

2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information (First named supervisor will be the contact):

Supervisor's Name and Title(s): Dr Beverley Burrell	
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Co – Supervisors: Erin Wilmshurst, Planning & Funding, CDHB (erin.wilmshurst@cdhb.health.nz) Donna Hahn, Collaborative Care and Primary Care Liaison, Canterbury Clinical Network (donna.hahn@ccn.health.nz) Kirsten Carey, Primary Care Liaison, Canterbury Initiative (kqbcarey@xtra.co.nz)	

Research Category (Choose one category only – to be used for judging the students' presentations):

Clinical	Laboratory	Community X
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Project Title (20 words MAXIMUM):

Development of Nurse Led Models of Care for People with Heart Failure – a descriptive study.

Project Description:

Introduction:

The prevalence of Heart Failure is increasing as our population ages and is an important cause of hospitalisation, being one of the top 10 reasons for admission to Christchurch Hospital. People with heart failure frequently have multiple co-morbidities and high rates of readmission to hospital, with 20% of people readmitted within 30 days. In Canterbury 60-80 admissions per month are for people with a primary diagnosis of Heart Failure with a further 250 admissions where Heart Failure is a secondary diagnosis (Signals from Noise, 2017). Maori are disproportionately affected by Heart Failure, with the onset of disease approximately 15 years earlier than their non-Maori counterparts and 8-9x the event rates. Most Heart Failure patients arrive at Christchurch Hospital ED via Ambulance.

In 2013, Professor Richard Troughton approached the DHB seeking support for a funding application for a national Randomised Control Trial for Heart Failure treatment. It was identified that there were significant volumes of admissions and readmissions for people with Heart Failure and that there were inconsistencies in usual care (one arm of the research trial). The Heart Failure project came about as a method to improve consistency in usual care and look to reduce these admissions and readmissions.

The Heart Failure project group has led a range of initiatives and delivered education in community pharmacy, general practice, acute demand and secondary care (including ED, general medicine and cardiology). While admissions to hospital have remained relatively stable, at around 1,000 per annum, there has been a marked reduction (23% in year one, 10% in year two) in the number of bed days and no increase in readmissions, an indication of the positive impact that these initiatives have had (Signals from Noise, 2017).

In 2016 a small series of patient interviews were undertaken as part of our continued focus on quality improvement and we also held focus groups at a small number of general practices. An audit of ED presentations and subsequent admission to hospital identified that Heart Failure decompensation occurred over a period of 7-10 days for the majority of these patients, indicating that there may be a missed opportunity for primary care intervention that could prevent admission to hospital. The Heart Failure project group has identified that practice nurse intervention may be a model of care that could address this opportunity and to this end has developed some proposed models.

We propose a descriptive study to gauge support for proposed practice nurse led models of care for people with heart failure.

Aim:

This study will describe the proposed practice nurse led models of care for heart failure patients and use focus groups to identify the level of support for selected elements of the proposed models, through discussion of the following questions:

1. What components of the proposed models do practice nurses identify as providing the most effective change in care for Heart Failure patients?
2. What components of the proposed models would be most successfully implemented and why? What are the benefits of these components for the general practice, the patient and their whanau?
3. What components of the proposed models would be the most challenging to implement and why?
4. What educational, clinical, IT, financial and other supports do practice nurses identify as required to implement the proposed models of care?

Methods:

Focus group research is characterised by the use of interactions between small groups of participants (between 6-12) with common experiences or interests, from which the researcher discovers how individuals think and feel about particular issues (Jayasekara, 2012). Webb and Kevern (2001) note that focus groups are well suited for a full range of **qualitative studies**, while Burns and Grove (1997) state that “**focus groups are designed to obtain the participants’ perceptions of a subject in a setting that is permissive and non-threatening**” (p.286). Morgan (1997) notes that “**focus group research is an excellent methodology when there is a power differential between participants and decision makers**” (p.15) **as those who participate remain anonymous**. Qualitative research methodologies can be useful when studying a topic or question where there has been little previous research or study undertaken. A second leader has the role of a moderator in the group meeting, who assists in drawing participants out in a group environment, encourages interaction between group members and assists in ensuring that no one individual dominates the proceedings (Jayasekara, 2012). The interviews will be audio-taped.

Ethical approval will be through application to the Human Ethics Committee, University of Otago, *Minimal Risk Research-Audit and Audit Related Studies*. Having ethics approval will protect participants from the risks associated with disclosure in work place group setting as participants are bound by confidentiality. Any information and storage devices will be password protected and kept in a locked filing cabinet while not in use. The electronic copy of the transcript will be password protected. All audio-tapes and transcripts will be kept for ten years and then destroyed by the Administrative staff in the Centre for Postgraduate Nursing Studies.

Analysis:

Sandelowski’s (2000), qualitative descriptive research approach will be utilised. **Using Sandelowski’s (2000), approach** will enable exploration of valuable information shared by the participants during their interviews. A qualitative research approach would provide insight, enhanced understanding and a meaningful guide to action (Strauss & Corbin, 1998). Data is analysed through thematic content analysis, a qualitative descriptive approach in which the researcher systematically applies codes to the themes derived but these codes are generated from the data themselves there are no pre-existing set of codes. Sandelowski describes this as a dynamic form of analysis using verbal and visual data to summarise the informational contents of the data (2000). **Using Sandelowski’s (2000) approach, the analysed findings remain close to the original data, and yet are still “detailed and nuanced” interpretations (Sandelowski, 2010 pg. 78).** The data analysed will be reviewed by the peer group researchers to gain the validity of the findings generated (Polit & Beck, 2012).

Possible Impact:

The results of this study will help us to understand which practice nurse models of care might be most successfully trialed and implemented in Canterbury to support people with Heart Failure. We hope that this will reduce admissions and readmissions to hospital, improve self-management and support people to stay well in their homes and communities. There may also be opportunities identified for the model to be applied to practice nurse-led delivery for other chronic health conditions. Dissemination of the outcome will be published in seminars and/or a journal article.

References:

Burns, N., & Grove, S. K. (1997). *The Practice of Nursing Research: Conduct, Critique and Utilization*. (3rd ed.). Philadelphia: W.B. Saunders.

Jayasekara, R. S. (2012). Focus groups in nursing research: Methodological perspectives. *Nursing Outlook*, 60(6), 411-416. DOI: 10.1016/j.outlook.2012.02.001.

Morgan, D. L. (1997). *Focus Groups as Qualitative Research*. (2nd ed.). London: Sage Publications.

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia, USA: Lippincott Williams & Wilkins.

Sandleowski, M. (2000). Focus on Research Methods whatever Happened to Qualitative Description. *Research in Nursing & Health*, 23, 334-340.

Signals from Noise. Heart Failure Pathway Measures (2017)

https://www.cdhsfn.com/sfn_CDHB/viewer?modelid=cbe5aed2-12d6-47cd-a8e7-91e550109aa4

Webb, C & Kevern, J. (2001). Focus groups as a research method: A critique of some aspects of their use in nursing research. *Journal of Advanced Nursing*, 33(6), 798-805, DOI: 10.1046/j.1365-2648.2001.01720.x.

Student Prerequisites (eg. Medical Student) if applicable:

Nursing Student or Medical Student

Administration Details

1. Is ethical approval required? Yes/~~No~~

If Yes, please circle or delete one of the following:

a) Approval being sought

b) Approval obtained (attach a copy of the letter of approval from the ethics committee)

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes/~~No~~

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

If Yes:

a. Please enter name of department and internal account code:

Pegasus Health Charitable Ltd

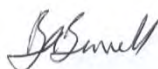
OR

b. Please provide external funder's contact name and full mailing address:

3. Signatures:

- I have read the Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission of **the student's reports to the Research Office** by the due date 1 February 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):



Date:

3.7.2017

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:
(Print Name)

Dr Philippa Seatoun
Director, Centre for Post-Graduate Nursing Studies

Date:

03/07/2017

