



Identifying and Maximizing the Impact of the OSSU Demonstration Projects

OSSU Research Round Table: Volume 2

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Prepared By:

Keelia Quinn de Launay
Jeanette Cooper
Dr. Christine (Tina) Fahim
Dr. Sharon E. Straus

Contact:

Keelia Quinn de Launay, Research Coordinator
416-864-6060 ext. 77020

Email: Keelia.QuinndeLaunay@unityhealth.to



ST. MICHAEL'S
UNITY HEALTH TORONTO



Acknowledgements and Contributors

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The Research Round Tables initiative is a collaboration between the SPOR-EA and the Ontario SPOR SUPPORT Unit ([OSSU](#)). The Knowledge Translation Program ([KTP](#)) from St. Michael's Hospital was engaged to support the development of this report.

For questions about this report, please contact:

KEELIA QUINN DE LAUNAY, MSc
RESEARCH COORDINATOR

Email: Keelia.QuinnDeLaunay@unityhealth.to

Phone: 416-864-6060 ext. 77020



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Introduction

The Ontario SPOR (Strategy for Patient Oriented Research) SUPPORT (Support for People and Patient-Oriented Research and Trials) Unit (OSSU) ([1,2](#)) funded 17 Ontario-based health research projects designed to demonstrate a meaningful approach to Patient-Oriented Research (POR) ([3](#)), hereafter referred to as the ‘demonstration projects’ ([4](#)). A supplement published in the Canadian Medical Association Journal (CMAJ) in 2018, titled *Engaging Patients in Healthcare Research: The Ontario Experience*, provided an overview of the POR work being executed by the demonstration project teams (click [here](#) to explore the CMAJ supplement, [4](#)).

As these demonstration projects are now nearing completion, OSSU developed the Research Round Table initiative to provide project teams with an opportunity to showcase the overall outcomes of their demonstration projects (including projects that stemmed from the initial demonstration projects) and identify strategies to maximize the impact of their findings on healthcare research and decision-making. The Research Round Table was designed using an integrated KT approach to engage relevant stakeholders including OSSU leadership, researchers and patient partners, and was guided by SPOR’s guiding principles of mutual respect, co-building, inclusiveness, and support ([3](#)).

Objectives

Specifically, the objectives of the OSSU Research Round Tables are to:

- 1) Disseminate knowledge to relevant stakeholders through brief presentations by research teams about their projects.
- 2) Facilitate collaboration between the demonstration project research teams and relevant stakeholders through a guided discussion on the potential applications and impact of the demonstration projects’ work, including all usable evidence, potential key messages, strategies to tailor messages and reach target audiences, and potential barriers and facilitators to dissemination and implementation.
- 3) Use discussions to co-create case studies describing each project, their main findings, and potential avenues for impact.

December 13 Research Round Table

The second OSSU Research Round Table occurred on December 13th, 2019, from 12:00-3:45 pm at St. James Cathedral in Toronto, Canada. Four OSSU demonstration project teams presented at the second Research Round Table (see Table 1).

Table 1. Overview of research teams at the December 13th Research Round Table

Project title	Principal Investigator	Research Focus
C-Spine	Dr. Christian Vaillancourt	Identifying the impact of enabling paramedics in 12 Ontario communities to assess and transport low-risk trauma patients without immobilization using the Canadian C-Spine Rule.
MyTEMP	Dr. Amit Garg	Comparing the effect of personalized dialysis fluid (i.e., dialysate) in hemodialysis (HD) treatment on related health outcomes; Building capacity and creating recommendations for patient-oriented research with renal patients.
Diabetes in First Nations Populations	Dr. Michael Green	Characterizing the prevalence and understanding the experience of First Nations people in Ontario living with diabetes to inform related health policy and improve care.
OHIL	Dr. Noah Ivers	Developing and refining Health Quality Ontario (HQO) initiatives, with a focus on audit and feedback (A&F), and evaluating the Quality-based Procedures (QBPs) to inform hospital funding reforms.

Knowledge User Engagement

Selected key stakeholders from relevant organizations, as well as the OSSU and SPOR-EA teams attended the December 13 Research Round Table. See Table 2 for a summary of the organizations represented at the event.

Table 2. Overview of stakeholders at the September 13th Research Round Table

Stakeholder Group	Representative Organizations
Provincial Government	Ministry of Health and Long Term Care
Patient Partners	MyTemp Trial Patient Partner OSSU Board Patient Advisor
Non-Profit Organizations	Ontario Renal Network
Professional Associations	Regional Paramedic Program for Eastern Ontario
Hospitals	Ottawa Hospital Research Institute Women's College Hospital
Universities	University of Toronto University of Ottawa University of Western Ontario Queen's University
Research Networks	Ontario SPOR SUPPORT Unit

Methods

In partnership with the SPOR Evidence Alliance (SPOR-EA), the Knowledge Translation Program (KTP) at St. Michael's Hospital (Toronto, Canada) facilitated the execution of the Research Round Table data collection and analysis activities.

Data collection

The Research Round Table meeting was facilitated by Dr. Steini Brown, Chair of OSSU and Dean of the Dalla Lana School of Public Health at the University of Toronto. At the onset of the meeting, all research teams provided a brief summary of their project using a standardized presentation template (see [Appendix A](#) for the presentation template). After each presentation, Dr. Brown led a large-group discussion on potential impact and avenues of dissemination for this work. See [Appendix B](#) for an agenda of the Research Round Table discussion.

Development of plain language case studies

Prior to the Round Table, all research teams completed a Knowledge Sharing Template (see [Appendix C](#)) that outlined their project and their results to date. The KTP used the information from the Knowledge Sharing Templates to develop one-page, plain language case studies summarizing the demonstration projects. All case summaries were reviewed by a patient partner who was recruited and engaged by the KTP. See [Section 3.0](#) for the case summaries. All Research Round Table attendees received these case studies 1 week prior to the meeting.

Facilitated round table discussion

To capture diverse, individual and collective participant experiences ([5](#)), Dr. Brown, an experienced facilitator selected by OSSU, used a semi-structured discussion guide developed by the KTP and OSSU and reviewed by a patient partner (see [Appendix D](#)). The guide was informed by the Research Round Table objectives, as well as core principles of KT and patient engagement. The guide was designed to provide an opportunity for research teams to receive feedback from attendees on the following topics:

- Potential project impacts from a patient to policy level
- Opportunities for future stakeholder engagement
- Potential target audiences, and key messages for each target audience
- Strategies to disseminate key messages to each target audience
- Potential challenges and opportunities to disseminating and/or implementing project findings

Three KTP team members with expertise in KT and qualitative methods attended the Research Round Table and took detailed notes of all demonstration project presentations and facilitated discussions. Additionally, Round Table presentations and discussions were audio recorded for reporting purposes only.

Data analysis

The KTP used a rapid analysis approach to analyze the Research Round Table discussion. Rapid analysis is a form of qualitative content analysis that offers a feasible and rigorous method through which to categorize qualitative data on a limited timeline ([6](#)). Our rapid analysis approach involved the following steps:

Data management

1. Directly after the Research Round Table, three KTP members met to debrief, and review any points of confusion.

2. Each KTP member typed their notes from the Research Round Table, and then two staff members (KQL and JC) compared the transcripts and created a final consolidated version, reviewing audio recording in the case of conflicting information.

Data analysis

A coding framework was developed by the research team a-priori (see [Appendix E](#)). The framework was designed to directly inform the objectives of the OSSU Research Round Table. This coding framework was then used to code the data, as described below:

1. Two KTP staff members (KQL and JC) independently assigned certain pieces of text to the different parent-node categories using colour-coded highlighting directly on the interview notes. Further, these sections were assigned to child-node categories within the parent node categories, where applicable, through tracking comments in the interview notes.
2. Two KTP staff members (KQL and JC) reviewed the coded transcripts for discrepancies, which were discussed until consensus was reached. They then inputted the coded data into a summary table, organized by node from the coding framework.

Using these coded data, two KTP staff members (KQL and JC) sorted data into common categories informed by the objectives of the Research Round Table. Once data were categorized through this approach, staff members independently identified and summarized prominent project-specific topics of discussion. This analysis did not include information that research teams shared about the specific study outcomes (e.g., clinical outcomes), and rather focused on incidental findings (e.g., lessons learned), generalizable evidence, potential impact, anticipated challenges and potential solutions, strategies for dissemination and implementation, and strategies for sustainability and spread. Where applicable, the round table discussion themes are categorized into information presented by the primary investigator versus the round table attendees. The round table discussions were used to modify the plain language case study summaries and inform cross-cutting themes.

Individual Project Case Studies

The following four sections outline the project-specific outcomes from the Research Round Table plain language case studies and facilitated round table discussion. Each section can be independently sent to each project team to assist them in **(1)** developing their plan for dissemination and/or implementation, and **(2)** making the project findings more accessible to decision-makers and the general public.



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**A pragmatic strategy empowering
paramedics to assess low-risk trauma
patients with the Canadian C-Spine Rule
and selectively transport them without
immobilization
(C-Spine)**

Presented by Dr. Christian Vaillancourt



Introduction

The Ontario SPOR (Strategy for Patient Oriented Research) SUPPORT (Support for People and Patient-Oriented Research and Trials) Unit (OSSU) funded 17 Ontario-based health research projects designed to demonstrate a meaningful approach to Patient-Oriented Research (POR), referred to as the ‘demonstration projects’. Dr. Christian Vaillancourt’s research team was one of the three demonstration project teams to showcase the outcomes of their project at the December 13th OSSU Research Round Table at the St. James Cathedral in Toronto, Canada.

The purpose of the OSSU Research Round Table was to **(1)** collaborate with relevant stakeholders to identify strategies for dissemination and/or implementation and, **(2)** disseminate project findings to relevant stakeholders and make project findings more accessible to decision-makers and the general public. Patient partners, as well as key stakeholders from the provincial government (e.g., Ontario Ministry of Health and Ministry of Long-Term Care, Ontario Renal Network), hospitals (e.g., Women’s College Hospital), universities (e.g., University of Toronto and Queen’s University), and research institutions and networks (e.g., Ontario SPOR SUPPORT Unit) attended the Research Round Table.

In partnership with the SPOR Evidence Alliance, the Knowledge Translation Program (KTP) from St. Michael’s Hospital attended the Research Round Table and took detailed notes on the research presentations and stakeholder discussions, capturing content relating to usable evidence and potential for impact, strategies for dissemination and/or implementation as well as spread and sustainability, and anticipated challenges and strategies to leverage. This information was then analyzed and used to **(1)** identify prominent project-specific topics of discussion relating to the potential applications and impact of the research team’s project work (see [Research Round Table findings](#)), and **(2)** supplement information in the knowledge sharing template completed by the research team to inform the development of a 1-page project case summary (see [Plain Language Case Summary](#)).

The research team can leverage the pertinent stakeholder perspectives outlined in the OSSU Research Round Table findings and project case summary to inform their dissemination and implementation plan, and maximize the impact of their project findings on healthcare research and decision-making.

Research Round Table findings

Usable evidence and potential for impact

The research team shared generalizable lessons learned through their complex, multi-site study. Additionally, the round table attendees highlighted perceived key findings of the study.

Identified by research team:

- 1. Benefit of alternative pragmatic study designs on participant engagement.** The study team used a stepped-wedge trial design as this design allowed all participants to implement the C-Spine strategy during the study period. This design was more appealing to Paramedic Services as compared to a

traditional randomized control trial, where sites in the control group would not have the opportunity to implement the intervention.

- 2. Considerations when working with unionized workers.** Through the study team's collaboration with Paramedic Services in Ontario, the team identified unique considerations to working with unionized bodies. For example, the unions needed to authorize that its members could complete the additional paperwork that was required as a part of study participation, which led a site to drop out of the study. The study team recommends that future research groups partnering with unionized bodies should design their studies to create minimal additional work for their participants. Research groups may also benefit from proactively engaging with union management to collaboratively identify feasible study designs.
- 3. Strategies to deal with changes to clinical policies and protocols throughout study execution.** During the study period, the Ministry of Health implemented a major change to the Ontario Paramedic Service immobilization protocol. The revised immobilization protocol now supported the study team's intended implementation practice change. Through their partnership with Ontario Paramedic Services, the study team was made aware of these impending updates in advance of their implementation. The team accordingly modified their study timelines to ensure their study cross-over periods aligned with the Ministry's updates to the study protocols. Additionally, the team found it beneficial to partner with the Ministry to create communication materials, including an infographic that outlined how the study fit within the updated immobilization protocols.
- 4. End user satisfaction and sustained implementation of service delivery intervention.** The study team found that none of the paramedic service groups involved in the study wanted to return to their previous immobilization practices after the intervention, which highlighted their satisfaction with the intervention and its uptake in their day-day practice. This was a meaningful incidental finding.

Identified by the Research Round Table attendees:

- 1. Value of impact of intervention on emergency service response times.** Round table attendees were interested in learning more about the impact of the study intervention (i.e., use of the C-Spine decision making rule) on EMS response times. The principal investigator highlighted that the intervention could save a small amount of time in for paramedics during their initial assessment of the patient, but that this could add up to significant overall time savings. For example, if a patient is not immobilized, they can be moved from the EMS stretcher to a bed in the Emergency Department much more quickly, which in turn allows paramedics to return to the field more promptly. The round table attendees highlighted that reduced EMS response times could impact clinical outcomes at both a patient level (for example reducing time to hospital for a patient having a stroke) and systems level (for example decreasing the number of instances where there are no ambulances available).

Anticipated challenges and potential strategies to overcome challenges

The Round Table attendees encouraged the team to consider potential unintended consequences of implementation.

Identified by the Research Round Table attendees:

- 1. Importance of proactively addressing potential negative practice changes resulting from implementation.** The Research Round Table attendees encouraged the research team to proactively identify potential unintended negative consequences (specifically, negative practice changes) that could result from implementation (e.g., the loss of visual cue for emergency room personnel to assess the neck for injury without immobilization) and corresponding solutions (e.g., prompts for emergency health care practitioners to ensure they do not forget to assess the neck).

Strategies for dissemination and/or implementation

Identified by research team:

The research team outlined their dissemination plan, which included:

- 1. Considering the wide range of stakeholders impacted by the intended practice change when planning for dissemination.** The research team had carefully identified the various knowledge users that might be impacted by their service delivery intervention, and proactively aimed to develop targeted dissemination strategies for these groups (including, but not limited to: paramedic and fire services, first aid agencies, emergency physicians and nurses, and members of the general public). Additionally, the research team developed a relationship with the Medical Advisory Committee from the Ministry of Health and Long-Term care, who are interested in the study findings.
- 2. Collaborating with partner organizations with public engagement expertise when planning for dissemination/implementation.** The research team saw value in collaborating with an organization like OSSU that has lots of experience in public engagement, and believed this could facilitate dissemination and implementation through better understanding of how to tailor their key messages to different groups.
- 3. Leveraging outcomes of multiple complex project components to make meaningful contributions to the literature.** The study team anticipated that they will produce 9 publications from this project, including papers on their outcomes in an adult population, pediatric population, the results of their cost analyses, and a methods manuscript. The team has published on the patient engagement component of their study in the OSSU CMAJ supplement (see [here](#)).
- 4. Tailoring plan for dissemination and implementation to the current practice and policy climate.** Since the practice changes outlined in the revised Ontario Paramedic Services immobilization protocols overlapped with the study's intended practice change, the research group specified that they will increase the impact of their study findings by focusing their dissemination and implementation strategies on behaviors and target audiences that may not have been impacted by the new protocols. For example, since decreased immobilization is already happening in the province of Ontario due to the revised protocols, it may not be worth the time and money to also implement the C-Spine rule throughout the province, however implementation could be focused on regions outside Ontario that are still frequently using backboard immobilization.

Identified by the Research Round Table attendees:



- 1. Identifying the role of hospitals as key dissemination partners in service delivery initiatives.** In addition to the wide scope of groups that the team identified as targets for dissemination, the attendees suggested that hospital bodies such as the Ontario Hospital Association could be critical partners in facilitating dissemination.

Strategies for sustainability and spread

The Research Round Table attendees did not discuss this item.

Plain Language Case Summary

OSSU team: Dr. Christian Vaillancourt, Dr. Ian G Stiell, and colleagues.

Project name: A pragmatic strategy empowering paramedics to assess low-risk trauma patients with the Canadian C-Spine Rule and selectively transport them without immobilization

What did this demonstration project focus on?

Identifying the impact of enabling paramedics in 12 Ontario communities to assess and transport low-risk trauma patients without immobilization using the Canadian C-Spine Rule.

What did the team want to accomplish with their demonstration project?

The team wanted to determine if having paramedics assess patients using the C-Spine Rule impacts **(1)** number of patients immobilized, **(2)** patient care factors (e.g., patient comfort and pain and time to Emergency Department (ED) discharge), and **(3)** health system factors (e.g., time spent in field and hospital by paramedics, and cost saving per avoided immobilization).

What did they accomplish?

The team engaged a range of partners (including patients and front-line paramedics) in their study and developed recommendations for patient engagement in emergency medicine research. During the study period there was a 33% decrease in immobilizations and patients reported significantly less pain and discomfort when transported without immobilizations. Further analysis on patient and system outcomes, including on the influence of patient demographic variables (e.g., language), is ongoing.

How did/could this project have an impact on healthcare in Ontario?

Patient/public level: Use of the C-Spine Rule by paramedics may decrease: patients' time to ED, patients' pain during transport, and ED length of stay due to reduced need for imaging.

Healthcare provider level: Identifying when immobilization is not required may allow paramedics to be more efficient, and may also allow ED clinicians to be more selective in their use of diagnostic imaging. All participating sites chose to continue using the C-Spine rule once their participation ended.

System/policy level: Use of this rule may improve health system efficiency by increasing availability of paramedic staff, and may result in a cost savings of \$10-18 million annually due to factors such as reduced paramedic equipment costs.

What can be learned from this project?

Challenges were encountered when working with unionized paramedics, which can be mitigated by collaborating proactively with union leadership and minimizing extra work. Using a stepped-wedged design was perceived more positively by participants than a typical randomized trial with a control group, the study team reported. During the study period, the introduction of a new protocol for spinal immobilization required clear communication with participants and an adjustment to timelines. Updating data in healthcare databases must be frequent to effectively monitor implementation.

Who should know about these findings?

Paramedic and fire services, policy makers and governmental agencies, ED clinicians, first-aid providers and teaching organizations, and the public may all benefit from knowing the results of this study.

What is the team doing next?

After analysis, the team plans to disseminate their findings through peer-reviewed publications, conference presentations, traditional and social media, and communications with government agencies. Additionally, they plan to prepare material with key study results for Ontario Paramedic Services and supporting Base Hospitals. The team also plans to develop further studies aimed at reducing patient pain and discomfort during transport and ED stay, and wants to work with hospitals to update policies that support the use of practices that may cause additional unnecessary discomfort in the ED.

The major outcomes with personalized dialysate temperature: The MyTEMP cluster randomized controlled trial (MyTEMP)

Presented by Dr. Amit Garg

Introduction

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Research Round Table findings

Usable evidence and potential for impact

Identified by research team:

The research team identified various lessons learned and potential impacts that arose from their project work, which included:

- 1. Development of novel consent procedures tailored to renal patients.** The team developed innovative research methods that allowed researchers to appropriately tailor study designs to renal patients and feasibly integrate studies into routine renal care. The study team partnered with ethicists, patients, and other key stakeholders to develop an altered consent protocol, along with other revised methods. Receiving research ethics approval for these methods took upwards of three years. The study team is

using this work to inform the eventual development of a responsible ethical framework for pragmatic trials in hemodialysis care.

- 2. Importance of patient partnerships in the development and implementation of new research methods.** The research team found it beneficial to engage patient partners in the development of their novel, tailored, research methods to ensure that patients would be comfortable with the altered consent procedures and other proposed methodological approaches. The team found that it was critical for research ethics boards (REBs) to hear renal patients' perspectives as they were considering the ethical implications of the team's proposed approaches. The team found it helpful to engage patient partners in meetings with REB chairs. One of the patient partners reported that this was the first clinical trial that they contributed to, and they found both the experience and the trial intervention itself to be very beneficial.
- 3. Benefits of leveraging existing infrastructure to support research capacity in the renal community.** The research team discussed that renal care is traditionally an understudied area. They found that leveraging existing research and clinical infrastructure was a critical cost-effective strategy for building this capacity. For example, partnering with the Ontario Renal Network was helpful in achieving buy-in from the renal centers and using healthcare databases such as IC/ES allowed for feasible collection of a wide-range of data. Additionally, the study team registered all 84 renal centers in Ontario to Clinical Trials Ontario, which will reduce future timelines for conducting research in this area.

Anticipated challenges and potential strategies to overcome challenges

Identified by research team:

The research team identified the following as a strategy for overcoming potential challenges with implementation:

- 1. Importance of focused, high-quality evidence in facilitating implementation.** High-quality, evidence-based, information was perceived to be a critical facilitator to encourage the uptake of evidence by renal practitioners. The team shared that it may be more feasible to prioritize focused research questions to facilitate targeted implementation (as was done in the MyTEMP study), rather than to concurrently aim to develop a range of evidence to support a complex guideline with multiple recommendations.

Strategies for dissemination and/or implementation

Identified by research team:

The research team identified the following dissemination strategies:

- 1. Potential avenues for dissemination.** Dissemination strategies included presenting the data as an infographic or embedding the evidence into a practice guideline. The study team perceived the latter to be a means to ensure credibility for the intervention (rather than an effective dissemination mechanism). Additionally, the team plans to prepare multiple manuscripts on the study results. The study team has published their process evaluation (formative barrier and facilitators evaluation to inform intervention implementation, see [here](#)).

Identified by Research Round Table attendees:

The research team and the Research Round Table attendees discussed the following additional strategy to maximize the impact of the MyTEMP project:

- 1. Leveraging partnership organizations for dissemination.** A representative from the Ontario Renal Network shared that all of the renal programs come together through the network multiple times a year, and that these gatherings could be a helpful avenue to disseminate knowledge to all renal centers in Ontario. Additionally, the research team saw benefit in partnering with OSSU to develop their dissemination strategies, and believed it would be helpful for OSSU to host additional capacity building workshops on research communication.

Strategies for sustainability and spread

Identified by research team:

The research team identified strategies they could use to spread their intervention, if successful:

- 1. Buy-in from interconnected renal community facilitates widespread implementation.** The principal investigator described the renal healthcare community in Canada as small and interconnected, and shared that this often facilitates the uptake of new treatment methods. From the team's perspective, the renal community is responsive to strong evidence-based information and often does not show resistance to change. Additionally, the team has already engaged all relevant stakeholders from the Canadian renal community, which should facilitate uptake and spread.

Plain Language Case Summary

OSSU team: Dr. Amit Garg, Dr. Christopher William McIntyre, and colleagues.

Project name: Major outcomes with personalized dialysate temperature: the MyTEMP cluster randomized controlled trial (RCT)

What did this demonstration project focus on?

Exploring the use of personalized dialysis fluid (i.e., dialysate) in hemodialysis (HD) treatment.

What did the team want to accomplish with their demonstration project?

The team aimed to **(1)** compare the effect of personalized-temperature reduced and standard-temperature dialysate on cardiovascular-related death and hospitalization in HD patients, **(2)** engage patients, ethicists, healthcare providers and policy-makers to develop recommendations for ethical, innovative and patient-oriented approaches to research with patients receiving HD, and **(3)** build capacity in patient-oriented research for members of this field.

What did they accomplish?

The cluster randomized trial is embedded into standard care at all 84 Ontario HD centers. The HD intervention uses novel, tailored research methods, including an altered consent procedure that was developed in collaboration with patients, and is being delivered at all 84 Ontario HD centers. Collection of cardiovascular-related data is ongoing. Training in patient-oriented research has been delivered to 30+ members of the renal field. The team is continuing to develop recommendations for conducting research with renal patients

How did/could this project have an impact on healthcare in Ontario?

Patient/public level: The intervention may reduce risk of cardiovascular complications, a leading cause of death for HD patients. Anecdotally, patients reported having fewer symptoms from HD treatment.

Healthcare provider level: The trial outcomes will inform healthcare providers about the impact of dialysate temperature on patient outcomes. Additionally, many healthcare providers have had the opportunity to build capacity in patient-oriented research.

System/policy level: If successful, the intervention could save around \$3.7 billion a year from reduced cardiovascular-related hospitalizations of HD patients, with additional potential savings from reduced need for disability insurance. The trial has strengthened partnerships between the Ontario Renal Network (ORN) and the research community and has built infrastructure to facilitate future research.

What can be learned from this project?

Uploading information to healthcare databases took longer than anticipated, causing overall timelines for project completion to be extended. Working with research ethics boards (REBs) at multiple sites, particularly when using innovative trial designs, can also extend research timelines. Assistance of patient partners was critical to resolve ethics concerns. Having all HD sites registered with Clinical Trials Ontario may help mitigate REB delays in future HD projects.

Who should know about these findings?

Researchers, patients and families, renal guideline developers, governmental organizations focused on renal care, and REBs could all benefit from an awareness of these findings. The ORN may help facilitate the dissemination of findings and the potential wider implementation of the MyTEMP intervention.

What is the team doing next?

The trial period will end in 2021. The team will complete their data collection and analysis and will focus on publishing and disseminating their trial findings and framework for clinical research with HD patients. The team is also currently exploring future research avenues in consultation with key stakeholders, including avenues through which the My TEMP trial could be implemented nationally and/or internationally.



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**Reducing the burden of diabetes on First Nations people in Ontario: Using population level data to inform policy and practice
(Diabetes in First Nations Populations)**

Presented by Dr. Michael Green

Introduction

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Research Round Table findings

Usable evidence and potential for impact

Identified by research team:

In addition to their research outcomes, the research team highlighted how they developed important infrastructure to facilitate meaningful research with First Nations groups:

- 1. Partnership with relevant stakeholders to support research with First Nations people.** The study team invested in developing meaningful relationships with a wide range of stakeholders including First Nations groups (i.e., Chiefs of Ontario), healthcare database groups and universities. These relationships

were built to create an infrastructure to conduct research in partnership with these groups in a respectful and empowering manner.

- 2. Development of infrastructure to support research on First Nations health outcomes through meaningful partnership.** One of the prominent impacts of this project was the development of a data governance process that will allow researchers with access to First Nations health data through IC/ES databases. This critical infrastructure will facilitate future research on the health outcomes of First Nations people.

Identified by Research Round Table attendees:

Research Round Table attendees asked important questions that led the research team to share some challenges they experienced during project execution:

- 1. Limitations of using administrative databases.** In response to Research Round Table attendees' questions about particular data trends that the study team may have seen in the data (for example the impact of health literacy or availability of health access centers), the study team reported that there were some limitations in types of data available in these databases. These data limitations restricted the study team from being able to explore additional data trends, however they were able to infer certain items (for example they were not able to access specific data on the relationship between use of Aboriginal Health Access Centres and outcomes of interest, but still saw the same gaps in care regardless of if these services were available in a specific geographic area or not).

Anticipated challenges and opportunities to leverage

The Research Round Table attendees did not discuss this item.

Strategies for dissemination and/or implementation

Identified by research team:

- 1. Leveraging multiple publication types to reach diverse audiences.** In addition to publishing a series of peer-reviewed manuscripts (see [here](#)), the study team tailored dissemination plans (e.g., development of a public-facing report) to support meaningful policy changes (see [here](#)).
- 2. Maximizing impact of research outcomes through identifying priority areas for health system change.** The study findings informed the identification of priority areas for healthcare changes in diabetes care (for example earlier screening and more control of initial risk factors for First Nations people). Identification of these priority areas for change will allow the study team to outline a concrete call-to-action for groups, such as policy makers, who can assist with executing these changes. The Research Round Tables attendees were interested in the team's recommendations on how to address social determinants of health, which were implicated in all of the clinical outcomes. The research team agreed that broad, health system-level interventions were required to address social determinants of health that impact diabetes care.

Identified by Research Round Table attendees:

- 1. Development of a clinical program to target care gaps identified through the research project.** A Research Round Table attendee had previously led a government initiative focused on piloting a foot



care program to address similar care gaps that were found by the study team. While this pilot is no longer running, the attendee suggested that developing a similar pilot clinical care program might be a modality to promote implementation. The research team agreed that based on their study findings, developing a pilot to increase access to foot care could be an important and high yield area to direct resources.

Strategies for sustainability and spread

The Research Round Table attendees did not discuss this item.

Plain Language Case Summary

OSSU team: Dr. Michael Green and colleagues.

Project name: Reducing the burden of diabetes on First Nations people in Ontario: Using population level data to inform policy and practice.

What did this demonstration project focus on?

Characterizing the prevalence and understanding the experience of First Nations people in Ontario living with diabetes to inform related health policy and improve care.

What did the team want to accomplish with their demonstration project?

The team aimed to **(1)** report changes over 20 years in the number of First Nations people living with diabetes compared to non-First Nations people in Ontario, experiencing related complications, and using diabetes-related health services, **(2)** describe First Nations patients' personal experience with diabetes, and **(3)** develop a framework for conducting research in partnership with First Nations communities.

What did they accomplish?

The team formed a Patient Advisory Group to guide the execution of the study. The team meaningfully engaged with First Nations communities and the Chiefs of Ontario to build a framework for access to First Nations people's data. They determined that the prevalence of diabetes continues to increase in Ontario; however, there were significant differences between sub-groups. First Nations people had higher rates of diabetes-related complications, lower access to early screening/testing and to care, and poorer control of A1C levels. First Nations patients substantiated these findings when describing their personal experiences with diabetes.

How did/could this project have an impact on healthcare in Ontario?

Patient/public level: The findings have led to public dialogue on diabetes-related concerns for First Nations people in Ontario. The findings may also inform policy that leads to better access to early screening and care for First Nations patients.

Healthcare provider level: The findings have highlighted some high-priority areas that healthcare providers, caring for First Nations patients with diabetes, can focus on to improve outcomes (e.g. performing retinal screening for women with diabetes).

System/policy level: The project findings can inform the prioritization of changes to diabetes-related health services for First Nations people in order to improve care. Additionally, the findings highlighted the need to address social determinants of health in system interventions. The team developed a data governance process for using First Nations' people's data that will facilitate future research.

What can be learned from this project?

The team has developed structures to support engagement of First Nations groups in research that can inform future partnerships. The team faced challenges in accessing federal and some provincial health data, suggesting a need for improved procedures for data access.

Who should know about these findings?

First Nations organizations and communities, governmental health agencies, and diabetes interest/advocacy groups could all benefit from knowledge of these findings.

What is the team doing next?

The team is currently presenting their findings at conferences and has published their findings in academic journals (see [here](#)) and public-facing reports (see [here](#)). The project findings highlight that subsequent research efforts on diabetes care should focus on implementation and evaluation of diabetes interventions that also address social and cultural determinants of health.



A provincial implementation science laboratory: Policy-oriented evaluations of large-scale quality improvement initiatives (OHIL)

Presented by Dr. Noah Ivers

Introduction

The Ontario SPOR (Strategy for Patient Oriented Research) SUPPORT (Support for People and Patient-Oriented Research and Trials) Unit (OSSU) funded 17 Ontario-based health research projects designed to demonstrate a meaningful approach to Patient-Oriented Research (POR), referred to as the ‘demonstration projects’. Dr. Noah Ivers’ research team was one of the three demonstration project teams invited to showcase the outcomes of their project at the December 13th OSSU Research Round Table at the St. James Cathedral in Toronto, Canada.

The purpose of the OSSU Research Round Table was to **(1)** collaborate with relevant stakeholders to identify strategies for dissemination and/or implementation and, **(2)** disseminate project findings to relevant stakeholders and make project findings more accessible to decision-makers and the general public. Patient partners, as well as key stakeholders from the provincial government (e.g., Ontario Ministry of Health and Ministry of Long-Term Care, Ontario Renal Network), (e.g., University of Toronto and Western University), and research institutes and networks (e.g., Ottawa Hospital Research Institute and Ontario SPOR SUPPORT Unit) attended the Research Round Table.

In partnership with the SPOR Evidence Alliance, the Knowledge Translation Program (KTP) from St. Michael’s Hospital attended the Research Round Table and took detailed notes on the research presentations and stakeholder discussions, capturing content relating to usable evidence and potential for impact, strategies for dissemination and/or implementation as well as spread and sustainability, and anticipated challenges and strategies to leverage. This information was then analyzed and used to **(1)** identify prominent project-specific topics of discussion relating to the potential applications and impact of the research team’s project work (see [Research Round Table findings](#)), and **(2)** supplement information in the knowledge sharing template completed by the research team to inform the development of a 1-page project case summary (see [Plain Language Case Summary](#)).

The research team can leverage the pertinent stakeholder perspectives outlined in the OSSU Research Round Table findings and project case summary to inform their dissemination and implementation plan, and maximize the impact of their project findings on healthcare research and decision-making.

Research Round Table findings

Usable evidence and potential for impact

Identified by research team:

The research team highlighted important lessons learned and impactful outcomes of their project work, which included:

- 1. Development of meaningful partnerships to support the execution of impactful implementation science research.** The research team brought together a diverse and expansive team to execute this research project, including partners at the Canadian Institutes of Health Research and Choosing Wisely, which they found very beneficial.

- 2. Building capacity for continuous scientific monitoring and evaluation of quality improvement initiatives.** The team's collaboration with Health Quality Ontario (HQO)¹ furthered the organization's capacity to apply rigorous scientific methods to monitor, evaluate, and improve their methods moving forward.
- 3. Impact of project findings on future programs and policies.** The research team discussed the potential for their study findings to inform future HQO programs and Ontario Health funding policies. For example, future health funding reforms can address the specific areas where the OHIL project found that Quality-Based Procedure (QBP) funding did not meet its goals.

Anticipated challenges and opportunities to leverage

Identified by Research Round Table attendees:

The attendees offered concrete suggestions for addressing challenges related to implementation of healthcare quality improvement initiatives.

- 1. Challenges to collaborating with key stakeholder organizations.** A government stakeholder shared that the effectiveness of submitting feedback to government can be maximized by ensuring the timing of the feedback is in-line with decision-making actions in government and ensuring the value of the suggestion is clearly communicated. The research team highlighted that the stakeholder must be open to make changes based on feedback to facilitate a successful partnership (for instance, HQO possessed this quality, which made for an effective partnership).

Strategies for dissemination and/or implementation

Identified by research team:

The research team planned multiple dissemination strategies to increase the spread of their work, including:

- 1. Publishing a manuscript on implementation science laboratories.** In addition to the *OHIL* study findings, the research team published on the overarching concept that guided all of their work (an Implementation Science Laboratory, see [here](#)), which will help increase the generalizability and impact of their project work.
- 2. Hosting workshops with Ontario Health leads, as well as physician training through Ontario MD and Ontario Medical Association.** These workshops will aim to disseminate project findings, build capacity in implementation science, and implement audit and feedback initiatives.
- 3. Collaborating with other research groups to develop the concept of an Implementation Science Laboratory internationally.** The research team described that their aim to extend their implementation science laboratory internationally is underway.
- 4. Holding meetings with key decision-makers in future health-system funding reforms.** The purpose of these meetings will be to share lessons learned about QBP implementation to inform and increase the effectiveness of future policy decisions.

Identified by Research Round Table attendees:

¹ Now the Quality division of Ontario Health.



The Research Round Table attendees offered the following suggestions to maximize the impact of the OHIL project:

1. **Engage health charities to collaborate on health systems implementation projects** as they are often an engaged stakeholder group with multiple organizations aiming to engage similar patient populations.
2. **Engage proactively with policy-makers** to ensure policy-makers have adequate time to consider and integrate study findings into future policy (for instance upcoming hospital funding reforms).

Strategies for sustainability and spread

The Research Round Table attendees did not discuss this item.



Plain Language Case Summary

OSSU team: Dr. Noah Ivers, Dr. Jeremy Grimshaw, Dr. Adalsteinn Brown, and colleagues.

Project name: A provincial implementation science laboratory: policy-oriented evaluations of large-scale quality improvement initiatives

What did this demonstration project focus on?

Developing and refining Health Quality Ontario (HQO) initiatives, with a focus on audit and feedback (A&F), and evaluating the Quality-based Procedures (QBPs) hospital funding reform.

What did the team want to accomplish with their demonstration project?

The team worked with multiple partners including CIHR, ICES, and HQO, and aimed to **(1)** leverage research expertise and collaborate with relevant stakeholders to assess, modify, and enhance HQO's A&F initiatives to maximize their impact, as well as advance A&F work in Ontario overall, and **(2)** identify the impacts of, and challenges associated with, QBPs, to inform how to effectively and reliably, deliver large-scale system funding reform initiatives.

What did they accomplish?

The team examined the impact of various A&F quality improvement initiatives, and worked with partners including HQO, patients, and healthcare providers to explore methods to test and improve A&F initiatives, identify priority A&F quality of care indicators, understand contextual factors relevant to delivering A&F, and improve HQO's Practice Reports. Additionally, the team engaged with government stakeholders to evaluate if QBPs met their goals and economic targets, and applied their findings to develop lessons learned in hospital funding reforms, tailored to government and policy makers.

How did/could this project have an impact on healthcare in Ontario?

Patient/public level: Engaging patients in the improvement of A&F initiatives allowed for patient priorities to be considered in quality of care reports. Additionally, patients may benefit from improved quality of care resulting from the project initiatives.

Healthcare provider level: The team reduced inappropriate prescribing through improvements to the usability and reach of HQO's Practice Reports.

System/policy level: Through meaningful partnership with HQO, the research team built capacity for rigorous application and evaluation of quality initiatives in Ontario. Additionally, their research allowed for the identification of gaps where QBPs did not meet their goals, which may lead to adjustments in the way in which QBPs are implemented in Ontario hospitals (e.g. improved QBP implementation supports).

What can be learned from this project?

Developing strong relationships with partners (e.g., researchers, policy makers, and patients) is critical to facilitating the development of large scale, generalizable evidence, however it is an active effort that takes time and requires compromise from all parties. Research teams may benefit from engaging partners early in the research process and explicitly assessing fit and outlining roles and responsibilities.

Who should know about these findings?

Policy-makers, government personnel, researchers, clinicians, and patients could all benefit from knowing the results of this research.

What is the team doing next?

The research team is continuing to publish results from their completed studies (see [here](#) for an example). They are also working with key stakeholders to develop avenues for disseminating their findings, such as engagement with policymakers and workshops with the OMA and Ontario physicians. The team has secured grant funding which will allow them to continue pursuing projects related to assessing and improving the effectiveness of A&F initiatives and QBPs.

Common Usable Evidence, Potential Impacts, and Suggested Strategies across Project Discussions

Four prominent themes related to usable evidence, potential for impact, and strategies for dissemination/implementation and sustainability/spread emerged from the four project discussions. Research teams can consider how the content of these themes may be applied in their projects to increase its potential impact.

- 1. Importance of developing meaningful relationships with groups implicated in research topic.** All four study teams invested time developing relationships with the study's target populations. The teams perceived this process (known as integrated knowledge translation) to be critical to intervention implementation and to build meaningful partnerships to facilitate future research. For example, *C-Spine* partnered with Ontario Paramedic Services and made modifications to their trial to be feasible and more appealing for this group, and the *Diabetes in First Nations Populations* project developed a meaningful relationship with the Chiefs of Ontario to develop a framework for respectful access to First Nations healthcare data for research. Research teams can leverage similar integrated knowledge translation approaches to increase the feasibility and impact of their project work.
- 2. Contribution of research study to building capacity and infrastructure to support future research.** The four project teams invested in infrastructure and capacity building to facilitate future research partnerships. For example, the *Diabetes in First Nations Populations* study built a data governance framework for access to First Nations healthcare data through IC/ES, the *MyTEMP* team registered all 84 renal treatment sites on Clinical Trials Ontario and built feasible and tailored consent and data collection processes for renal research. Further, the *C-Spine* group registered multiple emergency centers on Clinical Trials Ontario, and the *OHIL* team built research capacity within healthcare organizations such as HQO. Research teams can consider embedding potential opportunities to build capacity in their research communities within their study designs.
- 3. Consideration of all stakeholder groups when planning for dissemination and implementation.** The *C-Spine*, *Diabetes in First Nations Populations*, and *OHIL* projects used multi-faceted approaches to dissemination that considered the various knowledge users that would benefit from knowing about their study findings. Dissemination strategies included publishing manuscripts, policy reports (including in plain language) and hosting workshops with healthcare practitioners. Additionally, the *C-Spine*, *MyTEMP*, and *OHIL* research teams plan to publish on process lessons learned (e.g., see [here](#)), which will be of interest to other researchers and KUs interested in patient-oriented research and stakeholder engagement.
- 4. Value of collaborating with OSSU.** Three of the study teams highlighted the benefit of partnering with OSSU to execute their study. The *OHIL* research team mentioned that the initial OSSU funding allowed them to successfully secure additional grants to further develop their work. The *C-Spine* project team hoped to collaborate with OSSU to plan for dissemination and implementation and maximize the impact of their work due to their experience with public engagement, and the *MyTEMP* team found the OSSU in-person meetings and workshops very beneficial for bringing together a diverse audience and promoting collaboration. For example, the *MyTemp* team collaborated with project partners that they met at an OSSU meeting. Research



teams can consider the potential value of working with SPOR organizations such as OSSU to maximize the impact of their project work.

Conclusion

Overall, all four project teams identified results from their studies that have potential to impact future healthcare research, patient outcomes, as well as healthcare provision and policy in Canada. Each team also identified several strategies for disseminating this impactful information to target groups, and most teams discussed potential solutions to anticipated challenges to implementation. The participation of representatives from a variety of stakeholders involved in Canadian healthcare provided the project teams with an opportunity to draw on a wealth of experience and expertise to tailor their dissemination plans for dissemination and maximize project impact.



References

1. CIHR. *SPOR SUPPORT units*. Available from: <http://www.cihr-irsc.gc.ca/e/45859.html>. [Accessed 8 Aug 2019].
2. CIHR. *Strategy for patient-oriented research*. Available from: <http://www.cihr-irsc.gc.ca/e/41204.html>. [Accessed 8 Aug 2019].
3. CIHR. *Strategy for patient-oriented research - patient engagement framework*. Available from: <http://www.cihr-irsc.gc.ca/e/48413.html>. [Accessed 8 Aug 2019].
4. Engaging patients in health research: the Ontario experience. *CMAJ*. 2018;190(Suppl 1): S1-S56.
5. Lambert S, Loiselle CG. Combining individual interviews and focus groups to enhance data richness. *J Adv Nurs*. 2008; 62(2), 228-237.
6. Taylor B, Henshall C, Kenyon S, Litchfield I, Greenfield S. Can rapid approaches to qualitative analysis deliver timely, valid findings to clinical leaders? A mixed methods study comparing rapid and thematic analysis. *BMJ Open*. 2018;8(e019993): 1-13.

Appendix A: Presentation Template

OSSU Research Round Table Presentation Template

In a 15 minute presentation, PIs/Co-Is should address the following items in a presentation to the roundtables, prioritizing the items in bold. Slides are recommended, but not required.

- 1 Study objectives, goals
- 2 Study participants
- 3 Description of the research, implementation team (including patient partners)
- 4 Very brief overview of research methods
- 5 Usable evidence from the project – consider:
 - a) Process outcomes and implementation quality outcomes (e.g., fidelity to intervention)
 - b) Short term outcomes: improved knowledge, improved self-efficacy
 - c) Long term outcomes: changes in behavior
 - d) Impact**
 - i. At the patient level**
 - ii. Health care provider level**
 - iii. Systems or organizational level**
 - iv. Policy level**
- 6 Plan for dissemination
 - a) Who are the target audiences?
 - b) What are the key messages to each target audience?
 - c) What strategies will you use to engage target audience (including the appropriate dissemination avenues and tools for each?)
 - d) What are some contextual considerations to be mindful of when developing your dissemination strategy?
- 7 Plan for project next steps

Appendix B: Research Round Table Agenda – September 13th 2019

Ontario SPOR SUPPORT Unit Research Round Table September 13, 2019

Agenda

12:00 - 12:30	LUNCH
12:30 - 12:45	Welcome and Introduction
12:45 - 1:25	Dr. Nav Persaud Associate Scientist, Li Ka Shing Knowledge Institute, St. Michael's Hospital CLEAN Meds - The impact of providing carefully selected essential medications at no charge to primary care patients on patient experiences, medication adherence, prescribing appropriateness, health outcomes and health care costs: a randomized controlled trial
1:25 - 2:05	Dr. Peter Szatmari Chief of Child and Youth Mental Health Collaborative The Hospital for Sick Children and Centre for Addiction and Mental Health YouthCan IMPACT - Among at-risk youth with mental health challenges, do integrated collaborative care teams provide more benefits in reducing symptoms, improving functioning and providing greater client satisfaction than treatment as usual?
2:05 - 2:15	BREAK
2:15 - 2:55	Dr. Douglas Lee Ted Rogers Chair in Heart Functions Outcomes, Ted Rogers Centre for Heart Research COACH Trial – Comparison of Outcomes and Access to Care for Heart Failure
2:55 - 3:00	Concluding remarks

Appendix C: Knowledge Sharing Template

OSSU Round Tables - Phase 1 Knowledge Sharing Template

OSSU has funded [17 demonstration projects across Ontario](#) designed to showcase meaningful patient engagement in the research enterprise. OSSU would like to bring together research partners involved in these 17 demonstration projects by means of three separate, half-day roundtable discussions to identify all usable evidence, dissemination goals and key messages for each of the 17 OSSU projects.

In preparation for the roundtable discussion, please fill out the template below with information about your project. The information you share will be used to inform a structured discussion with relevant stakeholders (e.g., researchers, patient partners, health system decision-makers, research funders, Ontario government representatives, and other knowledge users) who will be invited to participate in the roundtable discussion. This discussion will be an opportunity to highlight your project (e.g., successes, challenges, findings etc.) and receive feedback from meeting attendees on certain topics (e.g., potential for impact, strategies for uptake, new areas of research, etc.).

OSSU Research Round Table Knowledge Sharing Template

1. Project Name	
2. Project Team Members	
3. What were the objectives of this project? (describe the goals of your project in a short paragraph)	
4. What are the results of the project? (describe the study findings in relation to the objectives described above in a short paragraph)	
5. How did this project make a difference? (describe the potential/actual impact of the study in a short paragraph, per level)	<ul style="list-style-type: none"> • At a patient/public level? • At a healthcare provider level? • At a system/policy level? • Other?
6. What are some lessons learned from this project? (describe any challenges encountered, how they were/could have been mitigated in a short paragraph)	
7. What are next steps for this work? (describe ongoing work or future work in a short paragraph)	
8. Who would benefit from learning about this project? (describe target audiences/end users of the research who will be interested in knowing the results of this project in a short paragraph)	
9. Please use this space to share any additional information about this project. <i>(Describe additional information that may be of interest to the roundtable discussion audience and/or any questions you would like to discuss with the group/get feedback on).</i>	



Appendix D: Facilitation Guide

Context: The OSSU Research Round Table facilitator will guide the audience through the following discussion questions after **each** research team gives a 15-minute presentation of their work.

Facilitation Questions:

The facilitator will guide the participants to answer the following questions related to the project:

1. Are there any additional audiences that you think would benefit from knowing about the project research findings?
2. How should key messages be disseminated to each of the audience groups identified in Question 1 (e.g., identify dissemination strategies and avenues/messages to patients versus healthcare providers versus managers versus policy makers)?
3. What impact do you anticipate the project will have on:
 - a. Patient care
 - b. Health provider outcomes
 - c. Systems outcomes
 - d. Policy outcomes
 - e. Patient oriented research
4. Are there any probable barriers the team might face when trying to disseminate, implement and sustain their project?
 - a. Probe: How might these barriers differ depending on the target audience (e.g. patients in a rural vs. urban setting)
 - b. Probe: How might the team overcome these barriers?

Appendix E: Analysis Coding Framework

Parent Node	Parent Node Description	Child Nodes
Overview of research project	Captures descriptions of each demonstration project, including the project objectives, participants, study team, methods, and next steps	<ul style="list-style-type: none"> Study objectives and goals Study participants Description of research & implementation team Research methods Project next steps
Usable evidence from research project	<p>Captures information about all possible usable evidence resulting from each demonstration project, including process, clinical, and system outcomes</p> <p>This includes both the usable evidence that the research teams highlight in their presentations, as well as the audience-identified usable evidence (<i>capture if identified usable evidence came from researcher or panel when possible</i>).</p> <p>Impacts of the usable evidence on various groups will be captured in the Anticipated Project Impacts/Significance node</p>	<ul style="list-style-type: none"> Process and implementation quality outcomes Clinical outcomes System outcomes (e.g., cost, efficiency) Other
Dissemination strategy – Researcher identified	Captures descriptions strategies for dissemination of the project presented by the researchers, including type of strategy, target audience(s), and any resources that may need to be acquired or developed	<ul style="list-style-type: none"> Target Audience(s) Type of Strategy (<i>capture target audience</i>) Avenues for dissemination (<i>capture target audience</i>) Strategies for tailoring (<i>capture target audience</i>) Resources required
Dissemination strategy – Panel identified	Captures descriptions of strategies for dissemination of the project suggested by panel members, including type of strategy, target audience(s), and any resources that may be required	<ul style="list-style-type: none"> Target Audience(s) Type of Strategy (<i>capture target audience</i>) Avenues for dissemination (<i>capture target audience</i>) Strategies for tailoring (<i>capture target audience</i>) Resources required
Anticipated project	Captures details of anticipated impacts of the	Patient Care

impacts/significance	<p>project and where these impact is likely to be found</p> <p>This captures both the impacts that the research teams highlight in their presentations, as well as the audience-identified impacts (<i>capture if identified impacts came from researcher or panel when possible</i>).</p>	<p>Healthcare Provider Practice</p> <p>Healthcare System</p> <p>Healthcare Policies</p> <p>Patient Oriented Research</p>
Challenges and opportunities for dissemination	<p>Captures details surrounding discussion of potential barriers/facilitators for dissemination of the project within specific target groups, including the barrier/facilitator identified, the groups it may be found in and suggestions to mitigate the impact of barrier(s)</p>	<p>Barrier Identified (<i>capture target audience</i>)</p> <p>Facilitator identified (i.e., potential opportunities to increase impact) (<i>capture target audience</i>)</p> <p>Suggestions to mitigate barrier(s)</p>