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 (NBVL) 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 NBVL 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 Ghislain New and funded by the Department of Health, Hospital in the Home Quality and Efficiency Project. The SEED trial (Safe and Effective 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.


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.


Contact
Associate Professor Judy Currey
The Alfred – Deakin Nursing Research Centre
Email: judy.currey@deakin.edu.au

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.

In This Issue

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

Potential outcomes following unplanned transfers from subacute to acute care

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

Alzheimer’s disease, the soft target of the euthanasia debate

New researchers join QPS

Grant success

Annual resuscitation competency assessments: a review of the evidence
From different cultural and language backgrounds is among the key challenges nurses face in caring for people with older Australians from a wide range of 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 patient, families and caregivers; generally accorded 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

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 ‘far 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 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.


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

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-reviewed 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 undertaking 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.

DEAKIN-JBI CENTRE FOR QUALITY AND RISK MANAGEMENT

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

Phil candidate Emily Cull, Professor Bridie Kent, Dr Nikki Phillips and Renata Mistas 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 this medical population.

To read a full copy of the review go to: http://connect.jbiconnectplus.org/ViewSourceFile.aspx?id=8406

Contact

Emily Cull
School of Nursing and Midwifery, Deakin University
Email: emily.cull@deakin.edu.au

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