

ORAL ABSTRACTS

Nursing Research Symposium

Monday, 14 October, 2013

12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium, The Townsville Hospital

Diagnosis and Management of Obstructive Sleep Apnoea in Indigenous People in Central and Northern Australia

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Background / Aims: There is currently no literature regarding diagnosis and management of sleep-related breathing disorders, such as obstructive sleep apnoea (OSA), in Australian Aboriginal and Torres Strait Islander peoples. Anecdotal experience suggests sleep-related breathing disorders are under diagnosed and variably managed in Central and Northern Australia. This study aimed to investigate the nature, risk factors and outcomes of people with sleep-related breathing disorders, and to compare and contrast severity, risk factors and management in Indigenous and non-Indigenous Australian patients. **Methods:** A retrospective cohort study of 200 patients. Subjects were 50 consecutive Aboriginal and Torres Strait Islander patients and 50 consecutive non-Indigenous patients who attended a Northern Queensland and Central Australian sleep clinic and were diagnosed with a sleep disorder. Retrospective data collected from patients' medical records included demographics, co-morbidities, BMI, fatigue score, referral source, diagnosis and severity, and management details for 12 months following diagnosis. **Results:** Aboriginal Australians in Central Australia were 2.3 times less likely to have a sleep disorder diagnosed compared with non-Indigenous Australians and Indigenous patients in Northern Australia were 2.9 times less likely to have a sleep disorder diagnosed compared with non-Indigenous patients. Indigenous patients were also twice as likely not to attend follow-up appointments in the 12 months following their diagnostic study (38%, 95% CI 27-49 compared with 19%, 11-30, $p = 0.014$). **Conclusion:** sleep-related breathing disorders are a significant issue for regional and remote Aboriginal and Torres Strait Islander patients. Potential barriers and enablers to care in this setting will be discussed.

The Ideal of Family-Centred Care: What the Evidence Tells Us

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Background / Aims: Family-centred care is an ideal espoused widely in paediatrics. In family-centred care, when a child comes into hospital, care is planned around the whole family instead of restricting it to the individual child. This presentation explores the evidence about family-centred care for children in hospital. **Methods:** Three systematic reviews were undertaken and we summarise and present their findings. **Results:** The two reviews of quantitative studies (Cochrane and Johanna Briggs Institute) found only one quasi-experimental study for inclusion. That study provides insufficient evidence about the effectiveness of family-centred care within a hospital setting. A review of qualitative studies (Johanna Briggs Insti-

tute) included 14 studies which showed that family-centred care is poorly implemented around the world. **Conclusion:** Whilst family-centred care is regarded as the ideal, it remains difficult to articulate exactly what that means in practice. Further research is required to explore the complexities of implementing family-centred care.

Improving Chronic Condition Management for People Living with Mental Illness - An Evaluation of a Mental Health Collaborative

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Background / Aims: Townsville-Mackay Medicare Local (TMML) employs mental health nurses to work with GPs to support patients with mental health conditions. A new resource was developed to assist them in assessing physical and oral health problems in people living with mental illness (co-morbidities). Collaboratives are quality improvement programs for general practice teams to develop better systems for patient care. The collaborative process was identified as an appropriate way to disseminate the new mental health resource and improve GP management of co-morbidities. **Methods:** The collaborative program was delivered to four practices in Townsville over a six month period. Medical record extraction software was used to create a register of patients with co-morbidities for each practice. A maximum of 20 patients per practice were randomly selected and screened to exclude any at psychological risk from participation. SF12 and Patient Assessment of Chronic Illness Care surveys were done at baseline and repeated during the month following the collaborative. The practice team also completed an Organisational Skills Analysis Tool - Chronic Disease Care to measure the effectiveness of their care before and after the program. Clinical data were collected from medical records before and after to measure the impact of the collaborative. **Results:** Improvements were made in the proportion of diabetic patients with HbA1C measured, the proportion with HbA1C <7, and the rate of smoking amongst people with diabetes. The proportion of people reporting their health as fair or poor on the SF12 remained unchanged. **Conclusion:** The mental health collaborative resulted in some improvements in the health outcome measures of people with diabetes. The results of the complete evaluation will inform future quality improvement programs at TMML.

Nurses' Involvement in the Development of the Nuremberg Code for Research Ethics

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Background / Aims: The Nuremberg Code for Research Ethics was developed after the egregious crimes committed by health personnel in experiments in the concentration camps of Nazi Germany. While doctors' roles in these crimes have been widely studied, nurses have been ignored. However, they were equally culpable. This study aims to examine the role of nurses at Ravensbrück Concentration Camp. **Methods:** Using primary and secondary sources, including survivor testimonies, the mention of nurses and descriptions of their involvement were found. **Results:** Situated close to one of the main hospitals in Germany, Ravensbrück prisoners were used as subjects for medical experiments. They had no choice, and were killed if they refused; 74 women were used in experiments of surgical techniques such as bone and nerve transplants, and drugs, in particular sulphonamides. Five women were executed following the experiments, and five died. However, many lived and gave testimony at the Nuremberg Doctors Trials. As a direct result of the trials, the Nuremberg Code for Research Ethics was developed. Many more doctors than nurses were tried, but the experiments occurred in the camp hospital, where nurses constituted the major proportion of the workforce. **Conclusion:** This paper explains the experiments, how nurses were involved, and the subsequent development of