



COUNCIL OF ADVISORS - NB

Reported Findings



NOVEMBER 01, 2016 SAINT JOHN TRADE & CONVENTION CENTRE



WHO IS THE MARITIME SPOR SUPPORT UNIT?

The Maritime SPOR SUPPORT Unit (MSSU) is a collaboration of many individuals and organizations, all of whom have the goal of improving health outcomes through shared research priorities that reflect the needs and values of patients in the Maritime Provinces. Through meaningful patient engagement, focused knowledge translation and use of administrative health data, the MSSU contributes to an enhanced healthcare system in New Brunswick (NB), Nova Scotia (NS), and Prince Edward Island (PEI).

OUR COLLABORATORS

Provincial Government

- NS, NB and PEI Departments of Health/Health and Wellness

Healthcare System

- Provincial Health Authorities
- Health Care Professionals

Academic Organizations

- Dalhousie University, St. Mary's University, St. Francis Xavier University
- The University of New Brunswick, Université de Moncton
- The University of Prince Edward Island

Funding Agencies

- Nova Scotia Health Research Foundation
- New Brunswick Health Research Foundation

Data custodians and agents

Researchers in health services, population health, and clinical health

Patients and lay representatives

PROVINCIAL ADVISORY COMMITTEE (PAC)

In each province, a Provincial Advisory Committee (PAC) is responsible for oversight of our overall goals and objectives, and for the establishment of a stakeholder engagement framework that prioritizes, monitors and reports on the patient-oriented research activity. In New Brunswick, the PAC assists its stakeholders in identifying project priorities, in providing context to research results and in implementing subsequent policy and practice change.

THE NEW BRUNSWICK MSSU PROVINCIAL ADVISORY COMMITTEE MEMBERSHIP

Government of New Brunswick Department of Health

R n  Boudreau
Nancy Roberts
Dan Coulombe

Horizon Health Network

Dr. Tony Reiman, *Chair of NB PAC*

Academic Organizations

Dr. Ted McDonald, *co-PI (NB) for MSSU*
Dr. Mathieu B langer
Dr. Anil Adisesh

New Brunswick Health Research Foundation

Dr. Bruno Battistini
Leah Carr

Patients

Mara Mallory

MSSU Staff

Bryn Robinson
Alysha Elliott

MSSU COUNCIL OF ADVISORS

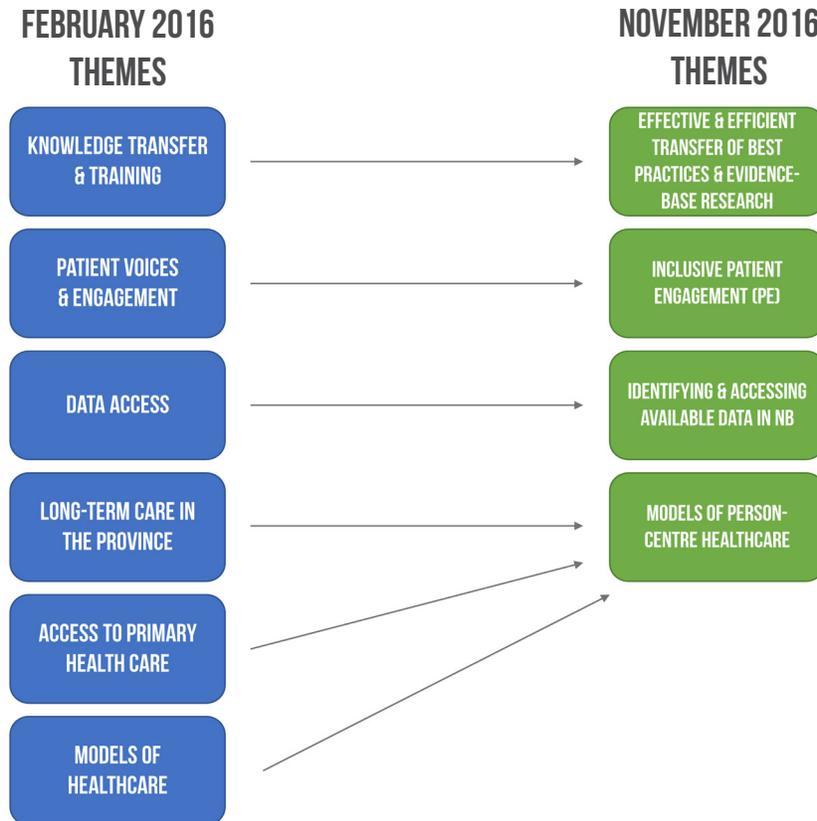
In addition to the regular stakeholder input that our PACs receive from government, healthcare and patients, it is equally vital to give voice to those without committee representation but who are equally invested in healthcare. Through our Council of Advisors days, we can gain valuable insight into both opportunities and challenges in healthcare research. As well, we can continue to build valued partnerships with all stakeholders invested in the Maritimes' health research enterprise.

		2016 MSSU Stakeholder Engagement Events										
		JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEP	OCT	NOV
	NB Council of Advisors											
	NS Council of Advisors											
	PEI Council of Advisors											
	Maritime-Wide Advisory Workshops											

In Saint John, NB, on November 1st, MSSU PAC members and staff met with a group of 18 stakeholders from diverse organizations, representative of a wide range of non-profit, academic and governmental bodies. (See Appendix 1 for list of attendees.) Through the work of an external facilitator (Donald Arsenaault of Consultation JARDA), we reviewed research themes identified at our first meeting in February, and discussed whether these themes continued to be relevant for health research in NB. MSSU staff present at each table to assist in facilitating the discussions and acting as scribes. Participants were also asked about any new themes that required our focus in future projects.

THEMES DISCUSSED

At the end of our meeting, it became clear that the themes were all important to conducting good health research in the province; however, two themes in particular generated most of the discussion: Effective and Efficient Transfer of Best Practices and Evidence-based Research, and Models of Person-Centered Healthcare.



I. *Effective and Efficient Transfer of Best Practices and Evidence-based Research*

Fundamental to good patient-oriented research is creating a knowledge plan early in the design of a research, with the active collaboration with the potential knowledge users in its development. However, it was recognized that there are still gaps in transferring evidence from researchers to knowledge users to enable more rapid changes in policy and practice – both within the decisionmaking environment (i.e., health authority and government), and within our communities. Participants acknowledged that silos still exist in our healthcare system that create challenges in collaborating and sharing knowledge; this would require significant changes, in both the structure of how we share knowledge and in our working culture, in order to be adopted. Further, to effect change, evidence needs to be taken directly to policy and decision makers (and not through private/non-profit sectors, although these groups can be key partners in engagement and research).

Thus, there is a real opportunity for the MSSU to take a leadership role in improving on effective and efficient access to both existing and future research knowledge, and in identifying potential knowledge users to plan our research. From this discussion, several short-term action items for MSSU staff were evident:

Best Practice Examples Shared by our Participants :

- Horizon Health knowledge mobilization network at the Stan Cassidy Centre for Rehabilitation
- Living SJ engagement to improve health through neighbourhood - based models of care
- NB Trauma standard nursing documentation

ACTION ITEMS: EFFECTIVE AND EFFICIENT TRANSFER OF BEST PRACTICES AND EVIDENCE-BASED RESEARCH

<p>ENVIRONMENTAL SCAN</p>	<p>What are the best practices, tools and structures in knowledge translation required to implement healthcare change? Who are the best users of the knowledge that we generate through research? Are there specific considerations to be made when sharing our knowledge in small/rural environments?</p> <p>Scans that provide answers to these questions could be shared with the NB health research community through traditional and social media channels.</p>
<p>RESEARCH HUB</p>	<p>How can the MSSU do a better job at communicating the work that we have already completed, and that which is in progress?</p> <p>By sharing this information again with our stakeholders, it is likely to generate more opportunities for collaboration as well as minimize duplication of efforts - essential in a small province with limited research resources.</p>
<p>CONSULTATION SUPPORT</p>	<p>What resources are available to me as a researcher through the MSSU?</p> <p>There is a clear need to better communicate what we can offer our partners, again so as to ensure efficiency with the limited resources and materials available to support effective knowledge transfer.</p>

II. *Models of Person-Centered Healthcare*

Participants identified the need to provide healthcare services through different models than those used currently (i.e., the provider-focused model of service delivery, in which the family physician acts essentially as “gate-keeper” for “their patients” to the majority of healthcare services). Rather, it was generally agreed that the focus instead needs to be patient-focused and address the following broad concerns with the current system:

- A primary healthcare system that is more holistic and focused on prevention first, thus removing existing pressures on acute care facilities. This includes providing the tools and structures to address underlying mental health problems masked by multiple office visits, or alternate team-based models of primary care that may be key to reducing wait times further downstream.

- Improving transitions between different parts of the healthcare system; for example, to and from community-based care, and from the pediatric to adult systems of care.

- Improving our understanding of the determinants of long-term care as it applies to ALL life stages. While the previous Council of Advisors focused on alternate levels of care (ALC), the present group quickly identified that long-term care is not limited to seniors; rather, it can and does include other situations that require long-term supports (e.g., those suffering from traumatic brain injury; psychological conditions; rehabilitation),

Patient-Centered Healthcare...

- Is coordinated and integrated
- Provides timely access
- Leverages available and new technologies
- Has appropriate follow-up communication and support
- Is connected to our communities
- Removes barriers (e.g., financial, language, geographic)
- Is multidisciplinary
- Is self-managed
- Heterogeneous – recognizes one size does not fit all

and by extension, transitions between different levels and systems of care.

- Identifying factors for patients at risk of being designated ALC. The challenge with ALC was viewed as a symptom of a larger, systemic issue with healthcare in NB. To begin to mitigate the challenges associated with ALC, it is thus important to better understand who is at risk for becoming ALC and how we may be able to use this information to prevent hospital admissions in the first place. From this conversation, more specific questions were also identified:

- What services did patients access prior to their ALC admission? Are these services still available, and if not, why?
- Is caregiver burnout an important component of becoming ALC?
- How does health depreciate in hospital? Is it possible to expedite discharge to avoid decline?
- How have communities changed over time in ways that have created barriers to seniors “aging in place”?
- What are key factors in effective falls preventions? Is it environment, frailty, or both?

ACTION ITEMS: EFFECTIVE AND EFFICIENT TRANSFER OF BEST PRACTICES AND EVIDENCE-BASED RESEARCH

ENVIRONMENTAL SCAN AND RESEARCH

What research on models of healthcare is already out there? Are there other examples of healthcare delivery that we can share?

In collaboration with our partners in the NB SPOR PICHC Network, we need to examine current models of healthcare across the globe, and understand what works and what has not.

II. Secondary Research Themes

Inclusive Patient Engagement

Our stakeholders are interested in knowing more about effective and meaningful patient engagement, and how they can better integrate it into their existing practice. We have the clear mandate to share with them best practices and tools of patient engagement. As well, there are differing levels of engagement possible; we need to identify what is appropriate for different types of research settings and questions, to facilitate their work in this area. For some of our discussion, the focus was specifically patient engagement with marginalized and vulnerable populations (as opposed to those who are well informed and resourced already). Typically, these patients face more barriers to attending research engagement events, and thus have a more difficult time in sharing their perspectives.

Patient-Centered Healthcare...

- Neighbourhood action groups
- UNB IBME and UNB nursing (cancer survivorship) experiences in engaging with patients for research

ACTION ITEMS: INCLUSIVE PATIENT ENGAGEMENT

PATIENT ENGAGEMENT TOOLBOX

How do you “do” patient engagement? When do I need to engage patients? How can we better identify marginalized or vulnerable patients, and thus their barriers to participation? How do I engage patients in secondary data research?

In addition to communicating MSSU consultative services, providing a toolbox of current best practices and methodologies for researchers can help empower researchers in taking the first steps towards patient engagement. Resources may come from a variety of sources, including health charities, who are often well adept at engaging with their patient groups.

Identifying and Accessing Available Data in New Brunswick

Finally, there was a learning opportunity identified, to educate different groups on the types of data available in other parts of the healthcare system (e.g., academics may not be as familiar with clinical data and its challenges; similarly, clinical data is often created for other purposes than the research question of interest). Indeed, the main focus of our discussion was on awareness – what is the New Brunswick Institute for Research, Data and Training (NB-IRDT), what kinds of data are available for research purposes at the NB-IRDT and in government departments, and how can people access it? From this discussion, there were several short-term action items evident for MSSU staff.

ACTION ITEMS: IDENTIFYING AND ACCESSING AVAILABLE DATA IN NEW BRUNSWICK	
DATA INVENTORY	<i>Do we already have data? Is there data somewhere that just needs to be prepared?</i>
STANDARD, USER-FRIENDLY DATA DICTIONARIES	For consistent reporting from field to field, there is a need to have readily available documentation and implementation guides.
PATIENT ACCESS & UNDERSTANDING	<i>How can we empower patients in research through data?</i> When patients can understand their own data in a simple, transparent and valuable way, they can be more engaged and proactive. This may be facilitated through dashboards or other visualization tools.

MOVING FORWARD

Overall, the event was successful in both understanding new potential research topics and evidence needs, and in creating new partnerships with stakeholders. The results from this event will be summarized and collated with information from similar NS and PEI events, so that the MSSU can establish Maritime-wide research priorities for the unit. Additionally, as we circulate these results back to participants, we hope to establish new partnerships and reinforce existing collaborations.

APPENDIX A.

STAKEHOLDER REPRESENTATION AT NB COUNCIL OF ADVISORS

	February 25 th , 2016	November 1 st , 2016
Non-Profit	<ul style="list-style-type: none"> • Canadian Cancer Society • Heart & Stroke Foundation 	<ul style="list-style-type: none"> • Canadian Cancer Society • NB Lung Association
Health Authorities	<ul style="list-style-type: none"> • Réseau de Santé Vitalité (Planning and Decision Support) • Horizon Health Network (Research Services; Stan Cassidy Centre for Rehabilitation) 	<ul style="list-style-type: none"> • Réseau de Santé Vitalité (Planning and Decision Support) • Horizon Health Network (Extra Mural Program; Stan Cassidy Centre for Rehabilitation; Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP); NB Trauma)
Healthcare Facilities	<ul style="list-style-type: none"> • Shannex NB • York Care Centre 	<ul style="list-style-type: none"> • York Care Centre
Private Professional Organizations	<ul style="list-style-type: none"> • NB Association of Nursing Homes • Nurses Association of NB • NB Dental Society • NB Pharmacists' Association Inc. 	<ul style="list-style-type: none"> • New Brunswick Innovation Foundation • New Brunswick Health Council
Private Citizens	---	<ul style="list-style-type: none"> • Harold Doherty (Lawyer, Autism Advocate)
Research Networks	<ul style="list-style-type: none"> • Social Policy Research Network • NB SPOR Primary and Integrated Community Health Care Network 	<ul style="list-style-type: none"> • Social Policy Research Network
Academic	<ul style="list-style-type: none"> • St. Thomas University (Dept. Sociology) • University of New Brunswick (Faculty of Science, Appl. Science and Engineering; Institute of Biomedical Engineering) 	<ul style="list-style-type: none"> • University of New Brunswick (Research) • New Brunswick Community College
Medical Schools	<ul style="list-style-type: none"> • Centre de Formation Médicale N.-B. • Dalhousie Medicine New Brunswick 	---
Government	<ul style="list-style-type: none"> • Canadian Agencies for Drugs and Technologies (CADTH) • GNB Dept. of Health (Child and Youth Services; NB Cancer Network) 	<ul style="list-style-type: none"> • Canadian Agencies for Drugs and Technologies (CADTH) • GNB Dept. of Health (Program Alignment and Performance; NB Cancer Network; Primary Health Care)

Note. There were an additional three (3) participants were unable to attend the meeting but expressed interest in contributing; these opinions were gathered via an electronic survey distributed to potential participants following the meeting, and are incorporated in this report.

APPENDIX B.

EVALUATION OF WORKSHOP (N=4)

What did you like about the session?

- Opportunity to network
- The speakers were all very well informed. The discussion was excellent.
- Interactive, organizers very receptive and open to "shifting gears" to respond to participants' needs/questions re role of MSSU etc.

What would you improve about this session?

- An update from MSSU should be the first topic on the Agenda. the objective of the session should be clearer, if the group is a council of advisors , the session should be organised to obtain input on specific issues or obtain a consensus on issues to focus on
- I would recommend a bit more time for discussion and fewer topics.
- Some upfront intro with examples re MSSU etc. would have been helpful to ensure all were on the same page; a large number of attendees had not attended the initial session. 2. A few attendees are very vocal -- they are certainly very knowledgeable (about their own scope) and passionate too (both of which are assets); however, they tended to dominate discussion at every table I was at. It might be helpful to ensure a strong facilitator is designated at each table session whose role it is to keep the discussion on track/focus and ensure all have opportunity to contribute...

What did you learn AND how will you use this information in your work / research / education?

- Better understanding of MSSU, will help to spread the message to researchers.
- I learned a lot about the role of the research community in the conceptualizing the efficient delivery of health services.
- Better awareness of role of MSSU and project examples. Will explore opportunities to refer to/explore research underway and share evidence, KT strategies etc. as relevant.

General Comments

- My comments should be seen as constructive criticism and not be taken in any negative context. Would like to continue to be a part of it.
- Thanks for organizing and providing this opportunity to learn more and contribute. You did an excellent job preparing the day and in trying to cover a lot of material with a large, mixed audience.



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