

Research Department 2022 Annual Report



Research: A Driver of Excellence in Care



northern health
the northern way of caring

We recognize the ancestral homelands and unceded territories of the 55 First Nations in the north, as well as the Métis Nations and Inuit in Northern BC.

We acknowledge and celebrate the diversity both between and within these groups. Each has many unique histories, relationships, geographies, cultures, practices, languages, and interests. We strive to be mindful and respectful of this diversity.

We are grateful to live and work here, and value the opportunity to partner with Indigenous peoples to build relationships and enable the Truth and Reconciliation Commission recommendations for health.

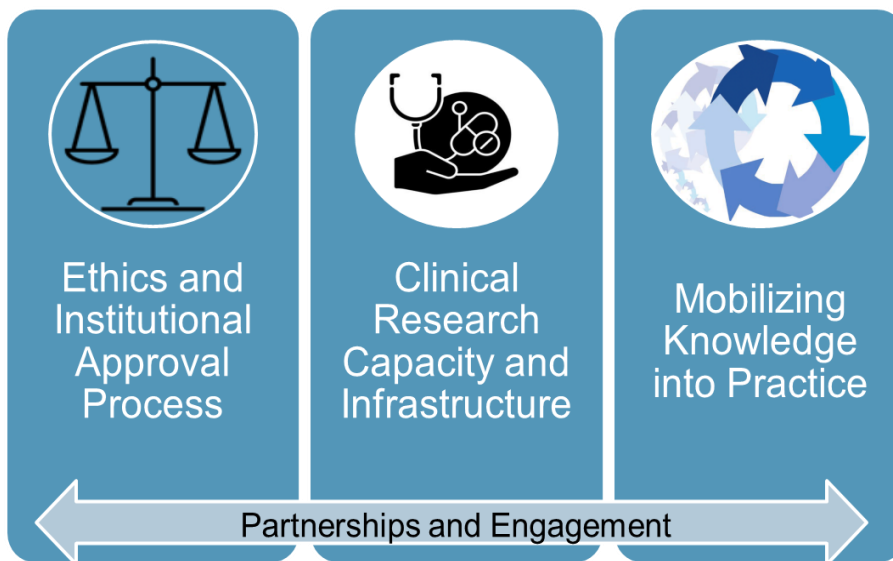


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Introduction

Our goal is to support an organizational culture which encourages, expects, and supports the integration of research and evidence in everyday practice. The Research Department actively supports our staff, physicians, patients, and academic partners to conduct or engage in research activities that advance the priorities of Northern Health and its communities.



As we strive to support a growing culture of research within Northern Health and, more broadly, northern British Columbia, the Northern Health Research Department currently has three priority areas of activity: supporting ethics and institutional approval, developing clinical research capacity and infrastructure, and mobilizing knowledge into practice. A foundational enabler that crosscuts all three priority areas is strong partnerships and engagement.

This report provides an update on advancements in each of these areas during the 2022 calendar year. The last section outlines recommendations for 2023.

1. Supporting Ethics and Institutional Approval

Since 2021, Northern Health has adopted a phased approach to the establishment and consolidation of the NH Ethics Service. The three phases identified are:

- I. September 2021 to December 2021:
 - a. Identification of organization's needs.
 - b. Identification of appropriate service model.
- II. January 2022 to December 2022:
 - a. Implementation of the new service model.
- III. January 2023 to December 2023:
 - a. Consolidation of new service model
 - b. Expanding support areas to include workforce sustainability

Stage I: Identification of organization needs and appropriate service model.

During this period, several initiatives were launched to evaluate the ethics needs of the organization and identify the service model that could best meet those needs. It was identified that the area of Research Ethics Administration needed to be enhanced and streamlined, to better support the review and approval process of all scientific studies conducted under the jurisdiction of NH.

All research conducted within or for Northern Health (NH) must be reviewed and approved by the NH Research Ethics Board (REB).

During this period, a new Lead, Research Ethics was hired, the Research Engagement Team (RET) was created, the gap between ethics and privacy reviews and data access was mitigated, the studies' operational review process was revised, and the Research Ethics Review Committee was revitalized.

Stage II: Streamlined NH Research Ethics Service

From January 2022 to December 2022 the new model was defined, and the revamped NH Ethics Service was implemented. A key feature of this model was the implementation of a monthly operational review meeting with the three Chief Operating Officers (COOs) in Northern Health. This has enabled more timely operational approval.

During 2022, processes and policies were put in place and NH was officially recognized as a Research Ethics Board (REB).

In addition, the membership of the Research Ethics Board was reviewed and updated to include community representation. The Research Ethics Board membership is outlined in **Appendix A**.

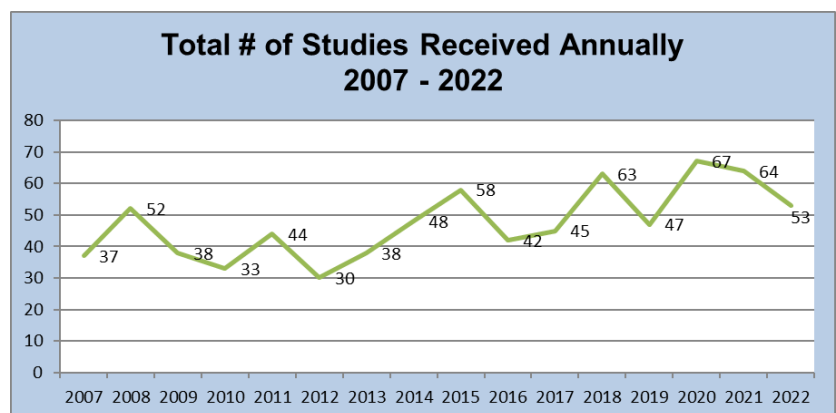
Stage III: Raising awareness of the NH Research Ethics Service and expansion to Evaluation and QI Projects

In the area of Research Ethics, during 2023, NH Ethics Service will strive to raise awareness about the established process. Further, we aim to ensure there is clear guidance regarding the ethical review of evaluation and quality improvement projects.

Progress in the area of Research Ethics and Institutional Approval will be determined by measuring the number research studies reviewed. These numbers should continue to increase compared to a similar period in the previous year. Equally important, the average length of time to receive institutional approval will decrease with these improved processes and guidance.

Research Reviewed

Fifty-three (53) studies were received by the Research Department in 2022. Seven (7) were subsequently withdrawn because the study was placed on hold, decided not to proceed at NH sites, or determined to be outside of NH jurisdiction (e.g., conducted in a private family practice office). All of the studies received and reviewed by NH were completed through the Research Ethics BC harmonized review process in

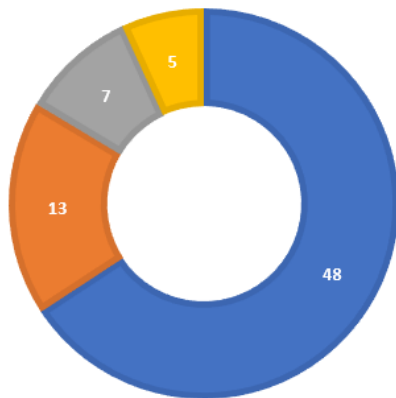


collaboration with BC Universities and Health Authority partners.

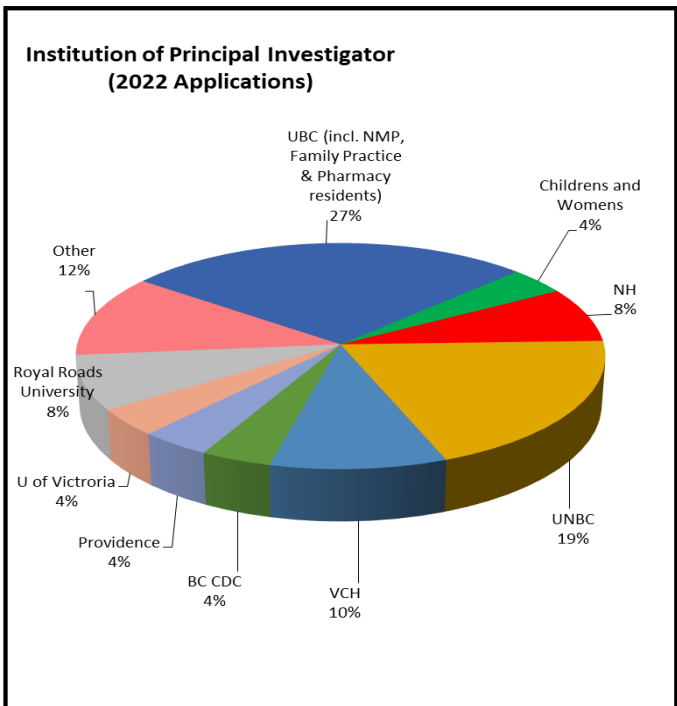
Status of applications (includes 53 studies received in 2022 and an additional 20 studies that were submitted in the previous year):

RESEARCH APPROVALS

- NH Authorization Received
- Ethics approved, requires operational approval/privacy/information sharing agreement
- Withdrawn/outside NH jurisdiction
- Ethics pending

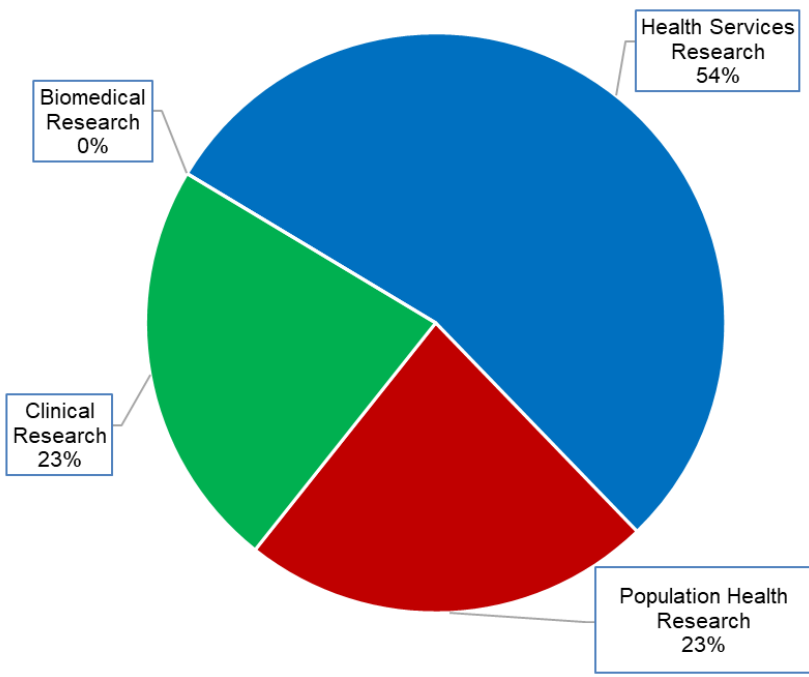


A total of 48 studies received institutional authorization in 2022!



As in previous years, the majority of applications to the NH RRC were received from University of British Columbia (UBC) (27%) and University of Northern British Columbia (UNBC) (19%) Principal Investigators (PI). Research conducted by Northern Medical Program faculty and students or UBC clinical residency programs based in the north are included with the UBC total.

NH Approved Research by CIHR Theme, 2022



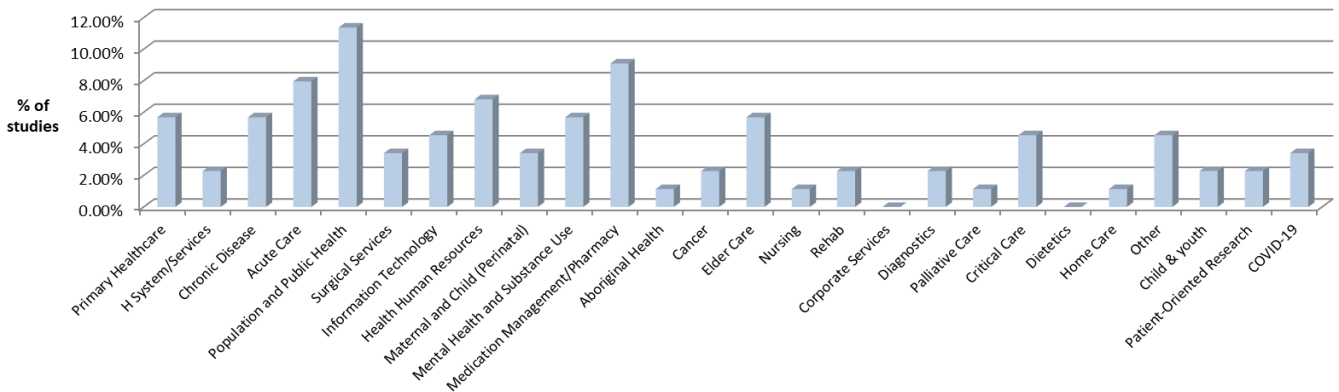
Biomedical Research with the goal of understanding normal and abnormal human functioning, at the molecular, cellular, organ system and whole-body levels, including development of tools and techniques to be applied for this purpose.

Health Services Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy.

Social, Cultural, Population Health 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.

Clinical Research with the goal of improving the diagnosis, and treatment, of disease and injury; and improving the health and quality of life of individuals as they pass through normal life stages. Research on, or for the treatment of, patients.

% of Research Approved by NH, by Category, 2022



Researchers are invited to select up to three categories to describe the focus of their study. The percentage of approved studies that were classified into each category in 2022 are shown in the graph above.

2. Building Clinical Research Capacity and Infrastructure

Official Launch of the NCCR

A key priority area for growth and development in the north is our ability to support and implement clinical studies, including clinical trials. In March 2022, the new Northern Centre for Clinical Research (NCCR) officially opened. The inaugural director of the NCCR is Dr. Anurag Singh. The new Centre is built upon a strong governance partnership and MOU between UNBC, UBC and Northern Health. The Centre aims to advance a vibrant clinical research community in the north that is responsive to the interests and priorities of the north, promoting equity and building research capacity amongst northern trainees and clinicians. This new Centre is grounded in a desire to promote equitable access to care, as patients in the north will be able to access clinical trials closer to home.

Establishing Processes and Procedures

Standard Operating Procedures

One of the goals of 2022 was to develop required standard operating procedures (SOPs) to support the regulatory requirements to conduct clinical trials. We have adopted the Network to Network (N2) SOPs. N2 is a not-for-profit incorporated Canadian organization and alliance of Canadian research networks and organizations working to enhance national clinical research capacity. Michael Smith HRBC funds membership to N2 for all Health Authorities in BC. The N2 SOPs that NH has currently adopted include:

- Administrative Management
- Research Team Training
- Research Team Roles and Responsibilities
- Informed Consent
- Recording, Assessing, Reporting serious adverse drug reactions in clinical trials
- Investigational product management
- Equipment calibration and maintenance
- Clinical trials files management
- Vendor management
- Remote clinical trials activities

Clinical Trials Advisory Group (CTAG)

In an effort to support researchers to rapidly determine whether a clinical trial may be operationally feasible in Northern Health, we have established a CTAG which meets monthly to review incoming proposals. Through the CTAG, the relevant roles who would be operationally impacted by a study come together to learn about the proposed study and quickly identify any potential red flags or critical concerns. This enables potential investigators to gain rapid feedback about feasibility before spending the time and effort to submit an ethics application to the NH REB. Investigators are encouraged to utilize the CTAG as many times as they need for a study. While the CTAG was initially set up to support clinical trials, some researchers have utilized the CTAG for clinical research that was not a clinical trial. This CTAG process does not replace the usual ethics and institutional review process. In 2022, four studies were reviewed through the CTAG process.

Training

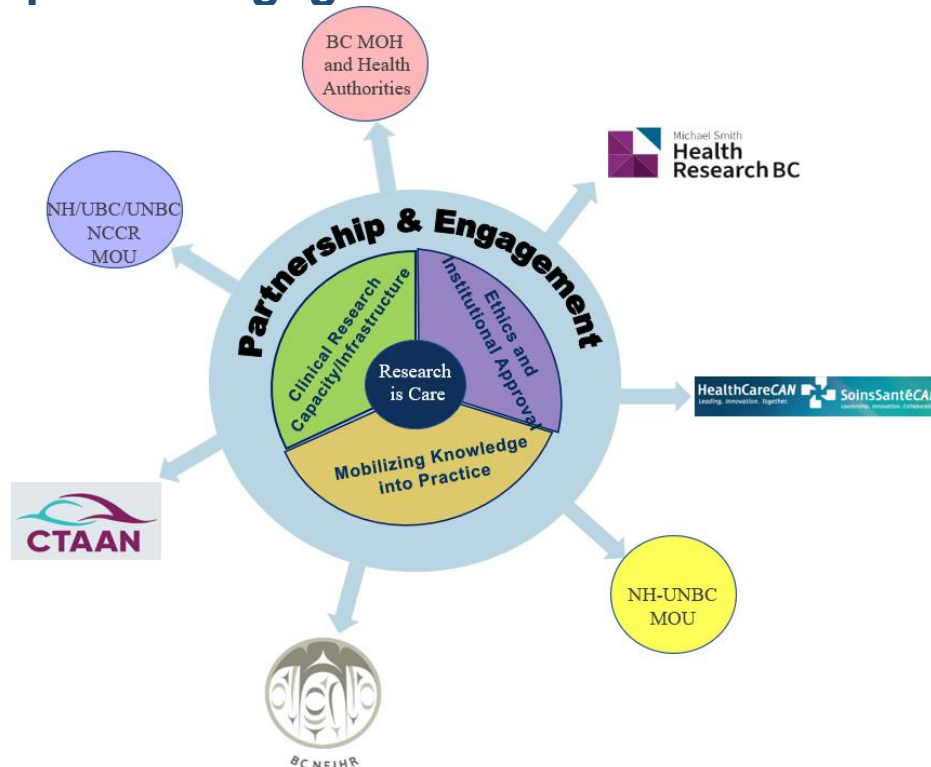
During 2022, Clinical Trials BC, part of Michael Smith Health Research BC, held an all-day training session which enabled any clinical research staff or potential principal investigators to gain their certificate in Good Clinical Practice Guidelines (GCPs). As part of this event, the NH Research Department held a virtually enabled session on November 2nd, 2022 in the Learning and Development Centre. A total of 26 people joined the training session, including 2 physicians.

3. Mobilizing Knowledge into Practice

A few of the knowledge translation highlights for the 2022 year include:

- For the first time, in 2022 Northern Health joined the **Five Days in May** event (FDIM). This is a virtual provincial research showcase that brings together researchers, graduate students, patients and healthcare providers and decision makers from across the province to educate, inform, inspire and stimulate conversations.
- We held 7 lunch time discussions through our **NH Research Seminar Series**. This seminar series is open to everyone and provides an opportunity for researchers in the north to share recent work and invites dialogue and discussion with a broad audience.
- In 2022, there were 5 issues of the **KT newsletter** issued.
- Launching of the new **NH KT community of practice**, a dedicated space of leaning, reflection and exchange of KT and Knowledge exchange tools and resources in the north.
- Continuation and re-design of the **NH Environmental Scan** for discussion and decision-making of the Executive and Board.

4. Partnerships and Engagement



The NH Research Department is committed to building long-term relationships with many partners throughout British Columbia and beyond. Collaboration, rather than competition, is a key principle for successful capacity building, innovation, and knowledge mobilization. Some of the exciting developments with our research partners in 2022 are outlined below:

Memorandum of Understanding (MOU) between UNBC and NH

In July 2022, a refreshed MOU between UNBC and NH was signed. The overall spirit of the new MOU is to reaffirm a shared commitment to furthering knowledge about, and developing the capacity for, the advancement of the health of northern British Columbians through the integration of practice, education, and research.

Michael Smith Health Research BC

- NH co-leads the BC SUPPORT Unit Northern Centre, along with UNBC. Some highlights from 2022 include:
 - Michael Smith Health Research BC confirmed a 5-year commitment (2022-2026/2027 fiscal years) to support the Regional Northern Centre, a joint initiative between UNBC and NH
 - Northern Centre assembled a Northern advisory committee, small group of key individuals, Patient partner, NH, UNBC leads, BC NEIHR northern representative and co-leads, to help advise on Northern Centre activities and direction.
 - Northern Centre has actively participated in the developing, discussion and future operationalization of the Learning Health System approach to be applied in selected HA's project initiatives.
- The Long-Term Care Quality Improvement Knowledge Translation initiative, funded through MSHRBC, supports a dedicated regional practice lead role on the research team. This year, four Northern Health Long-Term Care home participated in this year-long initiative and were able to share their experiences with other participant homes from across the province. NH LTC homes chose to work on two key areas for improvement: 1) improving communication between care aides and other health professionals and 2) improving relationships with residents' families.

Network Environment for Indigenous Health Research (NEIHR)

A key partner in the BC SUPPORT Unit 5-year plan, the BC NEIHR is one of nine Indigenous-led networks across Canada providing infrastructure for research leadership among Indigenous (First Nations, Métis and Inuit) communities, collectives, and organizations (ICCOs). Northern Health is building a relationship with NEIHR to support its goals, including Indigenous health research leadership, culturally safe and ethical Indigenous health research, Indigenous health research, and research capacity development.

BC Health Authorities

The NH Research Department leaders have forged strong collaborative relationships with research leadership at the regional health authorities, the First Nations Health Authority, and the Provincial Health Services Authority. Through these partnerships we have become firmly enmeshed within the BC health research ecosystem, sharing resources and creating new opportunities for innovation and collaboration.

HealthCareCAN's Research Committee

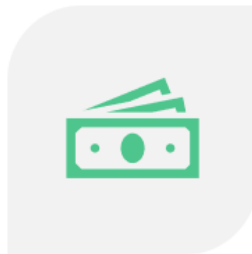
HealthCareCAN, a national organization committed to expanding research capacity in the health system, supporting the spread of innovation, and advancing research in support of service excellence. It advocates for infrastructure funding and favourable policy for the generation and use of research and innovation in hospitals. Northern Health is an active participant and contributor to HealthCareCAN discussions, in particular pertaining to the unique needs of emerging research hospitals and rural and northern contexts. Through HealthCareCAN, we had the opportunity to provide input on the CIHR clinical trials strategy in 2022.

5. Looking forward to 2023

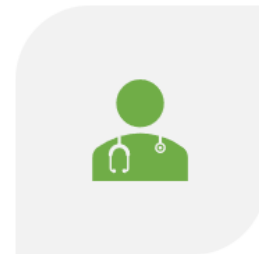
Research is an important contributor to the high-quality services in Northern Health. During 2022, significant advancements were made to improve NH Research administrative infrastructure, pathways, and partnerships. Moving forward into 2023, there are several more advancements planned that will further support research in the north:



2023 RESEARCH AND QUALITY CONFERENCE!



TRI-COUNCIL FUNDING ELIGIBILITY



CLINICAL TRIALS MANAGEMENT SYSTEM (CTMS) IMPLEMENTATION



2-3 MORE CLINICAL TRIALS



NCCR 3-YEAR STRATEGY DEVELOPMENT



SUPPORTING MORE PHYSICIANS TO BECOME QUALIFIED INVESTIGATORS

Appendix A: 2022 NH REB Membership

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

Name	Title
Esther Alonso-Prieto	Chair, Ethics Lead, NH
Farzana Amin	Analyst, Clinical Outcomes, Research, Evaluation & Analytics, NH
Marcelo Bravo	Lead, Patient-Oriented Research and Knowledge Translation, NH
James Bruce	RN, MHSU Outreach, NH
Kaitlyn Greer	Information Management and Governance, NH
Damanpreet Kandola	Specialist, Evaluation, NH
Joanna Paterson	Mental Health and Substance Use, NH
Kerensa Medhurst	Research Facilitator, Physician Quality Improvement Special Services Committee, NH
Linda Nelson	Patient Partner
Philip Smith	Community Partner
Robert Pammett	Research and Development Pharmacist, Primary Care, NH
Roseann Larstone	Regional Director, Indigenous Health, NH
Rutendo Madzima	Patient Partner
Ron Klausing	Privacy Officer, Research and Privacy Impact Assessments (PIA), NH
Rai (Theresa) Read	Elderly Services Nurse Consultant, NH
Rebecca Sketchley	Qualitative Research, Marginalized and Vulnerable Populations, NH
Diane Suter	Community Member
Esther Stewart	Patient Partner
Diana Tecson	Administrative Support, NH (non-voting)

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.

Outgoing Members: Northern Health would like to thank the following members for their contribution and service to the RRC: Sam Millilgan, Carrier Sekani Family Services and NH and Chelsea Graham, Regional Dietetic Technician, NH.