

**Research &
Performance Support**2180 23rd Avenue
Regina SK S4S 0A5

Phone: 306-766-5451

Fax: 306-766-5530

Email:

linda.picot@rqhealth.ca

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**Research News
Contributions**

If you would like to receive this newsletter, or more copies for your organization, please let us know.

We welcome letters, contributions, and story ideas. Contact Linda Picot at phone 306-766-5451, fax 306-766-5530, or email linda.picot@rqhealth.ca.

Research & Performance Support News

Volume 1, Issue 2

June 2005

What's New in Research?

Beginning September 2005, RPS will begin hosting a series of **Research Workshops** for RQHR staff.

Some of the topics to be covered will include:

- ♦ How to design and conduct a program evaluation
- ♦ Stats 101
- ♦ How to set up files for statistical analyses
- ♦ Biostatistics 101

Be certain to check our website and future RPS newsletters for dates and registration information.

New Research Ethics application forms have been developed. The new application form, accompanying guidance note document, and a consent form template will be able to be downloaded from our website by July 2005. The revised documents, based largely on the processes and forms used in B.C. and Alberta have been adopted to streamline the research process in the RHQR, as well as to ensure compliance of research with local privacy legislation.

Physician Workshops on HIPA

What is the Health Information Protection Act (HIPA)? **What are the implications of HIPA on research, program evaluation and quality assurance initiatives?** Find out the answers to these questions at an informational session and workshop presented by the Region's Privacy Office. The workshops are specifically for physicians working within the Regina Qu'Appelle Health Region boundaries, but anyone interested in attending may do so. See below for a list of dates and locations.

Physician HIPA WORKSHOPS

- * June 20, 7:00 -9:00 a.m., Pasqua Auditorium
- * June 23, 7:00 -9:00 p.m., RGH Auditorium
- * June 27, 7:00 -9:00 p.m., Pasqua Auditorium
- * June 30, 7:00 -9:00 a.m., RGH Auditorium

Registration is not required. For more information, please call 766-6808.

Quality of Psychiatric Care in the Emergency Department

Providing quality psychiatric care in the Emergency Department (ED) becomes increasingly difficult as the incidence rates for psychiatric emergencies rise. Many of these cases are frequent visitors to the ED, and RQHR ED staff estimate that 60% of the patients they see for psychiatric consults are actually experiencing "community" problems, for example poor coping skills or housing problems. Since some psychiatrists may not be able to make community arrangements and linkages that these clients require, these clients are likely to be better served by an emergency psychiatric nurse.

In October 2003, the RQHR became one of several Canadian jurisdictions who have emergency mental health nursing positions in place, with the implementation of an Emergency Psychiatric Nurse Coordinator Position (EPNC), Debbie Shay, at the Regina General Hospital. Debbie's position was created to help reduce waiting times in emergency departments for psychiatric patients by assessing and triaging mental health emergency room presentations, and reducing inappropriate inpatient admissions and community referrals. By developing increased community linkages, the EPNC position also has the potential to streamline

the continuity of care experience for these patients.

To date, however, there have been few attempts made to evaluate the effectiveness of these positions in improving the care delivered to psychiatric patients and their families. Funding from the Health Quality Council enabled a research team at RQHR to evaluate the effectiveness of the EPNC position on the quality, appropriateness, and timeliness of care provided to clients presenting to the emergency room with mental health and/or addictions conditions over a 24-week period. A variety of methods including patient, staff, and community agency satisfaction questionnaires, as well as an analysis of emergency department data, inpatient admissions, and psychiatric consults prior to and after the implementation of the EPNC position were conducted. Encouraging trends with respect to decreases in inappropriate psychiatric referrals and increased use of community linkages since the EPNC was implemented were observed.

Full results for this study can be obtained by contacting Research and Performance Support at 766-5451.

We're on the Web!
www.medi-fax.com/rhd/crdp

Technical Corner

Research Questions vs. Hypotheses

- ◆ When preparing a research proposal for a new study, the first step is to create either a research question or a hypothesis.
- ◆ Use a *question* when the research is exploratory and you do not have enough information yet to make a prediction.
- ◆ Use a *hypothesis* when there is enough knowledge from the literature to make an educated prediction about the relationship between variables.
- ◆ Hypotheses (not questions) are used in true scientific research because they preserve objectivity and allow more precise conclusions to be drawn from the results.



Knowledge Exchange/Performance Support (KE/PS)

The KE/PS team (Marilee Allerdings and Ali Bell) is playing a lead role in the development of a Knowledge Exchange Framework within the RQHR. To ensure that these human processes are addressed, Knowledge Brokering (KB) has been included as a key element of the Knowledge Exchange process.

The goals of KB are to find and link the right people, to design and implement optimal processes for collaboration and decision-making and to facilitate joint knowledge communities that are comprised of a full spectrum of partners. One example of how we hope to facilitate this is by bringing researchers and decision-makers together to exchange ideas and collaborate. By doing so, we may begin to understand each other's needs and abili-

ties.

KE/PS is also a key player in measuring, summarizing, and interpreting performance of initiatives related to the enhancement of resource utilization within the RQHR. KE/PS is currently developing a framework for standardized clinical reports for the RQHR.

If you are interested in participating in the process or would like to learn more about the Knowledge Exchange or standardized clinical report framework, please contact the RPS office by phone (766-5451) or by e-mail:

Marilee.Allerdings@rqhealth.ca.

Alzheimer's Research in the RQHR

Alzheimer's Disease is a progressive, degenerative disorder that attacks the brain cells, or neurons, resulting in loss of memory, thinking and language skills, as well as, behavioral changes. In 2005, it is estimated that 12,350 Saskatchewanians over the age of 65 have Alzheimer's Disease.

Although there is no cure for Alzheimer's Disease, research has progressed significantly over the past years. The **Center for Clinical Cognitive Research (C³R)** in the Regina Qu'Appelle Health Region with Principal Investigator Dr. Felix Veloso, and Co-investigators Drs. Derrick Larsen and Gordon Asmundson, have participated in over 20 clinical trials investigating the safety and efficacy of several drug medications for the treatment of mild, moderate, and severe Alzheimer's Disease.

To date, the C³R has contributed to the approval of three drug therapies in Canada: Donepezil Hydrochloride (Aricept®), Rivastigmine (Exelon®), and Galantamine (Reminyl®) for mild-to-moderate Alzheimer's Disease. The C³R is currently participating in the clinical development of Memantine Hydrochloride (Ebixa®) for moderate-to-severe Alzheimer's Disease. These drug therapies have shown improvements in measures of thinking, reasoning, day-to-day functioning, and behaviour.

The C³R is dedicated to assisting in the development of treatments for individuals suffering from Alzheimer's Disease.

Research Spotlight

A summary of RQHR research projects approved by the Research Ethics Board between April 1 and May 31, 2005.

Cardiac Resynchronization Therapy: Cardiorespiratory and Psychological effects.
Investigators: Corey Tomczak, University of Regina, Dr. R. Haennel, Dr. G. Asmundson, & Dr. S. Korkola.

Menstrual function following hysteroscopic tubal occlusion with the Essure micro-coil system. Investigators: Drs. John A. Theil & Huse Kamencic, Gynecology and Obstetrics.

An investigation into the use of dexamethasone in palliative medicine by means of a retrospective chart study of 200 consecutive discharges. Investigator: Dr. Lawrence Clein, Palliative Care Services.

Assessing and improving continuity of care. Investigators: Dr. H. Hadjistavropoulos, University of Regina, & Sharon Garratt, SWADD.

Warfarin and Coronary Calcification. Investigator: Dr. H. A. Mohamed, Intensive and Noninvasive Cardiology.

A phase 4, randomized, active controlled, double-masked, single dummy, multi-center comparative trial, in parallel groups, to compare the safety and efficacy of intravitreal injections of Macugen® given every 6 weeks for 102 weeks plus sham photodynamic therapy (PDT), to Macugen® plus PDT with Visudyne® in subjects with predominantly classic subfoveal choroidal neovascularization (CNV) secondary to age-related macular degeneration (AMD). Investigator: Dr. Raul Garcia, Ophthalmology.

An open label trial of Donepezil in vascular and mixed dementia. Investigators: Drs. Susanne Arndt, Geeta Achyuthan, and Kathy Kontsiotis. Allied Health Centre, University of Regina.

Professional role transition into acute-care by newly graduated baccalaureate female Registered Nurses. Investigator: Ms. Judy Boychuk Duchscher, University of Saskatchewan, Nursing Division.