2020 CHRSP Champions’ Handbook

Newfoundland & Labrador Centre for Applied Health Research
www.nlcahr.mun.ca
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About NLCAHR, CHRSP, and CHRSP Champions

The Newfoundland & Labrador Centre for Applied Health Research (NLCAHR) was established in 1999 to contribute to the effectiveness of the health and community services system of Newfoundland and Labrador and to the physical, social, and psychological well-being of our population. NLCAHR accomplishes this mandate by building capacity in applied health research, by supporting high-quality research, and by fostering more effective use of research evidence by decision makers in the provincial healthcare system.

In 2007, NLCAHR launched the Contextualized Health Research Synthesis Program (CHRSP) to provide research evidence that would help guide health system decision making on issues of pressing concern. Topics for study are proposed and prioritized by health system leaders from across the provincial healthcare system:

- The Department of Health and Community Services
- The Department of Children, Seniors, and Social Development
- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health

The annual topic selection process yields roughly five research projects per year; all published CHRSP reports can be found online here.

Rather than conducting original research, CHRSP analyzes the findings of high-level research (e.g., systematic reviews, meta-analyses, health technology assessments) in the subject area. The findings are then assessed for quality and synthesized before being contextualized, by which we mean that the research evidence is assessed in terms of its applicability to the conditions and capacities of the unique context of Newfoundland and Labrador. Our contextual analysis includes assessing the specific forms an issue may take in this province as well as the applicability of any proposed solutions and methods to locally available resources, infrastructure, human resources, cultural conditions, and financial capacities. CHRSP uses a combination of external experts and local networks to undertake its studies and to facilitate the uptake of the results by the healthcare system.

To strengthen our collaboration, we work every year with our valued CHRSP Champions within each Regional Health Authority, and within the Departments of Health and Community Services and of Children, Seniors, and Social Development. These Champions, under the direction of their CEO or Deputy Minister, support evidence-informed decision making by helping identify topics for study and assisting with CHRSP studies on behalf of our healthcare system. Typically, CHRSP Champions hold a management position and have a good understanding of, and connection to, the entire organization. They are interested in research and in the use of research to support decision making and they have the ability, time, and authority to act as liaisons and communicators for CHRSP within their organizations and between their organizations and CHRSP.
CHRSP Champions and Their Roles

Who are the Champions?

From the outset, stakeholders from the Regional Health Authorities (RHAs) and the provincial government have asked CHRSP to develop an inclusive process for working together to support evidence-informed decision making in health. CHRSP Champions are leaders within each RHA and the provincial government who help us facilitate the internal processes needed to support the production of locally-relevant contextualized health research.

Our 2020 CHRSP Champions are:

**Department of Health and Community Services**
- Heather Hanrahan, Director of Regional Services
- Andrea McKenna, Assistant Deputy Minister

**Department of Children, Seniors, and Social Development**
- Henry Kielley, Director of Seniors & Aging, and Disability Policy

**Eastern Health**
- Krista Butt, Research Analyst
- Mike Doyle, Director of Research
- Janet Templeton, Program Director, Medicine
- Elaine Warren, VP and Chief Information Officer

**Central Health**
- Vanessa Mercer Oldford, Regional Director, Corporate Improvement

**Western Health**
- Hilda Bellows, Regional Director, Quality Management
- Mariel Parcon, Regional Manager, Research and Evaluation

**Labrador-Grenfell Health**
- Nadine Calloway, Regional Director, Health Information and Privacy

**The Role of a Champion**

- Provide a link between CHRSP and your organization
- Assist your CEO/ DM in completing CHRSP-related activities
- Lead the annual consultation process within your organization to identify CHRSP topics/questions
- Assist in communications from CHRSP to your organization
- Provide information to CHRSP to improve the program
- Help identify team members for specific CHRSP projects
- Assist in sharing information and disseminating completed CHRSP reports
CHRSP Reports: Three Decision-Support Products

**Evidence in Context Reports** are the CHRSP gold standard. Each report is produced by a research team led by a nationally-recognized subject expert and comprising an appropriate combination of local researchers and academics, a health system leader, healthcare administrators and clinicians, patients, caregivers, and consultants. An Evidence in Context Report answers the question, “What works?” by gathering and synthesizing a large body of critically-appraised research on the topic in question. The report then answers “What would work here?” by contextualizing the evidence for use in Newfoundland and Labrador. Finally, each report includes a series of implications for decision makers to consider when applying the evidence in our unique healthcare context. The reports are published in three formats: a 35-50 page report, a four-page summary, a one-page briefing note, and a summary for patients and caregivers. Evidence in Context reports take roughly 12 months to complete.

**Rapid Evidence Reports** are intended to provide decision makers with a brief overview of the evidence on a given topic. These reports are intended to support decisions for which timeliness is important. The Rapid Evidence Report is also an option in instances where the body of systematic review evidence is insufficient for our Evidence in Context methodology. These reports can potentially provide enough supporting evidence to inform a decision or indicate that further study may be required in the form of an Evidence in Context Study. Rather than being completed by a research team, these reports involve a CHRSP researcher who will work with a consultant: to locate and appraise the research evidence on a topic; to identify key areas of agreement and disagreement in the literature; and to provide a brief outline of contextual factors that might be considered when applying the evidence in this province. Rapid Evidence Reports are 15-20 page summaries that can be produced within 4 months.

**Snapshot Reports** do not review the research evidence on a topic; rather, they provide a brief scan of health policies, practices or models and a summary of established or emerging interventions that have been carried out on the issue in question in jurisdictions outside Newfoundland and Labrador. This format was developed in response to the demand for timely information about policies/practices/models (“best practices”) that might be suitable for adaptation within this province. Snapshot Reports may either provide all the information required by the health system or they may be used as a catalyst for further in-depth study on a given approach, possibly in the form of an Evidence in Context Report or of a Rapid Evidence Report. Snapshot Reports are not intended to be a comprehensive or exhaustive evaluation of practices or policies nor do they constitute scientific evidence on the topic; rather, they offer a series of options for decision makers to consider when deciding on approaches to pursue in this province. Snapshot Reports are 15-30 page reports that can be produced within 3 months.

**Samples of Each Report**

**Evidence in Context Reports:**
- Reducing Acute Care Length of Stay (2017)
- Supporting the Independence of Persons with Dementia (2015)

**Rapid Evidence Reports**
- Mental Health Units in Acute-Care Facilities (2017)
- Reducing Wait Times for Outpatient Services (2016)

**Snapshot Reports**
- Health Risk Assessment for School-Aged Children and Youth (2017)
More Information Online
The Newfoundland and Labrador Centre for Applied Health Research website contains introductory information about CHRSP. We welcome you to review the key pages listed below. These pages provide an overview of CHRSP objectives and methods as well as descriptions of the roles and responsibilities of CHRSP Project Team members.

- About Evidence in Context Reports
- Methodology: Evidence in Context Reports
- About Rapid Evidence Reports
- Methodology: Rapid Evidence Reports
- Completed CHRSP Projects
- Current CHRSP Projects
- Information for CHRSP Champions

We invite our Champions to read this recent journal article describing CHRSP: Link to Article

The CHRSP Topic Selection Process

The figure below provides an overview of the seven key steps of the CHRSP Evidence in Context methodology; however, Steps 1 and 2 are undertaken for all report types, as these involve our health system contributing and selecting the topics for study each year. Steps 1 and 2 are outlined in detail below.

Once a year, the CHRSP Team contacts the CEOs of the Regional Health Authorities, the Deputy Ministers of the Departments of Health and Community Services and of Children, Seniors, and Social Development, and our valued CHRSP Champions to launch the process for selecting the next set of potential topics for CHRSP reports. The timeline for completing the topic identification process is developed in consultation with the CHRSP Champions, taking into account the scheduling cycles in which
the health system is involved. In previous years, this iterative process, which involves frequent consultations with our health system partners and extensive searching of the high-level research evidence, took about two months to complete; however, in 2018, our Champions asked us to give them more time for consultations. Moreover, our researchers suggested that more time to review proposed topics BEFORE the annual vote for priorities would yield a ballot that contained more refined topics that had been pre-tested as feasible for CHRSP study.

As a result of these considerations, we will pilot a new 6-month process following extended timelines this year.

The 2020 CHRSP Topic Selection Process, and Timelines

- **July 10**: CHRSP Topic Identification launched

- **July 10 to October 1**: CHRSP Champions circulate the 2020 CHRSP Topic Identification Form and consult within their respective organizations to identify issues of concern for which research evidence would be helpful to:
  - inform a pending healthcare decision;
  - provide scientific evidence to support a practice, program or policy that is being considered for implementation (these would be *Evidence in Context* or *Rapid Evidence Report* topics);
  - provide a jurisdictional scan of a practices, programs or policies implemented elsewhere that decision makers might consider for adaptation here in NL (these would be *Snapshot* Report topics)

- Champions and their colleagues within each health system organization will prepare and submit up to seven Topic Identification Forms to CHRSP. We encourage you to review the studies that CHRSP has already undertaken, here:
  - [Completed CHRSP Projects](#)
  - [Current CHRSP Projects](#)

- **October 1**: Deadline to return topics (a maximum of 7 completed topic submission forms per organization) to [Rochelle.baker@med.mun.ca](mailto:Rochelle.baker@med.mun.ca)

- **October 2 to December 10**: The CHRSP team conducts a careful assessment of all topics submitted and consults with health system partners to clarify requests, where necessary. This assessment will include: refining and clarifying study parameters; consolidating the list of topics where the same topic has been proposed more than once; determining whether the body of evidence for each topic is sufficient to support the research; determining the suitability of each topic for the preferred methodology; identifying potential subject matter experts and consultants to serve on research teams, if required. This assessment will yield a consolidated list of topics that are feasible for CHRSP study and a proposed methodology for each.

- **December 1**: CHRSP surveys its Patient & Caregiver Advisory Council to identify the topics that are of most interest to them from the consolidated list.
- **December 11**: A ballot containing a voting list of feasible topics and a proposed study methodology for each will be sent to leaders of the province’s healthcare system (Deputy Ministers and CEOs) with a Gold Star placed next to topics that are of most interest to patients and caregivers.

- **December 11-12**: Health System Leaders confer on the consolidated list. The CEOs and Deputy Ministers vote and return completed ballots identifying their top 5 choices for study.

- **December 13**: The CHRSP team tabulates the voting results, communicates the results to our health system partners, posts the list of new topics on the CHRSP website and commences work on new studies.

- **January 2021- onwards**: Working in order of priority, the CHRSP team will assign the next project on the roster to the first available Project Coordinator. Occasionally, a project will be assigned to a specific Project Coordinator if they have specialized knowledge on the topic in question. The start times for projects may vary— a project may start immediately after the topic solicitation process, or several months later, depending on staff availability and the status of projects from the previous year.

**Input from Patients and Caregivers**

In consultation with our Health System Partners, NLCAHR has also recently formed a Patient and Caregiver Advisory Council (PCAC) in recognition of the value that patient and caregiver perspectives add to the research process. Members of CHRSP PCAC will be assigned to our *Evidence in Context* Projects and will contribute throughout the research process. The roles of the PCAC members include the following:

- helping refine topics chosen for CHRSP studies to ensure issues that are of value to patients are included;
- providing a link between patient and caregiver experiences within the healthcare system to identify unique contextual issues that health system decision makers may overlook; and
- enhancing CHRSP’s contribution to evidence-informed policy and decision support by bringing the people directly affected by our province’s healthcare policies into the CHRSP research process.

To support our topic identification process this year, members of the PCAC provided us with a list of research themes that are of particular interest to patients and caregivers. We encourage our Champions to bear these themes in mind as you identify research topics for CHRSP this year:

- Equity in access to healthcare services
- Care transitions
- Care planning and continuity of care
- Caregiver experience/ Caregiver support
- Impacts of caregivers (on patients, on healthcare system, on communities etc.)
- Support for people with Alzheimer’s Disease/ dementia and support for their caregivers
- Healthy aging
- Managing chronic pain and cognitive decline
- Appropriate palliative care for young people
• Supports for and management of chronic disease in the workplace
• Telehealth for chronic disease self-management
• Mental health and addictions supports
• Environmental health
• Inclusion of non-professional volunteers in healthcare
• Health and community service challenges for people lacking circles of support
• Impact of wait times on patient health outcomes
• Barriers and facilitators for rheumatoid arthritis diagnosis and treatment

When you submit your topics to CHRSP this year, we will ask members of the PCAC to tell us which topics are of the greatest interest to them. This patient and caregiver feedback will be included on the ballot for your consideration in the 2020 voting process.

What Makes a Good CHRSP Research Question?
In order to provide decision support in a timely manner for the most pressing issues facing the provincial health system, all questions submitted to CHRSP are reviewed according to a specific set of filtering criteria.

Considerations at the Topic Selection Stage

Importance of the Issue
• Is the question/topic viewed by health decision makers and other stakeholders as important and of high priority to the healthcare system?
• Is there a policy purpose or impending decision that justifies conducting a study on the topic?
• Will the decision have an impact on a significant portion of the NL population, or is it crucial for an identified sub-population?
• Does the decision have the potential to improve health outcomes, health services quality, or cost and value in healthcare?

Is the timeline appropriate?
• Can the study be produced within a timeline that will support the decision? (i.e., approximately one year for an Evidence in Context study, 3-5 months for a Rapid Evidence or Snapshot Report)

Is the research question feasible for a CHRSP study?
• Is the question clearly worded to avoid ambiguity about what is to be studied?
• Can the issue be framed as a researchable question?

Some tips for framing a feasible research study
• Applied Health research uses a standard framework for formulating research questions, known as the PICOS Framework (Population, Intervention, Comparison, Outcome, and Setting). As you think about an issue for potential study by CHRSP, ask yourself the following:
  o What Population should this study look at? Patients with Type II Diabetes? Children under 5? Nurses in Long-Term Care?
Is there a Comparator you want CHRSP to study? For example, how does music therapy compare to art therapy for patients with dementia? How does a new patient handling technique compare to the current practice?


What is the Setting where the intervention would take place? In hospitals? In long-term care homes? In the community?

With PICOS in mind, consider how asking a general question might be problematic. For instance, if you were to ask: “How can we avoid hospital infections?” the CHRSP team would have to look at so much evidence as to make a research project unfeasible. We would have to know more: Who are “we”? Is mandatory antibiotic use an acceptable intervention? What patients are we concerned about? Does “hospital” encompass outpatient clinics? What do we mean by “infection”?

Following the PICOS framework, here is an example of an excellent research question on the same topic: “What is the evidence that using a post-operative ward-level sepsis screening tool [intervention] works better than usual care [comparator] to decrease the incidence of post-operative sepsis [outcome] among patients aged 65 years and older [population] in acute care units [setting]?

When you submit your 2020 Topic Identification Forms, please bear specificity in mind.

Considerations at the Final Assessment Stage

Availability of evidence

Once we have identified the topics of importance, the CHRSP team will confirm that the question can be answered on the basis of high-level research evidence (see the box to the right). In cases where the evidence base is less robust and/or the topic is of a highly urgent nature, the topic may be better suited for a Rapid Evidence Report.

High-level research evidence refers to reports of research studies on a topic that have been synthesized in a systematic way.

For example, a systematic review responds to a specific research question, identifies and selects all relevant primary research based on set criteria, critically appraises the studies, and summarizes the results.

A meta-analysis goes one step further and combines the statistical results from the individual studies comprising the review.

A health technology assessment (HTA) provides a comprehensive, systematic assessment of the conditions for and consequences of using a health technology (i.e., a drug, a therapeutic or diagnostic device, or a process for the organization or delivery of care).

Other forms of evidence may be useful in informing CHRSP projects but may not, in the absence of high-level review literature, be sufficiently robust to justify a full CHRSP report. These include, for example,

- Government reports
- Program evaluations
- Statistical data
- Expert opinion
- Clinical Practice Guidelines
- Sufficient local input (e.g., key informants, statistical data, grey literature) must also be available to inform the contextualization.

### Availability of a team
- A Team Leader with expertise in the subject area is available to lead the project
- Local health system experts are committed to the project
- Local academic support is available
- Local consultants can provide input into the contextual factors of interest in NL

### Examples of Suitable vs. Unsuitable CHRSP Topics

<table>
<thead>
<tr>
<th>Proposed Topics/Questions for CHRSP</th>
<th>Filtering Criteria</th>
<th>Importance</th>
<th>Timeline</th>
<th>Feasibility</th>
<th>Evidence Available</th>
<th>Team Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suitable Questions</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Are Acute Care for the Elderly Units associated with improved outcomes for seniors admitted as inpatients to hospitals?</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>Is the hyperbaric oxygen treatment available at Eastern Health clinically effective for problem wound healing (i.e. diabetic pressure ulcers, delayed radiation induced injuries, thermal burns) among adults over the age of 18?</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
</tr>
<tr>
<td>In meeting the needs for dialysis services in rural and remote populations, what are the differences among the available treatment options with regards to efficacy/effectiveness, cost, acceptability, and feasibility in NL?</td>
<td>✓ ✓ ✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td>✓ ✓ ✓ ✓</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Unsuitable Questions</strong></th>
<th>Filtering Criteria</th>
<th>Importance</th>
<th>Timeline</th>
<th>Feasibility</th>
<th>Evidence Available</th>
<th>Team Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the best way to operate a lab testing program in NL, including the location of services, critical mass required, and maintenance of competency?</td>
<td>✓ ✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>No high-level research evidence</td>
<td>X</td>
</tr>
<tr>
<td>What is the best way to deliver obstetrical services in NL taking into account safety, clinical effectiveness, critical mass for competency, and required support services?</td>
<td>✓ ✓</td>
<td>?</td>
<td>?</td>
<td>X</td>
<td>No high-level evidence on service delivery</td>
<td>X</td>
</tr>
<tr>
<td>What is the optimum bed level for the populations served in NL along the acute care to community/long-term care continuum?</td>
<td>✓ ✓</td>
<td>✓</td>
<td>✓</td>
<td>X</td>
<td>Mathematical models required</td>
<td>X</td>
</tr>
</tbody>
</table>

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Publishing CHRSP Reports
The findings from all reports produced by CHRSP are disseminated at face-to-face meetings that are also offered by webinar. The reports are published on the NLCAHR website; placed in the Memorial University Libraries Research Repository, in Canada's National Library and Archives and in Memorial University’s Yaffle Research Repository. Additionally, they are often posted on the internal listservs of all regional health authorities as well as being posted in the Newfoundland and Labrador Medical Association’s Nexus Newsletter and the newsletter of the Association of Registered Nurses of Newfoundland and Labrador. Once a report has been disseminated, the NLCAHR team will solicit feedback from stakeholders and will host further meetings and events, as required, to help facilitate optimal uptake of the research results.

Evaluation and Feedback
CHRSP is committed to evaluating and optimizing the relevance, uptake, and impact of its research studies for its health system partners. Once sufficient time has elapsed between publication and the opportunity for our health system to apply the results (this depends on the topic and the complexity of the interventions under consideration but can be anywhere from one to five years after publication and dissemination), CHRSP solicits direct feedback from stakeholders and decision makers to evaluate uptake by asking how the reports were used and to identify areas for potential improvement.

We email a survey to CHRSP Champions, Health System Leaders, Contextual Advisors, Team Consultants, Project Team members, and to anyone who attended the dissemination event for each study. Responses are then gathered/collated from emailed replies and recorded in the evaluation folder for each study and anonymized for inclusion in annual reports and articles.

All feedback is filed electronically and retained within the folder for each study. Additionally, CHRSP maintains a master report of feedback that has been anonymized so that it can be shared in publications, such as our Annual Report. Some feedback is not solicited by CHRSP but is provided in correspondence/direct communication with our partners- this is filed in the same manner. For some completed studies, CHRSP continues after the study has been completed to work on next steps to implementation/practice; because some studies remain as “works in progress” the surveys for these are generally deferred until an evaluation of uptake would be more appropriate for stakeholders.