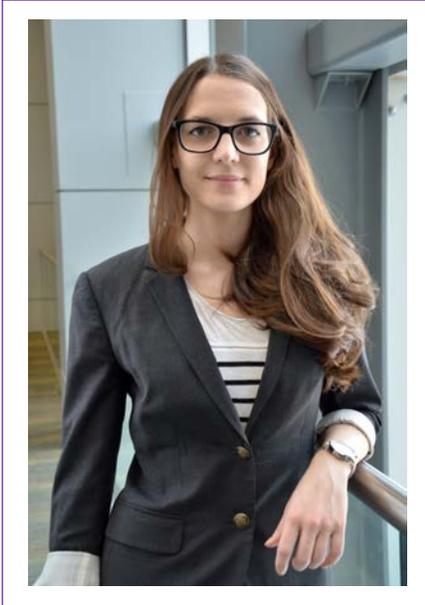


Chloe de Grood



Biography

Chloe de Grood graduated from a Bachelors of Science in Environmental Science from the University of Calgary in 2016. She was a summer student at W21C Research and Innovation Centre for three summers during her undergraduate degree and upon completion was hired as a research assistant at W21C Research and Innovation Centre.

Through her summer student and work experience in health research she has had the opportunity to develop a breadth of research skills and exposure to applied health services research including the use of mixed methodologies, stakeholder engagement and dissemination of findings. As a research assistant she contributed to the collection of qualitative interviews and qualitative analysis as part of a prospective observational cohort study across Canada. In this work she interacted with different stakeholder groups including patients and their family members as well as providers (nurses and physicians). This work gave her the opportunity to disseminate the findings in the preparation of abstracts and poster presentations at two conferences: American Thoracic Society and Canadian Frailty Network Annual National Conference, as well as a first-authored manuscript that is currently under peer review. Currently she is in her first year of a Masters of Science in Community Health Sciences at the University of Calgary under the supervision of Drs. Stelfox and Parsons Leigh.

Project Summary

Describing the current state of patient's and family member's role in the de-adoption of low-value clinical practices in Canadian ICU's

The translation of best evidence into practice is important, especially when evolving technologies change clinical practices and save lives. Despite this, translating evidence into clinical practice remains a major challenge for our healthcare system. The delay between the development of

scientific evidence and integration into clinical practice is significant (~17 years) and has important implications for patient care and outcomes.

Recent work has emphasized the removal of practices in healthcare (i.e. de-adoption) that are ineffective or of low-value, as their removal can prevent potential harm to patients and free resources for more effective therapies. Current evidence has shown that ineffective or low-value practices are common in medicine and that the development of new evidence that supports the removal of these practices does not always catalyze change. In order to address this issue there is a need to find effective ways to implement and sustain the removal of ineffective practices to improve the quality of healthcare.

Intensive care units look after severely ill patients and are being used at increasing rates as the population ages and severity of patient illness increases. Developing patient and family-centered care approaches, tools, and empowerment for the families (i.e., immediate family, relatives, friends, etc.) of critically ill patients who are frequently unable to participate in their own care is important for improving the experiences and outcomes of care for both patients and families.

This study will describe the current state and appropriateness of patient and family member involvement in decision making around the removal of ineffective and low-value clinical practices in intensive care. This work is a fundamental step in the development of patient and family centered care and knowledge translation as it will build a foundation to test patients and families as drivers for getting best evidence into practice.