

Evidence in Context

Health research —
synthesized & contextualized for
use in Newfoundland & Labrador.



CHRSRP:

Engaging with health system
partners to support evidence-
informed decision making

An Innovative Newfoundland and Labrador Approach

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Western Health

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Newfoundland and Labrador Centre for Applied Health Research
www.nlcahr.mun.ca/chrsp

Key challenge for health research units:



Newfoundland & Labrador Centre for

**APPLIED
HEALTH
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“How can we get scientific evidence used more frequently and more effectively by the healthcare system?”

Key challenge for health system leaders:




“How can we locate and use the best scientific evidence as one input among many into decision making?”

Today's presentation

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Evidence *in* Context



Collaborating
with provincial decision makers

Gathering
relevant research

Interpreting
for a Newfoundland and Labrador context

Answering
important questions about health

Identifying
priority research questions

Synthesizing
the best available evidence

Supporting
evidence-informed decisions

Communicating
the results of our work

Contextualized Health Research Synthesis Program

CHRSR

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Who is involved?

Newfoundland & Labrador Centre for

**APPLIED
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Our mission:

*to contribute to the effectiveness of the health system of Newfoundland and Labrador and to the physical, social, and psychological health and well-being of the population by supporting the development and use of **applied** health research*



Who is involved?



Department of Health and Community Services



Our approach:

- focus on specific issues rather than broad themes
- have the system leaders identify issues of importance
- use NLCAHR's expertise to formulate each issue as a researchable question
- do research synthesis rather than primary research
- focus on review literature rather than individual studies
- shape the questions and the syntheses to the local context (challenges, capacities)
- report on the results quickly and in usable formats

How does CHRSP Work?

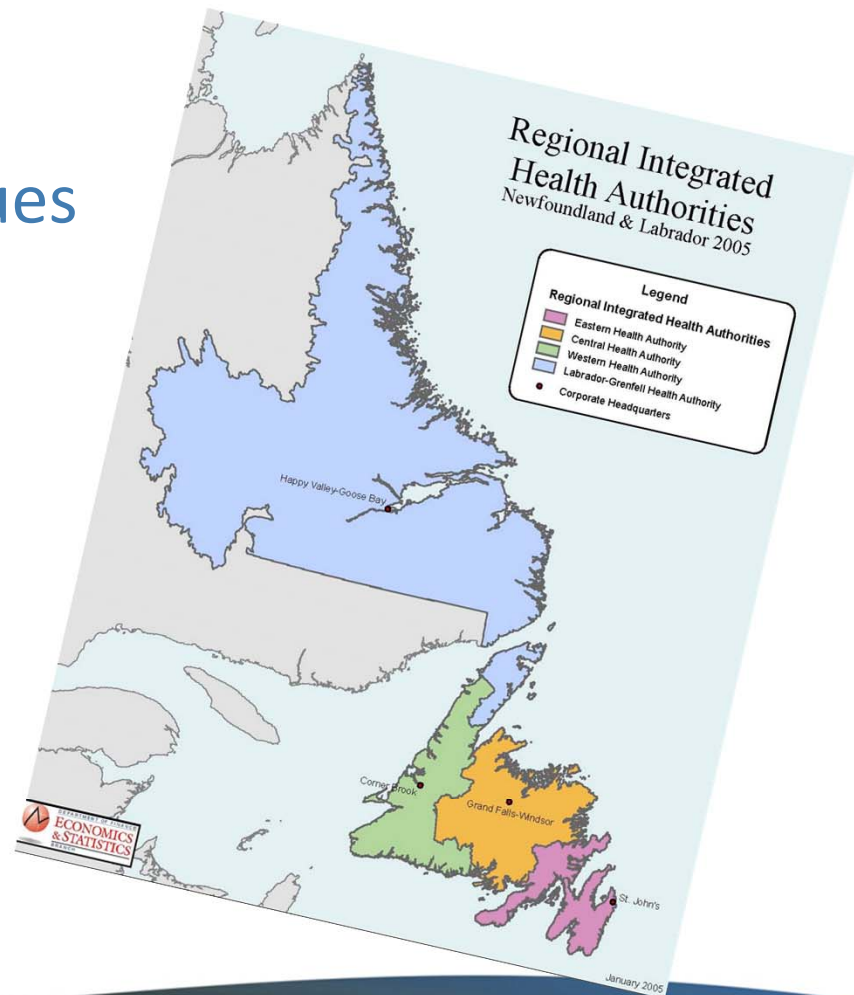


7 Steps in the Program



STEP 1: CHRSP works with stakeholders

- To identify important issues
- **CHRSP Champions** play advocacy role
- Filtering Criteria



Who are CHRSP Champions?

- Decision makers in the RHAs, DHCS who assist Health System Leaders (HSLs) in CHRSP process

CHRSP Champions 2011-2012	
Department of Health and Community Services	
Wanda Legge	Director, Policy Development
Bev Griffiths	Director, Board Services
Eleanor Swanson	Director, Health Promotion and Wellness
Dr. Larry Alteen	Director, Physician Services, Medical Services Branch
Eastern Health	
Dr. Mike Doyle	Director of Research
Janet Templeton	Program Director, Medicine
Elaine Warren	Program Director, Surgery
Krista Butt	Research Analyst
Central Health	
Vanessa Mercer Oldford	Regional Director, Corporate Improvement
Western Health	
Lisa Hoddinott	VP, Quality Management & Research
Anne Lynch	Regional Director, Planning & Research
Labrador-Grenfell Health	
Carol Brice-Bennett	Director, Aboriginal Health Programs & Research

CHRSP Filtering Criteria

- Importance
 - Population affected, potential to improve health outcomes, cost implications, multiple stakeholders view topic as important
- Timeline
 - Semi-urgent: Need to know – but not today!
- Feasibility
 - Is it a researchable question? Can it be reformulated?
- Availability of evidence
 - Is there sufficient high-level research evidence
- Availability of a team
 - Team leader, local systems experts, context team

STEP 2: Set Priorities

- CHRSP Team meets with HSLs
- Priority-setting process
- End result:
 - High-priority topics are studied as '*Evidence in Context Report*' or as '*Rapid Evidence Report*'



STEP 3:

Build a Project Team

Members

Team Leader

CHRSP Program Coordinator

CHRSP Project Coordinator

Health System Co-investigator(s)

Local Academic Co-investigator(s)

Other Context Advisors

Expert(s) in research synthesis, HTAs,
and systematic reviews

Health Economist

CHRSP Research Assistant



STEP 4:

Locate, assess, synthesize evidence

- a. Devise, execute a search strategy
- b. Critically appraise & summarize the evidence
 - Quantity: Does it exist?
Is it up to date? Is it on topic?
Is it accessible?
 - Quality: How good is it?
What is the methodological quality of the review literature? (AMSTAR)



STEP 5: Contextualize the evidence

CHRSP tailors its synthesis to the **context** of Newfoundland & Labrador at all stages of the project

Contextual factors may effect health outcomes and/or cost effectiveness.

CHRSP identifies contextual factors.

CHRSP interprets findings in context.

Levels of Contextual Factors:



Patient populations



Other System Factors



Site of service and/or the service design,



Economics



Health human resources



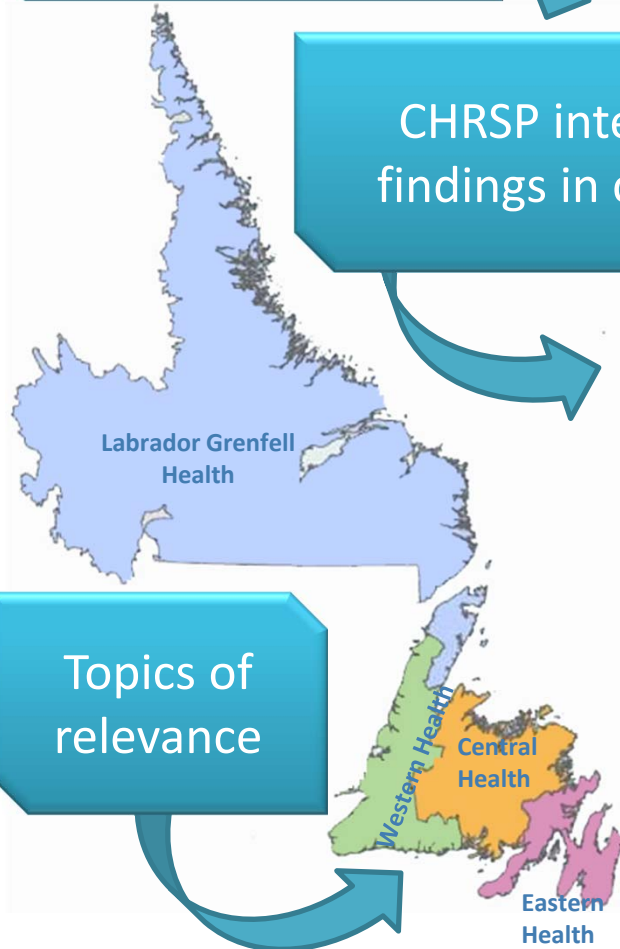
Politics



Organization and delivery of services

More about context here:
www.nlcahr.mun.ca/res

Topics of relevance



STEP 6: Implications

- Interpreting the evidence
- Summarizing implications for decision makers



STEP 7: Report

- External review: validity
- Report released as
 - Full EIC with:
 - Executive summary (4 p)
 - Lay/media summary
 - Other multi-media products, or
 - Rapid Evidence Report
- Dissemination & uptake
- Feedback and follow-up



CHRSR Project Types:



1. The 'Evidence in Context' Report

- A full synthesis of research evidence on a topic identified through our solicitation process as being of high priority to decision makers in the province.
- Deliverables include a 35 to 50-page full report, a four-page executive summary, a one-page lay summary, and other multi-media products



2. *Rapid* **EVIDENCE** *Reports*

- Expedited, brief synthesis of a high-priority research topic, including:
 - a statement of the issue
 - background
 - a description of the scope/nature of the literature;
 - a summary of the principal features of the available evidence;
 - a comprehensive list of research literature from the past five years, as well as policy reports and other grey literature on the issue; and
 - a brief analysis of the types of issues that might influence the applicability of the evidence to the Newfoundland and Labrador context

CHRSR projects 2008-2012

- The provision of dialysis services in rural and remote NL
- Interventions to prevent and treat childhood overweight and obesity in NL
- The development of a PET/CT program in NL
- Youth residential treatment options in NL
- The reprocessing and reuse of single-use medical devices in NL
- Hyperbaric oxygen therapy for problem wounds
- Telehealth for specialist consultations in cardiology and dermatology
- Interprofessional team-based care for chronic disease management
- Age-friendly acute care
- Community-based service models for seniors
- Mobile mental health units for Western Health (RER)
- Safe patient handling for Eastern Health (RER)

CHRSR projects 2013

2013 projects currently in progress

- Point-of-Care Testing -EIC
- Falls Prevention for seniors in LTC/acute care settings- EIC
- Flu Vaccination for healthcare workers -RER

Other 2013 projects identified in 2013 Topic Selection

- Effectiveness of short-term health promotion strategies - RER
- Outpatient chronic disease services –RER
- Diabetes screening
- Managing aggression in dementia patients

Distinguishing features of CHRSP



- focus on specific urgent questions identified by system not the researchers
- use both local and external expertise
- build teams that combine researchers and decision makers
- contextualize
- work quickly
- communicate effectively

Does it work?



It does.

- topic selection complex but workable
 - each side has learned how to work together
- contextualization is feasible and helpful
- leading external experts fairly easy to recruit
- teams work well together
- the results have been produced fairly quickly
- the results have actually been used:
 - dialysis decision template
 - Youth Residential Treatment planning
 - Single-use Medical Devices policy
 - considerations for development of PET
 - patient handling protocols in Eastern Health

Contact Us

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