



Research News

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Dying in VIHA

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RESTRAINT Study

Risk of dEath in Subjects That Resist: Assessment of Incidence and Nature of faTal events. A prospective study of individual and situational characteristics and risk of sudden death proximal to police restraint in 14 urban centers in Canada

Principal Investigator: Chris Hall

There is widespread public and police interest in the outcomes associated with the use of police restraint. Despite this fact, the incidence of impending sudden death and the clinical characteristics suggestive of impending sudden death, in association with police restraint, have not been systematically studied.

While it is likely that deaths associated with police restraint can never be fully eradicated, understanding the features of the subjects involved and their relative risks may inform the best emergency responses to events involving police restraint.



The ***RESTRAINT*** study will collect data in the pre-hospital setting from adults who physically resist police interaction resulting in police restraint. The overall incidence of death associated with police restraint will be calculated for Canada and for each province. A list of common features of excited delirium will be determined for relevant subjects who resist police interaction. The case fatality rate and relative risk of death for varying subject presentations, including excited delirium, will be calculated, as will the relative risk of various and combined methods of restraint.

This is an observational, cohort study that will take place in all major urban centres in Canada, including urban sites of RCMP service. Victoria is the second centre to begin the study. Data collection is already underway in Calgary.

Message from the Director



We have decided that future issues where possible will focus on a particular area of research. This issue will showcase current research on aspects of death and dying. You can read about Dr Chris Hall's study on dying whilst restrained in police custody. You can also read about how family care givers coped whilst caring for a loved one with cancer at the end of life and the health risks associated with this care. As part of the Western Canadian End-of-Life Study we examined all deaths in VIHA facilities excluding trauma that occurred within 24hours of admission in 2003/2004. The full report is available if you e mail me at peter.kirk@viha.ca In this issue we are also highlighting a VIHA Palliative Care researcher as well as reporting on the inaugural Research Grand Rounds.

The Capacity-Building team is supported by a grant from:



WESTERN CANADA END-OF-LIFE STUDY: DYING WITHIN 48 HOURS OF HOSPITAL ADMISSION CO-PRINCIPAL INVESTIGATORS: FRANCIS LAU & PETER KIRK

The objective of this study was to describe the cohort of individuals who died in the Vancouver Island Health Region during the 2003/2004 fiscal year within 48 hours of hospital admission to identify improvements for appropriate end-of-life (EOL) care. The cohort consisted of a total of 670 adult decedents (age 19 years or older), which was divided into 5 trajectory groups corresponding to specific health care needs. The largest trajectory group consisted of those individuals with a terminal illness (37.8%). It is possible that some of the 253 patients in the terminal illness trajectory group could have been managed to die at home provided that there were adequate resources to care for them. It also raises the question of physician ability to give accurate predictions of death – better prognostication and identification of palliative care patients may have prevented some of the transfers to acute care. The number of patients that received palliative care/hospice services (95) appears low relative to the number of patients identified as having a terminal illness (253). 62.4% of patients had 6 or more prescriptions, which may reflect the difficulty physicians face in stopping prescriptions that the patient may have been taking for years and which may have been started for prophylactic purposes, for example, cholesterol lowering drugs and antihypertensives. The high number of prescriptions per patient might also indicate that dying patients were not recognized as such and continued to receive medications not consistent with EOL care. 49.3% of transfers were from long-term care facilities. This may reflect a need for education for staff and physicians working in long-term care facilities, or for the families of long-term care residents, in the management of patients during the last hours of life to prevent inappropriate transfers. Hospice was the most frequent location of death for palliative patients (16.3%); still, 83.7% of patients identified as palliative care died elsewhere, which may indicate a need to optimize palliative services for those dying outside of designated palliative/hospice units. The full report is available upon request.

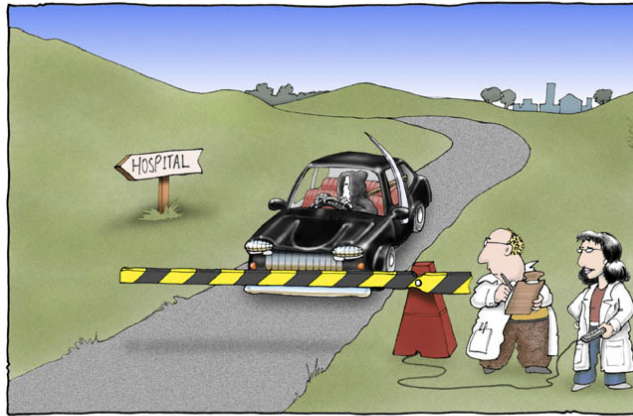
Funding for this project was provided by the Canadian Institute for Health Information and the Canadian Institutes for Health Research New Emerging Team grant.

FAMILY CAREGIVER COPING IN END-OF-LIFE CANCER CARE PRINCIPAL INVESTIGATOR: KELLI STAJDUHAR

The objectives of this 3 year multi-site study was to explore the factors that affected family caregiver coping in end-of-life cancer care, to determine the relationship between these factors and outcomes of quality of life and depression, and to determine who is most at risk of negative outcomes and who manages well. A preliminary analysis has been completed and discussion groups are occurring in Kelowna, Fraser Health and Victoria, with decision makers and front-line staff to identify and confirm appropriate and applicable recommendations for policy and practice. In essence, the researchers found those most at risk for negative health outcomes were younger females with a lower income, employed or taking paid or unpaid leave while caring for a parent. This group also includes those with lower levels of resilience and optimism along with great levels of stress and less sense of coherence. They felt less prepared for the caregiving role and expressed lower levels of family functioning. Those least at risk were more likely to be older, retired females who were caring for their partner, had higher than average incomes and reported fewer financial worries. They had higher levels of resilience, optimism, sense of coherence, and family functioning. These family caregivers also reported lower levels of stress and felt more prepared for the caregiving role. The full and final report will be available at the end of June 2008 at <http://www.coag.uvic.ca/eolcare/>

Funding for this project was provided by the National Cancer Institute of Canada through the Canadian Cancer Society

*To subscribe/unsubscribe to the newsletter or to suggest a feature or highlight your research, please contact: Kenna Miskelly and the Capacity-Building Team Research & Academic Development
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Scientists devise yet another way of delaying death.

Cartoon by Nick D Kim, nearingzero.net.

VIHA RESEARCHER SPOTLIGHT: DARCEE BIDGOOD, RN, MSN



“Research is not just about asking questions and analyzing results, it’s about getting actively involved with a community and being productive,” says Darcee Bidgood, the clinical nurse specialist for palliative care. Darcee is responsible for expert clinical consultation and for program planning, development, and evaluation.

Darcee grew up on a farm in Saskatchewan and knew that she wanted to become a nurse from a very young age. “When I was 5, I dressed up as a nurse for Halloween and the rest is history”. During one of her Master’s courses at UBC, Darcee acquired a passion for research. She worked as a student research assistant for a doctoral student and also had the opportunity to coordinate a research study that examined *Injection drug use and HIV/AIDS in the Capital Health Region* which resulted in recommendations about safe injection sites, needle exchange locations, mobilizing resources in downtown Victoria, and involved the police, the government, and health care providers. Presently, Darcee is involved in a number of research studies, some of which are aimed at understanding the family’s perspective of either the care provided in hospital settings or their experience of caring for the dying at home. Darcee believes that research aimed at recognizing areas for further improvement within the health authority will provide the most effective health care possible.

Research Grand Rounds

Research & Academic Development is pleased to announce Research Grand Rounds. This is an opportunity to learn about research being conducted in VIHA and make important research connections. The first presentation was on May 29th, 2008 in the Woodward Room of Begbie Hall from 0800h-0900h. Our inaugural Round was by the [Microanalysis Working Group](#) of the Communications Team on the Victoria Palliative Research Network. We were happy to have 22 people come out to this event, with a great discussion on the presentation. Evaluations from this event were extremely helpful, noting it to be quite early, and we will consider different venues. We will begin monthly presentations in September.

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UPCOMING EVENTS

June

[34th Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society](#)

June 2-6, 2008
Victoria

[Gender, Gerontology and Geography: Building Research Capacity to Improve Health](#)

June 12, 2008
Kelowna

[Fraser Health: 3rd Annual Research Week](#)

June 16-17, 2008
Abbotsford & Surrey

[Assisted Living Conference](#)

June 20, 2008
Nelson, BC

[International Nursing Research Conference](#)

Facing the Challenge of Health Care Systems in Transition
June 30-July 3, 2008
Jerusalem, Israel

July

[Research In Action: Community-Based Research in Local and Global Perspectives](#)

July 16-28, 2008
University of Victoria

[Social Determinants Of Indigenous Health: Community-Based Participatory Action Research](#)

July 21-25
Banff, Alberta

August

[Canadian Ecohealth Training and Awards Program](#)

August 5-15, 2008
Vancouver, BC

[6th Annual Qualitative Research Summer Intensive](#)

August 9-14, 2008
Long Island, United States

[Embracing the Diverse Roles of Aboriginal Nurses](#)

August 14-16, 2008
Halifax, Nova Scotia

[15th International Conference on Cancer Nursing](#)

August 17-21, 2008
Singapore

September

VIHA Research Day
September 12, 2008
Queen Alexandra Hospital Auditorium

[Population Health & Learning Observatory: Health Geomatics Workshop 2008 - Advancing Research Capacity in British Columbia](#)

September 22-23, 2008
Victoria

October

[Sixth International Symposium: Public Health & the Agricultural Rural Ecosystem](#)

October 19-23, 2008
Saskatoon

November

[Annual Conference on Food, Nutrition and Cancer](#)

November 6-7, 2008
Washington, DC

[Re-Imagining Health Services: Innovations in Community Health](#)

November 6-8, 2008
Vancouver

[BC Injury Prevention Conference Partnering with the Public for Injury Prevention](#)

November 19-21
Vancouver

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Do you have a research question that will benefit the delivery of care at VIHA?

In partnership with the University of Victoria and funding from BC Child & Youth Health Research Network, Research & Academic Development is assisting to organize up to 12 graduate students to work on applied health research projects for health care professionals and decision makers. Research projects may include, but are not limited to: literature reviews, program evaluation, survey design, data collection, data analysis, and research proposal development.

We are currently accepting applied research questions for the fall term (September–December). Once you have completed the form, you will be contacted by Kenna Miskelly to discuss your project and it's suitability for this program.

To submit a question, please complete the attached form and email it to cap_building@viha.ca , or fax it to 370-8106.

Questions will be selected based on the ability to complete the project within 13 weeks and the strategic priorities of VIHA, the University of Victoria and the BC Child & Youth Health Research Network. Preference will be given but are not restricted to questions in the area of Child & Youth Health.

To ensure that the project is successful we require a 1-hour/week commitment (15 hours total) from each applicant. This time will be used to define the research project, provide guidance to the student as needed, and attend the student presentation at the end of the project.

Deadline: June 15th, 2008

For further information, please contact Kenna Miskelly at cap_building@viha.ca or (250) 370-8111, ext 3630.

Please distribute widely!

VIHA Knowledge Mobilization Project Proposal

Project Title:

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Your name, department, and contact information:

--

Topic and Project Objective (briefly describe the research objectives or question that your organization would like addressed):

--

Project Description - please describe the project and any progress that you have made in this work (e.g. new project, data collected, questionnaires selected, etc.) and tell us why is this project interesting for VIHA:

--

Keywords (please, list up to 10 keywords that describe your research interests as related to this project):

--

Effect of project: how will you use the findings to influence current practice in your practice?

--

*** Does this study have ethics approval?**

Proposed Activities for student:

- Literature Review
- Program Evaluation
- Design of Survey
- Data Collection
- Data Analysis
- Research Proposal development
- Develop plan to disseminate findings
- Other (please, describe):

Participants/subjects or sources of data involved:

- Staff
- Patients
- Other
- Charts
- Questionnaires already administered

Expected deliverables: what deliverables/outcomes do you hope for from the student after 13 weeks of work? (research report, data analyzed and presented in a spreadsheet format, list of recommendations...)