suggestions for improving continuity. The project will deliver a report on barriers and facilitators to continuity of pediatric care, a list of suggestions for managers about how continuity might be improved, and an instrument to measure management continuity. The project, with a time frame of 15 months, will use a qualitative design to achieve the study objectives. The project is supported by a solid team of principal investigators and decision maker partners with strong linkages with each of the study sites. Decision makers and clinical consultants from each site are members of the investigative team. The research team will be supported by a project Steering Committee that will include parent representatives, clinical managers, and a representative from the Canadian Association of Pediatric Health Centres (CAPHC).</p> <p>This project is of considerable interest to policy makers and managers in paediatric settings across the country for it will advance knowledge of what families and providers consider essential elements of continuity. The measurement tool that will be developed can provide a benchmark for facilities to evaluate their provision of the components of continuity of care and to propose solutions to improve health care delivery. This project is strongly supported by CAPHC, who will partner to share and disseminate research findings, as well as to facilitate the translation of these findings into practice and policy.</p>	

Title	Primary care management/action plan for advanced chronic diseases (The Road/MAP project)
Investigators	Godwin, Tranmer , McCans, O'Donnell, Bolton, Harrison , Staples, Beatty, Lam, Heyland
Funding source	Ontario Primary Care Health Transition Fund (\$460,300)
Years of funding	2004-2006
<p>Patients living with advanced chronic diseases (ACD), such as congestive heart failure (CHF) and chronic obstructive lung disease (COPD), present substantial care and economic challenges for the health care system. Morbidity and mortality is high in these complex populations, and patient quality of life is compromised. Care of patients with ACD occurs across health care sectors by providers in the acute, primary, and community settings. Despite recent efforts to enhance the care of patients with ACD through multidisciplinary disease management programs, variations and gaps exist along the continuum of care. Primary health care providers raise particular concern about poor patient comprehension of treatment plans, poor access to services to support patient self management of care, poor self knowledge of medical clinical practice guidelines, inability to readily access other health care providers (i.e., specialists, consultants) and poor coordination of essential clinical information and care. These system weaknesses ultimately compromise the patient's ability to manager his or her own illness and result in acute care admissions, usually through the emergency department, of patients who might otherwise be able to remain in the community setting.</p> <p>We are proposing to demonstrate that a comprehensive, primary care based, multidisciplinary strategy will provide intersectoral links between settings, optimize the available health care resources, utilize the best available evidence, and lead to optimization of quality life for patients with ACD. As this program will involve linkages between health care sectors and strategies to facilitate care management, we have labelled the project: <i>the RoadMAP Project</i>.</p> <p>The goals of this project are to optimize the:</p> <ol style="list-style-type: none"> 1. management of patients with ACD (CHF/COPD) in the primary care setting 2. quality of life of patients with ACD (CHF/COPD) 3. access to, and utilization of, community-based services for patients with ACD 4. access to, and appropriate use of, tertiary and acute care services for patients with ACD 	

Title	Interventions used by rehabilitation specialists in the treatment of individuals with stroke. Pilot Project of the Stroke Canada Optimization of Rehabilitation through evidence (SCORE) Project)
Investigators	Bayley, Harrison.
Funding source	Canadian Stroke Network (\$80,000)
Years of funding	2004-2005
<p>This project arose from a group discussion (facilitated by Carol Richards and Mark Bayley) with members of theme IVb and representatives from the Canadian Stroke Network (CSN) in Montreal in May 2002. There was a strong consensus to develop a project that addressed the implementation and evaluation of evidence-based rehabilitation programs. The careful analysis of stroke rehabilitation evidence-based reviews, particularly the review done by R Teasell would form the basis for this project. This project was called the SCORE project for Stroke Canada Optimization of Rehabilitation through Evidence. The designated SCORE centres would implement and evaluate multiple rehabilitative interventions. Following this first meeting, discussions occurred at workshops in Toronto and at the CSN annual general meeting and this led to an invitation from the Stroke Network to meet in Ottawa to discuss the project. The persons invited were: S Wood-Dauphinee, J Jutai, N Mayo, M Bayley, R Teasell and C Richards which led to the Letter of Intent. The group identified two streams of activity which are the Knowledge transfer (KT) and Research priority Gaps (RG) Streams. This resulted in the addition of a Knowledge transfer expert, Margaret Harrison, who joined the group at a second meeting in Ottawa at the end of November 2002. The principal investigators reflect the two aspects of the study. The list of collaborators is not exhaustive and does not, at this time, include many of the persons who contributed to the project initiation in the first Montreal meeting and who will be available to the project for the activities.</p> <p>The global aim is 1) to develop a nationwide network of academic rehabilitation centres to implement existing evidence of effective stroke rehabilitation strategies, interventions and programs into practice and 2) to identify the strategic priorities in stroke rehabilitation research and develop pilot initiatives to address these. This phase will address these hypotheses.</p> <p>KT- we hypothesize that providing evidence based stroke rehabilitation will produce better clinical, epidemiological, and social outcomes for survivors of stroke.</p> <p>RG- we hypothesize that stroke rehabilitation expert and key stakeholders can identify areas in the stroke rehabilitation field where generation of more evidence is a priority to ultimately enhance outcomes after stroke.</p>	

Title	Community Randomised Control Trial of the Effectiveness of two compression bandaging technologies
Investigators	Harrison, Graham, Cullum, Nelson, Lorimer, Harris, VanDenKerkhof
Funding source	Canadian Institutes of Health Research (\$622,318)
Years of funding	2003-2007
<p>Although rarely recognized as a pressing health care problem, leg ulcers comprise a common, complex, and costly condition. Over 80% of the ongoing management of chronic wounds occurs in the community, and leg ulcers are one of the most frequently seen chronic wounds. The cost of leg ulcer care is considerable, being reported in both the UK and France to account for 2% of their <i>total</i> national health budgets. In Canada, the impact is only now being recognized due to the pressure on home care caseloads resulting from hospital downsizing, nursing shortages, and growing numbers of complex health populations. In one Ontario study, the care for fewer than 200 community leg ulcer cases cost in excess of \$1.5 million for supplies and nursing visits, which translates to \$100s of millions yearly Canada-wide. The impact on the individual is significant--chronic, painful, and often takes years to heal. Two-thirds of individuals with leg ulcers have at least one recurrence, and 45% have a history with the condition dating back 10 years.</p> <p>State of Knowledge & Clinical Practice Guidelines: Over the past decade, evidence from RCT studies and a recent Cochrane systematic review in BMJ demonstrated that venous leg ulcers treated with compression therapy are more likely to heal. Multi-layer high compression systems are more effective than low compression. However, the small number of people in trials comparing different high compression systems meant the review was unable to draw conclusions about their relative merit. Four of these trials have compared 4-layer bandage with the short stretch technologies--the most commonly used technologies in Canada. In total, these trials involved only 220 patients, and were thus underpowered. Furthermore, they did not consider factors such as client preference and ease of use, or incorporate an economic evaluation.</p> <p>Research objective: To compare the effectiveness of 2 compression technologies delivered in the community on ulcer healing, recurrence rates, quality of life, and expenditures</p> <p>Interventions: Four-layer bandage vs. Short stretch bandage.</p>	

Title	Implementation of best practice: A prospective study of the uptake of evidence-based guidelines for community care of chronic wounds in four health regions in Ontario
Investigators	Harrison , Graham, Johnson, Mather, Plain, Campbell, Houghton, Keast, Woodbury, Harris, Hicknell, Hughes, Van de Velde-Coke
Funding source	Social Sciences and Humanities Council (\$221,454)
Years of funding	2001-2004

This project is about conducting applied interdisciplinary research on how research findings are transferred into practice at both the level of policy makers and practitioners. The project consists of two complementary studies. The primary objective of the project systematically describes the process of research use as it naturally takes place over time in four Ontario communities (referred to as the study of guideline implementation). By 'research use' we mean the transfer and uptake of evidence about effective health care interventions into clinical practice by multiple provider groups. In our project, the research is an evidence-based clinical practice guideline for (EBCPG) for leg ulcer care (Graham, et al, 2000). A secondary objective describes the experience and meaning of having a leg ulcer (including the issues related to professional care, lay care given by family and friends, and self-care) of purposive samples of individuals whose leg ulcer care are affected by the implementation of the EBCPG (referred to as study of individuals' experiences with a leg ulcer). Both our objectives are designed to meet the SSHRC program objectives of "expanding applied interdisciplinary knowledge to assist those who can benefit" and "conducting research on how transfer and uptake of knowledge occurs."

The significance of the study is its potential to improve understanding of how transfer of knowledge from an EBCPG to the interdisciplinary practice arena occurs. To date, little is known about the implementation and uptake of EBCPGs in the community setting. There are virtually no studies that have systematically and prospectively examined the process as it evolves and concurrently collected data on organization/system, provider and health outcomes to assess the impact of uptake of the EBCPG. We believe the time has come to develop an understanding of the process involved in deciding to use best practice guidelines at the policy and provider level and to describe barriers and facilitators to the uptake of knowledge and best practice as they are encountered in real time. Once the process is better understood, research transfer strategies can then be more efficiently selected and tailored to the barriers and facilitators in the community.

Title	Evaluation of an integrated respiratory rehabilitation program: Achieving optimal outcomes through long-term follow up to respiratory rehabilitation
Investigators	Harrison, O'Donnell, Graham, Pendergast, Samis, Beatty
Funding source	Canadian Nurses Respiratory Society and Ontario Respiratory Care Society (\$40,100)
Years of funding	2001-2005
<p>The effectiveness of inpatient and outpatient respiratory rehabilitation programs in increasing functional capacity and reducing symptoms in COPD patients has been clearly established. However, the potential impact of these programs has not been fully realized in Canada. Despite their effectiveness, such programs are not universally available, currently reaching only a small number of those who might benefit from them. Further, where the positive effects of these programs have been monitored over the long term, rapid drift toward baseline outcome levels after program completion has often been observed.</p> <p>A number of strategies to combat diminishing effects of these programs have been proposed and tested, usually by substituting home-based for hospital-based rehabilitation programs. However, these strategies fail to take advantage of the clear success of the more intensive hospital-based programs and do not demonstrate the same degree of impact on functional capacity outcomes, although some clearly show durability of program effects.</p> <p>We propose to evaluate an integrated program comprising a hospital-based respiratory rehabilitation program followed by home maintenance that focuses on reinforcement of newly acquired skills and knowledge, monitoring, and use of home rehabilitation to regain outcome levels following acute illness.</p> <p>This program will be evaluated by an expert panel and revised, if necessary, based on current evidence. The intervention will then be tested using a randomized usual care controlled trial with all patients (N=70) completing the respiratory rehabilitation program in the region over a one year period, providing consent for participation is given. These patients will be followed at home and in clinic to determine differences in physiological, functional, symptom experience, HRQOL, health system utilization and cost at 2, 4, 6 and 12 months post rehabilitation. The methods will be assessed for use in a broader trial of cost-effectiveness, should this approach to rehabilitation and maintenance indicate effectiveness in this preliminary trial.</p>	

Title	Policy, Evidence and Practice with Chronic Wounds: A socio-historic study of leg ulcer care 1800-2000
Investigators	Harrison, Graham, Shortt, Lamb
Funding source	Ottawa Health Research Institute (\$11,900)
Years of funding	2000-2005
<p>Principal Investigators, Drs. Margaret B. Harrison and Ian D. Graham, will conduct an overview of leg ulcer treatments in the 18th 19th and 20th centuries in Britain and how these treatments have been influenced by societal attitudes and medical myths. North American sources become available later in the 19th century. A systematic search will be conducted of original sources, in particular the British Medical Journal, the Lancet, and other early publications available through the Wellcome Institute in London, UK, and other library resources.</p>	

Title	A comparison of patient health status, quality of life and caregiver burden in patients >75 years treated for coronary artery disease with coronary artery bypass surgery, percutaneous interventions or medication
Investigators	Tranmer , Hamilton, Adams, Arthur, O'Callaghan, Groll, Bart, Parry, Day
Funding source	Canadian Institutes of Health Research (\$217,306)
Years of funding	2002-2005
<p>Rationale and Purpose: Seniors are one of the fastest growing population sectors in Canada with older seniors representing a major proportion of this growth. Coronary artery disease (CAD) is a leading cause of morbidity and mortality in Canadians, with incidence increasing as a function of age. Increasingly, elderly patients are being treated for cardiac disease with coronary artery bypass surgery (CABG), percutaneous interventions (PCI) or medication. While there is evidence to suggest that these treatments can be performed in elderly patients with higher but acceptable morbidity and mortality there is a paucity of evidence about the longer term health related outcomes. Furthermore, there is little if any evidence about informal caregiver's burden of care associated with the various treatment modalities. Given that patients and their caregivers, and physicians providing the care, desire to make the best decisions about their health care, and wish to optimize the success of treatment, there is an information gap for all. To our knowledge no research to date has examined, prospectively, quality of life issues and care burden in this population.</p> <p>Research Objectives: The research objectives for this study are:</p> <ol style="list-style-type: none"> 1. To describe and systematically measure with validated instruments quality of life outcomes, including health related quality of life, disease specific quality of life, age related quality of life and level of symptom distress in patients \geq 75 years of age treated for CAD with CABG surgery, PCI or medication only from pretreatment to one year posttreatment at intervals of 1, 3, 6 and 12 months. 2. To describe and systematically measure with validated instruments health related quality of life and burden of care in caregivers of these patients from pretreatment to posttreatment at intervals of 1,3, 6 and 12 months. 3. To explore for significant associations between patient and caregiver structural variables and process variables (i.e., treatment and caregiver support) on patient quality of life outcomes. 	

Ongoing Co-Investigator Funding in 2005

Title	The Stroke Canada optimization of rehabilitation through evidence (SCORE) project and Interventions used by rehabilitation specialists in the treatment of individuals with stroke
Investigators	Teasell, Wood-Duphinee, Bayley, Harrison , Barreca, Black, Brosseau, Desrosiers, Grimshaw, Graham, Jutai, Korner-Bitensky, Lewis, Lyons, Martino, Mayo, Richards
Funding source	Canadian Stroke Network (\$661,500)
Years of funding	2003-2005

Title	Effect of brain temperature on neuropsychological and quality of life outcomes following cardiopulmonary bypass
Investigators	Nathan, Harrison , Hendry, Munson, Wells
Funding source	Medical Research Council (\$432,309)
Years of funding	2000-2005

Title	Understanding and improving communication and decision making at the end of life
Investigators	Heyland, Tranmer , Gafni, Cook, Giacomini, Kuhl
Funding source	Canadian Institutes of Health Research (\$662,841)
Years of funding	2004-2009

Title	Improving the quality of life in Canada: A longitudinal study of seriously ill hospitalized patients and their care givers (single site)
Investigators	Heyland, Tranmer , Groll, Pichora, Dudgeon, Parent, Anderson, Evoy, Fitzgerald
Funding source	Physician Services Incorporated (\$167,584)
Years of funding	2002-2005

Title	Building capacity: Development of a transdisciplinary team for improving the quality of health care
Investigators	Grimshaw, Graham, Harrison , Angus, Legare, Godin, Logan, Lemyre, Pomey, Eccles, Brouwers, Zwarenstein, Driedger, Cappeliez, Hanna (KT ICE Team)
Funding source	Canadian Institutes of Health Research (\$750,000)
Years of funding	2003-2008

Title	Optimal management of women with distal forearm fractures
Investigators	Cranney, Graham, Harrison , Grimshaw, Brison, Godwin, Lam
Funding source	Canadian Institutes of Health Research (\$240,000)
Years of funding	2003-2005

Title	Preceptorship: An investigation of issues from the perspective of three stakeholder groups
Investigators	DeWolfe, Perkin, Medves, Harrison
Funding source	School of Nursing, Queen's University (\$2,500)
Years of funding	2004-2005

Title	Training program for the development of cardiovascular nursing research capacity in Canada
Investigators	Arthur, King, Purden, Tranmer , Robichaud-Ekstrand, Tapp, McFetridge, Watt-Watson, Rukholm
Funding source	Canadian Institute of Health Research (\$1,446,500)
Years of funding	2003-2008

Title	Meeting the needs of cancer patients and families today and tomorrow: oncology nurse demographics and clinical role functions
Investigators	Crooks, Green, Ferguson-Pare, Bakker, Tranmer , Fitch, Sharkey
Funding source	Ontario Ministry of Health and Long Term Care (\$128,000)
Years of funding	2004-2005

Title	Canada PRIME: Process modelling in implementation research: Selecting a theoretical basis for interventions to change clinical practice
Investigators	Grimshaw, Graham, Godin, Driedger, Hanna, Hux, Zwarenstein, Lemyre, Eccles, Johnston, Brouwers, Harrison , Lgar, Logan, Pomey
Funding source	Canadian Institutes of Health Research (\$361,367)
Years of funding	2004-2006

Title	Babies Can't Wait
Investigators	Kasperski, Rogers, Freeman, Stewart, Brown, Biringer, Price, McNiven, Rosser, Busing, Lofsky, Smith, Young, Johnston, Sobbe, Dunn, Medves , Van Wagner
Funding source	Ontario Primary Health Care Transition Fund (\$1,029,375)
Years of funding	2004-2006

Title	The Nature of Nursing Practice in Rural and Remote Canada
Investigators	McLeod, Kulig, Stewart, Pitblado, d'Arcy, Thomlinson, Remus, Forbes, Smith, Morton, Medves , Lazure, Martin-Misener, Curran, Vogt, Zimmer
Funding source	Canadian Health Services Foundation plus provincial partners (\$592,000)
Years of funding	2001-2005

Systematic Reviews

Godfrey C, **Medves JM, Harrison MB, Tranmer JE** (in progress). Systematic Review of the Symptom of Pain and Congestive Heart Failure.

Singata M, **Tranmer JE** Hofmeyer J (in progress). Oral fluids during labour. Pregnancy and Childbirth Group. Cochrane Collaboration. Protocol registered and accepted.

Harrison MB, Graham ID, **Medves JM, Tranmer JE**, Oakley P, Godfrey C, Smith L (in progress). EPOC: The Effectiveness of Guidelines in Nursing and Professions Allied to Medicine. Cochrane Collaboration.

Lamb M, Buchanan D, **Harrison MB, Medves JM, Tranmer JE**, Godfrey C (in progress). What is the Psychosocial Spiritual Experience of Elderly Individuals Recovering from Stroke? Joanna Briggs Institute.

Publications in Peer Reviewed Journals 2005

Manuscripts/Reports in Press

Doran DM, **Harrison MB**, Laschinger HS, Hirdes JP, Rukholm E, Sidani S, Hall LM, Tourangeau AE (in press). Nursing sensitive outcomes data collection in acute care and long-term care settings. *Nursing Research*.

Graham ID, **Harrison MB**, Cerniuk B, Bauer S (in press). A ground-up approach to evidence-based policy making for health services redesign: A case study of a community-research alliance to improve health care deliver to the population with chronic wounds. Chapter in: *Knowledge Translation Casebook*, Canadian Institutes of Health Research, Ottawa, Ontario.

Heyland D, Cheng PL, Dumas GA, Smith JT, Leger AB, Plamondon A, McGrath MJ, **Tranmer JE** (in press). Analysis of self-reported problematic task for pregnant women. : *Ergonomics*

Dodek P, Rucker G, Groll D, Gafni A, **Tranmer J**, et al (in press). What Matters in End-of-Life Care. *Canadian Medical Association Journal*.

Peer Reviewed Publications

Tranmer JE, Hodnett E, Stevens B, Hannah M (2005). The effect of unrestricted oral intake during labour on labour progress: A randomized clinical trial. *Journal of Obstetrical, Gynaecological and Neonatal Nursing*.

Graham IG, Carolli G, Davies C, & **Medves J M** (2005). Episiotomy rates around the world: an update. *Birth*, 32(3), 219-223.

Pitblado J R, **Medves J M**, Stewart N (2005). For work and For School: Internal migration of Canada=s Rural Nurses. *Canadian Journal of Nursing Research*, 37(1), 102-121.

Medves J M, Davies B D (2005). Sustaining rural maternity care - don=t forget the RN=s? *Canadian Journal of Rural Medicine*, 10(1), 29-35.

Graham ID, **Harrison MB**, Lorimer K, Piercianowski T, Friedberg E, Bucanan M, Harris C (2005). Adapting National and International leg ulcer practice guidelines for local use: The Ontario Leg Ulcer Community Care Protocol. *Advances in Skin & Wound Care*, 18(6), 307-318.

Graham ID, **Harrison MB** (2005). Evaluation and adaptation of clinical practice guidelines. *Evidence Based Nursing*, 8(3), 68-72.

Harrison MB, Graham ID, Lorimer K, Friedberg E, Pierscianowski T, Brandys T (2005). Leg-ulcer care in the community, before and after implementation of an evidence-based service. *Canadian Medical Association Journal*, 172(11), 1447-1452.

VanDenKerkhof EG, **Harrison MB**, Friedberg E (2005). Prevalence of adverse events in acute care: Pressure ulcer risk & occurrence over ten years. *American Journal of Epidemiology*, 161(Suppl), S58.

Mackey M, Draper S, **Harrison MB**, Friedberg E (2005). Possible contributing factors in pressure ulcer prevalence: A pilot study of two medical units. *Wound Care Canada*, 3(1), 38-40.

Selected Presentations in 2005

Seaton F, **Medves J**, Laschinger S, Pulling C (2005). *Assessment of Quality of Clinical Practice Guidelines for Gestational Diabetes*. The Eighth Annual Scientific Meeting for Health Sciences Research Trainees, Faculty of Health Sciences, Queen's University, Tuesday, May 31, 2005. (Excellence in Research Poster Presentation Competition award).

Verma S, **Medves JM** Paterson M (2005). *Harmonizing core competencies: What Occupational Therapy, Physiotherapy, Nursing, and Medicine Share*. North American International Interprofessional Education Conference. Toronto May 26-27. (Oral Presentation)

Harrison MB (2005). *Findings from the Feasibility Study: The utility of outcome data for nurses*. Nursing and Health Outcomes Project, Feasibility Study: Invitational Symposium. Toronto, Ontario. March 8, 2005.

Graham ID, **Harrison MB** (2005). *A review of planned action (knowledge transfer) models, frameworks and theories*. Joanna Briggs Institute International Convention, Pebbles of knowledge: Making evidence meaningful, Adelaide, Australia. November 28-30, 2005.

Lamb ML, **Harrison MB** (2005). *Evidence for practice in an Academic Health Sciences Centre: A demonstration project*. The International Conference on the Scientific Basis of Health Services, International Council of Nurses, Montreal, Quebec. September 18-20, 2005.

Doran DM, **Harrison MB**, Laschinger HS, Hirdes JP, Rukholm E, McGillis Hall L, Tourangeau A (2005). *What is the Relationship Between Nursing Interventions and Patient Outcomes in Acute Care and Long-Term Care Settings?* Sigma Theta Tau 16th International Nursing Research Congress, Waikoloa, HI. July 14, 2005.

VanDenKerkhof E, **Harrison MB**, Friedberg E (2005). *Adverse events in acute care: Pressure ulcer risk and occurrence over 10 years*. Academy Health 2005 Annual Research Meeting, Boston, Mass. USA, June 26-28, 2005.

Graham ID, **Harrison MB** (2005). *A Framework for translating national and international practice guidelines into a local protocol*. Academy Health 2005 Annual Research Meeting, Boston, Mass. USA, June 26-28, 2005.

Harrison MB, Graham ID (2005). *Integrating Evidence into Midwifery Practice: Practice guidelines evaluation and adaptation cycle*. Thames Valley University, London, UK, May 18, 2005.

Girouard K, **Harrison MB**, VanDenKerkhof E (2005). *Pain in patients with pressure ulcers: An integrated study*. Poster presented at 'Bridging Wound Care', the 11th Annual Conference of the Canadian Association of Wound Care, Montreal, Quebec, November 12- 15, 2005

Tranmer J, McGillis- Hall L, Parry M, et al (2005, November). Achieving balance: Optimizing the physical health of nurses. 5th Annual International Healthy Workplaces in Action Conference, RNAO, Toronto

Tranmer J, Wilson, R, on behalf of the Nursing Research Council of SEOHSC (2005, November). Creating scholarly communities of practice within a health science centre: the development of a practice scholarship program for clinical nurses. 9th Annual International Healthy Workplaces in Action Conference, RNAO, Toronto

Tranmer J, Robb-Blenderman L, Green E, (2005, October). Factors associated with functional well-being in older persons with cancer. 17th Annual National CANO Conference, Moncton, New Brunswick, CA

Parry M, **Tranmer J**. Enhancing the postoperative recovery of cardiac surgery patients: A randomized clinical trial of an advanced practice nursing intervention. (2005, May) Young Investigators Forum (ICHR), Winnipeg

Invited Presentations

Medves J (2005). *Interdisciplinary collaboration: Opportunities for perinatal and women's health nurses*. Keynote address to the Association of Women's, Obstetric and Neonatal Nurses, Canada. Montreal, Quebec 17-19 November

Medves J (2005). *Midwifery: Advanced Nursing Practice or a Dual Qualification*. Presentation to the Canadian Nurse Practitioner Initiative Conference, Ottawa, Ontario 3-5 October

Medves J (2005). *Collaborative Maternity Care Models*. Presentation to Perinatal Partnership Program of Eastern and Southeastern Ontario, Kingston: Ontario, April 28th

Harrison MB (2005). *More effective-less expensive. Implementing 'Best Practices' with one complex population*. Basmajian Award Lecture, Queen's University, Kingston, Ontario, November 6, 2005.

Harrison MB (2005). *Beyond the Research Unit – A Knowledge Translation Approach to Realize the Vision*. Panel presentation. Invitational Symposium: From Vision to Action. Registered Nursing Association and Ottawa University. Toronto, Ontario, March 11, 2005

Harrison MB (2005). *Evidence-based Health Care in the Americas*. Joanna Briggs Institute International Convention, “Pebbles of Knowledge: Making evidence meaningful.” Keynote Speaker. Adelaide, Australia, 29 November 2005.

Graduate Student Supervision

The following students completed a Master of Science Degree and were supervised or co-supervised by one of the PRN Nurse Scientists in 2005:

Christina Godfrey (Harrison and Tranmer)
Symptom management of recently hospitalized patients with congestive heart failure

Lisa Smith (Harrison)
A feasibility study and pilot randomized controlled trial of compression bandages used in community care of chronic wounds

Mary Eichholz (Harrison)
Case Management with Complex Populations

The following students are enrolled in a Master of Science Degree and are supervised or co-supervised by one of the PRN Nurse Scientists in 2005

Fairleigh Seaton (Medves)
Colleen White (Medves)
Kerrie Girouard (Harrison)
Kim Szpiro (Harrison)
Maureen Buchanan (Harrison)
Stephanie Prince (Tranmer)

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