

# ***« Enjeux et priorités dans le contexte mouvant de la recherche en sciences infirmières »***

## **Assemblée des membres 2014**

Réseau de recherche en interventions  
en sciences infirmières du Québec



Quebec Nursing Intervention  
Research Network

## **Members' Assembly 2014**

# ***"Challenges and priorities in the changing context of nursing research"***

**5 novembre 2014**

**McGill Faculty Club, 3450 McTavish Street, Montréal, Québec H3A 0E5, Ballroom**



Le RRISQ remercie le Ministère de la Santé et des Services sociaux de sa contribution financière qui permet la poursuite de notre mandat.

# ADAPTATION OF CLINICAL PRACTICE GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF PRESSURE ULCERS IN A TERTIARY PALLIATIVE CARE UNIT

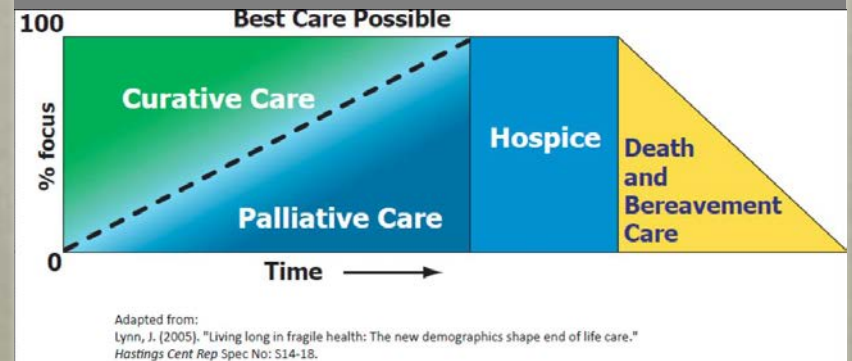


Virginia Lee N, PhD  
Rosemary O'Grady, MN  
Diane Lebeau, BScN  
Sonia A. Castiglione, N, MSc.A.  
Sharon Elizabeth Mooney, N, MA



# PALLIATIVE CARE

is characterized as  
“the total active care of patients  
with a non-curable illness, where  
the primary goal is the  
achievement of the highest  
quality of life for the individual  
and his family”.





# OPTIMIZING SKIN INTEGRITY IS CRITICAL TO ACHIEVING QUALITY OF LIFE

- To prevent the development of new PrUs
- To ameliorate or heal existing PrUs
- To manage and/or deliver symptomatic relief to PrU complications

(Langemo, 2010; Hughes, Bakos, O'Mara and Kovner, 2005)





# CURRENT CONTEXT

Variations in the management and documentation of PrUs on the palliative care unit may lead to

- fragmentation of care
- suboptimal patient outcomes
- confusion or dissatisfaction among family members

(Eisenberger & Zeleznik, 2004)



# FOR EXAMPLE...

Certain recommendations may conflict with achieving comfort and quality of life, due to

- the physical limitations of this patient population,
- the beliefs and priorities of family members and the health care team



# FOR EXAMPLE...

## Recommendation

- The routine use of skin assessment tools
- Turn and position q 2-4 hrs
- Lower bed to  $\leq 30$  degrees to reduce shear and friction
- Optimal diet and nutritional support

## However...

- **All palliative care patients are considered high risk**
- Pain, limited mobility; adoption of “comfort position”
- Raised head of bed alleviates dyspnea and increases comfort
- Illness and loss of interest in food and hydration are common

# OBJECTIVE

- The objective of this study was to identify the contextual factors that may influence the implementation of a pressure ulcer clinical practice guideline in a tertiary palliative care setting, develop selected strategies tailored to the setting, and test these strategies on a small scale



# INTEGRATED KNOWLEDGE TRANSLATION APPROACH



1. To adapt the knowledge to local context



2. To identify barriers and facilitators



3. To select, tailor, and implement strategies

# 1. To adapt the knowledge to local context

## Individual interviews



### Purposive sample:

Nurse -Day shift (n=2)

Nurse - Evening shift (n=1)

Nurse- Night shift (n=1)

Nursing assistants (n=2)

Patient attendants (n=2)

Other stakeholders (the nurse educator, clinical nurse specialist, palliative care unit pharmacist, physician, and/or enterostomal therapist)

Appendix B: Participant Study Information Sheet

### Exploring the Prevention and Management of Pressure Ulcers In Palliative Care

**WHO ARE WE ASKING?**  
Primarily staff nurses, nursing assistants and PABs working on a tertiary palliative care unit with a range of experience and skills and who work on different shifts.

**WHAT WILL BE DISCUSSED?**  
The practice of preventing new or managing existing pressure ulcers while caring for patients receiving palliative care.

**WHY?**  
To understand the issues and identify strategies needed to ensure best practice regarding the prevention and management of pressure ulcers in palliative care.

**WHERE?**  
At the Montreal General Hospital Palliative Care Unit.

**HOW?**  
You will be asked to participate in a brief 30 minute audiorecorded interview. There is an option to continue in the next phase of this study to try out new strategies to improve the prevention and management of pressure ulcers on the palliative care unit.

All participants will receive a \$25.00 gift certificate.

For more information about the study, please contact:  
Virginia Lee, N., Ph.D.  
MUHCnursingresearch@gmail.com  
(514) 934-1934 ext. 44371

Centre universitaire de santé McGill  
McGill University Health Centre  
Les services de soins infirmiers  
Plus de soins, plus de vie

RRISQ  
Réseau de recherche en soins infirmiers

Projet de recherche  
Québec

RRISQ Participant study information sheet\_Sep25\_14



## 2. To identify barriers and facilitators

Interviews will be analysed

1. to identify top needs and priorities wrt

- Knowledge
- Communication and documentation
- Practice issues

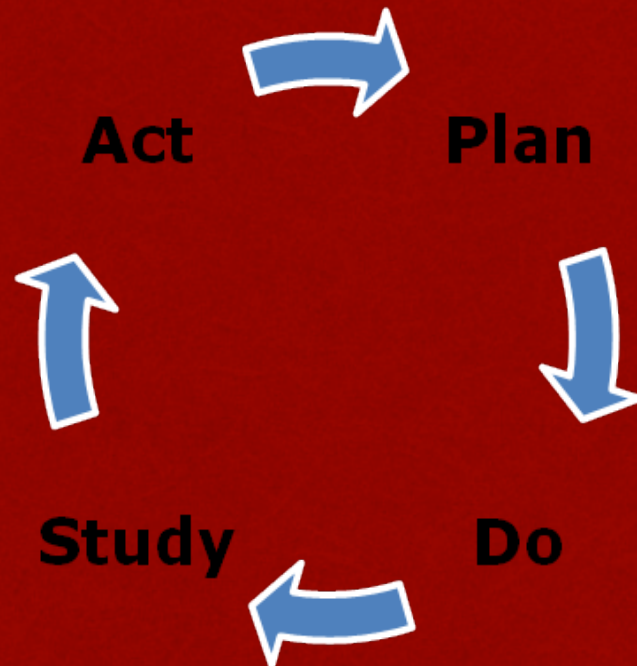
**2. to guide the selection of recommendations from practice guideline**

- National Pressure Ulcer Advisory Panel (NPUAP) White Paper (Langemo, 2010, NPUAP & EUPAP, 2009)
- appraised for methodological rigor by the research team using the *Appraisal of Guidelines for Research & Evaluation (AGREE)* (Agree II) instrument





### 3. To select, tailor, and implement strategies PDSA approach

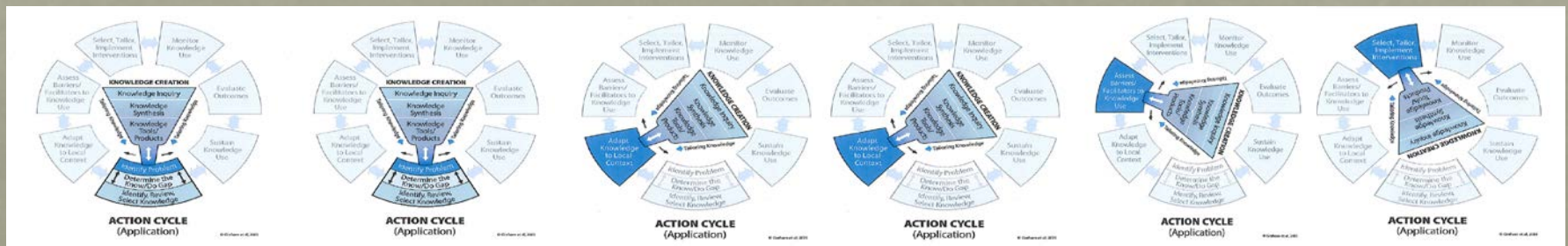
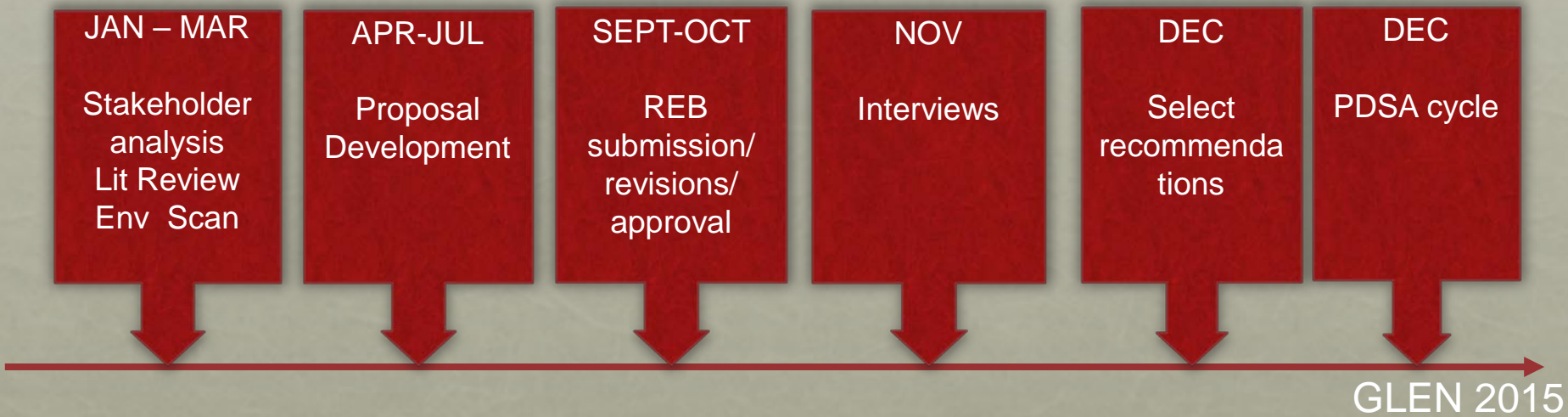


12

N= 4 study participants (2  
nurses, 1 NA , 1PAB)

- Participate in a brief interactive educational session
- Provide feedback about the educational session immediately afterwards
- Participate in a small scale implementation of the practice changes based on a Plan-Do-Study-Act cycle .
- The implementation plan will be adjusted in an iterative process to accommodate any challenges encountered and retest strategies in a subsequent cycle ( Biweekly over 4 weeks )

# Timeline



# TEAM ENGAGEMENT ENSURES SUCCESS

Proposal development is  
collaborative, relevant and  
feasible

Nurse Managers


EIDM advisor (knowledge  
broker)

Clinician (educator, CNS,  
staff nurse)

Research coordinator

Other stakeholders (MD, NA,  
PABS, ...)

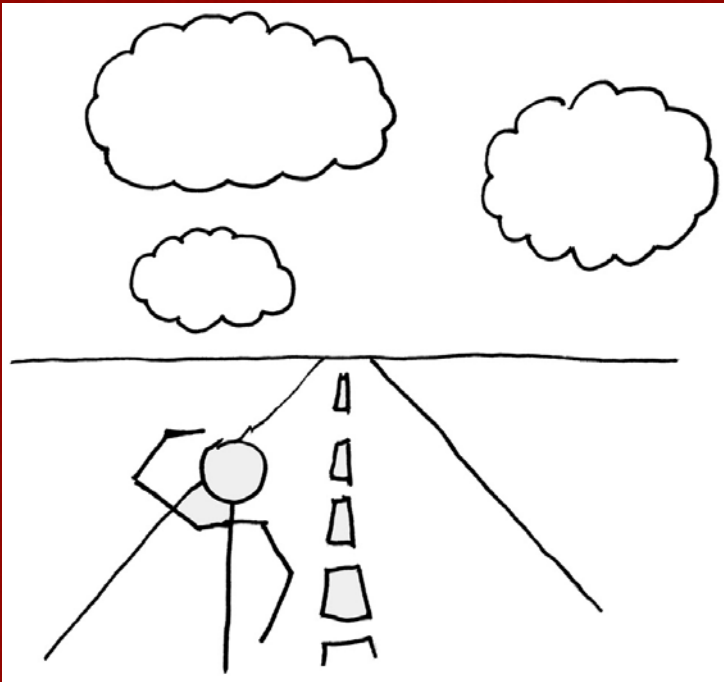
14



People support  
what they help  
to  
create.



# FUTURE CONSIDERATIONS



15

- Raises new challenges about KT in practice
  - Research ethics approval
    - Timing of REB submission
    - Variations in type of consent (implied; standard informed consent; electronic)
- Need for greater range of research methods
  - Eg. Survey, interview, focus groups, on –off trials , pragmatic RCT, cluster RCT, ...