

Research and Knowledge Translation Newsletter

EVIDENCE-GENERATING STRUCTURES IN THE NORTH, AND THE ROLE OF EVIDENCE TO IMPROVE HEALTH CARE DECISION-MAKING



An interview with: Fraser Bell, PhD | NH VP Planning, Quality & Information Management

1. WHAT HAS BEEN THE EVOLUTION OR GROWTH OF “EVIDENCE-GENERATING” STRUCTURES IN THE NORTH AND THE OUTCOMES OF THEM?

That is a broad question – I don't know that I know everything about what's happened in the North, but it does seem to me that at least I can reflect from the viewpoint of Northern Health.

The structures that have been established over the years and the ongoing maturity of these seems to have really yielded more focus on evidence, more emphasis on research, and greater alignments to better understand the North, including health care.

The growth of the University of Northern British Columbia (UNBC) strikes me as a major component in the evolution of



evidence generation in the North. In the past, I think more of the activity would have been people coming in from elsewhere to do research in the North. As the University advanced it gave us a platform around from which to grow our own interest in Northern British Columbia in research and then an actual mechanism for receiving and engaging with partners from outside of our region. The development of the Health Research Institute at UNBC has served to consolidate

and support that interest in health research in the North. I also would like to point out the continued growth of structures in various organizations including research at Northern Health. I believe that the maturity in Northern Health and continued support for research, to support quality improvement and evaluation, are all relevant milestones in the evolution of evidence generating in the North.

Nowadays, the North has evolved quite well in organizations and



structures that generate evidence. For example, Carrier Sekani Family Services and the BC Cancer Agency Centre for the North have dedicated enormous interest in research and evidence use. There are also additional structures that have brought funding to generate capacity in the North. An example of this is the CIHR-SPOR (Canadian Institutes of Health Research – Strategy for Patient-Oriented Research), which supports research activities with a special focus on engaging with patients.

It is worth mentioning that research has evolved in the North as part of a knowledge mobilization cycle, from an interest in research, to research-enabling supports, to mobilizing the knowledge that allows for research implementation and subsequent evaluation to propose a new cycle of evidence generation.

We have to see evidence generation as part of a cycle that also includes quality improvement. For example, you could be starting from quality improvement and using current

evidence to determine how you want to improve as you implement, and this exercise is a part of a cycle that might surface new questions (evidence needs).

The fact we are seeing this cycle – to have people understanding this cycle – it brings a real unity to the work we do around research, evidence generation, and quality improvement. Therefore, everybody can see their part in it.

2. WHAT ROLE DOES A PARTNERED APPROACH OF VARIOUS INSTITUTIONS (NH, UNBC, AND BEYOND) PLAY IN GENERATING AND MOBILIZING EVIDENCE?

A partnered approach is essential in the North. A concrete example is the Memorandum of Understanding (MOU) with UNBC. The original and subsequent editions of the MOU with UNBC have been instrumental in our time and we are still getting the benefits out of it. We've extended our focus and established a terrific, partnered research relationship with the Provincial Health Service Authority (PHSA). Another important example of

a partnered approach is the Northern Medical Program that involves UBC, UNBC Division of Medical Sciences, and UHNBC-Northern Health, allowing us to build a platform to expand human resources capacity and research in the North.

Specifically in health care, a partnered approach has been bringing strategic alignment at the organizational level because it allows us to direct resources to tackle shared goals, it broadens our view, and it orients us to be more deliberate about work plans between organizations. A current example is how we address human resources sustainability in the North. Another aspect of the partnered approach is to better identify, generate, and share evidence, to strengthen knowledge mobilization regional efforts.

Our emphasis in a partnered approach allows us to recognize our strengths and shared needs and allows continuous collaboration. It's a platform that serves to align objectives, discover new opportunities, and highlight areas of interest to coordinate plans and resources.



3. HOW DO RESEARCH, QUALITY IMPROVEMENT, AND EVALUATION PROJECTS SUPPORT EVIDENCE NEEDS IN NORTHERN HEALTH?

We do need to reflect on knowledge mobilization and the cycle I was talking about in the first question. To me, research, quality improvement, and evaluation are all important aspects of a knowledge mobilization cycle that are direct efforts to improve NH services. The goal is always to ask ourselves: how we can improve what we are doing? What are people doing elsewhere? What does the evidence suggest? What are the leading practices? It is very important to take a methodological evidence-based approach to the improvement of our services to benefit the people we serve.

This knowledge mobilization cycle is linked to the relationships we have with evidence-generation partners. We could use the research-

generated evidence (from research partners) for us to suggest or stimulate the new generation of knowledge through timely and relevant research questions.

4. WHAT ELSE ARE YOU INTERESTED TO SEE IN THE EVIDENCE-GENERATING AND UTILIZATION DOMAIN?

Whether it's knowledge generation, or good quality improvement process, or evaluation and learning from the evaluation and actually changing what we're doing – I think we can continue to mature in all of these areas that support good evidence utilization. We need to continue growing in evidence use competencies to support strategic projects such as the Service Networks.

With the Service Networks, we still need to continue working on clarity of functions and supports as well as fine tuning the type of mechanisms within the networks that will allow us to identify evidence needs and then be able

to feed the knowledge cycle. For instance, we can develop processes so that we are more deliberate in identifying the specific evidence needs that we have, the timelines within which we need information, and the way we inform and make decisions based on the evidence we obtain. Further, we can always improve the processes and supports we have to implement, evaluate, and improve based on our practical experiences.

I think the Service Networks, with their expanding number and diversity of participants, are a real opportunity to mature a knowledge mobilization approach within Northern Health.

We ultimately want to develop a culture where people describe themselves as part of “research” or “learning” culture. We want all people at all parts of the organization to be engaged with their team members and others in learning and continuous improvement.



“ Service Networks at Northern Health are organizational structures meant to enhance engagement across the region to inform planning, prioritization, and implementation of changes that improve the quality of Northern Health clinical and support service delivery. ”

GOING ON A JOURNEY WITH PATIENTS IN RESEARCH? YOU'LL NEED A MAP



Health research expands medical knowledge to improve health care. Patient volunteers help make research evidence more meaningful.¹

That's where patient-oriented research comes in. Patient-oriented research involves patients, caregivers and families as partners in research. The BC SUPPORT Unit, part of Michael Smith Health Research BC, strengthens Canada's Strategy for Patient-Oriented Research in BC.

Research teams working with patient partners receive:

- advice based on patient and community needs
- knowledge of how a treatment or service affects patients
- awareness of diverse needs and preferences

Researchers are increasingly asked to include people with lived experience in their work. That's why the BC SUPPORT Unit created the [road map, an interactive tool for research teams](#).

"The road map was developed by researchers and patient partners, to chart the course and guide teams through the health research journey," says Monica Mamut, unit director, BC SUPPORT Unit. "This map helps researchers who know involving

patients in research is important and supports better research outcomes – but are not sure how to proceed."

The road map was translated into French in partnership with Unité de soutien SSA Québec. This tool now supports patient-oriented research for more communities in Canada.

[Try out the road map](#)

The [BC SUPPORT Unit strengthens](#) Canada's Strategy for Patient-Oriented Research, a national initiative led by the

Canadian Institutes of Health Research. The BC SUPPORT Unit, part of Health Research BC, is funded by the Government of Canada and the Province of BC.

As a provincial organization, the BC SUPPORT Unit's work extends across many Indigenous lands and territories. The BC SUPPORT Unit Northern Centre is located on the traditional territories of the Dakelh, Dunne-Za, Kitsumkalum, Lheidli T'enneh, Kitselas and Tsilhqot'in Nations.



¹ Merker, V.L., Hyde, J.K., Herbst, A. *et al.* Evaluating the Impacts of Patient Engagement on Health Services Research Teams: Lessons from the Veteran Consulting Network. *J GEN INTERN MED* 37 (Suppl 1), 33–41 (2022). <https://doi.org/10.1007/s11606-021-06987-z>

STRATEGY FOR PATIENT-ORIENTED RESEARCH REFRESH – VISIONING THE FUTURE OF SPOR



The Government of Canada launched Canada’s Strategy for Patient-Oriented Research (SPOR) in 2011. SPOR was designed to involve people with lived and living experience in all stages of the health research process with the goal of increasing the relevance and impact of health research – and ultimately improving health outcomes and the quality of the health care system.

Since health care delivery and health research has changed prominently in previous years, SPOR is currently conducting a series of consultations at the national and the provincial level to collectively reflect what is working well, and what might

need to change to amplify the impact of patient-oriented research in Canada.

Currently, the Canadian Institutes of Health Research (CIHR) and all SPOR partners are inviting you to share your perspectives on how patient-oriented research in Canada can be improved through SPOR.

OVERALL GOAL

SPOR will collect feedback to strengthen the design of the overall program, and to continue engaging patients, Indigenous peoples, partners, and funders in decision-making about SPOR. This will help shape future directions for the program.

HOW CAN YOU MAKE YOUR VOICE HEARD?

Join the online [discussion forum](#): Participate in a discussion on the key themes for SPOR’s refresh. Post comments, ask questions, and interact with others. The online discussion platform is currently open until March 31, 2024. Researchers, decision-makers, patients, members of the public – everyone can participate!

Stay tuned for other regional consultation opportunities through the [BC SUPPORT Unit](#) via its Northern Centre or email northerncentre@healthresearchbc.ca



Strategy for Patient-Oriented Research

SPOR

Putting Patients First 

Refreshing Canada’s Strategy for Patient-Oriented Research

NEW RESEARCH STUDIES IN THE NORTH



NH continues to expand its research supports that contribute to novel research and discoveries enabling Northern and provincial research capacity. The following list includes the latest authorized research projects from October to December 2023.

#	Principal Investigator	Institution	NH Affiliated Team Member	Study Title	HDSA/ Area	Facility
1	Shannon Freeman	University of Northern British Columbia	N/A	Assessing Impact Hydroponic Gardening Use on Staff Workload	PG	<ul style="list-style-type: none"> • Aurora Home • Vanderhoof • Gateway Lodge – PG • Simon Fraser Lodge – PG
2	Pat Camp	University of British Columbia	N/A	Best Practice Recommendations for Physical Therapists Providing Telerehabilitation for First Nations People	All	Remote (Online surveys using Qualtrics®)
3	Karen Dahri	University of British Columbia	Robert Pammett	Environmental Scan of Topics Promoting Sustainable Healthcare in the Canadian Pharmacy Curriculum	N/A	No NH facilities
4	Jennifer Bolt	Interior Health	N/A	SUPPORT: Surveying Support Opportunities in Pharmacy Residency Training	All	Remote (online surveys via email)
5	Stefan Grzybowski	University of British Columbia	N/A	The Team is Breaking Down: Physicians' and Nurses' Lived Experiences of Teamwork in the Rural Emergency Department	All	<ul style="list-style-type: none"> • Fort Nelson Hospital • Queen Charlotte - Haida Gwaii Hospital • HealthCentre - Xaayda Gwaay Ngaaysdll Naay
6	Alexis Crabtree	University of British Columbia	N/A	Harm Reduction Client Survey	All	<ul style="list-style-type: none"> • Prince Rupert Outreach • Terrace ICMT • Smithers MHSU Outreach Services • Prince George Needle Exchange • Quesnel OPS • Quesnel Shelter and Support Society
7	Taru Manyanga	University of Northern British Columbia	Gloria Fox	A multisectoral physical activity engagement strategy for youth living in Northern British Columbia	N/A	Communities within NH
8	Lana Vanderlee	Université Laval	N/A	Hospital Food Environment Surveys in Canada	All	All acute care sites (18 hospitals) at NH
9	Jonathan Loree	BC Cancer	N/A	Colon Adjuvant Chemotherapy Based on Evaluation of Residual Disease	PG	University Hospital of Northern British Columbia

For more information about any of these studies, email research@northernhealth.ca.

NH LIBRARY SERVICES COLLECTION HIGHLIGHTS

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NH Library staff has developed [a new subject guide on Motivational Interviewing](#), a counseling style with concepts and tools for facilitating change and recovery that can be applied across many different disciplines. With the help of “Motivational Interviewing”

subject expert peers, NH has curated a list to highlight [books and e-books](#), articles, [podcasts](#), and other resources to support staff in their motivational interviewing learning. These guides are living documents that will be updated regularly

with staff recommendations and suggestions. Check out other [subject guides](#) and email: library@northernhealth.ca if there’s a particular topic you’d like to see NH library develop a guide for.



EVENTS AND MORE

N2 – NETWORKS OF NETWORKS ANNUAL CONFERENCE, FEB 21-22, 2024

Bringing together trialists and clinical research professionals from across the country, N2 provides a common platform for sharing best practices, resources and research-related content to ensure efficient and high-quality research, integrity of clinical practices and accountability.

The N2 annual conference builds on its **15+ year foundation, providing a community-informed, pan-Canadian intersectoral event for the clinical research community.**

Year after year, N2 brings together new and returning researchers and provides opportunities for clinical researchers within the health system, academia, and industry to learn, connect, discuss, and collaborate. Access more information and [register](#) for this exciting event.

PHARMAWHERE? EXPLORING THE FUTURE OF DRUG COVERAGE IN CANADA. MARCH 5, 2024

The 36th annual CHSPR health policy conference will explore the future of drug coverage in Canada at a time of potentially significant policy development. As millions of Canadians cannot afford their prescription drugs, the federal government is in the process of developing new

legislation that will enable a more coordinated approach to pharmacare. The conference will survey the history and future of drug coverage, including vital topics such as equity in access to medicines, the history of reform efforts, and the emerging use of real-world evidence. The event will be offered in hybrid format. [Registration](#) is open!

PARTNERING FOR CHANGE IN FRACTURE MANAGEMENT IN BC: IMPLEMENTATION SCIENCE IN ACTION, MARCH 7, 2024

SFU-Faculty of Health Sciences Research Seminar presents: Partnering for change in fracture management in BC: Implementation Science in action by Dr. Sonia Singh

Implementation science (IS) is the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and decision makers. This seminar will focus on IS research to improve access to fracture prevention services through the spread of Fracture Liaison Services programs across BC. An overview of the implementation science frameworks, models and research methods will be reviewed along with the preliminary results of the study and potential impacts to the health system. More information and [registration links](#) here.

2024 KT CANADA SUMMER INSTITUTE

The purpose of this Summer Institute is to provide participants with the opportunity to increase their understanding of knowledge translation research as well as opportunities and challenges in this field. The Summer Institute will provide participants with the chance to network with colleagues including national and international KT experts.

The Summer Institute is aimed at graduate students, post-doctoral and clinical fellows, junior faculty who study issues relevant to KT, and those who want to learn more about how to advance their research skills in this area. We encourage applications from a wide range of disciplines that span all of CIHR's research themes (clinical, health services, and population health). [Registration and costs](#) here.



WOULD YOU LIKE TO WRITE AND PUBLISH A SHORT HEALTH RESEARCH ARTICLE?



The Research & Knowledge Translation Newsletter is accepting articles for future editions. We are open to all areas of health research and knowledge translation as well as evaluation, data analytics, quality improvement or innovation projects.

If interested to include an article or to share information about an upcoming event, email: research@northernhealth.ca