



Identifying and Maximizing the Impact of the OSSU Demonstration Projects

OSSU Research Round Table: Volume 4

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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.

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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.

May 27th Research Round Table

The fourth OSSU Research Round Table occurred on May 27, 2021, from 12:15-1:45 pm virtually through the Zoom meetings platform. Two OSSU demonstration project teams presented at this fourth Research Round Table (see Table 1).

Table 1. Overview of research teams at the May 27th Research Round Table

Project title	Principal Investigator	Research Focus
ARC	Dr. Simone Dahrouge	This project focused on the development and evaluation of a patient-centered navigation model integrated in primary care, centering on helping French-speaking individuals in English-speaking region access community services in two Ontario Health Units.
CAST	Dr. Maureen Markle-Reid	This project focused on an evaluation of a nurse-led intervention to support older adults with multiple health conditions and depression transitioning from hospital to home care, had an impact on their mental health and functioning.

Knowledge User Engagement

Selected key stakeholders from relevant organizations, as well as the OSSU and SPOR Evidence Alliance (SPOR-EA) teams attended the Research Round Table. See Table 2 for a summary of the organizations represented at the event. Please note that representative organizations will be added at a later date.

Table 2. Overview of stakeholders at the May 27th Research Round Table

Stakeholder Group	Representative Organizations
Provincial Government	Ministry of Health and Long-term Care Algoma Ontario Health Team Government of Ontario Treasury Department
Patient Partners	OSSU Patient Partner Working Group OSSU Board Patient Advisor Aging, Community and Health Research Unit Patient Research Partner
Non-Profit Organizations	Addictions and Mental Health Ontario Alliance for Healthier Communities
Professional Associations	Ontario Hospital Association Association of Family Health Teams of Ontario Home Care Ontario
Hospitals	Hopital Montfort St. Joseph's Healthcare System
Universities	University of Ottawa McMaster University University of Waterloo
Research Networks	Ontario SPOR Support Unit Centre for Rural and Northern Health Research Institut du Savoir Montfort

Methods

In partnership with the 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 Ms. Anne Hayes, the Director of Research, Analysis and Evaluation at the Ontario Ministry of Health and Long-Term Care. At the onset of the meeting, both research teams provided a brief summary of their project using a standardized presentation template (see [Appendix A](#) for the presentation template). After each presentation, Ms. Hayes led a large-group discussion on the potential impact of, and suggested avenues of dissemination for the project findings. 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 focus 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 one week prior to the meeting.

Facilitated round table discussion

To capture diverse, individual and collective participant experiences ([5](#)), Ms. Hayes, 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 knowledge translation (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

Two 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, Research 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). The rapid analysis approach involved the following steps:

Data management

1. Directly after the Research Round Table, two KTP members met to debrief, and review any points of confusion about the meeting notes.
2. Each KTP member typed their notes from the Research Round Table, and then two staff members (JC and KS) independently compared the transcripts and created a final consolidated version, reviewing the 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 (JC and KS) 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 Research Round Table notes.
2. Two KTP staff members (JC and KS) 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 (JC and KS) sorted data into common categories informed by the objectives of the Research Round Table. Once data were categorized through this approach, the same 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 impacts, anticipated challenges and potential solutions, strategies for dissemination and implementation, and strategies for sustainability and spread. Where applicable, the project-specific topics of discussion are categorized into information presented by the primary investigator versus the Research Round Table attendees. The Round Table discussions were also used to modify the plain language case study summaries and inform cross-cutting themes.

Individual Project Case Studies

The following two sections outline the project-specific outcomes from the Research Round Table facilitated discussion and the plain language case studies. 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.



Navigation implementation and support to optimize access to appropriate community services for Francophones living in minority situations (ARC)

Presented by Dr. Simone Dahrouge

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. Simone Dahrouge’s research team was one of the two demonstration project teams to showcase the outcomes of their project at the May 27th OSSU Research Round Table held virtually over the Zoom Meetings platform.

The purpose of the OSSU Research Round Table was to **(1)** collaborate with relevant stakeholders to identify strategies for dissemination and/or implementation of project findings and, **(2)** disseminate project findings to relevant stakeholders and **(3)** make project findings more accessible to decision-makers and the general public. Patient partners, as well as key stakeholders from the provincial government, hospitals and health centres, universities, non-profit organizations, professional associations, and research institutions and networks attended the Research Round Table.

In partnership with the SPOR Evidence Alliance (SPOR-EA), 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 optimize 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 shared the positive impacts of the Access to Resources (ARC) model on the patient, provider, and community-level that they observed during the study, including:

- 1. Positive impacts on patients.** Patients in the intervention arm of the study (i.e., were allocated an ARC navigator) highly valued the program and were more satisfied with their experience connecting with health services than those who participated in the control arm of the study (i.e., were referred to Ontario 211). Patients allocated to the ARC model were also better able to overcome barriers to accessing services compared to those using Ontario 211.

- 2. Positive impacts on primary care providers' practice.** The research team highlighted that primary care providers found that the ARC model was easy to integrate into their existing practice and that it eased their workload as the ARC navigator support reduced the need for follow-up care. Additionally, the ARC model increased physicians' awareness of community programs and led to an increase in patient referrals to appropriate community programs.
- 3. Benefits for the Francophone community.** The ARC model was particularly beneficial for Francophone participants, who achieved better access to services than Anglophones during the study. In addition to patient reported experiences, clinicians also perceived their Francophone patients had a high degree of satisfaction with their use of ARC navigators. The research team highlighted that the ARC model may reduce gaps in accessing healthcare services across social strata by helping Francophone citizens achieve access to language concordant services.

Anticipated challenges and potential strategies to overcome challenges

The Research Roundtable attendees did not discuss this item.

Strategies for dissemination and/or implementation

Identified by research team:

The research team shared their main strategy for spread of the ARC model, which included:

- 1. Integrating the ARC model into Ontario Health Teams.** The research team identified Ontario Health Teams as major dissemination targets for the ARC model and highlighted the opportunity to integrate into the existing infrastructure as a means to scale up and spread the intervention across the province.

Identified by the Research Round Table attendees:

Research Table attendees provided suggestions for expanding the ARC model to reach additional target populations and audiences including:

- 1. Leveraging the Francophone Ontario Health Team.** A panel member highlighted that integrating the ARC model into the Francophone Ontario Health team would be an excellent opportunity to implement its use in Ontario and ensure they are effectively reaching their program target audience.

Strategies for sustainability and spread

Identified by research team:

The research team highlighted that they are currently exploring strategies for sustainability and spread and highlighted important factors to consider:

- 1. Adapting the program to region specific considerations.** The research team noted that expanding the ARC model into new regions would require exploring what language concordant services are already available in each region, and understanding the population differences by region, including why those differences may exist. Further, they highlighted that expanding the regional scope of the program would require adaptations to the program to ensure it fit well with the services that may be available in a given region.



- 2. Targeting French bilingual Ontarians as an additional population for scale up of ARC.** Panel participants highlighted that there is a group of bilingual Ontarians who generally access health services in English, but who may benefit from accessing language concordant services in French. The ARC team could engage this population and provide them with assistance in accessing French services, making them an ideal target group for further uptake of the ARC model, increasing the spread of the ARC program beyond the Francophone population.

Plain Language Case Summary

OSSU team: Dr. Simone Dahrouge and colleagues.

Project name: Navigation implementation and support to optimize access to appropriate community services for Francophones living in minority situations

What did this demonstration project focus on?

The development and evaluation of a primary care integrated service navigation model to assist French speakers in English-speaking regions to access community services in two Ontario cities.

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

The team aimed to **(1)** develop and assess using a randomized control trial (RCT) an effective, scalable Access to Resources in the Community (ARC) model for equitable access to community health resources for both official language groups in Ontario, **(2)** establish a process for information exchange across primary and community care sectors, and **(3)** develop policy recommendations to address gaps in available community services.

What did they accomplish?

The research team completed a RCT and found the ARC model was more effective at connecting patients to community resources than the Ontario 211 system. They also found that patients using the ARC model utilized more community resources than those using the Ontario 211 system. As well, French speakers were more likely to access a service than English speakers, possibly due to accessibility of services in their language of choice. The research team also established a variety of methods to support communication between primary and community care systems (e.g. fax, electronic patient record charting), and are currently completing analyses to identify gaps in community resource availability.

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

Patient/public level: Participants using the ARC model were more likely to access community health resources and were more satisfied with their experience than those using Ontario 211.

Healthcare provider level: Primary care providers who interacted with the ARC model were satisfied with their experience and were more likely to be aware of and recommend community resources to their patients than those using the traditional Ontario 211 model.

System/policy level: The ARC model can be feasibly integrated into primary care in Ontario, and can support patients in identifying and accessing resources to support their health and well-being.

What can be learned from this project?

The research team encountered challenges in recruitment of primary care providers due to many competing demands for providers' time. The team leveraged existing relationships to encourage practitioners to consider the potential benefits of participation and enroll in the study.

Who should know about these findings?

Governmental organizations, community health groups, continuing education organizations, and networks supporting Francophone populations could all benefit from receiving the results of this study.

What is the team doing next?

The research team is currently conducting a pilot cluster RCT of the ARC model compared to regular care in Ontario to determine how the model can further support the health of all Ontarians in the context of the COVID-19 pandemic.

**A pragmatic effectiveness-
implementation randomized control trial
(RCT) to evaluate a hospital to home
transitional care intervention compared
to usual care for older adults with
multiple chronic conditions and
depression (CAST)**

Presented by Dr. Maureen Markle-Reid

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. Maureen Markle-Reid’s research team was one of the two demonstration project teams invited to showcase the outcomes of their project at the May 27th OSSU Research Round Table held virtually over the Zoom Meetings platform.

The purpose of the OSSU Research Round Table was to **(1)** collaborate with relevant stakeholders to identify strategies for dissemination and/or implementation of project findings and, **(2)** disseminate project findings to relevant stakeholders and **(3)** make project findings more accessible to decision-makers and the general public. Patient partners, as well as key stakeholders from the provincial government, hospitals and health centres, universities, non-profit organizations, professional associations, and research institutions and networks attended the Research Round Table.

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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 identified two main impacts of the CAST program:

- 1. CAST had a positive impact on the patient experience.** Researchers noted that CAST was very well received by patients and that it increased their access to information about community services as well as improved their perceived social supports.
- 2. CAST provided capacity building opportunities for multiple groups.** CAST provided opportunities for two groups to build their research and practice skills:



- a. **Nurse Facilitators** for the CAST program were able to build their capacity in patient engagement, evidence based transition care, management of depressive symptoms and multimorbidity, and system navigation support.
- b. **Researchers** were given opportunities to gain experience conducting a clinical trial, working with older adult populations, working with administrative databases and engaging older adults with multi-morbidities in research.

Anticipated challenges and potential strategies to overcome challenges

Identified by research team:

The research team identified a major challenge they faced in recruitment of older adult populations and shared some strategies for overcoming this challenge:

1. **Challenges with participant recruitment and retention.** Participant recruitment and retention was a major challenge associated with the study population. The research team noted that older adults had reservations about participating in CAST due to 1) the large time commitment required, and 2) hesitancy to receive services at home due to fears of judgement and/or loss of their current housing option. Some older adults also did not participate because they did not want to acknowledge their depressive symptoms.
2. **Strategy to improve recruitment and retention.** The research team highlighted the need to build meaningful relationships and trust with participants during recruitment and throughout the study to increase participant recruitment and retention.

Identified by the Research Round Table attendees:

Research Round Table attendees suggested an additional strategy to assist with participant recruitment and retention in this population:

1. **Build relationships with patients prior to hospital discharge.** In order to address the hesitancy of older adults, one Round Table attendee suggested that building relationships with patients while they are in hospital, rather than after transition has begun may help to improve recruitment and retention, because adults may not be as overwhelmed in hospital as they may be during their initial transition home.

Strategies for dissemination and/or implementation

Identified by research team:

CAST is currently being disseminated broadly via journal articles, videos, and research briefs. Researchers identified several messages, target groups and strategies that would be suitable for disseminating CAST:

1. **CAST is designed to be feasible to delivered in diverse settings.** The research team highlighted that the CAST program was designed to be feasible to deliver in diverse settings (e.g. hospitals, home and community care providers) which would allow it to be disseminated and implemented widely.
2. **CAST has been shown to be cost effective and does not add much additional burden to practitioners' workloads.** As a result, Ontario Health Teams have been interested in the program and will be leveraged as key dissemination and implementation avenues for CAST.

- 3. Target Audiences for Dissemination.** In addition to the Ontario Health Teams, the research team highlighted groups that could be targeted for dissemination of the CAST program including:
 - a. Home/community care organizations and providers, and
 - b. The Ontario Ministry of Health and Long-Term Care.
- 4. Include adequate time to find and train nursing staff.** The research team identified that effectively engaging nurse facilitators was key for successful CAST implementation. However, the team noted that finding nurses for the role was difficult and time needed to be dedicated to allowing the nurses to gain knowledge of available resources and build relationships with these service providers.

Strategies for sustainability and spread

The Research Roundtable attendees did not discuss this item.

Plain Language Case Summary

OSSU team: Dr. Maureen Markle-Reid and colleagues.

Project name: A pragmatic effectiveness-implementation randomized control trial (RCT) to evaluate a hospital to home transitional care intervention compared to usual care for older adults with multiple chronic conditions and depression.

What did this demonstration project focus on?

Aimed to determine whether a nurse-led intervention to support older adults, with multiple health conditions and depression transitioning from hospital to home care, can improve their mental health and functioning at home.

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

The team aimed to **(1)** implement a nurse-led Community Assets Supporting Transitions (CAST) intervention designed to support older adults with multiple health conditions through hospital-to-home care transition, and **(2)** evaluate its impact on participants' mental health, physical health, social support and health system experience, as well as its impact on health service use.

What did they accomplish?

The research team engaged stakeholders to tailor their intervention to community needs and identified barriers and facilitators to implementation. The team conducted an RCT comparing this intervention to usual care and determined that the CAST intervention led to improvements in patients' healthcare experiences and perceived levels of social support.

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

Patient/public level: Use of the CAST intervention has a positive impact on the healthcare experiences and perceived social support of older adults with multiple chronic conditions and depression.

Healthcare provider level: The CAST intervention allowed practitioners to build capacity for management of multiple health conditions and navigation of community health and support services.

System/policy level: Development of the CAST intervention engaged system stakeholders and identified recommendations for improving the quality of the hospital-to-home care transition for older adults.

What can be learned from this project?

The research team encountered challenges in recruiting, engaging and retaining older adult participants for their study, highlighting the need for further research in how such challenges can be addressed. They also encountered challenges in recruiting and retraining nurses to deliver the intervention due to resource challenges in some regions.

Who should know about these findings?

Older adults and their caregivers, community-based health service providers, hospital administrators, researchers and health system decision-makers could all benefit from receiving the results of this study.

What is the team doing next?

The research team has identified the need to conduct further research on the impact of the CAST intervention on outcomes for older adults. The team is also exploring how to address challenges with recruiting, engaging and retaining older adult participants in research.

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

Two common themes related to strategies for dissemination/implementation were seen across both projects. Research teams can consider how the content of these themes may be applied in their projects to increase impact.

- 1. Highlight key benefits to patients and providers.** Both research teams highlighted that their program provided benefits to patients through increased access to services and increased satisfaction, as well as to providers through reduced workload and increased awareness of community support services. These are key messages that could be used for further dissemination and implementation of these programs in additional settings.
- 2. Highlight adaptability of programs to multiple settings.** Both research teams noted that their service navigation models were readily adaptable and therefore can be implemented in a wide variety of settings given appropriate time and resources.
- 3. Ontario Health Teams were a key target for dissemination.** Researchers and attendees highlighted that Ontario Health Teams should be a key target for dissemination and implementation of the two service navigation programs shared during this Round Table.

Conclusion

Overall, both research teams identified results from their studies that have impacts for 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 one team 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 plans for dissemination and maximize project impact.



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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 – May 27th, 2021

Ontario SPOR SUPPORT Unit Research Round Table Thursday May 27, 2021

ZOOM

Agenda

- 12:15 - 12:20** **Welcome and Introduction**
*Chair: Ms. Anne Hayes, Director
Research, Analysis and Evaluation Branch
Strategic Policy and Planning Division, Ministry of Health/Ministry of Long-term Care*
- 12:20 - 1:00** **Dr. Simone Dahrouge**
Director of Ottawa Practice Enhancement Network, Bruyère Research Institute
Associate Professor, Department of Family Medicine, University of Ottawa

*Navigation implementation and support to optimize access to appropriate
community services for Francophones living in minority situations.*
- 1:00 – 1:40** **Dr. Maureen Markle-Reid**
Professor and Canada Research Chair in Person Centred Interventions of Older
Adults with Multimorbidity and their Caregivers
Scientific Director, Aging, Community and Health Research Unit
Scientific Co-Lead, MIRA/Collaborative for Health and Aging (OSSU SPOR Research
Centre), McMaster University

*A pragmatic effectiveness-implementation randomized control trial (RCT) to evaluate
a hospital to home transitional care intervention compared to usual care for older
adults with multiple chronic conditions and depression.*
- 1:40 – 1:45** **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	Study objectives and goals
		Study participants
		Description of research & implementation team
		Research methods
		Project next steps
Usable evidence from research project	Captures information about all possible usable evidence resulting from each demonstration project, including process, clinical, and system outcomes This includes both the usable evidence that the research teams highlight in their presentations, as well as the audience-identified usable evidence (capture if identified usable evidence came from researcher or panel when possible) . Impacts of the usable evidence on various groups will be captured in the Anticipated Project Impacts/Significance node	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	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	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
		Patient Care

<p>Anticipated project impacts/significance</p>	<p>Captures details of anticipated impacts of the project and where these impact is likely to be found 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 Healthcare System Healthcare Policies Patient Oriented Research</p>
<p>Challenges and opportunities for dissemination</p>	<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>) Facilitator identified (i.e., potential opportunities to increase impact) (<i>capture target audience</i>) Suggestions to mitigate barrier(s)</p>