

## NEW APPOINTMENTS



### Professor Tracey Bucknall

Professor Tracey Bucknall has been appointed as the Foundational Chair in Nursing at Alfred Health. As one of Australia's premier health services, Alfred Health offers specialist tertiary and quaternary services on a state-wide and national basis.

The establishment of the first clinical chair in nursing built upon a long standing research and education partnership between Deakin University's, School of Nursing and Midwifery and the Alfred Medical Research and Education Precinct (AMREP).

Tracey has previously held a variety of clinical, educational and research appointments in both private and public hospitals. Her extensive nursing experience in critical care has enabled her to identify gaps and concerns in practice and target them

with innovative research and teaching. She has developed an international reputation as a decision scientist and in knowledge translation. Her research is focused on understanding how clinicians make decisions and the influences on those decisions. More recently she has incorporated the perspectives of patients as a means of improving patient safety and clinical decisions. Her research program involves international collaborations in nursing, critical care medicine, pain management and knowledge translation.

To achieve quality outcomes for patients, an environment in which research is widely valued and positively nurtured is required. Tracey will lead a team of researchers and research students at the Deakin Alfred Health Nursing Research Centre (DAHNR) developing nursing research to improve patient care, translating research into practice and building research appreciation and capacity in nursing.

### Professor Julie Considine

Professor Julie Considine was appointed as the Chair in Nursing (Eastern Health) and Director, Eastern Health – Deakin University Nursing and Midwifery Research Centre. Julie is an internationally respected clinician, educator and researcher whose expertise spans both industry and academic sectors. In this role, Julie and her team from the Centre are committed to excellence in healthcare through translating research findings into clinical practice. The research activities of the Centre are strongly focused on quality and safety in healthcare and comprises three major programs of research: clinical risk management, symptom management, healthcare workforce and service delivery models and span acute, subacute, community and residential care and inform strategic directions for clinical practice, education, research and healthcare policy development.

In this jointly appointed role, Julie's key responsibilities are to provide academic and professional leadership to clinical

and academic staff and students of Deakin University and Eastern Health, appropriate to the research focus and clinical priorities of both partner organisations. Julie is a highly awarded educator and an expert in the development, implementation, and evaluation of nursing education programs aimed at increasing workforce capacity and research use in clinical practice. Julie is a foundation member of the Quality and Patient Safety Strategic Research Centre of Deakin University, member of the Nursing and Clinical Executives at Eastern Health, Eastern Health Human Research and Ethics Committee, and Eastern Health Clinical Deterioration Expert Advisory Committee. In these forums Julie uses her expertise to provide evidence-based counsel related to clinical practice, education and healthcare policy development.



### Professor Alison Hutchinson

Professor Alison Hutchinson was recently appointed as Chair in Nursing, Centre for Nursing Research, Deakin University and Monash Health Partnership. The broad aim of the Centre is to conduct high quality research that informs clinical practice, policy development and education.

The focus of our research is on knowledge translation, person-centred care, patient safety and risk management, and decision making in the fields of workforce development, symptom management, chronic care, and care of the older person.

During her nursing career Alison has worked in a variety of clinical, management, education and research roles across a range of public, private and tertiary settings. Her primary research interest centres on improving practice through knowledge translation (specifically, translation of research evidence into clinical practice). She has the distinction of being one of only a few Australian nurses to have successfully

completed a formal postdoctoral fellowship program overseas. In 2007–2009 Alison trained as a Postdoctoral Fellow in the Knowledge Utilization Studies Program at the University of Alberta, Canada. She received a national fellowship in knowledge translation award from the Canadian Institutes of Health Research (CIHR) and a provincial fellowship award from Alberta Heritage Foundation for Medical Research (AHFMR). Alison is Deputy Director of the Quality and Patient Safety Strategic Research Centre at Deakin University and Co-Director, the Centre for Innovation and Education in Aged Care. She is also a member of the international editorial boards for open-access journal, Implementation Science, and Worldviews on Evidence Based Nursing.

Alison has attracted competitive research funding from AHFMR and CIHR in Canada, the Australian Research Council, and the Department of Health and Aging, Australia. She teaches in undergraduate and postgraduate programs and supervises Honours, Masters and PhD students. She has presented nationally and internationally, has authored several book chapters, and has published widely in international peer-reviewed journals.



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# QPS

## NEWSLETTER

Fifth edition

## Co-creating a program of patient safety research and training with researchers from the Royal Kingdom of Bhutan

WHO Patient Safety (a global research program of WHO) has identified patient safety 'as a global issue affecting countries at all levels of development'. Commensurate with this observation, patient safety research and training have been designated as global imperatives. WHO Patient Safety explains, 'understanding the magnitude of the problem and the main contributing factors is essential in order to devise appropriate solutions'. It further explains that understanding the local cultural context of patient safety initiatives and how best to enable the adaptation of

'effective, appropriate and affordable solutions', particularly in countries that are under-resourced, is also essential. To this end WHO Patient Safety has identified a number of global priority areas, i.e., 'where there are substantial knowledge gaps' and where 'further knowledge would significantly contribute to improving patient safety and reducing harm'.

Bhutan is currently facing the challenge of developing mechanisms for scoping and improving understanding of

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the magnitude of patient safety issues in it's hospitals and devising appropriate (locally/culturally adapted) solutions to the problems identified. In keeping with WHO Patient Safety designated global priority areas, in 2013 QPS successfully applied for a Deakin International Research Development Scheme (DIRDS) grant to host a visit (14–18 October, 2013) by Dr Chencho Dorjee, Director of the Royal Institute of Health Sciences (RIHS), Bhutan, and Dr Neyzang Wangmo, Dean (Research and External Linkages) of the Royal Institute of Health Sciences (RIHS). The purpose of the visit was to commence collaborative work with QPS researchers on co-creating a program of patient safety research and training for future research funding and other related initiatives. The key objectives of the week long collaboration forum (which included face-to-face meetings and field visits), were to:

- develop a common understanding of the WHO global agenda for patient safety and quality care in resources and data poor nations
- develop a mutual, culturally informed and comparative understanding of patient safety processes and concerns in Bhutanese and Australian hospitals

- discuss the vision and mission of the 'Patient Safety Beyond Borders' (PSBB) initiative being led by Deakin-QPS
- explore challenges and opportunities for collaboration to develop and progress patient safety research and training programs/projects using:
  - » methodologies for developing locally adapted (culturally appropriate) solutions
  - » processes for ensuring equity and sustainability
- discuss processes for co-developing a strategic plan and action agenda (time permitting draft a preliminary plan)
- identify preliminary projects and resources
- build relationships with new colleagues and prospective partners.

The objectives were achieved and QPS is in the process of planning further activities to progress its collaboration with RIHS. This has included Professor Megan-Jane Johnstone, Director of QPS, undertaking a study tour in Bhutan, where she met with officials in the Ministry of Health and presented a series of lectures to RIHS and hospital staff on advancing patient safety in resources and data poor nations.

## GRANT SUCCESS

### Quality Use of Medicines (QUM) and Glucose Lowering Medicines (GLM) in Aged Care



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Professor Trisha Dunning has received funding from the Australian Government Department of Health and Ageing Aged Care Service Improvement and Healthy Ageing Grants Fund to undertake the project Quality Use of Medicines (QUM) and Glucose Lowering Medicines (GLM) in Aged Care. The aim of the project is to develop and evaluate QUM GLM resources and an education program for older people with diabetes and aged care staff.

Diabetes is the leading chronic disease in Australia, especially in older people and the prevalence is increasing. Medicines play a key role in diabetes management and enhance physical functioning and quality of life (benefits) but are associated with significant adverse events (risks) that compromise safety and QOL.

Previous research conducted by Professor Dunning and colleagues indicates that aged care staff have a limited understanding of the pharmacokinetics and pharmacodynamics of GLMs, key aspects of managing insulin, and how to interpret blood glucose patterns and HbA1c levels in relation to medicines. The QUM has an integral place in health care generally and diabetes management in particular, but there is a need to enable aged care staff to develop the knowledge and competence necessary to apply QUM principles when making clinical decisions and administering and monitoring the effects of GLM.

In addition, community dwelling older people with diabetes who self-manage their medicines or manage their medicines with some support require specific personalised information about how to use their GLMs to maximise benefits and reduce the risks.

This project seeks to operationalise QUM principles for use at the 'bedside.' The new resources developed aim to improve the health, quality of life and safety of older people with diabetes. The study is highly significant given the high rates of medicine use by older people with diabetes (an average of eight medicines in multiple doses per day), medicine-related adverse events that lead to hospital admissions, significant morbidity and mortality in older people.

#### Acknowledgements

This study is funded by the Department of Health and Ageing. The project team includes Professor Trisha Dunning, Dr Sally Savage and Dr Ann Hague.

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## QPS RESEARCH

### Using images to communicate the hidden struggles of life on dialysis



trust

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Effective communication between healthcare professionals and patients is vital for the optimal care of people with long-term chronic health conditions. Nurses have a significant role in the provision of healthcare. While in this role, quality nurse-patient communication is critically important to patient satisfaction and outcomes. People living with end-stage kidney disease (ESKD) who require hemodialysis may spend more than 15 hours per week with nurses over many years, making nurse-patient communication in this context unique. The ability to communicate in this context is critical to the provision of effective healthcare services for people receiving hemodialysis. A major challenge for clinicians in the hemodialysis context is the development of strategies to involve people in their own care. Improved communication is one such strategy that can increase patients' involvement in decision-making about their care, improve their adherence to healthcare regimens, and maximise health outcomes.

Bennett's research group explored the use of images as a visual communication technique for nurses and patients in the hemodialysis context. They found that the use of images can be a catalyst for a different dialogue between patients and nurses, including discussions around topics that are often hidden (e.g. financial issues, quality of life, and personal relationships). Fifty-two cards containing specific pictures, photos, illustrations and words were used in semi-structured interviews with nine people on dialysis and two nurse interviewers. The visual images enabled patients the freedom to discuss topics in a

non-threatening and open environment, and seemed to assist patients to reveal their daily life struggles with the severe restrictions imposed upon them by having ESKD and receiving daily dialysis treatment. Strategic use of the cards by nephrology nurses may facilitate more insightful communication when working with patients and their families over many years. The use of images to improve communication with long-term clients could also be considered by health professionals working in other chronic disease care contexts.

This work was presented at the Renal Society of Australasia Nephrology Educators Network (NEN) Symposium in Queensland, entitled 'Using Pictures to Communicate', and was awarded 'Best Oral Presentation'.

#### 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 Paul Bennett, Professor Ann Bonner, Ms Janet Andrew, Ms Jyotsna Nandkumar and Ms Catherine Au.

#### Publication link

[www.ingentaconnect.com/content/maney/cih/2013/00000006/00000001/art00003](http://www.ingentaconnect.com/content/maney/cih/2013/00000006/00000001/art00003)

Bennett, PN, Bonner, A, Andrew, J, Nandkumar, J & Au, C 2013, 'Using images to communicate the hidden struggles of life on dialysis', *Journal of Communication In Healthcare*, vol. 6, no. 1, pp. 12–21.

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## QPS RESEARCH

### Listen to me, I really am sick! Understanding patient perspectives in triggering responses to medical emergencies

Patients entering hospital expect that the care they receive is safe and unlikely to cause harm. Yet hospital systems may fail deteriorating patients, with detailed descriptions of suboptimal care requiring patient admissions to intensive care and high rates of serious adverse events (SAEs) resulting in death and severe disability. Many SAEs that occur in hospitals are often preceded by warning signs. These signs are not always acted upon. Significant research has focused on the clinician detecting and responding to patient deterioration; even so there has been no research that explores the patient's perspective and role in initiating clinician and service responses to critical illness. A recent priority in healthcare is to improve the safety and quality of health care by placing patients at the centre of care and by providing respect for, and response to, patient preferences, needs and immediate treatment requirements.

The aim of this research is to investigate the patient perception and role in detecting and communicating their deteriorating status and the impact on prevention of SAEs. A qualitative design using patient and family member interviews, and medical record reviews, will be undertaken. Data will be analysed using thematic analysis strategies. The findings from this study will provide unique insights into patient and family member interpretations of events during medical emergencies. The findings will also be used to inform the development of strategies to improve health

service planning and delivery, aimed at reducing preventable SAEs. The stories will be used to develop case-based scenarios for medical and nursing students to develop their clinical reasoning skills in detecting and managing deteriorating patients.

#### Acknowledgements

Funding for this study was received through an Australian Research Council Linkage Grant and the Australian Commission of Safety and Quality in Health Care. The research team includes: chief investigators – Professor Tracey Bucknall and Professor Alison Hutchinson; partner investigators – Professor Michael Buist, Professor Brendan McCormack, Dr Nicola Dunbar, Dr Suellen Allen, Associate Professor Daryl Jones; partner organisations – University of Ulster (UK), Australian Commission of Safety and Quality in Health Care, Austin Hospital (Melbourne), Cabrini Health (Melbourne), North West Area Health Service (Tasmania); and PhD candidate – Jessica Guinane.

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