VOLUME 7, NUMBER 1, SPRING 2004 (ISSN 1496-5372) PUBLICATION AGREEMENT #40025240

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Nurses' role in patient safety

It seems like almost every second news story about the health system these days is about patient safety. In the last 10 years studies from the U.S., Australia, the United Kingdom, Denmark, and France showed health-system errors are a big problem and lead to needless deaths and injuries. The latest report on the matter will come from Canada later this spring. Funded by the Canadian Institute for Health Information and the Canadian Institutes of Health Research, it will show Canada's track record is not markedly different.

The question is, what can be done about it?

Considering we live in an era of hospital mergers and increasing workload for healthcare staff, and considering the sheer number of nurses in the health system, it is no surprise that research (much of it sponsored by the Canadian Health Services Research Foundation and the Nursing Research Fund) is pointing to a strong relationship between nurse staffing and patient outcomes. Not only is staff mix a factor (the proportion of registered nurses to other caregivers), but nurses' education levels, nurse-to-patient ratios, and the number of care hours per day that nurses put in also influence patients' level of pain, rate of infection, and death rate.

Communication is another important factor when it comes to nurses' roles in patient safety. The pediatric cardiac surgery inquest report led by Murray Sinclair indicated that communication issues — including the failure to listen to and act upon nurses' concerns — contributed to the deaths of babies undergoing heart surgery at the Winnipeg Health Sciences Centre in 1994. This same type of communication failure also contributed to the outbreak of SARS last year in Toronto.

Work environment also comes to mind. A recent report from the U.S. Institute of Medicine outlines how nurses' work environment plays a role in patient safety. The importance of designing workflow and processes with input from direct-care staff, recognizing the link between management practices and safety, and the need for nurse leaders at all levels of management are among many recommendations in the document.

So where do we go from here? The soon-to-be-established Canadian Patient Safety Institute, announced by the federal government last year, will have a critical role in leading and co-ordinating strategies to improve quality of care and build a culture of safety in our healthcare system.

But that doesn't mean it's OK to sit back and wait for the new institute to take the reins on this issue. Nurses are going to be a key to progress. For our part, the Canadian Health Services Research Foundation is continuing its commitment to improve the situation, particularly when it comes to creating the evidence needed to guide the management of nurse (and other) human resources.

EXTRA* faculty leads, learning modules identified

A cutting-edge program calls for cutting-edge faculty. Just this kind of faculty recently joined the Executive Training for Research Application (EXTRA) Program, designed to train nurse, physician, and health service executives to find and incorporate research into their everyday work.

Curriculum development is under way, featuring lead faculty who will develop the learning modules and bring in star guest lecturers from Canada and abroad. Spread over two years, the away-from-home "residency sessions" will include six learning modules, beginning with understanding research and evidence, and moving on to look at their use and application in organizations.

The first session offers two modules that will lay the groundwork for how the fellows will apply what they have learned. David Streiner (director of the Kunin-Lunenfeld Applied Research Unit and assistant vice-president of research at the Baycrest Centre for Geriatric Care) will lead the first module this August in Banff on "Demystifying the research world." It will be immediately followed by a second week-long module led by John Lavis (associate professor at McMaster University and Canada Research Chair in knowledge transfer and uptake) on "Promoting the use of research-based evidence in health service organizations."

The third module, held at the La Sapinière Hotel in Val-David, Quebec in February of 2005 will be led by Terry Sullivan (vice-president of research and prevention at Cancer Care Ontario and associate professor at the University of Toronto in the department of health policy, management and evaluation and the department of public health sciences). His session will focus on "Becoming a leader for the use of research-based evidence in health service organizations."

The fourth and fifth learning modules will be held consecutively in August of 2005 in Banff. The fourth module will be led by Karen Golden-Biddle (associate professor in the faculty of business at the University of Alberta) in collaboration with Jean-Louis Denis (EXTRA's academic co-ordinator). The fifth module is co-led by Lillian Bayne (B.C. regional officer for the foundation) and Marcel Villeneuve of C.M.S.A Inc. (Conseil Management Stratégie Action). Golden-Biddle and Denis will cover "Using research-based evidence to create and manage change," while Bayne and Villeneuve will address "Sustaining change in the organizational context."

The last module returns to La Sapinière. This module will be a full week dedicated to looking at themes that have emerged over the program, fieldwork projects, and "intervention projects" at fellows' home organizations that are meant to put into practice what they have learned. Fellows will present their work at this

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Congratulations to our chairs

Lesley Degner

Nancy Edwards

A big congratulations goes out to CHSRF/CIHR chair Lesley Degner for winning the 2003 Best Original Research Paper in *Cancer Nursing* Award from the journal Cancer Nursing. Degner developed a measurement scale, based on early descriptive work by Lipowski, that looked at the meaning of breast cancer to patients. The scale used eight categories: challenge, enemy, punishment, weakness, relief, strategy, irreparable loss, and value. This measure was applied in two studies and found that women who ascribed a negative meaning of illness with choices such as "enemy," "loss," or "punishment" had significantly higher levels of depression and anxiety and poorer quality of life than women who indicated a more positive meaning.

The foundation is also proud to announce that CHSRF/CIHR chair Nancy Edwards was recently appointed to the governing council of the Canadian Institutes of Health Research. Edwards is a professor in the school of nursing and department of epidemiology and community medicine at the University of Ottawa, director of the Community Health Research Unit, and an academic consultant for the City of Ottawa's public health services. She has been elected to a variety of board positions, invited to sit on regional, provincial, and national advisory and expert panels, and consulted on community health program design and research initiatives in Canada and internationally.

New list of research priorities expected late spring

Information and ideas from recent cross-Canada workshops are now being compiled, following *Listening for Direction II*, a consultation process that uncovered short- and long-term research priorities for Canada's health-system managers and policy makers.

Rather than gather all-new ideas on what the research needs are, *Listening for Direction II* will add and subtract from the research themes that were identified in 2001 with the previous *Listening for Direction*, with changes based on recent regional workshops in Toronto, Edmonton, Vancouver, Quebec City, and Fredericton, and a national workshop in Ottawa. In addition to these consultations, a consultation meeting with the Advisory Committee on Governance and Accountability of the Federal/Provincial/ Territorial Conference of Deputy Ministers of Health took place in Vancouver on February 5, 2004.

These consultations ensure the research themes continue to reflect priority issues that are likely to confront policy makers and managers in the healthcare system for the next two to five years. Establishing short-term priorities (six to 24 months) is also a goal and will help guide which research themes most need a synthesis of available research.

Led by the Canadian Health Services Research Foundation and the Institute of Health Services and Policy Research (of the Canadian Institutes for Health Research), *Listening for Direction II* works with four other national partners: the Canadian Institute for Health Information; the Canadian Coordinating Office for Health Technology Assessment; the Advisory Committee on Governance and Accountability of the Federal/Provincial/Territorial Conference of Deputy Ministers of Health; and the health statistics division of Statistics Canada.

The final report of *Listening for Direction II* is expected in late May, 2004. For more information, please go to our web site at www.chsrf.ca/other_documents/listening/index_e.php.

News from the regional training centres

Ontario

School started in January this year for the first round of 24 students at the Ontario Training Centre in Health Services and Policy Research.

Funded by the Canadian Health Services Research Foundation and the Canadian Institutes of Health Research, and co-sponsored by the Ontario Ministry of Health and Long-Term Care, the Ontario centre offers a diploma in applied health services and policy research for graduate students at the master's and PhD levels. With six universities participating, the diploma program provides opportunities to learn about health services and policy concepts, research methods, and effective links with decision-maker partners.

Atlantic

The Atlantic Regional Training Centre (funded by the foundation and CIHR, and co-sponsored by the Nova Scotia Health Research Foundation) recently received official approval from the Maritime Provinces Higher Education Council and expects to expand its program soon to offer doctoral training.

Since its first students entered in 2002, the center has trained researchers at a master's level to do applied health services research throughout Atlantic Canada. Four universities are involved in the centre, where researchers look at interdisciplinary methodologies and learn how to communicate research to health-system managers and policy makers so that it can be used in policy development.

To learn more about the Atlantic Regional Training Centre, please go to www.artc-hsr.ca. Students interested in the Ontario Training Centre in Health Services and Policy Research can go to www.otc-hsr.ca for more information.

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

WHO report outlines primary healthcare strategies

In a world that has seen significant changes to healthcare over the last 25 years — changing disease patterns, illnesses brought on by bad lifestyle habits, and new illnesses such as AIDS — there is no single way to deliver primary healthcare. So says a draft report from the World Health Organization, titled *Primary Health Care: A Framework for Future Strategic Directions*. This is due to how different basic care conditions can be, both between and within countries, says the report. The report recognizes, however, that the current trend for delivering primary healthcare is to view it and organize it as part of a larger health system.

While it can be important to use evidence in primary healthcare decision-making, trying a specific initiative across different locations can have very different results, says the report. This means that policy makers need to keep in mind that locally based research needs to be incorporated into any change to the primary healthcare system, and that any activities associated with those changes need to be evaluated regularly.

The report also indicates that Canada's efforts to combine different health professions in primary healthcare teams seem to be the right way to go. "Co-located" professionals lead to greater integration in the healthcare system and benefit patients, says the report.

Future directions

The report outlines four basic states of primary healthcare that different countries are experiencing and then makes suggestions for each on next steps in primary healthcare development. The four states are essentially: 1) a primary healthcare system that has not yet been fully implemented; 2) a system where implementation is complete but needs strengthening; 3) a system that is a secondary consideration to fundamental social and political problems; and 4) a system that is in turmoil due to a large-scale population health crisis. A lack of guidance, poor leadership, insufficient political commitment, inadequate resources, and unrealistic expectations are to blame for primary healthcare systems that haven't been fully implemented or aren't delivering anticipated results, says the report.

The report goes further to suggest where decision makers might focus in order to resolve more specific problems. Problems include a failure to integrate primary healthcare into the overall health and social systems, unrealistic objectives, and a lack of political commitment and leadership

This draft report was intended to provide a platform for debate at a global meeting that was held in Spain in October 2003 on strategic directions for primary healthcare. Outcomes of the meeting included the acknowledgement that in order to enable co-ordinated patient-centred care across the continuum of prevention and care, there needs to be integrated health systems led by primary healthcare that blur the conventional distinctions between levels of care. It was also proposed that in order to continue to support primary healthcare, the WHO may need to consider supporting the development of a monitoring tool that looks at whether essential primary care principles are being implemented and to align implementation to policy — both for short-term programs and long-term perspectives.

For a copy of the draft report, please go to www.who.int/chronic_conditions/primary_health_ care/en/phc_report_oct03.pdf. The final report is expected out in late spring.

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

Ministry branch breaks the mould in using, funding, and communicating research

One branch of the Ontario government is turning heads with its commitment to using research to inform policy-making and helping researchers develop careers in health services and policy research.

Darryl Sturtevant — policy director for the mental health and rehabilitation reform branch of the Ontario Ministry of Health and Long-Term Care, as well as the policy director for primary healthcare — has made sure his experience with the National Health Research and Development Program didn't fade away after the program closed its doors. During his time there, programs were being restructured to increasingly look at the scientific merit of a potential research project, and how easily research results could be applied to the health system was fast becoming a powerful criterion when it came to deciding what to fund.

Championing research use

When Sturtevant joined the mental health and rehabilitation branch five years ago, the branch was just cutting its teeth as a new part of the ministry, allowing Sturtevant to carry over his learning. He quickly became a champion for integrating research into policy analysis. However research's role isn't only to help find answers to policy challenges, he says. He also sees research as part of identifying the health system's problems.

When it comes down to the nuts and bolts of his job, Sturtevant is working to bring forward policy issues and proposals to senior representatives of the government, and to cabinet and its committees. In doing this, Sturtevant's staff reviews available research and provides research references so all their policy proposals and solutions are informed by science. Where possible, Sturtevant also brings in researchers to participate in developing policy and advisory groups to give advice and opinions. "In any of these," he says, "I've always made it a requirement that research be a part of it."

Funding relevant research

To ensure the ministry has timely access to evidence supporting policy development, the branch, in partnership with the Ontario Mental Health Foundation, issues regular requests for research proposals. The requests for proposals are written by branch staff, and the foundation administers the peer-review process for funding held on behalf of the ministry. Instead of funding basic research, the branch funds primarily evaluative research, as well as research syntheses that can be applied quickly to "real-life" policy processes.

Darryl Sturtevant

Within the requests for research proposals, the ministry built in an expectation of how researchers will work with ministry staff, including up-front discussion before the research begins, check-in points during the research to make sure it's responding to ministry needs, and ending with formal presentations by the researchers to ministry staff, increasing the likelihood the research will be used. "We work hard to ensure researchers aren't working in isolation," Sturtevant says. "At the end of the day, it develops a fundamental relationship between the researchers and the ministry."

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Making data more useful

The mental health and rehabilitation branch is also building on opportunities to support the creation of data that can be used for policy and planning. For example, the branch seized the opportunity to develop data sets and put extra funding into the "Canadian Community Health Survey 1.2" that, with a little more cash, produced data that are far more useful to the ministry. Something as basic as increasing the number of participants in the survey allowed the ministry to analyse data at a regional level instead of having only province-level data.

Helping develop researchers

Sturtevant also sees the ministry as having a responsibility to encourage new researchers to enter the field of mental health policy research. "It's very important, because if they don't pursue research careers, there's a good chance they'll consider careers in policy," he says of the students expressing interests in both research and policy. Working alongside CHSRF/CIHR chair Alba DiCenso, the ministry is funding six students interested in mental health services research or health policy issues.

The ministry is also putting money into a summer "institute" in collaboration with the Ontario Training Centre in Health Services and Policy Research (funded by the foundation, CIHR and other partners), being held in 2004 at Lakehead University. Sturtevant will be going to the institute to support the roughly 30 students who are training as health services researchers. "This is a strategic opportunity to encourage the number of students interested in health services research to consider mental health as a career choice, particularly as it relates to northern issues," he says, acknowledging the lack of research on mental health in the north, particularly when it comes to health challenges faced by Canada's aboriginal population. "I'm a firm believer that if you want to build research capacity in the north, you need to train and support the people who live in the north," he says.

Improving knowledge transfer

The importance of clearly communicating research results is not lost on Sturtevant. Take, for example, his work in developing a communication and knowledge transfer plan for the Community Mental Health Evaluation Initiative, a partnership between the Ontario Mental Health Foundation, the Canadian Mental Health Association, Ontario Division, the Centre for Addictions and Mental Health, and the Ontario Ministry of Health and Long-Term Care. Led by CHSRF/CIHR chair Paula Goering, this research initiative funded eight research teams across Ontario to work on projects that have great merit both as a group and on their own. "We've been working with the partners to develop a plain-language report of the work and a strategy to get it out to those who really need it," he says. The dissemination strategy also included support for an innovative plenary session at a major mental health conference held this past autumn, and it will continue to communicate results to front-line staff, boards of directors, and others responsible for the delivery of mental health and addictions programs in Ontario. An editorial board involving representatives from the eight projects and funding partners hired a communications specialist to develop a plain-language report that will be promoted and disseminated across the province.

Training staff

When it comes to learning about the research community, Sturtevant's staff is given opportunities to find out about what is important to researchers. They are trained on how to look at research data and dig out the numbers' strengths and weaknesses. They also look at research methodologies and approaches, which help staff ensure data is not misrepresented accidentally when used to develop policy. When staff performance is evaluated, their efforts to use research are also incorporated into the criteria they strive to meet.

"It's not about just saying research is important," Sturtevant says of his branch's work. "It's about demonstrating on a daily basis that it's really important when it comes to ensuring sound public policy."

For more information on their efforts, please contact the mental health and rehabilitation reform branch at 416-327-7255.

The numbers behind one of healthcare's current debates

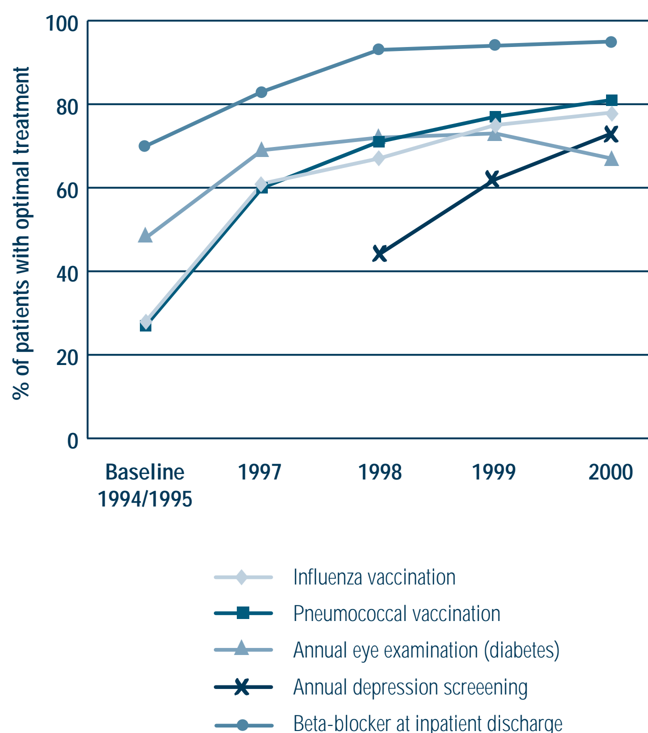
Remarkable quality improvement achieved alongside reduced costs

Since 1995, the United States' Veterans Affairs healthcare system has achieved eye-opening improvements in healthcare quality for its more than 3.5 million users, while reducing costs per patient by 25 percent.

The almost unbelievable improvements in cost-effectiveness were driven by a major reorganization in care networks, internal recruitment of network leaders, and investments in primary healthcare, applied health services research, information systems, and real-time performance feedback. Also, the role played by charismatic leader Ken Kizer between 1995 and 2001 cannot be overstated.

Some of the results of these efforts, seen right, are inspiring. For more information, visit the Veterans Affairs web site at www1.va.gov/health_benefits/, or see: Jha AK, et al. Effect of the transformation of the Veterans Affairs Health Care System on the quality of care. N Engl J Med 2003; 348: 2218-27.

Quality improvement in U.S. Veterans Affairs healthcare system



Data digest correction

In the fall 2003 issue of *Links*, a Data Digest article described how waiting times for certain surgeries in Edmonton had increased more than in comparison regions. The authors of the original study have pointed out that the Data Digest article did not take into account that increases in waiting times in the different regions were associated with large decreases in funding for health services during this period. The article also did not make clear that many of the differences in waiting times between regions were not statistically significant. In an effort to use plain language for a non-medical audience, the terms for the procedures studied included broader procedures than those the original study's authors looked at. The 10 procedures studied by the team that were reported in the Data Digest were craniotomy for tumours; debulking for ovarian cancer; total knee/hip replacement; colon resection for cancer; nephrectomy for tumours; abdominal aortic aneurysm; thoracotomy for tumours; laryngectomy for cancer; laparoscopic cholecystectomy; and transurethral prostatectomy.

Farewell to Cecil Sheps, Bernie O'Brien

We are sad to note the passing of two tireless advocates for the use of evidence in making healthcare decisions, representing the past and future of using applied health research. Dr. Cecil Sheps, the "godfather" of health services research, died February 8 at the age of 90. He helped implement universal healthcare in Saskatchewan in the 1940s before moving to the United States, where he was an advocate of better organization in health planning for more than 50 years. He served as director of program planning in the division of health affairs at the University of North Carolina, and he was the founding director of the university's Health Services Research Center, which was renamed the Sheps Center for Health Services Research in his honour. His son, Dr. Sam Sheps, followed in his footsteps as a major contributor to health services researcher and is now the head of the Western Regional Training Centre.

During his career Cecil Sheps held several prominent positions, including general director of the Beth Israel hospitals in Boston and New York and a professor in the Harvard medical school, the University of Pittsburgh school of public health, and the Mount Sinai school of medicine in New York.

Health economist Bernie O'Brien passed away on February 13 at the age of 44. Despite his too-short career, he made an enormous impact on the field of health services research. He was a professor in the department of clinical epidemiology and biostatistics at McMaster University and an associate of the Centre for Health Economics and Policy Analysis at McMaster. He also served as director of clinical effectiveness research and co-director of the Centre for Evaluation of Medicines at St. Joseph's Healthcare.

O'Brien held a senior investigator career award from the Canadian Institutes of Health Research, and he was the director of the new Program for Assessment of Technology in Health (PATH), funded by the Ontario Ministry of Health and Long-Term Care. PATH will assess the benefits and the costs of new health technologies through a series of research studies. O'Brien's research interests were economic evaluation of therapeutic interventions, analysis of decision-making models, cost-benefit analysis, and analysis of pharmaceutical policy.

O'Brien was renowned and celebrated for his ability to build bridges and create linkages — between research and ministries of health, between universities and health industries, between students and faculty, and between his many colleagues from diverse disciplines. You would have to search long and hard to ever find someone who spoke harshly of Bernie O'Brien and we are all grieving at the loss, as we lose his potential contributions to health economics.

Foundation welcomes new research director

Susan Law

The Canadian Health Services Research Foundation is pleased to welcome its new director of Research Programs, Susan Law.

Law has extensive experience as a health service manager in both Canada and the U.K. Among her roles in the U.K. she was purchasing manager and then the public health and health policy research and development manager for Oxfordshire Health Authority. In Canada, she was the director of administrative services for ambulatory care at Toronto's Hospital for Sick Children and then director of the Women's Health Centre at Peterborough Civic Hospital in Canada.

Most recently, Law was a senior scientist and consultant researcher with the Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS) in Montreal. She had been with AETMIS since 1998, where she worked on numerous technology assessment projects with many of our funded investigators. She also worked until last July with McGill University's International Executive Institute, planning and delivering an annual think-tank for health service executives.

Law is experienced with evidence-based decision-making from both sides of the fence, as a researcher and a decision maker. She has a number of academic publications, as well as reports and research papers in the area. She completed her master's in health administration from the University of Toronto in the mid-1980s and submitted her PhD dissertation to the London School of Hygiene and Tropical Medicine in January.

Law's e-mail address at the foundation is susan.law@chsrf.ca. She can also be contacted through our main phone line — 613-728-2238.

New health human resources science lead

Two national organizations have jointly appointed Prof. Gail Tomblin Murphy as a "science lead" in the area of health human resources: the Institute of Health Services and Policy Research under the Canadian Institutes of Health Research and the Canadian Health Services Research Foundation. In this part-time role, Prof. Tomblin Murphy — of Dalhousie University's school of nursing and department of community health and epidemiology — will advise the two organizations on issues in health human resources, represent the two organizations and the research community at national and regional meetings on health human resources, and assist with capacity building by helping recruit new researchers to this area. At the foundation, Prof. Tomblin Murphy will work closely with Mylène Dault, the foundation's senior program officer in health human resources, and Sue Beardall, the foundation's senior program officer in nursing. For more information on health human resources, please go to www.chsrf.ca/research_themes/hhr_e.php.

Conference deadline looms

The registration deadline is looming for the Canadian Association for Health Services and Policy Research's first conference. Scheduled for May 25 to 28 in Montreal, program highlights include speakers such as Dr. Robert Evans and Dr. Jean Rochon, as well as panel discussions titled *At the interface between research* and *policy,* and *Health care commissions as a vehicle for health care reform.* Special sessions will cover primary healthcare, the impact of international trade agreements, socioeconomic inequality and health, chronic illness management, public-private partnerships, provider accountability, and use and misuse of research in policy debates. For more information, please go to www.cahspr.ca.

CHSRF trustees, regional officer join council

Two of the foundation's trustees and one regional officer have been named to the Health Council of Canada. Non-government representatives on the council include trustee Brian Postl (also the president and CEO of the Winnipeg Regional Health Authority) and regional officer for the prairies Steven Lewis. Glenda Yeates, a trustee and deputy minister of Saskatchewan Health, is one of the governmental representatives. Canadian Institute for Health Information chair and former Ontario deputy health minister Michael Decter was named chair of the council. The council will be developing a framework in coming months to measure progress on implementation of the 2003 Health Accord. For more information on their activities, please go to www.hqc.sk.ca.

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last session, and a selected panel of researchers and decision makers will be invited for the presentations. This last module is also an opportunity to look at how learning and relationships will be sustained when the program ends.

For more information on the EXTRA Program, please go to the Canadian Health Services Research Foundation's web site at www.chsrf.ca, or contact Nina Stipich at nina.stipich@chsrf.ca or 613-728-2238.

The Executive Training for Research Application (EXTRA) Program is an initiative of the Canadian Health Services Research Foundation, the Canadian College of Health Service Executives, the Canadian Medical Association, the Canadian Nurses Association, and a consortium of Quebec partners, represented by l'Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS). It is administered by the Canadian Health Services Research Foundation and was set up with a grant from Health Canada. The views expressed within the program do not necessarily represent the views of Health Canada.

* Trademark of the Canadian Health Services Research Foundation.

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

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The Canadian Health Services Research Foundation
1565 Carling Avenue, Suite 700
Ottawa, Ontario, K1Z 8R1
Tel: (613) 728-2238
Fax: (613) 728-3527

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