

HNE Nursing & Midwifery Research Centre (NMRC) Research Matters for Nurses and Midwives

Issue 3: December 2019

What is happening in 2020?

The NMRC Team are planning events for next year. Some of these are:

- A “12 Steps to Publication” Writing program
- Research Clinics in Tamworth, Armidale and Newcastle

Keep an eye out for future events in the upcoming events section on our NMRC [webportal](#).

Current Funding Opportunities:

[HNE Research and Improvement Funding](#).

Recommended Reading



‘How to read a paper’ by Trisha Greenhalgh is a practical book about evidence-based medicine. It is easy to read, well-balanced and full of examples. The book helps the reader to comprehend and critique scientific papers. It is a very useful resource especially for people new to research.

Researcher in Profile



Ms Carla Sunner

Carla has worked in many different Australian LHDs and roles, she has nursed in the UK and on a Kibbutz in Israel. Her experiences, cultures and travels have inspired her nursing and the research path that she is on today.

Carla completed her Masters in Advanced Practice (Aged Care Speciality) in 2014. Her motivation to help vulnerable older people grew whilst working as an Aged Care Services in Emergency Team (ASET) nurse in the Emergency Department (ED) at John Hunter Hospital. The ACE service is a Residential Aged Care Facility (RACF) /ED outreach model of care for acutely unwell RACF residents which has shown to improve decision making regarding hospital transfers to ED. Carla became interested in Belmont Hospital’s pilot study using the Visual Telehealth Consultation (VTC) to enhance the ACE service further.

In August 2019 Carla and the Nursing and Midwifery Research Centre team were successful in receiving a Translational Research

Grant Scheme (TRGS) grant to undertake a project to evaluate whether the VTC further reduces RACF transfers to ED from the ACE model of care.

Carla has commenced in her researcher role as a clinical lead and project coordinator for this project titled; “Partnerships in Aged-Care Emergency services using Interactive Telehealth (PACE-IT) incorporating telehealth visual assessment, information sharing and decision making for people living in residential aged-care facilities (RACF)”.

The TRGS grant has given Carla an opportunity to immerse herself in research and she looks forward to contributing a body of work in this area by undertaking her PhD.

Carla believes that having access to good education and understanding the science behind good health choices is a good investment for future Australians.

Carla enjoys traveling, hiking and cooking for friends. She would love to live on a farm and have lots of animals but is content to have a dog, goldfish and two guinea pigs.

Contact Researcher

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Research Project in Profile

Efficacy of Normalisation of Advance Care Planning (ACP) for People with Chronic Diseases in acute and community settings: A non-randomised quasi-experimental study underpinned by Normalisation Process Theory (NACP Project)

Advance care planning (ACP) is a process that involves a person thinking about what medical care they would like should they become seriously ill and cannot communicate decisions about treatment for themselves. The literature indicates that ACP leads to increased satisfaction for both patients and healthcare professionals. Despite the well-known benefits of ACP, it is still underutilised in Australia and worldwide.

The **aim** of this study was to investigate the effects of normalising ACP for people with chronic diseases in acute and community settings with the use of specially trained registered nurses (RNs) as normalisation agents.

Methods: The study employed a quasi-experimental design, involving 16 sites (8 intervention and 8 control) in two LHDs. The intervention, a nurse-led ACP service, was offered as part of normal/routine service to patients who were admitted to participating intervention care settings. Primary outcome (evidence of ACP and/or Advance Care Directives (ACDs)) was measured through medical audits before and during the 6-month intervention period.

Results: Out of 524 newly admitted patients to participating HNE hospital settings, 21% (n=110) of patients had an initial conversation with the RN ACP facilitator and four patients completed ACDs. Reasons for why the first conversation did not occur (n=414, 79%) include; client had impaired cognitive capacity (23%), away at scan (23%), transferred or discharged (33%), asleep (8%), visitors or medical rounds (8%), and too ill to be interested (5%). In community settings, 67% (n=55) of clients had an initial conversation and 26 (47%) clients completed

ACDs. Each patient who completed an ACD had an average of 3 conversations. Each conversation took at least 1 hour and up to 2 hours. Each completed ACD took 5-8 hours of the RN ACP facilitator's time over 2-4 weeks.

Conclusions: Preliminary findings of the study indicate that the RN-led normalised ACP service in community is an effective way to promote ACP. The findings provide clinicians, researchers and policy makers with a feasible new service model and best practice guidelines to improve uptake of ACP and quality of care for people with chronic disease.

Implications for clinical practice

While inpatient care environments have responsibilities related to ACP, there is reasonable doubt that they are the optimal context in which to expect high level generation of ACDs. Community care settings however have advantages that indicate greater potential to deliver positive outcomes with normalised ACP service. Further discussion is warranted on what the roles will be for healthcare professionals in hospital settings, and what support services should be available to ensure concordance of care documented in ACDs.

This project was partnered with Hunter New England LHD, Central Cost LHD and The University of Newcastle and was funded by a NSW Health Translation Research Grant in 2017-2019.

For further information a publication is available:

[Jeong, S., Barrett, T., Ohr, S., Cleasby, P., David, M., Chan, S., Fairlamb, H., Davey, R. & Saul, P. Study protocol to investigate the efficacy of normalisation of Advance Care Planning \(ACP\) for people with chronic diseases in acute and community settings: A quasi-experimental design. *BMC Health Services Research*, 2019;19; 286](#)



Best wishes for a Merry Christmas
And
Happy New Year

From the Team at the
HNE Nursing & Midwifery Research Centre

Gate Cottage, James Fletcher Campus
72 Watt Street, Newcastle



Congratulations



Ms Rachael Summers

Rachael Summers, Nurse Practitioner Aged Care, Armidale Community Health and Tablelands Sector has been awarded a Judith Meppem Scholarship through the NSW Ministry of Health.

Her study is to determine the barriers to Indigenous patients seeking help for cognitive decline, despite the vastly increased risks of dementia development within this population.

This study will explore if “not seeking help” for dementia is common within an Indigenous population (Australian Aboriginals, the New Zealand Maori, and American Native Indian (Inuit population)). At the end of her study, she hopes to identify what models of care and health care delivery methods are effective in overcoming these barriers.

Her scholarship will enable her to visit the Royal Darwin Hospital, Australia, the Waitakere Hospital, New Zealand and The University of Alaska, USA in March 2020.

For information about Judith Meppem Scholarships go to:

<https://www.health.nsw.gov.au/nursing/scholarship/Pages/default.aspx>