

Presentation Abstract

Title: Exploring pharmacists' care of people at risk of suicide

Presenter: Randa Ataya

Affiliation: Dalhousie University, College of Pharmacy

Abstract:

Suicide is a significant cause of premature death and the second leading cause of death among 15-29 year olds. Pharmacists are accessible health care professionals who encounter people at risk of suicide in the community pharmacy context. Little is known about pharmacists' experiences and attitudes around caring for people at risk of suicide based on existing literature.

We are conducting a study using survey methods to evaluate the knowledge, attitudes and experiences of community pharmacists in Australia and Canada regarding their care of people at risk of suicide. We will report on our survey methods that aims to: (1) characterize the experiences of community pharmacists that have been involved in the care of patients at risk of suicide; (2) measure the attitudes and stigma of community pharmacists towards suicidality and suicide; (3) determine the factors that affect the attitudes and stigmas of community pharmacists towards individuals at risk of suicide (e.g. demographic information as well as work and personal experiences); (4) compare and contrast Canadian and Australian community pharmacists' attitudes, stigmas and experiences regarding individuals at risk of suicide.

Relevance to PHC in NS: The results of this study can help to inform the development of targeted interventions for community pharmacists to optimize the care for individuals at risk of suicide. Pharmacists are accessible health care professionals working in rural and urban locations across Nova Scotia who can potentially facilitate improving access to mental health services through engaging in triage-like activities for suicide risk assessment and management.

Presentation Abstract

Title: Paramedics Providing Palliative Care at Home in Nova Scotia & PEI, Canada

Presenter: Dr. Alix Carter

Affiliation: EHS Nova Scotia & Division of EMS Dalhousie University Department of Emergency Medicine

Authors: Alix Carter, Marianne Arab, Michelle Harrison, James Sullivan, Mireille Lecours

Abstract:

Background: Paramedics are often seen as providers of life-saving interventions and palliative care focuses on comfort/symptom relief when faced with a life-limiting illness. Seemingly the two worlds have not much in common; paramedics often respond to palliative symptom crises, which typically result in transport to hospital.

Method: The new 'Paramedics Providing Palliative Care at Home Program' in Nova Scotia and PEI enhances paramedic care for palliative care patients. The program includes an innovative palliative clinical practice guideline, education, and database which provides the opportunity for comfort or selective care instead of a resuscitation-focused encounter. Paramedics can now provide relief of common symptoms (e.g., nausea, breathlessness, pain, agitation, etc.) without transport to the hospital. Primary care providers can enroll patients in the database to enhance access to the supports provided by paramedics under this program.

Results: Over 300 palliative care patients have been registered in the enhanced database to date. Health care providers report the 24/7 support of paramedics is a safety net for patients in the community and increases patient confidence in choosing to remain home.

Conclusion: This program demonstrates that palliative support can be effectively integrated into paramedic practice and result in acute palliative crises being managed at home.

Relevance to PHC in NS: As noted in the NS Provincial Palliative Care Strategy, primary care providers play a significant role in supporting palliative care patients across communities in NS. When paramedics support palliative patients to remain at home, this enables patients to stay in their community which can facilitate improved continuity of care (rather than entering into the acute health care system). Primary care providers can enroll patients in the database to enhance access to the supports provided by paramedics under this program.

Presentation Abstract

Title: A Study of Informal Learning in a Community-Based Health Education Program: The Transformative Experience of One Multi-Disciplinary Health Care Team

Presenter: Maureen Coady

Affiliation: Department of Adult Education, Saint Francis Xavier University

Abstract:

This paper examines the informal learning of a multi-disciplinary health care team as facilitators of a 12-week community-based cardiac education/ rehabilitation program over 3 years. Significant learning and unlearning is apparent as the team re-oriented/transformed their outlook in professional practice, negotiated working collaboratively and facilitating group learning in diverse community settings. The study reveals transformative learning associated with dialogue and critical reflection that helped the team learn navigate the areas where health and learning overlap, and to learn informally and continuously in and from their practice.

Relevance to PHC in NS: The study reinforces informal learning and reflection as highly compatible processes that support professional learning and the development of adaptive capacities, which can enable health professionals to respond to new professional practice demands. The study reinforces learning in professional practice as a process which occurs along a continuum of not only formal but also non-formal and informal learning and mentoring support. Supporting sustainable practice change is a longer term process requiring a significant investment of time and financial resources.

Presentation Abstract

Title: Low back pain in the emergency department from a primary care lens

Presenter: Jill Hayden

Affiliation: Dept. of Community Health & Epidemiology, Dalhousie

Co-Authors: Jill Hayden¹, Jordan Edwards¹, Matthew Nunn², Andrea Smith¹, Rachel Ogilvie¹, Alex Stathakis², Kirk Magee³

1. Department of Community Health & Epidemiology, Dalhousie; 2. Dalhousie Medical School; 3. Department of Emergency Medicine, Charles V. Keating Emergency & Trauma Centre, Halifax, Nova Scotia

Abstract:

Across Canada and the world, low back pain is a leading cause of disability, resulting in enormous direct medical and lost productivity costs. In Nova Scotia, it is the most common condition reported by 20 to 44 year olds.

While low back pain patients typically present to primary healthcare settings, they also seek care at the emergency department (ED). We present the preliminary results of three interconnected studies and describe the care-seeking behaviour, treatment expectations, and management of non-specific low back pain patients who have sought care at the QEII ED.

Our analysis of health records from 2009-2015 found an average of 2,150 visits/year for low back pain at the QEII ED—representing 3.2% of all visits—despite 94% of patients having record of a family doctor. Patient interviews indicated that long wait times for primary care appointments and patients' expectations of diagnostic testing not available in-office may influence patients to seek care from ED versus their primary care provider. Our chart review found that more than one-quarter (27%) of low back pain patients in the ED receive diagnostic imaging, suggesting management practices in the ED may diverge from primary care clinical practice guideline recommendations.

Relevance to PHC in NS: 1. Low back pain is typically seen in primary care, but is also commonly seen in other care settings including urgent care. 2. A better understanding of who, why, and what happens to low back pain patients seeking care from settings other than primary care can inform patient management and improve coordination of care in primary care.

Presentation Abstract

Title: Did you SBIR today? The development of an innovative approach to address substance use and mental health for pregnant women and new mothers

Presenter: Wanda McDonald

Affiliation: Mental Health & Addictions Nova Scotia Health Authority

Abstract:

A mental health and substance use screening, brief intervention and referral (SBIR) project took place between March 2015 to March 2016, in two primary care sites, targeting pregnant women and new mothers. The presentation will provide the background evidence for SBIR, the development and implementation of the SBIR approach, and the results of the developmental evaluation.

SBIR is an evidenced-based approach designed for prevention, early intervention, and treatment of identified problem behaviors. Primary care teams are well situated to engage in early identification of individuals with mental health and substance use issues, provide early interventions for patients with low to moderately severe mental health and substance use issues, as well as, refer patients with highly severe issues to specialized services. Since primary care providers often have established relationships with patients, they can continue to support patients—and their families—when issues of mental health and substance use are identified. Despite the evidence, use of SBIR in primary care settings remains low in Canada. Health experts and clinicians in Nova Scotia were interested in exploring how SBIR could be successfully supported in primary care settings, in particular, targeting pregnant women and new mothers. Primary care is viewed as an integral component of the health continuum addressing mental health and substance use.

Throughout the demonstration a project, a developmental evaluation approach enabled a constant feedback loop allowing ongoing adjustment and modification of tools and the approach to suit the setting. Immediately it was understood that it is a complex system and effective working relations, identified champions, consistent and regular communication, and first voice input were critical components of the project.

Relevance to PHC in NS: 1) Continue to increase knowledge regarding the evidence for Screening, Brief Intervention and Referral (SBIR) to address substance use and mental health for pregnant women and new mothers. 2) To provide an opportunity to discuss the use of SBIR in two collaborative, primary perinatal care settings.

Presentation Abstract

Title: Creation of a Children Health Profile in New Brunswick and Prince Edward Island and Development of the Capacity to Prevent Chronic Diseases from the Early Years of Life

Presenter: Baukje Miedema

Affiliation: Director of Research at the Dalhousie University Family Medicine Teaching Unit in Fredericton

Abstract: Previous research suggests that exposure to adverse environments early in life, including the prenatal period, is associated with later adult health outcomes such as obesity, diabetes, cardiovascular disease and mental health conditions. In Canada, the Maritime Provinces experience a higher prevalence of obesity and chronic diseases compared to other provinces.

The proposed project aims to identify and evaluate selected administrative datasets from New Brunswick (NB) and Prince Edward Island (PEI) to create two intra-provincial health profiles of 18-month-old children and likewise to establish the foundation for a birth cohort database in each province using existing datasets. The outcomes from this innovative research will yield important insights into children's health status and trajectory that can be used toward chronic disease prevention to reduce the needs for complex care later in life. The NB and PEI child health profiles and the future birth cohort databases will allow various stakeholders and knowledge users to monitor and report on child health over the long term, and to evaluate current practices and future health interventions to establish well-informed and effective primary prevention strategies.

This project has been funded by CIHR and the New Brunswick Health Research Foundation as part of the Quick Strike funding opportunity.

Relevance to PHC in NS: The birth cohort parameters, will also include Nova Scotia. This project is part of the NB and PEI SPOR Networks. This is an "upstream" project to eventually play a part in the reduction of chronic disease in the Maritimes.

Presentation Abstract

Title: MUMS: Mapping and Understanding Mothers' Social Networks

Presenter: Joelle Monaghan

Affiliation: School of Nursing, Dalhousie University

Co-authors: Aston, M., Price, S., Hunter, A., Etowa, J., Tomblin Murphy, G., Sim, M., Elliott Rose, A., Young, L., Hart, C., Lukeman, S & Wood, S.

Abstract:

Background: New mothers have often turned to families, friends and primary care providers for support and information postpartum; however, support systems have changed through the emergence of websites, blogs and social media channels. Health professionals have since identified a need to better understand how and where women seek support and information through social networks both online and offline and whether or not their needs are being met.

Purpose: To examine, understand and formally map how new mothers access support and information during the postpartum period across Nova Scotia on and offline.

Methods: Guided by the methodology of feminist poststructuralism (FPS), we draw from qualitative approaches and social network analysis to foreground the agency used by mothers in determining what postpartum issues are most important to them. We are currently collecting and analyzing data from focus groups, e-interviews (www.mumsns.ca), and freely accessible social media posts. Analyses through FPS and discourse analysis will identify emerging themes in qualitative data and data visualization software Tableau will map the data by region.

Significance: This mapping of mothers' social networks will produce an integrated understanding of how postpartum supports are socially and institutionally constructed and will provide direction for health care providers to maximize maternal-newborn outcomes through coordinated care.

Relevance to PHC in NS: This research is timely given the current restructuring of public health in Nova Scotia to include more targeted strategies for postpartum support and to explore different ways to work with community partners. Health professionals currently have limited understanding of how online and offline social networking practices impact (if at all) first time mothers' decisions to access traditional primary care services and supports, and to what degree the information and support would be considered safe and/or evidence-informed. The changing landscape of social networks and the shifting public policies, programs and services has provided a unique opportunity to explore how to best care for this generation of technologically savvy mothers in primary health care settings.

Presentation Abstract

Title: Clinician Self-Efficacy Pertaining to Initiating Discussions About Gestational Weight Gain

Presenter: Helena Piccinini

Affiliation: Dalhousie University Department of Family Medicine

Abstract:

Objective: To compare prenatal care providers' perceived self-efficacy in starting discussions about gestational weight gain with pregnant women under a variety of conditions of graduated difficulty, when weight gain has been in excess of extant guidelines.

Methods: Prenatal care providers were contacted through the College of Family Physicians of Canada. Participants completed an online questionnaire with 42 items relating to the known barriers and facilitators to having discussions about gestational weight gain. These items were clustered into categories representing patient factors, interpersonal factors, and system factors. Participants scored their self-efficacy on a scale from 0 ("cannot do at all") to 10 ("highly certain can do").

Results: Overall, clinicians rated their self-efficacy to be high, ranging from a low mean score of 5.29 if the clinic was running late, to a high mean score of 8.92 if the clinician could externalize the reason for undertaking the discussion. There were significant differences in self-efficacy scores within categories depending on the degree of difficulty proposed by the items in those categories.

Conclusion: The results were inconsistent with previous studies that demonstrated that prenatal care providers infrequently raise the subject of excess gestational weight gain. On the one hand providers rate their self-efficacy in having these discussions to be high, but on the other hand they don't undertake the behaviour, at least according to their patients. Future research should explore this discrepancy with a view to informing interventions to help providers and patients in their efforts to address excess gestational weight gain, an important contributor to the obesity epidemic.

Relevance to PHC in NS: Excess gestational weight gain is associated with significant adverse prenatal, intrapartum, and postpartum outcomes for mothers and their offspring.

Presentation Abstract

Title: Exploring transgender adults' perceptions of, and experiences with, primary and emergency care in Nova Scotia: Lessons learned for health care providers and policy makers

Presenter: Ella Vermeir

Affiliation: Dalhousie University, School of Health and Human Performance

Abstract:

Objectives: For the transgender population, healthcare services are not always utilized or utilized effectively due to perceived barriers. The objective of this study was to understand why this is, in order to help inform healthcare providers (HCPs) and policy makers regarding strategies to improve healthcare utilization for transgender adults.

Methods: One-on-one qualitative interviews were conducted with eight transgender adults. Framework analysis and the constant comparative method were used to help analyze the data and develop key themes.

Results: Upon analyzing the data, some suggestions for HCPs and policy makers were unveiled. Some participants were explicit with their recommendations, whereas other suggestions can be implied from the positive and negative experiences that individuals commented on. Participants suggested ways to improve the provider-client relationship (such as issues relating to knowledge, cultural competency, etc.) and remarked on ways that the physical and social environments could be improved (such as inclusive intake forms, displays of a "safe space" etc.)

Conclusions: This study clearly indicates that transgender clients often experience social exclusion which may affect their usage of healthcare services. There are numerous strategies within family physicians' scope of practice that can help to create relationships and environments that foster social inclusion for transgender clients.

Relevance to PHC in NS: The objective of this study is to understand how a specific Nova Scotian population (transgender adults) experiences or perceives primary and emergency care. Thus, this research is very relevant to the topic of primary health care in Nova Scotia.

Presentation Abstract

Title: How best to structure Interdisciplinary Primary Care Teams?

Presenter: Dominika Wranik

Affiliation: School of Public Administration Faculty of Management Dalhousie University Cross-appointed with Department of Community Health and Epidemiology Faculty of Medicine

Co-author: Ian Bower

Abstract:

Delivery of primary care in interdisciplinary teams is favoured by many. Decision makers across Canada need to know how best to structure financial and governance environments to support interdisciplinary primary care (IDPC) teams. We address this question using two approaches: (i) a qualitative study of Canadian approaches to funding, remuneration and governance, and (ii) a knowledge synthesis study of approaches used in Western publicly funded health systems. Using data from qualitative interviews with leaders of IDPC teams we propose a typology of funding and remuneration that highlights impacts of various approaches on collaboration. The typology is applied to the selection of studies to be included in the knowledge synthesis. The knowledge synthesis is ongoing. In this conference, we would like to present the qualitative study and its results, and present the protocol for the knowledge synthesis study.

Relevance to PHC in NS: Our qualitative study relies on data from three provinces: Nova Scotia, Manitoba, and Alberta. Interdisciplinary primary care teams are relied on in Nova Scotia for the delivery of primary care, making the province into an interesting case study. Decision makers from the NS Department of Health and Wellness are members of the research team.