

Links

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The Newsletter of the Canadian Health Services Research Foundation

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Leading the way to a healthy workplace

The Canadian Health Services Research Foundation, which received awards for its workplace culture in 2006 and 2007, vowed to go even further when it signed the *Healthy Healthcare Leadership Charter* from the Quality Worklife – Quality Healthcare Collaborative.

“As a founding partner in the collaborative, we feel we have to lead by example by continuing to make quality worklife a strategic priority,” says George Tilley, the Foundation’s interim chief executive officer, who signed the charter at the Networks Roundtable – Management of the Healthcare Workplace in October. “We are already on the cutting edge in many ways, including the three wellness days employees can take any time during the year when they feel the need to recharge.”

By signing the charter, the Foundation is committed to:

- monitoring quality of worklife based on indicators developed by the collaborative;
- identifying and implementing at least one activity to improve quality of worklife; and
- building and exchanging knowledge on what makes a workplace healthy.

“As per our mandate, we will continue to conduct knowledge exchange activities with a particular emphasis on quality worklife research and practices,” says Mr. Tilley. “Within the Foundation, we will start working right away to introduce a more comprehensive support system for employee wellness by rigorously monitoring quality worklife indicators

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Foundation CEO George Tilley (front right) signs the *Healthy Healthcare Leadership Charter* with Wayne Strelloff, chair of the Quality Worklife – Quality Healthcare Collaborative (front left). Foundation staff Mylène Dault, senior program officer for the management of the healthcare workplace theme (back left), Nancy Quattrocchi, chief administrative officer (back middle), and Dave Clements, director of knowledge transfer and exchange (back right), also witnessed the signing.

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such as absenteeism, overtime, training and professional development opportunities and turnover.”

The charter, indicators and 11 suggested activities for improving worklife are available in the collaborative’s report *Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada’s Healthcare System*, which was released in April 2007. The collaborative hopes all health

workplaces in Canada – especially health-care provider organizations – sign on to the charter and commit to improving their quality of worklife.

More information on the Foundation’s commitment to improving quality of worklife and the Quality Worklife – Quality Healthcare Collaborative is available from Mylène Dault at mylene.dault@chrsrf.ca.

Roundtable on primary healthcare: Canadian capacity for policy-relevant research

On September 17, 2007, the Canadian Health Services Research Foundation invited representatives of various organizations involved in the organization and delivery of primary healthcare across Canada to take part in a roundtable.

The meeting gave participants the opportunity to discuss the main recommendations in the report *Mapping the Future of Primary Healthcare Research in Canada*, prepared by a research team led by Dr. Grant Russell of the C.T. Lamont Research Centre in Ottawa.

Objectives

The report is the result of a commissioned research project funded by the Foundation, conducted from February to November 2006. This project had four objectives:

- determine the research capacity in the area of primary healthcare;
- determine how well this capacity is being used to conduct and communicate policy-relevant research in primary healthcare;
- assess the impact of the Primary Health Care Transition Fund’s expiry in March 2006 on primary healthcare research capacity and output; and
- study strategies (including funding mechanisms and organizational models) for developing, supporting and enhancing policy-relevant research capacity as well as knowledge transfer activities in primary healthcare policy.

Findings and Recommendations

The report describes the challenges associated with an inadequate supply of policy-relevant research in primary healthcare at a time of widespread reform and emphasis on integrated care in the Canadian healthcare system. The authors provide two main recommendations.

First, a co-ordinating body to advance the primary healthcare research program in Canada should be established. This group would play a leadership role in developing a national strategy for primary healthcare research and obtain the necessary funding for its implementation. It would also establish a link between research scientists and policy makers, as well as implement an information system to foster collaboration between ongoing research projects. Second, a national targeted funding program should be created to provide operating and team grants, establish research chairs and support the careers of clinician investigators and research scientists. With these strategies in place, the authors argue that the research community can best respond and contribute to policy and management decisions about effective, efficient and high-quality primary healthcare in Canada.

To view the report or for more information on primary healthcare, please visit www.chrsrf.ca/research_themes/ph_e.php.



The Newsletter of the
Canadian Health Services Research Foundation

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The Foundation’s 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.

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Executive Leadership Profile

In 2004, the Canadian Health Services Research Foundation launched the Executive Training for Research Application (EXTRA) program to develop individual skills and competencies in research use; to build organizational capacity to use research to manage and guide policy and health system change; and to foster interprofessional collaboration. Senior health-service and policy decision makers spend two years learning to improve the quality and effectiveness of the health system through the use of research. The EXTRA program was set up with a grant from Health Canada. The views expressed below do not necessarily represent the views of Health Canada.

Ward Flemons, Vice-President, Quality, Safety and Health Information, Calgary Health Region

“Emergency Department Overcrowding: Improving Patient Flow Through Adult Tertiary Care Emergency Departments – Using A Systems-Based Approach”

Although overcrowding in emergency departments is commonly described as a healthcare crisis across Canada, the impact is felt acutely within the Calgary Health Region where the median wait times for initial emergency physician assessments have been substantially longer than those recommended by the Canadian Association of Emergency Physicians for patients requiring urgent attention. The level of patient frustration has at times been so great that the rate of leaving without being seen has climbed to 10 percent in some months.

Dr. Ward Flemons, vice-president of quality, safety and health information for the Calgary Health Region, was concerned the lack of timely access was not only creating a serious patient safety issue, but also contributing to Albertans’ overall dissatisfaction with the healthcare system.

Furthermore, although it’s widely agreed that many factors contribute to emergency room overcrowding, Dr. Flemons recognized there was a lack of research-based evidence identifying the most important factors.

Thus the Executive Training for Research Application (EXTRA) program’s evidence-informed approach particularly appealed to Dr. Flemons. “I have a clinical and research background and have been increasingly involved with administration for several years without finding an opportunity for formal training,” he explains. “EXTRA was the ideal opportunity to combine my interests in all three areas plus interact with excellent participants and faculty from across the country.”

Improving patient flow through emergency departments using a systems-based approach became the goal of his intervention project, a component of EXTRA that lets participants apply what they’ve learned to their organizations.

“Although ED overcrowding problems are usually chalked up to inadequate resources, there are actually multiple interdependent causes that result in demand and capacity mismatches at various points in care delivery,” he says.

“We needed to ask if there is evidence to support this and can we use that evidence to develop an organization-wide strategy so we are all ‘rowing in the same direction,’” he explains. “The EXTRA program takes an individual and an organization down the path of asking those important questions.”

As a result, Dr. Flemons and two mentors proposed that a better way to understand the issue is from a systems perspective that analyses inputs (demand for service), throughput (emergency department efficiency), and output (ability for patients to move out of the emergency room).

The intervention project focuses on reducing the constraints at three important bottlenecks for emergency patients: 1) initial evaluation by an emergency room physician; 2) consultation and decision to admit by a hospital admitting service; and 3) transferring patients to an inpatient bed.

Using this model, a series of subprojects was developed to evaluate and relieve constraints using a theoretical framework based on the principles of queuing theory



Ward Flemons

and constraints theory. A key change strategy is a form of audit and feedback using the emergency department’s information system to generate regularly updated statistical process control charts that track progress times for the services at each of the three constraints.

“The scope of the project grew from a single site to all four urban acute-care sites in Calgary,” says Dr. Flemons. “It’s taken almost a year to see visible changes, but there’s progress in the right direction.”

The Calgary Health Region now has regular executive-level meetings focusing on the performance measures developed to track progress on the project. “There’s much greater appreciation across the organization that emergency room overcrowding is largely not an emergency room problem but is reflective of a bigger system issue that can only be solved with everyone understanding it and doing their part to make improvements,” says Dr. Flemons.

“EXTRA is just as much about influencing organizations as it is about training individuals,” he says. “Tremendous thought has gone into EXTRA’s design providing participants with unique opportunities.

“It’s a lot of work but it’s worth it and the learning opportunities are exceptional.”

For more information, please contact Ward Flemons at ward.flemons@calgaryhealthregion.ca. To learn more about the EXTRA program, please visit www.chsrf.ca/extra.

Call for 2008 HSRAA nominations

Do you know someone who has made a great contribution to advancing health services research and evidence-informed decision-making in Canada? Maybe a team of people or even a whole organization? It's time to recognize them for their exemplary work.

Following last year's award to the *Agence de la santé et des services sociaux de la Montérégie*, we are calling for nominations for the Foundation's 2008 Health Services Research Advancement Award (HSRAA). We are looking for nominations of

individuals, teams or organizations that fund health services research, work in partnership with health services researchers or frequently use research to make evidence-informed decisions. We also welcome the nomination of researchers who are doing health services research, communicating research well, teaching about health services research or advocating for it.

We recognize the people who are involved with health services research in many different ways – and not necessarily in traditional ways.

Please submit nominations by 12 p.m. on March 13, 2008, to the Foundation. The winner will be awarded \$10,000 to advance health services research and its use.

For more information about the nomination process, please go to www.chsrf.ca/funding_opportunities/hsraa/index_e.php or e-mail the Foundation at grantsandawards@chsrf.ca.

Call for EXTRA fellowships released

This year's Executive Training for Research Application (EXTRA) program is bigger and better than ever with the expansion of admission criteria, which will admit up to four additional fellows from government ministries or departments into the program on a self-funded basis.

These policy makers will join their decision-maker colleagues from health-care organizations to learn about using research to improve their decision-making and, ultimately, Canada's healthcare system.

With this change, there are now five ways for policy and decision makers to apply to EXTRA:

1. as an individual nurse, physician or other health-service executive in a senior leadership position in a direct-care-delivery organization;
2. as part of an interdisciplinary team of nurses, physicians and/or other health-service executives in a direct-care-delivery organization;
3. as an individual policy maker in a senior leadership position in a government ministry or department whose responsibilities include significant linkages to providers of direct care and delivery of services;

4. as part of a team of policy makers in a government ministry or department involved in implementing health-care policy as part of their duties, and having a working relationship with direct healthcare providers; or
5. as part of an interdisciplinary team involving both policy makers and direct-care decision makers in leadership positions.

The Foundation is accepting applications for EXTRA until February 29, 2008. More details are available at www.chsrf.ca/extra. The 2008 Guide for Applicants can be downloaded from http://www.chsrf.ca/extra/pdf/2008-EXTRA-GUIDE_E.pdf.