**2023 Northern BC Research and Quality Conference**

**Abstract Submission Form**

*Looking to the Future: Health in the North*

November 7-9, 2023

Location: University of Northern BC (Prince George, BC) *Virtual option available*

**Pathway (sub-theme):**

Select all that apply.

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| --- | --- | --- | --- | --- |
|  | Workforce Recovery & Rebuilding |  |  | Innovative Healthcare, Technology & |
|  | Mental Health & Substance Use |  |  | Data Quality |
|  | Cultural Safety & Health Equity |  |  | Indigenous Health & Wellness |
|  | Health & Environment |  |  | Team-Based Primary Care |
|  | Healthcare Across the Lifespan |  |  | Co-Creating Healthcare for All |
|  |  |  |  | Accessibility to Healthcare |

**Presentation Type:**

*\*\*Note: We will strive to accommodate the presenter’s first choice; however, we may need to adjust based on the number of submissions. PLEASE ONLY CHOSE ONE*

**1st Choice:**

Storyboard/Poster  Oral Presentation (20 minutes)

Workshop  Rapid Fire (3 minutes)

**2nd Choice:**

Storyboard/Poster  Oral Presentation (20 minutes)

Workshop  Rapid Fire (3 minutes)

**Type of Project:**

Research  Quality Improvement  Evaluation

**Presenter Information:**

Please indicate if there is more than one presenter:  Yes  No

First Name:       Last Name:

Position Title:

Organization:

Email:

Phone:

Mailing Address(es):      

*(Physical mailing address, including postal code of each presenter)*

**Please check if applicable:**

I would like my submission considered for the student prize.

I would like my submission considered for the Person and Family Engagement Exemplar poster competition.

I would like to host my workshop virtually.

I would like my workshop to be offered with a virtual option (\**note, host is responsible for facilitating the virtual component*)

Identify three key theme words to describe your project/workshop (i.e. method, intervention or program/service, population, etc.)

       
  
**Deadline for submission:** July 18, 2023

**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 titles or names.
2. Please clearly indicate in submission form the name of the presenting author, who is considered the contact person for all correspondence connected with this abstract.
3. Save the submission form and email to [hri@unbc.ca](mailto:hri@unbc.ca).
4. Please note that if this abstract is accepted, you are responsible for registering and attending the conference.

***\*\*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:

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| **Sample Research Abstract**  **Title:** **Nutrition Care Process Terminology in Northern Health: Dietician use, knowledge, attitudes, and learning needs**  **Authors:** E Branco, BCs., 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 result of this study can help inform additional training needs around NCPT use to help support NH RDs.  **Keywords:** Nutrition, Regional Dietitian |

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| **Sample Quality Improvement Abstract**  **Title:** **UHNBC Capacity Response Guidelines**  **Authors:** Julie Dhaliwal  **Objective:** 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 Engagement:** 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 September 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   **Keywords:** Acute care, community care, survey method, capacity response guidelines |

Workshop Instructions:

1. Prepare your submission in Microsoft Word and include the title, all presenters, objective, 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 much be a maximum of 300 words not including title or names.
2. Please clearly indicate on the submission form the name of the presenter, who is considered the contact person for all correspondence connected with this workshop.
3. Once completed this form, please save the document, and email it to [hri@unbc.ca](mailto:hri@unbc.ca).
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| **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 to their day-to-day practice.   **Pathway:** Sustainable systems  **Minimum participants:** 15 **Maximum:** 50  **Length:** 7 hours  **Audience:** Anyone welcome  **Location/Format:** In-person, Smithers, of 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 |

**Abstract Type:**

**Please paste your abstract submission below:**

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