



**2018 Northern BC Research and
Quality Conference**
Engaging Partners in Healthcare Improvement
November 6-8, 2018
Civic Centre, Prince George, BC

SUBMISSION FORM

I would like to do a: Storyboard/Poster

Oral Presentation

Type of Project: Research

Quality Improvement or Evaluation

First Name: _____ Last Name: _____

Position Title: _____

Organization: _____

Email: _____

Phone: _____

Please check if applicable:

- I would like my submission to be considered for the student poster prize.
- I acknowledge that if this abstract is accepted, I am responsible for registering and attending the conference.

Deadline for submission: September 16, 2018

Presentation/Abstract Instructions:

1. Prepare your submission in Microsoft Word and include the title, presenting author(s), objective/aim, methods, results achieved and/or progress of project, conclusions and lessons learned. Please identify how patient and/or community partners were involved. A sample abstract is provided below. Submissions must be a maximum of 300 words not including title or names.
2. Please clearly indicate on submission form the name of the presenting author, who will be considered the contact person for all correspondence connected with this abstract.
3. Click the submit button on the top right corner once complete or save the submission form and email to idc@northernhealth.ca.



****Note:** The content of the abstract is solely the responsibility of the author. The original abstract will be reprinted exactly as provided. It is therefore essential that the abstract is correctly typed. Please avoid errors and misspellings. The abstracts submitted will be included in the on-line conference material or conference proceedings.

Sample Abstracts:

Sample Research Abstract

Title: Nutrition Care Process Terminology in Northern Health: Dietitian use, knowledge, attitudes, and learning needs

Authors: E Branco, BSc., NM1, A Gillespie¹, C Hopson, BSc., RD, CNSC², and L Van der Meer, BSc., RD³

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Objective: To determine the status of Nutrition Care Process Terminology (NCPT) implementation in hospitals and long-term care (LTC) facilities in Northern Health (NH), and to identify knowledge, attitudes, and education needs around NCPT for registered dietitians (RD) in NH

Methods: An electronic cross-sectional survey adapted from an existing Dietitians of Canada survey was distributed to all RDs employed at NH hospitals and LTC facilities in clinical roles using FluidSurveys™. Descriptive statistics (frequencies) were generated using SPSS®.

Results: The majority (67%) of RDs are using NCPT language in any capacity in documentation. The majority of RDs (73%) have implemented nutrition diagnosis language, 47% have implemented nutrition assessment language, 27% have implemented nutrition intervention language and 20% have implemented nutrition monitoring and evaluation language.

Conclusion: NCPT use is important for documentation and communication of RD practice. While nutrition diagnosis language is used most frequently by NH RDs, opportunities exist to further implement NCPT language. The results of this study can help inform additional training needs around NCPT use to help support NH RDs.

Sample Quality Improvement Abstract

Title: UHNBC Capacity Response Guidelines

Authors: Julie Dhaliwal

Aim: To develop a plan of action to proactively respond to fluctuations in Capacity at UHNBC in a standardized *manner*.

Methods: Matching capacity phases to capacity demands. Testing processes to inform community, acute and leadership of capacity changes. Mapping out roles and responsibilities for various roles in both acute and community to manage capacity. Development of tools to track data for tracking, trending and reporting

Results: Evaluation Survey:

1. How effective are the Capacity Response Guidelines in supporting the management of acute care bed capacity?
 2. Do the guidelines outline clear process, roles, responsibilities and accountabilities?
 3. How are the related tools working with the guidelines to support capacity management (e.g. email and text alerts?)
- Continuous Quality Improvement through weekly key learnings during implementation phase and using key learnings to guide immediate change and longer term considerations.

Right patient, right bed, right facility.

Staff, Physicians and leaders will have increased understanding of their role in managing capacity fluctuations

UHNBC has been tracking capacity phases since Sept 2016 so the future goal will be to decrease the number of times per year we are in Capacity response phase 3

Lessons Learned: Dedicated leadership to focus the work

Physician, frontline and unit leaders to contribute at the beginning of the work

Frontline leaders supported to help lead the work

Come alongside and apply lived experiences to the rich learning

Testing it out and using key learnings on a weekly basis to inform change and enable quick wins for immediate improvement

Develop the business aspect of how this will be sustained

Going electronic for the bed meeting was easier than some expected

Staff learned more quickly how to use the electronic system

Do with your team

PLEASE PASTE ABSTRACT/SUBMISSION BELOW: