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A message from

Robert Howard, president and chief executive officer

The art and science of caring reflects our culture of quality patient care at St. Michael’s. The synergy from combining the two forms the foundation for quality patient care. At St. Michael’s, our commitment to innovation and knowledge generation is a driving force to which our research efforts are built on. In particular, our nurses embody the six dimensions of St. Michael’s quality agenda: safety, outcomes, access, patient experience, equity and efficiency (SOAPEE).

St. Michael’s continues to lead research to improve patient outcomes, from both local and global standpoints, and has received recognition and support from multiple internal and external funders. In alignment with our mission of fostering a culture of discovery, St. Michael’s strives to support nursing research and knowledge translation into practice.

This booklet highlights several of the important research contributions in which our nurses have participated. Be inspired by the dedication and passion of our nurses in the pursuit of higher level care, enhanced professionalism in practice and the generation of new knowledge.
The commitment and contribution of our nurses in the pursuit of quality patient care is impressive and inspiring. Guided by St. Michael’s Hospital’s vision of caring and discovery, our nurses deliver patient care that is compassionate, knowledgeable and innovative—cornerstones to the advancement of professionalism in practice.

Nurses play an integral role in achieving the hospital’s goal of providing safe, quality patient care. Across the organization, nurse administrators, nurse researchers, nurse educators and clinical nurses are participating and contributing to the application of knowledge in practice and the generation of new knowledge to advance the profession and to contribute to an effective health system. In fact, our nurses’ efforts in embedding evidence-based knowledge in practice has received formal recognition and has resulted in the hospital’s designation of the esteemed Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization in 2012. Our journey to build nursing research capacity in our hospital is highlighted in the Canadian Journal of Nursing Research.

Join us in celebrating the achievements of our nurses and learn about some of the research contributions our nurses have made in enhancing our body of knowledge and excellence in patient care.

PUBLICATION:

Patricia Houston, vice-president of education

“Having opportunities for nurses to learn and apply research competencies into practice to advance quality care is a hallmark of our hospital and a key driver of quality care.”

Douglas Sinclair, executive vice-president and chief medical officer

“St. Michael’s Hospital is a place that provides the opportunity for nurses to close the gap between research discoveries and patient care. I am very impressed by the commitment and focus of the nursing staff at St. Michael’s, for their enthusiasm in conducting research, and implementing evidence-based practice into their everyday care.”

Vas Georgiou, executive vice-president and chief administrative officer

“I am proud to be part of a hospital where our nurses have a lead role in advancing the quality of care and safety of our patients through research.”
Andreas Laupacis, executive director of the Li Ka Shing Knowledge Institute

“I am delighted to see the enthusiasm nurses have in advancing quality in patient care. Seeing the leadership role that nurses at St. Michael’s Hospital have taken in research and knowledge synthesis showcases the central role nurses have in both influencing patient safety and quality care.”

Arthur Slutsky, vice-president of research

“Nurses are front and centre in providing quality patient care. St. Michael’s Hospital integrates academic research and clinical care, and this combination is what makes the hospital a leader in shaping the future of health care. We are proud to see the vision of our hospital enacted by nurses through their involvement in research and their commitment to advancing knowledge, innovation in health care, and improving quality and safety in practice.”
Lianne Jeffs  
St. Michael’s Hospital Volunteer Association Chair in Nursing Research,  
Director nursing/clinical research  
Scientist, Li Ka Shing Knowledge Institute

Dr. Jeffs’ research program continues to evolve on how we can enhance care transitions of complex medical patients and health care system performance to improve quality patient care (patient and caregiver experience and satisfaction) and outcomes (avoidable hospitalizations and emergency room visits, errors and reduced costs). Enhancing care transitions and health care system performance are issues that have been recognized as priority health policy issues globally. The focus of Dr. Jeffs’ last four years include completing research studies aligned with her Ministry of Health and Long-Term Care (MOHLTC) Early Nursing Research Career Award (2009-12) that focused on detecting, responding and learning from safety events. Other key achievements include conducting studies involving a structured panel to delineate quality outcomes for complex care patients across care transitions funded by Canadian Institutes of Health Research (CIHR); a qualitative study exploring intra-facility care transitions and perspectives of readmissions and research on using performance data to optimize nursing care.  

As the inaugural St. Michael’s Hospital Volunteer Association Chair in Nursing Research (2013-18), Dr. Jeffs is focusing on gaining insight into what are the most effective interventions to improve care transitions and health care system performance. Foundational to her research program is the use of an integrated knowledge translation approach that involves key decision makers and knowledge users, including patients and caregivers. In addition, she is supervising undergraduate, graduate students and postdoctoral fellows and collaborating with other researchers, decision partners and knowledge users to complete additional research in this area. Through these collective partnerships, Dr. Jeffs is leading teams that provide evidence on how to improve care transitions and health care system performance that will be informative and helpful to patients and their caregivers, health care professionals and health care decision makers.

http://www.stmichaelshospital.com/research/profile.php?id=jeffs&

RECENT PUBLICATIONS:


http://www.stmichaelshospital.com/research/profile.php?id=smith&
Maria Maione  
Research manager, professional practice nursing research

Maione has worked under the direction of Jeffs from 2007 to 2010 and is again working with her since September 2013. Maione has also worked at Ryerson University on studies with Dr. Sherry Espin and Dr. Heather Beanlands.

“When I returned to school to obtain my BScN in 2001, I quickly became interested in the whole process of conducting research; to identify a clinical problem and investigate what can be done from a nursing prospective to inform my practice in providing sound, evidence based care was intriguing. I feel as though I am contributing to the advancement of nursing and improving patient care.”

Maione completed her Masters of Nursing (thesis stream) at Ryerson University in 2008 under the supervision of Dr. Karen Spalding. Her research focus was exploring parents’ experience of waiting for enzyme replacement therapy funding by both provincial and federal governments and the state of Orphan Drug Policy in Canada.

As Jeffs’ research manager, Maione is excited to collaborate with nurse and health disciplines clinicians and health care leaders to bridge the research/practice gap for improved patient care.

Joyce Lo  
Research co-ordinator, professional practice nursing research

Lo has worked under the direction of Jeffs during both her undergraduate and graduate studies. She has also worked with our Ryerson partners on studies with Drs. Souraya Sidani and Suzanne Fredericks. She has been co-author on several publications and has had the opportunity to present findings at conferences on both the national and international arena.

“Working in nursing research has given me a broader perspective on health care,” she says, “and I feel as though I am contributing to the advancement of nursing and improving patient care.”

Lo completed the Masters of Nursing program at Ryerson University in 2013. Her thesis was focused on examining nursing interventions directed towards oncology caregivers. She plans to move forward in research and collaborate with clinicians and leaders in nursing, health disciplines and medicine to facilitate the translation of research into practice to provide improved care for patients and their families.
CORPORATE PROFESSIONAL PRACTICE RESEARCH

Care Utilizing Evidence - Quality Improvement Initiative
Lianne Jeffs, Joyce Lo, Susan Beswick, Heather Campbell, Ella Ferris

The Care Utilizing Evidence – Quality Improvement Initiative involved engaging front-line staff nurses in quality improvement and process redesign to achieve increased quantity and quality time spent with patients resulting in optimal patient outcomes and healthy work environments. This initiative was funded by the MOHLTC Quality Nursing Environments-Quality Patient Care fund. The purpose of this study was to understand nurse participants, managers and project leads’ perceptions associated with this initiative.

Study results show that using a networked approach as an underlying strategy as well as driving quality improvement and having a sense of pride and value in accomplishments facilitated the success of the quality improvement initiatives. The findings elucidate the value of communities of practice and ongoing mentorship for nurses as key strategies to acquire and apply knowledge to a quality improvement project on their respective units. Key challenges emerged including workload and time constraints as well as resistance to change from staff. The study findings suggest that leaders need to provide learning opportunities and protected time for front-line nurses to participate in quality improvement projects.

Examining the Impact of a Falls Prevention Program on Screening for At Risk Patients, Implementation of Evidence Based Strategies, and Falls Rate
Lianne Jeffs, Susan Beswick, Terri Irwin, Heather Campbell, Colleen McNamee, Joyce Lo

Falls are the leading adverse event reported in acute care hospitals and can lead to increased lengths of stay, patient injury, loss of function and independence and increased anxiety. Best practices in falls prevention programs are those that systematically identify patients at high risk of falls, are multi-factorial in nature, and adopt an interprofessional approach. St Michael’s Hospital developed a falls prevention program, aligned with RNAO best practice guidelines. The purpose of the research study was to determine the impact of the program on compliance with documentation of screening for fall risk and implementation of a falls prevention care plan. Results of this study indicated improvements in falls risk assessment documentation and use of the falls prevention care plan tool among nursing staff.

Examining the Impact of a Delirium Prevention Program on Screening for Delirium and Implementation of Evidence Based Strategies
Lianne Jeffs, Susan Beswick, Heather Campbell, Terri Irwin, Karen Ng, Ashley Graat, Joyce Lo

Delirium is a medical emergency that manifests as a sudden onset of fluctuating awareness, impairment of memory, inattention and disorganized thinking and may include hallucinations, disturbance of the sleep-wake cycle, increased length of stay, more hospital acquired complications and even death. Delirium prevention through multi-component prevention strategies is the most effective way of reducing its frequency and complications. St Michael’s Hospital has developed and implemented a delirium prevention and management program, aligned with RNAO best practice guidelines. Outcomes include the impact of the program on compliance with documentation of delirium screening and implementation of a delirium prevention and/or management care plan. The results of this study indicated a statistically significant improvement in both delirium risk assessment documentation and delirium prevention documentation among nurses. This work may help to inform the provisions of future delirium prevention and management programs.

PUBLICATION:
The Care Utilizing Evidence (CUE) initiative is an evidence-informed, two-pronged strategy involving unit-specific dashboards that show clinical performance data related to nursing care associated with the implementation of several RNAO best practice guidelines. It also involves ongoing dialogue and feedback with managers and nursing staff with the nursing professional practice portfolio. The investigative team was interested in exploring perceptions and experiences of nurses and managers associated with the CUE initiative. Specific aims of our research study were to gain insight into nurses and clinical leader managers’ understanding and use of the CUE dashboard, enablers and barriers to using the CUE dashboard, and recommendations to improve the uptake and use of the CUE dashboard. Emergent themes from the data were related to the perceived value of the dashboard, enablers to its implementation, and recommendations for future iterations. The study findings highlighted how end users viewed implementation of their unit-specific dashboard and support the value of having a dashboard as a key strategy to monitor performance and drive quality improvement efforts. Nurse leaders may consider investing in the use of dashboards as a quality improvement strategy, or may use these study findings to optimize the use of existing performance data via dashboards at their organization.

PUBLICATIONS:
Nurse-to-Nurse Transfer of Accountability

Lianne Jeffs, Ashley Acott, Elisa Simpson, Heather Campbell, Terri Irwin, Joyce Lo, Susan Beswick, Roberta Cardoso, Ella Ferris

For nursing, the transfer of accountability at shift change has traditionally occurred away from the bedside, either through audiotaped or verbal reports. These reports are often unstructured, repetitive, and lack consistency in the type of information provided by individual care providers and limited involvement of patients in their plan of care. Since 2010, to address these gaps, all in-patient units at St. Michael’s Hospital have implemented nurse-to-nurse bedside reporting, as part of implementation of RNAO best practice guidelines. The purpose of this study was to explore the experiences and perceptions and examine the effect of selected patient satisfaction measures associated with the implementation of bedside nurse-to-nurse transfer of accountability.

Specifically, nurses use this opportunity to check and clarify information relating to the status and care planning needs of patients. Both patients and nurses described errors associated with medications, tests, procedures, and information being caught and corrected during change of shift reporting. Similarly, reporting at the bedside allows nurses to visualize patients and assess their current status at the beginning of their shift and provide a more accurate picture of the patient’s current status.

PUBLICATIONS:


An Organizational Approach to Implementing RNAO’s Best Practice Guideline Study

With the increased shift in focus on improving quality in patient care, nursing practice decisions are expected to be made with the best available scientific evidence. The RNAO Best Practice Guidelines provide an evidence-based tool for nurses to guide clinical care in their daily practice. In 2009, as part of a corporate nursing processional practice initiative and in partnership with Ryerson University, clinical units across the organization selected a Best Practice Guideline to implement into their local unit. Selected guidelines were based on its relevancy to the clinical area’s needs and patient population, and implementation efforts focused on providing professional development opportunities to help enhance nurses’ ability to interpret and apply evidence in their daily practice.

Following implementation, a qualitative study was undertaken to explore the experiences and perceptions of nurses and patients following Best Practice Guideline implementation. Nurses felt that the Best Practice Guidelines helped to enhance accountability and collaboration in practice, as well as gave them more credibility. They also reported being more confident, conscientious and mindful in their care. Results also provided insight into what constitutes evidence from the perspective of front-line nurses, and how applicable evidence is to their daily practice. From a patient and family standpoint, results stemming from their experiences have implications for nurse leaders to enhance nurses’ therapeutic relationships with patients and family members and patient-centered care within their organizations. Participating in the implementation of the Best Practice Guidelines provide opportunities for professional development in nursing and helps to ensure enhanced patient centered care and therapeutic relationships with patients and families.

PUBLICATIONS:


RESEARCH IN ACTION

Evaluating Teach Back as a Method for Improving Self-Care Behaviours in Heart Failure Patients

Ada Andrade, Vimy Barnard, Haytham Sharar

A mixed methods pilot study was undertaken to evaluate the feasibility and efficacy of teach back. The analyses include the effect of teach back on self-care behaviour scores among heart failure patients and on the number of emergency department visits and re-admissions for heart failure at one and three months post-discharge. This is a two-arm repeated measure prospective randomized trial that compares the current practices of discharge teaching (standard care group) to discharge teaching using the teach back technique (intervention group) in addition to the usual care. To explore perceptions associated with the feasibility and value of the teach back intervention, focus groups with nurse participants and patients’ surveys were analyzed using qualitative methods. Data analysis is in progress and outcomes will demonstrate the impact of teach back on self-care scores in the heart failure patients, and discuss the findings from the qualitative analysis with potential implications of patient education practices. It will also provide the foundation for larger multi-site study.

The Impact of an Educational Intervention on Psychiatric Mental Health Nurses’ Suicide Risk Assessment and Documentation

Nicole Kirwan

Mental health administrators at St. Michael’s identified the need for an educational intervention on suicide risk assessment to support psychiatric mental health nurses working in hospital and community settings. A simulation-based educational intervention was designed by the researchers based on best practices in suicide risk assessment. The purpose of Kirwan’s study was to evaluate the impact of the newly designed simulation-based suicide risk assessment educational intervention on psychiatric mental health nurses’ suicide risk assessment and documentation practices. Gaining an understanding of the impact of the new educational intervention can assist nurse educators to design effective professional development opportunities for psychiatric mental health nurses.
Measuring Patient Satisfaction with a New Model for Pre-operative Ostomy Teaching
Jo Hoeflok, Melodie Jaramillo

Patients with rectal cancer may require a temporary or permanent stoma as a part of their treatment and often voice concerns about the inadequacy of the information provided to them. Traditionally, ostomy education happens in the post-operative period. However, significantly shortened inpatient length of stays and inconsistency in the information provided makes the post-operative experience stressful for patients and their families and decreases the effectiveness of this approach. In 2011, Hoeflok and Jaramillo received a Cancer Care Ontario (CCO) grant to study and evaluate patient satisfaction with a revised pre-operative ostomy teaching program which shifts the traditional model of education to a multifaceted pre-operative approach. These nurses hope to show an improvement in the patient experience and satisfaction with their surgical management by providing better and timelier education to these patients. Study enrolment was completed at the end of summer 2013. Early reviews of the data indicate that patients prefer the new format of pre-operative ostomy teaching and the access to information and health care professionals.

Decision Support in Chronic Kidney Disease
Alison Thomas, Mary Ann Murray, Lianne Jeffs, Rosa M Marticorena, Sandra Donnelly

Patients with Stage 5 chronic kidney disease on hemodialysis (HD) face a major decision regarding vascular access for treatment via an arteriovenous fistula. Many patients defer making a decision, which results in placement of a central catheter in an urgent or emergent situation. This temporary solution, which becomes permanent in many cases, has increased morbidity and mortality compared with arteriovenous fistulas or grafts. This research project was undertaken to determine the impact of implementing selected recommendations from the RNAO Decision Support for Adults Living with Chronic Kidney Disease Best Practice Guideline on arteriovenous fistula rates for vascular access in this population. The findings demonstrate that HD patients are confident in their decisions related to vascular access and they do not have decisional conflict. Key to planning effective care is understanding that patients have specific reasons for preferring a central venous catheter over a fistula, and aware of the risks of increased morbidity and mortality.
Supporting and Strengthening Families through Expected and Unexpected Life Events: the Critical Care Unit Education Folder and Discharge Checklist

Martha Schroder

Family members in an intensive care environment state that information needs are important to them. While family members’ perception of their needs has been researched, there is limited understanding of RNs’ ability to provide this support in such an intensively medical environment. Through the implementation of the RNAO Best Practice Guideline: Supporting and Strengthening Families through Expected and Unexpected Life Events, Schroder, along with the unit-based Nursing Council, developed an acute coronary syndrome education package and discharge checklist. A mixed method study was undertaken to develop an understanding of RNs’ perception of their ability to support patients and their families. Findings revealed that nurses engage in patient-centred care, but, in some cases, are uncertain of precisely what this role entails and experience challenges with family members, physicians and themselves in enacting this role.


Lynn Haslam, Amanda McFarlan, Sandro Rizoli, Jessica Fortune

There are approximately 639 trauma patients admitted to St. Michael’s Hospital each year. In 2012, 15 per cent of our trauma population was over the age of 60. The elderly population poses a unique problem, as they are prone to higher rates of complications. Evidence demonstrates that pain in the elderly is often undertreated. This undertreatment of pain can lead to an increased risk of morbidity and mortality. We hypothesize that despite the overwhelming data supporting early ambulation, proactive pain management, and aggressive chest physiotherapy, elderly patients with chest injury do not receive optimal management in accordance with this data. This retrospective chart review will allow us to determine the current therapeutic management of chest trauma among the elderly population during their stay at St. Michael’s.
Service Excellence – The Rounding Process and Building a Culture of Team
Kirsten Martin, Kara Kitts, Karine Baser, Jill Campbell

Rounds in hospitals between customer service areas (nursing services and support services) and between managers and their staff can have a positive impact on the communication and collaboration of care delivery services. In particular, rounding on staff by managers has been linked to increased employee satisfaction, retention and the ability to increase patient satisfaction scores through co-ordinated care activities. This study explored the perceptions of the participants in the service excellence rounding pilot to understand the effect rounding has on improving collaborative approaches to problem solving, communication and relationships between support services and nursing, and clinical efficiency and effectiveness by addressing chronic issues. Lessons learned from this study have helped inform the larger corporate roll-out of rounding activity to improve quality in care delivery services.

Understanding Aggression from Consumer and Provider Perspectives
David Robertson, Vinothini Vijayaratnam, Harold Spivak, Shelley Brook, Ken Balderson, Danijela Ninkovic

This exploratory, qualitative study investigated factors contributing to aggression amongst psychiatric inpatients and processes for aggression management. Fourteen inpatients with incidents of verbal and/or physical aggression and 10 clinicians participated in individual, semi-structured interviews. The study found several themes amongst this sample of inpatients, including significant stressors external to hospitalization, and feelings of physical confinement and boredom during hospitalization. Additionally, the importance of rapport between staff and inpatients emerged; this maintained a more positive experience of hospitalization for inpatients and a knowledge base for staff in interpreting inpatients’ actions. The study also found that, while nurses generally experienced a supportive work environment, some tension existed among colleagues in determining how to interpret and respond to potentially aggressive behaviour. Findings are relevant to the safety and quality of mental health nursing practices, and shed light on patients’ and clinicians’ perspectives on aggression and aggression management.

The Readmission Study
Irfan Dhalla, Chaim Bell, Lianne Jeffs, Roberta Cardoso

An understanding of what complex medical patients with chronic conditions, family members and health care professionals perceive to be the key reasons for readmission is important to preventing their occurrence. This study was undertaken to understand the perceptions of patients, family members, and health care professionals regarding the reasons for, and preventability of, readmissions. A qualitative design with semi-structured interviews was conducted with 49 participants, including patients, family members, registered nurses, case managers, resident physicians, discharge planners and primary care physicians from a general internal medicine unit at a large, academic hospital. Study findings indicate that some readmissions are perceived to be inevitable due to the burden of disease while others are perceived to be preventable and associated with factors both in hospital and post-discharge.

PUBLICATION:
Special Hematology Oncology Patient Program
Swanee Tobin, Joyce Fenuta, Julie Kruchowski, Lisa Hicks

It was observed that a small number of patients within the hematology and oncology program appeared to account for a disproportionate number of emergency department visits and admissions. By recognizing this patient group, a targeted nurse practitioner intervention could be provided to improve quality of care, reduce ED visits and hospital admissions. High needs patients were validated with retrospective data and pre-intervention data was collected prospectively. The intervention provided a heightened level of nurse practitioner-led, patient-centred care. Intervention patients had a higher uptake of flu vaccines compared to the general population in the clinic and a family physician was consulted for all intervention patents that enrolled without one.

Improving Care Transitions from Critical Care to Ward for Patients, Families and Staff
Sonya Canzian, Gabriella Tataru, Chrisanthi Lefkimmiatis, Jennifer Kangalee, Marlene Santos, Kathryn Chalklin, Jane Topolovec-Vranic, Lianne Jeffs

The transfer of patients from intensive care units (ICU) to ward care is an everyday event for health care professionals working in these areas. The effects of a poorly co-ordinated discharge from an ICU can lead to gaps in care or readmission to critical care. For families, transitions between health care settings or between levels of care is a time of stress and anxiety. Understanding ICU transitions and factors that can contribute to improved transitions can enhance patient safety, reduce stress in both patients and nurses, as well as promote quality care. The goals of this research project was to describe the concerns, stressors and current gaps in the ICU transitional process to ward care from the perspective of the patient, family, critical care nurse and unit nurse, which will be used to develop a care transition toolkit that supports safe transitions and minimizes stress and anxiety for patients and their families.
Long-term Knowledge Retention for Advanced Trauma Care for Nurses (ATCN®) Course Based Content: An Exploratory Study

Sonya Canzian, Amanda McFarlan, Ann Blanchette, Anne Sorvari, Jessica Nanni, Lisa Horton, Lee Barratt, Kathryn Chalklin, Yangmei Li, Jane Topolovec-Vranic

The Advanced Trauma Care for Nurses (ATCN®) course is designed for nurses who are interested in increasing their knowledge around the assessment and management of a multiply injured trauma patient. Though there is a high level of positive feedback from nurses who take the course, the long-term knowledge retention of the course participant and frequency that the knowledge is utilized is not known. All participants completed a survey that included a short review test on some facts and practical skills necessary to manage an injured patient. The goals of the study were to:

1. Explore the frequency to which the ATCN® course content is used in practice
2. Determine whether the knowledge obtained from the ATCN® course takers differs from those who have not taken the course, but who work in an acute care setting, and
3. Determine the rate at which ATCN® course material is forgotten in general and with or without rehearsal.

Evaluating knowledge retention by ATCN course participants affords us the ability to understand how the knowledge and practical skills gained from the course are retained and utilized in everyday nursing practice. This research aids in demonstrating the current ATCN course material retention and, if necessary, can be utilized in the development of additional measures to increase knowledge retention.

Validation and Evaluation of Two Observational Pain Assessment Tools in a Trauma-Neurosurgery Intensive Care Unit

Jane Topolovec-Vranic, Celine Gelinas, Yangmei Li, Mary Ann Pollmann-Mudryi, Jennifer Innis, Amanda McFarlan, Sonya Canzian

There are few valid tools available to assess the pain of critically ill, non-verbal patients in the intensive care unit setting. This study evaluated the use and validity of two pain assessment tools in the trauma-neurosurgical ICU at St. Michael's: the revised Adult Non-Verbal Pain Scale and the Critical Care Pain Observation Tool. As part of this study, the team worked with Celine Gelinas, a nurse researcher at McGill University who developed the Critical Care Pain Observation. Both tools were found to be valid and nurses rated both tools as being useful.
Patient Satisfaction and Documentation of Pain Assessments and Management After Implementing the Adult Nonverbal Pain Scale

Jane Topolovec-Vranic, Sonya Canzian, Jennifer Innis, Mary Ann Pollmann-Mudryi, Amanda McFarlan, Andrew Baker

Assessing and managing the pain of critically ill patients, including those who have had a traumatic brain injury, is challenging. The purpose of this study was to evaluate the implementation of a new pain assessment tool, the Adult Non-Verbal Pain Scale in the Trauma-Neurosurgical ICU. Not only did nurses find the tool easy to use, it increased the confidence of nursing staff in the assessment and management of patients’ pain. Patients were followed after they were transferred to the ward, and those patients who had had their pain assessed using the pain scale were found to have lower pain scores.

Effect of the Implementation of an Inpatient Code Stroke Protocol on Patient Outcomes and Staff Knowledge

Krystyna Skrabka, Jacqueline Willems

In spring 2010, Skrabka and Willems received REB approval to evaluate the effectiveness of implementing an inpatient code stroke protocol (ICSP) at St. Michael's Hospital. The ICSP was a quality improvement initiative to improve access to timely stroke assessment and intervention for individuals who experience a stroke as an inpatient. Process indicators were examined in this study. Results demonstrated an improvement in early symptom recognition and activation of the ICSP resulting in faster assessment and treatment of hyper-acute stroke in the inpatient population. Further to this research, an e-learning module was developed to support sustainability through ongoing staff and physician education. Funding for this research was provided by the Ontario Stroke System Research Program, and the project has been presented at several national and international forums.

Perimenopause in CF: Assessment of Onset and Symptomatology

Anna Tsang, Kristine Thompson, Anne Stephenson, Rachel Paul, Elizabeth Tullis, Canadian Cystic Fibrosis Nurse Advisory Group.

The Toronto Adult Cystic Fibrosis Clinic follows 400 adults with CF, 20 per cent of whom are older than 40 years of age. Menopause is the natural permanent cessation of menstruation, and in the non-CF population, the average age of menopause is 51 years. Women can experience physical and psychological symptoms resulting from hormonal changes about six to eight years before menopause, and in the non-CF population, these symptoms start at around 41 years of age and can significantly decrease quality of life. As there were no published studies in this area in women with CF, the purpose of this study was to gather information on the timing of perimenopause in women with CF and to characterize the symptomatology during perimenopause. This study revealed that women with CF reach menopause approximately three years earlier than women in general population. The information obtained from this study will help to enable clinicians to address woman’s health, their reproductive issues, and make appropriate referrals to specialists in a timely fashion.
Using Simulation Based Training as a Toolkit for the Evaluation of Non-technical Skills and Team Performance in an Operating Room Environment

Douglas Campbell, Patricia Houston, Stella Ng, Laya Poost-Foroosh, Maya Contreras, Jason Lee, Karthik Geyank, Joyce Grandy, Yvonne Davis-Reed, Roger Chow, Nazanin Khodadoust, Yuri Markarov

Team training is a key factor in improving safety in high-risk medical situations. Failures in teamwork and communication are the most important reasons in over 70% of preventable deaths. Blood transfusion errors are one example of a medical error which continues to exist despite existing guidelines and protocols. Development and utilization of leadership, teamwork and communication skills amongst interprofessional team members are necessary components for the successful implementation of an effective protocol to prevent medical errors such as blood transfusion error. Simulation Based Training (SBT) allows learners to receive directed feedback on their performance in terms of both technical and non-technical skills. Team performance can be debriefed with the learners and actually measured using standardized, validated tools. The purpose of this research is to use SBT as a tool to identify team-based competencies important in neonatal blood transfusion and to investigate learner satisfaction of SBT as a complement to other traditional forms of educational activity.

Multi-Component Bereavement Program in the MSICU: a Pilot, Observational Study

Cecilia Santiago, Christine Lee, Maria Teresa Diston, Rose Piacentino, Jamie Villenueve, Orla Smith

For family members of patients who die in the ICU, bereavement follow-up can help them adapt to a life without their loved ones. However, an internal and external environmental scan of local ICUs revealed that formal bereavement programs are rare. The feasibility of implementing a formal bereavement program, and the associated attitudes and outcomes of family members, are unknown. This study aimed to:

1. Develop and administer a formal bereavement program, consisting of a bereavement brochure, sympathy card, telephone follow-up, and a memorial service;
2. Measure the feasibility of implementing each of the program components; and
3. Determine family member attitudes towards the program components.

Results of the study showed that a formal bereavement program is feasible to implement; however, family appraisal of the value of the individual components is variable. To date, the program is being sustained by the study group. In addition, the Patient and Family-Centred Care Committee manage the distribution of sympathy cards for signatures.
A Survey of the Attitudes and Perceptions of Multidisciplinary Team Members Toward Family Presence at Bedside Rounds in the Intensive Care Unit

Cecilia Santiago, Lorena Lazar, Depeng Jiang, Karen Burns

ICU patients are often unable to participate in treatment decisions due to the severity of their illness, so substitute decision makers are approached to make decisions. Family presence during bedside rounds is a potential venue for information exchange. While desirable, the practice is often met with ambivalence by ICU health care providers. Reasons for this ambivalence have not been explored previously. We sought to evaluate the attitudes and perceptions of ICU clinicians. The study group found significant differences among the attitudes of health care providers towards family presence at bedside rounds with RNs, especially more experienced RNs, expressing the greatest reservation. Further research is required to understand the barriers to implementing best practice guidelines into the clinical realm to enable family involvement in care. Study findings suggest that there may be knowledge gaps pertaining to potential benefits of involving families in information exchange that occur during bedside rounds, as well as the need to develop a policy regarding family presence during bedside rounds.

Enhancing Delirium Awareness and Recognition in the MSICU: An Evidence-Based Quality Improvement Initiative

Orla Smith, Maria Teresa Diston, Karen Wannamaker, Cecilia Santiago

While the incidence of delirium is upwards of 80 per cent amongst ICU patients, the condition may go unrecognized. ICU patients are at increased risk for delirium because of illness severity and psychoactive medications. Modifying delirium risk is contingent upon prompt recognition by ICU nurses. This study evaluated a quality improvement program designed to increase MSICU nurses’ awareness of delirium and implement a delirium screening tool. The study involved a survey assessing nursing attitudes towards and knowledge of delirium, delirium education, bedside reinforcement, and audit-feedback on screening compliance and delirium rates. Our results demonstrate that we have steadily increased uptake of the intensive care delirium screening checklist with monthly delirium screening completion sustained over the target of 75 per cent. MSICU delirium rates range from six to 25 per cent of patients assessed and are below published rates.

A Prospective Study of Intensive Care Unit Nurse Satisfaction with Medication Management Pre- and Post-Introduction of a Closed Loop Administration System Involving Computerized Provider Order Entry (CPOE) and Medication Administration Check (MAK)

Orla Smith, Cecilia Santiago, Elizabeth Butorac, Ellen Lewis, Mary Mustard, Norine Meleca, Karen Wannamaker, Maria Teresa Diston, Prafulla Savedra, Kathryn Bell, Gail Wilson

Medication error is the most commonly reported adverse event in Canada, especially in ICUs where patients require high-intensity care. Computerized provider order entry (CPOE) can ensure standardized, legible and complete orders. In addition, medication administration check (MAK) systems, utilizing barcode scanning to confirm patient identity, automated dispensing and electronic medication administration records (collectively referred to as closed loop systems), are associated with reduced prescribing and medication administration errors. At St. Michael’s Hospital, a closed loop system was implemented on all medical and surgical inpatient units, with ICU implementation in early 2014. Despite widespread adoption of computerized closed loop medication systems, little is known about ICU nurses’ level of satisfaction towards electronic medication administration system. The purpose of this study is to examine ICU nurses’ satisfaction towards a new closed loop administration system. Since nurses are the largest group of health care providers and medication management consumes a significant proportion of nursing time, implementation of electronic medication administration system will impact nursing practice and transitioning from paper to computer-based system may be challenging.
Preferences and Outcomes of Substitute Decision Makers in the ICU: Preliminary Results

Orla Smith, Kelly Metcalfe, Jan Friedrich, Souraya Sidani, Martine Puts

More than 100,000 Canadians are admitted to ICUs every year with the majority incapable of participating in decision-making, thus requiring a substitute decision-maker (SDM). Most SDMs are unprepared to assume the role of decision-maker. A cross-sectional, multi-centre, interviewer-administered survey study was conducted to evaluate satisfaction with ICU care, decision-making roles and preferences, and psychological outcomes in a cohort of substitute decision-makers of critically ill patients. One hundred and eighty SDMs participated from 3 hospitals. The majority of SDMs were satisfied with ICU care, communication and decision-making processes. Few SDMs had prior experience in the role and less than half had ever discussed treatment preferences with the patient. Shared decision making with physicians was the preferred approach to treatment decision-making amongst SDMs of critically ill patients; however, SDMs were less likely to defer to physicians for research decisions. Few SDMs were asked about their preferred role in decision-making and role incongruence was common. Symptoms of anxiety, depression and post-traumatic stress were prevalent amongst SDMs of critically ill patients.

The Burden of Prenatal Exposure to Alcohol: 2013 Revised Measurement of Cost

Brenda Stade, Alaa Ali, Daniel Bennett, Douglas Campbell, Mary Johnston, Cynthia Lens, Sofia Tran, Gideon Koren

In Canada, the incidence of Fetal Alcohol Spectrum Disorder (FASD) is estimated to be one in 100 live births. FASD is the leading cause of developmental and cognitive disabilities in Canada. In 2007, we examined the cost of FASD in Canada. In that study, we did not include prospective data of the cost of diagnosis, the cost of integrating homeless youth into the community and the cost beyond 53 years of age. The purpose of the study was to calculate a revised estimate of direct and indirect costs associated with FASD at the patient level. Study results demonstrated the cost burden of FASD in Canada was profound. Inclusion of the cost of diagnosis, adults beyond the age of 65 years and the costs of integrating homeless youth into the community provided a more accurate estimate of the costs of FASD.
Diagnosing Fetal Alcohol Spectrum Disorder: the Need for Genetic Testing

A genetic opinion is frequently requested in the assessment of a child with suspected fetal alcohol spectrum disorder (FASD). We studied the outcome of genetic assessment of 220 children and youth referred to a FASD centre between 2009 and 2013. Data from the medical records was abstracted, entered onto a standard study pro forma, recorded in an Excel spreadsheet and analyzed using simple frequency analysis. Sixty-eight per cent of patients assessed were diagnosed with fetal alcohol spectrum Disorder. Thirty per cent had at least one facial feature of the full fetal alcohol syndrome, including thin upper lip, short palpebral fissures and a smooth philtrum. The most common alternative diagnosis was a chromosome disorder, representing 11.2 per cent of the FASD referrals. Genetic assessment was of particular value in excluding other diagnoses and providing information to caregivers. Structural malformations were not common in the group overall and some previously reported diagnostic signs were not found to be reliable markers of FASD. Chromosome disorders showed phenotypic overlap with FASD and are an important differential diagnosis.

Reduction in New Onset Diabetes After Transplant (NODAT) with Erythropoietin Stimulating Agents, a Case Control Study
Tess Montada-Atin, Diana Choi, Michael Huang, Minna Woo, Ravi Retnakaran, Ramesh Prasad, Jeffrey Zaltzman

New-onset diabetes mellitus after renal transplantation (NODAT) adversely affects graft and patient survival. Approximately 10 to 15% of post-renal transplant patients require an erythropoietin stimulating agent (ESA) for the treatment of anemia. The purpose of this study was to examine the association of NODAT and use of ESAs post-renal transplant. We performed a case control analysis of patients with NODAT who received a first live or deceased donor renal allograft, comparing those with exposure to an ESA versus those without such exposure. Patients with a prior history of diabetes mellitus or more than one renal transplant were excluded. NODAT was defined based on the 2008 Canadian Diabetes Association criteria or need for anti-diabetic agents (oral or insulin). We found that the risk for developing NODAT was significantly reduced in patients who were exposed to an ESA compared to those who were not exposed. There may be a role for ESAs in preventing NODAT particularly if given within the first six months of transplant, although this remains hypothesis generating.
ED Fast Track Patient Experience with the Nurse Practitioner Role
Gillian Martin, Melissa McGowan, Michael Postic, Karen Gaunt

Nurse practitioners can be utilized as a complementary and reliable resource to the traditional physician model. However, within an acute setting, such as the emergency department, there is a dearth of literature related to this and the patient experience within this model of care. We sought to assess patient-level satisfaction with the care provided by NPs within an acute care fast track model.

An 18-question survey was developed by an interprofessional team to assess the patient experience and piloted prior to deployment. All patients triaged to the St. Michael's Emergency Department fast track clinical area and seen by an NP were eligible and offered a letter of information and survey upon arrival to the clinical area. Over a 14-week period, 420 surveys were completed. Preliminary patient-level satisfaction was found to be high with NP care in an ED in a single site. Further evaluations are warranted to explore the discordance between seeking further care and being satisfied with the NP care and why patients with a family physician present to the ED.

Optimizing Patient Comfort and Safety: Training ED Bedside RNs to Apply the Canadian C-Spine Rule
Sherry Armstrong, Lee Barratt, Melissa McGowan, Maggy Parsons, Karen Gaunt

The Canadian C-Spine Rule (CCR) is a clinical decision rule that enables emergency department triage nurses to evaluate minor trauma patients and “clear” for collar removal. We developed a medical directive, a bar-coded Nursing C-Spine Document Form and education session to provide the foundation and competency to safely clear patients at triage. The objective of this quality initiative was to educate non-triage ED nurses at St. Michael’s Hospital to utilize the CCR to optimize patient comfort and safety, while supporting ED triage nurses. All ED non-triage nurses were offered the opportunity to attend a four-hour education session on the application of the CCR. Since July 2013, we have trained 23 non-triage RNs over two sessions. Evaluation and analysis on the level of comfort with application of the CCR with non-triage RNs is also currently being sought. Training non-triage nurses to safely evaluate and remove in-line stabilization collars serve not only to empower secondary, bedside nurses while supporting their ED triage RN colleagues, but primarily to offer enhanced patient comfort safely. This is an ongoing quality initiative that is becoming the gold standard of care offered in our ED and we continue our efforts to enhance patient comfort and safety through this iterative process.
Patients’ Perceptions of Pain Management of an Inner City Hospital: The Development of an In Situ Survey to Include the Homeless Population

Jennifer Jolley, Melissa McGowan, Kristy Nixon, Gillian Martin, Ermias Nagatu, Karen Gaunt, Lee Baratt, David MacKinnon, Glen Bandiera, Julie Spence

Pain can affect anyone and is a common reason to seek treatment in an emergency department. In order to evaluate patients’ perceptions of pain management, the hospital uses NRC Picker to measure patient satisfaction which does not include the homeless population. Considering 25 per cent of our registered clients are homeless, we have developed an in situ survey designed to allow everyone the opportunity to share their experiences regarding pain management in our inner city ED. The intention of this project is to develop a survey that includes disadvantaged populations by sharing their perceptions of pain management in our ED. This survey will be an important tool to improve and refine our approach to quality of care and patient pain management.

An Ontario Neonatal Infection Control (ONIC) Experience

Karen Carlyle, Jeanne Zielonka, Natalie Puccio, Catherine Bishop, Mary Murphy, Douglas Campbell

Effective practice to reduce neonatal nosocomial infections (NI) across Canada has been documented, largely from EPIQ (Evidence-based Practice for Improving Quality). The Ontario NICU Infection Control (ONIC) initiative evolved from EPIQ-based research; a continuous quality improvement process targeting NI reduction across multiple Level 2 NICUs through implementation of a NI Practice Bundle. Our intent was to apply practice changes from the ONIC NI bundle and report changes in our NI rate. ONIC NI bundle practice changes included six domains for improvement (hand hygiene, feeding, line insertion, line maintenance, line removal, multidisciplinary review of infections). A central line insertion checklist and ONIC NI bundle were presented to nursing and medical staff as well as to senior management and implemented. In the 12 months preceding and post NI bundle implementation, our NICU population remained relatively constant (admissions, gestational age, TPN, central lines). Following implementation of the NI bundle, hand hygiene compliance peaked at 89 per cent before patient contact and 80 per cent after, central line insertion checklist compliance rated 83 per cent% and our BSI rate improved from 12.4/1,000 line days to zero. As a quality improvement marker, nosocomial BSIs are an adverse event that the ONIC process seems effective at reducing in our Level 2 NICU.
DOCTORATES IN PROGRESS AND COMPLETED

Jennifer Innis

Innis is a nurse practitioner with the Trauma/Neurosurgery Program at St. Michael's and is currently a PhD student at the Institute of Health Policy, Management and Evaluation at the University of Toronto. Her research interests are in the area of health literacy and care transitions. She is examining the relationship between hospitals’ discharge practices and their rates of readmission and is being funded by a doctoral research award from the Canadian Institutes of Health Research. As part of her studies, Innis is working with Lianne Jeffs on a systematic review of nurse-led care transition interventions. In addition, she is working with Sanjeev Sridharan at St. Michael’s Evaluation Centre for Complex Health Interventions to develop a course for students to learn how to conduct evaluations of complex interventions aimed at reducing health inequities.

Laura Teague

Teague is the co-founder of the interdisciplinary wound care program at St. Michael’s Hospital and has been instrumental in the development, implementation and evaluation of the program. Teague collaborates in wound research projects with the Toronto Health Economic Technology Assessment Collaborative and with the Programs for Assessment of Technology in Health Research Institute in Hamilton. Teague has received significant recognition for her work as the recipient of the mentor-trainee award through the Rick Hansen and Ontario Neurotrauma foundations, a two-year grant of $80,000 that will support her research in the PhD program at McMaster University. Teague also received an academic excellence award from McMaster University Graduate Program in 2014.

Erone Newman

Newman is the Program Director, Heart & Vascular Program and is enrolled in the Doctor of Management and Leadership program at the University of Phoenix. Her area of academic focus is the emotions associated with change. Change is ubiquitous in health care, yet the failure rate of change initiatives remain as high as 59 to 90 per cent. Failed initiatives carry an emotional burden, which translates into a financial load that health care organizations cannot afford, yet emotions experienced during change in health care organizations has largely been ignored.

Newman is conducting a phenomenological qualitative study to explore the effect of temporal distance on managers’ and staff’s perception of the lived experience of merging patient care units to identify themes related to the role of emotions in change management. The general study population include two managers and 40 front-line staff at two academic health science centres. The overarching theoretical framework is construal level theory with insights from social exchange, sense making and change theories.
Jill Campbell

Campbell is the Program Director of the Diabetes Comprehensive Care Program and completed the Doctor of Health Administration program at the University of Phoenix in August, 2014. Her dissertation is entitled, *Health Human Resource as a Strategic Business Partner*, which uses a quantitative correlation study design to explore what the relationship is between human resource competencies and strategic business performance in not-for-profit health care organizations. Her research assesses specific competencies that members of the Canadian College of Health Leaders perceive to be most important for HR professionals and the relationship between these competencies and organizational performance.

Kate Wilson

Wilson is a leadership and organizational development consultant. While obtaining her doctor of Education, Wilson developed her teaching and leadership skills, and gained experience in planning and conducting research. The course work and dissertation made Wilson more knowledgeable about organizations, leadership and change management. With her experience in nursing and education, the doctorate is a perfect fit for her current role in developing, facilitating and evaluating workshops for leadership and employees, and spearheading corporate projects. Wilson is passionate about teaching and learning at St. Michael’s and she is able to contribute to the success of the organization through her role as the project manager of Learning and Organizational Development.

Martine Andrews

Andrews is an accomplished nurse practitioner in neurosurgery. In 2012, she completed certification in oncology nursing, and in August 2014, she successfully completed her doctorate of education in educational leadership at the University of Phoenix. The title of her thesis is “Health Literacy Competencies for Health Professionals: A Delphi Study.” The purpose of this modified Delphi study was to obtain consensus from health literacy experts on the essential health literacy competencies for health professionals. The competencies agreed upon by health literacy experts can serve as a foundation to create and evaluate health literacy curricula, which has implications for clinicians when working with at-risk populations. Most prelicensing curricula of health professionals do not cover health literacy, and agreeing on core competencies is the first step in curriculum design. This work will provide the foundation for creating health literacy curricula for health professionals.
COLLABORATIONS WITH ACADEMIC PARTNERS
UNIVERSITY OF TORONTO

Susan Beswick and Robert Fraser
Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Masters of Nursing - Administration Stream

As graduate students doing their placement in nursing research, Beswick and Fraser had the opportunity to work with a highly experienced group of individuals. Their work included conducting preliminary work to inform future strategies for feeding back performance data to clinical nurses (Care Utilizing Evidence) through literature reviews and engaging employees, from frontline caregivers to senior management. This innovative approach to learning fostered a supportive learning environment which stimulated critical thinking, developed problem solving skills and improved confidence in their research abilities while balancing instructional teaching and supporting independent learning.

“Our experience allowed us to see the team’s dedication to bridging the ‘praxis gap’ between research and theory and the practice setting in the health care system. Conversations with our supervisors, as well as other staff, often mixed theory and evidence into conversations that shaped our work. We were provided many new opportunities to attend and engage in various forums from attending board meetings to presenting at a program directors meeting. This placement introduced us to management roles within the organization, as well as increased our research abilities.”

Ashley Acott and Elisa Simpson
Lawrence S. Bloomberg Faculty of Nursing, Undergraduate Summer Research Program

Acott and Simpson worked with Dr. Lianne Jeffs on a research study focused on nurse-to-nurse transfer of accountability. They gained critical perspectives on the nursing profession, beyond the classroom, that provided them with the tools to identify and understand gaps in practice. “I enjoyed seeing a different side to nursing that is often not thought about during your undergraduate nursing education,” said Acott. “Not only were we able to perform research that will directly have an impact on nurses, but we also got to meet and listen to experiences from nurses who were championing change on their unit.”

“This program offered me a unique perspective on nursing care and the ways in which nursing research can positively influence care,” said Simpson. “I also gained an appreciation for the many opportunities available to branch out from traditional bedside nursing while still contributing to patient care from a different perspective.”

Aline Chhun and Yonda Lai
Lawrence S. Bloomberg Faculty of Nursing, Undergraduate Summer Research Program

Chhun and Lai worked with Dr. Lianne Jeffs on a research study to explore nurses and clinical leader managers’ perception of the Care Utilizing Evidence dashboard. Through this program, they gained research competencies associated with a qualitative study and were introduced to a different aspect of nursing.
RYERSON UNIVERSITY

A Systematic Evaluation of the Placement Experiences for Undergraduate Nursing Students, Faculty Clinical Advisors/Instructors from the Ryerson University/George Brown College/Centennial College Collaborative Nursing Program and Preceptors, Clinical Nurse Educators, Staff RNs and Clinical Leader Managers from St. Michael’s

Janice Waddell, Murray Krock

This study aims to provide fundamental knowledge on the impact and experiences of undergraduate nursing students as well as faculty advisors and instructors, nurse educators, preceptors, staff RNs and clinical leader managers working at St. Michael’s. The report findings and recommendations will be used to inform and refine an integrated and collaborative approach to clinical pedagogy for undergraduate and graduate nursing students. It is also anticipated that the evaluation project findings and outcomes will serve to inform the placement activities and processes of other St. Michael’s, Ryerson and George Brown health care professions.

The development of a research program to enhance utilization of nurses and nurse practitioners in the Ontario health care system through discovery, integration and application – Impact of NP practices

Souraya Sidani, Kathleen MacMillan, Mary van Soeren, Scott Reeves, Faith Donald, Christina Hurlock-Chorostecki, Patti Staples

The evidence of the nurse practitioners’ contribution to outcomes is limited. Funded by the Ontario Ministry of Health and Long-Term Care, the purpose of this multi-site study is to determine the direct and indirect impact of NP practices on patient and system outcomes in acute care settings. A cohort design was used. Sites of comparable clinical programs and that do and do not employ NPs were selected. Process data capture NPs’, health care professionals’ and patients’ perception of the quality of care (i.e. provision of evidence-based, patient-centred and co-ordinated care). Patient outcome data represent functional status, self-management of their condition, symptom experience and health services utilization, assessed at one and four weeks post-discharge. Safety and system outcomes data involving complications and length of hospital stay, are gathered from the appropriate department at participating institutions and from the patient’s health record. The results will delineate the NPs’ practices that independently and collaboratively contribute to outcomes.

UNIVERSITY OF OTTAWA

GICOM: Guideline Implementation for Improved Clinical Outcomes: A longitudinal multi-site study

Barb Davies, Kathryn Higuchi, Lianne Jeffs, Shirley Bell, Carita Valentini

In partnership with the Nursing Best Practice Research Unit in Ottawa led by Barb Davies and Irma Jean Bajnok, St. Michael’s participated in a multi-site study looking at the uptake of the RNAO Best Practice Guidelines in clinical areas. The objective of this study was to identify the determinants of successful sustained implementation of evidence-based guideline recommendations in health care organizations and to identify the factors that contribute to effective monitoring of patient outcomes. The specific guideline that was the focus for St. Michael’s is Caregiving Strategies for Older Adults with Delirium, Dementia and Depression implemented on our General Internal Medicine unit. The significant efforts of the nurses on this unit have led to a statistically significant increase in the reporting and documentation of patients with delirium.
Nursing Research Showcase
May 16, 2014
A message from Alayne Metrick, president, St. Michael’s Foundation

St. Michael’s is known for the best, the most compassionate care, and for that, we thank our nurses. For more than 120 years, they have helped thousands of people from all walks of life regain their health and return to their normal lives. In their commitment and the care they provide, our nurses are truly outstanding.

St. Michael’s Foundation is proud to support our nurses. The proceeds from our signature 2011 Angel Ball helped to establish the St. Michael’s Hospital Volunteer Association Chair in Nursing Research, held by Dr. Lianne Jeffs.

This chair is an opportunity to advance excellence in nursing. Our nurses are leaders in translating innovative research into the highest quality patient care. This prestigious research position will enable our talented and dedicated nursing staff to do even more. The creation of this position is a demonstration of how much we value our nurses as advocates for patients and research that has impact right at the bedside.

Our nurses really do make a difference each and every day.

To help, please call us at 416-864-5000, visit us at 1-025 in the Donnelly Wing or make a donation online at stmichaelsfoundation.com