



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

Annual Report 2006

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 B. 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 Health Sciences Centre (SEOHSC) and

the research plans and activities of the Faculty of Health Sciences. Our key goal is build upon the strengths and linkages at this academic Health Sciences 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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The Practice and Research in Nursing (PRN) group is pleased to report on activities in 2006, its third year of operation. In summary, PRN has been successful with new funding, capacity building in nursing research in the Kingston region, and acquiring support for graduate students.

In 2006 PRN submitted an application for "Established Group" status within the Faculty of Health Sciences. The request for official group status was reviewed and approved by the Queen's Health Sciences Research Advisory Committee, and the application is now under review at the university level. Formal group status will afford PRN recognition within the university's strategic plan and will allow members of the group to work with the Office of Advancement in a more formal manner, profiling PRN activities to attract new financial arrangements that will support the research activities and strengthen our strategic direction with regard to practice research.

PRN is housed in three locations: the School of Nursing at 92 Barrie Street, 78 Barrie Street on the second and third floors, and the Nursing Research Unit based at the Clinical Research Centre, Kingston General Hospital. Research is carried out in a number of clinical agencies and in the community, both urban and rural. The PRN main office is located at 78 Barrie Street. In the next year there will be a major emphasis on obtaining space for research and consolidating PRN in one place. The group will investigate renovating existing space and will apply for CFI funding next year. Because space is at a premium throughout Queen's University, an application in 2006 could not be considered as there was no identifiable space available for renovation.

PRN includes three founding members (Drs. Jennifer Medves, Margaret B. Harrison, and Joan Tranmer) and eight research associates (Drs. Cynthia Baker, Marianne Lamb, Elizabeth VanDenKerkhof, Judy DeWolfe, and Diane Buchanan, and Professors Catherine Perkin, Susan Laschinger, and Cheryl Pulling). Three of the members were promoted in 2006 (2 from Assistant to Associate, 1 from Associate to Full Professor). Dr. Tranmer was awarded the Ontario Women's Health Council/Canadian Institutes of Health Research Mid Career Investigator Award, to commence in April 2007. Dr. Medves has continued as the PRN Director for administrative purposes.

In total 8 graduate students received support from PRN group members in 2006. The group continues to provide research opportunities for undergraduate students and nurse clinicians. In a national competition, Brittany Finlay, a second year nursing student, received a Canadian Stroke Network summer studentship in 2006. Laura MacIassac (KGH RN) received an Ontario Stroke Strategy clinical research fellowship focused on continuity with stroke care. Carol Goodall, RN at the Hastings and Prince Edward Public Health Unit received a QJBC fellowship to undertake a systematic

review on the effect of vitamin D supplementation to reduce the morbidity associated with falls in the elderly. Melissa Tebrake, a second year master's student received an Ontario Nursing Education Award from the Canadian Cancer Society to support her thesis research. Joy Peacock and Ella Subocz, also second year master's students, received support from the Freda Paitel Award for thesis research.

In 2006 PRN scientists obtained 3 new PI grants (total funding of \$252,682) and serve as Co-I on 5 new grants. Grants as P.I. obtained prior to 2006 numbered 14, and continuing Co-I grants numbered 8. The total number of funded research projects that the PRN group were actively involved in 2006 was 29. Five grants are under review at the end of the year 2006.

In 2005 PRN attracted over 2 million dollars in new funding, thus 2006 was a year of launching and conducting the new studies, and consolidating already underway initiatives. A major emphasis in 2006 has been knowledge translation through publication and presentation of findings, as well as articulation of the 'knowledge to action conceptualization'. Output includes 11 peer reviewed publications and an additional 6 are accepted or in press in the past year. Currently four funded systematic reviews are underway (MOHLTC, Queen's ARC, SON, JBI). Another JBI review is complete and under peer review for publication. PRN members were invited on a number of occasions to present internationally (Sigma Theta Tau), nationally (Canadian Association of Schools of Nursing), provincially (Women's Health Forum) and locally (Health Sciences & Policy Forum, Perinatal Program of Eastern and Southeastern Ontario).

Our major research initiative continues to be the Queen's Joanna Briggs Collaboration (QJBC). Ontario Ministry of Health and Long Term Care funding for the QJBC has been extended until 2008 that will allow a more timely evaluation of the effect of the knowledge translation initiative in Kingston region. Preliminary results have identified barriers to knowledge translation of research findings and the PRN group is working on ways to mitigate the effect of these through different strategies tailored to barriers. A key emphasis of PRN is to transfer findings into clinical practice and design our research agenda around questions from practice. We have applied for additional funding to enhance our ability to conduct systematic reviews. The QJBC 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 impact of hospital visiting hour policies on pediatric and adult patients and families*. In addition, ARC funding is supporting a systematic review entitled: *Simulated based education in health professionals across Canada*.

Funding was obtained from the Ontario Mental Health Foundation and the Ontario Ministry of Health and Long Term Care to undertake a review of youth transitions to adult mental health care. This review brings together both the activities of QJBC and transitions and is entitled: *Evidence-based practices in the integration of services for individuals with specialized needs*.

PRN has targeted specific areas of research and knowledge transfer this year that are a high priority in clinical settings with patient safety remaining a focus. Dr.

Harrison continues her focus on adverse events and issues with risk screening. Drs. VanDenKerkhof and Harrison received new funding for ongoing work examining assessment and management of pain. Dr. Medves is working with Dr. Lindsay Davidson, a paediatric surgeon, to develop patient safety education modules for pre-licensure learners across the Faculty of Health Sciences. Drs. Tranmer and VanDenKerkhof, along with Dr. M. McColl, received funding from the MOHLTC to determine the primary care needs and preferences for Ontario women. Dr. Tranmer continues to work with the members of the Southeastern Ontario Health Sciences Nursing Research Council to develop research capacity and knowledge. Professors Pulling and Laschinger have undertaken projects to evaluate the effect of simulation learning on preventing clinical incidents and enhancing skills of learners to provide effective care. All health care learners in the Faculty of Health Sciences use the high fidelity simulators, obtained by a grant submitted by Dr. Baker and Professor Pulling in 2005. The outcomes of simulation learning to affect patient safety are yet to be determined and funds have been applied for to support this research endeavour. Linked to this, Dr. J. DeWolfe and Professor C. Perkin are completing a review of preceptors and effective preceptorship programs.

In the past year, PRN scientists have been active and taken the lead in writing the proposals at the School of Nursing for two new graduate programs: an NP masters and a PhD in Nursing. Over the next year these programs will be reviewed by OCGS. Continuation of the QJBC initiative will be crucial as the collaboration is integral with coursework for the masters NP program and contributory to the PhD. Resource planning and funding to continue QJBC for the future will be a high priority in 2007. Consolidating and strengthening the links developed within the School of Nursing and with colleagues in other departments will ensure learners in the two new proposed programs 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 2006

Title	Evidence-Based Practices in the Integration of Services for Individuals with Specialized Needs
Investigators	Harrison , Godfrey (Co-PIs), Medves , Tranmer , Lamb , Buchanan , Boyce, Baker, Oakley.
Funding source	Ontario Mental Health Foundation and MOHLTC (\$60,000)
Years of funding	2006-2007
<p>Fragmented health care delivery is a challenge faced by health care systems worldwide. The difficulties are clearly illustrated by the lack of integrated care provided to youth making the transition to adult mental health services. Those models that exist to facilitate integration of services lack clarity, and little evaluation is available of the effectiveness of these various approaches on either individual or system outcomes. A systematic review of the international literature will be conducted to identify best practices and programs for the integration of community services and the provision of continuity of care for the population of youth transitioning to adult mental health services.</p> <p>Objectives: For youth with mental health issues in transition between adolescence and adulthood:</p> <ol style="list-style-type: none"> 1. Identify the gaps in service delivery. 2. Describe the range and effectiveness of approaches to service integration, including policy, planning, evaluation, funding, training, and individualized service plans. 3. Determine the special population service benchmarks that have been developed and/or evaluated with regard to the delivery of integrated care and continuity of care. 4. Determine the accountability mechanisms used to evaluate the services addressing this specific population's needs. <p>Relevance and Expected Outcomes: In order to plan and implement integrated services, more information is needed about the effectiveness and efficiency of models developed to optimize quality of care, what resources are necessary, and what training is required amongst other factors. The proposed synthesis is essential to map the current research, identify gaps and responses used and their effectiveness. The results of this work will be synthesized and made available to planners, health researchers, funders and policy makers. The final report will outline what is currently understood about achieving integrated services for youth in transition to adult mental health services and provide a template for future priorities for research, including the completion of both primary studies and systematic reviews.</p>	

Title	Cardiovascular health and work
Investigators	Tranmer, McGillis-Hall, Katzmarzyk, Parry, Rivoire, Day, O'Callaghan.
Funding source	CIHR (\$92,682)
Years of funding	2006- 2007
<p>An aging workforce, obesity, physical inactivity, and stressful work environments are major issues impacting the cardiovascular health of working Canadian women (and men). Previous studies have shown associations between family responsibilities, job strain and work characteristics (i.e. shift work) and poor cardiovascular health. No studies have examined the in-dependent and combined effect of these factors on cardiovascular health risk and overall health related quality of life (HRQL) in working women. We are focusing this research on female hospital workers, as the work environments are varied and representative of different types of work. Moreover, the hospital setting is characterized by multiple work demands, which may present a particular challenge in regard to balancing work, physical activity and nutrition, and managing health risk. We will include a cohort of front-line, 24/7 workers (i.e. nurses, laboratory technicians) as work factors such as high patient acuity; workload, 12-hour rotating shifts, unpredictable work demands, low perception of control or autonomy may (or may not) contribute to poor cardiovascular health.</p> <p>Objectives: 1) To determine if selected psychosocial job and home characteristics and job attributes are predictive of poor cardiovascular risk profiles, in particular metabolic syndrome, and poor HRQL; 2) To determine the feasibility and measurement issues associated with the conduct of a future national, multi-site, longitudinal study in a larger cohort of working women.</p> <p>Hypotheses: Poor cardiovascular health profiles indicative of the metabolic syndrome and poor HRQL will be predicted by high family or caregiving responsibilities, high job strain, worked hours and night shift work duration.</p> <p>We are conducting a 3 year prospective study with a cohort of female hospital workers (n = 800) who are employed on a full-time or regular part-time basis in one acute care hospital. Individual measures related to personal and work characteristics, cardiovascular risk (physical activity, obesity, hypertension, lipid profile, diabetes, alcohol consumption, smoking status, and diet) and perception of work and home environment will be collected through interview, administration of validated questionnaires and serum sampling. The number and nature (i.e. overtime, shift differential) of paid worked and unworked hours for the 12 months prior to study enrollment and throughout the study period will be abstracted from each participant's work record. Our analysis plan is designed to 1) describe the cardiovascular, work and home profiles of participants; 2) determine the correlations between individual worker and work environment factors and 3) determine the impact of independent and combined effect of each factor on the selected outcome measures using multivariable modeling techniques.</p> <p>Findings from this study will define the prevalence of cardiovascular risk in a cohort of working women, and will determine the impact of work and home factors on this risk and HRQL, and will contribute to the planning of workplace programs and policy to enhance cardiovascular health and work effectiveness.</p>	

Title	Development of an evaluation framework to ensure Continuity of Care and Best Practices in Early Stroke Care
Investigators	Bayley, Harrison , Graham, Kapral, Hurdowar, Sharpe.
Funding source	Ontario Stroke Strategy (\$100,000)
Years of funding	2006-2007
<p>The objective of this project is to improve the continuity, quality and safety of hospital care for individuals who have suffered a stroke by piloting the use of an evaluation strategy.</p> <p>Because of the strong evidence of efficacy of organized stroke care, it is important to ensure all Ontarians have coordinated care. There is no method currently for understanding the continuity and safety of the care provided by individual acute hospitals. The Ontario Stroke Audit and the Registry of the Canadian Stroke Network have picked key indicators of quality of care which provide benchmarks to identify variations in practice, however there is a need to have an assessment framework that helps organizations understand better the reasons for the performance they find from these indicators. The starting point in good care requires that the stroke patient receive appropriate assessments that are timely and linked to referrals to appropriate professionals who are co-ordinated and communicate regularly. Finally transitions of care must be smooth and well planned. This project will help the organizations improve care through helping them understand breaks in the continuity of the care they provide.</p> <p>The research will be guided by a conceptual framework to assist in structuring observations, data collection, and interpreting and understanding the perceptions on continuity of stroke care. The Inter-sectoral Continuity of Care (CoC) framework (Harrison & Browne) is a health services planning and evaluation approach that focuses on the components of CoC: a) care activities, b) linkages, and c) the provider-family balance of care giving. This is the focus during transitions in care either within the setting (e.g. Emergency room to inpatient stroke medical unit), or between sectors of care such as hospital to home.</p> <p>The care processes that will be studied in this framework will be those that occur as the person is admitted to the stroke inpatient unit. Specifically we will: Evaluate the consistency and timing of use of basic assessments for risk reduction as these focus on basic care aspects that are fundamental to quality of care; Identify how the team of providers are linked, i.e. communication processes within the team, what are the geographic locations of stroke care; Develop a "typical case " scenario to discuss with teams so as to decompose a care episode and evaluate where discontinuity may be occurring; Address areas where family can and should be actively involved particularly in planning for transitions of care.</p> <p>In the first phase a panel of experts and stakeholders will convene to identify key care elements based on published best practice recommendations that are administered in all organizations that provide acute and sub acute stroke care. In the second phase following completion of the development, the assessment framework will be piloted at acute care centers in Toronto West region to determine sensitivity and reliability.</p>	

New Co-investigator Funding in 2006

Title	Alternate level of care: Patient profiling and outcomes
Investigators	McColl, Knott, Tranmer , Frank, Brander, Kristjansson
Funding source	Kingston General Hospital Research Development (\$30,000)
Years of funding	2006-2007
<p>The Canadian Institute of Health Information (2000) defines Alternate Level of Care (ALC) as acute care inpatients who no longer require treatment but who remain in designated acute care beds, usually awaiting placement to continuing care. The ALC designation is highly correlated with vulnerable and chronically ill populations, in particular the frail elderly. Patients typically enter hospital with either an acute or a sub-acute condition, then due to the original illness, complications or co-morbidities, a cascade of events leads to a downward spiral of negative health and functional consequences resulting in the ALC designation. Common discharge destinations for these patients are long-term care, rehabilitation or home with community supports; however the limited availability of these services causes back-ups in acute care until the appropriate service is available. There is an urgent need to better understand ALC inpatients, not merely on the basis of aggregate separation-type data, but on an individual [case-based] functional and psycho-social basis. This information will contribute to operational planning within this acute care hospital, specifically to the collaborative and long term strategic plans across the continuum of care.</p> <p>Objectives</p> <p>The proposed research seeks to: 1) identify a cohort of patients with delayed discharge or ALC over a three-month period; 2) assess the functional, social and psychological status of these patients; 3) assess the rehabilitation potential of members of the cohort; 4) develop care plans for those whose rehabilitation potential exceeds a critical level; and 5) assess the human and financial resource requirements of implementing those care plans.</p> <p>The proposed project is a joint collaborative initiative between the Centre for Health Services & Policy Research, the School of Nursing, Geriatric Medicine, Kingston General Hospital, and the Specialized Geriatric Services~Regional Geriatric Program at St. Mary's of the Lake Hospital site. The study will employ a prospective recruitment process to enlist the cohort, and will then conduct a single evaluation, analysis and recommendations for each patient.</p>	

Title	Development, Implementation, and Evaluation of an Inter-professional Patient Safety teaching module
Investigators	Davidson, McBride, Gibson, Medves , van Melle, Broers.
Funding source	Canadian Patient Safety Institute (\$19,450)
Years of funding	2006 -2008
<p>Patient safety is underrepresented in the education of many health care professionals. Patient safety education should build competencies that are essential to safe patient care in learners from all health care professions, and inter-professional education is a way to develop such collaborative competencies. Yet, no known Canadian university has established an inter-professional educational module on patient safety. One needs to be developed and evaluated that can be shared and replicated across the country, in an effort to ensure that all future health care workers have the skills needed to communicate effectively, and identify, prevent, and manage adverse events for the benefit of all Canadians.</p> <p>The objectives are to:</p> <ol style="list-style-type: none"> 1. Design, develop and implement an inter-professional educational unit to teach the knowledge, skills and attitudes required to promote patient safety; 2. Create a faculty development opportunity to enhance local expertise in the teaching/promotion of patient safety; and 3. Evaluate the effectiveness of the instructional intervention. <p>The educational unit will be created using a hybrid instructional design with virtual and face-to-face components, both requiring students to collaborate in interprofessional teams.</p> <p>The evaluation of this patient safety module will use a mixed methods design of both qualitative and quantitative methodology, based on a broader critical action research approach. This approach allows the researchers and the participants to work in an iterative partnership to explore change in a reflective cycle and to modify steps throughout the process, in order to ensure the greatest impact at the end of the project.</p>	

Title	Understanding chronic pain in women following surgery
Investigators	VanDenKerkhof , Goldstein, Murdoch, Towheed, Hopman, Johnston, Walker, Wilson, Harrison .
Funding source	Canadian Health Research Institute (\$262,000)
Years of funding	2006-2009
<p>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.</p> <p>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).</p> <p>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.</p>	

Title	Simulated-Based Education in Health Professions Across Canada
Investigators	Laschinger, Pulling, Medves, Harrison, McGraw.
Funding source	ARC, Queen's University (\$3,250)
Years of funding	2006-2007
<p>The use of simulators represents the latest in state of the art technology for educating students at all levels of healthcare education. One of the difficulties facing health professional programs has been the ability to provide sufficient number of appropriate clinical placements for their students. Reasons contributing to this problem include the restructuring and downsizing of healthcare environments, and the resulting competition for clinical placements from other health professional programs. One strategy, as an augmentation to more traditional clinical placements, has been simulation-based education. This may take many forms and may or may not have undergone evaluation as to their effectiveness. The purpose of this project is to survey the current state of simulation-based education in health care education across Canada.</p> <p>An Integrative Study utilizing Cochrane and Joanna Briggs Institute (JBI) review protocols will be conducted to lay the foundation for the 'state of knowledge' and assist in development of a survey instrument.</p> <p>Using a defined search and retrieval method the following databases from 1985 to 2006 will be accessed: Medline, CINAHL, EMBASE, PsycINFO, HealthSTAR, Health and Psychosocial Instruments. A search for the identified subject headings will be followed and combined with additional keyword searches of feasibility, utility and effectiveness, and economic analyses of simulation learning. All subject headings will then be exploded and all keywords truncated. Results for the two components will be combined with and limited to English or French language articles that deal with human simulation. All references will be exported to Reference Manager 10. The next step is to scan for inclusion from the identified papers.</p>	

Ongoing PI Funding in 2006

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	2005-2007
<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	Logan, Graham, Harrison , Grimshaw, Angus, Brouwers, Davies, Driedger, Eccles, Godin.
Funding source	Canadian Institutes of Health Research (\$70,522)
Years of funding	2005-2007
<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	2005-2007
<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 gaps) and of building research capacity in one of its key areas (population health research related to women's health).</p>	

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	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	Enhancing continuity in Pediatrics
Investigators	Harrison, Graham, Klassen
Funding source	Canadian Institutes of Health Research (\$270,000)
Years of funding	2004-2007
<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	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>{PRIVATE }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. Error! Bookmark not defined.</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>{PRIVATE }Error! Bookmark not defined.</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	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	2000-2007
<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	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 (completed)
<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	Primary health care needs and preferences of Ontario women: analysis of existing data and recommendations
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	for future data collection
Investigators	Tranmer, VanDenKerkhof, McColl
Funding source	Ontario Women's Health Council (\$50,000)
Years of funding	2005-2006 (completed)
<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 gaps) and of building research capacity in one of its key areas (population health research related to women's health).</p>	

Title	KAB Project: Evaluation of the Multidisciplinary Collaborative Primary Maternity Care Project
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Investigators	Davies, Medves , Graham, Peterson
Funding source	Health Canada (\$100,000)
Years of funding	2004-2006 (completed)
<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. 	

Ongoing Co-Investigator Funding in 2006

Title	Development and Implementation of an electronic nurse-sensitive documentation system
Investigators	Hall, Wilson, VanDenKerkhof, Kent-Hillis, Rivoire, McAuley, Gay, Harrison
Funding source	The Change Foundation and Ministry of Health & Long-Term Care Nursing Secretariat (\$100,000)
Years of funding	2005 - 2007

Title	Understanding Outcomes Following Cancer-Related Breast Surgery in Women
Investigators	VanDenKerkhof , Goldstein, Hopman, Towheed, Wilson, Warner, Walker, Gilron, Harrison , Lam, McGrath.
Funding source	Canadian Breast Cancer Foundation (\$420,816)
Years of funding	2005-2008

Title	Mapping interventions for care coordination
Investigators	Straus, Zwarenstein, Thorpe, Harrison
Funding source	Canadian Health Research Institute (\$68,900)
Years of funding	2005-2007

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	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	Preceptorship: An investigation of issues from the perspective of three stakeholder groups
Investigators	DeWolfe , Perkin , Medves , Harrison , Woodhouse, Oakley
Funding source	School of Nursing, Queen's University (\$2,500)
Years of funding	2004-2007

Title	Training program for the development of cardiovascular nursing research capacity in Canada
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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	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 (completed)

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 (completed)

Systematic Reviews

Harrison MB, Godfrey C, **Medves J**, **Tranmer J**, **Lamb M**, **Buchanan D**, Boyce W, Baker C, Oakley P (in progress). Evidence-based practices in the integration of services for individuals with specialized needs. Ontario Mental Health Foundation and MOHLTC. (see page 5 for abstract)

Laschinger S, Pulling C, **Medves J**, **Harrison MB**, McGraw (in progress). Simulated-based education in health professions across Canada. ARC, Queen's University. (see page 11 for abstract)

Harrison MB, Smith LJ, **Medves J**, **Tranmer J**, Waytuck B (in progress). The impact of hospital visiting hour policies on pediatric and adult patients and families. Joanna Briggs Institute.

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**, Godfrey C, Oakley P (in progress). EPOC: Effective practice and organization of care. Cochrane Collaboration.

Lamb M, Buchanan D, Godfrey C, **Harrison MB**, Oakley (under review). The psychosocial spiritual experience of elderly individuals recovering from stroke. Joanna Briggs Institute.

Publications in Peer Reviewed Journals 2006

Manuscripts Accepted or in Press

Godfrey C, **Harrison MB**, Friedberg E, Medves JM, & Tranmer JE (accepted with revisions). The symptom of pain in individuals recently hospitalized with heart failure. *Journal of Cardiovascular Nursing*.

Harrison MB, Graham ID, Logan J, Toman C, Friedberg E (in press). Pre-post implementation study of a resource for self-management with heart failure. *International Journal of Evidence-Based Health Care*.

Hurdowar A, Graham ID, Bayley M, **Harrison MB**, Wood-Dauphinee S, Bhogal S (in press). Quality of stroke rehabilitation clinical practice guidelines. *Journal of Evaluation in Clinical Practice*.

Paterson M, **Medves J**, Chapman C, Verma S, Broers T, Schroder C (accepted). Action Research as a Qualitative Research Approach in Inter-Professional Education: The QUIPPED approach. *The Qualitative Review*.

Luctkar-Flude M, Groll D, **Tranmer J**, Woodend K (accepted). Fatigue and physical activity in older adults with cancer: A systematic review of the literature. *Cancer Nursing*.

MacLeod MLP, Dosman JA, Kulig JC, **Medves JM** (accepted). Rural and Remote Health Research Networking in Canada: Creating Capacity Through Connections. *Rural and Remote Health*.

Bayley M, Hurdowar A, Teasell R, Wood-Dauphinee S, Korner-Bitensky N, Richards C, **Harrison M**, Jutai J (accepted). Priorities for Stroke Rehabilitation Research and Knowledge Translation: Results of a 2003 Canadian Stroke Network Consensus Conference. *Archives of Physical Medicine and Rehabilitation*.

Graham ID, Logan J, **Harrison MB**, Tetroe J, Robinson N. (in press). Models of implementation for nursing. In Cullum, N., Ciliska, D., Haynes, B., & Marks, S. *An Introduction to Evidence Based Nursing* (Chapter 27). London: Blackwell Publishing.

Peer Reviewed Publications

Verma S, **Medves J**, Paterson M, Patteson A (2006). Demonstrating interprofessional education using a workshop model. *Journal of Interprofessional Care*, 20(6), 679-681.

Tranmer J, Arthur H, Parry M, Hamilton A, O'Callaghan C, Adams G, Groll D, Day A (2006). Quality of life outcomes for elderly patients following treatment for coronary artery disease (CAD). *Experimental and Clinical Cardiology*, 11 (1), 51.

Medves JM, Paterson M, Young JH, McAndrews B, Bowes D, Smith E, Hobbs N, Seaton F (2006). Preparing professionals from a wide range of disciplines for life and work in rural and small communities. *Australian Journal of Rural Health*, (14), 225-226.

Godfrey C, **Harrison MB**, **Medves JM**, **Tranmer JE** (2006). The Symptom of Pain with Heart Failure, *Journal of Cardiac Failure*, 12(4), 307-313.

Doran DM, **Harrison MB**, Spence-Laschinger H, Hirdes J, Rukholm E, Sidani S, McGillis-Hall L, Tourangeau A (2006). Nursing sensitive outcomes data collection in acute care and long-term care settings. *Nursing Research*, 55, (2S), S75-S81.

Doran DM, **Harrison MB**, Laschinger HS, Hirdes JP, Rukholm E, Sidani S, Hall LM, Tourangeau AE (2006). Relationship between nursing interventions and outcome achievement in acute care settings. *Research in Nursing and Health*, 29, 61-70.

Verma S, Paterson M, **Medves JM** (2006). Core competencies for health care professionals: What we share in Medicine, Nursing and Rehabilitation Therapy. *Journal of Allied Health*, 35, 109-115.

Graham ID, Logan J, **Harrison MB**, Strauss S, Tetroe J, Caswell W, Robinson N (2006). Lost in Translation: Time for a Map? *Journal of Continuing Education and Health Professions*, 26, 13-24.

Heyland D, Dodek P, Rocker G, Groll D, Gafni A, **Tranmer J**, for the Canadian Researchers, End of Life Network (CARENET) (2006). What matters most in end-of-life care of seriously ill patients and their family members. *Canadian Medical Association Journal*, 174 (5), 627-633.

The Improved Clinical Effectiveness Through Research Group (ICEBeRG): Angus D, Brouwers M, Driedger M, Eccles M, Francis J, Godin G, Graham ID, Grimshaw J, Hanna S, **Harrison MB**, Légaré F, Lemyre L, Logan J, Martino R, Pomey M-P, Tetroe J (2006). Designing theoretically-informed implementation interventions. *Implementation Science*, 1(4).
<http://www.implementationscience.com/content/pdf/1748-5908-1-4.pdf>.

Cheng PL, Dumas GA, Smith JT, Leger AB, Plamondon A, McGrath MJ, **Tranmer JE** (2006). Analysis of self-reported problematic task for pregnant women. *Ergonomics*, 49 (3), 282-292.

Graham ID, **Harrison MB**, Cerniuk B, & Bauer S. (2006). A community-researcher alliance to improve chronic wound care. *Knowledge Translation Casebook*, Canadian Institutes of Health Research, Ottawa, Ontario. 37-41.

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Lamb ML, **Harrison MB**, **Medves JM**, **Tranmer J**, Godfrey C, Smith L, Angus V. *The scholarship of integration: Creating a practice-academic partnership*. 2006 CASN Nursing Research Conference, "Nursing in a Changing Landscape." Victoria, British Columbia, November 15-17, 2006.

Harrison MB. *Implementation research: Group-up study for improved community care*. 2006 CASN Nursing Research Conference, "Nursing in a Changing Landscape". Victoria, British Columbia, November 15-17, 2006

Bayley M, **Harrison MB**, Hurdowar A, Graham I, Kua A, Sharma S, Sharpe S, MacIsaac L, MacDonald V, Finlay B. *Defining and Evaluating Continuity of Acute Stroke Care*. Poster Presentation, Toronto Rehabilitation Institute Research Day. Toronto, Ontario. November 1, 2006.

Harrison MB & Angus VR. *Continuity and Knowledge Translation with Complex Populations*. Poster Presentation, Health Services and Policy Research Day, Health Services Research Day, Queen's University. Kingston, Ontario. October 19, 2006.

Tranmer J, Arthur H, Parry M, Hamilton A, Adams G, Groll D, O'Callaghan C, Day A. *Functional outcomes in elderly patients following treatment for coronary artery disease (CAD)*. Canadian Cardiovascular Congress. Vancouver, British Columbia. October, 2006.

Biringer A, Carroll J, Tobin S, **Medves J**, VanWagner V, Prakash P, Moineddin, R, Oandasan I, Thomas, J. *What Might Attract the Next Generation of Intrapartum Care Providers? Learners' Responses to Models of Maternity Care. Babies Can't Wait Project*. 34th North American Primary Care Research Group Annual Meeting. Tuscon, Arizona, USA. October, 2006.

Carroll J, Biringer A, Van Wagner V, **Medves J**, Oandasan I, Tobin S, Moineddin R, Prakash P, Thomas J, Boutilier-Dean M. *Learners' Attitudes Towards and Educational Experiences of Interprofessional Maternity Care: Babies Can't Wait Project*. 34th North American Primary Care Research Group Annual Meeting. Tuscon, Arizona, USA. October, 2006. (Poster Presentation)

Tranmer J, McGillis-Hall L, Parry M, Katzmarzyck P, Rivoire E, Day A. *Work and home environment, cardiovascular health and health related quality of life in female hospital nurses*. Nursing Health Services Research Unit Conference. Hamilton, Ontario. October, 2006.

Tranmer J, Green E, Robb-Blenderman L, et al. *Physical and emotional well being older persons following diagnosis of cancer*. 14th International Conference on Cancer Nursing, "Reaching New Heights Together." Toronto, Ontario. October, 2006.

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Harkness K, **Tranmer J**. *Measurement of the caregiving experience in caregivers of patients with heart failure: A review of current instruments*. 10th Annual Scientific Meeting of the Heart Failure Society of America. Seattle, Washington, USA. September, 2006.

Lamb ML, **Harrison MB**, **Medves JM**, **Tranmer J**, Godfrey C, Smith L, Angus V. *Building an evidence informed nursing community*. Presentation at the 2006 Joanna Briggs Institute 5th International Colloquium Amagagasi Olwazi: Waves of Knowledge. Durban, South Africa, August 6-8, 2006, p.30.

Harrison MB, Lamb M. *Walking the Talk: Implications for schools of nursing and curriculum*. Sigma Theta Tau 17th International Nursing Research Congress Focusing on Evidence-based Practice. Montreal, Quebec. July 19-22, 2006.

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Gulati S, Paterson M, Olney S, **Medves J**. *Your voice counts....adolescents with disabilities in the developing world*. World Federation of Occupational Therapy. Sydney, Australia. July 2, 2006.

Paterson M, Patteson A, **Medves J**, Schroder C, Verma S. *Using critical action research to facilitate collaborative practice in health care*. IIQM 7th International Interdisciplinary Conference, Surfer's Paradise, Australia. July 2006.

Davies B, **Medves J**, Graham I, Peterson W. *Multi-disciplinary collaborative maternity care: providers' perspective*. SOGC 62nd Annual Clinical Meeting. Vancouver, British Columbia. June 26, 2006. (Poster Presentation)

Paterson M, Patteson A, **Medves J**, Schroder C, Verma S. *Using critical action research to facilitate collaborative practice in health care*. 7th Annual Advances in Qualitative methods conference. Gold Coast, Australia. June 13-15, 2006 (Oral Presentation).

Gulati S, Paterson M, Olney S, **Medves J**. *Voices of adolescents with disabilities: Towards culturally sensitive practice*. CAOT conference. Montreal, Quebec. June 2, 2006.

Szpiro KA, **Harrison MB**, VanDenKerkhof E, & Lougheed MD. *Comparison of asthma education in the Emergency Department and the Asthma Education Centre: An observational study*. Queen's University Nursing Research Day, "Nursing Research: A constant cycle of inquiry." Kingston, Ontario. June 1, 2006.

Holtom D, MacIsaac L, Godfrey C, MacDonald V, & **Harrison MB**. *Assessing the feasibility of implementing best practice guidelines: A pilot project*. Queen's University Nursing Research Day, "Nursing Research: A constant cycle of inquiry." Kingston, Ontario. June 1, 2006.

Tranmer J, Arthur H, Parry M, et al. *Quality of life outcomes for elderly patients following treatment for coronary artery disease (CAD)*. Young Investigators Forum (ICRH & HSF). Winnipeg, Manitoba. June, 2006. (James Hogg Award nominee)

Godfrey C, **Harrison MB**, Graham ID, & MacDonald V. *The exploration of experiential and contextual factors in the implementation of evidence-based assessment recommendations*. 9th Annual Meeting for Health Sciences Research Trainees, Queen's University. Kingston, Ontario, May 30, 2006.

Tata E, Bowes D, Hobbs N, **Medves J**, Paterson M. *Improving rural/remote health through interprofessional collaboration at Queen's University*. Partnerships for improving health care. London, Ontario. April 29-May 3, 2006. (Poster Presentation)

Medves JM, Paterson M, Schroder C, Verma S, Broers T, Patteson A. *Queen's University Inter Professional Patient centred Education Direction*. All Together Better Health III. London, England. April 10-12, 2006. (Poster Presentation)

Sommerfeldt S, O'Brien B, **Medves J**, Davies B. *Birth Decisions in Rural Alberta*. QSR Qualitative Research Conference. Edmonton, Alberta. April 4-5, 2006. (Oral Presentation)

Korner-Bitensky N, **Harrison MB**, Teasell R, Bayley M, Wood-Dauphinee S, et al. *Best versus actual practices in stroke rehabilitation: Results of the Canadian National Survey*. The 2006 International Stroke Conference, Gaylord Palms - Kissimmee, Florida, USA. February 16-18, 2006.

Invited Presentations

Harrison MB. *Experience with adapting guidelines in a Canadian context: Contextualizing the adaptation process (Case 1: Score; Case 2: Leg Ulcers).* Invited presentation to the ADAPTE Group, An International Collaboration for the Adaptation of Clinical Practice Guidelines. Paris, France. September 13-15, 2006.

Harrison MB. *Evidence utilization: the lessons that we have learned about implementation and how universal are they?* Invited panel presentation at the 2006 Joanna Briggs Institute 5th International Colloquium “Amagagasi Olwazi: Waves of Knowledge.” Durban, South Africa. August 6-8, 2006.

Medves J. *Collaborative care: Help for Maternal Issues in Pregnancy.* Perinatal Partnership Program of Eastern and Southeastern Ontario. Ottawa, Ontario. June 9, 2006.

Medves J. *Collaborative maternity care: Challenges and opportunities.* 4th Annual Refresher in Primary Care Obstetrics. Mount Sinai Hospital. Toronto, Ontario. May 12, 2006.

Cruz D, **Medves J**, Van Wagner V. *Reducing risk in medical malpractice by developing collaborative care models in obstetrical care.* Canadian Institute’s 12th Annual conference, “Reducing the risk of medical malpractice.” Toronto, Ontario. March 27, 2006.

Medves J. *Ontario Maternity Expert Panel.* Perinatal Partnership Program of Eastern and Southeastern Ontario. Tele-presentation to ten sites across eastern and northern Ontario. February 15, 2006.

Medves J, Katherine, W. *Having a baby in Ontario: Challenges and changes in getting the care that you need.* Women’s Health Matters Forum & Expo. Toronto, Ontario. 2006.

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 2006:

Kerrie Girouard (Harrison)

Understanding the extent of the problem of pain with pressure ulcers with hospitalized patients.

Fairleigh Seaton (Medves)

Development of a culturally competent nursing best practice guideline for an aboriginal community: The case of gestational diabetes.

Stephanie Prince (Tranmer)

Sarcopenic obesity in older heart failure patients.

The following students are enrolled in a Master of Science Degree or Doctorate of Philosophy and are supervised or co-supervised by one of the PRN Nurse Scientists in 2006:

Christina Godfrey (Harrison)

Mary Seatter (Medves)

Melissa Tebrake (Tranmer)

Laura MacIsaac (Harrison)

Joy Peacock (Tranmer)

Colleen White (Medves)

Kim Szpiro (Harrison)

Maureen Buchanan (Harrison)

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