CHRSP PRIORITIES 2023-24

A summary report of March 1, 2023 province-wide consultations to prioritize decision support by the Contextualized Health Research Synthesis Program (CHRSP) to inform health system transformation in Newfoundland & Labrador

Newfoundland & Labrador Centre for APPLIED HEALTH RESEARCH
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About this Report

On March 1, 2023, the NL Centre for Applied Health Research (NLCAHR) facilitated a province-wide Priority-Setting Meeting to determine which research areas were deemed most important for the Contextualized Health Research Synthesis Program (CHRSP) to study in 2023-2024. CHRSP decision support over the coming year is intended to inform the ongoing NL health system transformation resulting from the transition to a single Provincial Health Authority (PHA) and the implementation of recommendations from Health Accord NL. On March 1, health system stakeholders and patient partners worked toward prioritizing research themes and potential areas of inquiry for CHRSP that focused on four key areas:

- Health Human Resources
- Healthy Aging/Care for the Older Adult
- Learning Health and Social System/Health Information
- Public Engagement & Communication

Voting participants in the priority-setting exercise represented: Patient and Family Partners, the PHA Transition Team, the Government of NL Departments of Health and Community Services (HCS) and of Children, Seniors, and Social Development (CSSD), and the four current Regional Health Authorities (RHAs). In addition, non-voting participants included representatives from Health Accord NL, the NL Centre for Health Information, NL SUPPORT, and Memorial University Faculty of Medicine (see Appendix A for details).

Overall, healthcare system and patient partners agreed on March 1st that research and decision support in all four priority research areas would be important to support a successful health system transition in Newfoundland & Labrador.

This report summarizes the feedback that CHRSP received and the outcomes of a detailed assessment process that was undertaken by all participants at the March 1, 2023 meeting.

Summary of Key Messages

- Health Human Resources, Healthy Aging/Care for the Older Adult, a Learning Health and Social System/Health Information, and Public Engagement & Communication were ranked as the most important research themes for decision-support products from the Contextualized Health Research Synthesis Program (CHRSP).
- Participants reached a consensus that decision-support research for all four of these research themes should be prioritized.
- Next steps in the process will include further consultations between NLCAHR and the Provincial Health Authority Transition Team to identify specific projects, to finalize the methodology, and to establish schedules and resources for the upcoming year of work.

Research Theme Rankings

Ranked by health system partners prior to the Priority-Setting Meeting

1. Health Human Resources
2. Healthy Aging/Care for the Older Adult
3. Learning Health and Social System/Health Information
4. Public Engagement & Communication
5. Intra-Health System Communication
6. Provincial Health Authority Organization
7. The Restructuring Process

Background

Prior to the March 1st meeting, CHRSP researchers consulted with the four Regional Health Authorities, two Government Departments and leadership of the PHA Transition Team to discuss their concerns about the transition and to ascertain what kinds of evidence-based or best practices-based decision-support needs would support them. Our analysis of these discussions revealed seven broad research themes, summarized in a "What We Heard" report released on February 17, 2023.[1]

The report was shared with all participants in advance of the Priority-Setting Meeting. CHRSP health system partners (PHA Transition Team, DHCS, DCSSD, 4 RHAs) ranked the seven research themes, providing a short list for further discussion.

At the Priority-Setting Meeting, NLCAHR researchers engaged participants in small groups to discuss the top four research themes: 1) Health Human Resources; 2) Healthy Aging/Care for the Older Adult; 3) Learning Health and Social System; and 4) Public Engagement and Communication.

The focus of the discussion was priority-setting based on the following five prioritization criteria: 1) Contribution to Successful Transition; 2) Impact on Decision Making; 3) Urgency; 4) Patient/Public Impact; and 5) Opportunities for Funding/Partnerships/Engagement (see Appendix B for additional details on prioritization criteria).

Summary of Overall Prioritization Results

In analyzing the overall prioritization results, our CHRSP research team found that **participants agreed that decision-support research for all four research themes would be a top priority without any one theme being significantly more important than the others**. We found little difference between the overall scores across all four priority research themes. Even if some research themes achieved slightly higher scores, the differences were quite small.

We analyzed the overall prioritization results in two ways:

- First, we calculated overall average scores from all individual voting participants equally (one person, one vote; Figure 1).

[1] Readers can find the *What We Heard Report* here.

- Second, we calculated overall average scores by voting groups (i.e., Patient and Family Partners, PHA, HCS, CSSD, and the four RHAs). This was how CHRSP traditionally counted votes, and in this way, each voting group gets one vote (one group, one vote; Figure 2).

There were small differences between the two methods (range: 1%-2.8%), with Health Human Resources ranked top when considering individual scores, and Learning Health and Social System ranked top when considering voting group scores. In both cases, all the overall average scores were in the top 20% of the scoring range with a difference of 3% or less between the highest and lowest scores.

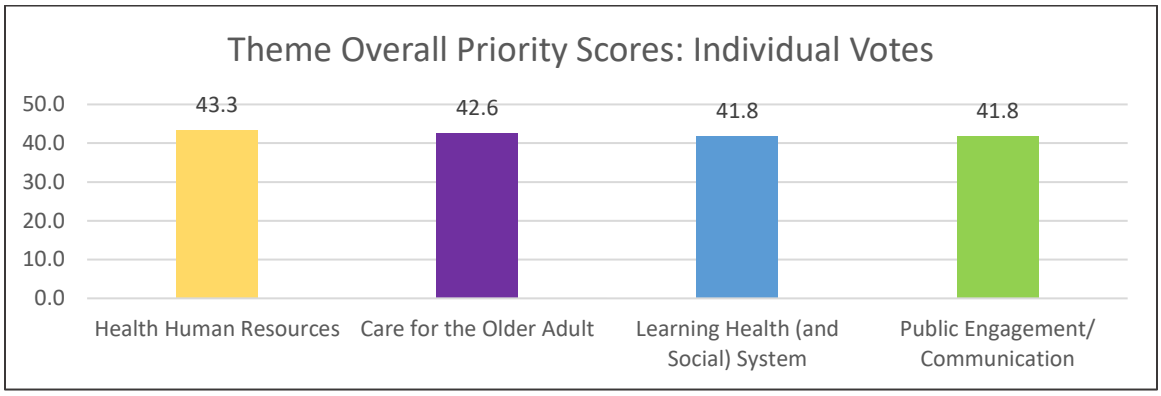

Figure 1: Average overall combined prioritization criteria scores for each research theme based on votes by individual participants (representing Patient and Family Advisers, Provincial Health Authority Transition Team, Departments of HCS, CSSD, and four Regional Health Authorities).

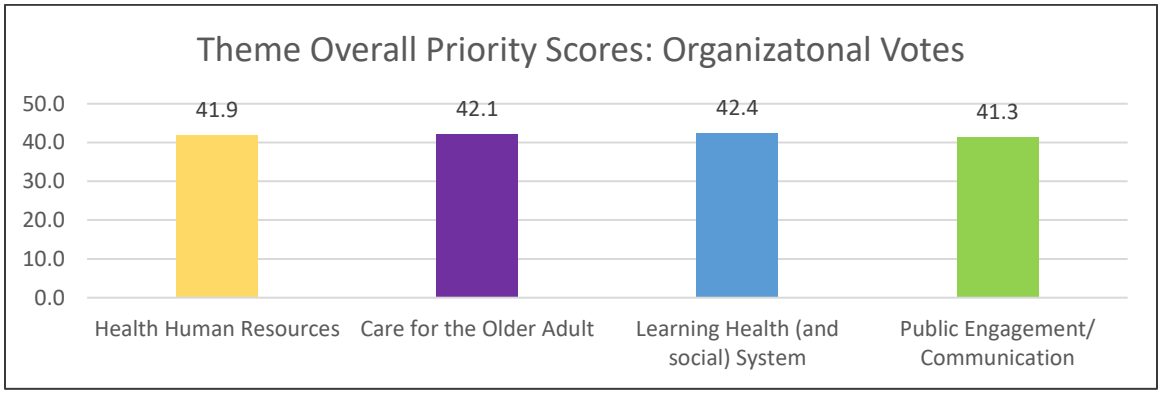

Figure 2: Average overall combined prioritization criteria scores for each research theme based on average scores from each voting group (Patient and Family Partners, PHA, HCS, CSSD, RHAs).

Participants had agreed even before voting that the different research themes were of similar importance for the provincial health authority transition. To further understand how these research themes are priorities for decision-support, we next look at how they scored on the five prioritization criteria: Contribution to a Successful Transition; Impact on Decision Making; Urgency; Patient and Public Impact; and Opportunities for Funding/Partnerships/Engagement.

Summary of Scoring for the Five Prioritization Criteria

Overall scores for each of the five prioritization criteria, for each research theme, are summarized in Table 1. Please note that only participants from seven voting groups are included in these scores: Patient and Family Partners, PHA, HCS, and the four RHAs. The individual prioritization criteria scores for CSSD participants were not available and are not included below.

In the scoring below, each voting participant has a single vote (i.e., one person, one vote). Prioritization criteria were explained in the meeting and on individual ballots through a series of questions (see Appendix for additional details).

Table 1: Average prioriiization criteria scores for each research theme, based on scores submitted by participants: Patient and Family Advisers, PHA, RHAs, and HCS.[2] The exclusion of Prioritization Criteria votes from the CSSD changes the totals for averaged scores; as a result, these totals are not included in the table. Red text indicates the highest score in each category.

Research Theme→ / Prioritization criteria ↓	Health Human Resources	Healthy Aging/Care for the Older Adult	Learning Health and Social System	Public Engagement and Communication
Contribution to a Successful Transition	**9.1**	8.4	8.6	**9.1**
Impact on Decision Making	8.6	8.6	**8.9**	8.4
Urgency	**9.0**	8.3	8.0	8.4
Patient and Public Impact	8.8	**9.4**	8.1	8.8
Opportunities for Funding/Partnerships/Engagement	7.5	8.1	**8.3**	7.6

Similar to the overall average scores, the average prioritization criteria scores tended to be quite close and in the top quintile of the scoring range.

- In considering their **contribution to a successful transition**, Health Human Resources and Public Engagement and Communication themes tied for highest impact in this domain (9.1/10)
- With regard to their **impact on decision making**, all four research themes scored almost the same with (within 5%), with Learning Health and Social Systems edging out the other research themes (8.9/10).
- The theme considered to be **most urgent** was Health Human Resources (9.0/10)
- The theme considered to have the **highest public impact** was Healthy Aging/Care for the Older Adult (9.4/10).

[2] Because the voting card from the Department of Children Seniors and Social Development only included total scores, without the prioritization criteria scores broken down, we were unable to include CSSD results in this table.

- All four research themes scored within 6% of each other for **opportunities for funding/partnerships**, with Learning Health and Social Systems (8.3/10) and Healthy Aging/Care for the Older Adult (8.1/10) ranked at the top.

We found a much greater range of scores for each prioritization criteria within each given research theme than we found when calculating the overall scores across all four research themes. This variation of scores within each theme suggests that the overall importance ultimately given to each research theme was largely determined by the scores for individual prioritization criteria, particularly the highest one or two prioritization scores. A closer look at the breakout group discussions provides some further understanding as to what prioritization criteria made individual research themes more important to participants conducting the scoring exercise.

Summaries of Small Group Discussions by Research Theme

The following summaries each begin with a description of the research theme, followed by highlights from the discussion for each of the five prioritization criteria: Contribution to a Successful Transition; Impact on Decision Making; Urgency; Patient and Public Impact; and Opportunities for Funding/ Partnerships/ Engagement.

Discussions included voting and non-voting participants, and quotations are unattributed. Bar graphs summarizing the average total vote are available in Appendix C.

1. Health Human Resources

The term Health Human Resources (HHR) describes the full range of people who work in the health system, including health service providers such as physicians, nurses, and allied health professionals, as well as administrators, technicians, support staff, and community-based workers such as ambulance first responders and formal (paid) caregivers. The term Health Care Workers (HCW) is also used, though usually in the context of health service providers.

Voting Results

For Health Human Resources, the combined average prioritization criteria scores from all available voting participant scorecards (those from Patient and Family Advisers, PHA, HCS, and the four RHAs) ranged between 7.5 and 9.1 (see Figure 3). When considering the importance of research on Health Human Resources, participants gave most prioritization criteria a score of 8.6/10 or higher. The lowest score for this research theme related to its potential to drive Opportunities for Funding/ Partnerships/ Engagement. This prioritization criterion achieved a score of 7.5, the lowest prioritization criteria score for any research theme under discussion.

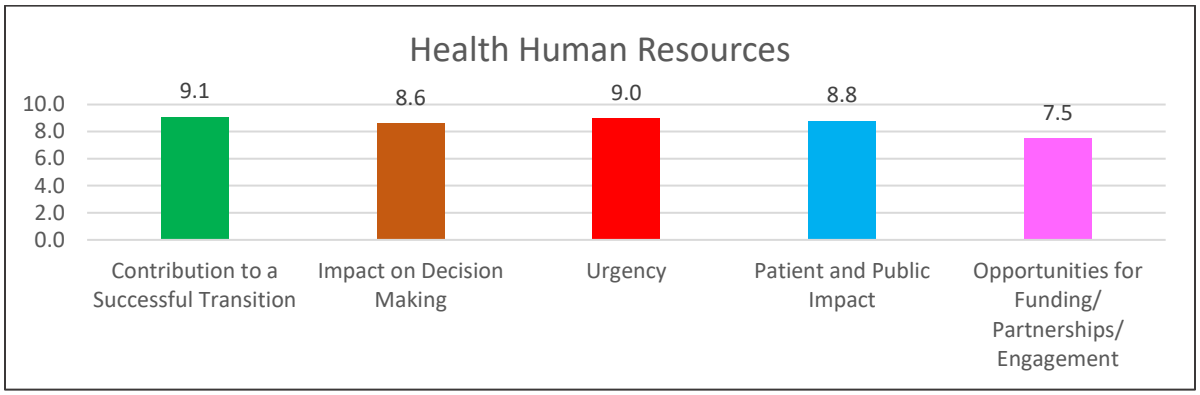

Figure 3: Combined average prioritization criteria scores from participants from Patient and Family Partners, PHA, HCS, and RHAs for the Health Human Resources research theme.

In scoring each theme, we asked participants to provide a representative sample question that would demonstrate the importance of the overall theme to the prioritization criterion under discussion. Table 2 shows the number of times an individual voting participant cited a sample question as an exemplar for decision-support in the Health Human Resources research theme. Counts varied across the sample questions, with the top three being:

- "How do we determine whether HR shortages require closing or changing a service?" (8 times),
- "What strategies are effective in recruitment and retention of the full range of healthcare workers (HCW) in NL?" (7 times), and
- "How can we foster and maintain healthcare worker engagement and motivation given overwork, crisis fatigue?" (6 times).

Table 2: Counts of individual voting participants citing a sample question as an exemplar for decision-support research in Health Human Resources.

Health Human Resources: Which sample questions demonstrate the importance of this theme?	Count
How do we determine whether HR shortages require closing or changing a service?	**8**
What strategies are effective in recruitment and retention of the full range of healthcare workers in NL?	**7**
How can we foster and maintain healthcare worker engagement and motivation given overwork, crisis fatigue?	**6**
How do we train and recruit homecare workers for regions with high levels of need and outmigration trends?	4
How do we foster a sense of stability and wellness among HCWs in an atmosphere of uncertainty and change?	4
How do we promote trust in the transition? Communicate about vision to get HCW commitment?	4
What health system information /data will help assess our HHR capacity to deliver services we have committed to?	4
How do we balance existing workloads with additional work required for the transition? Assess/respond to overload?	2
How do we address education requirements for HCWs to help in the changeover of services?	2
How do we address remuneration differences among NL regions? Among HCWs from other provinces?	1

Priority Discussion Summary

Participants described HHR as being particularly "fundamental," "foundational," and "bedrock" for a successful health system transition, and noted its importance to achieving required operational capacity for the health system in general. Some considered it a cross-cutting research theme playing integral roles in most aspects of the transition. Others highlighted the critical need to have engaged and motivated people to successfully implement new policies, programs, and practices while still delivering health services to the public.

In addition to the role HHR plays in a successful health system transition currently, participants recognized that addressing HHR issues in the health system pre-dates both the provincial health authority transition and the global pandemic. The long-standing importance of this issue was seen to add to its overall urgency. Many of the HHR issues we are facing here in NL are reflected in national (and some international) trends, a factor that will result in increased competition for the recruitment and retention of healthcare workers.

Participants noted that the impacts of HHR issues on patients and their families, as well as on public perception of the health care system, are significant. Providing adequate staffing and support, as well as mitigating worker fatigue and turnover were considered to be critical from a patient safety perspective. Failure to maintain HHR staffing levels, retention, and engagement can have direct impacts on patient outcomes, which in turn affect public trust and support in the health system. In short, building a sustainable health system in the province requires having a best-in-class HHR framework.

Research to inform decision making in this area [Health Human Resources] was considered a key priority. In particular, decision support will be needed to identify and contextualize strategies that address vulnerabilities and threats to HHR and that will promote HHR resilience and engagement. Specifically, participants mentioned research into mitigating the effects of multiple levels of fatigue on HHR, strategies to improve motivation and commitment, and initiatives to promote HHR agency and leadership.

Research to inform decision making in this area was considered a key priority. In particular, decision support will be needed to identify and contextualize strategies that address vulnerabilities and threats to HHR and that will promote HHR resilience and engagement. Specifically, participants mentioned research into mitigating the effects of multiple levels of fatigue on HHR, strategies to improve motivation and commitment, and initiatives to promote HHR agency and leadership.

Participants generally agreed that there were opportunities for funding ("externally") and engagement within the province, although few specific examples were offered. Previous CHRSP experience strongly indicates that there are opportunities for engagement with provincial professional associations and with research experts in the field of sustainable HHR. However, the provincial government has announced a contract to develop a HHR Plan with Deloitte Consultants (see here) that will draw on Health Accord NL work and CHRSP will need to coordinate its efforts in this area to avoid duplication. Several federal government funding initiatives have been announced (see here) which may provide some possibilities, though the timelines may be incompatible with the timing for the transition process here in NL.

2. Healthy Aging/Care for the Older Adult

This particular research theme encompasses a broad interpretation of support for older adults, including health care, community care, and elements of social supports, as well as health promotion and other initiatives that support healthy aging. "Older adult" is a term that does not mean to imply a strict age range, and "healthy adult aging" refers to the whole adult life span as it underpins health status later in life.

Voting Results

Combined average prioritization criteria scores from available voting participant scorecards for Healthy Aging/Care for the Older Adult research theme ranged from 8.1 to 9.4 (up to 13%) across prioritization criteria (see Figure 4). All criteria received scores higher than 8/10. Patient and Public Impact had the highest score of 9.4, which was also the highest score of any prioritization criteria for any research theme.

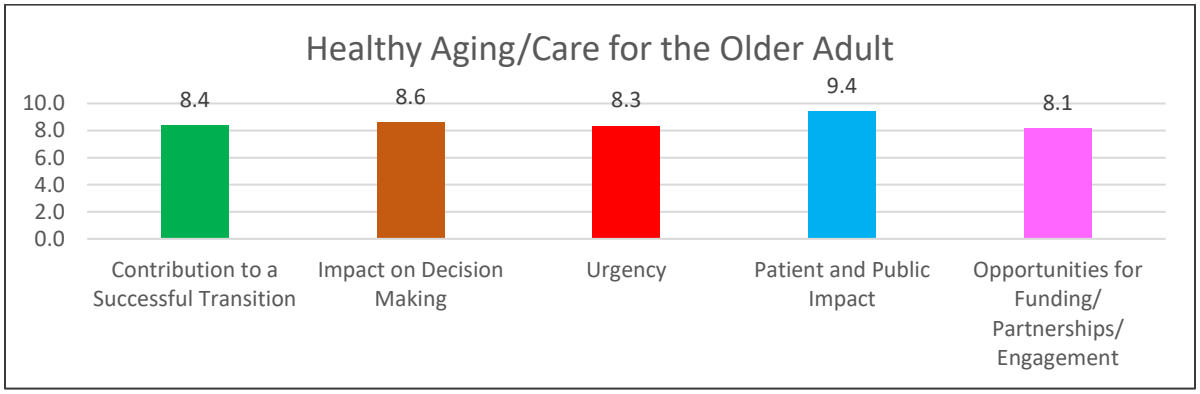

Figure 4: Combined average prioritization criteria scores from participants from Patient and Family Partners, PHA, HCS, and RHAs for the Healthy Aging/Care for the Older Adult research theme

The number of times an individual voting participant cited one of our sample questions as an exemplar of the importance of decision-support in Healthy Aging/Care for the Older Adult varied across the sample questions, with the top three tied for 6 times:

- "What strategies or best practices for community-based models of care have jurisdictions similar to NL implemented, especially rural and remote contexts with high dependency ratios and outmigration trends?",
- "What strategies and best practices address medical transportation models for older adults living in rural and remote settings?", and
- "What strategies and best practices provide alternative models of care that are feasible, equitable, and acceptable to rural regions and regions with healthcare worker shortages?".

Table 3 below outlines which sample questions were seen to demonstrate why healthy aging/care of the older adult was perceived as being important to participants at the March 1st priority-setting meeting.

Table 3: Counts of individual voting participants citing a sample question as an exemplar for decision-support research in Healthy Aging/Care for the Older Adult research theme.

Healthy Aging/Care for the Older Adult Which sample questions demonstrate the importance of this theme?	Count
What strategies or best practices for community-based models of care have jurisdictions similar to NL implemented, especially rural and remote contexts with high dependency ratios and outmigration trends?	**6**
What strategies and best practices address medical transportation models for older adults living in rural and remote settings? Should we support moving older adults to receive health services or should we use mobile clinics to bring health services to older adults? (possible follow-up to recent CHRSP Snapshot Report on Transportation Access for Primary Care)	**6**
What strategies and best practices provide alternative models of care that are feasible, equitable, and acceptable to rural regions and regions with healthcare worker shortages?	**6**
How do we ensure timely access to services for older adults?	5
What strategies and best practices support healthy aging?	5
What strategies or best practices address reconciling rural/urban inequities in terms of providing care to older adults?	4
How do we determine what roles and specialties our regions need to effectively provide health services to our older populations?	4
Which strategies require health system collaboration with other partners in community, government, or other third-party stakeholders?	4
What is the role of technology to support aging in place? Are there restrictions to the types of technologies that people would or could use?	3
What does the research say are the factors with the greatest impact on healthy aging?	3

Participants agreed that underpinning this theme is the fact that older adults are "major users of the health care system" and that if we can care well for this population, the overall health and community care systems will benefit as the result.

Priority Discussion Summary

Decision-support in the area of healthy aging and the care of older adults will contribute to a successful transition in large part because it is strongly aligned with government and health system priorities and transition timelines as well as to provincial demographic trends. The design of a provincial clinical network for seniors is expected to commence in spring 2023 and to last 12 to 24 months, and research has been identified as a potential driver for policy development in this area. In addition, Health Accord NL consultations identified multiple priority areas related directly to the care of older adults and healthy aging in this province. The timing and circumstances related to this research theme will likely mean that CHRSP studies in this area have the potential to provide evidence for actionable decision making over the next one or two years.

The urgency of the research theme, like HHR, predates the provincial health system transition and the pandemic, while more recent trends are exacerbating the situation, especially in rural zones that are experiencing demographic shifts. Participants identified the urgency of promoting

healthy aging to help mitigate future care and support needs, noting the current proportions of older adults with chronic disease, multiple co-morbidities, and poly-pharmacy and the need to prevent these trends in future. Participants agreed that underpinning this theme is the fact that older adults are "major users of the health care system" and that if we can care well for this population, the overall health and community care system will benefit as the result.

Participants agreed that effective care of older adults, including aging safely in "the right place," was of major public importance at the levels of family, community, region, and province. Some participants noted that an important approach for many older adults will be to build a stronger sense of self-determination and autonomy, in part through the de-medicalization of the aging process. However, all care for older populations must be carried out within the broader context of older adult safety—a context that, unfortunately, includes issues of ageism, frailty, isolation and marginalization, along with barriers to new health technologies.

Participants suggested many opportunities for funding and partnerships, including at federal, provincial, and municipal government levels, through third party (i.e., CIHR) or provincially-funded research programs, technology and innovation opportunities, and other initiatives such as the development of age-friendly communities. Participants also identified potential areas for partnerships to carry out multi-disciplinary decision support research, including transportation strategies for older adults, evaluating previous/current efforts across the RHAs, the need to incorporate social data, and incorporating complexity science/ complex systems approaches to the care and support of older adults.

3. Learning Health and Social System/Health Information

Health Accord NL describes a learning health and social system (LHSS) as "one in which science, education, informatics, incentives, and culture are aligned for continuous improvement, innovation, and equity. Best practices are seamlessly embedded in the delivery process, individuals and families are active participants in all elements, and new knowledge is generated as an integral by-product."[3] When applied to a provincial health system, this systemic approach fundamentally changes how the system operates internally and with other provincial social service systems.

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Voting Results

Combined average prioritization criteria scores from available voting participant scorecards for Learning Health and Social System ranged the least among research themes, from 8.0 to 8.9 across prioritization criteria (see Figure 5). All criteria received scores equal to or higher than 8/10.

[3] Health Accord NL. (2022). Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Report (p 212). https://healthaccordnl.ca/final-reports/.

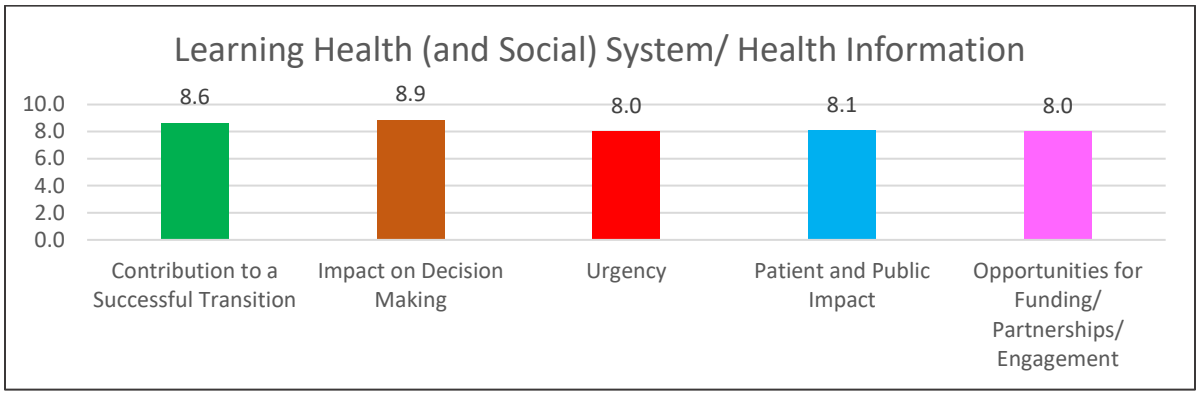


Figure 5: Combined average prioritization criteria scores from participants from Patient and Family Partners, PHA, HCS, and RHAs for the Learning Health and Social System / Health Information research theme.

The number of times an individual voting participant cited one of our sample questions as an exemplar for decision-support research in Learning Health and Social System/ Health Information research theme is shown in Table 4. Counts were lower than in the other research themes, with the top sample question cited 5 times: "How can we make health information data available to inform decision making throughout the health system, from administrative decisions regarding policy and programs, to patient-level data to inform clinical practice?"

Table 4: Counts of individual voting participants citing a sample question as an exemplar for decision-support research in Learning Health and Social Systems research theme.

Learning Health and Social System/ Health information Which sample questions demonstrate the importance of this theme?	Count
How can we make health information data available to inform decision making throughout the health system, from administrative decisions regarding policy and programs, to patient-level data to inform clinical practice?	5
What types of data are most needed for effective decision making?	3
What health information governance models would be appropriate for the PHA? How are they chosen? How do they fit with provincial legislation and standards?	3
What metrics are feasible, equitable, and acceptable to assess progress, both internally to the health system and externally to stakeholder groups and the public at large?	3
How do we propagate Leading Practices from one region to the others?	3
What are efficient and reliable strategies for collecting data and ensuring data quality?	1
How can we use evidence-based strategies for health information and data analytics to be more proactive, preventative, or provide early interventions through our policies, programs, and practices?	1
How can we gain a better understanding of the costs and benefits to policies, programs, and practices? How do we collect and integrate cost data into decision making processes?	1
What are the evidence-based strategies or best practices for selecting performance outcomes?	0
What are evidence-based strategies or best practices for supporting research, innovation, and evaluation throughout the healthcare system? How do we streamline the process to reduce barriers to research? How do we coordinate research efforts and share research findings more effectively?	0

Priority Discussion Summary

Some participants pointed out that a LHSS would play an absolutely critical role in a successful transition, since it provides the data and research infrastructure required to support implementation science analysis, i.e., to effectively measure and guide the progress of the transition, to evaluate the quality of care at a granular level, and to manage the complexity of a province-wide integrated health system. A corollary to this perspective is that decision-support research could help decision making by synthesizing evidence on applications of LHSS to existing challenges in NL. However, discussions also revealed a range of understandings about how a Learning Health and Social System is defined and how the LHSS would contribute to a successful transition and decision making. In this regard, decision-support research on LHSS may also play a valuable role in synthesizing the literature on what they are, how they are applied, and evidence for their potential impacts in health system transformation and decision support.

Participants pointed out that the LHSS approach could play an important role in evaluating and guiding the implementation of new health system structures such as clinical health networks, for assessing the effectiveness of different approaches taken by the former RHAs to deal with similar problems, or in evaluating the need for different approaches for different contexts, e.g., rural versus urban care settings.

The urgency of decision-support research on the LHSS relates mainly to timing and opportunity. The design and implementation of LHSS features are in their initial stages. Participants pointed out that the LHSS approach could play an important role in evaluating and guiding the implementation of new health system structures such as clinical health networks, for assessing the effectiveness of different approaches taken by the former RHAs to deal with similar problems, or in evaluating the need for different approaches for different contexts, e.g., rural versus urban care settings.

At the level of patient and public impacts, participants indicated that the LHSS will provide opportunities to use bedside and point-of-care data in evaluation and quality improvements, and to identify and address gaps or deficiencies in health services delivery. Data analytical approaches to large datasets may also identify population-level risk factors. Participants also agreed that the opportunities for engagement with LHSS would be many, owing to their openness for collaboration and partnerships.

4. Public Engagement and Communication

Health system participants in the pre-meeting consultations indicated concern about the pace at which the public may expect to see health system changes in contrast to the anticipated timing required for the transition/change implementation. They highlighted the importance of *managing expectations*, a concern that also applies to the health system workforce— a key element to this research theme. Also included within this research theme are the broader topics of developing effective communications strategies, coordinating communications internally and externally, transparency on behalf of the provincial health authority, building the capacity for genuine public engagement, developing more effective "two-way communication" with the public in general, and incorporating patient and caregiver perspectives in decision making, in particular.

Participants also agreed that a key component of public engagement and communication will be to de-politicize health system decision making as much as possible.

Voting Results

Prioritization Criteria scores within the Public Engagement and Communication research theme ranged from 7.6 to 9.1 (see Figure 6). Most criteria received scores of over 8/10, with the exception being Opportunities for Funding/ Partnership/ Engagement, which scored 7.6. This theme was ranked most highly for its potential contribution to a successful transition achieving a 9.1 in this domain.

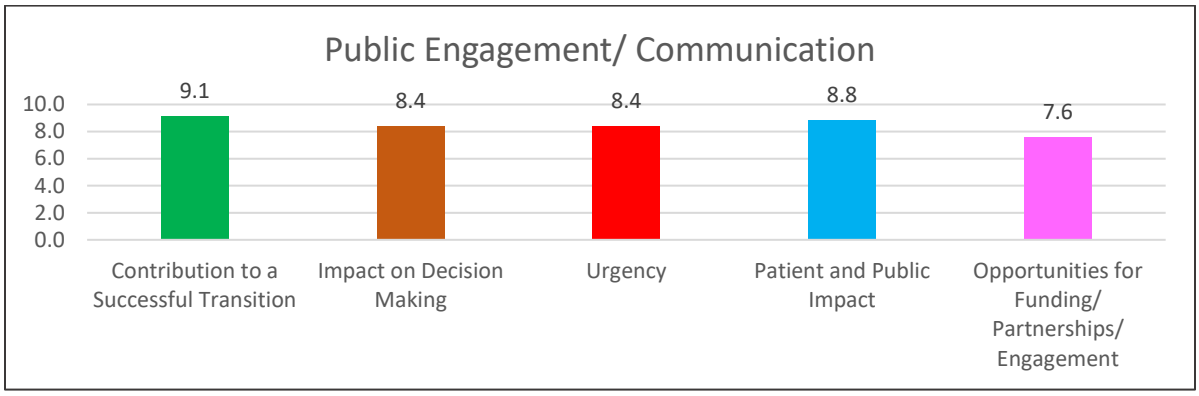


Figure 6: Combined average prioritization criteria scores from participants from Patient and Family Partners, PHA, HCS, and RHAs for the Public Engagement and Communication research theme.

Table 5 includes the number of times an individual voting participant cited one of our sample questions as an exemplar for decision-support research in Public Engagement and Communication. Two questions within this theme had the highest overall counts, with the top two sample questions being:

- "What research evidence is available to inform the structure and governance of Regional Health Councils?" (12 times), and
- "What research evidence is available to inform the structure and function of Regional Health and Social Networks?" (11 times).

Table 5: Counts of individual voting participants citing a sample question as an exemplar for decision-support research in Public Engagement and Communication research theme.

Public Engagement/ Communication: Which sample questions demonstrate the importance of this theme?	Count
What research evidence is available to inform the structure and governance of Regional Health Councils?	12
What research evidence is available to inform the structure and function of Regional Health and Social Networks?	11
How do we best communicate health system restructuring to the public? Manage expectations related to the pace of implementation? Address the fear of loss of services? Attend to social disruption from COVID-19 and "crisis fatigue"?	3
How do we best communicate how new approaches such as Community Care Teams would be effective in maintaining patient/caregiver satisfaction, educating about their impacts/ minimizing resistance to change?	3

How can the PHA assess public engagement and support for the transition?	3
Which evaluation models are appropriate in terms of communicating progress to the public?	2
How do we best communicate to the public about the loss or displacement of health services or healthcare worker positions in a way that maintains public engagement, trust, and support for the PHA transition?	1
How can we effectively engage local media to communicate how decisions are being made, what the criteria for decisions are used, plans for implementation, and progress on the PHA transition? Emphasis on increasing public understanding/reducing misconceptions, maintaining public support and engagement.	1
How can we ensure that the Transition Team is equipped to tune in to public opinion and to be able to better address public concerns in a constructive manner, especially over the potential loss of services?	1
What are the best practices for effective governance of Community Care Teams? How can we make them responsive to local conditions while maintaining province-wide standards?	0

The urgency of this research theme was seen to be inherent in its cross-cutting nature, such that decision-support research early in the transition has the potential to have positive and wide-ranging effects throughout the transition. Some participants indicated that the urgency of this issue is also related to the need for early intervention to avoid politicizing decisions, to the need to address identity issues that are tied to health services, and to more generally manage expectations among stakeholder groups and the general public.

Priority Discussion Summary

Participants tended to see public engagement and communication as being critical to addressing one or more key issues in the transition and described it as a cross-cutting theme that will applied to all of the research themes and categories of work involved in the transition. This theme was generally considered an important if not crucial element to a successful transition. Some participants indicated that effective communications would most significantly contribute to establishing shared values and understanding among stakeholders and the provincial health authority, and that this shared understanding will be key to facilitating public engagement and support.

Regardless of the general views about public engagement and communication contributing to a successful transition, there was broad agreement among participants that there will be many opportunities for research to inform decision making in this area going forward. Some of the examples cited in the discussions included studying the role of engagement in supporting patients to have more agency and self-direction in their own healthcare, shifting away from a more traditional or paternalistic model of healthcare, as well as finding strategies to effectively and equitably center patient and caregiver lived experience in decision making throughout the new provincial health authority. Within the health system itself, more effective communication strategies could assist in breaking down historical silos among Regional Health Authorities and to prevent them from arising again among the various geographic zones.

The urgency of this research theme was seen to be inherent in its cross-cutting nature, such that decision-support research early in the transition has the potential to have positive and wide-ranging effects throughout

the transition. Some participants indicated that the urgency of this issue is also related to the need for early intervention to avoid politicizing decisions, to the need to address identity issues that are tied to health services, and to more generally manage expectations among stakeholder groups and the general public. Other participants noted that social media and other internet misinformation and disinformation about health and healthcare have become a growing concern, and that more effective public engagement and communication strategies will be important mitigation tools to create healthier discourse and more accurate information-sharing in the province.

Given that the primary objectives of communication are to educate stakeholder groups, help shape public opinion, and facilitate constructive engagement, decision-support research in public engagement and communication strategies has significant potential for impact. Some participants noted that despite the proliferation of web-based communication platforms, here in Newfoundland and Labrador, people still tune in to traditional call-in shows, radio, television, and other traditional media, all of which will play an important role in public engagement in NL. As such, research addressing the full range of communication channels will be needed.

Participants mentioned some local opportunities for funding or engagement, including Memorial University's Harris Centre as a research partner and Central Health's Person Family Centered Care model as an example of effective patient and family engagement in a health system context. The latter was also mentioned by participants as an example of how beneficial it is to include patient advisors in decision making and as a potential model for the provincial health authority. Health Accord NL has also recommended improving health system communication with under-served groups, which could provide further opportunities for collaboration.

Next Steps

Planning Our Work

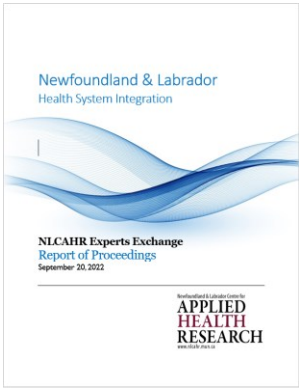
Following the sharing of this report, the team at the NL Centre for Applied Health Research will commence detailed consultations with the PHA Transition Team to finalize all research priorities for the coming year, including resourcing and scheduling of our work.

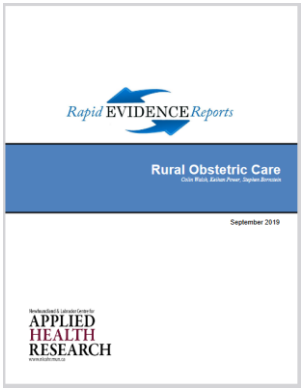
In consultation with the PHA Transition Team and our many Health System Partners, NLCAHR will develop a methodology for identifying and initiating individual decision-support research projects.

We will communicate with you about the outcomes of these ongoing consultations and may call upon participants of the March 1st meeting, as required, for further support in these efforts.

This new phase of work is will produce decision-support products with shorter turnaround times including CHRSP products familiar to our Health System Partners, including *Rapid Evidence Reports* and *Snapshot Reports* (jurisdictional scans). NLCAHR will also offer to organize and host a series of NLCAHR Experts' Exchanges, in-camera panels with stakeholders and national experts to provide feedback and guidance to health system decision makers. We will also provide reference lists and bespoke scoping reviews as required.

CHRSP products for the coming year.





New Initiatives: Building Research and Collaborative Capacity

In the meantime, NLCAHR has already begin developing local research capacity for the priority research themes. The Centre will establish two new Research Exchange Groups: one devoted to Health Human Resources and another to Learning Health and Social Systems. The Research Exchange Groups program at NLCAHR builds capacity for research by engaging diverse communities across the province, including researchers and learners, decision makers and other knowledge users, stakeholder groups, community organizations, patients and caregivers. The program will provide a multi-sectoral and multi-disciplinary forum to develop and share information on research projects, to communicate research results, and to solicit research support and partnerships.

In addition to the two new groups, we will continue our important work with the active Research Exchange Group on Aging to explore future opportunities to contribute to the Healthy Aging/Care for the Older Adult decision-support research theme.

The Centre is already committed to developing expertise in research communication and public engagement and will continue to explore opportunities to develop local capacity in Public Engagement and Communications in the context of the health system transformation, including, but not limited to collaboration with colleagues at other Canadian universities, NLCAHR Experts' Exchanges, and symposia.

Primary Research on Health Human Resources and Care of Older Adults: Participation in a new CIHR-funded study

Dr. Rick Audas, NLCAHR's Director is a Co-Investigator on a CIHR-funded project led by Dr. Janice Keefe from Mount Saint Vincent University exploring the quality of work life in long-term care facilities in Atlantic Canada, including LTCs in Newfoundland and Labrador. NLCAHR will seek to leverage this work to contribute to the decision support needs of the health system transformation team. The Centre's participation in this project which will contribute to both the HHR and Healthy Aging/Care for the Older Adult priority research themes.

Research Study on Collaborative Care &Patient Outcomes

And finally, NLCAHR is in negotiations with Unity Health to take on a funded project examining the impact of collaborative care on patient outcomes. This work can be leveraged to contribute to the decision support needs of the Health Human Resources priority research theme.

Appendix A: Meeting Details

Date and Location: March 1, 2023, Health Innovation Acceleration Centre, Eastern Health & Zoom

Voting Participants

NL Provincial Health System Transition Office

- Dave Diamond, CEO
- Ron Johnson, COO
- Gaitane Villeneuve, Communications Director
- Wayne Miller, Executive Analyst
- Murray Doucette, Physician Recruitment and Retention Lead

Department of Health and Community Services

- John McGrath, Associate Deputy Minister
- Gillian Sweeney, ADM of Population Health and Wellness
- Donna Roche, Director of Policy and Planning

Department of Children, Seniors, and Social Development (participated remotely by Zoom)

- Alan Doody, Deputy Minister
- Henry Kielley, Director of Seniors and Aging, Provincial Director, Adult Protection
- Tracey English, Associate Deputy Minister

Eastern Health

- Kenneth Baird CEO Eastern Health
- Debbie Walsh, VP Clinical Services & Chief Nursing Officer
- Liam Kelly, Regional Director, Research & Innovation
- Scott Bishop, VP, Corporate Services
- Judy O'Keefe, VP, Clinical Services
- Cindy Whitten, Clinical Research Scientist, Manager of Applied Health Research, Department of Research and Innovation
- Collette Smith, VP, Clinical Services and Human Resources

Central Health

- David Carroll, VP Clinical Services
- Joanne Pelley, VP Integrated Health and CNO
- Amy Folkes, Director of Quality, Planning and Performance
- Craig Davis, VP People and Transformation
- Joanna King, Planning Coordinator

Western Health (participated remotely by Zoom)

- Teara Freake, VP COO

- Darla King VP, Transformation & Wellbeing
- Mariel Newell Regional Director Planning and Performance
- Tracey Wells Stratton, Regional Manager Research and Evaluation
- Dr. Brendan Lewis, Chief of Staff at Western Memorial Regional Hospital

Labrador Grenfell Health (participated remotely by Zoom)

- Heather Brown, CEO
- Donnie Sampson VP People & Development, CNO
- Antoinette Cabot VP Clinical Services

Patient and Family Partners

- Tanya Kennedy Wall
- Allan Skanes (participated remotely by Zoom)
- Cindy Wells (had technical issues and had to leave meeting)

Non-Voting Participants

Health Accord NL

- Patrick Parfrey, Deputy Minister, Health Transformation, Office of the Executive Council

Learning Health and Social System

- Brendan Barrett, Principal Investigator, NL SUPPORT, and Clinical Lead, Quality of Care NL

NL Center for Health Information

- Kendra Lester, Manager, Data and Information Requests

Faculty of Medicine, Memorial University

- Dr. Margaret Steele, Dean
- Reza Tabrizchi, Vice-Dean, Research & Graduate Studies
- Laurie Twells, Assistant Dean, Clinical Research, Office of Research & Graduate Studies
- Anne Dorward, Associate Dean, Graduate Studies, Office of Research & Graduate Studies
- Brenda Wilson, Associate Dean, Division of Community Health and Humanities

Newfoundland and Labrador Centre for Applied Health Research

- Dr. Rick Audas, Director
- Rochelle Baker, Manager, Communications, Partnerships and Research Exchange Groups
- Pablo Navarro, Senior CHRSP Research Officer
- Sarah Mackey, CHRSP Research Officer
- Colin Walsh, CHRSP Research Officer
- Tyrone White, Manager, Finance and Administration

Appendix B: Summaries of Prioritization Criteria Scores by Research Theme

This section includes sample questions for evaluating the prioritization criteria for decision-support for each research theme, as well as graphs of the average prioritization criteria scores for each research theme based on scores from participants from Patient and Family Partners and each health system organization (PHA, RHAs, HCS) except CSSD (who only had global scores available).

Contribution to a Successful Transition

- *Does this theme align with health system transition strategic planning or legislative requirements?*
- *Would research in this area support implementing NL Health Accord Calls to Action?*
- *Would research in this area support the people involved in the transition? (e.g., the research will help decision makers, healthcare workers, patient groups, client advisers succeed in their work or transition planning)*

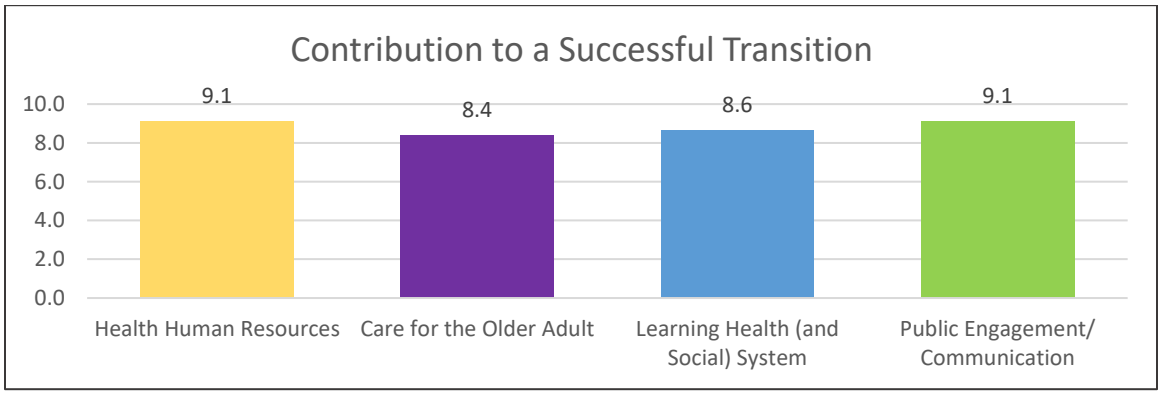


Figure 7: Overall score for the Contribution to a Successful Transition prioritization criterion based on scores from participants from Patient and Family Partners, PHA, HCS, and RHAs.

Impact on Decision Making

- *Will research in this area provide evidence for an actionable decision or has a decision already been made? Would research support an area in which the health system has the capacity to change practice, programs, or policies?*
- *Does this theme impact decisions about resource allocation? (e.g., human, material, financial)*
- *Does this theme impact any related decisions that have to be made in the coming year(s)?*

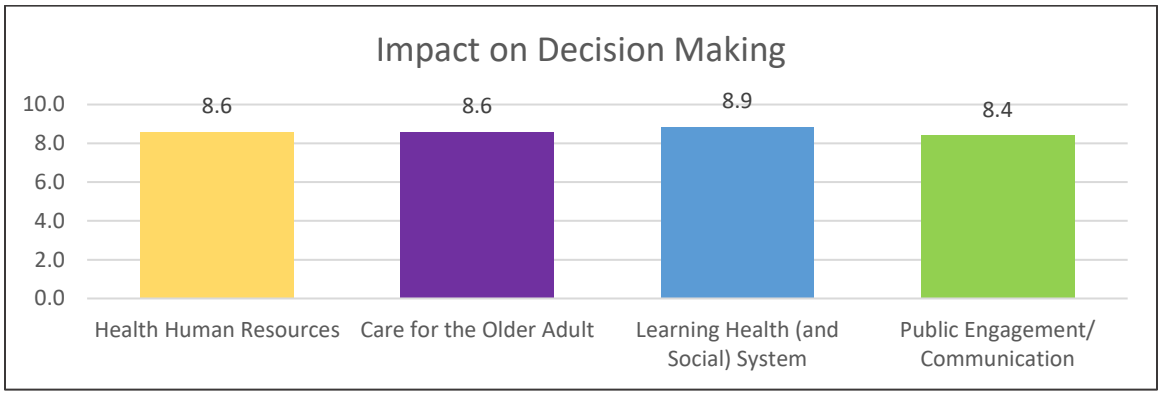


Figure 8: Overall score for the Impact on Decision Making prioritization criteria based on scores from participants from Patient and Family Partners, PHA, HCS, and RHAs.

Urgency

- *Is the timeline for work in this area flexible or is there a firm deadline for this work?*
- *Will some policy/ process need to be in place before this research theme can be addressed? Conversely, is evidence in this area required for an early process in the transition that will need to take place before next steps are taken?*
- *Will the need for additional resources impact the timeliness of research in this area? (e.g., Funding? Strategic Partnerships? Human Resources?)*

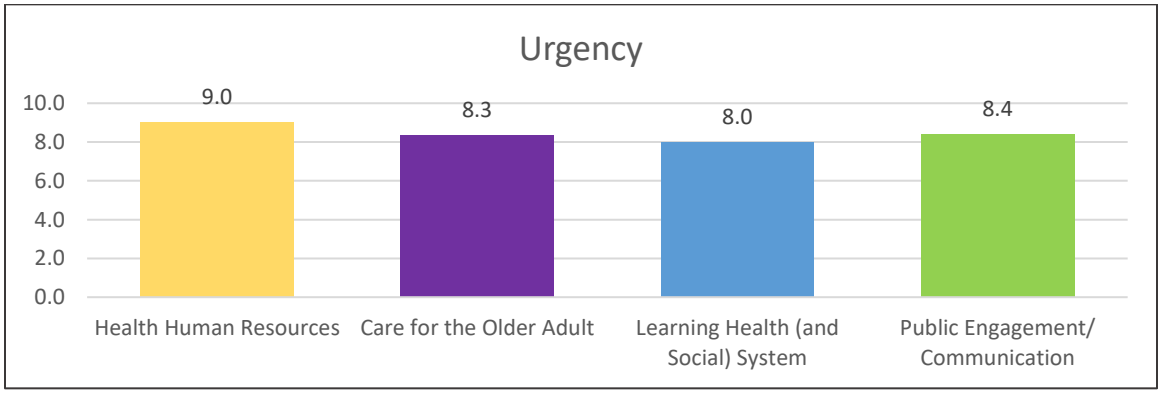


Figure 9: Overall score for the Urgency prioritization criteria based on scores from participants from Patient and Family Partners, PHA, HCS, and RHAs.

Patient and Public Impact

- *How will this research theme impact patients and the public? (e.g., patient safety? other patient outcomes? population health outcomes? public opinion issues?)*
- *Who will be most impacted by research in this area? How many people?*
- *Will evidence related to this research theme improve health equity throughout the province (rural/urban divide, population demographics?)*

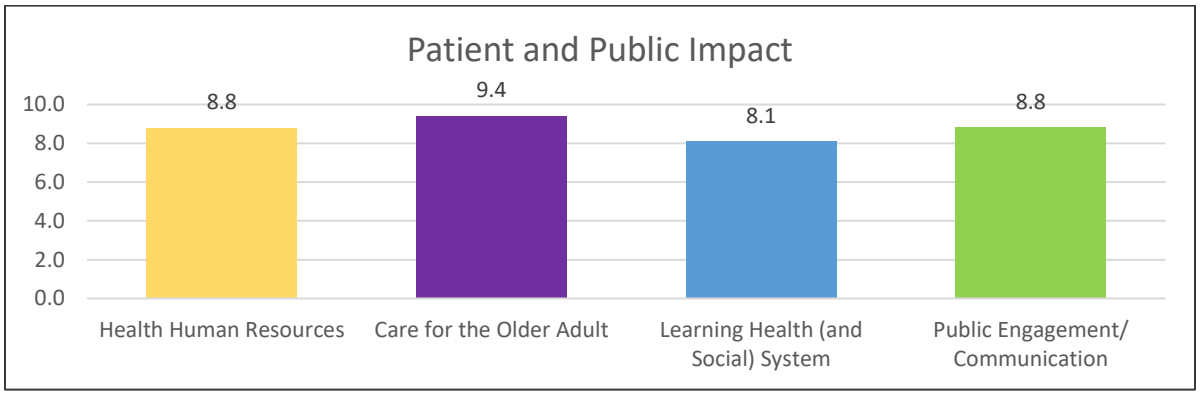


Figure 10: Overall score for the Patient and Public Impact prioritization criteria based on scores from participants from Patient and Family Partners, PHA, HCS, and RHAs.

Opportunities for Funding/Partnerships/Engagement

- *Would this theme connect with possible research/ project funding opportunities?*
- *Can you identify the partners required for work on this research theme? (e.g., opportunities for collaboration with various stakeholders? interdisciplinary collaboration?)*
- *Does this research theme support relationship-building within the health system? Within communities? Among health and community sectors? With patient and caregiver partners?*

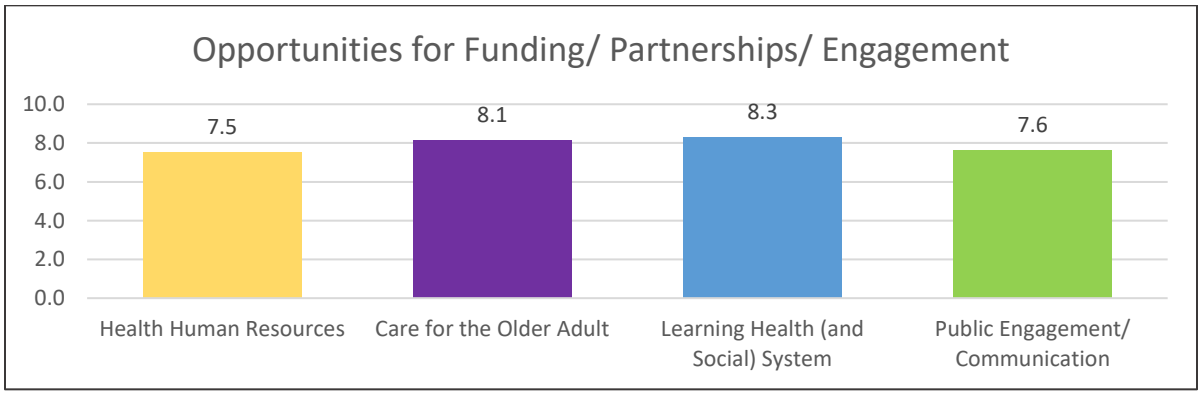


Figure 11: Overall score for Opportunities for Funding/Partnerships/Engagement prioritization criteria based on scores from participants from Patient and Family Partners, PHA, HCS, and RHAs.

Appendix C: Priority-Setting Summaries by Voting Groups

The overall objective of this CHRSP priority setting exercise was to achieve consensus on which research themes should be prioritized for decision-support research by NLCAHR. Consensus is best indicated by overall prioritization results and average prioritization criteria scoring results in their respective sections above. However, while a consensus relies on a "what can we live with" perspective, we recognize that different voting groups are likely to bring different and distinct priority considerations to the table. The sections below provide summaries of overall and individual criteria priority scores by voting group, including Patient and Family Partners, the Provincial Health Authority (PHA) Transition Team, the Departments of Health and Community Services (HCS) and Children, Seniors, and Social Development (CSSD), and the four Regional Health Authorities (RHAs) (Eastern, Central, Western, and Labrador Grenfell).

Please note that only global priority scores are available for CSSD. Their individual prioritization criteria scores are not available, and as such, are not included in the breakdown of individual prioritization criteria scores.

Prioritization by Research Theme by Voting Organization/Group

The figures below show breakdowns of individual prioritization criteria scores, for each research theme, from the following voting groups: RHAs, PHA, Patient and Family Partners, HCS. CSSD is not included because individual prioritization criteria scores are not available. They provide some indication of the differences in prioritization criteria rankings between the voting groups with available scores.

Most scores were quite close, with a few notable exceptions including consistently lower scoring by Patient and Family Partners on Opportunities for Funding/ Partnerships/ Engagement across the research themes, and lowest scores by the same voting group on Urgency and Patient and Public Impact for the Learning Health and Social System research theme.

Health Human Resources

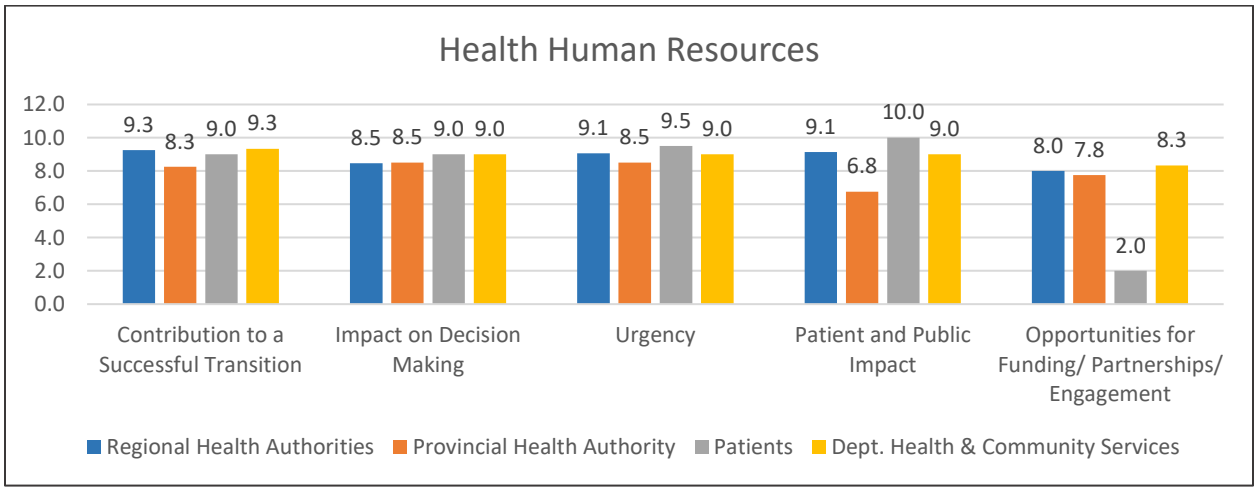


Figure 12: Breakdown of individual prioritization criteria average scores by voting groups with available scores (RHAs, PHA, Patient and Family Partners, HCS) for Health Human Resources research theme

Healthy Aging/Care for the Older Adult

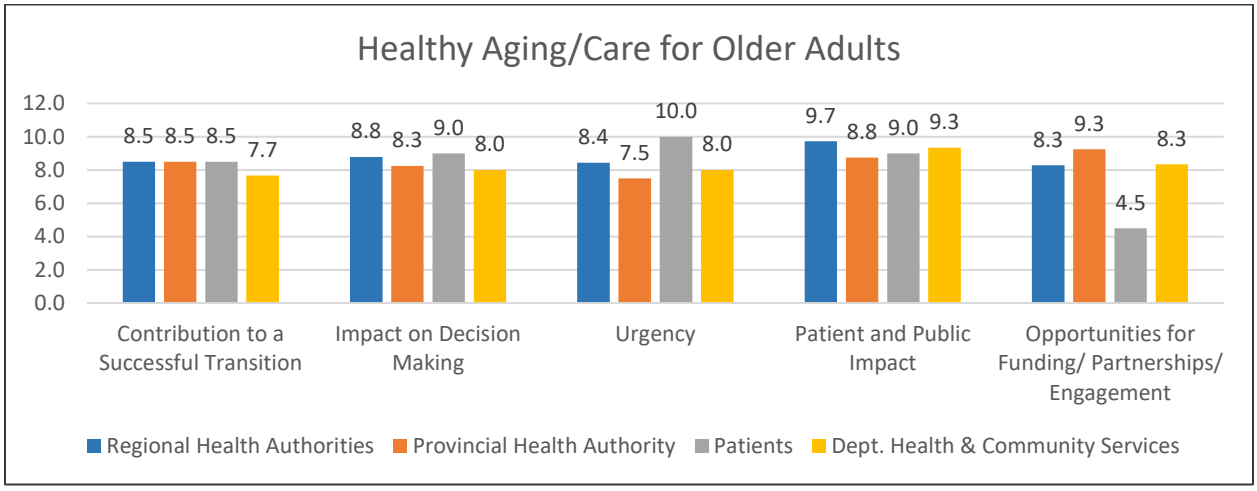


Figure 13: Breakdown of individual prioritization criteria average scores by voting groups with available scores (RHAs, PHA, Patient and Family Partners, HCS) for Healthy Aging/Care for Older Adults research theme.

Learning Health and Social System

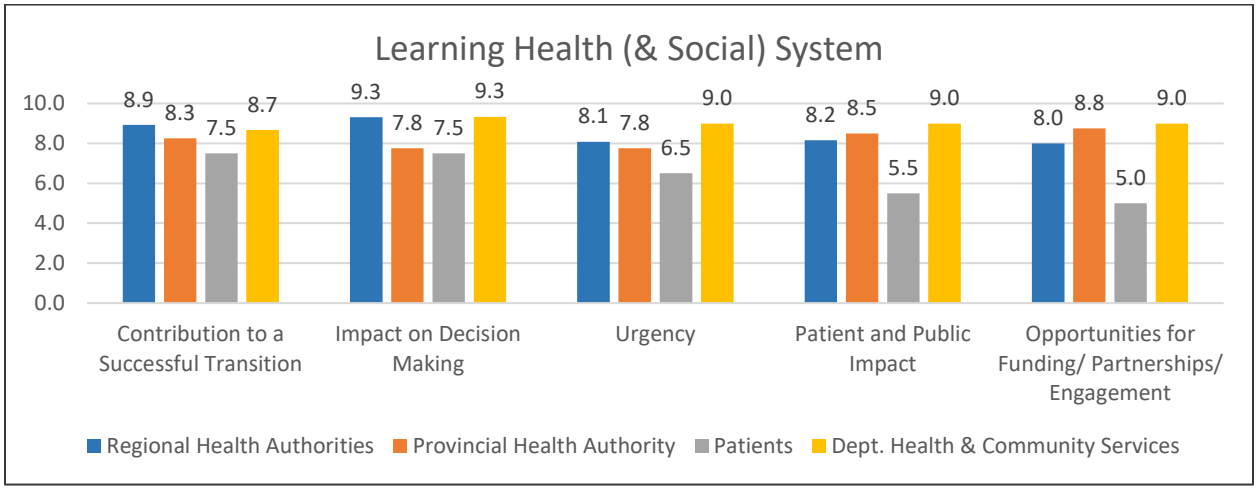


Figure 14: Breakdown of individual prioritization criteria average scores by voting groups with available scores (RHAs, PHA, Patient and Family Partners, HCS) for Learning Health and Social System

Public Engagement and Communication

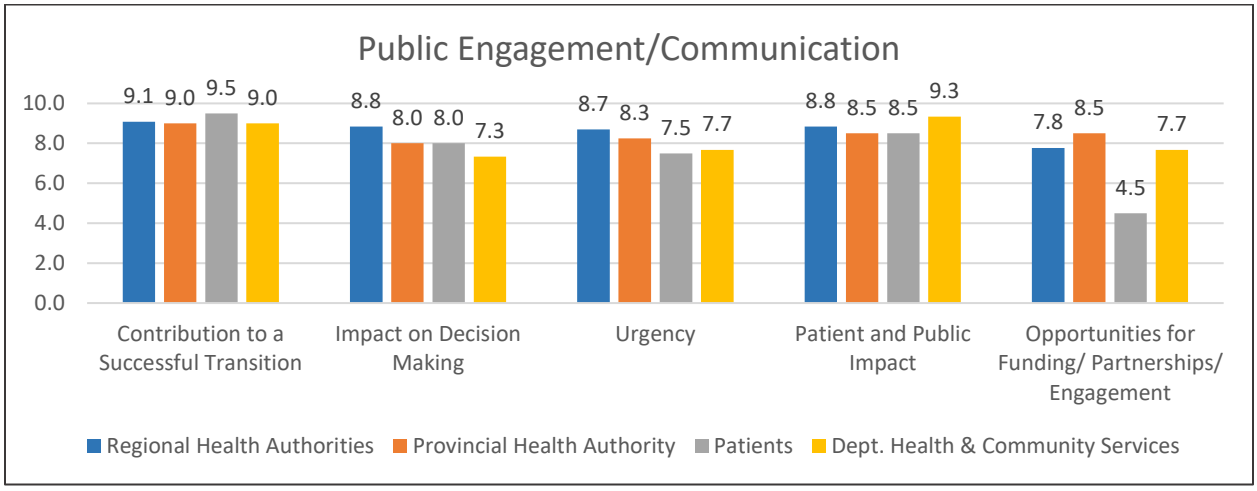


Figure 15: Breakdown of individual prioritization criteria average scores by voting groups with available scores (RHAs, PHA, Patient and Family Partners, HCS) for Public Engagement and Communication research theme.

Appendix D: Prioritization by Breakout Rooms

Acknowledging that group dynamics can influence participants' and groups' scoring, we may also consider the impact of the composition of each small group session by looking at global scores for each research theme by breakout room.

Breakout Room Composition

Names in purple attended virtually

Group A

Pablo & Tyrone

1. PHA: Dave Diamond
2. PHA (2): Murray Doucette
3. Patient Adviser: Allan Skanes
4. DHCS: John McGrath
5. DCSSD: Alan Doody
6. EH: Kenneth Baird
7. EH (2): Liam Kelly
8. CH: David Carroll
9. CH (2) (TBA) : new VP/COO
10. WH: Teara Freake, VP/COO
11. WH (2): Brendan Lewis, Chief of Staff Western Memorial Hospital
12. LGH: Heather Brown
13. NLCHI: Kendra Lester
14. MUN: Margaret Steele
15. MUN: Reza Tabrizchi

Group B

Rick & Colin

1. PHA: Ronald Johnson
2. Patient Adviser: Carla Saunders
3. DHCS: Gillian Sweeney
4. DCSSD: Tracey English
5. EH: Debbie Walsh
6. EH: Scott Bishop
7. EH (3): Cindy Whitten
8. CH: Amy Folkes
9. CH: (tentative) Craig Davis
10. WH: Mariel Newell
11. WH (2): Darla King, VP, Transformation and Wellbeing
12. LGH: Donnie Sampson
13. MUN: Laurie Twells
14. MUN: Anne Dorward

Group C

Rochelle & Sarah

1. PHA: Gaitane Villeneuve
2. PHA (2): Wayne Miller
3. Patient Adviser: Cindy Wells
4. Patient Adviser (2): Tanya Kennedy Wall,
5. DHCS: Donna Roche
6. DCSSD: Henry Kielley
7. EH: Collette Smith
8. EH (2) Judy O'Keefe
9. CH: Joanna King
10. CH: Joanne Pelley, VP Integrated Health/ CNO
11. WH: Tracey Wells Stratton
12. LGH: Antoinette Cabot
13. MUN: Brenda Wilson
14. MUN/LHS: Brendan Barrett

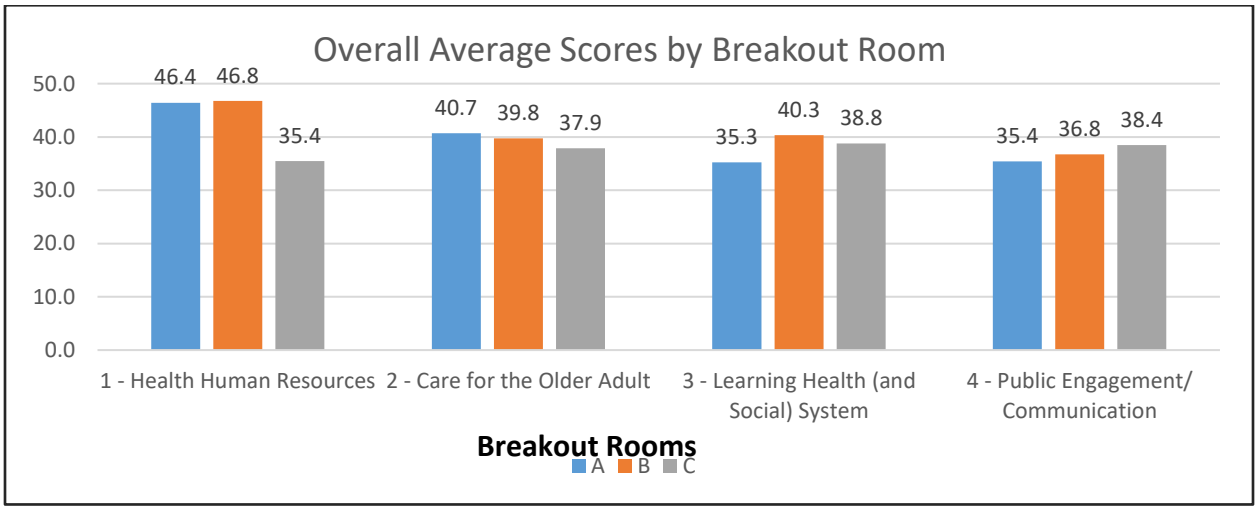


Figure 16: Average overall combined prioritization criteria scores based on individual voting participant scores, for each research theme by breakout room.