



# Identifying and Maximizing the Impact of the OSSU Demonstration Projects

OSSU Research Round Table: Volume 5

Date: 2/17/2022

**Prepared By:**

Jeanette Cooper  
Arushan Arulnamby  
Nadia Somani  
Dr. Sharon E. Straus

**Contact:**

Jeanette Cooper, Research Coordinator  
416-864-6060 ext. 77507

**Email:** [Jeanette.Cooper@unityhealth.to](mailto:Jeanette.Cooper@unityhealth.to)



ST. MICHAEL'S  
UNITY HEALTH TORONTO



## Acknowledgements and Contributors

The SPOR Evidence Alliance (SPOR-EA) is supported by the Canadian Institutes of Health Research ([CIHR](#)) under the Strategy for Patient-Oriented Research ([SPOR](#)) Initiative.

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:

JEANETTE COOPER, MSc  
RESEARCH COORDINATOR  
Email: [Jeanette.Cooper@unityhealth.to](mailto:Jeanette.Cooper@unityhealth.to)  
Phone: 416-864-6060 ext. 77507



## Table of Contents

---

<b>Introduction</b> .....	<b>1</b>
<b>Methods</b> .....	<b>2</b>
Data collection.....	3
Data analysis.....	3
<b>Individual Project Case Studies</b> .....	<b>4</b>
The BEACON Study: A pilot randomized controlled trial of smartphone-assisted problem-solving therapy compared to problem solving therapy alone in men who present with intentional self-harm to emergency departments in Ontario .....	5
HIP fracture Accelerated surgical TreatMent And Care track (HIP ATTACK) – Randomized controlled trial of accelerated medical clearance and surgery versus standard care for hip fracture .....	10
<b>Common Usable Evidence, Potential Impacts, and Suggested Strategies across Project Discussions</b> .....	<b>14</b>
<b>Conclusion</b> .....	<b>14</b>
<b>References</b> .....	<b>15</b>
<b>Appendix A: Presentation Template</b> .....	<b>16</b>
<b>Appendix B: Research Round Table Agenda – October 6<sup>th</sup>, 2021</b> .....	<b>17</b>
<b>Appendix C: Knowledge Sharing Template</b> .....	<b>18</b>
<b>Appendix D: Facilitation Guide</b> .....	<b>19</b>
<b>Appendix E: Analysis Coding Framework</b> .....	<b>20</b>

## 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 Health 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 knowledge translation (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.

## October 6<sup>th</sup> Research Round Table

The fifth OSSU Research Round Table occurred on October 6<sup>th</sup>, 2021, from 12:15-1:45 pm. It was held virtually through the Zoom Meetings platform. Two OSSU demonstration project teams presented at the fifth Research Round Table (see Table 1).

**Table 1. Overview of research teams that presented at the October 6<sup>th</sup> Research Round Table**

Project title	Principal Investigator	Research Focus
BEACON	Dr. Simon Hatcher	This project focused on assessing the feasibility and acceptability of implementing a blended electronic case management (BEACON) and face-to-face problem-solving therapy approach for men who have presented to an emergency department with self-harm using a randomized controlled trial.
HIP ATTACK	Dr. PJ Devereaux	This project focused on determining the impact of an accelerated hip fracture care pathway (including both accelerated medical clearance and accelerated surgery) on patient mortality and post-operative complications compared to regular care.

### Knowledge User Engagement

Selected key stakeholders from relevant organizations, as well as the OSSU and SPOR Evidence Alliance (SPOR-EA) teams, attended the October 6<sup>th</sup> Research Round Table. See Table 2 for a summary of the organizations represented at the event.

**Table 2. Overview of stakeholders at the October 6<sup>th</sup> Research Round Table**

Stakeholder Group	Representative Organizations
Provincial Government	Ontario Ministry of Health and Long-Term Care
Patient Partners	OSSU Patient Partners Working Group Former OSSU Board Patient Advisor
Non-Profit Organizations	Mental Health Research Canada
Hospitals	Centre for Addiction and Mental Health Ottawa Hospital Research Institute
Universities	McMaster University University of Ottawa
Research Networks	Institut du Savoir Montfort Ontario SPOR SUPPORT Unit Population Health Research Institute

## Methods

In partnership with the SPOR-EA, the Knowledge Translation Program (KTP) at St. Michael's Hospital, Unity Health Toronto (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, 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, 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 the Research Round Table discussion agenda.

## Development of plain language case summaries

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 summaries 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 summaries 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, led the round table discussion using 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 to and opportunities for 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 (JC and NS) 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 (JC and NS) 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 NS) 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 NS) 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 NS) 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), but 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 summaries. 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.



**SPOR**  
Strategy for Patient-Oriented Research  
**EVIDENCE  
ALLIANCE**

Strategy for Patient-Oriented Research  
**SPOR**  
Putting Patients First



ONTARIO  
SPOR SUPPORT  
UNIT

**The BEACON Study: A pilot randomized controlled trial of smartphone-assisted problem-solving therapy compared to problem-solving therapy alone in men who present with intentional self-harm to emergency departments in Ontario**

*Presented by Dr. Simon Hatcher*



## 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. Simon Hatcher’s research team was one of two demonstration project teams to showcase the outcomes of their project at the October 6<sup>th</sup> 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, **(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 (e.g., Ontario Ministry of Health and Ministry of Long-Term Care), hospitals and health centres (e.g., Centre for Addiction and Mental Health), universities (e.g., McMaster University), non-profit organizations (e.g., Mental Health Research Canada), and research institutions and networks (e.g., Ontario SPOR SUPPORT Unit, Institut du Savoir Montfort) attended the Research Round Table.

In partnership with the SPOR Evidence Alliance, the Knowledge Translation Program (KTP) at St. Michael’s Hospital, Unity Health Toronto, 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 one-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 shared some of the barriers they faced in implementing the BEACON study, including:

1. **Diverse privacy policies across Ontario hospitals.** The differing privacy policies across Ontario hospitals introduced multiple challenges for the research team. Each hospital had unique interpretations of privacy laws, which led to different requirements surrounding security and privacy assessments. These policies hindered implementation of the project at some sites, where additional assessments needed to be obtained or adjustments needed to be made to the project recruitment protocol, and the

implementation of the intervention was stopped at some hospitals where requirements could not be met.

2. **Lack of research infrastructure at some participating hospital sites.** The research team highlighted that there was a lack of research infrastructure within some hospitals, which included insufficient human resources (i.e., staff shortages and high staff turnover), lack of prioritization of research initiatives, and confusion over who was in charge of the decision-making processes for research activities. These challenges delayed the implementation of project activities significantly at some sites and resulted in some sites being unable to participate in the study.
3. **Staffing shortages due to the COVID-19 pandemic.** As a result of the COVID-19 pandemic, the researchers faced challenges with hiring new staff and with having hired staff redeployed to support other pandemic-related efforts. These staffing constraints meant that the team had to decrease the scope of the project and pivot from a randomized controlled trial to a pilot study focused on assessing the acceptability and feasibility of the intervention.

The research team also highlighted a benefit of the application development process used in their study:

1. **Technology developed in-house can be easily adapted for other patients.** The research team identified that their decision to develop the application internally, rather than with a private-sector partner, makes it possible for the application to be adapted for use with other patient populations.

*Identified by the Research Round Table attendees:*

Research Round Table attendees suggested an additional benefit of the application development process:

1. **In-house application development ensures profits are not lost.** Panel members noted that developing the application internally also prevents profits from leaving the healthcare system through the involvement of private partners.

### **Anticipated challenges and potential strategies to overcome challenges**

*Identified by research team:*

The research team shared a strategy for overcoming policy and research infrastructure challenges they encountered during this project, which could be applied to mitigate these barriers for future research:

1. **Strategies to reduce policy and research infrastructure barriers.** The research team noted the need to create a centralized process for research approval, moving away from the current hospital-based processes. A suggested model was the centralized approach used in New Zealand, which uses regional ethics processes and does not require each hospital or institution to have as much of their own research infrastructure. Additionally, the team highlighted the need to develop an approval process for technology use in healthcare, similar to the processes used for pharmaceuticals in Canada, as often technology and service delivery innovations such as the BEACON model are not covered by processes currently in place.

### **Strategies for dissemination and/or implementation**

*Identified by the Research Round Table attendees:*



Research Round Table attendees suggested the following approach for engaging stakeholders in policy discussions:

1. **Target audiences for policy discussions.** Panel members identified Clinical Trials Ontario, Ontario Health, and the Canadian Agency for Drugs and Technologies in Health as important groups to involve to address the policy issues around privacy and technology approvals noted by the research team. Partnering with these stakeholders to resolve these policy issues may reduce barriers for future technology-based initiatives in the healthcare sector.

**Strategies for sustainability and spread**

The Research Round Table attendees did not discuss this item.

## Plain Language Case Summary

**OSSU team:** Dr. Simon Hatcher & Dr. Marnin Heisel and colleagues.

**Project name:** The BEACON study: A pilot randomized controlled trial of smartphone-assisted problem-solving therapy compared to problem-solving therapy alone in men who present with intentional self-harm to emergency departments in Ontario

### What did this demonstration project focus on?

The feasibility and acceptability of a randomized controlled trial (RCT) for a blended electronic case management (BEACON) and face-to-face problem-solving therapy approach for men who have presented to an emergency department with self-harm. The BEACON electronic case management system incorporates a patient-facing smartphone application and a clinician-facing dashboard.

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

The team aimed to **(1)** determine the feasibility of running a multi-site RCT for the intervention and **(2)** assess the impact of the intervention on patient health outcomes.

### What did they accomplish?

The research team has recruited approximately 30% of their target sample size for the study. They are continuing to recruit participants and conduct qualitative interviews to further understand patients' use of the blended intervention.

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

**Patient/public level:** Preliminary data suggest that patients using the blended intervention remain engaged, have an increased sense of connection, and have a decreased risk of future self-harm. The intervention may also support improvement in symptoms for men who have self-harmed.

**Healthcare provider level:** Healthcare providers involved in this study were able to build clinical experience caring for patients in the target population. A training manual and teaching program for clinicians were also developed.

**System/policy level:** This electronic case management system may assist in wider use of the intervention across the health system after a full RCT is completed and can potentially be repurposed for use with patients experiencing other chronic conditions.

### What can be learned from this project?

The research team encountered challenges identifying potential participants and experienced staffing barriers, which were worsened by the COVID-19 pandemic. They also had to navigate significant administrative challenges, including a wide range of regulations on use of technology and research at different institutions and a lack of infrastructure that allows for participation in research in community hospital settings. These challenges resulted in the research team altering the RCT into a pilot study.

### Who should know about these findings?

Hospital-based healthcare providers, hospital administrators, primary care providers, policymakers, academics, and members of the general public could all benefit from receiving the results of this study.

### What is the team doing next?

The research team plans to apply for funding for a large multi-site RCT. They also plan to continue refining the electronic application to improve its stability and the overall user experience.

Identifying and Maximizing the Impact of the OSSU Demonstration Projects

**HIP fracture Accelerated surgical  
TreatMent And Care track (HIP ATTACK)  
– Randomized controlled trial of  
accelerated medical clearance and  
surgery versus standard care for hip  
fracture**

*Presented by Dr. PJ Devereaux*

## 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. PJ Devereaux’s research team was one of two demonstration project teams invited to showcase the outcomes of their project at the October 6<sup>th</sup> 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, **(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 (e.g., Ontario Ministry of Health and Ministry of Long-Term Care), hospitals and health centres (e.g., Centre for Addiction and Mental Health), universities (e.g., University of Ottawa), non-profit organizations (e.g., Mental Health Research Canada), and research institutions and networks (e.g., Ontario SPOR SUPPORT Unit, Institut du Savoir Montfort) attended the Research Round Table.

In partnership with the SPOR Evidence Alliance, the Knowledge Translation Program (KTP) at St. Michael’s Hospital, Unity Health Toronto, 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 one-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 shared the positive impacts of the accelerated hip fracture care pathway that they observed during the study, including:

1. **Positive impacts on hospital system factors.** The research team highlighted that patients in the intervention arm of the study (i.e., were provided accelerated medical clearance and accelerated surgery) had reduced pain scores, time to mobilization, and length of hospital stay. Round table attendees noted that these results would be important to highlight when disseminating results to policymaker groups who could champion wider implementation of the HIP ATTACK approach.

### **Anticipated challenges and potential strategies to overcome challenges**

The Research Round Table attendees did not discuss this item.

### **Strategies for dissemination and/or implementation**

*Identified by the Research Round Table attendees:*

Research Round Table attendees provided suggestions for disseminating project results, including:

1. **Using multiple kinds of evidence.** The panel members suggested using economic analysis results, along with clinical outcome findings, and patient and family stories to convey the impact of the project to target audiences. One attendee also recommended highlighting evidence about how the accelerated pathway positively impacts current pressing health system challenges such as staffing shortages.
2. **Engaging target audiences to champion wider implementation.** The panel members identified the Ontario Hospital Association, the Ministry of Health, and Ontario Health as stakeholders who would need to be engaged as project champions to facilitate the spread of this care approach across the province. Therefore, the panel suggested that these groups should be intentionally targeted in the dissemination of project findings.

### **Strategies for sustainability and spread**

The Research Round Table attendees did not discuss this item.

## Plain Language Case Summary

**OSSU team:** Dr. PJ Devereaux & Dr. Mohit Bhandari and colleagues.

**Project name:** HIP fracture Accelerated surgical Treatment And Care track (HIP ATTACK) – Randomized controlled trial of accelerated medical clearance and surgery versus standard care for hip fracture

### What did this demonstration project focus on?

Determining the impact of an accelerated hip fracture care pathway (accelerated medical clearance and accelerated surgery), compared to regular care, on patient mortality and post-operative complications.

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

The team aimed to determine the effect of using an accelerated hip fracture care pathway, compared to regular care, on risk of death, major post-operative complications, and other health outcomes for patients who had suffered a hip fracture.

### What did they accomplish?

The research team demonstrated that the accelerated hip fracture care pathway was safe for patients and feasible to implement in a hospital setting. They also determined that the accelerated pathway did not reduce the risk of death or major complications for patients, except for those with some heart injuries. However, it did have positive impacts on patients' risk of delirium, sepsis, stroke, urinary tract infections, and pain. The accelerated pathway also decreased the time to first mobilization for patients and reduced the time patients spent in hospital.

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

**Patient/public level:** The results of this study can be used to generate interest and awareness in hip fracture as a major health concern in a large aging adult population.

**Healthcare provider level:** Healthcare providers involved in this study were able to build greater clinical knowledge related to clinical outcomes and workflows for hip fracture patients.

**System/policy level:** This project can generate discussion specific to hip fractures risk factors, prevention of secondary complications, and policy changes that can minimize clinical complications. There may also be interest related to scalability of the accelerated hip fracture care pathway.

### What can be learned from this project?

The team highlighted that the accelerated care pathway required buy-in from multiple departments within a hospital to ensure the pathway ran smoothly for patients and that organizing the necessary systems could be difficult, especially with the additional challenges posed by the COVID-19 pandemic.

### Who should know about these findings?

Patients, families and caregivers, healthcare providers, policymakers at all levels of government, patient advocacy groups, and researchers could all benefit from receiving the results of this study.

### What is the team doing next?

The research team is currently completing their analyses and publications on the study's secondary and economic-related outcomes. The results of this study have also informed a second funded study (HIP ATTACK 2), which will evaluate the impact of an accelerated surgical pathway for patients with both hip fracture and a heart condition.



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

A common theme related to implementation challenges was seen across both projects. Research teams can consider how to navigate these barriers in their projects to increase impact.

1. **Impacts of COVID-19 on staffing.** Both research teams highlighted that the COVID-19 pandemic introduced critical challenges with regard to staff availability (e.g., shortages, redeployment). The BEACON team faced challenges in hiring staff for their project and having hired staff redeployed to support COVID-19–related activities. The HIP ATTACK team also faced challenges in staffing the additional operating room time needed for their protocol.

## Conclusion

Overall, both research teams identified results from their studies that have impacts for future healthcare research and patient outcomes, as well as healthcare provision and policy in Canada. Each team also identified strategies for disseminating this impactful information, and one team discussed potential solutions for challenges faced during 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.



## 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(10): e019993.

## 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. Healthcare 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 – October 6<sup>th</sup>, 2021

### Ontario SPOR SUPPORT Unit Research Round Table October 6<sup>th</sup>, 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. Simon Hatcher**  
Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute; Vice Chair Research, Department of Psychiatry, University of Ottawa  
  
*The BEACON Study: A pilot randomized controlled trial of smartphone-assisted problem-solving therapy compared to problem-solving therapy alone in men who present with intentional self-harm to emergency departments in Ontario.*
- 1:00 – 1:40** **Dr. PJ Devereaux**  
Salim Yusuf Chair in Cardiology; Director, Division of Cardiology and Scientific Leader of the Anesthesiology, Perioperative Medicine and Surgical Research Group, PHRI, McMaster University  
  
*HIP fracture Accelerated surgical Treatment And Care track (HIP ATTACK) – Randomized controlled trial of accelerated medical clearance and surgery versus standard care for hip fracture.*
- 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"> <li>• At a patient/public level?</li> <li>• At a healthcare provider level?</li> <li>• At a system/policy level?</li> <li>• Other?</li> </ul>
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 policymakers)?
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 versus 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 <b>(capture if identified usable evidence came from researcher or panel when possible)</b> . 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 of 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 impacts 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 (<b><i>capture if identified impacts came from researcher or panel when possible</i></b>).</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>