

# 2021 Northern BC Research and Quality Conference Learning from Adversity: Pathways to Success

## **Abstract Submission Form**

December 7-9, 2021 Virtual Conference

Pathway (sub-them	1e):				
Select all that apply.					
	Innovations	Health and Wellness			
	Equity	☐ Cultural Safety			
1 <sup>st</sup> Choice:	Sustainable Systems				
	to accommodate presenter's fi	rst choice of format; we may need to make			
	on the number of submissions.	st choice of format, we may need to make			
,					
Presentation Type:	☐ Storyboard/Poster	☐ Oral Presentation (20 minutes)			
	Workshop	☐ Rapid Fire (3 minutes)			
and at					
2 <sup>nd</sup> Choice:					
Presentation Type:	Storyboard/Poster	Oral Presentation (20 minutes)			
r resemation rype.	Workshop	Rapid Fire (3 minutes)			
	_ '				
Type of Project:	☐ Research ☐ Quality I	mprovement			
	_				
Presenter Informat	_				
Please indicate if the	ere is more than one presenter	∐ Yes			
First Name:		Last Name:			
Position Title:					
Organization:					
Email:					
DI					
Phone:					





address including postal code of each	
presenter:	
Please check if ap	oplicable:
	y submission considered for the student poster prize. y submission considered for the Person and Family Engagement Exemplar poster
Identify three key the program/service, p	neme words to describe your project/workshop (i.e. method, intervention or opulation etc.)

## Deadline for submission: Friday, August 20, 2021

#### Presentation/Abstract Instructions:

- 1. Prepare your submission in Microsoft Word and include the title, all author(s) with presenting authors underlined, objective/aim, methods (please include if/how persons, families, and/or community partners were engaged), results achieved and/or progress of project, conclusions and lessons learned. Please include 3-5 key theme words to describe your initiative. 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 is 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 research@northernhealth.ca.
- 4. Please note that if this abstract is accepted, you are responsible for registering and attending the conference.

<sup>\*\*</sup>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

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

- 1 UBC Dietetics Program
- 2 Northern Health Authority, Clinical Nutrition, Prince George
- 3 BC Cancer Agency, Oncology Nutrition, Prince George

**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 FluidSurveysTM. Descriptive statistics (frequencies) were generated using SPSS®.

**Person/Family//Community Partner Engagement**: Patient partners were engaged in identifying the research question and provided input on survey design.

**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.

**Keywords**: Nutrition, Regional Dietitian

## **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

**Person/Family/Community Partner Involvement**: Patient partners were engaged in developing a quality improvement plan for capacity response guidelines and provided input on survey design.

**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

Key Words: Acute care, community care, survey method, capacity response guidelines

### **Workshop Instructions:**

- 1. Prepare your submission in Microsoft Word and include the title, all presenters, aim, description, learning outcomes, pathway, the minimum and maximum participants, length, audience, location, format, and requirements. Please include 3-5 key theme words to describe your workshop. A sample 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 presenter, who is considered the contact person for all correspondence connected with this workshop.
- 3. Click the submit button on the top right corner once complete or save the submission form and email to <a href="mailto:research@northernhealth.ca">research@northernhealth.ca</a>.
- 4. Please note that if this abstract is accepted, you are responsible for registering and attending the conference.

#### **Title: Introduction to Quality Improvement**

#### Presenters:

**Aim**: To introduce concepts and tools from Lean and Model for Improvement that focus on systems thinking, adding value to services and embracing change.

**Description:** In this full day workshop participants will be introduced to quality in health care, and the concepts of lean and model for improvement. Participants will gain hand on experience using Lean and Model for Improvement tools.

### **Learning Objectives:**

By the end of the workshop, participants will be able to:

- -Explain what quality is in health care.
- -Define the foundations of quality improvement.
- -Apply Lean and Model for Improvement tools into their day-to-day practice.

Pathway: Sustainable systems

Minimum participants: 15, Maximum: 50

Length: 7 hours

Audience: Anyone welcome

Location/Format: In-person, Smithers, or Virtual, Zoom

**Requirements:** Large meeting room with access to internet, screen and projector, or Zoom with breakout rooms.

Key Words: Quality Improvement, Innovation, Lean, Model for Improvement, Continuous Quality Improvement, Waste

<sup>\*\*</sup>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.

 stract/Submis	 		