Instructions for Patient Caregiver Advisory Council (PCAC) members:

Soliciting your feedback on CHRSP Topics for 2021

Researchers at the Contextualized Health Research Synthesis Program (CHRSP) are seeking feedback from members of the CHRSP Patient & Caregiver Advisory Council to support the prioritization of new topics for CHRSP study in 2021.

Our health system partners\(^1\) have sent us topics that they would like us to study in the coming year. Before they make their final decision on their top choices, we would like to find out which of the topics they submitted are most interesting/important to you. We will then be able to tell the health system, before they vote, which topics are priorities for patients and caregivers.

How was the CHRSP Topic Identification process carried out this year?

- **In July 2020**, the Contextualized Health Research Synthesis Program (CHRSP) invited our six provincial healthcare organizations to identify new topics for us to study in 2021.

- **In October**, all six organizations submitted suggestions for research topics that will require evidence to support pending decisions about practice and policy directions.

- **From October to the present**, CHRSP researchers have been doing preliminary research on all submitted topics, assessing the feasibility of each topic for study. The result of this filtering process is a shortlist of searchable topics that you will find below.

What are the next steps to finalize the slate of topics for CHRSP study?

- **On or before December 9, 2020**, you, as a member of our Patient Caregiver Advisory Council (PCAC), will provide your feedback on the shortlisted topics. The instructions for providing this feedback are included below. Once we have identified YOUR priority topics, we will let our health system partners know which of the topics on the shortlist are of most interest to patients and caregivers.

- **On December 11, 2020**, we will send a ballot to our Health System leaders containing a voting list of topics. The ballot will indicate which of the topics were of most interest to our PCAC members.

- **On December 12, 2020**, our health system partners will email their votes for their top choices.

- **On December 13, 2020**, CHRSP researchers will calculate the results to come up with a new list of 5-7 CHRSP topics for the 2021 season.

\(^1\) 1 Department of Health and Community Services, Department of Children, Seniors, and Social Development, Eastern Health, Western Health, Central Health, and Labrador-Grenfell Health
The CHRSP 2020-2021 Shortlist
In October, our health system partners in Newfoundland & Labrador sent us a combined total of 42 topics. CHRSP researchers then consolidated any duplicate entries and looked into the feasibility of each topic (based on the suitability for CHRSP study, the availability of health evidence, and other factors), to develop the following shortlist of 17 feasible studies:

- Topic # 1: Community-based Transitional Models/ Services for Mental Illness
- Topic # 2: Improving Access to Healthcare for Rural Communities
- Topic # 3: Chronic Pain Management
- Topic # 4: Monitoring Blood Sugar
- Topic # 5: Care for Patients with Cognitive Impairment in Acute Care and Long Term Care
- Topic # 6: Urine Drug Screening in Opioid Dependence
- Topic # 7: Disclosure of Child Sexual Abuse
- Topic # 8: Youth Suicidal Ideation
- Topic # 9: Virtual Family Support Services
- Topic # 10: Youth Transitions
- Topic # 11: Shift Length in Long Term Care Facilities
- Topic # 12: Capacity Assessments
- Topic # 13: Harm Reduction
- Topic # 14: Decision Capacity of Persons with Dementia
- Topic # 15: Adults in Poverty
- Topic # 16: Repeat Order Laboratory Tests
- Topic # 17: Mental Health Screening Tools for Children and Youth

Here’s where you come in: PCAC Feedback

Please review the brief summaries of the 17 topics in our shortlist that are provided in the table below.

Based on your review, please send an email to sarah.mackey@med.mun.ca indicating your top four (4) topics—those topics that are of most interest to you and/or that you consider to be important for patients and caregivers. Please rank your choices in order of priority from most important to least important:

Example:
Top choice/ Most Important: Topic # 3
Second choice: Topic #7
Third choice: Topic # 1
Bottom choice/ Least important: Topic #9

In your email, feel free to indicate in a sentence or two why your top choice is interesting or important to you and/or for patients and/or caregivers more generally.

Example: “I think Topic # 4 could be very important for patients to improve their quality of life.”
### About the Summary Table

To help your review, the summary table below includes:

**The Research Question**: The question the health system wants us to answer in a CHRSP study.

**Background**: How the health system has explained why the topic is important to them.

**Definitions**: Information you may need to better understand the research question.

### Short-listed Topics for CHRSP Study in 2021

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<th>Topic/ Research Question</th>
<th>Background</th>
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<td># 1. Community-based transitional models/services for people with severe mental illness: What kinds of community-based transitional models/services (with or without supportive housing) are available in other jurisdictions for those with severe mental illness, and what are the components of these programs/services?</td>
<td>Our health system partners are interested in improving the operation of a Therapeutic Residence in the province. The goal is to implement a comprehensive biopsychosocial model that provides treatment of illness and symptoms, hands-on assistance with daily living activities and recovery support for individuals.</td>
<td>Community based transitional models/services have varying components such as: housing support, life management skills development, health and wellness, clinical support, employment/education support, relationship support and social support network, family support and education, behavioral/risk management, and crisis support.</td>
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<td># 2. Improving Access to Healthcare for Rural Communities: What are other jurisdictions doing to improve access to healthcare for people living in rural communities?</td>
<td>There are many individuals in our rural communities who lack access primary health care because of a lack of transportation. Our health system partners are interested in finding out what other jurisdictions are doing to improve access to primary health care among rural residents and how these efforts might be replicated in rural NL.</td>
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<td># 3. Chronic Pain Management: What is the evidence to support a multidisciplinary team approach to Chronic Pain Management?</td>
<td>Chronic pain management is an important component of care for patients suffering with chronic pain (non-cancer). Our health system partners are interested in research that would help to support current chronic pain management practices and inform potential developments of a clinical program for Chronic Pain Management.</td>
<td>Multidisciplinary team approach for Chronic Pain Management is one that includes a team of healthcare providers that help assess and manage a patient’s chronic pain based on the individual needs of a patient.</td>
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<td># 4. Monitoring Blood Sugar: What does the research say about the effectiveness of Continuous Glucose Monitoring (e.g. scannable patch) compared to other glucose monitoring methods (e.g. finger pricking)?</td>
<td>There is technology available that permits the wearing of a patch whereby a quick scan of the patch produces the result. Our health system partners are interested in evidence on the effectiveness of scannable patches as a way to improve resident quality of life, staff satisfaction and lower costs.</td>
<td>Continuous Glucose Monitoring Scannable Patch: A sensor you place on your skin that allows a device to scan and show information about your blood sugar.</td>
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<td># 5. Care for Patients with Cognitive Impairment in acute care and long term care: What evidence is available on alternatives to one on one care for patients/residents with cognitive impairment in acute care hospital and long term care settings that is cost effective and has no negative impact on quality outcomes?</td>
<td>Utilizing ‘constants’ or ‘sitters’ in health care is an established practice of one to one care that may be provided for a number of reasons including patients who are deemed to be at risk due to significant cognitive impairment. Our health system partners are interested in evidence on the effectiveness of alternative practices (e.g., technology) that could support this type of care which would result in value for money without compromising quality outcomes.</td>
<td>‘Constants’ or ‘sitters’: healthcare personnel or volunteers that are designated to provide constant observation of a patient to assure safety and wellbeing of the patient</td>
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<td># 6. Urine Drug Screening in Opioid Dependence: How is Urine Drug Screening conducted and utilized in the context of Opioid Dependence Treatment in other jurisdictions?</td>
<td>Historically, Urine Drug Screening has been used for a variety of reasons, some of which include guiding clinical treatment and determining eligibility for participation in programs. Our health system partners are interested in learning more information to help inform best practices for the use of Urine Drug Screening in Opioid Dependence Treatment in NL and address inconsistencies that currently exist.</td>
<td>Urine Drug Screening is used in the treatment of Substance Use Disorder for opioid agonist maintenance treatment (OAMT). It is also used by prescribers to guide clinical decisions, to determine whether people are using the medication as prescribed, to identify possible diversion, and to determine whether other substances are being used.</td>
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<td># 7. Disclosure of Child Sexual Abuse: What does the research-based evidence say about interventions to improve child sexual abuse disclosure by children and youth living in care?</td>
<td>Recent research cites the importance of public health education campaigns so that children recognize and can name Child Sexual Abuse (CSA) when it occurs. As well, there is evidence that it is important to broach this topic in a child protection context even when CSA has not been alleged or suspected so that children know it is a topic that can be discussed.</td>
<td>Advice on Child Sexual Abuse Disclosure from the Association of Alberta Sexual Assault Services</td>
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<td><strong>#8. Youth Suicidal Ideation:</strong> What is the most effective intervention by residential (group home) care staff to address suicidal ideation in youth?</td>
<td>Our health system partners are interested in approaches and strategies that staff can follow when caring for children and youth up to the age 18 in residential care settings (group homes) who express suicidal ideation.</td>
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<td><strong>#9. Virtual Family Support Services:</strong> How are other Canadian provinces and territories delivering virtual family support services?</td>
<td>It is important to provide equitable and resourced family support services to families living in rural and remote parts of the province and improve access to and/or continuity of these supports. Our health system partners would like to make use of our provincial tele-health infrastructure to deliver or facilitate delivery of such services and are interested in how other Canadian jurisdictions are delivering virtual family support services.</td>
<td>Example of Virtual Support: Telehealth Services</td>
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<td><strong>#10. Youth Transitions:</strong> What early transition, policies, practices and programs have other jurisdictions developed and implemented for youth leaving care?</td>
<td>Youth that transition out of care at 18 years of age face many challenges with changes in support and environment. Our Health system partners would like to know what kinds of early transitional programming and target areas have been developed and implemented for youth in care in other leading jurisdictions in Canada and other similar countries (e.g., Australia, New Zealand, UK).</td>
<td>Example Program: Youth in Transition Worker program (Ottawa region)</td>
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<td><strong>#11. Shift Length in Long Term Care Facilities:</strong> What is the evidence that shift length in long-term care facilities affects resident and health care worker outcomes?</td>
<td>In long-term care facilities (LTC), nursing staff and personal care attendants are important contributors to resident care and well-being. Our health system partners are interested in evidence on the effects of staff shift length and the effects on the quality of resident care in LTC facilities.</td>
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<td><strong>#12. Capacity Assessments:</strong> What is the research evidence for different instruments/tools/protocols that are used to assess someone’s capacity for decision-making, with a focus on health decision-making in particular?</td>
<td>Health professionals regularly face the challenge of determining whether a patient or client has the mental capacity to make decisions regarding their own health care. Our health system partners are interested in evidence about a suitable process that could promote client safety while ensuring a person and family centered approach is maintained.</td>
<td>Capacity Assessment: “Capacity is a functional assessment and a clinical determination about a specific decision that can be made by any clinician familiar with a patient’s case.” (Dastidar et al., 2011)</td>
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<td>#13. Harm Reduction: What is the evidence that harm reduction strategies decrease opioid-related death, blood-borne infection transmission, and bacterial infection rates, and increase uptake in opioid replacement therapy for people who inject drugs?</td>
<td>National guidelines recommend harm reduction for the management of opioid use disorders. Despite an increasing injection use problem in NL, these strategies are not widely available in rural areas and in prisons, where injection use is common. Our health system partners are interested in evidence that harm reduction strategies improve user outcomes.</td>
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<td>#14. Decision Capacity for Persons with Dementia: How do other jurisdictions assess decision-making capacity for people with mild dementia in the areas of shelter, health, and finances?</td>
<td>Our health system partners would like to know more about approaches and strategies to assess the capacity of people with mild dementia to make decisions regarding issues related to health, shelter, and finances.</td>
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<td>#15. Adults in Poverty: What is the evidence that Universal Basic Income programs are cost-effective and improve housing, employment, and health outcomes?</td>
<td>Universal basic income is one strategy proposed to lift adults out of poverty and into a sustainable life situation. Our health system partners are interested in evidence on universal basic income for adults in poverty, with consideration for equity effects for gender, and as a preventive strategy for Social Determinants of Health. Universal Basic Income: “is a government program in which every adult citizen receives a set amount of money on a regular basis. The goals of a basic income system are to alleviate poverty and replace other need-based social programs that potentially require greater bureaucratic involvement.” (Investopedia.com)</td>
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<td>#16. Repeat Order Lab Tests: What research evidence is available on interventions that reduce unnecessary repetitive lab testing (repeat testing) through electronic ordering HIS in acute care/hospital settings and its effects on patient outcomes, laboratory over utilization and cost-effectiveness?</td>
<td>Lab tests offer value to patients and providers if ordered appropriately. Our health system partners are interested in evidence on interventions that improve unnecessary electronic ordering of repeat tests in the hospital in order to reduce unintended negative downstream risk associated with patient outcomes (e.g. daily blood tests), discomfort as well as unnecessary investigations and prolonged length of stay. Repeat Order Lab Tests: Some laboratory tests in acute care settings utilize an electronic &quot;series order&quot; or a multiple consecutive order function when ordering laboratory tests. This results in the patient automatically getting tested each day for a prescribed period of time. Such electronic order systems allowing 'one-click' requesting of test panels enforce certain testing patterns which can become habitual practice patterns that are very hard to change.</td>
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### #17. Mental Health Screening Tools for Children and Youth

In Newfoundland and Labrador, ongoing wait lists for mental health and addictions services for children and youth involved in the child protection system living in rural and urban regions of the island. Priority-setting based on perceived urgency is central to improving the fairness of wait list management by ensuring that patients have timely and fair access to services according to need. As part of wait list management, the benefits associated with having an effective triage tool is an important step toward a careful use of the restricted time, lacking resources, and personnel required to support children and youth.

### Definitions

**Social Determinants of Health:**

“The social determinants of health (SDH) are the social and economic factors that influence people’s health. These are apparent in the living and working conditions that people experience every day” *(Canadian Public Health Association)*