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

An Innovative Newfoundland and Labrador Approach

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Key challenge for health research units:

“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
Who is involved?

Newfoundland & Labrador Centre for Applied Health Research

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?

- Western Health
- Eastern Health
- Labrador-Grenfell Health
- Central Health
- Newfoundland Labrador

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 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

<table>
<thead>
<tr>
<th>Members</th>
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<tr>
<td><strong>Team Leader</strong></td>
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<tr>
<td>CHRSP Program Coordinator</td>
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<tr>
<td>CHRSP Project Coordinator</td>
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<tr>
<td><strong>Health System Co-investigator(s)</strong></td>
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<td>Local Academic Co-investigator(s)</td>
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<td><strong>Other Context Advisors</strong></td>
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<tr>
<td>Expert(s) in research synthesis, HTAs, and systematic reviews</td>
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<td>Health Economist</td>
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<td>CHRSP Research Assistant</td>
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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
- Site of service and/or the service design,
- Health human resources
- Organization and delivery of services
- Other System Factors
- Economics
- Politics

More about context here: www.nlcahr.mun.ca/research/chrsp/
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
CHRSP 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
CHRSP 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)
CHRSP 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
  o 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:
  o dialysis decision template
  o Youth Residential Treatment planning
  o Single-use Medical Devices policy
  o considerations for development of PET
  o patient handling protocols in Eastern Health
Contact Us

www.nlcahr.mun.ca/research/chrsp/

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Evidence in Context

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

Newfoundland & Labrador Centre for

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