

## GRANT SUCCESS

### Nurses Board of Victoria Legacy Limited 2013

#### Mona Menzies Postdoctoral Research Grant

Professor Julie Considine, Associate Professor Judy Currey and Associate Professor Daryl Jones were successful in being awarded the Nurses Board of Victoria Legacy Limited (NBVLL) 2013 Mona Menzies Postdoctoral Research Grant. The EmERGE study (Emergency Evaluation of Risk Groups Entering hospital study) will examine the relationship between medical emergency team and respond blue calls within the first 72 hours of hospital admission and patient physiological status during their emergency department episode of care.

#### Contact

##### Professor Julie Considine

Eastern Health – Deakin University Nursing and Midwifery Research Centre  
Email: julie.considine@deakin.edu.au

#### Ella Lowe Grant

Professor Megan-Jane Johnstone, Professor Alison Hutchinson and Senior Research Fellow Dr Bernice Redley were awarded the NBVLL 2013 Ella Lowe Grant. The aims of their study are twofold: (1) to explore and describe nursing roles and strategies in end-of-life decision making involving older people from culturally and linguistically diverse (CALD) backgrounds admitted to Victorian hospital for end-of-life care (see cover story, p.1); and (2) to provide a practical basis for a subsequent study investigating the possible link between nurses' EOL decision making and CALD patient and family member outcomes apropos experiencing a 'good death' when admitted to acute care services for EOL care.

#### Contact

##### Professor Megan-Jane Johnstone

Centre for Quality and Patient Safety Research  
School of Nursing and Midwifery  
Email: megan.johnstone@deakin.edu.au

## Department of Health 2013

#### Hospital in the Home Quality and Efficiency Project

Research Fellow Dr Maryann Street is a chief investigator on a successful grant led by Eastern Health's Dr Gishel New and funded by the Department of Health, Hospital in the Home Quality and Efficiency Project. The SEED trial (Safe and Effective Early Discharge) of patients with low-risk acute coronary syndromes (ACS) will compare early discharge and aftercare with Hospital In the Home to conventional discharge and management. Maryann will play a key role in evaluating the patient experience component of the study.

#### Contact

##### Dr Maryann Street

Eastern Health – Deakin University Nursing and Midwifery Research Centre  
Email: maryann.street@deakin.edu.au

## Telematics Trust

#### Telematics Course Development Fund

Associate Professor Natisha Sands has been awarded a Telematics Trust Course Development Fund to pilot test an interactive computer program for assessing competency in telephone-based mental health triage. To date there has been no evidence-based method for assessing clinicians' competence to perform telephone-based mental health triage. This project will address the significant need in emergency mental health care for an accessible, evidence-based instrument for mental health triage competency assessment and professional development.

#### Contact

##### Associate Professor Natisha Sands

School of Nursing and Midwifery – Deakin University  
Email: natisha.sands@deakin.edu.au

## LITERATURE REVIEW

### Annual resuscitation competency assessments: a review of the evidence

**Background:** Australian critical care nurses generally undertake assessments of resuscitation competencies on an annual or biannual basis. International resuscitation evidence and guidelines released in 2010 do not support this practice, instead advocating more frequent retraining.

**Aim:** To review the evidence for annual assessment of resuscitation knowledge, and for the efficacy of resuscitation training practices.

**Methods:** A search of the Medline and CINAHL databases was conducted using the key search words/terms 'resuscitation', 'advanced life support', 'advanced cardiac life support', 'assessment', 'cardiac arrest', 'in-hospital cardiac arrest', 'competence', 'training', 'ALS', 'ACLS', 'course' and 'competency'. The search was limited to English language publications produced during the last 10 years. The International Liaison Committee On Resuscitation worksheets were reviewed for key references, as were the reference lists of articles from the initial search.

**Results:** There is little evidence to support the current practice of annual resuscitation competency assessments. Theoretical knowledge has no correlation with resuscitation performance, and current practical assessment methods are problematic. Both knowledge and skills decline well before the 12-month mark. There is emerging support in the literature for frequent practice sessions using simulation technology.

**Conclusion:** The current practice of annual assessments is not supported by evidence. Emerging evidence for regular resuscitation practice is not conclusive, but it is likely to produce better outcomes. Changing practice in Australia also represents an opportunity to generate data to inform practice further.

Publication link <http://www.sciencedirect.com/science/article/pii/S1036731412000835>

Allen, JA, Currey, J & Considine, J 2013, 'Annual resuscitation competency assessments: a review of the evidence', *Australian Critical Care*, vol. 26, no. 1, pp. 12-7.

#### Contact

##### Associate Professor Judy Currey

The Alfred – Deakin Nursing Research Centre  
Email: judy.currey@deakin.edu.au

# QPS

## NEWSLETTER

Fourth Edition



## QPS RESEARCH

to explore the role of nurses in end-of-life care for ethnic aged

'Tree of Life' © Drew Brandy 2011 under a Creative Commons Attribution-Noncommercial license.

The role of nurses in ensuring a 'good death' experience for patients and their families is being explored by a team of researchers at QPS. Of the estimated 143 500 Australians who die each year, around 54 per cent (77 500) will die in acute care hospitals. These figures are expected to rise as Australia's population ages and older people with chronic illnesses are increasingly admitted to hospital when their end-of-life care becomes unmanageable at home.

It is also projected that overseas-born older Australians will be over-represented in these hospital admissions.

'With nurses at the forefront of providing acute hospital care, their involvement in end-of-life decision making can 'make or break' the dying experience for patients and their families, making effective communication that crosses cultures all important,' explains Deakin's Professor Megan-Jane Johnstone.

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NEWSLETTER  
Fourth Edition

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'With older Australians from a wide range of cultural backgrounds forming a large proportion of people spending their final days in acute care hospitals, it is imperative that nurses, and the health care system as a whole, accommodate cultural worldviews on death and dying, even if these differ from the prevailing and more commonly accepted views,' she said.

Among the key challenges nurses face in caring for people from different cultural and language backgrounds is understanding and connecting in a meaningful way with them.

'Culture is about meaning and 'meaning making',' Professor Johnstone said.

'If nurses don't inquire about or try to understand the meanings people attribute to their end-of-life care experience this can sometimes result in patients and families being approached in the 'wrong way' and 'wrong care' being given. In either case this could have devastating consequences for patient and family alike – even though unintended.

'Ultimately, all patients and their families should experience a 'good death', one that is free of avoidable distress and suffering for the patients, families and caregivers; generally accords with the patients' and families' wishes; and is reasonably consistent with clinical and ethical standards and is culturally appropriate'.

Through the project, the research team will look at the role of nurses and the strategies they employ in end-of-life decision making involving older people from culturally diverse backgrounds.

'We are interested in understanding nurses' 'death literacy'; how do they broach the subject of death and address the concerns that the subject may evoke in the patient, the patient's family, co-workers or even themselves,' Professor Johnstone said.

'What we find with this project will form the basis of further investigation of the link between nurses' end-of-life decision making and the appropriate 'good death' experience of patients and families from culturally diverse backgrounds.'

#### Acknowledgements

Funding for this study was received from a Nurses Board of Victoria Legacy Limited Ella Lowe Grant. The project team includes Professor Megan-Jane Johnstone, Professor Alison Hutchinson and Senior Research Fellow Dr Bernice Redley.

#### Contact

**Professor Megan-Jane Johnstone**  
Centre for Quality and Patient Safety Research,  
School of Nursing and Midwifery  
Email: [megan.johnstone@deakin.edu.au](mailto:megan.johnstone@deakin.edu.au)

## DEAKIN-JBI CENTRE FOR QUALITY AND RISK MANAGEMENT

### Risk factors for incident delirium in acute medical in-patients: a systematic review

PhD candidate Emily Cull, Professor Bridie Kent, Dr Nikki Phillips and Renata Mizarz from Eastern Health have had their systematic review, 'Risk factors for incident delirium in acute medical in-patients: a systematic review,' published in the JBI library under the auspices of the Deakin Centre for Quality and Risk Management in Health, a Collaborating Centre of the Joanna Briggs Institute. The review found that the most significant risk factors in the medical population were dementia and cognitive impairment. The age of all the patients was not significantly related to delirium development, suggesting that factors that generally occur in the medical population such as visual

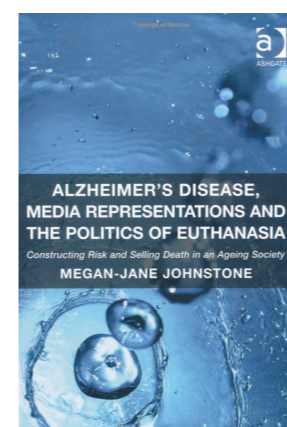
impairment, functional impairment and cognitive impairment play a more significant role in incident delirium in the medical population. To read a full copy of the review go to: <http://connect.jbiconnectplus.org/ViewSourceFile.aspx?0=8406>

#### Contact

**Emily Cull**  
School of Nursing and Midwifery, Deakin University  
Email: [emily.cull@deakin.edu.au](mailto:emily.cull@deakin.edu.au)

## BOOK PUBLICATION

### Alzheimer's disease, the soft target of the euthanasia debate



The way Alzheimer's disease is portrayed by right-to-die advocacy groups and the media is having undue influence on the euthanasia debate, according to Deakin's Professor Megan-Jane Johnstone. Professor Johnstone has examined the 'Alzheimerisation' of the euthanasia debate in a new book based on her extensive research into the media representation of Alzheimer's and the shift in public attitudes towards euthanasia.

'Alzheimer's has been portrayed as the 'disease of the century' that is poised to have a near catastrophic impact on the world's healthcare system as the population ages,' Professor Johnstone said.

This representation of the disease – along with other often used terms such as 'living dead', a 'funeral that never ends' and a 'fate worse than death' – places Alzheimer's as a soft target in the euthanasia debate because it plays to people's fears of developing the disease and what it symbolises.

It positions Alzheimer's as something that requires a remedy; that remedy increasingly being pre-emptive and beneficent euthanasia.'

Professor Johnstone acknowledges that euthanasia is a polarising and emotive issue, however she warns that the public could be unduly swayed by the way the media and pro-euthanasia groups frame the issue as 'simply a matter of choice' and through the use of highly personalised, individual experiences.

Professor Johnstone's book is not a treatise on the arguments for or against euthanasia and does not take a position either way. Rather, it seeks to bring a greater degree of intellectual honesty to the debate.

Publication link [www.ashgate.com/isbn/9781409451921](http://www.ashgate.com/isbn/9781409451921)  
*Johnstone, M-J 2013, Alzheimer's disease, media representations and the politics of euthanasia, Ashgate.*

#### Contact

**Professor Megan-Jane Johnstone**  
Centre for Quality and Patient Safety Research  
School of Nursing and Midwifery  
Email: [megan.johnstone@deakin.edu.au](mailto:megan.johnstone@deakin.edu.au)

## QPS RESEARCH

### Poor outcomes following unplanned transfers from subacute to acute care

Over 300 000 episodes of care are provided in rehabilitation or Geriatric Evaluation and Management (GEM) units every year in Australia. Subacute care services are essential for the flow of patients from acute care and 84 per cent of all admissions to public sub-acute care facilities occur following an acute care episode. Some patients from subacute care need to return to acute care services for management of clinical deterioration or exacerbation of chronic health care issues. The risks associated with unplanned deviation from the expected course of care are well known and the increased mortality rates from unplanned intensive care unit admissions are a case in point. This Australian first study examined the outcomes of patients who had an unplanned transfer from subacute care back to acute care.

The major finding of the study involving 431 patients who had an unplanned transfer from subacute to acute care during 2010 was that 87 per cent needed admission to the acute care hospital and 15 per cent of admitted patients subsequently died during that admission.

'The incredibly high admission rates in the study suggest the patients were very unwell and transfer was appropriate. One in seven of the patients admitted to hospital died: the mortality rate is four to five times higher than the in-hospital mortality rates of older hospital patients,' said Professor Considine.

The results of the study showed that the number of physiological abnormalities in the 24 hours preceding transfer, medical emergency teams activation or unplanned intensive care unit admission during hospitalisation, predicted in-hospital death. The other key finding of the study was that the majority of patients spend less than three days in subacute care before needing transfer and 29 per cent of patients were transferred within 24 hours of discharge from acute care to subacute care.

These research findings highlight the need for more considered planning before transfer between acute and subacute care and the urgent need to develop systemic approaches to recognise and respond to patients who deteriorate in subacute care.

#### Acknowledgements

Funding for this study was received from the Deakin University Centre for Quality and Patient Safety Research Grants Scheme. The project team includes Professor Julie Considine, Dr Maryann Street, Professor Mari Botti, Professor Beverly O'Connell, Professor Bridie Kent and Professor Trisha Dunning.

#### Contact

**Professor Julie Considine**  
Eastern Health – Deakin University Nursing and Midwifery Research Centre  
Email: [julie.considine@deakin.edu.au](mailto:julie.considine@deakin.edu.au)

## NEW RESEARCHERS JOIN QPS



#### Dr Mohammadreza Mohebbi

Dr Mohammadreza Mohebbi has recently been appointed as a Senior Research Fellow within the Faculty of Health at Deakin University. Prior to joining Deakin, Dr Mohebbi was a Research Fellow in the Department of Epidemiology and Preventive Medicine at Monash University. His primary areas of research are

biostatistics and epidemiological aspects of public health and biomedical research. He has been successful in obtaining external research grants, has published in peer-referred journals, and presented at both national and international conferences.



#### Dr John Rolley

Dr John Rolley is a Senior Lecturer of Nursing at Deakin. In addition to undergraduate and postgraduate learning and teaching, Dr Rolley has an active research profile focusing on interventional cardiovascular nursing and education. His main clinical focus has been critical care, with a particular interest in

cardiovascular health. However, experiences in community health and social welfare have broadened that focus to include chronic illness management.