2024-2025 REPORT TO COMMUNITY

Together for Change: Connecting people, evidence and action to improve health care in the Maritimes.

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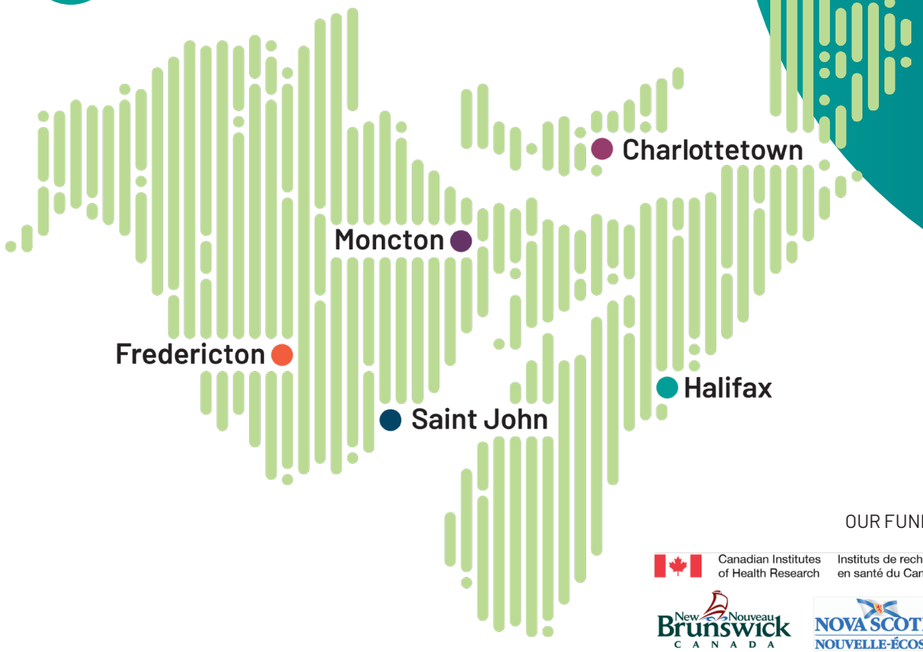
MSSU · USSM
Maritime SPOR SUPPORT Unit • Unité de soutien SRAP des Maritimes

Strategy for Patient-Oriented Research | Stratégie de recherche axée sur le patient
SPOR·SRAP
Putting Patients First | Le patient d'abord

WHAT'S INSIDE



Who we are

The MSSU works across the Maritime provinces to connect patients, researchers and health system leaders to ensure health research focuses on what matters most to people and leads to better care.

We are one of 11 SUPPORT Units that make up Canada's Strategy for Patient-Oriented Research — and the only unit serving more than one province.

Learn more about our core components and strategic goals at mssu.ca.

LEARN MORE

"MSSU's value isn't just producing evidence — it's embedding lived experience, so the evidence is more relevant, trusted, and impactful."

—Marina Hamilton
MSSU Executive Director

OUR FUNDERS

Canadian Institutes of Health Research / Instituts de recherche en santé du Canada
SPOR • SRAP
New Brunswick / Nouveau Brunswick CANADA
NOVA SCOTIA / NOUVELLE-ÉCOSSE
Prince Edward Island CANADA
research recherche nb

WELCOME

Working together for better health in the Maritimes

We are pleased to share with you the impact of your support through the work of the Maritime SPOR SUPPORT Unit (MSSU) in 2024-25.

Advancing health research in the Maritimes starts with people—patients, healthcare providers, researchers, and decision makers—coming together with a shared purpose. Last year people across New Brunswick, Nova Scotia and Prince Edward Island came together to advance patient-oriented research and strengthen our health systems. Guided by patient and provincial priorities, our work reflects the power of collaboration to create meaningful change for healthier communities in the Maritimes.

At MSSU, excellence in research means engaging the people most affected by it. Patient-oriented research is a standard of excellence, and we are proud to champion it in partnership with healthcare providers, decision-makers, and communities across New Brunswick, Nova Scotia, and Prince Edward Island.

In 2024-25, we supported projects addressing some of the Maritimes' most pressing priorities, from access to care and mental health to addressing the health workforce shortage. Highlights included publishing an interprovincial report on unmet mental health needs during COVID-19 and advancing projects that expand the role of pharmacists to improve patient access. We also welcomed Dr. Lori Wozney as our new Science Lead, Learning Health Systems, to lead our teams in advancing the adoption of a LHS in the Maritimes.

We introduced new initiatives to embed patient engagement earlier and more deeply into our processes, and we continued to grow our reach—welcoming nearly 500 new followers on LinkedIn this year—expanding opportunities to engage more diverse people with lived or living experience.

We invite you to explore this report and see how, together, we are building healthier communities through patient-oriented research.

Dr. David Anderson,
MSSU Nominated
Principal Ingvestigator

Marina Hamilton,
MSSU Executive
Director

BY THE NUMBERS: Your investment at work

$31.8M
awarded to MSSU-supported projects

48
Priority projects completed

96%
align with provincial health priorities

21
publications published

1 in 4
co-authored by patient partners

2024-2025 Performance Review Survey

Nearly
9 in 10 people

Said MSSU support made a real difference in their work.

72%

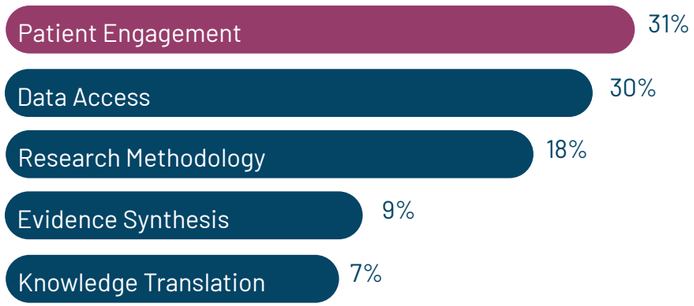
Nearly three-quarters of researchers said MSSU helped turn research into useful knowledge.

251
Research consults completed (up from 170 last year)

193
Knowledge Translation products and knowledge exchange events

4,733
Hours of support provided to SPOR Funded Entities

What services are most requested?



Who are our top clients?

73%
Researchers/ academics

14%
Healthcare professionals

Powering access to data in the Maritimes

Across the region, Patient/Public Partners are members of our Data Access Committees, ensuring data is used responsibly and reflects what matters to communities.

MSSU works with three data centres to help researchers access and analyze data that can improve health care.

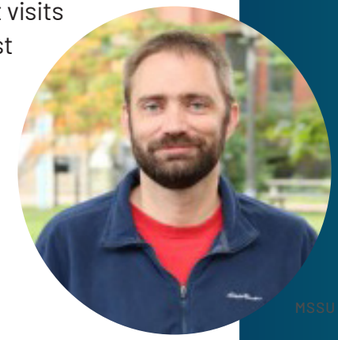
This year, **83** requests were completed.

DataNB (formerly NB-IRDT) added **18** new datasets — including health, education, and community data — and built partnerships with six First Nations communities.

Health Data Nova Scotia launched its first online data dictionary and HDNS data was linked to the Emergency Department Information System, patient surveys, and physician checklists to assess diagnostic imaging needs for low back pain. The team also advanced agreements to support Mi'kmaq data sovereignty.

Secure Island Data Repository in PEI secured key data holdings, including inpatient hospitalizations, physician billing, day surgeries, and emergency department visits ahead of a fall 2025 launch. A Data Scientist was also hired to begin data integrity checks and documentation.

READ MORE ABOUT BEN'S EXPERIENCE



"I'm glad to bring a voice to the Health Data Nova Scotia Data Acess Committee that can encourage researchers to avoid treating health data simply as numbers, and to consider how variables affecting patients' quality of life on a measurable scale can be factored into their analysis."

—Ben McVicker, Patient/Public Partner

STRONGER HEARTS: Redesigning heart failure treatment

For people living with heart failure, timely care is critical. Long waits for treatment can mean serious complications, more hospital stays, or even death. With support from the MSSU Moncton team, Vitalité Health Network is finding new ways to reduce delays and give patients more options for safe care outside the hospital.

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The MSSU Moncton team completed two rapid reviews that support the strategic priority of improving patient flow and reducing pressure on the health system, while giving patients more choice and control over their care, including the option to receive certain treatments at home.

The first review focused on the impact of intervention delays on the health outcomes of patients with heart failure or unstable angina.

The findings highlighted a clear association between prolonged wait times and increased mortality, hospital readmissions, and cardiovascular complications, underscoring the need to optimize care pathways and implement timely adjustments to mitigate risks associated with delays.

The second review examined home-based intravenous diuretic administration programs.

An example was the use of furosemide as a safe and effective alternative to hospitalization for certain patient profiles. The analysis of Canadian and international practices demonstrated that these interventions can be safe, effective, and cost-efficient when properly implemented.

The reviews are guiding ongoing discussions on how patients can effectively be supported through these transitions.

By listening to patients and reviewing the best available evidence, MSSU is helping speed up decisions that could improve quality of life for people living with heart failure in New Brunswick.

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What we found

Patients want quicker access to care and fewer trips to the hospital.

Why it matters

Heart disease is a leading cause of hospitalization in the Maritime provinces.

What has changed

The evidence is being used to shape a new model of home-based care for patients with heart failure.

A final word

The MSSU offers evidence synthesis supports for any patient-oriented research.
Request a consult

FACING THE HEAT: Climate change and public health

Summers are getting hotter and for seniors or people living with chronic illnesses, the risks can be serious — even fatal. Because heat events are expected to get worse, an MSSU researcher is studying how extreme heat has impacted New Brunswickers' health in the past to help plan for a safer future.

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To build a stronger foundation for protecting communities, MSSU researcher Dr. Sandra Magalhaes partnered with DataNB (formerly NB-IRDT) and the provincial government to evaluate how New Brunswick's Heat Alert and Response System (HARS) is working, and where it could be improved. These systems, used across many jurisdictions, notify communities during periods of extreme heat to reduce health risks.

In this study, heatwaves are defined as two or more consecutive days where temperatures exceed 30°C and nights do not fall below 18°C, or where humidex is 36 or more.

The team's findings show that extreme heat is linked to higher rates of mortality, hospitalization, and emergency department visits—adding pressure on the health system. The research also confirmed that multiple days with high temperature and humidity pose the greatest risks.

This first stage of research provides critical evidence to inform how and when alerts are issued, and it lays the groundwork for the next phase—working directly with communities to enhance their preparedness and response.

"We are planning to share what we are doing and what we learn with a network we'll create through the project. We also hope to learn from them," said Dr. Magalhaes.

By supporting this research and building strong partnerships across departments, the MSSU is helping create an evidence-informed approach to extreme heat that ensures communities are better prepared to protect those most at risk.

Dr. Sandra Magalhaes

What we found

Extreme heat is dangerous and the longer a heatwave lasts, the greater the risk for health issues.

Why it matters

Climate change is accelerating and the number of extremely hot days are expected to double.

What has changed

The government began adapting its heat alert protocols based on findings.

A final word

Learn more and hear from Dr. Sandra Magalhaes in an online presentation on YouTube.

BETTER CARE: Learning health systems in action

Across the Maritimes, researchers, health system leaders and patient/public partners are looking for better ways to turn evidence into action. That's the heart of a Learning Health System (LHS) — a culture where every project, every decision, and every patient experience contribute to continuous improvement.

Maritime Health Research Summit

In 2024, MSSU put LHS in the spotlight with the Maritime Health Research Summit and a new LHS in Action webinar series. In addition to creating awareness and understanding of LHS, these initiatives have been catalysts for system change in the Maritimes.

The Maritime Health Research Summit in October 2024 was a full-day event, with 157 people attending in-person and 100 virtually. The summit featured two keynote speakers (Shelley Vanderhout from Trillium Health Partners, Amy Folkes – Provincial Senior Director, Newfoundland Health Services), 18 oral presentations, three MSSU Trainee Support Program recipient oral presentations and 45 posters. Every project shared at the summit included patient engagement.

LHS in Action focused on different components of applying the LHS model – with speakers across the health system, policy, and academia speaking to pragmatic examples of how to enhance health system performance using an LHS lens.

"It's very helpful to see examples of projects that use an LHS approach so we can better understand how it works. It's also nice to see what is going on in our communities and how innovation can improve health outcomes," said a webinar attendee.

More than 460 people registered and 194 attended to hear about local projects that linked research, data, knowledge, and practice.

As a result, health system partners across the region are forming new connections and developing a clearer understanding of the value and structure of a Learning Health System.

Maritime Health Research Summit

What we found

Participants often felt uncertain about how to apply LHS in practice — they needed concrete examples.

Why it matters

Health care reform is one of the most urgent issues across the Maritime provinces.

What has changed

96% of attendees said they learned something new in the webinars they could apply in their work.

A final word

90% of participants said they made new connections they wouldn't have made otherwise.

CLIMATE CHANGE: Linking data with lived experience

When Nabiha Shafqat agreed to join a Research Advisory Council for a project on climate change adaptation in Prince Edward Island (PEI), she wasn't sure what to expect.

> "It wasn't just about giving feedback; we were at the table from the very beginning."
>
> —Nabiha Shafqat, Public Partner

"I initially had no idea what my role would look like, but it quickly became clear that this was a truly collaborative effort," she said. "Our stories and lived experiences shaped the direction of the work, and what stood out most to me was how every member of the council was heard equally and supported throughout the process. It created a strong sense of trust and collaboration."

The project, supported by the Maritime SPOR SUPPORT Unit (MSSU) and the Government of PEI's Climate Challenge Fund, builds on work started in 2022 and aims to fill an important gap in climate adaptation planning on the Island. While PEI's climate policies have focused largely on infrastructure and industries, few tools existed to visualize how health and social factors intersect with climate risks.

In 2024–25, Nabiha and seven other public partners worked alongside researchers from the University of Prince Edward Island's Centre for Health and Community Research (CHCR) to select indicators such as income, age, and housing. Their input shaped the development of spatial and story maps that identify communities that may require greater support and connect data with real-world experiences.

"Numbers alone don't tell the whole story," said Kate Kelly, Research Scientist at CHCR. "By weaving lived experience into the data, we can give decision makers in community, government, and beyond a fuller context to act with greater insight and empathy."

Throughout the year, the team engaged government and community leaders to gather early feedback and help guide next steps. They also began preparations for an interactive art exhibit designed to help people see themselves in the data and spark new conversations about climate and health.

For Mary-Ann MacSwain Standing, Director of CHCR and the Secure Island Data Repository (SIDR), these efforts underscore the importance of public engagement in health data research.

"At SIDR, we operate in a space — data science — where public engagement hasn't always been the norm, but we believe it should be," said Standing.

Looking ahead to 2025–26, the spatial and story maps are expected to be publicly available and featured in continued engagement activities that will turn this year's insights into tools to support evidence-informed, community-centred climate resilience planning across the Island.

"It was a great experience, and I'm genuinely looking forward to seeing how this work grows and creates impact in the future," said Nabiha.

VISIT THE PROJECT PAGE

Research Advisory Council meets to discuss research project on climate change adaptation in PEI.

CLOSING THE GAP:
Bringing cancer care home

In New Brunswick's Upper River Valley, accessing cancer care is a challenge. Many residents live in rural communities, often hours from the nearest oncology centre, adding travel time, cost, and stress to the already difficult journey of a cancer diagnosis.

To help ease that burden, the health system introduced new telehealth services and visiting oncology specialists. The Maritime SPOR SUPPORT Unit (MSSU) Saint John site, with funding from Pfizer, undertook a project to evaluate how well these changes were working.

The results were encouraging. Patients said telehealth reduced travel, eased anxiety, and made it easier to stay on track with treatment. Providers agreed it worked well for many types of visits and appreciated that the changes didn't add pressure to already busy teams.

One of the most important findings was a significant increase in palliative care referrals—ensuring more patients received supportive care earlier in their journey. As one provider shared, "Telehealth means more patients are getting the palliative care they need."

But the research also discovered gaps. Patients and providers pointed to the need for better video and sound quality, consistent nursing support during virtual appointments, and on-site technical assistance to ensure smooth connections. Armed with this feedback, the research team worked with health system leaders to share recommendations and help guide future investments.

As a result of the evaluation, new telehealth equipment was purchased, additional nursing support was added for virtual visits, and technical support was strengthened. Remaining project funds are also being used to buy additional equipment identified by participants as being needed—ensuring the changes reflect what patients and care teams said they needed most.

By listening to both patients and providers, MSSU helped the health system make telehealth better, not just available. Today, rural cancer patients in NB are receiving care closer to home, with services that reflect what they said they needed most.

"When patients share their experiences, it changes how we see the problem and the solutions. Their voices were essential in helping us make telehealth better, not just available."

—Dr. Luisa Galvis, Principal Investigator

VISIT THE PROJECT PAGE

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BREAKING BARRIERS:
Improving referral for FASD diagnosis

When William was finally diagnosed with Fetal Alcohol Spectrum Disorder (FASD) at age 14, his family had already endured years of frustration, stigma, and misdiagnoses.

"Before my diagnosis, I always felt like a bad kid," he recalled. "It seemed like everything was against me."

Today, William and his mom, Nadia, are using those experiences to change the system. As Patient/Public Partners on a research project in Moncton, they are helping researchers explore the hidden struggles families face when seeking a diagnosis — and how the process can be improved.

Their involvement transformed the project: William helped design study materials and shape survey questions, while Nadia shared firsthand insights about the challenges families face. Researchers say their lived experience has made the study more relevant, credible, and impactful.

"Their lived experiences ensure our findings are not only scientifically robust but also personally relevant." Dr. Nicole LeBlanc

Families in NB may see up to 10 providers before an accurate diagnosis. By working together, researchers and people with lived experience are helping to reduce stigma, speed up diagnoses, and improve care for young people living with FASD.

"We are all equals, and each contribution makes the project stronger." — Dr. Marie-Eve Laforest

For William, it's also a way to make sure others don't face the same struggles: "Living with a disorder is different than just studying it. That's why it's important for us to be involved."

VISIT THE PROJECT PAGE

BUILDING SKILLS AND AWARENESS:

Training the next generation in POR

KEY HIGHLIGHTS

- A fair and transparent selection process is now used for selecting Patient/Public Partners for all MSSU governance committees and projects. This process, combined with several communication channels and social networking by the Communications Advisor, has expanded MSSU's reach to engage a more diverse group of Patient/Public Partners.
- A working group comprised of Patient/Public Partners, researchers, and staff co-designed the MSSU Annual Meeting workshop based on the Learning Together: Evaluation framework for Patient and Public Engagement in Research on October 25, 2024. The workshop involved the MSSU community in dialogue around three domains that were identified as priorities for evaluation over the next two years: Welcoming, Communicating and Clarifying Roles.
- Trainee applicants were required to complete the CIHR -IMHA modules and all recipients attended the MSSU Patient-Oriented Research (POR) Practicum to provide additional foundational support for POR.

"I think once a researcher conducts POR and engages with people with lived experience it's so easy to see how vital they are to the research. There's really no point in doing research about patients without having them be a real part of it. The patients are top of my mind now any time I'm planning or carrying out a project."

—Anastasia Harris, Trainee Support program recipient

2024-25 Trainee Support Program

We provided a total of **$190,000** in grants to **10** trainees engaged in patient-oriented research.

SEE THE RECIPIENTS

222
MSSU Scientists (up from 213)

1760
MSSU newsletter subscribers

126
Participants trained across 9 POR Practicums

FIND AN UPCOMING TRAINING SESSION

17k
MSSU website visitors

56
Patient engagement opportunities shared on our website

93%
Increase in LinkedIn Followers

FINANCIALS

April 1, 2024 - March 31, 2025

MSSU is funded by Canadian Institutes of Health Research (CIHR) with a 1:1 match with Provincial funding partners. The Maritime funding partners include New Brunswick Department of Health, Nova Scotia Department of Health and Wellness, Prince Edward Island Department of Health and Wellness and ResearchNB.

ITEM	AMOUNT
Salaries	$ 3,297,232
Operations	$ 235,122
TOTAL EXPENSES	$ 3,532,354

BE PART OF THE CHANGE

Partner with us to grow patient-oriented research in the Maritime provinces.

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