Links

The Newsletter of the Canadian Health Services Research Foundation

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Making Research Work
www.chsrf.ca

A farewell word

By the time you read this, I will be in the last gasps of almost 10 years at the helm of the foundation. The editors of this newsletter kindly (and foolishly) gave over this last editorial under my watch to some personal musings by the outgoing boss.

It has been a wild and crazy decade, with little or no hint of the calm and contemplative world the public likely conjures up for those involved with "research." It was turbulent with debate and action around how the research world relates to its various audiences. Just as importantly, assumptions and methods have been challenged as those health system audiences gradually became players rather than bystanders in the production of good evidence to guide their work.

The health system's clinical providers, managers, and policy stewards now have ways to communicate and fund their research needs. There are opportunities for them to collaborate with researchers on these needs, and there are researchers ready and increasingly skilled to collaborate with them. They are themselves becoming more skilled, not only in how to collaborate but also in how to use research to make health systems better.

These advances have and will continue to bring with them tremendous challenges. For the research world, for instance: how to maintain objectivity in the face of engagement; how to fund "linkage and exchange" as well as rigorous data collection and analysis; how to reward impact as well as publication. For the decision-making world, for instance: how to do advance planning for research needs; how to combine research with the "other inputs" to decision-making; how to reward evidence-informed decision-making as well as stakeholder management.

Overall, the biggest single change over the decade, besides many more knowledge-related organizations with a lot more public funding, was the acceptance that applied health services research is not a product development and delivery exercise. Rather, it is a partnership venture between the doers and the eventual end users of the knowledge.

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Jonathan Lomas

This is distinct from the contractor-client relationship of much industrial R&D. But it is also distinct from "basic research." The models of curiosity-driven research – important as they are for the justifiably large proportion of basic research activity – are not applicable to the world of partnership for applied research. Although these curiosity and application models are learning to co-exist in the university environment, progress would be faster if those driven by curiosity alone would give greater credence to the fascinating intellectual and methodological challenges that are routinely solved by those additionally driven by application. Far from being second-class science, it is the most challenging of all forms of science – rigour balanced with impact, the domain of applied scholarship.

On a personal level, the decade has been one of enormous privilege. For 15 years before coming to the foundation from McMaster University, I had thought, researched, and written about evidence-informed decision-making. When the initial trustees of the foundation gave me the rare opportunity to put those theories and ideas into practice, and provided me with the enviable flexibility and security of an endowment to make it happen, I thought I had died and gone to heaven.

And heaven it has been for a decade: from the pleasure of a tremendous staff who give to a mission, not just to a job; to the support of partners who shared in the vision and taught us new ways to achieve it; to the wisdom and confidence of trustees who, as one former member was fond to (accurately) state, "acted as Ritalin to Lomas' hyperactivity." I cherished the support of a nursing research community, where we have had a special remit, and the commitment of all those students, researchers, managers, and policy makers who have seen, used, and helped us to improve our programs and activities.

I leave with a pride of accomplishment but an equal envy for the fun of the work still to do. The increasing international reputation of the foundation opens up a whole new world for proposals like our low- and middle-income country research use initiative, Promoting Evidence-informed Action from Research for Leadership (PEARL). Our accumulated experience with executive training on research use could lead us into more specialized training on the value of research, like our proposal for a Shorter Waits and Improved Flows Training (SWIFT) program to address waiting time management.

I have no doubt that our new CEO, Jeanette Ward, will continue the tradition of these and many other innovations when she takes over the helm of the foundation in April. I know she will take as seriously as I have the privilege that is leadership and stewardship of the foundation. My best wishes to you, Jeanette, and a heartfelt thanks to all of you for the gift of my own personal and professional enrichment over the last 10 years.

Jonathan Lomas
CEO, Canadian Health Services Research Foundation

IN BRIEF

Links shows off new look

Notice anything different about this issue of *Links*?

Similar to the foundation's web site (www.chsrf.ca), *Links* and many other foundation materials have adopted a fresh new look in line with the foundation's 10th anniversary activities. Though the look of *Links* is different, all the regular sections such as Grey Literature, Best Practice, and Data Digest will remain.

We welcome your comments and suggestions about *Links*' new look. Please send your questions and comments to kindha.gorman@chsrf.ca.

CHSRF THROUGH THE YEARS

First meeting of the trustees – April 1997 Foundation opened its offices for business – July 1997 First call for research released – September 1997 Jonathan Lomas began as inaugural executive director (later CEO) – January 1998

ABOUT US

The Origins of the Canadian Health Services Research Foundation: The enduring legacy of the Medical Research Council and its 1992 strategic planning process

– by Henry Friesen, MD, president of the Medical Research Council when the idea of the foundation was first conceived

The Canadian Health Services Research Foundation is part of the enduring legacy of the Medical Research Council's (MRC) strategic planning process of 1992. The major decision reached at that time was that the MRC should embrace the full spectrum of health research – moving beyond its traditional focus on medical research and clinical trials. While the principle was broadly endorsed, many felt the expanded portfolio should only be implemented if the council's budget was increased. And very soon, just as we were beginning to implement the decision to expand its health research agenda, along came "program review." Across-the-board cuts were mandated in all federal programs, including the Medical Research Council. Despite the new reality, the council still chose to pursue the broader health research agenda – a difficult but correct decision.

Meanwhile, I had begun to make the case that a modern health system, like any other economic sector, must have a robust research agenda if it wished to remain current and "best in class," and this required appropriate levels of investments. Happily I found a willing listener and an enthusiastic supporter of the concept in Peter Nicholson (vice-president of ScotiaBank seconded to the Department of Finance as a Clifford Clark visiting economist).

In 1995, during the pre-budget public consultation, then-finance minister Paul Martin's interest in the value of health research was tweaked when Cal Stiller, a member of council of the MRC, said during a televised town hall forum in London (which was subsequently reported in the *London Free Press*) "Minister I have a small idea: a $40 billion idea! And if you had 10 more like it Canada's deficit could be eliminated." Understandably the minister now was fully engaged and listened carefully to the case Mr. Stiller made on using the evidence from health research to control or in many cases reduce health costs that were generated by ineffective or inappropriate practices or therapies. That exchange led to an invitation for Mr. Stiller and me to meet with Mr. Martin. But it soon became apparent that the door to any new funding at the beginning of "program review" was shut... period.

Months later I consulted with Peter Nicholson about the situation. He helpfully facilitated a series of meetings during the summer and early fall of 1995 with officials from the Department of Finance, the MRC, and Health Canada. The broad outlines of the proposals making the case for health services research were agreed upon. As I subsequently learned, Mr. Nicholson, true to his conviction about the potential value of research in this area, continued to champion the case inside the Department of Finance with the minister. All our efforts were rewarded when Mr. Martin announced in the 1996 budget speech the creation of the Health Services Research Fund (later Foundation), endowed with $50 million of "new" money, plus the Medical Research Council's contribution of $10 million ($2 million a year), Health Canada's $5 million, and $1.5 million from the Social Sciences and Humanities Research Council, for a total of $66.5 million. (This later grew to more than $150 million with subsequent federal additions to the endowment.)

Thus, the decision by the MRC to embrace a broader spectrum of health research was beginning to yield tangible dividends – albeit not quite as I or others might have anticipated. The creation of the foundation proved to be but a prologue to two acts; namely the transformation of the Medical Research Council into the Canadian Institutes of Health Research in 1999, followed by the establishment of Genome Canada in 2000.

Henry Friesen

Those involved in the strategic planning process in 1992 could not have imagined the exciting developments unleashed by the bold decisions taken and the enduring legacy established.

Did the foundation develop the type of research agenda I might have crafted or favoured at the time? Almost certainly not. But surely that is the joy and/or frustration of research and its practitioners, who relish the unpredictability and the surprising forms their discoveries and creations take. I had envisaged a much more operationally targeted health services research agenda. But as I have reflected on the foundation I have seriously concluded the path and programs chosen have been imaginative and meaningful. Particularly impressive has been the approach of engaging decision makers as an integral part of developing the research priorities and of encouraging research-informed evidence as central to decision-making.

The process of listening to and engaging those who develop health policies and the decision makers who implement them has been salutary in sensitizing these groups to the value and place of research. By introducing these novel strategies and programs in its first decade, the board of the foundation, first chaired by Arnold Naimark, and the team led by its founding CEO Jonathan Lomas have established a very solid base for the foundation as an important health research institution and voice in Canada.

ABOUT US

Welcome to our new CEO

Jeanette Ward

As the foundation looks forward to its next 10 years, we welcome our new chief executive officer, Dr. Jeanette Ward, effective April 2.

"We are delighted that Jeanette Ward has accepted this challenging role at so vital a stage in our foundation's evolution," says Sister Elizabeth Davis, chair of the foundation's board of trustees. "Jeanette's experience as both an accomplished researcher and a successful health services manager matches perfectly the foundation's record of linkage and exchange between these communities. She understands first-hand the value of sound evidence in planning and implementing effective healthcare."

Dr. Ward is first qualified as a medical doctor and has a master's degree in adult education and a doctorate in behavioural sciences. As a researcher for much of her career, she has published 170 articles to date in academic journals, many of which evaluate the effectiveness of different approaches to knowledge transfer and exchange – a core business of the foundation. As the director of the Division of Population Health for the South Western Sydney Area Health Service in Australia from 2001 to 2005, she managed more than 200 staff and rapidly implemented a division-wide commitment to what has always been the foundation's overriding mission – evidence-informed decision-making.

"The foundation's light is seen not only here in Canada, but globally," says Dr. Ward. "The foundation is a remarkable success story for how it has built new capacity across Canada for applied health services research and how it has pioneered opportunities for collaboration between researchers and decision makers. The science itself of knowledge transfer and exchange has been advanced by the foundation's efforts. I look forward to working with staff at the foundation and our many partners across Canada, particularly in better equipping decision makers to use research in their day-to-day work."

Dr. Ward came to Canada from her native Australia as the director of the University of Ottawa's Institute of Population Health, where she quickly won appointment into a prestigious Canada Research Chair in policy implementation in population health. While at the University of Ottawa she developed effective networks, including participation on national peer review panels for the Canadian Institutes of Health Research, the Canada Foundation for Innovation, and the National Cancer Institute of Canada. She was elected to the board of the Canadian Public Health Association in 2005.

Her work in Australia included a six-year term as the inaugural director of the Needs Assessment & Health Outcomes Unit in Central Sydney Area Health Service and appointment by the New South Wales (NSW) minister of health to the board of the NSW Cancer Council. At a national level, she was a member of the board of the National Breast Cancer Centre (2004-05) and contributed perspectives as a decision maker to strategic research policy development when a member of the National Health and Medical Research Council's research committee (2000-03).

The foundation's inaugural CEO, Jonathan Lomas, said Dr. Ward is entering a very different world than when he started.

"Ten years ago, the foundation was almost alone in its goal of improving the health system through better use of evidence; now there are 20 like-minded organizations in Canada, with many more around the world. We continue to lead the way with our programs that fund relevant health services research; encourage knowledge transfer and exchange; and build capacity, both to do and to use research," says Mr. Lomas. "Under Jeanette's direction, we will continue to blaze new trails in these fields."

IN BRIEF

Mark your calendars: Campbell Collaboration Colloquium

The seventh annual international Campbell Collaboration (C2) Colloquium will be held in London, England, on May 15-16, 2007, with a full day of pre-meeting activities planned for May 14. The theme of this year's meeting is "Quality, Credibility, and Utility: The Relevance of Systematic Reviews."

The colloquium will have distinguished keynote speakers from the worlds of policy-making, practice, and academic research, as well as a policy forum in which senior policy makers from key government departments in the U.K. will present their ideas on what they need from the research community to support their professional work. The Campbell Collaboration is working hard to broaden the participation and involvement of a large constituency of people interested in generating and using the best research evidence to support policy and practice and to bring about positive social change.

Register by May 1 at www.campbellcolloquium.org or contact Kim Brickhouse at C2Colloquium2007@air.org for more information.

Executive Leadership Profile

In 2004, the foundation launched the Executive Training for Research Application (EXTRA) program to develop capacity and leadership skills to optimize the use of research evidence in managing Canadian healthcare organizations. Senior nurse, physician, and health service executives spend two years learning how research evidence can improve their decision-making and working on an intervention project to apply their new skills to their organizations. The EXTRA program was set up with a grant from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Sonja Glass, Corporate Manager, Risk Management and Quality Improvement Grey Bruce Health Services

"Creating a patient safety culture at Grey Bruce Health Services"

Sonja Glass valued her experiences learning about leadership in the Executive Training for Research Application (EXTRA) program so much, she is now putting her new skills to work as the fellow representative on the program's advisory council.

"I'll be representing the products of the program while sitting at the table," says Ms. Glass, who, with the rest of the council, will review the next round of applications and choose the new fellows. "I bring an understanding of how to help these new fellows and how to ensure their organizations will support them."

Ms. Glass is the first fellow rep on the advisory council, having joined EXTRA in 2004 and graduated in 2006. During her fellowship, she worked with her colleagues at Grey Bruce Health Services in Owen Sound, Ontario to improve patient safety across the organization's seven sites.

Ms. Glass says right around the time EXTRA announced its 2004 call for applications, Grey Bruce was evaluated by the Institute for Safe Medication Practices. That evaluation recommended some improvements and "led to thoughts about other opportunities within our organization to improve the safety culture," says Ms. Glass. This helped spur the executive team at Grey Bruce to choose her proposal and send her to EXTRA.

Taking advantage of some "strategic moments" – such as new legislation in Ontario addressing quality of care – Ms. Glass was able to implement changes to improve patient safety almost immediately. The most visible of these was the integration of a new software program on the organization's Intranet allowing staff to automatically report any incidents occurring around patient safety.

"Now I live and breathe this software program," says Ms. Glass, adding that front-line workers jumped at the chance to use the program and "have a voice" in the organization's patient safety culture.

While leading the rollout and implementation, Ms. Glass provided support to staff, customized the software to ensure it fit with the organization, and, crucially, used non-punitive language.

"When someone goes into the system to identify an incident, there are cues on contributing factors," says Ms. Glass. "Staff members have to think about why this happened; for example, was heavy workload a factor? This helps move us away from blaming one person and towards looking at how to improve the system further." The software also offers suggestions for avoiding similar situations in the future, based on the information entered. In addition, "the parallel implementation of our 'patient safety walkabout' program assists us in discussing issues directly with staff, ensuring comfort with the use of our program, and reinforcing our 'just culture' philosophy," says Ms. Glass.

When an incident is entered, the software automatically sends a report to the pertinent department heads. As quality manager, Ms. Glass sees all the reports,

Sonja Glass

which allows her to identify trends quickly and work with the relevant departments to make improvements. As one example, a few months ago there were several "isolation incidents" at Grey Bruce – a lack of communication meant staff in housekeeping and patient transfer didn't know which patients had to be isolated and were being exposed to communicable diseases. Now, patients who require isolation are given a bright yellow wristband when they check in to the hospital; the wristband acts as a visual cue to all staff, and Ms. Glass says there was a dramatic drop in the number of incidents.

Working collaboratively with other departments, as happened with the wristband project, is something Ms. Glass says comes much more easily after going through the EXTRA program. "I feel I have a broader understanding of how our organization functions in the big picture, in the context in which it sits." She's also applied her enhanced leadership skills outside Grey Bruce Health Services; in addition to joining the EXTRA advisory council, she's serving as chair of the board for the local Children's Aid Society and mentoring a co-worker who started her EXTRA fellowship last August.

For more information on the EXTRA program, please visit www.chsrf.ca/extra. For more information on Grey Bruce Health Services, please visit www.gbhs.on.ca.

BEST PRACTICE

Some good examples of doing, communicating, or using research to inform decision makers

Making full use of foundation programs in Montérégie

Over the last 10 years, many organizations have embraced the foundation's vision of an evidence-informed health sector. One such organization is the Agence de la santé et des services sociaux de la Montérégie, where leaders have tapped into a comprehensive suite of tools, resources, and programs offered by the foundation to bring together researchers and decision makers and better equip decision makers to use research evidence to inform their decisions — both clinical and managerial.

The foundation has released a video documentary, commissioned as part of its 10th anniversary, which offers an overview of how senior managers in the Montérégie have successfully used foundation programs to embed the search for evidence into their routine decision-making. Highlights include interviews with Luc Boileau and Jocelyne Sauvé, a former and current fellow in the Executive Training for Research Application (EXTRA) program, respectively; Denis Roy, the principal investigator on one of six foundation-funded knowledge brokering demonstration sites and former Canadian associate in the Commonwealth Fund's Harkness Fellowships in Healthcare Policy program; and Renaldo Battista, a researcher who works closely with the health authority and who refers to the foundation's "linkage and exchange" model when he talks about the way research is done in partnership in Montérégie.

The documentary is available on the foundation's web site at www.chsrf.ca. More information on the use of research evidence in Montérégie will be found in an upcoming issue of *Promising Practices in Research Use* at www.chsrf.ca/promising.

GREY LITERATURE

A review of a policy document, working paper, commission report, or other literature that has not appeared in journals

Assessing the foundation's impact

In an effort to ensure it is both evidence-informed and accountable to stakeholders, the foundation has chosen to undergo a review by an external panel every five years. This distinguished four-member international review panel met in January and will report on our progress in achieving our mission and make recommendations aimed at improving or enhancing our reach, efficiency, and effectiveness.

While in Ottawa, the panel visited the foundation and heard from a number of individuals representing stakeholder groups. In preparation for the meeting, the panel was provided with background materials in the form of four briefing books. These briefing books are summarized below.

Book 1: Setting the stage

The first briefing book provided the panel with information on the foundation's history, from our founding in 1997 with an endowment from the federal government, through our first five years focusing on creating more applied health services research and researchers, and onto our last five years, when we began to pay more attention to the needs of decision makers and improving the health system's ability to use research. This change in direction was a direct response to the 2002 review panel's report, which recommended 16 slight "course corrections," all of which were addressed by the foundation over the last five years.

This book also presents an overview of the evaluation philosophy of the foundation and highlights a number of past and ongoing program-level evaluations, including the 2002 international review.

Book 2: The foundation's programs in context

The foundation's programs and activities are guided by our four strategic objectives. The second briefing book depicts the evolving context in which the foundation exists and describes our key programs, their interrelation, and their products and outputs. Also highlighted are some potential future programs which are under development. Further information on all the foundation's programs and activities can be found at www.chsrf.ca.

Strategic objective 1: New knowledge

Before evidence-informed decision-making can take place, there must be a strong body of evidence that is relevant to decision makers' concerns. That is why our first strategic objective is to create new knowledge that decision makers can use. Achievements in this area include 146 research projects or programs funded through our Open Grants Competition between 1998 and 2004 and nine programs of research funded through our Research, Exchange, and Impact for System Support (REISS) competition since 2005. Final research reports have been received for 98 percent of completed grants and, though we do not have a specific number, we expect most have resulted in some form of peer-reviewed publication.

The foundation has always and continues to require matched funds for award recipients. In 2001, feedback led us to reduce the requirement from 2:1 matched funds to 1:1. Since that time, however, overall matched funds continue to exceed the required level.

Strategic objective 2: Research capacity

The foundation's second strategic objective directly feeds the first; after all, there must be enough applied health services and nursing researchers in the country to do the research needed by decision makers. The Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing (CADRE) program has contributed significantly to the number of researchers trained in applied health services. Although we are certain our numbers underestimate the situation,

Continues on page 7

we know that through the CADRE program at least 209 students at the master's, doctoral, and postdoctoral levels have completed training – all of whom have had exposure to or placements in decision-making environments. With respect to academic climate, there is more recognition for the challenges faced by those undertaking applied health research and more willingness and interest to find solutions or manage theses issues.

Strategic objective 3: Knowledge transfer and exchange

Decision makers need to know what research is available to help them make decisions, and they have to receive it in a useful format. There are three main groups of activities under this objective.

The first is our portfolio of research summary products, the most popular of which are *Mythbusters* and *Evidence Boost*; these two-pagers summarize research in a user-friendly way and provide clear evidence-informed policy directions. Twenty issues of *Mythbusters* and nine issues of *Evidence Boost* have been produced. Second, the foundation runs targeted dissemination campaigns in our priority theme areas. These campaigns ensure relevant information is delivered in a timely and appropriate way. Exchange events are another vehicle for targeted dissemination; since 2003 we have organized and hosted 33 events for researchers and decision makers around specific topics or issues. Third is our inventory of communication tools; most of our early tools were designed to help researchers communicate better with decision makers. New and future tools will focus on decision makers' needs.

Strategic objective 4: Decision-maker capacity

Once decision makers have acquired relevant research evidence, they need to know how to assess, adapt, and apply it. The Executive Training for Research Application (EXTRA) program, which gives senior health system executives the skills to better use research in their daily work, accepts 24 fellows annually. In 2005 and 2006, the nursing secretariat at the Ontario Ministry of Health and Long-Term Care funded participation of four additional fellows. Program evaluation data show the fellows are making marked progress. The foundation's knowledge brokering program has provided training and learning opportunities through four annual workshops and five regional workshops. It has also provided funding to six knowledge brokering demonstration sites and will further contribute to the evidence in the area through an evaluation of these sites. The research use portfolio has held three regional Research Use Weeks aimed at increasing local capacity. Fourteen additional requests have been received for similar events in other regions. The foundation launched *Promising Practices in Research Use*, a series of case studies describing how an organization has improved its ability to use research, giving decision makers real-life examples of using research. Finally, the annual Health Services Research Advancement Award recognizes an individual, team, or organization that has made a significant contribution to evidence-informed decision-making.

The foundation is also committed to creating a positive and creative work environment for its employees. This yielded an award from *Canadian Business* magazine in 2006 as one of Canada's 30 best places to work.

Potential future activities

The foundation is currently seeking funding for two new programs: 1) Shorter Waits and Improved Flows Training (SWIFT), which would train Canadian healthcare managers to better manage waiting times and patient flows through the healthcare system; and 2) Promoting Evidence-informed Action from Research for Leadership (PEARL), which would be a partnership with the International Development Research Centre to advance evidence-informed decision-making in low- and middle-income countries.

Book 3: A stakeholder's perspective

The third book is a summary report from EKOS Research Associates, a market research firm commissioned by the foundation for the international review panel to seek stakeholders' comments and opinions on our progress towards achieving our mission. Responses were received from 469 of 5,337 individuals surveyed.

Overall, our stakeholders are satisfied with our progress. When it comes specifically to our four strategic objectives:

1. more than half of stakeholders feel we are creating high-quality new research that is useful for decision makers, but there is still room for improvement;
2. we are making progress in increasing the number and nature of applied health services researchers, but we need to make significant improvements to increasing the number and nature of nursing researchers;
3. most stakeholders feel we are doing a good job of getting research to decision makers in the right formats and in a timely way; however, we are not using the right delivery channels; and
4. we are quite successful at helping decision makers adapt and apply relevant research; however, we need to improve at helping them acquire and appraise research in the first place.

Most stakeholders believe our linkage and exchange strategy – bringing together the users and creators of research – is successful and we are having a positive impact on Canada's healthcare system. Many also noted the foundation's international leadership in knowledge transfer and exchange.

Book 4: Considering impact

As an evidence-informed organization, the foundation seeks to measure our progress towards specific target outcomes and ultimately on creating a culture of evidence-informed decision-making. Ten outcomes have been identified to contribute to enhancing evidence-informed decision-making. The first three are short-term outcomes and covered our first five years. The second three are short- to medium-term outcomes and cover the period 2003-07. The final four are medium- to long-term outcomes and will primarily be addressed in 2008-15. Progress on these outcomes was assessed using a survey of nearly 5,000 stakeholders with a 31-percent response rate.

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Given we are one of a number of health-related knowledge organizations internationally, the foundation also endeavours to assess our lateral impact – the extent to which our programs and ways of operating have been adopted by other organizations.

Short-term outcomes (1998-2003)

Short-term outcomes are:

1. researchers understand the decision-making world;
2. relevant high-quality research is being produced; and
3. decision makers are aware of research and its value.

For our short-term outcomes, we have been most successful at getting researchers to better understand the decision-making world and increasing the amount of relevant high-quality research being done.

Short- to medium-term outcomes (2003-07)

Short- to medium-term outcomes are:

1. decision makers understand the research world;
2. decision makers access, appraise, adapt, and apply research; and
3. applied health services research capacity is enhanced.

Among these outcomes, we have been most successful at improving decision makers' abilities to access and use research – particularly through our work on knowledge transfer and exchange, for which we have an international reputation – and increasing Canada's capacity for doing applied health services and nursing research. There has been some progress getting decision makers to understand the research world and the value of research in decision-making, and progress in this regard has been significant when it comes to those directly engaged in our programs. Finally, we are best known for our "linkage and exchange" philosophy – bringing together the producers and users of research so they better understand each other.

Medium- to long-term outcomes (2008-15)

Medium- to long-term outcomes are:

1. there is a supportive applied health services research environment;
2. decision-making organizations have research capacity;
3. there is engagement between researchers and decision makers; and
4. research meets decision makers' needs.

When it comes to people in our community, we are already making progress on our medium- to long-term outcomes, ensuring research meets decision makers' needs and increasing their engagement with researchers.

Lateral impact

The best measure of our impact on the broader community of researchers and decision makers (that is, beyond those who participate directly in our programs) is our lateral impact; this has been significant at home and abroad with numerous examples of agencies emulating our programs and even our organizational design and purpose.

More information about the international review panel's report will be available in early spring. For more information about the international review, please contact the foundation by e-mail at evaluation@chsrf.ca.

ABOUT US

Latest reports released by foundation

The following final research reports were recently released and can be found on our web site at www.chsrf.ca/final_research/index_e.php.

Health human resources	
Job Satisfaction and Retention of Nursing Staff: The Impact of Nurse Management Leadership	Serge Gagnon et al.
Managing continuity	
Help – I need somebody: the experiences of families seeking treatment for children with psychosocial problems and the impact of delayed or deferred treatment	Graham J. Reid et al.
Evaluative Research on an Integrated Services Network Model with a Case Management Approach for Intellectually Challenged Elderly People	Daniel Boisvert et al.
An Evidence-Based Health Services Evaluation of Informational and Management Continuity in Heart Patients	Sherry L. Grace et al.
Nursing leadership, organization, and policy	
Determinants and Outcomes of Privately and Publicly Financed Home-Based Nursing	Peter C. Coyte, Denise Guerriere et al.
Defining the medicare "basket"	
Building a Public Dialogue Framework for Defining the Medicare Basket	Thomas Rathwell et al.

TOOLS OF THE TRADE

Tools to improve research use

Now there is a one-stop shop to find tools to help organizations create, share, and use research.

The foundation recently launched a free online database of tools to help organizations create, share, and use research. The inventory is a go-to place for resources such as strategies, stories, frameworks, evaluation plans, and literature that leads to action. Identified by both the foundation and others, these tools can help system managers, policy makers, and their organizations acquire, appraise, adapt, and apply relevant research in their work.

"Research evidence is only one part of the puzzle," says Maria Judd, the foundation's senior program officer for research use. Good use of the best available research can make it easier to explain where decisions came from and bring together interest groups with competing arguments. "The tools inventory is designed to help organizations integrate the use of research into their processes to make good decisions and the best possible choices for our health system."

Each resource is gathered and assessed by the foundation. The resources are classified by phase, according to if they help organizations acquire, assess, adapt, or apply research evidence to inform decisions (see sidebar below for more information).

The inventory will be launched in phases. Phase one focuses specifically on the use of research. Resources are added based on their ability to help users acquire, assess, adapt, and apply research. Resources are then further organized in sub-categories, such as strategies, stories, frameworks, evaluation plans, and literature leading to action. Phase two of the project will focus on tools to help organizations create and share research, such as resources related to networks, knowledge brokering, exchanges, and dissemination.

Users are encouraged to submit their favourite resources to add to the database.
To search the tools inventory or to add a resource, go to www.chsrf.ca/tools.

Demystifying the four "As"

Acquire

Ideally, evidence for health services decision-making should be readily available, easy to find, and simple to access. This is often achieved when there are designated people within the organization who monitor journals, web sites, and other sources of information, and who interact regularly with researchers to find the best, most timely, and most relevant research evidence.

Key questions: Does your organization have staff to do or find research? Can you find data or research studies if you need them? Can you find what's been done so far in a specific area? Is your organization on the mailing lists of key health services research agencies? Are there ways to communicate with researchers?

Assess

Not all research is created equal. Once research evidence is acquired, it's important to determine the relevance, validity, and quality of the information. This stage appraises an organization's capacity to assess research and distinguish good from bad, relevant from irrelevant, and general from specific. During this assessment, an organization can also evaluate its understanding of the context of the evidence, such as economic, political, societal, or organizational issues.

Key questions: Can your organization, or people within your organization, recognize the good from the not-so-good research? Can your organization assess whether the research is reliable and high-quality, and whether it is relevant and applicable?

Adapt

When the best and most useful research is gathered, it may not be in the proper format, language, or context for the unique needs of each organization. Though not always the case, research reports are often written for other researchers. The priorities of this audience are quite different from those of decision-making organizations, so though there may be useful research, it may not be in a format compatible with the organization. With skilled writers and analysts, an organization can adapt the research to provide decision makers with concise reports in familiar language which focus on key messages and recommendations. Analysts can also determine how an organization's unique environment, policies, services, and stakeholders will affect the outcome of the research implementation.

Key question: Can your organization present evidence to decision makers in a user-friendly format, including synthesizing recommendations, conclusions, and key issues?

Apply

When the research is acquired, assessed for applicability and quality, and adapted to suit the organization's unique environment, it's time to apply it to the decision-making process. This stage for using research examines the skills, structures, processes, and culture to best promote and use research evidence in decisions. With support and incentives for both using research and bringing it to the attention of decision makers, organizations can help ensure they get and make the best use of all the available information to address complex health services issues.

Key questions: When making decisions, does your organization allow enough time to gather the right research evidence? Is there continuous improvement within the process? Does your organization communicate effectively, both internally and externally? Can you evaluate the feasibility of the options?

DATA DIGEST

The numbers behind one of healthcare's current debates

CHSRF by the numbers

It's been a busy 10 years. As the following numbers show, the last decade has been full of programs, activities, publications, and events – all in the name of furthering evidence-informed decision-making.

For more information, please visit www.chsrf.ca.

Number of partnerships with organizations initiated by the foundation since 1997	74 (see page 11)
Number of chairs funded by CHSRF/CIHR CADRE program since 1999	12
Number of regional training centres funded by CHSRF/CIHR CADRE program since 1999	5
Number of Postdoctoral Awards funded by CHSRF/CIHR CADRE program	53
Number of Career Reorientation Awards funded by CHSRF/CIHR CADRE program	12
Number of CADRE graduates (chairs/training centres/Postdoctoral and Career Reorientation awards)	234
Number of regional training centre trainees (current and graduated)	245
Number of Harkness associates	12
Number of Health Services Research Advancement Award winners	10
Number of EXTRA fellows from 57 organizations since 2004	76
Amount awarded in research grants since 1998 (OGC and REISS)	$15,068,271.48
Amount matched for research grants since 1998 (OGC and REISS) (Nursing Research Fund, third-party co-sponsors, partner co-sponsor cash and in-kind)	$42,194,237.53
Number of Open Grants Competition reports posted on web site	102
Number of programs funded through the Research, Exchange, and Impact for System Support (REISS) competition	9
Number of projects funded through the Open Grants Competition	129
Number of programs funded through the Open Grants Competition	17
Number of *Mythbusters*	20
Number of *Evidence Boosts*	9
Number of *Promising Practices in Research Use*	9
Number of syntheses	8
Number of organizations reprinting *Mythbusters*	4
Number of organizations that have adopted the foundation's pioneering 1-3-25 format for reports	18
Approximate number of events organized by and/or involving the foundation 1999-2006	253
Number of hits on web site in 2006	739,790

First Research Use Week held – November 2005 First *Promising Practices in Research Use* published – December 2005 *Teamwork in Healthcare* synthesis released – June 2006 *Staffing for Safety* synthesis released – September 2006

ABOUT US

Setting priorities: *Listening for Direction III*

The foundation's first priority-setting consultation in 1998

Consultations are now underway for *Listening for Direction III*, a process to uncover short- and long-term research priorities for Canada's health system managers and policy makers.

The priority research themes emerging from the consultations will drive related research and synthesis themes and questions. The consultations aim to identify medium- to long-term priority issues confronting the healthcare system for the next three to 10 years for which primary research and synthesis themes and questions can arise. The participants will also identify shorter-term priority issues for the next one to three years. These priorities will be translated into critical themes to guide synthesis and primary research initiatives that can be targeted to meet the needs of particular regions.

Led by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research, *Listening for Direction III* works with six other organizations: the Canadian Agency for Drugs and Technologies in Health, the Canadian Healthcare Association, the Canadian Institute for Health Information, the Canadian Patient Safety Institute, Health Canada, and Statistics Canada. The *Listening for Direction III* consultations will be held until early April in Vancouver, Edmonton, Montreal, Halifax, Ottawa, Iqaluit, Yellowknife, Whitehorse, and Toronto.

The final report is expected in summer 2007. For more information in the meantime, please go to www.chsrf.ca/other_documents/listening/index_e.php.

ABOUT US

Thanks to our partners

The foundation doesn't work alone – part of our mission is to implement programs and pool resources with partners that can help us in our shared goal of improving evidence-informed decision-making. As the proverb goes, it takes a village.

Partnerships are about so much more than just extra funding – they spread knowledge and communicate ideas, they make research accessible and relevant to current issues in the health system, and they inform Canada's health system decision makers.

Partnerships can take many forms at the foundation. Some partners jointly fund entire programs of activity with the foundation, some co-sponsor a single project, workshop, or tool, while others use their experience or skills to teach the foundation new approaches or make new audiences available.

We would like to thank the following partners for their support in helping the foundation promote evidence-informed decision-making over the past 10 years:*

Federal (government)

Advisory Committee on Governance and Accountability of the Conference of Federal/Provincial/ Territorial Deputy Ministers of Health

Advisory Committee on Health Services of the Conference of Federal/Provincial/ Territorial Deputy Ministers of Health

Canadian Institutes of Health Research

Canadian Institutes of Health Research – Institute of Aging

Canadian Institutes of Health Research – Institute of Health Services and Policy Research

Canadian Institutes of Health Research – Institute of Human Development, Child and Youth Health

Continues on page 12

Canadian Institutes of Health Research – Knowledge Translation Branch

Health Canada

Statistics Canada

National (non-government)

Canadian Agency for Drugs and Technologies in Health (formerly Canadian Coordinating Office for Health Technology Assessment)

Canadian Association for Health Services and Policy Research

Canadian College of Health Service Executives

Canadian Council on Health Services Accreditation

Canadian Council on Learning

Canadian Healthcare Association

Canadian Institute for Health Information

Canadian Medical Association

Canadian Nurses Association

Canadian Nurses Foundation

Canadian Patient Safety Institute

Canadian Policy Research Networks

HEALNet

Social Sciences and Humanities Research Council

Victorian Order of Nurses

Provincial

Alberta Heritage Foundation for Medical Research

British Columbia Ministry of Health

Calgary Regional Health Authority

Centre for Health Economics and Policy Analysis, McMaster University

The Change Foundation, Ontario

Children's Hospital of Eastern Ontario

Conseil québécois de la recherche en santé

Eastern Regional Integrated Health Authority (Newfoundland and Labrador)

Fondation de la recherche en science infirmière de Québec

Fonds de recherche en santé du Québec

Government of Prince Edward Island

Government of Saskatchewan

Government of Saskatchewan, Innovation and Science Fund

Groupe de recherche interdisciplinaire en santé, Université de Montréal and McGill University

Institute for Clinical Evaluative Sciences

Institute for Work and Health

Interior Health Authority (B.C.)

IWK Health Centre

Li Ka Shing Knowledge Institute

Manitoba Health

Medical Research Fund of New Brunswick, New Brunswick Department of Health and Wellness

Michael Smith Foundation for Health Research (formerly British Columbia Health Research Foundation)

Ministère de la Santé et des Services sociaux du Québec

New Brunswick Department of Health

New Brunswick Healthcare Association

Newfoundland and Labrador Centre for Applied Health Research

Nova Scotia Health Promotion

Nova Scotia Health Research Foundation (formerly Nova Scotia Health Services Research Fund)

Ontario Ministry of Health and Long-Term Care

Ontario Ministry of Health and Long-Term Care's Nursing Secretariat

Ontario Neurotrauma Foundation

Ontario Women's Health Council

Prince Edward Island Department of Health

Prince Edward Island Health Research Program

Provincial Leadership Committee of Nova Scotia

Québec Consortium

Saskatchewan Health

Saskatchewan Health Quality Council

South-East Regional Health Authority (New Brunswick)

St. Michael's Hospital, Toronto

University of Northern British Columbia

Vancouver Coastal Health Authority

Vancouver Island Health Authority

Wellesley Central Health (now The Wellesley Institute)

Winnipeg Regional Health Authority

International

The Commonwealth Fund (U.S.)

Journal of Health Services Research and Policy (U.K.)

National Health Service (NHS) Service Delivery and Organization (U.K.)

Netherlands Organisation for Health Research and Development (ZonMw)

World Health Organization

For more information about the foundation's partnership program, please go to www.chsrf.ca/about/partners_e.php.

** We apologize in advance if we missed any partners in this list. Please note some partners listed no longer exist or have changed names.*

Listening for Direction III consultations began – February 2007 Second international review panel report presented to foundation's board of trustees – March 2007 10th anniversary celebrations held – March 2007 Jeanette Ward begins as second CEO – April 2007

Our mission is to support evidence-informed decision-making in the organization, management, and delivery of health services through funding research, building capacity, and transferring knowledge.

Questions? Comments? Please see our web site at www.chsrf.ca, or e-mail the newsletter editor, Kindha Gorman, at kindha.gorman@chsrf.ca.

Address Change? Please send your new address to publications@chsrf.ca.

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