“THE WIDE RANGE OF INTEGRATED SERVICES PROVIDED BY CHI PROVED INVALUABLE TO OUR PROJECT”

– Dr. Julie Ho, University of Manitoba, Associate Professor, Internal Medicine and Immunology

Read about her project, CXCL10, on page 14.
Letter from the Directors
About CHI
CHI by the Numbers
Collaboration
  • Patient Engagement Champions
  • Supporting SPOR Patient Engagement
  • Iterative Development of a KT Tool
  • Personalized Medicine Approaches for IBD
  • Supporting DEVOTION
  • India PrEP Trial
  • $2.6 million Grant to Fund CXCL10 Kidney Research
  • Supporting TREKK
  • Evaluating the Prenatal Connections Program
  • Manitoba Health Metadata Mapping Project
Innovation
  • Long-term Effects of Sweeteners
  • Patient Engagement Mapping Project
  • ROI in Leadership Development Program
  • Behaviour Change Interventions for PCPs
  • Pediatric Surgery Congenital Disease Study
  • Promoting MCHP Research
  • Evaluating the INR CoaguChek Testing System
  • Mining Unstructured Text in EMRs
  • Manitoba Clinical Research Portal
Transformation
  • Appropriate Preoperative Diagnostic Testing
  • More Efficient Research Process in Manitoba
  • Gathering Public Input for Manitoba Government
  • CHI Workshops and Training
  • KnowledgeNudge.com
  • Better Understanding the Birth Centre
  • Knowledge Translation Hits the Road
  • Supporting Improved Patient Flow
  • Medical Assistance in Dying Program Support
  • Zero Hospital Holds
Our Platforms
Manitoba Primary & Integrated Healthcare Innovation Network
This year brought tremendous growth to the George & Fay Yee Centre for Healthcare Innovation (CHI). We’ve seen a remarkable increase in collaborative initiatives, partnerships, and the quality of patient-oriented research in Manitoba. As a result, we’re engaged in more projects than ever before. More importantly, an ever-increasing number of innovations and transformations generated by these projects are translating into enhanced patient experiences and outcomes.

We firmly believe our commitment to collaboration is key to this progress. Assembling a diverse array of experience and expertise – and facilitating their ability to work together – is essential to advancing new and improved ways of providing and delivering health care in Manitoba.

CHI’s platforms and researchers are continually working with local and national initiatives, organizations and institutions to strengthen and improve the quality and effectiveness of promising research. We regularly connect with other SPOR SUPPORT Units across Canada. Our seven platforms connect with researchers and experts from institutions from coast to coast. For example, our Data Science platform is working with several other SUPPORT Units across Canada on projects such as the Manitoba MetaData Mapping initiative. Closer to home, we are sharing resources with local initiatives such as DEVOTION (Manitoba Developmental Origins of Chronic Diseases in Children Network).

There are several national organizations we work with to ensure a coordinated approach to issues facing health care across Canada. We work with LEADS Canada to build health leadership capabilities in our province. We collaborate with Choosing Wisely Canada to help reduce unnecessary health care testing and improve efficiency of care. We work with TREKK (Translating Emergency Knowledge for Kids) to help bridge gaps in approaches to emergency pediatric care across Canada. Our impact reaches internationally as well, as you’ll see in our work supporting PrEP (the India Pre-exposure Prophylaxis Trial).

The more we work together and share knowledge, the better and more thorough our approach to innovative care and practice can be. We learn from other provinces and countries. We share and build evidence to ensure we’re applying the most efficient approaches to improving patient outcomes and access to care, as well as enhancing patient experiences.

As we look ahead to 2017/18, we look forward to continue cultivating new opportunities for collaboration, discovering and developing innovations, and making an impact through health care transformation in Manitoba.
ABOUT CHI

The George & Fay Yee Centre for Healthcare Innovation

Our Mission

The George & Fay Yee Centre for Healthcare Innovation (CHI) collaborates with patients, clinicians, researchers, leadership and policy makers, providing research expertise and services to facilitate development and implementation of evidence-based initiatives that improve care and outcomes for Manitobans.

CHI represents a shared vision between the Winnipeg Regional Health Authority, the University of Manitoba, and the Government of Manitoba. We are also strongly supported by the Canadian Institutes of Health Research (CIHR) under Canada’s Strategy for Patient-Oriented Research (SPOR) Initiative. It is through this supportive framework that CHI’s seven platforms – and its embedded provincial network – work collaboratively to generate and apply patient-oriented research in the health system and health policy environments.

Visit us at chimb.ca to learn more or connect with our platforms.

Manitoba’s SUPPORT Unit

CHI is part of a national network of Support for People and Patient-Oriented Research and Trials (SUPPORT) Units which are locally accessible, multidisciplinary clusters of specialized research resources, policy knowledge, and patient perspective.

SUPPORT Units provide the necessary expertise to pursue patient-oriented research and help lead reforms in response to locally-driven health care needs. They also lead and facilitate decision-making within the health services setting, foster the implementation of best practices, and promote collaboration among researchers engaged in patient-oriented research.

Our Platforms

Our team comprises over 80 staff members across seven platforms. Throughout this report, we’ve embedded tags identifying the prominent platforms working on each of the featured projects. Be on the lookout for the tags below. Each platform’s areas of expertise are further detailed on pages 32-33.

- **CT**: Clinical Trials
- **DS**: Data Science
- **EV**: Evaluation
- **HSP**: Health Systems Performance
- **KS**: Knowledge Synthesis
- **KT**: Knowledge Translation
- **PM**: Project Management
The George & Fay Yee Centre for Healthcare Innovation (CHI) was founded in 2008 as an academic home for health care improvement science and system design. Further evolution of CHI began in 2011 as a shared vision between the Winnipeg Regional Health Authority, the University of Manitoba, and the Government of Manitoba – which has grown into a remarkable partnership.

CHI has become a catalyst in Manitoba – for healthcare providers, researchers and decision makers – working together to translate the latest research and evidence into improvements in care and outcomes for Manitobans.

**Active Projects**
(and those under consideration as of Mar 31, 2017)

74
**Consultations**
A client (a research, policy or health care affiliated individual or group) received time with a CHI subject matter expert to discuss his or her project.

210
**Collaborations**
CHI leads or a client engages CHI to partner on a project to achieve a common research, policy or health metric goal.

23
**Training**
Includes all activities (presentations, guest lectures, courses, etc.) that provide information and/or education to health care and research stakeholders.

Members of CHI authored or co-authored 134 papers in a variety of esteemed journals this fiscal year.
CHI’s project mapping software allows us to demonstrate the diversity and depth of our extensive client list, which spans education, health care providers, government, industry, media, and patient partners. This page recreates one such example, exploring CHI’s connections with the University of Manitoba.
COLLABORATION

We believe in the power of collaboration – ensuring the right stakeholders are properly engaged, empowered, and accountable through every stage of a project. It ensures decisions are informed by a variety of perspectives, facilitates buy-in from participating groups, and nurtures the development of interdisciplinary networks of collaboration.

As you’ll see in this section, we collaborate with local stakeholders on impactful matters such as patient engagement and education tools. We also collaborate on national initiatives with organizations such as TREKK and other SUPPORT Units, as well as compelling international projects, as you’ll read about in the PrEP case study.

• Patient Engagement Platform Champions Program 9
• Supporting SPOR Patient Engagement 11
• Iterative Development of a KT Tool 11
• Personalized Medicine Approaches for IBD 12
• Supporting DEVOTION 12
• India PrEP Trial 13
• $2.6 million Grant to Fund CXCL10 Kidney Research 14
• Supporting TREKK 14
• Evaluating the Prenatal Connections Program 15
• Manitoba Health Metadata Mapping Project 15
Patient Engagement Platform Champions Program

Champions are people who emerge to actively and enthusiastically promote innovations and behaviour change throughout crucial organizational structures and stages of development. Field and case studies have shown that the use of Champions plays an integral role in the successful implementation of innovative new approaches. In establishing a Patient Engagement Champion in each of CHI’s seven platforms, as well as a member from the SPOR MPN PIHCI Network, it is our hope to:

- Promote CHI’s patient and public engagement strategy through formal and informal networks within and outside each platform;
- Mobilize resources and establish and maintain contact with platform management;
- Galvanize support for the concept of patient and public engagement in health research;
- Engage in coalition building to secure organizational support for CHI’s patient and public engagement strategy;
- Play a decisive role in implementing new ideas by communicating strategic meaning around the patient/public engagement strategy;
- Persistently promote strategy-securing resources;
- Involve stakeholders in idea generation around patient engagement approaches;
- Motivate others to innovate and tailor their work to promote patient and public engagement strategy effectively;
- Build mentorship partnerships between Patient Engagement Platform Champions and CHI’s Patient/Public Advisers; and
- Adopt multiple perspectives and working collaboratively across platforms around patient/public engagement.

The CHI Patient Engagement Platform Champions meet every third Wednesday of the month. In each meeting, Champions are introduced to a new Patient/Public Engagement in Health Research tool or resource; updated on patient/public engagement services and programs offered at CHI; share engagement successes and challenges from their distinct platforms; and brainstorm opportunities to collaborate and engage people with lived experience of health issues in research, evaluation and health care systems projects in each of the platforms.

“Being part of the PE champion program has helped me understand the importance of actively involving the public in health research.

As a platform representative, I serve as a liaison of PE information to members of my platform as well as the researchers with whom we work, which helps to build capacity in patient and public engagement in health research.”

- Data Science Platform Special Project Advisor - Wattamon Srisakuldee, PhD
CHI has embedded a Patient Engagement Champion within each of its seven platforms, as well as within the SPOR MPN PIHCI Network.
Supporting SPOR Patient Engagement

CHI members have supported patient engagement (PE) at the study, network, and inter-SPOR levels. They also sit directly on patient advisories of SPOR networks.

At the study level, CHI’s knowledge translation platform has facilitated PE through coordination of advisories, development of KT instruments, and by delivering modified CIHR training to an audience of study advisory youth and parents. At the network level, CHI has helped to organize national PE teleconferences, face-to-face workshops, and strategic planning meetings. In partnership with CanSOLVE CKD and Diabetes Action Canada, CHI has also supported PE collaborations between SPOR networks, with a particular focus on Indigenous-lead initiatives including the development of an Indigenous module to append the CIHR training in patient engagement in research, incorporating traditional Indigenous protocols and ways-of-knowing.

Iterative Development of A KT Tool to Help Patients Prepare for Their Colonoscopy

Preparing for a colonoscopy can be complicated. There’s a long list of things you can’t consume. You need to properly time your medications. You may have anxiety about the upcoming procedure. And of course, you can’t go too far from the restroom for the first few hours after you’ve started the preparation. Oh, and did we mention researchers have identified a better way to clean your colon? It’s called the split dose method, and it adds a few more steps to the process.

The KT platform worked intensively with the interdisciplinary Optimizing Colonoscopy Project team to update existing colonoscopy preparation patient education tools to reflect the split dose recommendation. Of particular note was the user-centric iterative process used to develop the project’s two bilingual educational videos, which were informed by the project’s patient and professional advisory committees.

The first video features step-by-step instructions detailing the split dose method. The script was informed by anecdotal patient reviews of existing education materials, as well as insights from the literature about knowledge gaps and best practices. The script was further refined based on feedback from both committees – as was a rough cut of the video – to ensure valuable feedback from end-users was incorporated early in the production process.

To help allay anxiety and improve the experiences of future patients, we produced a second video. It featured patients offering candid and unscripted accounts of their own colonoscopy experiences and advice for others undergoing the procedure.

Visit MyColonoscopy.ca for more information (under construction at the time of publication).
Development of Personalized Medicine Approaches for IBD

CHI Data Science collaborated with Diagnostic Services Manitoba and University of Manitoba Inflammatory Bowel Disease (IBD) Clinical and Research Centre to identify genes significantly associated with IBD. The project applied genome-wide approaches to identify copy number variation (CNV) biomarkers to enable a more individually tailored approach to diagnosis and treatment (such as personalized medication) of inflammatory bowel disease.

Project researchers performed genome-wide genotyping of 280 patients with IBD from the Manitoba IBD Cohort Study. Copy number variation (CNV) analysis identified 16 rare recurrent CNV regions significantly associated with IBD, which intersected 41 genes. One of the most interesting CNV regions identified is 1q23.3. This genomic region was repeatedly observed, suggesting associations with a broad array of autoimmune disorders, such as systemic lupus erythematosus, glomerulonephritis, rheumatoid arthritis, and other autoimmune diseases.

Of the 41 genes identified, 24 are functionally related to the interactions between host immune system and gut microbiome, including: the DEFB genes family, FCGR2B, GSTM1, RAC1, GTF2F1, PSPN, and others.

Remarkably, gene FCGR2B in the region encodes the only inhibitory IgG receptor in the FCGR gene family, while the other genes in the group encode activating receptors, suggesting a potential target for developing personalized drugs for IBD.

Development Origins of Chronic Diseases in Children (DEVOTION) Network

Embedded within the KT platform is the Knowledge Exchange Coordinator for the Development Origins of Chronic Diseases in Children (DEVOTION) Network, an interdisciplinary team focused on improving maternal and child health while reducing the burden of chronic diseases in Manitoba. Research priorities range from early childhood education and community-based interventions to cell-based science.

The coordinator supports patient partners within the network, which comprises over 60 stakeholders within science, policy and community. Indigenous stakeholders are important partners at the table, as indigenous youth are disproportionately affected by chronic disease (such as type 2 diabetes). Consequently, among many other roles, the coordinator supports the patient advisory group within DEVOTION’s iCARE study, which focuses specifically on the high rates of early kidney damage in youth with type 2 diabetes. The coordinator also develops tools and resources for knowledge users and seeks out ways to disseminate the latest findings to communities in meaningful ways.

Integral to the success of the role has been its full integration within CHI’s KT platform. Working in close proximity has facilitated a range of cross-collaboration opportunities, including sharing research and ideas about patient engagement strategies, receiving support in developing strategies and tools for sharing information with the public, and receiving formal and informal education sessions related to knowledge translation.
Pre-exposure prophylaxis (PrEP) is a promising new HIV prevention method that can reduce HIV infection rates among high-risk populations by as much as 92 per cent when taken consistently. In addition to ensuring users consume the PrEP pill every day, interventions such as increased condom use can further improve protection levels against HIV.

Throughout the past year, CHI Clinical Trials Director, Dr. Salah Mahmud, has been travelling to India to collaborate first hand with local researchers on the India PrEP Trial. India has the third largest number of HIV/AIDS patients in the world. Current HIV prevention programs have led to a decline in HIV prevalence among female sex workers (FSWs). However, levels of condom use appear to have plateaued in recent years despite intensified promotion efforts.

Surveys suggest that specific subgroups of FSWs are less likely to consistently use condoms. The India PrEP Trial is a demonstration trial designed to assess the feasibility and impact of delivering PrEP as part of the existing package of HIV prevention interventions available to female sex workers (FSWs) in two Indian states. The trial seeks to demonstrate whether these women may benefit from a prevention strategy, such as PrEP, that is under their control.

CHI is assisting with trial design, implementation, questionnaire design, Clinical Research Form design, and adverse event form design, as well as data management and analysis. Key to the project is the ongoing training of, mentorship and collaboration with India-based staff.

“The people we worked with on this project are trailblazers,” says Dr. Mahmud. “Working on this project put things into perspective for me, to see the amount of challenges thrown at our partners and yet they continue to volunteer their time and efforts. Many of the people working in the India PrEP Trial are motivated to make a difference because they have seen friends or family die from HIV/AIDS.”

The World Health Organization called for demonstration projects like these to examine the effectiveness of PrEP outside of laboratory-controlled clinical trials. No studies had evaluated the use of oral PrEP by female sex workers (FSWs) or other high-risk populations in India. The trial is multi-site, open-ended and single-armed and funded by the Gates Foundation.

1 www.cdc.gov/hiv/risk/prep/index.html

“The people we worked with on this project are trailblazers... Working on this project put things into perspective for me, to see the amount of challenges thrown at our partners and yet they continue to volunteer their time and efforts.”

- Dr. Salah Mahmud
$2.6 Million Grant Awarded to Fund Research on the Use of CXCL10 in Avoiding Kidney Graft Rejection

Over 41,000 Canadians suffer from end-stage kidney failure. Transplantation is the therapy of choice for many patients due to improved survival rates and quality of life.

As part of CIHR’s Project Scheme Grant, Dr. Atul Sharma and University of Manitoba’s Dr. Julie Ho received a $2.6 million grant for their research study on non-invasive early detection and treatment of rejection in patients receiving kidney transplants using qualitative urine metabolomics and CXCL10.

CXCL10 is a signaling protein (chemokine) that has shown promise in previous investigations as a sensitive marker for rejection in patients who have undergone kidney transplant. Previous investigations have demonstrated that elevations in CXCL10 are detectable in the urine much earlier than standard clinical markers (serum creatinine and proteinuria), making CXCL10 a better potential candidate for screening subclinical rejection and for earlier identification of clinical rejection. The project hopes the early treatment of rejection, as detected by urine CXCL10, will lead to improved transplant and patient outcomes in adult kidney transplant patients.

The project has engaged professionals from academia and the health care sector, as well as highly experienced researchers who specialize in nephrology across clinical sites in Canada, such as the Canadian Transplant Research Program, and across the world, including Australia and Switzerland. Also collaborating on the project is an interdisciplinary team from CHI.

“The wide range of integrated services provided by CHI proved invaluable to our project,” said Dr. Julie Ho, University of Manitoba - Associate Professor in Internal Medicine and Immunology. “Where else in Manitoba could you find project managers, data specialists, clinical trials experts and biostatisticians working under one roof?”

Knowledge gained through this project will be translated and communicated to the international kidney transplant community and may inform out-patient post kidney transplant practice.

TREKK: Improving Emergency Care for Kids

Embedded within CHI’s KT platform is the Translating Emergency Knowledge for Kids (TREKK) Knowledge Broker. TREKK is a national knowledge mobilization initiative aimed at improving emergency care for children. The Knowledge Broker is charged with building meaningful partnerships and collaborating with a growing national network of researchers, clinicians, national organizations and health care consumers as an integral member of the project.

Featured Award:
Dr. Kathryn Sibley
Canada Research Chair in Integrated Knowledge Translation in Rehabilitation Sciences, Canada Research Chairs (CRC), 2016-2021, $500,000
Terry G. Falconer Memorial Rh Institute Foundation Emerging Researcher Award, 2017.
Evaluating the Prenatal Connections Program

On behalf of the Winnipeg Regional Health Authority, CHI conducted a mixed methods evaluation of the Prenatal Connections (PNC) program based in Winnipeg to detail the program as implemented, report on its impacts, and identify areas for service improvement and to guide expansion. PNC offers culturally responsive, client-centered prenatal public health services to women from the Kivalliq region of Nunavut who must travel to Winnipeg for birth.

The evaluation found that approximately two-thirds of women travelling for birth from Nunavut were contacted by PNC. PNC demonstrated positive outcomes related to providing support to clients and addressing health and social concerns. PNC also received positive feedback from service users. The Evaluation platform concluded further efforts should be made to streamline and expand the service and advocate for the needs of women traveling for birth.

Manitoba Health Metadata Mapping Project

Manitoba has numerous health care providers, researchers, and organizations that collect health-related data and documentation from clinical trials, cohort studies, and other observational studies. Some of these data are maintained in the Population Health Research Data Repository housed at the Manitoba Centre for Health Policy (MCHP).

However, the majority is not systematically maintained by any organization and as such, may be overlooked and underutilized by the research community. For example, these untapped data could be used for secondary analyses to replicate important clinical findings. Alternatively, we could link data from “dormant” (inactive) clinical trials to administrative health data in order to advance our knowledge about the long-term effectiveness of treatments or interventions.

The Manitoba Health Metadata Mapping Project aims to identify all major sources of health-related data across Manitoba that are not currently housed in the MCHP Repository in order to create an inventory for research use. The project is collecting metadata (i.e. data about the data) related to health status, factors that influence health status, health care, public health, and health-related interventions. These efforts will help promote the use of existing datasets for secondary analysis, thereby fostering research collaboration and innovation within Manitoba.

The Mapping project is a collaboration between the Ontario SUPPORT Unit at the Institutes for Clinical Evaluative Sciences (ICES) in Ontario and the Manitoba SUPPORT Unit at CHI. Manitoba was selected as one of three pilot sites (alongside Queen’s University, Kingston and Western University, London) based on its varying research environment and areas of research expertise. Manitoba is testing the procedures for acquiring metadata and assessing the willingness of investigators to enable such work. There is a potential for the program to be expanded nationally through all SPOR SUPPORT units.
INNOVATION

Innovations introduce new ideas, new methods, and new tools. They represent insights into existing programs or newfound knowledge that could inform future health policies. In this section, you’ll read about emerging evidence on the nutritive properties of sweeteners and the ROI of leadership development programs.

Alternatively, some innovations address service gaps identified by stakeholders, as you’ll see featured in the stories about the patient engagement mapping project and clinical research portal. Finally, others demonstrate novel approaches to age-old problems that could fundamentally change how we do research. You’ll read about one such project that could save researchers countless hours of mining unstructured text for key data.

- Long-term Effects of Sweeteners 17
- Patient Engagement Mapping Project 19
- ROI in Leadership Development Programs 19
- Behaviour Change Interventions for PCPs 20
- Pediatric Surgery Congenital Disease Study 20
- Promoting MCHP Research 21
- Evaluating the INR CoaguChek Testing System 22
- Mining Unstructured Text in EMRs 23
- Manitoba Clinical Research Portal 23
Long-Term Effects of Non-Nutritive Sweeteners on Children and Adults

Artificial sweeteners may be associated with long-term weight gain and increased risk of obesity, diabetes, high blood pressure and heart disease, according to a Knowledge Synthesis platform study featured in a number of leading local, national and international media outlets including the Winnipeg Free Press, CBC National, TIME Magazine and ABC News - Good Morning America.

Consumption of artificial sweeteners, such as aspartame, sucralose and stevia is widespread and increasing. Emerging data indicate that artificial, or non-nutritive, sweeteners may have negative effects on metabolism, gut bacteria and appetite, although the evidence is conflicting.

To better understand whether consuming artificial sweeteners is associated with negative long-term effects on weight and heart disease, researchers from CHI conducted a systematic review of 37 studies that followed over 400,000 people for an average of ten years. Only seven of these studies were randomized controlled trials (the gold standard in clinical research), involving 1,003 people followed for six months on average.

The trials did not show a consistent effect of artificial sweeteners on weight loss, and the longer observational studies showed a link between consumption of artificial sweeteners and relatively higher risks of weight gain and obesity, high blood pressure, diabetes, heart disease, and other health issues.

“Despite the fact that millions of individuals routinely consume artificial sweeteners, relatively few patients have been included in clinical trials of these products,” said author Dr. Ryan Zarychanski, Director of the Knowledge Synthesis platform. “We found that data from clinical trials do not clearly support the intended benefits of artificial sweeteners for weight management.”

“Caution is warranted until the long-term health effects of artificial sweeteners are fully characterized,” said lead author Dr. Meghan Azad, Assistant Professor, Rady Faculty of Health Sciences, University of Manitoba. “Given the widespread and increasing use of artificial sweeteners, and the current epidemic of obesity and related diseases, more research is needed to determine the long-term risks and benefits of these products,” said Dr. Azad.

KS

“Our study included people from all over the world who were consuming normal diets”

- Dr. Ryan Zarychanski

Media coverage garnered from this CHI study reached nearly one billion people around the world.
The Patient Engagement map outlines possible participatory approaches to engagement at each phase of the research process.
Patient Engagement Mapping Project

In response to feedback from Manitoban health researchers (via online survey, workshop, and consultation requests) CHI has process-mapped patient/public engagement (at the consult, collaborate, and patient/public-directed levels) throughout all phases and stages of the health research process. As part of a multi-platform project, the map lays out possible participatory approaches to engagement at each phase and stage of the research process, along with guidelines in order to help health researchers navigate the how, when, and why of engagement.

The patient engagement in health research process map is presently being adapted into an online tool accessible to all health researchers, health care policy makers/decision makers, health care professionals, patients, public, and community organizations.

After selecting a phase and stage of research, users can choose which level of patient/public engagement they prefer. Then, they are provided with a list of potential relevant participatory approaches, along with a detailed account of the pros and cons of each, what resources will be required, a step-by-step guide to each participatory approach, and additional resources to learn more.

The online tool provides guidance around subjects such as: levels of engagement; building a budget for engagement; assessing expectations and willingness to engage; ensuring inclusiveness and diversity in engagement; etc. Users can send feedback, comments and suggestions of possible additional participatory approaches to add – creating, over time, a type of ever-changing crowd-sourced map that is responsive to the needs of both health researchers and communities.

Return on Investment in Leadership Development Programs

Leadership development programs are consistently associated with enhanced leadership skills among participants and improved outcomes in their organizations. However, current evidence is variable due to differences in training quality and program duration.

The CHI Knowledge Synthesis platform completed a systematic scoping review on return on investment (ROI) indicators and metrics associated with leadership quality, leadership development programs, and existing ROI evaluative tools used in health care organizations. The resulting evidence can support the design of an evaluative tool to assess the impact of leadership in health care organizations across Canada.

Current evidence suggests effective leaders can have a strong impact on health care outcomes and the quality of care provided by health care organizations. Training leaders is an important first step in creating an effective leadership structure – yet these training programs must be evaluated in order to regularly assess their impact on health care organizations.

The review, done in association with the Canadian Health Leadership Network (CHLNet), will inform CHLNet in designing an evaluative tool to assess the impact of leadership training in health care organizations across Canada as a part of overall health care transformation.

Featured Award:
CIHR Catalyst Grant: Musculoskeletal Health and Arthritis

Principal applicant: Dr. Lisa Lix, Director, Data Science platform

Total Funds Awarded: $100,000

Familial and personal histories of comorbid conditions for predicting fracture risk using novel population-based record linkage.

Principal Applicant: Salbach N (nominated), Barclay R, Chilibeck P.
Behaviour Change Interventions and Policies Influencing Primary Care Providers’ Practice

One in six Canadians over 20 years old suffer from at least one chronic disease, such as diabetes, cancer, arthritis, osteoporosis, heart and lung disease, and mental illness. Canada spends $93 billion a year helping people manage these and other conditions, yet 12-15 per cent of people still feel they receive inadequate care for chronic diseases. The CHI Knowledge Synthesis (KS) platform completed a systematic overview of reviews to identify which methods are best for reaching and impacting primary care providers when it comes to changing how they provide care.

The KS team reviewed 2,771 peer-reviewed articles published in the last decade that evaluated behaviour change interventions and policies directed at health care professionals working in primary care settings. Of these articles, 138 reviews (representing 3,502 individual studies) were included, the majority of which (91 per cent) investigated behaviour and practice changes among family physicians treating patients with chronic illness.

Some of the major benefits of effective interventions included: improved health care professional knowledge, optimized rates for screening and prescriptions, enhanced patient outcomes, and reduced adverse events. The most effective behaviour change strategies were collaborative team-based policies that engaged family physicians, nurses, and pharmacists. In turn, the available evidence indicates that environmental restructuring and modeling was effective in improving collaboration as well as adherence to treatment guidelines.

The review also determined benefit for policies such as interactive and multifaceted continuing medical education programs, training that included audit and feedback, and clinical decision support systems. To this end, the review recommended that financial incentives are ineffective and should not be used. Rather, primary care centres should promote policies that emphasize continuous education and training that incorporates feedback for physicians, as well as enabling the use of collaborative team-based approaches in the care setting.

Pediatric Surgery Congenital Diseases Long-term Follow-up Study

The CHI Data Science platform provided tools to stakeholders to create a database on the REDCap (Research Electronic Data Capture) platform to record data from the charts of 1,200 children treated over 25 years with any of eight surgical congenital anomalies. The database will form the basis for future studies of patient outcomes and will be the foundation from which health service providers will build a long-term follow-up clinic for pediatric surgery patients.

What is REDCap

REDCap (Research Electronic Data Capture) is a secure, web application designed to support data capture for research studies; it is widely used at leading health research institutes around the world. The George & Fay Yee Centre for Healthcare Innovation (CHI), together with the University of Manitoba Rady Faculty of Health Sciences, has implemented REDCap in Manitoba, to provide researchers with a highly secure, centralized, audited environment to store, manage and analyze research data. The system is designed to comply with PHIA & FIPPA regulations to provide highest standards of security to protect data against loss, destruction or unauthorized access and use.

To access REDCap in Manitoba, please contact: redcap@umanitoba.ca
Promoting MCHP Research Using Infographics and Social Media #ItWorks

Working closely with the Manitoba Centre for Health Policy (MCHP), the Knowledge Translation platform continues to develop infographics to summarize data-rich published reports for media and the public. This year’s infographics, featured in the local news, promoted research on Supportive Housing (Spring 2016), the Mental Health of Kids (Fall 2016) and Emergency Department Wait Times (Winter 2017).

To extend the reach of the initiative, CHI provided strategic guidance to MCHP in developing and evaluating a social media communications strategy. Key insights include: 64 per cent of the 302 new visitors to MCHP’s website during the campaign were directed there via social media; the first posts of the campaigns garnered the greatest number of engagements; posts coinciding with the lunch break received the most attention; and tagging influential followers increased overall engagement.

MCHP concluded that social media extends the reach of research, but the capacity of (affordable) tools to analyze just how far that reach likely extends is limited. The information will be used to inform future MCHP communications efforts and evaluations.

MCHP’s Associate Director, Planning and Development, Dr. Selena Randall, will be presenting her findings at the Canadian Association for Health Services and Policy Research Conference in May, 2017 in Toronto.
A patient’s risk of serious bleeding or stroke can be reduced by maintaining their International Normalized Ratio (INR) – a measure of the blood’s tendency to clot – within the recommended therapeutic range. INR testing is usually done at medical clinics by venous blood draw and sent to a laboratory for analysis.

The CoaguChek system is an alternative to this process. CoaguCheck is a point of care testing (POCT) meter for the monitoring of INR level in patients receiving oral anticoagulant therapy with vitamin K antagonists (warfarin). The system uses a single drop of blood from a finger prick and an INR testing meter at the site of testing (e.g. in a physician’s office) so results can be reviewed during the appointment and changes to treatment can be made immediately.

The CHI Evaluation platform worked with the Winnipeg Regional Health Authority (WRHA) and Diagnostic Services Manitoba (DSM) to evaluate the CoaguChek system. In December 2015, the CoaguChek system was tested at two Winnipeg community-based clinics in a ‘proof-of-concept’ initiative to evaluate its effectiveness at the clinics and the potential for further expansion across the region.

The evaluation involved analyzing frequency of use and cost, reviewing client outcomes including adverse events and satisfaction with treatment, holding focus groups to obtain staff feedback, and reviewing facility adoption of the system over time.

Findings from the project, which enrolled 101 participants, included:

- Clients reported Point of Care Testing (POCT) as being 44.7 per cent less burdensome (p=0.03) than the traditional type of testing;
- Patient satisfaction with services improved by 20.5 per cent over the previously used testing method;
- Patients spent 1585 patient days (4.3 years) longer in the INR therapeutic range while participating in the project (corresponding to a decrease in risk for adverse events);
- A decrease of approximately 25 per cent in Emergency Department visits throughout the project; and
- An estimated annual savings of $20,000 over venous testing and nearly 750 nurse work hours. Both staff time and economic savings could be re-allocated back into the system.

This evaluation helps establish the impact of the system’s use and creates a baseline for future evaluation of the CoaguChek system while also guiding opportunities for expansion within the region. The evaluation may also serve as a baseline for a more robust long-term future evaluation of patient outcomes using the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) framework.
AUTOMATED TOOLS FOR MINING UNSTRUCTURED TEXT IN EMRs

Extracting information from the large amounts of unstructured text found in electronic medical records (EMRs) presents a number of challenges, including burdensome time demands and concerns about intercoder reliability. These constraints represent significant hurdles for researchers looking to gain insights from the uncoded – yet valuable – information buried within the EMRs.

Enter the Automated Classification of Alcohol Use by Text Mining of Electronic Medical Records study. The study leveraged the expertise of CHI’s Data Science platform to develop and validate an automated algorithm to extract and classify alcohol consumption behaviours (e.g., current drinker, non-drinker) from EMRs.

“We trained the algorithm to look for key indicators and then applied it to over 57,000 records,” explains CHI Data Science Director, Lisa Lix. “Not only did the automated process save significant time in assembling the data, it also helped to standardize the process of assigning people to alcohol usage categories.”

This automated system could prove to be a valuable tool to researchers and primary care providers. Specific to alcohol use, unstructured text, which is comprised of the notes that physicians take when they see patients, can offer valuable insights to help predict chronic disease risk. Primary care providers may also use the data to better understand the prevalence of behaviour risk factors in their patient populations and to counsel patients on health lifestyle practices.

CHI LAUNCHES MANITOBA CLINICAL RESEARCH PORTAL

CHI’s Clinical Trials platform created an online destination for new researchers and researchers new to Manitoba to help streamline and facilitate the process of starting clinical research in the province.

“We have created a comprehensive guide that houses all the necessary information and tools to help researchers begin the process of clinical research,” explains CHI Clinical Trials, Director Dr. Salah Mahmud.

The portal features a two-part research manual, training directory and a toolbox. The research manual provides an introduction to research processes and study methods as well as information on conducting research in Manitoba, resources available to researchers and staff, and links to relevant sites. The training directory features a calendar of upcoming research-related educational events such as CHI-hosted presentations, as well as courses and conferences. The toolbox contains templates and examples for study initiation activities such as a protocol outline and budget. There are also templates for study planning such as case report form examples, and examples for trial conduct such as monitoring documents. Dr. Mahmud says that work on the portal will be ongoing.

“Our hope is that we will continue to add a variety of resources to the portal including information about choosing a study design as well as tools for patient engagement and knowledge translation. We want the portal to grow and be dynamic to encourage continued use by researchers.”

Visit the portal here: clinicalresearch.chimb.ca.
TRANSFORMATION

Change. Adapt. Refine.

Transformation represents the ultimate goal of CHI’s mission to improve care and outcomes for Manitobans. It means developing, implementing and evaluating interventions and programs such as Choosing Wisely and efforts to eliminate hospital holds. It speaks about imparting new knowledge to over 1,600 participants in training events throughout the year, and many more through outreach efforts such as educational blogs and one-on-one consultations.

In this section, you’ll read stories about how we’re helping to improve efficiencies in the research process, streamline patient flow, and rollout new (and refine existing) programs and systems.

- Appropriate Preoperative Diagnostic Testing 25
- More Efficient Research Process in Manitoba 27
- Gathering Public Input for Manitoba Government 27
- CHI Workshops and Training 28
- KnowledgeNudge.com 29
- Better Understanding the Birth Centre 29
- Knowledge Translation Hits the Road 30
- Supporting Improved Patient Flow 30
- Medical Assistance in Dying Program Support 31
- Zero Hospital Holds 31
Appropriate Preoperative Diagnostic Testing

More is not necessarily better when it comes to health care treatment. Unnecessary tests, treatments and procedures take away from care and can lead to more testing to investigate false positives, potentially exposing patients to harm, and contributing to stress for patients. These unnecessary tests also put increased strain on the resources of our health care system.

Efforts to reduce unnecessary testing in Manitoba through the rollout of new preoperative testing guidelines in 2011 were initially a success, but the improvements were not sustained. Two years post-implementation an audit suggested that approximately 150,000 unnecessary tests were still being ordered, representing a cost of approximately $1.5 million each year.

In 2014, Choosing Wisely Manitoba initiated the Appropriate Preoperative Diagnostic Testing project in an effort to remove barriers hindering the adoption of preoperative testing guidelines. The goal? Achieve a 25 per cent reduction in unnecessary testing for elective surgeries, with a focus on sustainability, representing an estimated savings of $400,000 per year.

The project examined factors that lead to the ordering of unnecessary tests. In addition to refining the content and presentation of existing standardized, evidence-informed clinical practice guidelines, the team developed behaviour change interventions to address the root causes of unnecessary testing. Some of these challenges included: lack of clarity and knowledge around the guidelines, misalignment between surgeon cover letters and guidelines, and concerns over delays or liability.

In an effort to address these barriers, and in collaboration with end users, the project began developing resources that were easier to use and which standardized how information was shared. Resources launched in the summer of 2016 included:

- Revised testing guidelines that were more user friendly – featuring clear definitions and requirements – and which matched national guidelines endorsed by Choosing Wisely Canada;
- Revised history and physical forms (Cataract Surgery & other surgeries);
- Standardized patient and physician cover letters, including the removal of any content prompting unnecessary tests; and,
- Revised documents linked to an interactive web tool to assist in determining necessary preoperative tests

Specific to cataract surgery, the new resources ran in conjunction with the ophthalmology program’s new ‘red/green’ patient categorization process, which involves assessing patients undergoing a cataract procedure to determine whether they need a history and physical prior to surgery. Together, the initiatives saw a 76 per cent decrease in the ordering of unnecessary tests, which corresponds to a savings of approximately $118,000 per year.

On a broader scale, an audit is planned for the summer of 2017 (nine months post-implementation) to evaluate whether the 25 per cent reduction goal was achieved across all specialties.
On March 7-8, 2017, CHI held its 2nd annual open house to build awareness of its services, share highlights, and build relationships with health care stakeholders.
Moving Towards More Efficient Research Process and Administration in Manitoba

In an effort to position Manitoba as an attractive province for research collaboration and investment, the Research Improvement Through Harmonization in Manitoba (RITHiM) initiative seeks to streamline administrative and regulative processes related to conducting human clinical and health research in Manitoba.

Research Manitoba, CHI and a number of key research stakeholders have conducted a comprehensive audit and identified opportunities for improvement, spanning: harmonization and integration of services, standardization of processes, and investment in technologies.

Of note, we are consolidating and streamlining the research review processes of over 15 separate entities throughout Manitoba (encompassing ethical, data access, privacy and institutional impact reviews).

Gathering Public Input for Manitoba Government

In 2016/17 the Province of Manitoba undertook a comprehensive Health Sustainability and Innovation Review (HSIR) of all provincial health programs and services. The goal of the review was to assess the health care system and identify means through which the province could effectively bend the cost curve. The HSIR considered the full range of programs and services within the health system, including Regional Health Authorities and Provincial Health Organizations.

Manitoba Health, Seniors and Active Living (MHSAL) requested CHI’s assistance in gathering and analysing both public and health care provider and administrator input into the HSIR. To this end, CHI’s Evaluation platform developed and launched two online surveys seeking public and health care employee perspectives on opportunities to eliminate waste and inefficiency in the health system in order to improve effectiveness and responsiveness.

With a joint promotional effort between CHI and the Manitoba Government, the survey received more than 8,500 responses, including over 26,000 open-answer responses. The Evaluation platform reviewed all responses and produced a report for MHSAL, which was then included as a major input into the HSIR analysis.

CHI’s Evaluation platform also facilitated several focus groups on the review’s initial findings to gain public feedback on the information. A thorough report on the focus group outcomes was provided to MHSAL to assist in further refinement of review content, communications and discussion.
CHI Workshops & Training
Highlights from 2016/07

- Biostatistical Open House Sessions
- Advanced Statistical Methods for Clinical Investigators Workshop Series
- Practical Biostatistics for Clinicians
- Bioinformatics Workshops
- Introductory and Intermediate Data Management Workshops
- Support for Development of ‘Evaluative Thinking’ (Systematic Results Oriented Analysis) in your Organization or Workplace
- Capacity Building in our Service Areas
- Health Systems and Systems Change (Graduate Course)
- Systematic Review Course (Graduate Course)
- Systematic Review & Meta-AnalysisIntroductory Workshop
- Advanced & Network Meta-Analysis Workshops
- Rapid Review Workshop
- On-Demand Training for KT Tools & Practices
- Graduate Course in KT, offered through the Department of Community Health Sciences
- Hosting Monthly KT Canada Webinars
- Introduction to Project Management
- Process Improvement Methods Workshops: Lean, FMEA, 5S
- Project Management & Process Improvement Mentorship
- Project Management in Research Workshop
KnowledgeNudge.com

On August 17, 2016, the Knowledge Translation platform launched the full version of its blog, KnowledgeNudge (previously located at knowledgenudge.com, and since relocated to medium.com/knowledgenudge). Updated every week by platform staff and guest bloggers from the national KT and Implementation Science community, site content focuses on “all things knowledge translation – synthesis, exchange, application and dissemination,” and features three areas of focus: media and dissemination, patient engagement, and science of KT. In addition to being promoted via social media (See @KnowledgeNudge on Twitter), the team regularly refers stakeholders to the site, particularly those interested in learning more about patient engagement. Within six months of its launch, the site had grown to 1,200 visitors per month.

Better Understanding the Birth Centre

The Birth Centre opened in October 2011 and provides services in community programming and education, midwifery care, and labour and birth. The Evaluation platform conducted a formative evaluation of the first 18 months of operation at the Birth Centre. The evaluation featured two phases:

- Phase one examined client and provider experiences through interviews and focus groups with Birth Centre clients and key informants, as well as an online client survey.
- Phase two examined early outcomes using Birth Centre and hospital records.

Maternal and neonatal outcomes as well as clients’ experiences in giving birth at The Birth Centre were positive. This, despite somewhat negative public and health care provider perceptions of the utility of The Birth Centre and the limited number of midwives in Winnipeg, resulted in a slow growth in births occurring at The Birth Centre (particularly among priority populations).
**Knowledge Translation Hits the Road**

The KT platform made significant progress in building capacity for advancing the science and practice of knowledge translation in health research in 2016 through the development and delivery of a half-day workshop for researchers titled “Pairing the Practice and the Science: Embedding KT Research Questions in your Research Program”.

The platform was commissioned to develop the session for the Canadian Child Health Clinician Scientist Program (CCHSCP) annual meeting in Niagara Falls ON in June 2016, and refined and updated the content for an invited session at Brandon University in August 2016. Content focused on current theoretical approaches and best evidence in KT; embedding dissemination, exchange, applied, and implementation questions; programmatic approaches embedding KT in health research; and included interactive exercises and activities. Workshop evaluations were very positive, and the platform now has an established content base on which to refine and deliver future programming.

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**Supporting Improved Patient Flow**

In collaboration with the Winnipeg Regional Health Authority (WRHA), CHI has been applying in-depth analytical approaches to develop Children’s Hospital bed predictions, identify Health Sciences Centre Adult ED bottlenecks, and identify population needs for use in Patient Flow initiatives and the Delivery Unit. CHI informed on a regional Family Medicine inpatient model.

All of these efforts are helping the region to assemble a team and suggest a methodology to develop an enterprise-wide ‘ideal’ bed map.

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**Featured Award:**

Interventions and Policies Influencing Primary Healthcare Professionals Managing Chronic Diseases: An Evidence Synthesis

**Total Funds Awarded:** $50,468 (CIHR: $25,000 and Partners: $25,468)

**Principal Investigators:** Ryan Zarychanski, Bhupendrasinh Chauhan (nominated), Jeanette Edwards 
**Co-applicants:** Terry Klassen, Kathryn Sibley, Beverley Temple, Alexander Singer, Gayle Haas, Carolyn Shimmin 
**Collaborators:** Kristin Anderson, Colleen Metge 
**Knowledge users:** Tamara Buchel, Kelsey Kevinsen 
**Partners:** Manitoba Health, Seniors and Active Living, Province of Manitoba; College of Pharmacy, University of Manitoba; Saskatoon Health Research Foundation and George and Fay Yee Centre for Healthcare Innovation, The SPOR SUPPORT Unit, Manitoba.

**Other jurisdictions:** Saskatchewan: Thomas Rotter, Donna Goodridge • Newfoundland: Julia Lukewich, Alice Gaudine, Shabnam Asghari
Medical Assistance in Dying Program Support and Development

Federal legislation came into effect in June 2016 allowing physicians to provide medical assistance in dying (MAID) to eligible patients.

CHI has been supporting the provincial MAID clinical team in developing and implementing systems and processes for the new service being provided in Manitoba. Support included assisting in ensuring appropriate spaces and system access, as well as assisting in development of forms and Manitoba-specific resources.

Zero Hospital Holds

CHI is working with the Winnipeg Regional Health Authority’s (WRHA) Home Care Program on an initiative to eliminate Hospital Holds. A Hospital hold (HH) occurs when a patient continues to occupy a hospital bed after their acute medical needs have been addressed because they are waiting for essential Home Care services after a physician has already written a discharge order.

HHs are undesirable since people heal better at home with the right supports when they don’t have acute needs and helping them get home sooner allows hospital beds to be used by those in need. The program’s goal is to achieve Zero hospital holds.

“Home is the best place for people to heal who no longer have acute care needs” says Regional Director, WRHA Home Care – Vikas Sethi. “With help from CHI, the WRHA Home Care program is systematically addressing the reasons causing delays in hospital discharges with home care supports. Reduction in Hospital Holds has helped improve both client experience and patient flow”.

Hospital patients who need Home Care services upon discharge are assessed by Hospital-based Case Coordinators (upstream process) and services are then delivered in the community (downstream process). This initiative is designed to address process and capacity issues both upstream and downstream.

In collaboration with Home Care leadership and staff, a Process Engineer from CHI analyzed processes, environments and workloads in a systematic way before deciding on a multi-pronged approach to reaching the target reduction. Initial projects included building case assessment capacity upstream and scheduling capacity downstream to provide services on evenings and weekends. In 2016, these efforts resulted in an overall 19 per cent reduction in HH days due to Home Care. The program also built scheduling capacity for weekdays by creating a dedicated scheduling unit, which included hiring additional resources.

The initiative continues to rollout with various process improvement measures being currently implemented within the program. For example, electronic workflows or e-Referral has been developed and implemented within the program to enable processing, tracking and monitoring of the referrals. The program is also collaborating with hospitals and participating in initiatives such as development of protocols to predict and plan for patient discharge dates that will further help to eliminate HHs.
OUR PLATFORMS

What We Can Do For You

Clinical Trials
The Clinical Trials platform supports the implementation of clinical trials in Manitoba, helping researchers engage in high-quality, practice changing, patient-oriented research. Services include support for industry-sponsored clinical trials, investigator-initiated trials, and epidemiological studies led by Manitoba researchers. The platform also promotes a streamlined research process to increase the number of clinical trials in Manitoba, which will translate to evidence-informed improvements in our health care system.

For information contact: clinicalresearch@chimb.ca

Data Science
Working closely with the Manitoba Centre for Health Policy (MCHP); Regional Health Authorities; Manitoba Health, Seniors and Active Living; Statistics Canada and other stakeholders, the Data Science platform facilitates the development, management, analysis, and linkage of clinical, administrative, genomic and other data resources for patient-oriented research.

For more information go to: CHI Intake at: chimb.ca/contact

For more info on the Clinical Trials platform, read more about some of their projects on pages:
9, 11, 12, 14, 23, 27

For more info on the Data Science platform, read more about some of their projects on pages:
9, 11, 12, 14, 15, 17, 20, 23

Evaluation
The Evaluation platform helps to improve health services for Manitobans by offering health care leaders the evidence and solutions they need to move forward. The platform can support the development of new programs or process changes, determine the impact of existing programs, and identify opportunities for improvement. They can also help clients understand the population a program serves, uncover disparities in health outcomes, and integrate existing research evidence into program design.

For more information go to: CHI Intake at: chimb.ca/contact

For more info on the Evaluation platform, read more about some of their projects on pages:
9, 11, 15, 22, 25, 27, 29, 31
Health Systems Performance

CHI’s Health Systems Performance (HSP) platform is committed to developing and implementing solutions that promote access to appropriate, effective and safe health care for all Manitobans. HSP leads mixed-methods research to gain a deep understanding of the health care system’s most pressing challenges, and uses clinical indicators, as well as process and quality improvement methods to redesign and strengthen the system.

For more information go to: CHI Intake at: chimb.ca/contact

For more info on the Health Systems Performance platform, read more about some of their projects on pages:
9, 11, 25

Knowledge Synthesis

The Knowledge Synthesis (KS) platform is focused on increasing Manitoba’s capacity to synthesize knowledge to inform public policy, improve service delivery, and optimize Manitobans’ health. Services range from complete management of KS projects for academic publication to consultation on particular aspects of the KS pathway. Other services include KS-related training, informing funding applications, and guiding health policy decision making.

For more information go to: CHI Intake at: chimb.ca/contact

For more info on the Knowledge Synthesis platform, read more about some of their projects on pages:
9, 17, 19, 20, 25, 29

Knowledge Translation

The Knowledge Translation (KT) platform helps to close the know-do gap in health research through the synthesis, exchange, application and dissemination of knowledge. The platform provides consultation services for integrated and end-of-grant KT research, collaborates on KT-related research projects, develops KT tools, and provides on-demand KT training. The platform also houses CHI’s Patient Engagement specialists.

For more information go to: chimb.ca/knowledgetranslation

For more info on the Knowledge Translation platform, read more about some of their projects on pages:
9, 11, 12, 14, 19, 20, 21, 25, 27, 29, 30

Project Management

Within the project lifecycle of initiation, planning, execution, monitoring, and closing, the focus of the Project Management (PM) platform is to improve quality and produce efficiency in the delivery of health care and patient-oriented research. PM effectively transfers and integrates evidence to clinical practice and care models to improve patient outcomes, experiences and access to care.

For more information go to: CHI Intake at: chimb.ca/contact

For more info on the Project Management platform, read more about some of their projects on pages:
9, 11, 12, 19, 25, 26, 30, 31
The pan-Canadian SPOR Network in Primary and Integrated Healthcare Innovations (PIHCI) is a key CIHR initiative designed to support evidence-informed health system transformation. The Manitoba PIHCI Network (aka MPN) is embedded within the George and Fay Yee Centre for Healthcare Innovation (CHI).

MPN is currently led by a Tripartite Leadership. In the past year, Annette Schultz became Research Lead joining Policy (Marcia Thomson) and Practice (Tamara Buchel) Leads. We’ve also welcomed a communications specialist, Alexandra Enns.

MPN works to facilitate connections between policy makers, researchers, clinicians and the patient/public representatives in Manitoba and across provincial jurisdictions. The network focuses on ways research can integrate multiple disciplines, sectors and jurisdictions as they seek to address complex issues in health care.

In the last year, MPN promoted collaboration among its members through three avenues: making MPN visible through a broader communications strategy which included developing a newsletter, social channels and a new website; holding forums and workshops for members to connect, and; facilitating the development of project ideas and teams seeking PIHCI funding.

During the last year, two PIHCI teams were recipients of grant funding under CIHR’s SPOR PIHCI initiative. A Manitoba-led project by Dr. Bhupendrasinh Chauhan received a $25,000 grant for the project, “Interventions and Policies Influencing Primary Healthcare Professionals Managing Chronic Diseases: An Evidence Synthesis”. The team was comprised of researchers from three provinces and received matching funds of $25,000 from Research Manitoba, the University of Manitoba Rady Faculty of Health Sciences’ College of Pharmacy, and the Saskatoon Health Research Foundation.

A second team has a Manitoba PI, Dr. Tara Stewart, a CHI researcher and assistant professor in the University of Manitoba’s Max Rady College of Medicine, involved with an eight-province collaboration analyzing service integration and implementation. The team is comparing programs that connect primary care to social services, public health programs and community supports. They received a total of $254,000 in CIHR funds with $34,000 partner support from Research Manitoba.

MPN IS NOW ON SOCIAL MEDIA:

Twitter: @MB_PIHCI Network
Facebook: ManitobaPIHCI Network
Website: Manitoba-pihcinet.com