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## KT Challenge 2025 Winners

Join us in congratulating the first Northern Health KT Challenge teams whose projects have been selected for the 2025 - 2027 period by the KT Challenge provincial review committee.

Teams will work in distinct areas of health care by mobilizing evidence-based practices through interprofessional collaboration, and by working alongside patients and mentors to improve quality of care and to improve health equity.

Here is a synopsis of each project:

Project title: ***Pharmacists supporting Heart Failure management in northern BC***

Team Lead: **Robert Pammett - Pharmacist, Pharmacy Primary Care**

Heart failure is a complex, progressive condition that requires ongoing medication management to improve outcomes and quality of life. Pharmacists in primary care across northern BC are well-positioned to support medication optimization for this patient population through collaboration with specialists and local primary care providers. The project will provide engagement and training for pharmacists to facilitate healthcare providers' involvement in heart failure management. The impact will be assessed by evaluating engagement, pharmacist confidence in managing heart failure, referral uptake, and the extent to which patients receive optimized therapy. Enhancing the role of pharmacists in heart failure care can increase collaboration within primary care networks and optimize treatment.

Project title: ***Aging with Dignity: Embracing Person-Centred Alternatives to Restraints***

Team Lead: **Benita Le Morvan - Lead, Professional Practice Strategy**

Our KT project aims to improve the lives of people living in a long-term care (LTC) home by finding better ways to care for them without using physical or chemical restraints. Restraints can include objects such as wheelchair seatbelts; or giving them strong medications. Instead, we want to use more person-centered approaches that respect each resident's needs and dignity. To do this, we will focus on the implementation of a new Northern Health policy that focuses on reducing the use of restraints. We will also build on the knowledge and skills gained from DementiAbility training, which teaches staff how to engage residents in meaningful activities that can reduce the need for restraints.

Project title: ***Improving discharge planning for child and youth mental health patients in a rural emergency department***

Team Lead: **Megan Crawford - Lead, Child & Youth Health Network**

While emergency departments in Northern Health are seeing a steady increase in child and youth (C/Y) mental health patients, there is low adherence to discharge documentation and safety planning. In a chart audit, less than 50% contained completed documentation which is alarming as the period following discharge carries heightened risks for suicide and other preventable negative outcomes, including hospital readmission. We plan to implement practice change aimed at enhancing the

completion of discharge documents from the emergency department and supporting connection back to community. To achieve this, we will review and revise regional C/Y mental health discharge processes and documents for implementation at the Prince Rupert Regional Hospital (PRRH). We will engage youth at a local and regional level through local C/Y mental health team relationships and our partnership with Foundry to co-design discharge documents.

Project title: ***Enhancing Patient Care in Rural Communities Through Collaboration: Improving Discharge Planning for Patients in Northern Health***

Team Lead: **Lilly Altizer - Registered Nurse, Emergency**

Our KT Challenge team is leading an initiative to enhance the discharge process by revitalizing and re-implementing the Northern Health discharge planning tool, which was identified during our initial environmental scan. In addition to the re-introduction of the tool, we will provide comprehensive education to healthcare professionals in Chetwynd and Tumbler Ridge facilities. We aim at implementing a standardized approach that will: ensure seamless communication between healthcare providers, improve continuity of care, reduce hospital readmissions, and enhance patient outcomes in these rural communities. This initiative will drive the implementation of best practices, transforming current clinical workflows, improving healthcare policy and ultimately enhancing the quality of care provided to patients in these under-served areas.

**Hear directly from some KT Challenge team leaders as they share insights and reflections on participating in this program:**

**In what ways do you think this KT Challenge program is unique or different?**

It's a valuable combination of education, funding, and support—all of which are helpful for project success. Additionally, I'm excited to be working alongside dedicated NH colleagues, whose expertise and commitment are central to this initiative.

~ Benita Le Morvan – Lead, Professional Practice Strategy

**How do you expect to work with patient and family partners as part of the KT Challenge program?**

While our project is more provider focused, it has been insightful to engage with our patient and family partners to learn more about what is important to them in heart failure management and incorporate this into our project. The helpful direction and feedback from people with lived experience is important to ensuring that our project authentically meets the needs of the people we're serving.

~ Robert Pammett – Pharmacist, Pharmacy Primary Care

## **Understanding the Regional Practice Lead Role for Research and KT in Long Term Care**

A conversation with Andrew Schulz to gain a broader understanding of the Regional Practice Lead role, including its scope of responsibilities and strategic focus on supporting long-term care within the Northern Health region.

### **1. What is the Regional Practice Lead Role?**

The Regional Practice Lead - Long-Term Care (RPL-LTC) position was developed to support the **LTC-Quality Initiative (LTC-QI)** aimed at embedding research and knowledge translation into LTC practice across BC.

Each BC health authority has an RPL-LTC to facilitate and support provincial and regional initiatives in LTC homes with publicly funded beds. The RPL position functions to meet the LTC QI by bringing research evidence into practice and improving quality measures through engagement of staff, residents, and families.

**“As improving data quality has been a priority within our operational plan and is critical in informing care delivery, it has been a significant part of my role.” ~Andrew Schulz**

### **2. How does the RPL-LTC support research and KT in LTC?**

The RPL supports three groups of people within the LTC space. The first is LTC managers, directors, leaders, and residents with the RPL focusing on translating research and evidence into practice. These engagements also

inform priorities for the RPL-LTC, guiding areas of focus for research, inquiry into possible grant opportunities, bridging gaps, and supporting work on challenges within LTC homes.

The next group is researchers with the RPL assisting in the navigation of the Health Authority research process, serving to liaise researchers, LTC leadership, LTC homes, and Health Authority Research and Evaluation Office.

A final group is Health Authority teams and partners. The RPL role collaborates closely with the Elder Service QI Advisor and Elder Service Network Lead to develop and support organizational priorities within LTC through QI initiatives and research projects.

To better serve all these groups, the RPL also works in coordination with RPL-LTC counterparts across the BC health authorities, collaborating on larger scale and province wide LTC projects.

**3. From your perspective and practice, how can research and QI complement each other? How might we leverage the strengths of both knowledge systems to enhance our work in the health care space?**

I feel they complement each other in an inextricable way. Having an awareness and understanding of both but not necessarily being a content matter expert in either has been an essential part of this position. This extends beyond *research* and *quality improvement* and into *change management* approaches, with this position serving priorities, projects and teams as a generalist in a variety of

fields. I feel it is important to understand how we can utilize and lean on a variety of approaches, skills, and abilities to tackle challenges in the most efficient and effective manner, no matter what approach is used.

**“Taking a more generalist approach and thinking – what attributes can I draw on to best meet the objective of this project or initiative. It is important to feel comfortable stepping outside of our traditional silos.” ~Andrew Schulz**

**4. What projects does the NH RPL – LTC have on the go?**

Every quarter we have a chance to meet with each of the LTC homes across NH. The Regional QI Advisor, Elder Service Network Lead, Elder Service Network Medical Lead, RAI Team, and RPL-LTC meet with LTC home managers and leaders to discuss RAI assessment data, QI projects and strategies, challenges and how the regional team may be able to offer support, celebrating successes, and collaborate on unique initiatives. Hearing success stories, supporting care quality, and demonstrating the outcomes of staff’s hard work through data has been amazing.

I have also worked with the RAI Team and GoHealth to support RAI assessment completion, and though this project is still in its infancy, I hope it is an opportunity to bring together a few great teams within NH to overcome some of the challenges our rural LTC homes are facing. This also lends itself into improving data quality and informing decision makers with the best data possible.

Another important regional and provincial focus is on the appropriate use of antipsychotics. This has been a long-standing priority at the National level, Ministry of Health, Health Quality BC, and NH. Through our quarterly care meetings and data tracking, we identify challenges and provide supports and tools available from Health Quality BC to ensure we are utilizing antipsychotic appropriately. This work has paid off as we have seen a reduction in antipsychotic use across NH over the last five years and will continue to work in this area.

Finally, the RPL-LTC is positioned to support a 10 Year Review of DementiAbility training, ongoing work with the least restrain policy through *Aging with Dignity: Embracing Person-Centred Alternatives to Restraints*, and a provincial project supporting care conferencing with counterpart RPL titled *Empowering Families as Partners: Crafting a Toolkit for Effective Care Conference Participation*.

## 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 health research studies from July to August 2025.

1	Mikayla Mah	Athabasca University	N/A	Healthcare hoops and hurdles: Exploring barriers to mental healthcare for indigenous peoples in the peace region, British Columbia	Chetwynd, Fort St. John, Dawson Creek	Dawson Creek and District Hospital, Chetwynd Hospital and Health Centre, Fort St. John Hospital
2	Morgan Price	University of British Columbia	N/A	British Columbia team-based primary care evaluation	All	All
3	Karen Dahri	University of British Columbia	Robert Pammett	Beyond prescriptions: the role of community pharmacists in providing non-pharmacologic nicotine cessation support to British Columbians	All	N/A
4	Diane Sanders	University of Northern British Columbia	N/A	Examining robust employed student nurse programming. Applying this knowledge to support ESNs in rural, remote and indigenous populations in BC	Prince George	UHNBC

5	Kimberly Thomson	Simon Fraser University	N/A	Identifying research priorities to support the evaluation of “upstream” health promotion initiatives in British Columbia	All	All
6	Shannon Freeman	University of British Columbia	N/A	Design, implementation and evaluation of a health system focused age tech framework	All	NH staff from IMIT, Privacy and Security services
7	Claire Lenouvel	University of British Columbia	Claire Lenouvel Yonabeth L Nava de Escalante	Pain perception and satisfaction levels during intrauterine device placement: exploring patient experiences with Lidocaine-Prilocaine and targeted education in rural British Columbia	Chetwynd, Dawson Creek	Chetwynd Hospital and Health Centre, Tumbler Ridge Community Health Unit, Chickadee Maternity in Dawson Creek
8	Jeffrey R. Brubacher	University of British Columbia	Celia Belamour	National drug driving study	Prince George	UHNBC

Interested to know more details about any of these studies for Knowledge Translation purposes?  
Contact: [KT@northernhealth.ca](mailto:KT@northernhealth.ca)



## NH Library Corner

The NH Library provides access to over 40 high-quality databases to support staff and physicians across the region. These include resources for peer-reviewed articles, drug interaction information, standards for medical device reprocessing, and more. Explore the [full list of databases](#) on the NH Library website. If you are working with a large number of sources, library staff can show you how to use a citation manager like [Zotero](#) to stay organized and save time. Zotero is a free, user-friendly tool that helps streamline your workflow.

Reasons to use a citation manager:

- Save and organize references, webpages, and PDFs in one central location
- Share folders and libraries with colleagues for easy collaboration
- Automatically generate citations and bibliographies in your preferred style

Not sure where to start? Email us at [library@northernhealth.ca](mailto:library@northernhealth.ca) to book a consultation with the librarian.

Note: Some of the links will only work for NH staff. For additional information contact NH Library.

## Events and Opportunities

October 15, 2025, 12:00 – 1:00 pm  
(online): [Enhancing Health Care Resilience: The Role of Human Factors in Times of Uncertainty](#)

October 16, 2025, 12:30 – 2:00 pm  
(online): UNBC HRI Seminar Series  
[Covidence's Data Extraction 2 tool](#)

October 20, 2025, 12:00 – 1:00 pm  
(online): [Building A Learning Health System for Canada's First Publicly Funded "Dementia Village"](#)

October 23, 2025 (virtual): [2025 Northern BC Research & Quality Conference](#). Capacity development workshops on Oct 22.

October 20-24, 2025: [Canada's second Rural Health Week: Empowering rural health together](#)

October 28, 2025, 12:00- 3:00 pm  
(online): [Walking the Path of Reconciliation Together - UBC Medicine & The Australian National University: Walking the Path of Reconciliation Together](#)

October 28, 2025, 9:00 – 10:00 am  
(online): [Critical Patient-Oriented Research: A Fundamental Shift in Patient Engagement](#)

November 6, 2025 (in-person and online): [CREST Conference-Centre for Research Training for Nursing and Allied Health](#).

November 12, 2025, 10:00 – 11:30 am  
(online): [Using AI in Rapid Reviews: Applications in Screening](#)

November 25, 2025, 12:00 – 1:00 pm  
(online): [WHO Global Competency Framework](#)



## Opportunities

### **2025-26 Partnering for Impact –**

**Catalyst Grant.** The Canadian Institutes of Health Research (CIHR) announced the upcoming launch of the 2025-26 Partnering for Impact - Catalyst Grant Funding Opportunity. This funding opportunity is led by CIHR's Knowledge Mobilization Strategies Unit. Application deadline: Fall 2025. Overview, funds, timelines and complete information can be found on the [CIHR website](#).

### **2026 Knowledge Translation**

**Challenge.** The Knowledge Translation (KT) Challenge is designed to support teams of clinicians (nursing, allied health, or medical staff) who may not have much KT expertise but are responsible for moving evidence into practice. Letters of intent (LOI) for the KT Challenge 2026 are due on October 17, 2025 by 4:00 pm. LOI must be submitted via VCHRI site [here](#).

### **CIHR Catalyst Grant: Digital**

**health.** This funding opportunity will catalyze discovery in digital health, advance pivotal research, and inform applications or interventions relevant to Canadian Institutes of Health Research – Institute of Musculoskeletal Health and Arthritis' broad mandate areas. Registration deadline: December 2025.

### **CIHR Team Grants: Health effects of ultra-processed foods.**

The Health Effects of Ultra-Processed Foods (UPF) funding opportunities fund new interdisciplinary research that will generate evidence on the health impacts of UPFs to inform policies and regulations that will improve health equity and the health of Canadians

across the lifespan. Application Deadline for LOIs: Winter 2026.

### **Canadian Institute of Health Research (CIHR) Team Grant: Pan-Canadian Network: Emerging learning health system in perinatal mental**

**health.** This funding opportunity supports the development of a learning health system (LHS) network in perinatal mental health. A LHS approach integrates research, data, and knowledge for continuous improvement in care helping to ensure the most effective treatments are consistently updated and implemented equitably across Canada. This approach would also enable the rapid translation of research findings into clinical and care practice, providing a mechanism for evaluating program impacts and improving equitable service delivery. Application deadline: February 2026

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