

Research and Knowledge Translation Newsletter

OUR PATIENTS' VOICES: PATIENT CENTRED MEASUREMENT DATA

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Northern Health has been integral to the 20-year evolution of the measurement of patient experiences and patient outcomes in British Columbia, advocating for the voices of northern patients and families through the BC Patient-Centred Measurement (BC PCM) Steering Committee.

Established in 2003, the BC PCM Steering Committee is mandated by the BC Ministry of Health and all health authorities to implement a provincially coordinated, scientifically rigorous approach for collection

and reporting of patient and family perspectives about their satisfaction, experience, and outcomes of the care and services they received. The aim of the BC PCM Steering Committee is to enhance public accountability and support continuous improvement of patient experiences and outcomes.

To date the BCPCM has collected over 31 million data points representing the voices of over 500,000 patient responses across several high priority sectors: Inpatient Acute Care, Emergency Department Care, Continuity Across Transitions in Care, Outpatient Cancer Care, Mental Health and Substance Use, Home Support, Long-Term Care, and Total Hip and Knee Replacement. The BCPCM Steering Committee is also a resource providing expertise across the province, Canada,

and internationally on survey selection and development, qualitative and quantitative data collection, reporting and informing action based on patient and family feedback.

A unique development in the evolution of BCPCM's work is the creation the Dynamic Analysis and Reporting Tool (DART). It is an online platform that provides 24/7 access to the feedback provided by patients about the quality and safety of their healthcare. During survey data collection, the DART provides "close to real time" access to survey results at the unit, facility, health authority, and provincial levels as aggregate de-identified results. The results are accessible by the academic/research community, health authorities, and members of the public. Use of the DART is intended to inspire improvement



and allows us to continually evaluate progress towards a positive patient experience and outcome.

The DART also includes a feature called “Patients Own Words” – a repository of qualitative comments made by the survey respondents. These comments give context to and make “real” the experiences of those receiving care and services in our health care system. All personal identifiers are removed, and the comments are themed and assigned a valence¹ based on the sentiment (e.g., positive, negative, dimension) The search function in The DART allows for further

refinement based on the users need. Qualitative comments are compelling (sometimes inspiring, sometimes heartbreaking) and can provide important contextual information that can be used to illustrate the quantitative data, and further reinforce/amplify the voice of our patients.

These are some examples of how DART data has been used to enhance our patients’ experiences in research and quality improvement initiatives, as well as standard processes for accountability:

- Results from the Acute IP Maternity Module (2016/17) were used to validate and

contribute further information towards the completion of the NH 5-Year Perinatal Care Strategy from patients’ perspectives. This included highlighting strengths within the Perinatal Services Model, where NH had scored higher than the BC average in areas (e.g., prenatal care preparing patients for their labour and delivery).

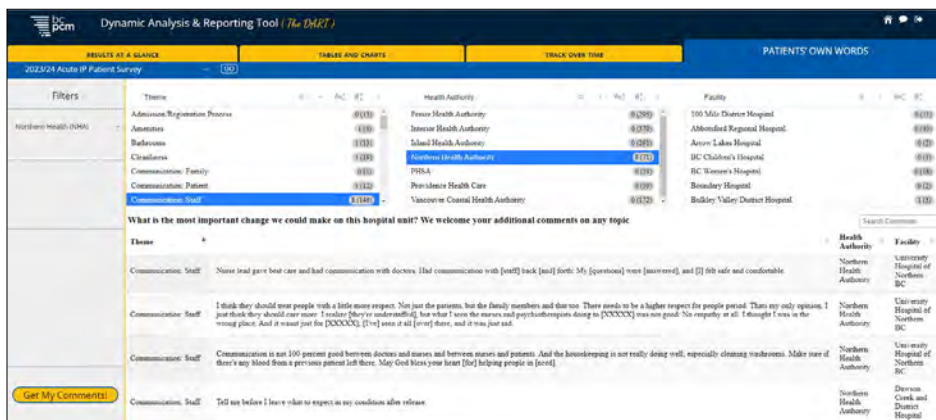
- An example of research that leveraged DART’s qualitative data is a project focusing on the financial implications to being a patient in Canada. The research team worked closely with patient partners to identify quotes that describe the impact of [patient-borne costs](#) (e.g., travel to appointments, time off work, caregiving), giving valuable insight into how these costs impact patients.

BC PCM is actively surveying in the Emergency Department and Acute Inpatient sectors; close-to-real time data from these sector surveys is being uploaded to the DART twice weekly.

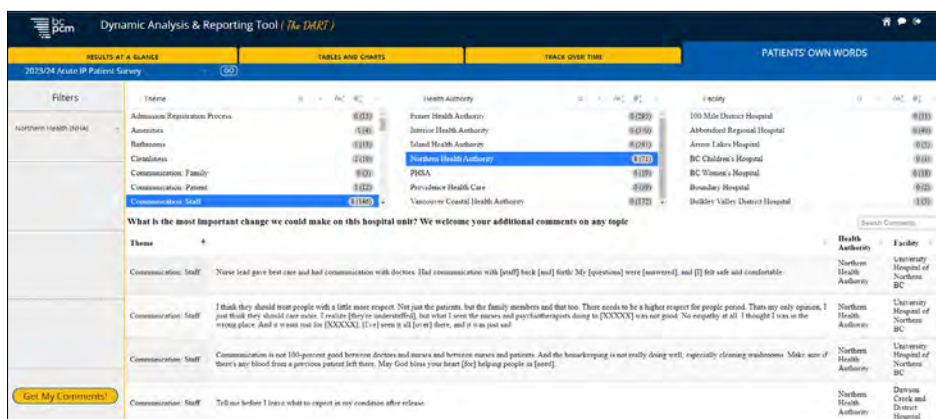
If you are interested in becoming a DART user or viewing other NH-related BC PCM reports and information, you can access more information here:

- [The Dynamic Analysis and Reporting Tool \(The DART\) | BC Patient-Centred Measurement \(bcpcm.ca\)](#)
- The MyNH Patient Centred Measurement page Patient-Centred Measurement – Home (sharepoint.com) (For NH internal users)

If you have any questions or ideas, please reach out to qualityandinnovation@northernhealth.ca.



A screenshot of the dashboard for 2023/24 Acute Inpatient survey results in Northern Health, a survey that is currently in field. This survey started on 10/01/23 until 03/31/24.



A screenshot of qualitative comments from the Acute Inpatient survey from 2023/24, focusing on “Communication: staff”. This survey started on 10/01/23 until 03/31/24.

1 Emotional valence describes the extent to which an emotion is positive or negative.

ECHOES OF EVIDENCE: HARNESSING RESIDENT AND FAMILY OR FRIENDS' PERSPECTIVES FOR PERSON-CENTRED CARE IN LONG-TERM CARE COMMUNITIES



By: Matthew Fagan,
Regional Lead Research & Knowledge Translation – Long Term Care

Within British Columbia (BC), 19.7 percent of our population are 65 years of age or older (Statistics Canada, 2023). Recent evidence suggests that the number of individuals living with dementia and other health concerns in long-term care (LTC) communities is rising (Wong et al., 2016). These findings coupled with the impact from the COVID-19 pandemic has had on the residents and staff in LTC communities, highlights the unique challenges this community faces (Estabrooks et al., 2020; Zeng et al., 2023; Zhang et al., 2023). This has been reiterated by the federal government in a recent news release that highlights “Every senior in Canada deserve to live in dignity, safety and comfort regardless of where they [live](#)”. Despite the unique challenges of the last several years in LTC, Northern Health remains committed to providing exceptional health services for Northerners through seeking to understand each individual’s [experience](#).

Health care that use person-centred approaches have been shown to provide better outcomes for both individuals receiving care and the staff providing care (van Diepen et al., 2020; McMillan et al., 2013). Person-centred care



encourages the individual who is receiving care to act as an equal partner, through collaborating with health care staff on the development and assessment of their care (Wagner et al., 2005). Several benefits have been associated with person centred approaches in people living with dementia (Lee et al., 2022). For example, it has been found that using this approach has led to reductions in behavioural and psychological symptoms and increases cognitive function in individuals living with dementia (Lee et al., 2022). However, some difficulties with this approach to care have been identified as reaching the correct populations and training and education surrounding implementation (Moore et al., 2017).

Moving towards enabling person-centred care and evidence-based

practices are key to the success Northern Health. LTC in Northern Health has recently taken several steps towards the advancement of both person-centred care and evidence-based practises.

The office of the Senior Advocate ([OSA](#)) has focused on creating a space to ensure that all residents and frequent visitors have a voice in LTC. One-way OSA has contributed to this space is through their provincial long-term care survey. This survey captures the residents and frequent visitors’ feelings about the quality of services, quality of care, and quality of life of the residents. The OSA survey was administered in 2016/17 and 2022/2023 to residents and frequent visitors of LTC communities. The 2022/2023 survey covered 297 publicly subsidized care facilities across BC, including 24 in Northern Health,



with 500 residents and 265 frequent visitors completing the survey. For more information on the OSA survey please see the [news release](#) from the OSA.

The OSA survey results provides a unique opportunity for LTC communities to **act** on the voices of their residents and frequent visitors. Over the next few months, many homes in British Columbia will be working with this data through the Improving Nursing Home Care Through Feedback On Performance Data (INFORM) initiative.

The INFORM initiative is an evidence-based model that assists LTC staff to working with and acting on data-based feedback to guide Quality Improvement work. The INFORM model was developed and tested by the multi-province (BC, AB, MB, NS) [Translating Research in Elders Care](#) (TREC) team. INFORM uses workshops, goal setting, action planning and coaching to support staff in long-term care to plan and implement positive change - and to assess the impact of those actions.

Northern Health in collaboration with Health Research BC's [Long Term Care Quality Initiative](#) (LTC-QI) team, have adopted the INFORM model for operational use and have implement it more widely in 2022-2023 (Cohort I) and 2023-2024 (Cohort II).

Building on the successes from the first Cohort in BC, the INFORM Cohort II has expanded the model to more LTC communities. In terms of Northern Health, there are 6 homes that are currently participating. The participating homes are in Prince George, Quesnel, Mackenzie, Fort St. John, Smithers and Prince Rupert. Each of these homes are focusing on topics covering three themes: 1) quality of service, 2) quality of care and 3) quality of life. Each of these themes are derived from the questions in the OSA survey. Working with the LTC staff has been remarkable. They have shown such creativity and ability to overcome the unique barriers they face to implement changes to

“Health care that use person-centred approaches have been shown to provide better outcomes for both individuals receiving care and the staff providing care.”

positively impact their residents and frequent visitors. Some examples of the change ideas include creating job boards to provide meaningful activities for residents, implementing family trees to get to know the life stories of the residents, and finding the most appropriate way to providing information about what is going on to the care community to family members or frequent visitors!

The next steps for the homes are to continue to measure the successfulness of the projects and prepare for the support workshop, where they can discuss and learn from other participating homes with similar topics. The INFORM project will conclude at the end of May with other cohorts scheduled for 2025, pending funding!

For more information about the INFORM initiative please contact Matthew Fagan at matthew.fagan@northernhealth.ca.



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NEW RESEARCH STUDIES IN THE NORTH

NH continues to expand its research supports that contribute to relevant research and scientific discoveries strengthening Northern and provincial research capacity.

The following list includes the latest authorized research studies from January to March 2024.



#	Principal Investigator	Institution	NH Affiliated Team Member	Study Title	HDSA/ Area	Facility
1	Darlene Sanderson	University of Northern British Columbia	N/A	The co-benefits of water, land, health and climate connections: Amplifying lessons from intergenerational, intersectoral and Indigenous-led approaches in rural, remote and Indigenous communities.	PG	University Hospital of Northern British Columbia Indigenous Communities at NH
2	Lori Brotto	University of British Columbia	N/A	HER-BC: Health and Economics Research on Midlife Women in BC	All	All NHA facilities
3	Heather Castleden	University of Victoria	N/A	Climate Displacement & Health: Catalyzing Intersectoral Collaborations and Conversations	All	Remote Survey
4	Alice Schabas	University of British Columbia	N/A	Comparative Efficacy of Rituximab versus Ocrelizumab in a real-world Multiple Sclerosis Setting	All	Northern Health Regional MS Clinics
5	Kathryn Walton	University of Guelph	N/A	Nutrition and Feeding Supports in Canadian Neonatal Follow-Up Care	All	Neonatal Follow up Clinics at NH
6	Ezekial Steve	University of British Columbia	N/A	Midsized Rural Physician Locum Coverage Project	All	Fort St. John, Smithers, Prince Rupert, Terrace
7	Jessica McAlpine	BC Cancer Agency	N/A	EN 10- A Phase II Study of Tailored Adjuvant Therapy in POLE-Mutated and p53-wildtype/NSMP Early Stage Endometrial Cancer (RAINBO BLUE & TAPER)	PG	NH Pathology Lab



8	Claire Seaton	University of British Columbia	N/A	Clinical characteristics and outcomes of hospitalized children with acute respiratory infections in British Columbia: The READAPT-Kids BC study	PG	University Hospital of Northern British Columbia
9	Katie Bellefeuille	University of British Columbia	Katie Bellefeuille Lindsay Ellefson	Assessment of Empiric Vancomycin Dosing at the University Hospital of Northern BC	PG	University Hospital of Northern British Columbia
10.	Janny Ke	University of British Columbia	N/A	Understanding quality of life trajectory and improving continuity of care for patients undergoing Cesarean delivery through a digital health platform: a longitudinal feasibility study (C-Care 2)	All	All NHA facilities
11.	James Russell	University of British Columbia	Singh Anurag Celia Belamour	Host Response Mediators in Coronavirus (COVID-19) Infection – is There a Protective Effect of Angiotensin II Type 1 Receptor Blockers (ARBs) on Outcomes of Coronavirus Infection? (ARBs CORONA)	PG	University Hospital of Northern British Columbia
12.	Robert Pammett	University of British Columbia	Robert Pammett Jasleen Hansra	Prevalence of standard drug therapy in those with Heart Failure with Reduced Ejection Fraction in Northern Health: A retrospective chart review of primary care practices	PG	University Hospital of Northern British Columbia



EVENTS, GRANTS AND MORE

GRANTS:

Collaboration for Health Research in Northern BC Project Grant

This grant is a part of the Provincial Health Services Authority (PHSA), Northern Health (NH) and University of Northern BC (UNBC) partnership and the focus should reflect the funders current priorities. There will be a seed grant competition in 2025 with a focus on emerging priorities.

The goal of the Project Grant is to enable collaborators from the three institutions to work in partnership and initiate new research projects that focus on improving the quality of health services and the health of the population in northern BC.

The proposed team and research activity/plan must address a health challenge identified in northern BC. The focus of this call for proposals is on research relating to the following areas:

1. Create connections across NH Service Networks and PHSA Health Improvement Networks to enhance planning and delivery of services.
2. Strengthen human health resource planning and workforce development. The need to grow, retain and support the health and wellness of a skilled workforce.

*Applications will be asked to identify which area they are applying to.

The Project Grant is guided by the following principles:

- To address the needs and realities of northern BC in the overall context of BC through respectful engagement and attending to issues of equity, diversity, and inclusion.
- A research-based collaborative relationship for the purposes of improving the quality of health services and improving the health of the population.
- Mutual respect and acknowledgement of the skills and expertise each organization brings to the partnership.
- Builds capacity for partnered research and leaves a legacy of capacity across all three organizations.
- Builds sustained research capacity in the North for the North.

- Creates a culture of learning.
- Open and transparent communication between the partners.

The 2024 intake will fund up to 2 research teams. The maximum amount for each award is \$45,000 for a 24-month period starting July 15, 2024. These funds can be matched through MITACS.



Key competition dates

Action	Target Date
Proposal submission deadline	May 15, 2024 (noon)
Anticipated Notice of Funding decision	June 15, 2024
Funding Term	July 15, 2024 – July 14, 2026 (24-months)

For additional conditions of funding and applications details, visit UNBC – Health Research Institute Project Grant site [here](#).



2024 Convening and Collaborating C²

The Michael Smith Health Research BC C² Program promotes knowledge exchange and meaningful collaboration by supporting researchers, trainees and research users* in co-developing research that can have direct impacts on people, including patients, health practitioners and policy makers. Co-developing research by engaging with

people who use research helps ensure the research is relevant. It also helps build knowledge translation (KT) capacity, experience and skills in BC's research and health professional trainees.

Researchers who need support to [develop a research agenda](#), [identify key research practice priorities](#) or [evaluate a peer support initiative](#) should consider applying to the C2 Program.

*Research users might include patients, caregivers, health practitioners, government policy makers, health charities or the public.

New for 2024: The maximum amount for each C2 award has been increased to \$20,000.



Important Dates

Action	Target Date
Applications Open	April 2024
Application Deadline (applicant)	May 13, 2024, 4:30 p.m. PT
Application Deadline (host institution)	May 21, 2024, 4:30 p.m. PT
Anticipated notice of funding decision	September, 2024
Anticipated start of funding	October 01, 2024

Award Term: 18 months. Eligibility and program details [here](#).

Reach Program

The Michael Smith Health Research BC Reach Program promotes knowledge translation (KT) activities by supporting researchers and research users in disseminating research evidence through co-developing events, activities and/or tools to “extend the reach” of their work. This helps teams “reach” audiences who can directly use the knowledge to ultimately improve health and care for British Columbians and their communities. Reach awards also help build KT capacity, experience and skills

in BC's research and health professional trainees.

Researchers who need support to disseminate their research through projects like a social media initiative, patient forum or

a learning curriculum should consider applying to the Reach Program.

New for 2024: The maximum amount for each Reach award has been increased to \$20,000.

Important Dates

Action	Target Date
Applications Open	April 2024
Application Deadline (applicant)	May 13, 2024, 4:30 p.m. PT
Application Deadline (host institution)	May 21, 2024, 4:30 p.m. PT
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EVENTS

Five Days in May 2024

Five Days in May is becoming the Provincial Research Showcase and Northern Health Research has joined this efforts since 2022. Every year FDIM brings researchers, graduate students, patients and healthcare providers, decision-makers, and members of the public to learn, share ideas, discuss healthcare practice and inspire innovations.

This year's events will take place from 12 - 2:30 p.m. every Thursday in May. All events are free via Zoom, everyone is welcomed.

Themes and registration links:

May 2 Keeping the Golden Years Bright: Enhancing Quality of Life for Seniors

Hear how three research teams are improving quality of life for seniors and their families by using AI in long-term care, and developing day programs for people living with dementia. Register [here](#).

May 9 Artificial Intelligence: Navigating the Future in Health and Research

From smartwatches to algorithms, AI is changing the health research landscape. Join this session to explore the ethics of AI in personal health and in health research, and learn how AI is being used to predict cancer survival rates and to schedule health services to meet demand. Register [here](#).

May 16 Advancing Medicine and Care in Mental Health

What role does trauma play in mental health, and how can we better support people living with mental health challenges and unmet needs? Learn about new clinical treatments for complex trauma, how microdosing affects mood, and Indigenous community services to prevent suicide. Register [here](#).

May 23 Bright Futures: Engaging Youth in Health Research

Hear how youth leaders and research collaborators are building resilience and community, enhancing mental health supports,

examining trust in the health system, and encouraging physical activity. Register [here](#).

May 30 Indigenous-Led Health Research: Fostering Wellness, Strengthening Knowledge

This event showcases Indigenous student research to foster wellness and strengthen knowledge in and for Indigenous communities. Register [here](#).

Stay tuned to more information about this unique provincial research showcase [here](#).



FIVE DAYS IN
MAY
2024

Join us online every Thursday in May to learn how research is transforming health and care across the province!

02 Seniors Health
09 Artificial Intelligence
16 Mental Health
23 Youth Health
30 Indigenous Health

www.islandhealth.ca/fivedays

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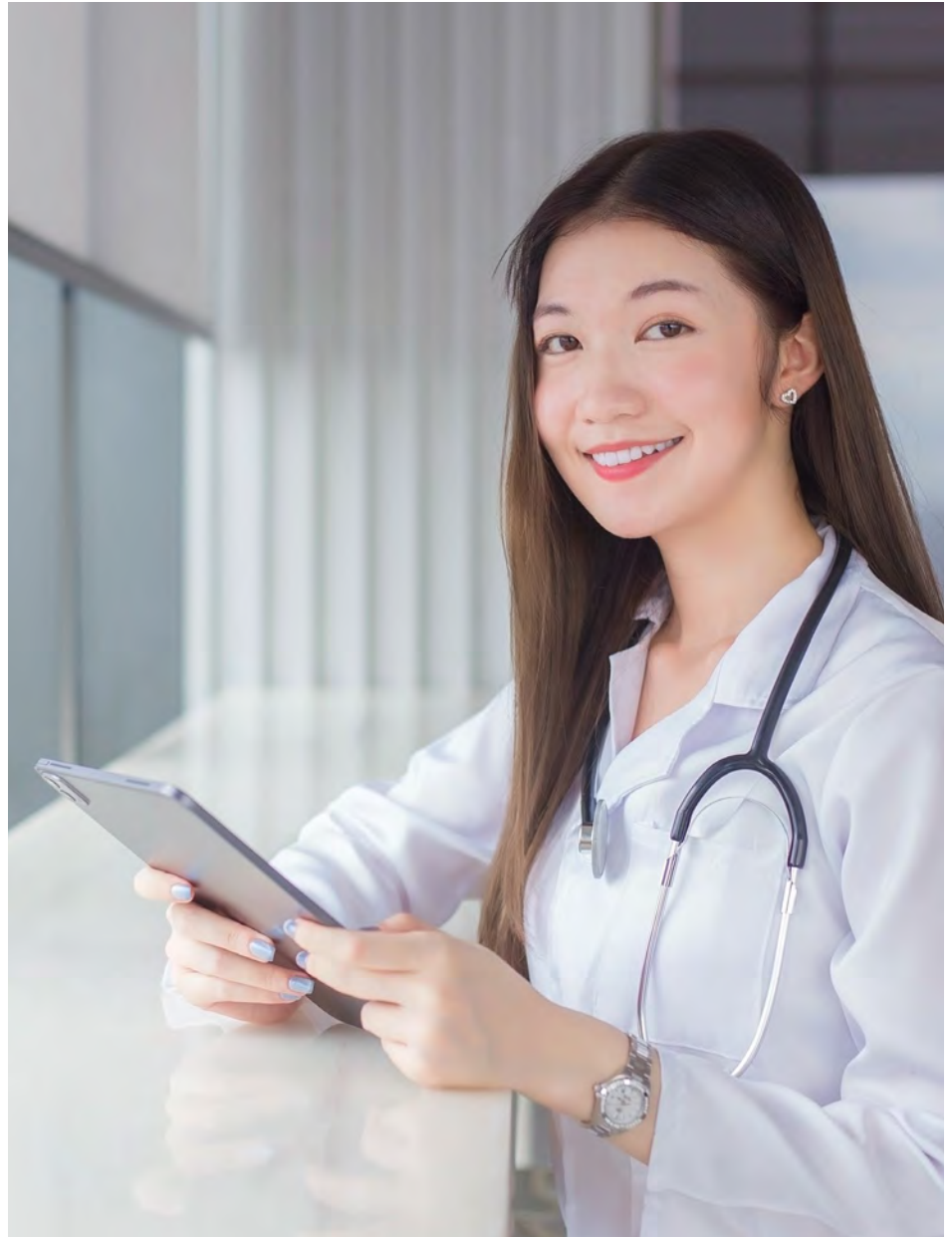
Library Services has a [refreshed website](#) design along with new additions to our catalogue.

Find the newest edition of *Clinical Teaching Strategies in Nursing and Davis's Drug Guide for Nurses* in our TDS [Health STAT!Ref e-book collection](#). This excellent database features evidence-based medical, nursing, and allied health information.

If there is a book you'd like to see in our collection, submit a request to library@northernhealth.ca.



“ Every year Five Days in May brings researchers, graduate students, patients and healthcare providers, decision-makers, and members of the public to learn, share ideas, discuss healthcare practice and inspire innovations. ”



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