

# Links

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The Newsletter of the **Canadian Health Services Research Foundation**

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## Bridging the research- knowledge gap

If two heads are better than one, imagine the possibilities when both heads are knowledge brokers passionate about simplifying the mechanism for solving research questions.

Such is the case for Lori Wagar of the Vancouver Island Health Authority and Joaquin Trapero of the University of Victoria.

Ms. Wagar, in her capacity-building role for the health authority, noticed that a lack of time or skills was preventing decision makers and practitioners in her organization from either creating new or using available research knowledge.

As co-ordinator of knowledge mobilization for the university, Mr. Trapero was interested in connecting university researchers with the community so that knowledge would have a greater societal impact.

The pair met in 2006 at the 8<sup>th</sup> Canadian Health Services Research Foundation annual workshop, discussed their mandates and exchanged contact information.

Together they designed an infrastructure through which they could advance health-related research projects by leveraging their intimate knowledge of their respective organizations.

They got a chance to test their Research Help Desk idea when Ms. Wagar received an e-mail from a colleague looking for information on interdisciplinary patient charting models for youth mental health.

When nothing turned up after a brief literature search, Ms. Wagar contacted Mr. Trapero. As a key knowledge broker for the University of Victoria, he was able to find two health information science researchers at the university with specific expertise in charting.

Over three months they worked to connect the university experts with Ms. Wagar's colleague, Debbie Pearce, to refine the research question and form a collaborative project team to develop a more effective charting system.

*Continues on page 2*

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Canadian Health Services Research **Foundation**  
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“Without the Research Help Desk, the child, youth and family mental health services program would not have had the resources or expertise to undertake the first phase of the project, nor the opportunity to work with experts in health informatics to undertake an expanded research project that utilizes knowledge translation strategies to improve clinical practice and, ultimately, client care,” says Ms. Pearce.

Capitalizing on the success of the initial pilot project, the help desk has another seven research projects in the works and is anticipating increased traffic as word spreads about this unique research service.

“The Research Help Desk is a simple, innovative approach to using research to provide answers to the health authority’s concerns, while increasing the research capacity of the staff involved,” says Ms. Wagar. “It works by filtering research questions, bringing together key experts to answer the questions, and helping to integrate knowledge in decision-making and care-delivery structures.”

The critical filtering step involves working with the practitioner or decision maker at the health authority to refine the research question and identify specific goals. “Often with inexperienced researchers the question is too broad, so I assist them in focusing the question,” explains Ms. Wagar.

“At this stage it’s also important to decide what level of support the question requires, whether it’s something a graduate student could handle through a literature review, or whether it would be best addressed via a new applied research project,” she says.

As the sole staff members of the Research Help Desk, Mr. Trapero and Ms. Wagar use their expertise in applied research methodology to serve as the portals to the Vancouver Island Health Authority and the University

of Victoria. The content knowledge is supplied by graduate students, researchers and practitioners selected on a project-by-project basis according to their expertise.

“The Research Help Desk is an eminently practical mechanism that results in real solutions,” says Mr. Trapero. “The key is having a knowledge broker as the portal to both organizations, so we can facilitate the research process by bridging the gap between questions and expert teams.”

Beginning in September 2007, a graduate course at the university will provide supervised opportunities for students to work on applied health research projects brought forward by the health authority and filtered through the help desk. Graduate students will assist with smaller research projects evaluating programs and synthesizing the literature.

The British Columbia Ministry of Health and the Public & Population Health Observatory at the health authority have also joined the Research Help Desk initiative. The desk will serve as a table for a variety of questions that may be of interest to the ministry from a health policy perspective or the observatory’s focus on community health issues.

The initiative has worked so well there is hope the concept will be expanded across the province to other health authorities.

The Research Help Desk is jointly funded by the Michael Smith Foundation for Health Research, the Social Sciences and Humanities Research Council and the Canadian Institutes of Health Research.

For more information please contact Joaquin Trapero at [kts@uvic.ca](mailto:kts@uvic.ca).



The Newsletter of the  
Canadian Health Services Research Foundation

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*The Foundation’s mission is to support evidence-informed decision-making in the organization, management, and delivery of health services through funding research, building capacity, and transferring knowledge.*

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# Learning to evaluate evidence

Decision makers are constantly being told to use research evidence. But many of them haven't been trained to evaluate it, leaving them at risk of using poor-quality research to inform their decisions.

This is why the Public Health Resource Unit in Britain's National Health Service (NHS) developed the Critical Appraisal Skills Programme. This program, which started in 1993, offers workshops and tools to help decision makers develop the skills to find and make sense of research evidence, making it easier for them to put knowledge into practice.

One set of tools offered by the program is a series of seven questionnaires that decision makers can use to evaluate

individual pieces of research. Each questionnaire looks at a different type of research:

- a systematic review;
- a case-control study;
- a cohort study;
- a diagnostic test;
- an economic evaluation;
- qualitative research; or
- a randomized controlled trial.

Each tool consists of 10 to 12 questions to help decision makers determine if the study is valid and if the results could be applied to their specific context. Each questionnaire begins with two screening questions that decision makers can answer quickly to determine if it is worth finishing

the appraisal for a particular piece of research. The rest of the questions ask decision makers to look at the research in more depth.

The tools also remind decision makers that a single piece of research, no matter how well done, should not drive a policy change. Bodies of evidence, such as systematic reviews and syntheses, are able to provide far more context.

The questionnaires are available in the Foundation's tools inventory at [www.chsrf.ca/tools](http://www.chsrf.ca/tools).

For more information on the Critical Appraisal Skills Programme, please visit [www.phru.nhs.uk/Pages/PHD/CASP.htm](http://www.phru.nhs.uk/Pages/PHD/CASP.htm).

## ABOUT US

# Action in creating healthy healthcare workplaces

In April 2007, the Quality Worklife — Quality Healthcare Collaborative released its action strategy to ensure healthcare workplaces are healthy environments for the staff and patients working and being treated in them. *Within Our Grasp* describes the challenges facing healthcare workplaces and the collaborative's recommendations for how organizations can meet them.

A key component of the action strategy report is the "Healthy Healthcare Leadership Charter." The collaborative is asking senior decision makers in all healthcare organizations in the country to sign the charter, committing themselves to making quality worklife a priority and implementing the recommended change strategies.

### Foundation leadership

As one of the key partners, the Foundation is now taking the lead for the collaborative on building capacity to share knowledge and experiences among healthcare organizations. Among other initiatives, the Foundation will:

- co-ordinate activities of the knowledge exchange working group;
- guide the development of a web site;
- help initiate the creation of a database of leading and promising practices in the area of healthy workplaces; and
- support communities of practice by bringing people together, beginning with a national summit in February 2008.

### Special focus on northern Aboriginal workplaces

This spring, the Foundation and its partners completed the triennial *Listening for Direction* consultations, including three workshops in northern Canada. Northern Aboriginal communities face different issues regarding healthy workplaces than do urban communities. The Foundation and the collaborative plan to tackle these issues by devoting a section of the new web site to Aboriginal healthy workplaces and developing a community of practice to focus on these issues, among other possible activities.

For more information on the Foundation's work with the Quality Worklife — Quality Healthcare Collaborative, please contact Mylène Dault at [mylene.dault@chsrf.ca](mailto:mylene.dault@chsrf.ca).

# Executive Leadership Profile

*In 2004, the Foundation launched the Executive Training for Research Application (EXTRA) program to develop capacity and leadership skills to optimize the use of research evidence in managing Canadian healthcare organizations. Senior nurse, physician and health service executives spend two years learning how research evidence can improve their decision-making and working on an intervention project to apply their new skills to their organizations. The EXTRA program was set up with a grant from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.*

**Linda Sawchenko, Regional Practice Leader, Interior Health, British Columbia**

*“An Evidence-Informed Approach to the Introduction of Nurse Practitioners in British Columbia’s Interior Health Authority”*

Linda Sawchenko doesn’t believe in knee-jerk reactions to a situation. She likes to ask questions, gather evidence and figure out what works and what doesn’t. That’s why the Executive Training for Research Application (EXTRA) program’s evidence-informed approach appealed to her and has helped her introduce nurse practitioners to British Columbia’s interior.

Ms. Sawchenko had been thinking about continuing her studies when a notice about EXTRA caught her eye. She knew it would satisfy her desire to learn and help her link research to her daily work. “I saw the need for getting good, strong evidence at the decision-making table,” she explains. “EXTRA focused on that.”

The issue on Ms. Sawchenko’s table was how B.C.’s Interior Health Authority could integrate nurse practitioners in a region of more than 700,000 residents, covering 200,000 square kilometres. Nurse practitioners were being trained in B.C. and, in 2005, the B.C. government passed legislation introducing them to the healthcare system. Interior Health wanted to ensure that the integration was successful. That goal became Ms. Sawchenko’s intervention project, a component of EXTRA that lets participants apply what they have learned in their own organizations.

One of the major challenges to integrating nurse practitioners is the awareness and acceptance of their roles by both the public and physicians. Research shows

that the key to integrating nurse practitioners is to clarify their role, not only for the public and other healthcare professionals, but also for the practitioners themselves. And one of the best tools for doing this is a framework known as PEPPA, which stands for Participatory, Evidence-Based Process for Advanced Practice Nursing Role Development, Implementation, and Evaluation (developed by Denise Bryant-Lukosius in 2003).

Ms. Sawchenko and her colleagues put PEPPA to work as they met with the organizations interested in hiring nurse practitioners. The framework helped the organizations examine their needs and the role of nurse practitioners to ensure a perfect fit.

As for physicians, the framework helped them understand what nurse practitioners do and how they can work together. Ms. Sawchenko highlights one physician who had reservations about the new professionals. After working together for two months, the physician, who was planning to move from the area, asked the nurse practitioner to take over his patients.

So far, 10 nurse practitioners have been hired to work with physicians in primary healthcare. Interior Health aims to double that number. Ms. Sawchenko says the next step is further research, including research on the impact of having salaried nurse practitioners working collaboratively with fee-for-service physicians.

Another success factor in integrating nurse practitioners, some of whom work in remote areas, is to create a community of practice to help them feel connected and supported. Ms. Sawchenko launched such a group as part of her EXTRA project. She proudly reports that the nurse practitioners learned so much from each other that they recently hosted a provincial conference to share those benefits with colleagues.

Through EXTRA, Ms. Sawchenko has also connected with people from other disciplines and with researchers across the country. “The synergy was amazing,” she explains. “You often read articles and hesitate to contact the author. EXTRA encouraged us to connect with researchers. They’re delighted that their research is part of another project.”

Thomas Fulton, professional practice leader and chief nursing officer at Interior Health, agrees on the power of integrating



Linda Sawchenko

research evidence. “The consistent connection between practice, operations and evidence has been one of the pillars of success.”

Ms. Sawchenko’s groundwork is paying off. The B.C. Ministry of Health recently presented an award for innovation in healthcare delivery to an Interior Health community: the Enderby Community Health Centre was recognized for physician/nurse practitioner collaborative practice.

“We are recognized as leading the province in the introduction and integration of nurse practitioners in primary care,” says Ms. Sawchenko. “The EXTRA program has had a significant impact on implementation.”

During her EXTRA project, Ms. Sawchenko discovered the Ontario Health Insider survey, which measures levels of public awareness and acceptance. The same survey was conducted at the start of her project, in partnership with B.C. Stats. It showed that slightly fewer than 50 percent of respondents in the Interior Health region were aware of nurse practitioners, but more than 70 percent would be willing to see one for minor illnesses. Data collected one year later showed that, while awareness was still low, acceptance levels were growing. Interior Health is working to increase awareness through brochures and displays at public meetings

Ms. Sawchenko continues to build the nurse practitioner program and hire professionals. She says the impact of EXTRA will be ongoing. “It’s not a two-year program; it’s a lifelong program. The effects will continue throughout my career.”

For more information, please contact Linda Sawchenko at [linda.sawchenko@interiorhealth.ca](mailto:linda.sawchenko@interiorhealth.ca).

## Spreading *Promising Practices* across the country and around the world

In a healthcare system notorious for its silos, the Foundation's *Promising Practices* initiative is helping decision makers break down walls and spread their innovations across the country.

### **Expanded summary series**

Decision makers who are hoping to learn about what other organizations have tried can turn to *Promising Practices in Research Use*, the Foundation's series of case studies profiling individual organizations that have taken the plunge into evidence-informed decision-making. The series is now being published monthly at [www.chsrf.ca/promising](http://www.chsrf.ca/promising).

### **Already having an impact**

*Promising Practices* profiles have already made a difference to organizations in Canada and around the world. To give just two examples:

1. After being profiled in *Promising Practices*, Patricia Martens, director of the Manitoba Centre for Health Policy at the University of Manitoba and director of The Need to Know Team, was invited to give a knowledge transfer workshop in Halifax. This was sponsored by the Foundation, Dalhousie University's department of community health and epidemiology, and the Nova Scotia Health Research Foundation. Dr. Martens, the team's evaluator Sarah Bowen, and team members from Manitoba's regional health authorities and the Department of Health described The Need to Know project to decision makers and researchers from across Nova Scotia. They shared their experiences in Manitoba and gave the Nova Scotia participants the chance to see how

the team's research contributes to regional planning and to ask questions about adapting the program to a Maritime context.

Read "How Manitoba regional health authorities support the use of research-based evidence in planning" at [www.chsrf.ca/promising](http://www.chsrf.ca/promising).

2. Marcia Carr, clinical nurse specialist at Burnaby Hospital in British Columbia, has run numerous education programs on the Geriatric Emergency Network Initiative. As a result of the case study published by the Foundation, people from across Canada and as far away as Texas and Dublin, Ireland, have contacted Ms. Carr and participated in her workshops. "We continue to network and share!" says Ms. Carr.

Read "How a B.C. hospital uses research evidence to improve care for elderly patients" at [www.chsrf.ca/promising](http://www.chsrf.ca/promising).

### **Grants, grants, grants**

Decision makers who have already been featured in *Promising Practices* may be able to receive funding from the Foundation to develop exchanges that bring together decision makers from across the country, with the intention of sharing promising practices among peers. By meeting with people from similar organizations in other jurisdictions and sharing lessons learned and challenges overcome, decision makers can ensure their good ideas can be used by everyone. For more information, please e-mail the Foundation at [promisingpractices@chsrf.ca](mailto:promisingpractices@chsrf.ca).

## New research chair in primary healthcare reform

The Foundation is co-sponsoring a five-year chair in applied health services and policy research with the Canadian Institutes of Health Research. One of seven chairs being offered jointly by CIHR and its partners, the Foundation's co-sponsored chair will focus on primary healthcare reform. The deadline to submit letters of intent is October 15, 2007. Funding will begin in October 2008.

For more information visit [www.cihr-irsc.gc.ca/e/34299.html](http://www.cihr-irsc.gc.ca/e/34299.html).

## Nursing knowledge network looking for members

Do you have expertise in the areas of nurse staffing and patient safety? Would you like to share that knowledge to support evidence-informed decision-making in this area? If you answered yes, the Foundation's Nurse Staffing and Patient Safety Knowledge Network wants you to consider becoming a member.

The Foundation and its partners (Canadian Nurses Association, Canadian Patient Safety Institute, Canadian Federation of Nurses Unions and CNA's NurseOne portal) have a knowledge network to bring together interprofessional experts on nurse staffing and patient safety to share tacit knowledge, challenge best practices and current thinking, and identify gaps within existing knowledge, among other objectives. If you would like to be considered for membership, please contact Janet Helmer at [janet.helmer@chsrf.ca](mailto:janet.helmer@chsrf.ca) or complete an expression of interest form at [www.chsrf.ca/research\\_themes/pdf/NursingNetworkMembershipForm\\_e.pdf](http://www.chsrf.ca/research_themes/pdf/NursingNetworkMembershipForm_e.pdf).

**DATA DIGEST**

The numbers behind one of healthcare's current debates

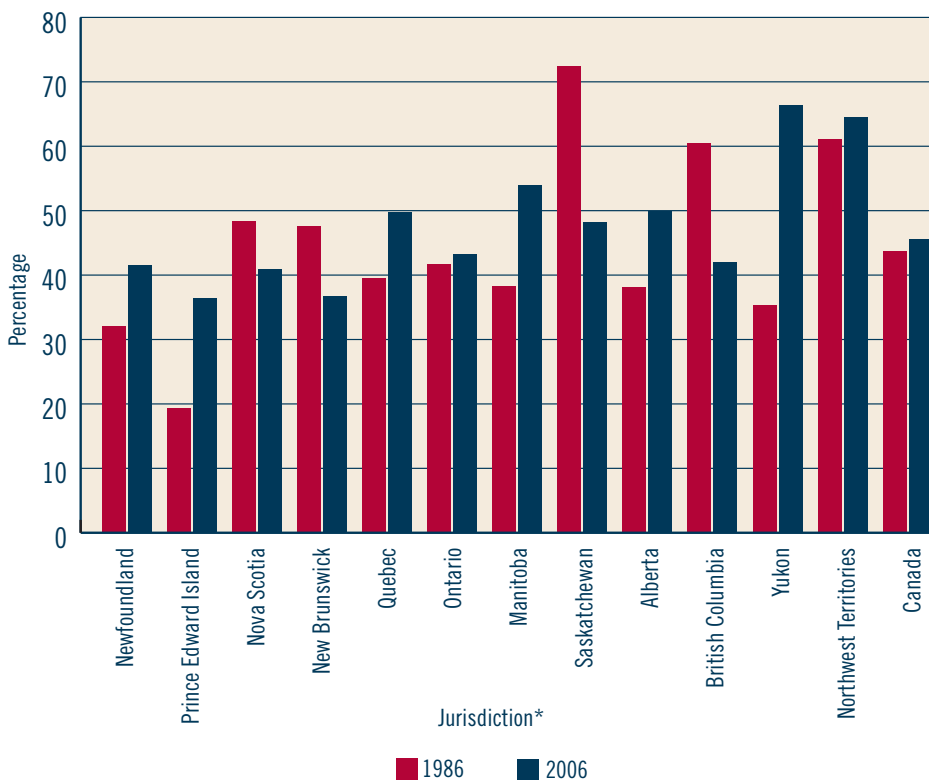
# Who pays for what? Prescription drug spending in Canada

The media are full of stories about patients who can't afford their prescription drugs. Patients are being forced to pick up more of the tab, we're told, as provincial, territorial and federal governments cut their drug benefits. However, recent data from the Canadian Institute for Health Information show that, by and large, the public purse is actually paying a slightly higher percentage of prescription drug costs than two decades ago.

This may be caused in part by the aging population; the public sector normally pays most drug costs for those older than 65, while the private sector (private insurance and out-of-pocket) mostly covers those younger than 65.

Canadian Institute for Health Information. 2007. *Drug Expenditure in Canada, 1985-2006*. www.cihi.ca

## Public Spending on Prescription Drugs, 1986-2006



\*Nunavut came into being in 1999, so there are no comparator data for 1986.

**ABOUT US**

## Foundation appoints Mr. George Tilley as interim CEO

The chair of the board of trustees for the Canadian Health Services Research Foundation, Sister Elizabeth M. Davis, announced the appointment of Mr. George Tilley as interim chief executive officer, effective September 5, 2007.

“The board and I are pleased that Mr. Tilley has agreed to join CHSRF and provide the leadership and direction over the coming months to advance the work of the Foundation as we conduct a thorough search for a permanent CEO,” says Sister Elizabeth. “Mr. Tilley is a seasoned healthcare leader and a strong advocate for research and for evidence-informed decision-making.”

Mr. Tilley is a senior executive with more than 29 years of progressive experience, primarily in the Newfoundland and Labrador healthcare system. He has extensive experience on various national and provincial boards and agencies and was involved in a number of national healthcare initiatives. Most recently, Mr. Tilley was president and chief executive officer of the Eastern Regional Health Authority, the largest health authority in Newfoundland and Labrador.

**ABOUT US**

## HSRAA winner announced

The winner of the 2007 Health Services Research Advancement Award is the *Agence de la santé et des services sociaux de la Montérégie*, a regional health authority located just south of Montréal. The *Agence* took advantage of the Quebec health system's transformation in 2003 to marry research results with its health service decisions, making it the perfect winner. The annual award recognizes an individual, team or organization that has contributed significantly to the advancement of the health services research community in Canada.

For more information, please visit [www.chsrf.ca/funding\\_opportunities/hsraa/2007\\_e.php](http://www.chsrf.ca/funding_opportunities/hsraa/2007_e.php).

## BEST PRACTICE

Some good examples of doing, communicating, or using research to inform decision makers

# Using technology to improve patient care

Having the right information is crucial, even life-saving, when making medical decisions. This is why timely access to patient health information is so important in healthcare facilities.

When Hamilton Health Sciences was faced with the task of restructuring part of its paper records filing system, it decided to invest in a longer-term solution to managing patient records by switching to an electronic health records management system.

Hamilton Health Sciences is a family of five hospitals operating together to serve a population of more than two million people. Each hospital had its own set of patient records, which created administrative challenges when files had to be transferred from one facility to another. Now new records are scanned into a centralized online system, which enables authorized staff to access the electronic documents from any place at any time.

“This product allowed us to take away the physical dimension of having to complete files on site,” says Mary Bedek, manager of health records and chief privacy officer at Hamilton Health Sciences. “Now, with doctors being able to access records when it’s convenient for them, we have very few incomplete files.

“This system allows us to have immediate access to patient information across all five facilities,” emphasizes Ms. Bedek. “It helps patients by improving timeliness of care and quality of care.” She adds that this change is an excellent middle step toward the ultimate goal of a full electronic health record.

Working with the new imaging software, Hamilton Health Sciences was also able to standardize its use of forms. Ms. Bedek says the organization has come up with new guidelines, which have helped eliminate approximately 1,000 “rogue forms” in circulation. “This has helped us quantify the amount of paper generated and where it’s stored,” says Ms. Bedek.

An important part of the implementation process was getting staff to accept the change. “Initially, we focused a lot on the software and the hardware, but the biggest component was the actual change [to using electronic images]. It’s a big adjustment for someone who is used to putting a file under their arm and going to see a patient, and it requires a different mental mindset. In a paper-based world, we are used to using visual cues, such as the colour or the type of paper. But when looking at an image on a screen, those cues are gone.”

To facilitate the adoption of the new system, Hamilton Health Sciences also hired a physician educator to boost computer skills and teach the medical staff how to use the system.

For more information, please contact Mary Bedek at [bedek@HHSC.CA](mailto:bedek@HHSC.CA).

## ABOUT US

# Board member changes

The Foundation recently welcomed two new members to its board of trustees and said farewell to two long-serving members.

*Welcome to...*

A long-time member of the Foundation’s community, **Morris L. Barer** is a professor and director of the division of population health and health services research in the department of health care and epidemiology at the University of British Columbia. He was also the founding director of the Centre for Health Services and Policy Research at UBC, where he remains as research faculty. Dr. Barer won the Foundation’s Health Services Research Advancement Award in 2006.

**Jeanne Besner** is the director of the Health Systems and Workforce Research Unit at the Calgary Health Region. Dr. Besner is also an adjunct professor with the faculties of nursing at the University of Calgary and the University of Alberta, and she is the current chair of the Health Council of Canada.

*Thank you to...*

After a successful term as vice-chair, **Carolyn Tuohy** has left the board of trustees after serving the maximum number of terms. Dr. Tuohy is a professor emeritus of political science at the University of Toronto where her research and teaching focuses on comparative public policy with an emphasis on social policy. She is also a fellow of the Royal

Society of Canada and a member of the boards of the Institute for Clinical Evaluative Sciences and the Institute for Work and Health.

**Glenda Yeates**, president and chief executive officer of the Canadian Institute for Health Information, joined the board in 2001 and served two terms as a trustee, the maximum allowable under the Foundation’s bylaws. Previously, she served as deputy minister of health and deputy minister of social services in Saskatchewan. Ms. Yeates is a member of the board of governors of Carleton University and the board of the Change Foundation.

For more information on the board of trustees, please e-mail Michael McKeown at [michael.mckeown@chsrf.ca](mailto:michael.mckeown@chsrf.ca).

## Spreading the word about successful healthcare changes

After spending two years learning about, leading and implementing evidence-informed change in their organizations, fellows in the Foundation's Executive Training for Research Application (EXTRA) program are in a good position to share their experiences and expertise with other health system managers. Perhaps the most readily transferred part of their experience is the learning that comes from their hands-on intervention projects – evidence-informed change management or implementation projects that address a recognized need in each fellow's home organization.

To that end, the Foundation facilitated several opportunities for fellows to publish their EXTRA intervention project work in peer-reviewed journals:

- *Le Point*, a Quebec-based professional journal in healthcare, will publish a 32-page supplement on EXTRA in its September 2007 issue. The guest editorial will be written by Juan Roberto Iglesias, president and chief executive officer of the

*Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)*, an EXTRA partner, and Jean Rochon, chair of EXTRA's advisory council and an expert associate at *l'Institut national de santé publique du Québec*.

- *Healthcare Management FORUM*, a journal that serves the needs of a diverse and changing health leadership community by linking scholarly inquiry with new ways of thinking about professional practice, will feature eight to 10 successful EXTRA projects in the fall 2007 issue. Maura Davies, CEO of the Saskatoon Regional Health Authority and member of the Foundation's board of trustees, will write the guest editorial. As well, Kevin Mercer, the editor-in-chief of the journal and a graduate of the EXTRA program, will write his customary introduction.
- *The Journal of Health Services Research & Policy*, a U.K.-based publication that includes scientific research from a wide variety of

disciplines and rigorous policy analysis, will publish its special 64-page EXTRA supplement in January 2008. The supplement will begin with an editorial written by Jonathan Lomas, inaugural and former CEO of the Foundation, and Jean-Louis Denis, former academic co-ordinator of EXTRA and CHSRF/CIHR chair on governance and transformation of healthcare organizations.

In addition to these opportunities, several fellows have taken the initiative to publish manuscripts about their projects in various other professional journals. Fellows also continue to participate in national and international conferences to spread the word about their work and learning in EXTRA.

For more information, please contact Jennifer Thornhill at [jennifer.thornhill@chrsf.ca](mailto:jennifer.thornhill@chrsf.ca).

## B.C. regional officer elected CAHSPR board president

Lillian Bayne, the Foundation's regional officer for British Columbia, is the new president-elect of the board of directors of the Canadian Association for Health Services and Policy Research (CAHSPR). Ms. Bayne is an independent consultant working in the fields of health policy, planning and research.

## Latest report released by Foundation

The following final research report was recently released and can be found on our web site at [www.chrsf.ca/final\\_research/index\\_e.php](http://www.chrsf.ca/final_research/index_e.php).

### *Managing continuity*

Program of Research to Integrate the Services for the Maintenance of Autonomy

Réjean Hébert, André Tourigny et al.

Also recently released is the *Mapping the Future of Primary Healthcare* report. Go to [www.chrsf.ca](http://www.chrsf.ca) and click on Priority Research themes, then choose Primary Healthcare.



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