

Research Review Committee Annual Report 2019



northern health
the northern way of caring

Introduction and Background

All research conducted within or for Northern Health (NH) must be reviewed and approved by the NH Research Review Committee (RRC).

The RRC is mandated by NH policy to approve, reject, propose modifications to or terminate any proposed or ongoing research involving humans that is conducted: in NH facilities/programs; by NH staff or physicians; or with NH staff, physicians and/or patients.

The RRC's function is to ensure that ethical principles and standards respecting the personal welfare and rights of research participants have been recognized and accommodated. The RRC is also directed to consider the impact of the research on the NH organization. A study requires both research ethics approval and NH operational approval before it can proceed.

The Committee follows NH Research Policy and Principles, the Freedom of Information and Protection of Privacy Act (FIPPA) and the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2).

The RRC is accountable to the Governance and Management Relations Committee of the NH Board of Directors.

2019 Membership

- Linda Axen, Regional Manager Policies and Clinical Practice Standards, NH
- Tamara Checkley, Lead, Research & Evaluation, NH (Chair)
- Damen DeLeenheer, Clinical Educator, NI Rural Communities, Mental Health and Addictions, NH
- Vash Ebbadi, Regional Manager, Public and Population Health Support Unit, NH
- Tanis Hampe, Regional Director, Quality and Innovation, NH
- Kerensa Medhurst, Project Manager, OD Prevention and Response, NH
- Sam Milligan, Integrated Care Coordinator, Carrier-Sekani Family Services
- Robert Pammatt, Research and Development Pharmacist – Primary Care, NH/UBC
- Kirsten Thomson, Regional Director, Risk and Compliance, NH
- Vanessa Salmons, Executive Lead, Perinatal Program, NH
- Dr. Jong Kim, Medical Health Officer, Northeast, NH

Ad hoc member: Traci de Pape, Regional Manager, Privacy Office is included in the review process when Section 35 of FIPPA applies to a research application or consulted on other relevant privacy concerns or legislation.

Committee Chair: Tamara Checkley, Lead, Research & Evaluation, NH; Interim Chairs: Linda Axen (January – March), Tanis Hampe (April - September)

Administrative support: Janet Rockwell, Administrative Assistant, Planning, Quality & Information Management (January - April), Diana Tecson, Administrative Assistant, Planning, Quality & Information Management (December – current)

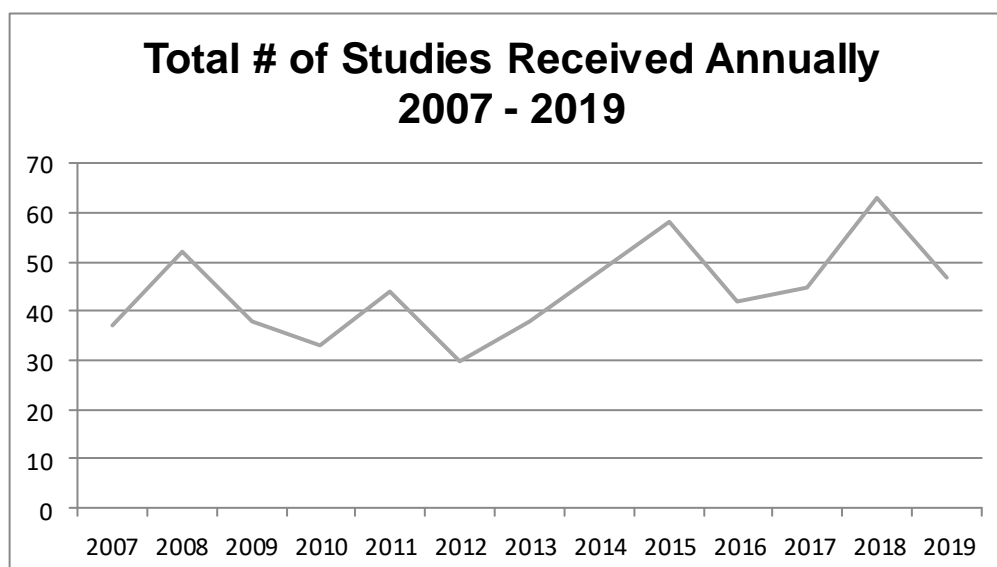
Outgoing Members:

Northern Health would like to thank Dr. Andrew Gray and Sherri Tillotson for their contribution and service to the RRC.

Research Reviewed

Forty-seven (47) studies were received by the Research Review Committee in 2019. Four (4) were subsequently withdrawn by the researchers because the study was placed on hold, decided not to proceed at NH sites, or determined to be outside of NH RRC jurisdiction (e.g., research conducted in a private family practice office).

2019 represents a considerable decline in research studies received after an increasing trend of applications from 2016 (35) through 2018 (63). The average number of applications received over the last five years is fifty-one (51).



In 2019, 87% of the studies reviewed by NH were completed through the Research Ethics BC harmonized review process with BC University and Health Authority partners. The average number of harmonized studies remains around 90% with a continued small proportion of studies occurring with intuitions in BC that are not part of the BC ethics harmonization partnership, are outside of BC and within Canada or are outside of Canada.

Northern Health Participation in BC Harmonized Reviews

2015:	24 (41% of total studies)
2016:	35 (83%)
2017:	38 (84%)
2018:	52 (95%)
2019:	41 (87%)

Status of applications received in 2019 (as of February 20, 2020):

38 – Approved

10 – Ethics approval granted; operational approval required

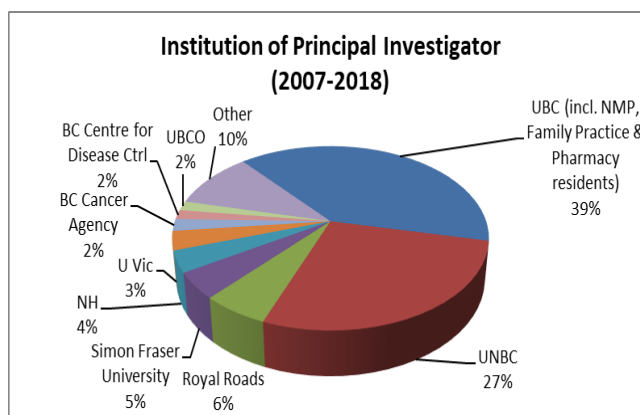
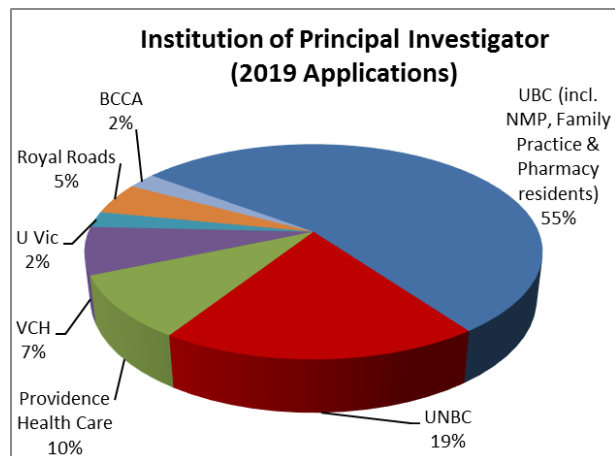
5 – Provisos pending (i.e., initial review complete, clarifications/revisions required by researcher before Research Ethics Board/Committee approval)

4 – withdrawn/on hold/determined to be outside NH jurisdiction

Appendix A contains a list of the 2019 research applications that has received by ethics approval by the RRC and operational approval.

Principal Investigators

As in previous years, the majority of applications to the NH RRC were received from University of British Columbia (UBC) (55%) and University of Northern British Columbia (UNBC) Principal Investigators (PI) (19%). Research done by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC PI total. The number of studies led by a UNBC researcher went down from 18 in 2018 to eight in 2019.



Only nineteen (19%) of 2019 applications involved a **UNBC PI or Co-Investigator** (compared with 47% in 2018, 23% in 2017, 33% in 2016 and 26% in 2015).

Student and clinical resident research comprised 22% of the applications, which is a decrease from previous years (33% in 2018, 53% in 2017 and 48% in 2016).

Northern BC physicians were less active in research than last year. Six studies (13%) were led by physicians practicing in the north (compared with 11 in 2018). It is important to note that this total includes only research that involves NH sites, staff, patients or data; physicians are also leading research in private practice or with community organizations that is not captured in RRC records.

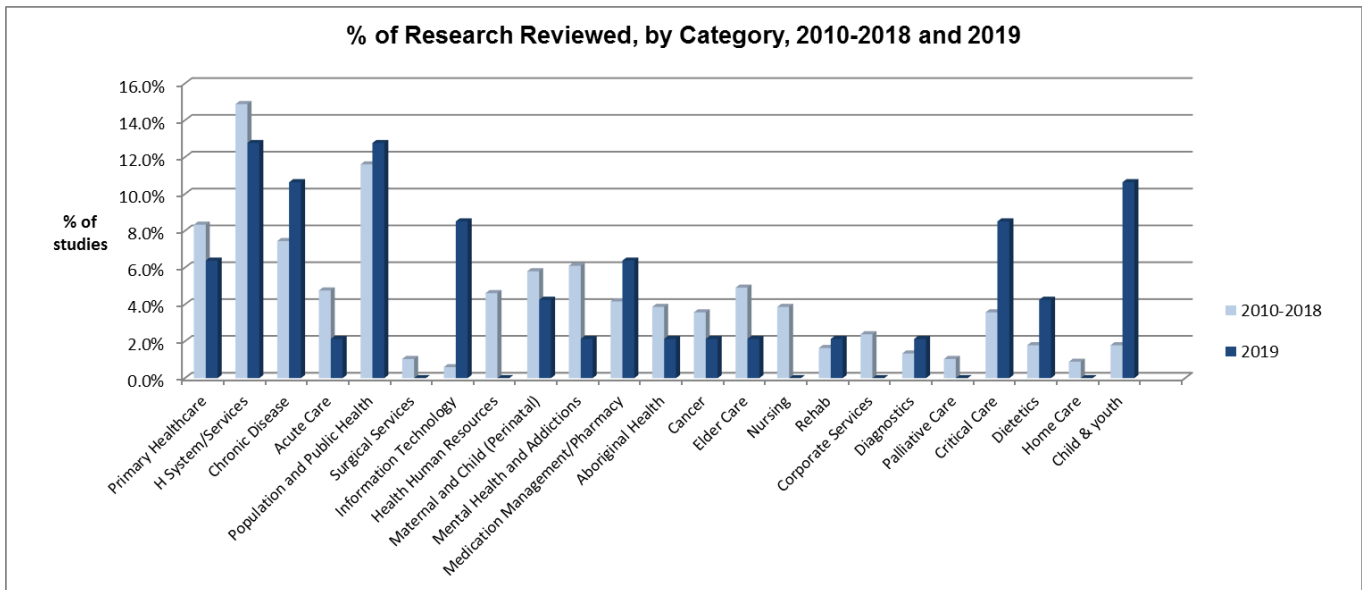
Category of Research

Northern Health categories

Starting in 2010, researchers were invited to select the most suitable categories for their study. Researchers identified up to three categories per study. The percentage of studies that were classified into each category in 2010-2018 and in 2019 are shown in the graph below.

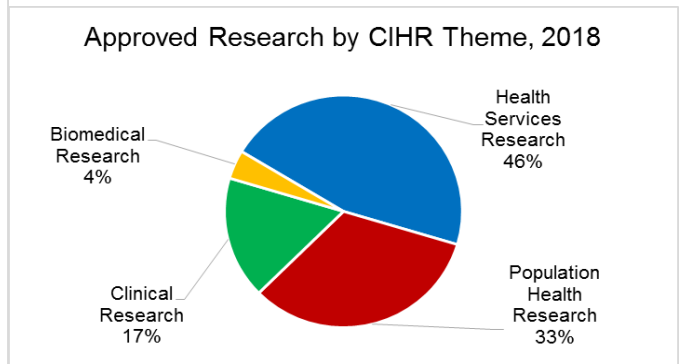
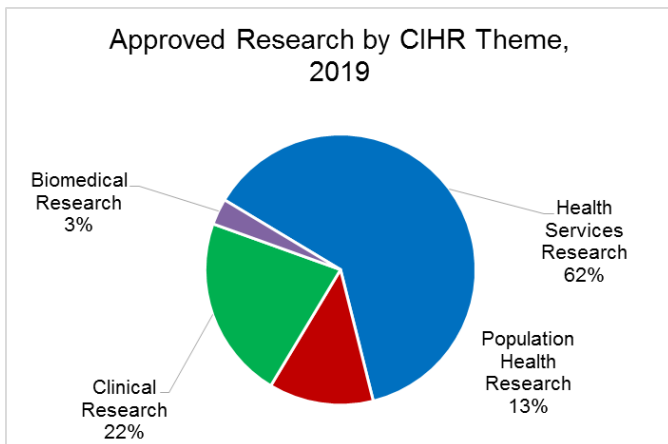
Health systems/services remains the top category of research undertaken in NH.

A number of categories were more popular in 2019 than they have been in previous years: Child and Youth, Critical Care (Emergency), Chronic Disease and Pharmacy. Population and Public Health remains a significant area of research in the Northern Health region. Information Technology was included as a new category in 2018 due to an increasing volume in IT related studies.



Canadian Institutes for Health Research (CIHR) categories

The CIHR categorizes research into four ‘themes’. Definitions of the four themes of health research can be found in Appendix A.



Health services and population health research remain the most prominent types of research happening in Northern Health. The proportion of clinical research continued its growth over the past few years.

2019 Administrative Activity and Developments

- The committee met nine times in 2019 (every month except July, August and December). Delegated reviews¹ were carried out in months when the Committee did not meet.

¹ A delegated review involves the assignment of one or two reviewers from the Committee to complete the review and approval process for a study

Conclusion

Health research in northern BC experienced a slight decline in 2019. The 47 applications received covered a range of topics with the most prominent being population and public health, healthy systems and services, information technology, chronic disease and child and youth. Over half of the studies were led by researchers affiliated with UBC. There was also a noted decline in the number of studies conducted by students or clinical residents.

With the establishment and full implementation of the research ethics harmonization initiative in BC, 87% of all studies are now completed through the harmonization review process. Collaborative reviews with partner institutions have supported ongoing growth and skill in committee members' ethical review of studies.

Research is an important contributor to the high quality services in Northern Health and in 2020 the organization will continue its commitment in the strategic plan to *engage in research, education and quality improvement partnerships with academic organizations to create a learning environment throughout Northern Health.*

**Appendix A: 2019 Research Projects (Approved to December 31st, 2019)
Including Canadian Institute for Health Research Themes (<http://www.cihr-irsc.gc.ca/e/48801.html>)**

Theme 1: Biomedical Research (B)

Biomedical research is research with the goal of understanding normal and abnormal human functioning, at the molecular, cellular, organ system and whole body levels, including development of tools and techniques to be applied for this purpose; developing new therapies or devices that improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

Theme 2: Clinical Research (C)

Clinical research is research with the goal of improving the diagnosis, and treatment (including rehabilitation and palliation), of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

Theme 3: Health Services Research (H)

Health services research includes research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and, ultimately, Canadians' health and well-being.

Theme 4: Social, Cultural, Environmental, and Population Health Research (P)

Population and public health research comprises research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational and economic factors determine health status.

Title of Research	Principal Investigator	PI Institution	Northern Health Operational Approval		CIHR Theme
Received and Approved by Research Review Committee					
Exploring the evidence framework of pharmacists regarding chronic disease targets for hypertension, dyslipidemia, and type 2 diabetes	Aaron Tejani	UBC	Dana Cole	Regional Director, Pharmacy Services	H
Motivational factors influencing patient satisfaction in healthcare food services implementing innovative service delivery: a	Justin DeMedeiros	University of Liverpool	Chris Simms	Health Service Administrator	H

study of a residential healthcare facility.					
Policies and program innovations that connect primary health care, social services, public health and community support in Canada: A comparative policy analysis	Jason M Sutherland	UBC	Pam Mulroy	Executive Lead, Primary Health Care	H
Implementation Science Program on Opioid Interventions and Services: At-risk youth/ newer users	Danya Fast	Providence	Chantelle Wilson	Manager, Child and Youth Regional & Specialized Services	P
Opioid prescribing patterns for treatment of acute and chronic pain in rural and urban BC	Kari Harder	University of Alberta	N/A	N/A	H
Remote Cardiac Monitoring of Higher-Risk Emergency Department Syncope Patients after Discharge	Paul Huang	UBC	Rita Sweeney & Darcy Hamel	Manager ED, Manager ICU UHNBC	C
Acute stroke care at a community emergency department: are we meeting Canadian best practice recommendations?	Floyd Besserer	UBC	Teresa Ward	Coordinator, HIM	H
How can stories of stroke and brain injury lead to actionable health research and improve health care services?	Davina Banner	UNBC	Kristin Massey	Manager, Community Services	H
Getting the message right: Strengthening return-to-work communication in British Columbia's health care sector	Arif Jetha	University of Toronto	Kailey Miller	Regional Director, Workplace Health and Safety	H
The impact of after-hours primary care service accessibility on rural community user satisfaction.	Christine McCann	University of Liverpool	Deb Strang	HSA, Quesnel	H
Evaluating Adherence and Outcomes of Children and Youth with Diabetes in Northern BC	Kirstin Miller	UBC	N/A	N/A	C
MOBILE Maternity (MOM) Pilot Project: Using Telehealth to Integrate Care - An Evaluation	Jude Kornelsen	UBC	Frank Flood	Regional Manager Telehealth	H
Evaluation of Gitxsan Rural Nursing Practice Course	Sheila Blackstock	Thompson Rivers University	Aubrey Ingram	Program Leader, Acute Care Nursing	H
Impact of Supervised Diet and Exercise in Metabolic Syndrome Management; Patient Experience and Activation	Dr. Onuora Odoh	UBC	Cormac Kikisch	Health Service Administrator	H
Supporting Individuals with Eating Disorders	Josie Geller	Providence	Chantelle	Manager, Child and	H

			Wilson	Youth Regional & Specialized Services	
Growing Our Own: A Resident Focused Pilot Gardening Program in a Long-Term Care Home	Shannon Freeman	UNBC	Louise Holland	Director, LTC and Support Services	P
Rural Site Visits Project (PAA)	Campbell Johnston	UBC	Dr. Ronald Chapman	VP Medicine & Clinical Programs	H
The BedMed Initiative - Making Better Use of Existing Therapeutics	Scott Garrison; Kim McGrail	UBC	Helen Bourque	Executive Lead, Primary Health Care	C
Northern Telegeriatrics: Examining a Telegeriatric Telehealth Service in Northern British Columbia	Shannon Freeman	UNBC	Aaron Bond & Stepanie Levasseur	Executive Lead, Elder Program; HIMS Analyst	C
Exploring current provider, parent and non-government organization knowledge and practices of infant sleep education programs within Northern BC	Dr. Caroline Sanders	UNBC	Jennifer Begg	Executive Lead, Child & Youth Health Program	H
Barriers to medication adherence in a sample of rural dialysis population in Northern BC	Anurag Singh	UBC	Iqwinder Mangat	Head Nurse	H
A qualitative study of patient and provider perspectives on overcoming barriers to HIV care and retention	David Moore	UBC	Andrea Mainer & Karen Wonders	Manager Community Services & Team Lead	H
Determining the Prevalence of Prednisone Prescribing for Dermatology Conditions Presenting to the ER: A Retrospective Chart Review	Christopher Sladden	UBC	Carol Bourque	HIM Advisor	C
What factors are associated with the use of teletrauma in northern British Columbia?	Shannon Freeman	UNBC	Frank Flood	Regional Manager Telehealth	C
Community ED fentanyl overdose	Frank Scheuermeyer	UBC	Stephanie Levasseur & Teresa Ward	HIMS Analyst & HIMS Manager	H
District of Houston Housing Study	Greg Halseth	UNBC	Cormac Hikish	HSA Bulkley Valley	P
PEGASUS-2 - Personalized genomics for prenatal abnormalities screening using maternal blood: towards first tier screening and beyond	Sylvie Langlois	UBC	Michelle Bartel	PRRH Lab Manager	B
The Improving Treatment Together Project	Skye Barbic	UBC	Melissa Cailleaux &	Manager Foundry Prince George	P

			Toni Carlton		
Standardizing Measurement of Geriatric Telehealth Services in Northern BC	Shannon Freeman	UNBC	Frank Flood	Regional Manager Telehealth	H
Engaging, Energizing and Enabling in Environment of Trust within the Fort Nelson General Hospital and Health Unit	Annette Weger	Royal Roads	Angela DeSmit	NI COO	H
Proportion of Primary Care visits that could be potentially managed by a Pharmacist with an Expanded Scope of Practice	Robert Pammett	UBC	Katie Bellefeuille	Residency Coordinator	H
Retrospective Chart Review, Robson Valley Lifestyle - Dietetics Student Research Project	Robyn Turner	UBC	Tracy Dunn & Dr. Lukas Clopper	Interim HSA and Family Physician	C