

From thesis to bedside: Bridging research and clinical practice in the hospital setting

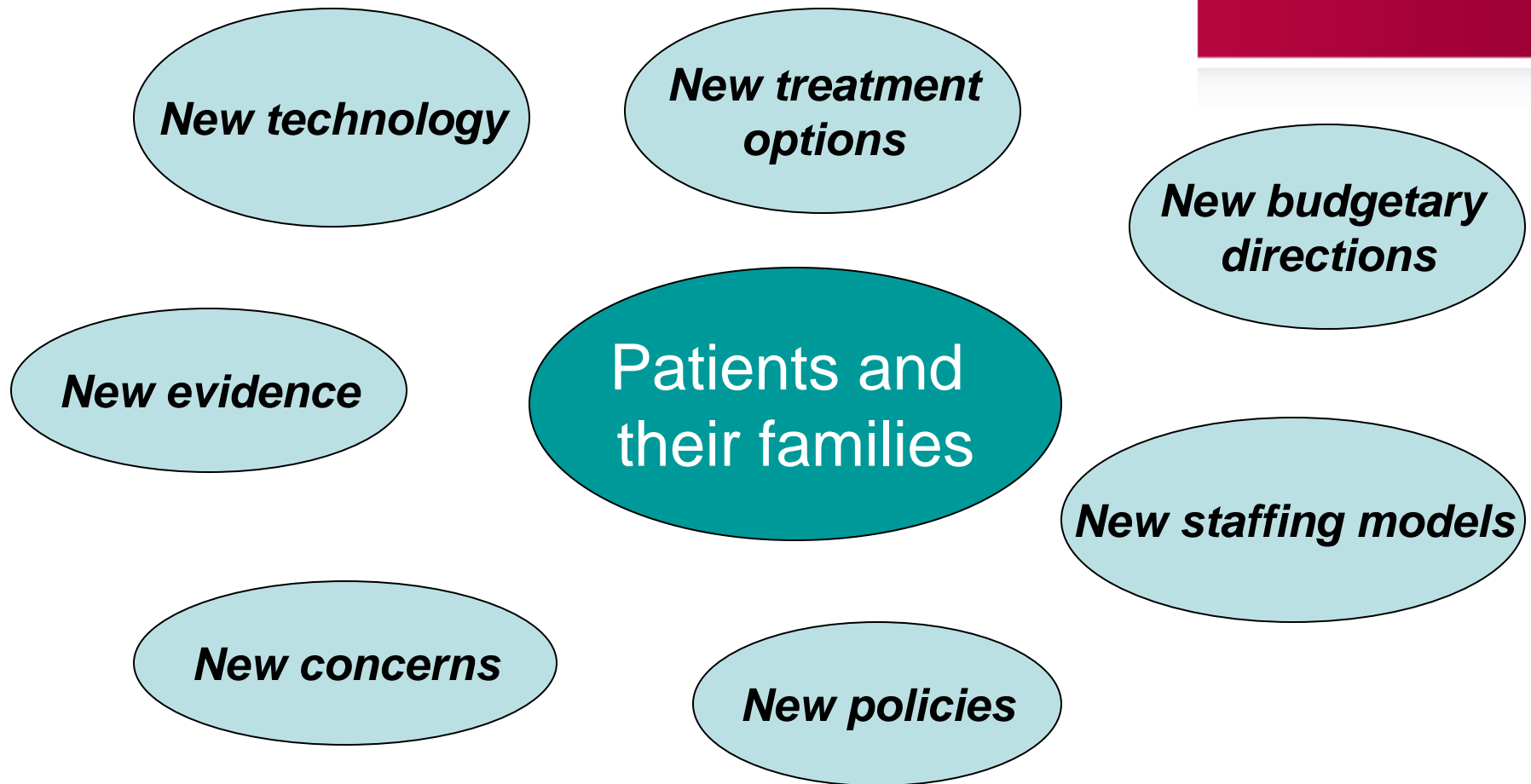
Sandra Lauck MSN, RN, CCN(C)

Nexus Doctoral Trainee



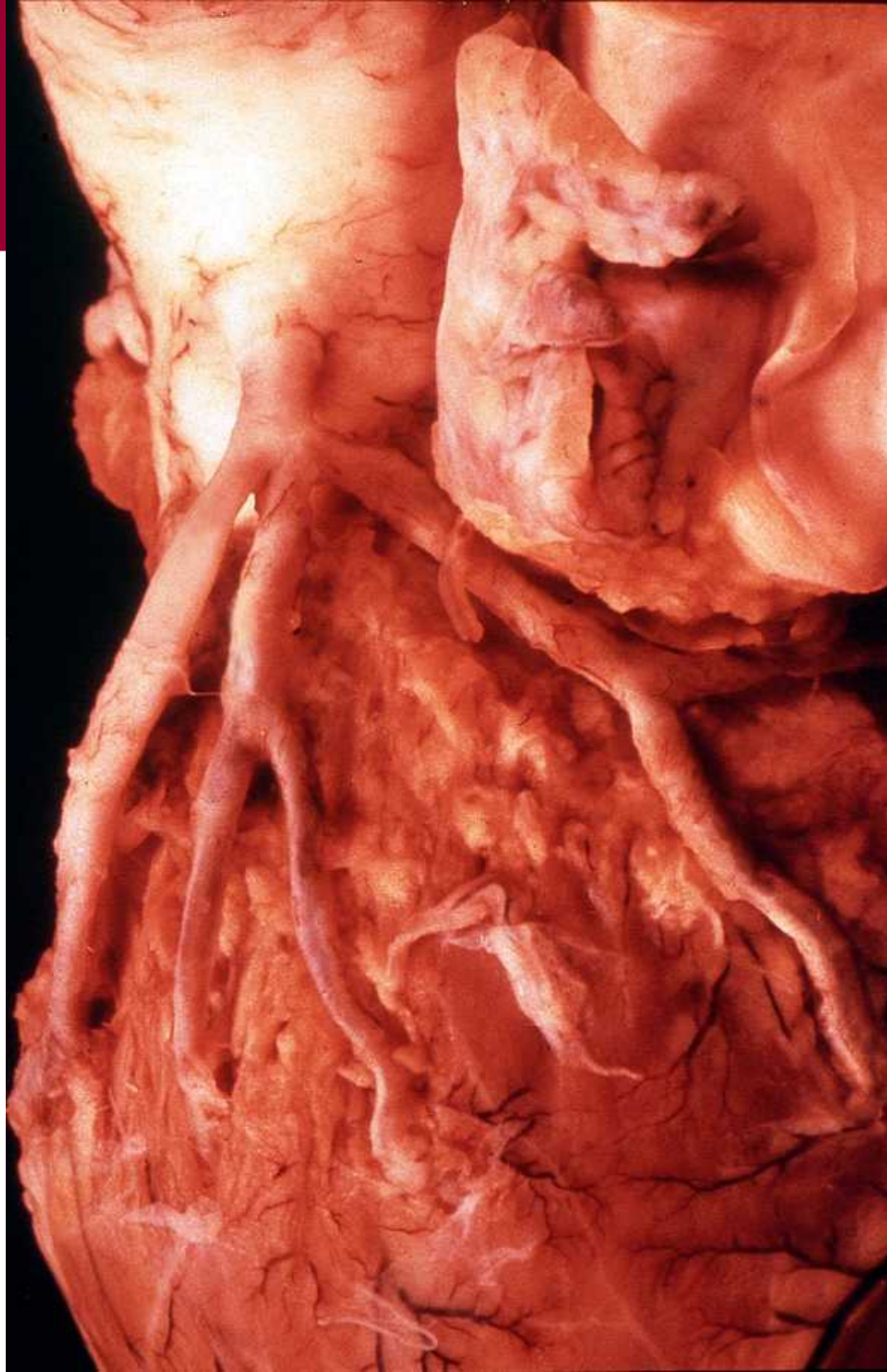
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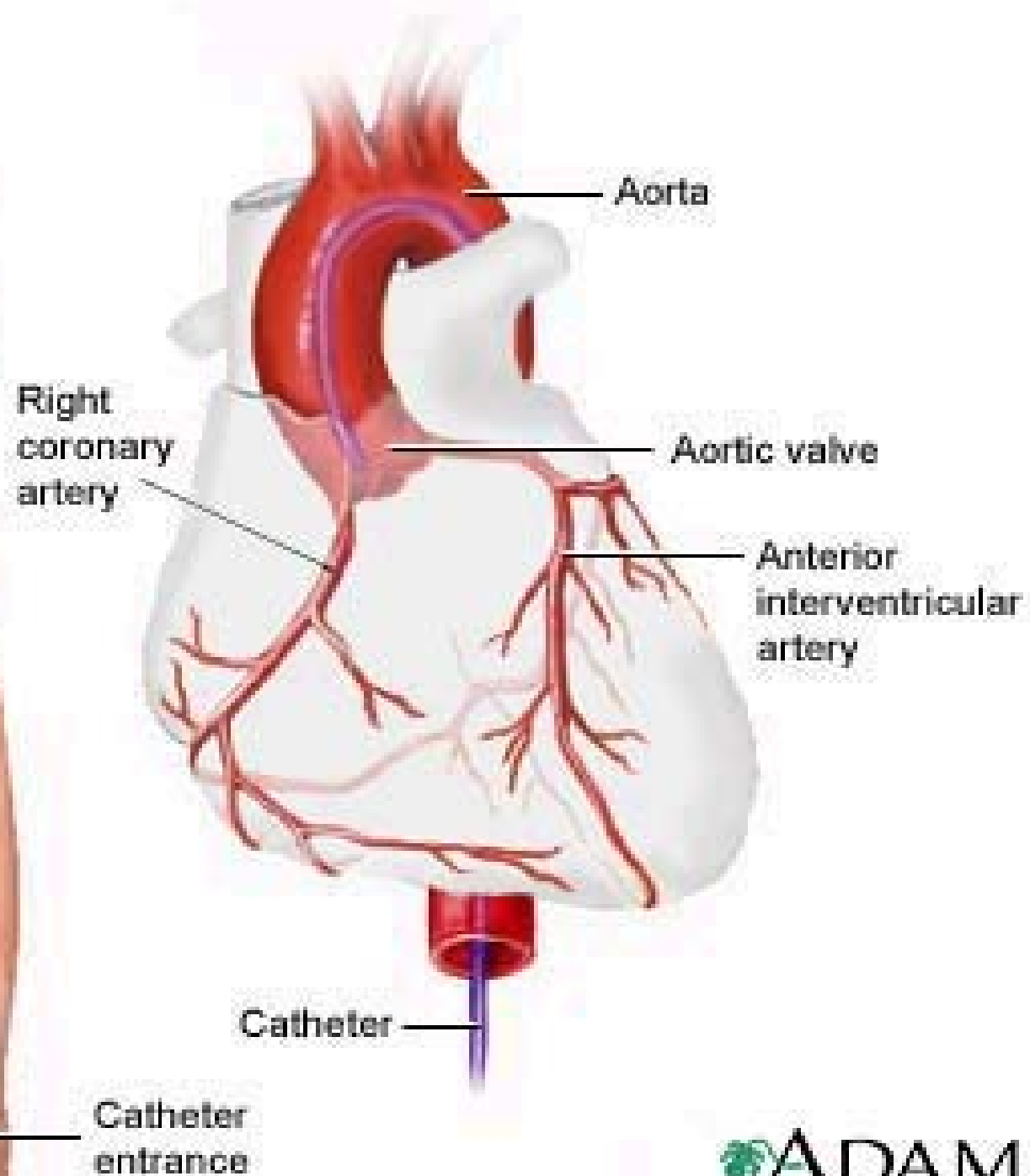
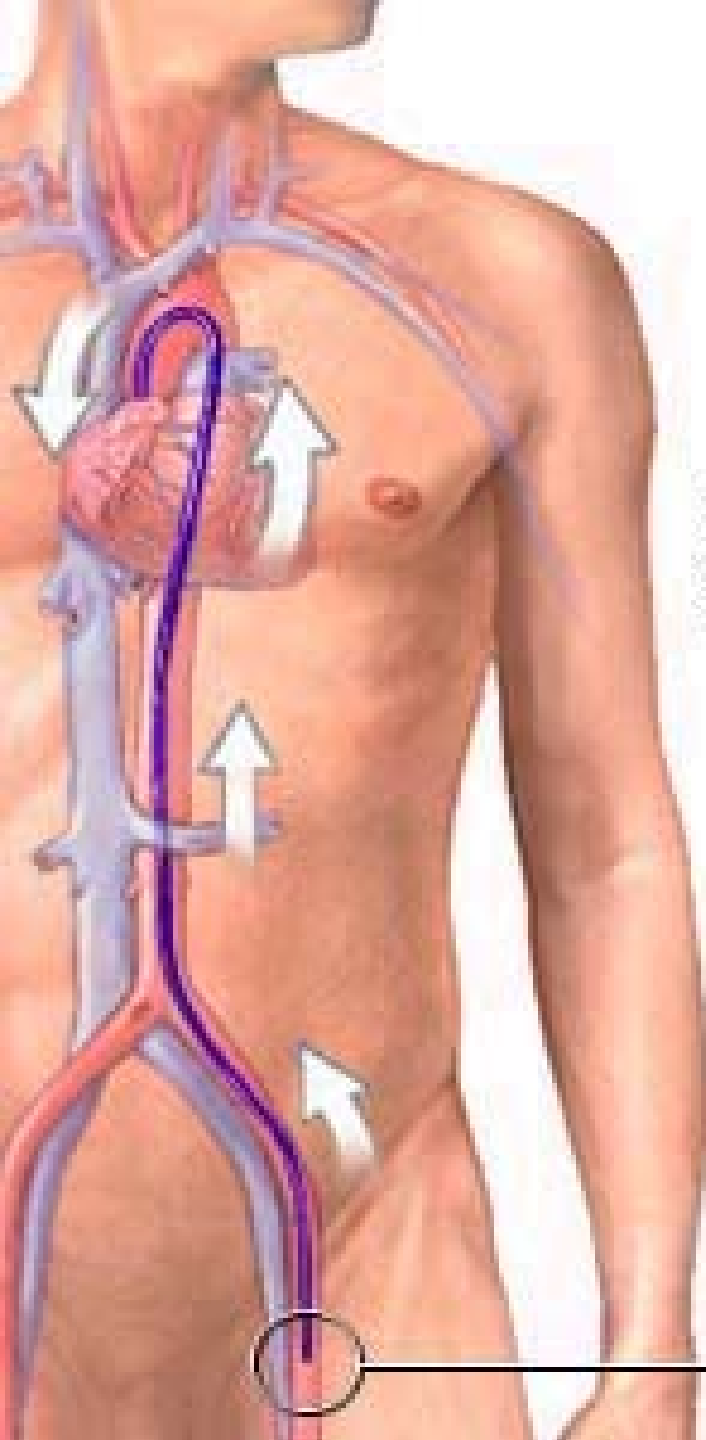
Research possibilities in the hospital setting



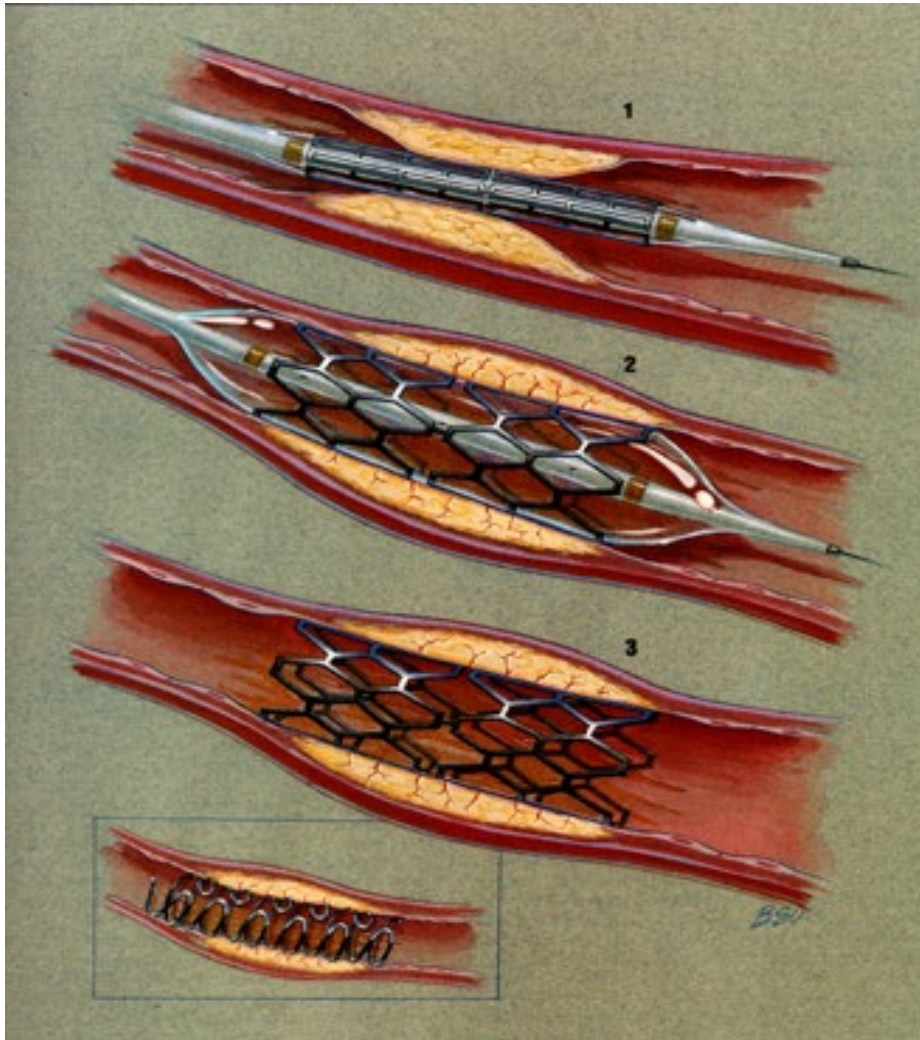
From thesis to bedside: Changing PCI care

People undergoing
percutaneous coronary interventions
(PCI)

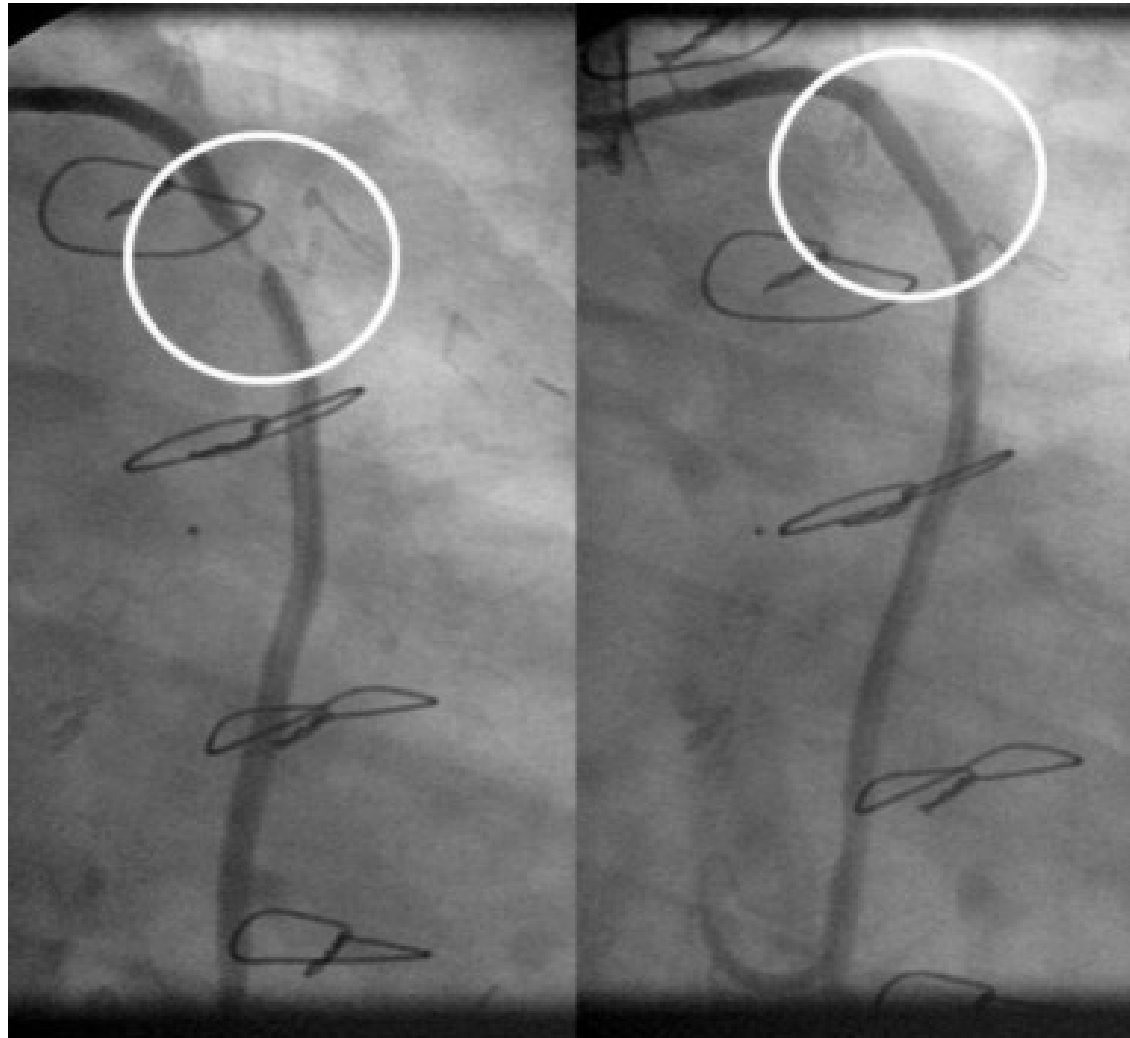




PCI: Coronary angioplasty and stenting



PCI: Pre and Post



New technology:
Coronary stent

New treatment option:
Rapid vascular access removal

**New budgetary
directions:**
*Same-day
procedures*

New evidence:
Same-day discharge¹

**People undergoing
PCI**

New concerns:
*How are our patients
coping?*

New staffing models:
Critical care nurses

New policies/standard:
*Same-day discharge
for all elective patients*



¹Webb et al. Am J Card 2002;90:425-7

Same-day discharge PCI

- Research questions:
 - What are the self-care recovery behaviours in the 2 to 5 days following same-day discharge (SDD) PCI?
 - What are the relationships between patient and procedural characteristics and self-care agency (SCA) and cardiac self-efficacy (CSE)?
- Research team:
 - MSN committee: Drs. Joy Johnson and Pam Ratner, Martha Mackay
 - Cardiac short stay unit nurses and clerical staff
 - Regular updates to cath lab care team



Same-day discharge PCI: Findings

- Health care behaviour:
 - High degree of adherence to discharge guidelines
- Chronic disease management:
 - 50% did not know what lifestyle changes were required to alter the course of their heart disease
 - 43% stated that they did not understand the causes of their heart disease at all or very well
 - Low levels of referral to cardiac rehabilitation programs
- Predictors of self-care agency and cardiac self-efficacy:
 - Marital status: no partner
 - Perceived lack of social support
 - Psycho-emotional distress



Same-day discharge PCI: Knowledge exchange

- Presentation at staff meeting and care team
- Publication of findings
- Nursing committee:
 - Examine implications for practice
 - Develop recommendations
 - Implement change



Same-day discharge PCI: Changes in practice

Screening for social support¹:

- *Do you live alone?*
- *When you need help, can you count on anyone to help with daily tasks like grocery shopping, cooking, giving you a ride?*
- *Do you have regular contact with friends or relatives?*
- *Have you lost your life partner within the last few years?*
- *Can you count on anyone to provide you with emotional support?*

Screening for psychoemotional distress²:

Over the past 2 weeks, how much have you been bothered by:

- *Feeling sad, down or uninterested in life?*
- *Feeling anxious or nervous?*
- *Feeling stressed?*
- *Feeling angry?*



¹Linden W. et al. *Health Qual Life Outcomes*, 2005;3:54

²Young QR et al. *Can J Cardiovasc Nurs*, 2007; 22:525-34



Interventions

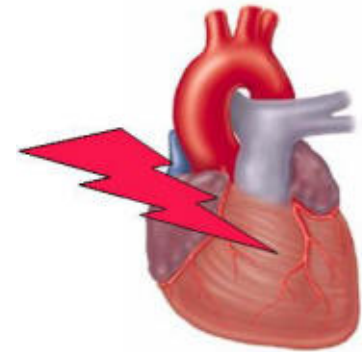
- Development of draft nursing protocol
- Education initiatives to improve capacity to intervene in collaboration with social worker and psychologist
- Development of a telephone intervention for people at high risk for low level of SCA and CSE
- Referral system



Need for rapid KE

Survivors of sudden cardiac death

Development of clinical practice guidelines



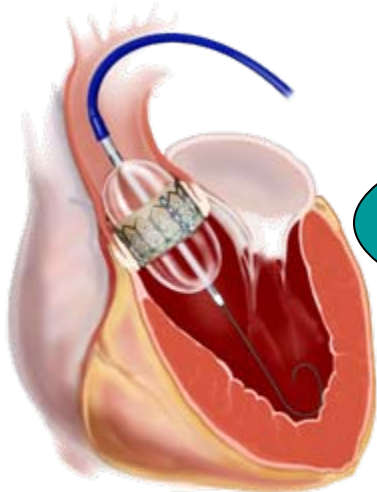
What are the experiences of patients and their family in accessing and utilizing hospital and community resources following survival from sudden cardiac death?



Research team: Carol Galte MSN, NP(F) and Paul Galdas PhD, RN



Need for rapid KE



Frail elderly undergoing innovative approach to aortic valve replacement



Development of transcatheter valve replacement program

What are the changes in neurocognition and activities of daily living following transcatheter aortic valve replacement?



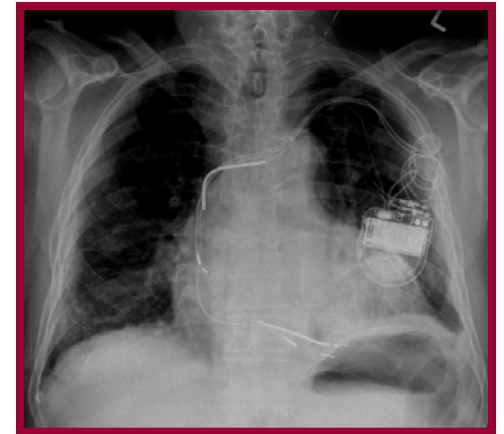
Research team: Carol Galte MSN, NP(F), John Webb MD
and Rob Boone MD



Need for rapid KE

People with implantable
cardioverter-defibrillators

***Development of decision-making tool
and ICD coping group***



What are the changes in quality of life and other patient-reported outcomes following ICD implantation?



Research team: Pam Ratner PhD, RN, Joy Johnson PhD, RN
and Rick Sawatzky PhD, RN



Hospital-based research and rapid KE: What works?

- Proximity:

- To the questions
- To the patients
- To the clinical stakeholders

- “Inside” knowledge:

- Of the programs and systems
- Of the registries and documentation
- Of existing protocols

- Clinical leadership:

- Able to “sell” the idea
- Able to justify change
- Able to implement change

- Program support:

- Support from administration
- Collaboration with physicians
- Critical mass of APNs



Hospital-based research and rapid KE: What we need

- Research capacity:
 - CNS PhD?
 - Clinical nurse scientist?
 - Collaboration with non-hospital based researchers
- Peer-review scrutiny:
 - Quality improvement vs. research
 - Choice of publications
 - Access to transdisciplinary research groups
- Capacity to attract funding and hold research grants



