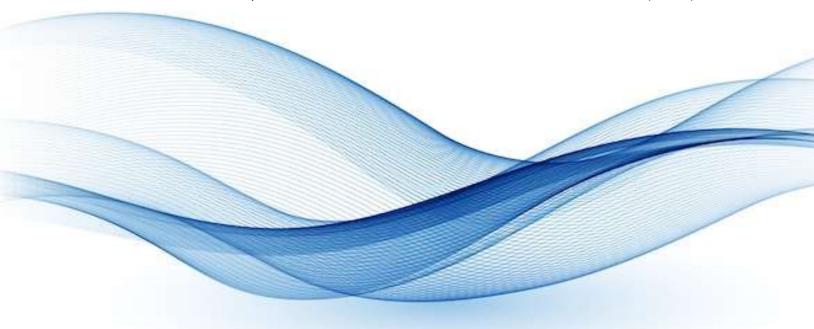# Newfoundland & Labrador

Health System Integration

2023 DECISION SUPPORT | THE CONTEXTUALIZED HEALTH RESEARCH SYNTHESIS PROGRAM (CHRSP)

Pre-Meeting Consultations

PROPOSED CHRSP RESEARCH THEMES FOR 2023

What We Heard

February 17, 2023

Newfoundland & Labrador Centre for

APPLIED
HEALTH
RESEARCH

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Background

For the coming year and possibly beyond, the Contextualized Health Research Synthesis Program (CHRSP) will provide decision-support products focused exclusively on health system transformation in Newfoundland and Labrador. This approach is intended to support the province's transition in 2023 from four Regional Health Authorities to a single Provincial Health Authority (PHA) and to help inform the ongoing implementation of the Health Accord NL recommendations.[1] Researchers at the NL Centre for Applied Health Research (NLCAHR) made this strategic decision in consultation with our Board of Directors and the Provincial Health System Transition Office. This new approach marks a departure from CHRSP's usual methods for topic identification, as well as the kinds of decision support products we will provide in the coming year.

In supporting the transition process, CHRSP will produce decision support products with shorter turnaround times in 2023-2024, including: *Rapid Evidence Reports*, informal scoping reviews, and jurisdictional scans (i.e., *Snapshot* Reports). As required by our health system partners, we will also organize and host NLCAHR Experts' Exchanges— expert panels along the lines of an event we hosted in September 2022 which assembled national experts to provide guidance to the Provincial Health System Transition Office on how to integrate health services delivery within a provincial health system organized into geographic zones.

On March 1, 2023, CHRSP is hosting a province-wide Priority-Setting Meeting at which health system stakeholders and patient partners will work toward developing a consensus list of priority areas for CHRSP study. All items on the list are to be directly related to health authority integration and the calls to action of Health Accord NL. It is notable that this meeting is intended develop a prioritized list of broader research *themes* and not the more specific and narrow research *questions* that we typically ask our health system to provide in CHRSP topic selection.

In an effort to identify these research themes, CHRSP researchers held a series of pre-consultations this month with leaders of the four Regional Health Authorities, the Department of Health and Community Services, the Department of Children, Seniors, and Social Development and the Provincial Health System Transition Office to discuss their anticipated decision-support requirements during the health system transformation. Our partners told us about the anticipated changes and decisions that they think may benefit from having evidence-based solutions or an understanding of best practices to support their decision making.

This report summarizes what we heard from our health system partners. When we asked them "what keeps you up at night?" we heard about challenges in making the Provincial Health Authority transition. We have reframed these challenges as potential decision-support needs and have grouped them together by research themes in this report. We also asked our partners to tell us about any practices, programs or policies that they wanted to hold on to, or were concerned might be lost in the transition process— a common consequence of organizational restructuring in many sectors. These initiatives are described in Appendix A of this report.

In essence, the pre-consultations outlined in this report and our priority-setting meeting on March 1st are envisioned as the first steps in a new process for CHRSP—one with more health system and patient consultations to follow. Throughout the year, we will continue to work with partners across the province to develop specific research projects to support evidence-informed decisions according to our partners' priority needs.

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[1] In February 2022, Health Accord NL submitted the Report: Our Province. Our Health. Our Future. A 10-Year Health Transformation. Health Accord NL has also issued a companion Report entitled Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Blueprint. https://www.healthaccordnl.ca/final-reports/

List of Research Themes in this Report

On the following pages of this report, each Research Theme below, as identified in our pre-consultations with health system partners, is outlined in more detail, including the main areas of inquiry within each thematic category.

In Appendix A, on page 11, readers will also find the current practices, programs, and policies that health system partners would like to see retained and not lost, as the provincial health system is transformed.

Research Theme: The Restructuring Process

Summary

We asked our health system partners to tell us what concerns they thought could be addressed, in part, with decision-support products. The most common concerns were related to the restructuring process itself and the need for all partners to be sufficiently engaged with the process. The main areas of inquiry for this research theme are directly related to the Provincial Health System Transition Office's restructuring process. As such, these are not so much decision-support needs of our health system partners as they are suggested decision-support needs of all stakeholders working on the PHA transition. This research theme is quite complex but it can potentially be sub-divided into three key areas: decision making, designing the health system, and transition implementation.

Main Areas of Inquiry

Decision Making

- What types of decision making processes and frameworks would be effective for the PHA transition? (Emphasis on decisions about *where* services will be delivered and *how* services will be delivered.)
- What evidence-based decision making frameworks or best practices would be effective for resource allocation for the PHA?
- What approaches would be effective to resolve conflicts or disagreements when decisions are being made?

Designing the Health System

- What strategies can be effective for deciding on provincial standards that will take into account regional variation, competing Leading Practices, etc.?
- How can we identify successful local innovations in care and health system organization for consideration as models for adoption or scale-up at the PHA level?
- What approaches would be effective for designing and implementing a patient-centered/holistic health system for the PHA?
- What organizational design strategies would be effective for maintaining/supporting collaborative work practice and responsive administrative structures?
- How do we ensure we are providing equity among different provincial contexts? How do we ensure that there are pathways to meet the needs of patients and families in different parts of the province?

Transition Implementation

- What evidence-based strategies and best practices can facilitate translating evidence synthesis into implementation? What implementation frameworks could we use in the PHA transition to coordinate new service models in different regions? What research- based best practices for quality improvement implementation strategies are available for zones seeking to achieve new standards of care?
- What types of inputs are the most important for making decisions about the PHA transition? Emphasis on voices from throughout the province (horizontal) and healthcare system (vertical), NL-

based data (including administrative, health economic, and population health data), research-based evidence/best practices.

- What types of measures are effective for monitoring progress and providing constructive feedback to the health system, as well as to the public?
- What strategies would be effective to engage healthcare workers and maintain motivation/support for the PHA transition? What strategies would be effective to mitigate health care worker fatigue related to overwork, extended periods of change/restructuring, and the pandemic?
- What strategies would be effective to identify threats to, and to protect continuity and quality of care for patients over the course of the PHA transition?
- How do we maintain trusting relationships with Indigenous groups if people with long histories of collaboration are shifted from their positions? What Indigenous ways of knowing could help to strengthen Indigenous collaboration throughout the PHA transition?

Research Theme: Provincial Health Authority Organization

Summary

In addition to having concerns about *how* the PHA transition was being carried out, our health system partners had some questions about *what* the new PHA would look like in terms of its organization, with an emphasis on its structure and governance. In many cases, we noticed that concerns about process often had one or more matching questions about what the new PHA would deliver (described below). Health system partners were interested in research-based evidence to inform the design of any new policies, programs, or practices that are proposed for the new PHA, as well as evidence to inform improving existing services to be more patient-centered, more inter-disciplinary, and more equitable across the regions.

Main Areas of Inquiry

- What strategies are effective to foster representation by key stakeholder groups (including community, government, and labour) on health system boards of directors? How can different visions of, and incentives for, key stakeholder groups be effectively represented in health system governance?
- What does the research-based evidence indicate are the most effective policies, programs, and practices to achieve the following health system objectives:
  - Reconciling health system outcomes and patient outcomes;
  - Delivering more holistic and patient-centered health service delivery;
  - Fostering interdisciplinary approaches and stakeholder collaboration to improve population health;
  - Increasing the capacity for proactive and prevention-oriented health services;
  - Integrating local research and innovation into health system operations to make it more competitive at a national or international level.
- What does the research-based evidence indicate are effective ways to operate clinical networks? What are the most effective ways to make policy, program, and practice decisions within clinical networks? What criteria are most effective in deciding which health services should be organized under clinical networks?

- What do research-based evidence and best practices indicate are effective ways to establish clear roles and responsibilities within clinical networks? How can communication in clinical networks best be structured to avoid potential conflicts over roles and responsibilities? How do we build effective clinical pathways in a system of clinical networks?
- What are effective approaches to community care for the NL context, which includes an older and dispersed population, healthcare worker shortages, and fiscal constraints? What evidence-based alternative models of care are available for patients who are not ready to be discharged to home but do not have appropriate care needs to be in acute care?
- What are effective strategies to manage the health system costs of patients with complex needs? How do we provide support to patients who require 24-hour care in a financially sustainable way?
- What strategies are effective to increase the quality of services delivered in the home? Are there evidence-based approaches to more effectively support informal caregivers?
- What are evidence-based approaches to virtual health service delivery and mobile clinics that would be feasible, equitable, and appropriate for rural and remote areas of the province?
- What evidence-based approaches to establishing collaborative Community Care Teams would be feasible, equitable, and appropriate for the new PHA? How do we facilitate patient and family understanding of the benefits of new networked approaches to primary care that will differ from traditional individual patient-family physician relationships?
- How have other jurisdictions integrated social and health services to better address the social determinants of health and to shift population health status and outcomes?

Research Theme: Intra-Health System Communication

Summary

This research theme was initially a sub-category within the Restructuring Process research theme described above. We decided it should be its own research theme because it extends beyond the development and implementation of the new PHA and because it came up so frequently in our conversations with health system partners from across the province. We note that more effective communication within the health system may address several of the concerns described above. This research theme addresses communication *within* the health system, while the next research theme looks at communication between the health system and other stakeholder groups or the public.

Main Areas of Inquiry

- How can we more effectively communicate the processes that are being used to make decisions in the PHA transition? Emphasis on criteria used to make decisions, especially local evidence, research-based evidence, and best practices, and how standards are being determined.
- How can we more effectively communicate the decisions that have been made in the PHA transition, progress on their implementation, and expected timelines and resourcing for their implementation? How can we manage healthcare worker expectations and information needs? Emphasis on decisions related to the structure and governance of the PHA, especially positions and roles, and to minimize the potential for resistance to change.
- How do we communicate effectively to engage healthcare workers and to maintain engagement and motivation to make the PHA transition successful?

- How can we improve communication between different healthcare system regions? How do we foster more effective communication about successful innovations horizontally between regions and vertically through the PHA? "Communication silos" was the term used to describe inter-RHA communication.
- How can we include greater diversity of voices in decision making, including from health system workers across the regions, from health system workers at different levels within health organizations, and from other stakeholder groups that are integral to the health system?
- How can we maintain/promote effective communication within zones in a PHA? How can we protect or recreate effective communication channels that have been developed in the RHAs? How do we build or rebuild relationships and trust as services are reorganized and collaborative teams change or reorganize?
- What are the key measures that we should use to communicate progress in the PHA transition?
- What are the most effective reporting structures for a province-wide health authority with regional variation?

Research Theme: Public Engagement and Communication

Summary

Although less frequently cited as a potential decision-support need, communication between the health system and external stakeholder groups was still a common theme among most health system partners. How to manage public expectations was a common element throughout all areas of inquiry listed below. Health system partners expressed a general sense of concern over the pace in which the public may expect to see change versus the anticipated timing of implementation— underpinning a perceived need to better manage public expectations.

Main Areas of Inquiry

- What evidence-based approaches or best practices for communicating health system restructuring to the public would be most effective for the PHA transition? In particular, how do we manage expectations related to the pace of implementation, address the fear of loss of services and community identity, and take into consideration a context of recent social disruption from the COVID-19 pandemic and a sense of "crisis fatigue"?
- What evidence-based approaches or best practices for communicating new ways of doing things, for example Community Care Teams, would be effective in maintaining patient/caregiver satisfaction, educating the public about their features and their potential impacts and minimizing resistance to change?
- 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?
- What research evidence is available to inform the structure and governance of Regional Health Councils?
- What research evidence is available to inform the structure and function of Regional Health and Social Networks?

- What evidence-based approaches or best practices for communicating to the public about the loss or displacement of health services or healthcare worker positions would be effective to maintain public engagement, trust, and support for the PHA transition?
- Which evaluation models would be most appropriate for the PHA transition in terms of communicating progress to the public?
- How can the PHA more effectively engage local media to communicate how decisions are being made, what the criteria for decisions are, plans for implementation, and progress on the PHA transition? Emphasis on increasing public understanding/reducing misconceptions, maintaining public support and engagement.
- How can the PHA assess public engagement and support for the transition? What evidence-based strategies and best practices are available to the Transition Team to be more in tune with public opinion and to be able to better address public concerns in a constructive manner, especially over the potential loss of services?

Research Theme: Health Human Resources

Summary

Decision support needs for effective recruitment and retention were the two major areas of inquiry in the health human resources research theme. We heard similar concerns from all health system partners. In addition to the need for direct strategies to increase recruitment and strengthen retention, there were several areas of inquiry known or presumed to be linked together, including healthcare worker fatigue and worker engagement.

Main Areas of Inquiry

- What evidence-based strategies or best practices are effective in addressing recruitment and retention of the full range of healthcare workers in NL? This includes physicians, RNs, NPs, LPNs, paramedics, allied health professionals, lab technicians, and homecare workers. Recruitment includes hiring workers from within the province, but also from within Canada and internationally.
- How do we train and recruit adequately skilled homecare workers for regions with high levels of need and outmigration trends for younger workers?
- What strategies and best practices are effective in fostering and maintaining healthcare worker engagement? How do we keep our healthcare workers motivated to implement the transition to the new PHA, while recognizing that they are triple fatigued from a perpetual state of reorganizing, overwork due to staff shortages, and the past three years of a global pandemic?
- How do we balance currently challenging workloads with additional work involved in making the transition? How do we assess overload and respond to it?
- What strategies and best practices are effective at fostering a sense of stability and wellness among healthcare workers in an atmosphere of uncertainty and change? How do we promote trust in the transition process? How do we communicate effectively with healthcare workers so that they share the vision and commitment to the PHA transition?
- What strategies would be effective in addressing education requirements for healthcare workers to help in the changeover of services?

- What health system information and other data are needed to assess our health human resources capacity to deliver the services that we have committed to? How do we determine whether human resource shortages require closing or changing a service?
- How do we address pay scale differences among the regions within the province, as well as among healthcare workers from other provinces?

Research Theme: Learning Health System/Health Information

Summary

Our health system partners see the potential for health information and a Learning Health System model to inform and improve decision making in the PHA. For example, our consultations included several comments about using local health system information to help determine the effectiveness of different approaches to health service delivery. Our partners also spoke to the importance of health system information in monitoring and evaluating the progress of the PHA transition, as well as the performance of health service delivery in general, once the PHA is established.

Main Areas of Inquiry

- What types of data are most needed for effective decision making?
- What health information governance models would be appropriate for the PHA? What evidence or best practices inform how to choose an appropriate data governance model for the province? How do those models fit with provincial legislation and standards?
- What are efficient and reliable strategies for collecting data and ensuring data quality?
- 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? What are the evidence-based strategies or best practices for selecting performance outcomes?
- How can we make health information data, including administrative and clinical 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?
- 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?
- 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?
- 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?
- How do we propagate Leading Practices from one region to the others?

Research Theme: Healthy Aging/Care for Older Adults

Summary

Care for older adults was the one demographically-focused area of health service delivery that all health system partners identified as needing decision supports. This research theme pre-dates the PHA transition

and reflects the significant and ongoing challenges to provide quality and equitable care for older adults throughout the province. The main areas of inquiry highlight inequities between older adults living in rural versus urban areas—inequities that many fear will worsen going forward. Other issues relate to human resources needs in caring for older adults and the need to promote healthy aging.

Main Areas of Inquiry

- What evidence-based strategies or best practices address reconciling rural/urban inequities in terms of providing care to older adults?

- How do we determine what roles and specialties our regions need to effectively provide health services to our older populations? How do we ensure timely access to services for older adults?

- What are the evidence-based strategies or best practices for community based model of care for jurisdictions that are similar to NL, especially rural and remote contexts with high dependency ratios and outmigration trends?

- What evidence-based 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?

- What evidence-based strategies and best practices provide alternative models of care that are feasible, equitable, and acceptable to rural regions and regions with healthcare worker shortages? 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?

- What evidence-based strategies and best practices support healthy aging? Which strategies require health system collaboration with other partners in community, government, or other third party stakeholders? What does the research say are the factors with the greatest impact on healthy aging?

Appendix A: Policies, Programs, and Practices our Health System Partners do not want to lose in the Provincial Health Authority Transition.

Eastern Health

- Local level differentiation could be at risk – losing local projects
- Small clinical services, concerns over how these programs will fit in the broader scheme of things

Central Health

- Family Centered Care Approach/Strategy – Family and Patient Advisors and Patient Centered voice
- Strategic Planning Process – 5 Partners in Health Approach (public, policy makers, education system representatives, healthcare professionals and health managers)
- Ensuring that the issues from smaller regions have equal priority and don't get lost in favor of issues in larger regions
- Work on Medical By-Laws (the way we govern our physicians)

Western Health

- Regional Virtual Care Clinic
- Collaborative Care Teams and roles
- Access to library service – librarian who does evidence-based reviews, such as literature reviews, to support program planning processes
- Safe client/resident handling initiatives
- AUA – antipsychotic use initiative – practices have been maintained and are very effective
- Patient Order Sets (electronic)
- Electronic scheduling software and processes
- Employee Assistance Program – Internal service supports very quick/integrated access to Critical Incident Debriefing, program supports and services
- Home First Approach - policies and embedded program
- Communication and flow between inpatient and outpatient care
- Policies & frameworks – process, monitoring and review, policy framework – result in having strong policies that are kept up-to-date
- Support services being internally managed/staff – focus on evidence vs. financial decision-making
- Access to senior team – quick, open lines of communication, and very integrated in decision-making
- Connection and collaboration between Medical Services and Primary Health Care, as well as with physicians overall, as well as having the shared VP for Medical Services & PHC (relationships, trust, access)
- Having Chiefs of Staff for collaboration and support between Medical Services/Patient Services and physicians
- Planning processes including strategic, branch, and program planning

Labrador-Grenfell Health

- Familial Hereditary Screening Program in St. Anthony
- Programs innovated in small places that are successful could be lost amongst bigger voices
- Health Check 2 ½
- Partnerships with Indigenous groups; relationships built with our Indigenous partners as we share care of the population.
- Solutions to overcome the challenges of our geography e.g., infrastructure needed to support the delivery of programs as close the home as possible.
- Endoscopy booking processes developed with geographic/cultural and language considerations (i.e., North Coast Labrador, Fermont and Lower S Shore PQ)
- Frequent communication with Senior Executive including Senior Leadership Walk Rounds, and Regional Directors. The ability to work as a team to get a project accomplished. Would not want to see people working in silos, and not knowing what others across the province are doing.

Health and Community Services

- Hub and Spoke model for mental health and addictions health services

Children, Seniors and Social Development

- Youth transition from Child Protection into the Adult Protection System
- Capacity assessment policies and practices