BC SUPPORT Unit
Advancing Patient-Oriented Research
British Columbia Academic Health Science Network

Strategy for Patient-Oriented Research
SPOR
Putting Patients First

Creating New Directions:
collaborations between patient-oriented researchers and health system decision-makers

Virtual Invitational Symposium via Zoom

November 26, 2020 | 0815-1200

Limited participation

Synthesis Report

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Table of Contents

Executive Summary

The BC SUPPORT (SUpport for People and Patient-Oriented Research and Trials) Unit ("the Unit") is a multi-partner organization created to support, streamline and increase patient-oriented research throughout British Columbia. The Unit completed a learning needs assessment in 2018, asking stakeholders (i.e. patient partners, researchers, decision-makers and health care providers) what their perceived learning needs are to be effective in patient-oriented research. From this a number of needs emerged, one of which was to bring together researchers and decision-makers for development of capacity in both the generation and uptake of knowledge. As a first step to addressing this need, a symposium of about 100 invited individuals was planned. To open the symposium, a brief presentation was made about patient-oriented research (POR). Patient-oriented research refers to a continuum of research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes.

Two panels presented; attendees participated in two breakout sessions which were moderated by BC SUPPORT Unit staff and discussions were recorded on and reported out by Unit staff reporters. Barriers and facilitators are discussed in detail below. Ideas for creating new directions in the future were generated and are included in this report.

Seven recommendations and associated actions emerged from the Symposium. The Symposium provided a unique opportunity for participants to connect and share ideas about how to create new directions in the interface between health system decision-makers and patient-oriented researchers. The BC SUPPORT Unit will use this synthesis to inform plans for our Phase II funding and will share these plans with stakeholders generally and Symposium participants specifically, demonstrating how and where the conversation led to new directions.

1.0 Background

1.1 The BC SUPPORT Unit

The BC SUPPORT (SUpport for People and Patient-Oriented Research and Trials) Unit ("the Unit") is a multi-partner organization created to support, streamline and increase patient-oriented research throughout British Columbia. The Unit has two main roles: (a) providing services to our stakeholders: patients, researchers, health care providers and health system decision makers; and (b) facilitating initiatives identified as provincial priorities. The Unit uses a hub and spoke model for service delivery that relate to health authority regions and that represent partnerships between health authorities and research universities. A provincial Hub located in Vancouver coordinates activities across BC and provides services to the Vancouver region. Four additional regional centres located in other regional health authority areas (Fraser, Interior, Northern, and Vancouver Island) provide regional services. The Unit is part of the BC Academic Health Science Network (BC AHSN). The Unit is one of 11 SUPPORT Units established across the country as part of Canada's Strategy for Patient-Oriented Research (SPOR) led by the Canadian Institutes of Health Research (CIHR).

1.2 Symposium Background

The Unit completed a learning needs assessment in 2018, asking stakeholders (i.e. patient partners, researchers, decision-makers and health care providers) what their perceived learning needs are to be effective in patient-oriented research. From this a clear need emerged: to bring together researchers and decision-makers for development of capacity in both the generation and uptake of knowledge.

A provincial working group was struck by the Unit in 2019 comprised of: a patient partner; Unit hub staff; Unit regional centre representatives; decision-makers in health care; and, the BC Ministry of Health (MoH). The working group decided on an invitational symposium of about 100 individuals to meet this need. Learning objectives were crafted and two panels were developed to provide presentations. The first panel provided each stakeholder group a snapshot of a prototypical day of a health system decision-maker, a Ministry decision-maker, and a patient-oriented health researcher. The second panel included two patient-oriented research teams, exemplars of how POR can influence decision-making, and how decision-makers can be involved in POR. In Spring 2020 it became clear that the symposium could no longer be held face to face due to the global pandemic so thinking shifted to delivering this symposium virtually via Zoom. Each regional centre and MoH developed an invitation list of researchers and decision-makers.

1.3 Patient-Oriented Research Background

To open the symposium, a brief presentation was made about patient-oriented research (POR). Patient-oriented research refers to a continuum of research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes.

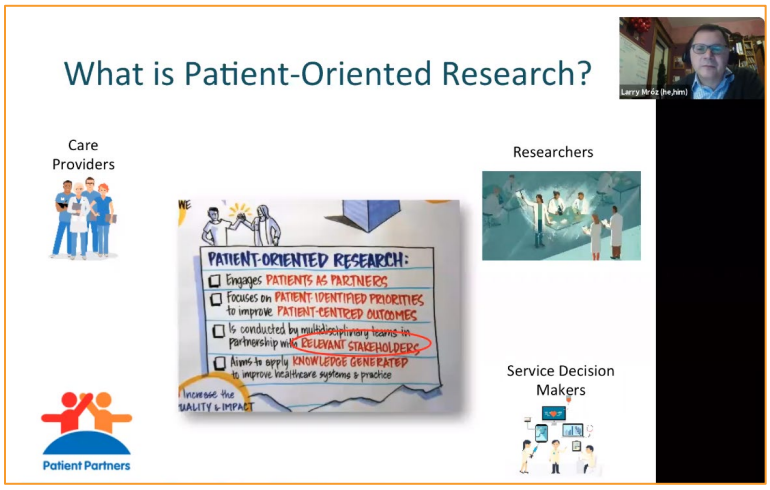


Figure 1: Patient-Oriented Research Defined

2.0 Discussion

The Symposium ran for a half day on November 26, 2020. Appended are the agenda, attendee list, and report from the Symposium survey.

Attendees participated in two breakout sessions which were moderated by BC SUPPORT Unit staff and discussions were recorded on and reported out by Unit staff reporters. These notes have been synthesized below; illustrative quotes appear in text boxes.

2.1 Barriers to Creating New Directions

Systemic Differences:

A theme that emerged in looking at the researcher-Ministry connections is that there are challenges in the existing system. Even those within the Ministry experience limited interaction with senior decision-makers.

> *"It's hard to find and connect with decision makers, there are barriers to finding who to talk to. Without these connections, all work is inefficient"*

For decision-makers: it is challenging to fit in with the research community when there isn't much spare time or resources to explore new relationships. Decision-makers may need to look at building relationships with researchers specific to the research issue beyond their existing networks; an example is bench scientists, who are critical in the opioid crisis. These relationships are needed to create the right vehicles for translating research to practice and policy.

For researchers: turnover was noted as a barrier; research teams sometimes engage with a decision-maker who changes roles, making communications and relationship management difficult. Researchers identified that it's hard to figure out who and how to access and build those relationships. The system doesn't recognize the time it takes to build these relationships when working in this integrated way and acknowledging and recognizing that as progress success in their career pathway.

> *"there are no bridges, you can't cross a bridge if it does not exist"*

It takes human resources support to foster this work between academia and health authorities and the Ministry of Health.

Complexities of Patient-Oriented Research: Patient-oriented research takes longer and takes more money; onboarding and training takes time. There is a need to be nimbler as it takes longer to build those teams and relationships.

2.2 Facilitators for Creating New Directions

Fostering Connections: Highlighted was the notion of networking and maintaining relationships with Indigenous communities, and past colleagues, looking for introductions to others. Engaging decision-makers early in the research process was noted as a factor for success. It was noted that during COVID it's still important to keep this up. Researchers can include decision-makers as early in the process as at grant applications, alongside other stakeholder groups. POR researchers have a role to play in amplifying the patients voices when working with decision makers.

> *"We need to think broader in terms of who can bring their important work to the grassroots and policy change."*

Aligning with Interests: Researchers can build relationships around a common interest or need with decision-makers, and build trust well in advance so when an opportunity to partner arises, a strong relationship is already in place. Researchers need to get to know the healthcare system and the decision-makers they need to engage, getting to know who to approach before making first contact about a project and understanding how people like to work before engaging them in a project.

Aligning with Priorities: Researchers can see greater success through aligning with health system and Ministry decision-makers' priorities, attending to the economics, understanding and presenting the 'value' perspective. The researcher should understand how a project helps the decision maker get to their organization's goals.

> *"It's important to engage policy[makers] so they feel some ownership over projects and aren't just being engaged at the end."*

Leveraging Existing Structures: Researchers can couple research work into the world of QI in the health system, working in partnership with existing QI infrastructure and people.

> *"It's all about relationships, which take effort and time. Sometimes like an awkward first date, but communication about working relationship and building trust is key."*

Connections by researchers with decision-makers inside the health system are possible through research departments within each health authority. These can be approached for assistance to identify and build these connections. It was noted that it's not always clear who to contact within a health authority for this kind of connection.

Researchers can ensure patients' stories and voices are included; patients' perspectives can help with buy in, putting the patient back in the middle. The BC SUPPORT Unit can assist with this. Clinician knowledge brokers can be engaged as they hold a unique perspective with their dual role and insights and can connect with decision makers in their hospital.

> *"I like the concept of the "Clinician Scientist" as a Knowledge Broker. Clinicians as front line health workers have a unique perspective and unique relationships that can be leveraged."*

Respecting Context: It is critical to understand the cultural and culture systems and ethical decisions that a team makes about individuals' backgrounds, judgments and what each brings to the table that might be influencing some of these decisions. Another important factor is considering ahead of time what level of evidence do we need before we make an action move forward.

Bridging systemic differences: Researchers can have greater success when providing proper compensation to allow decision makers and clinical partners to participate on the team. Building in buy-out time or money the researcher can give to the health system allows effective release for engagement and reduce the burden on the care system. In so doing, healthcare partners can participate fully as a team member. It's important for researchers to understand that there are different kinds of decision makers in the health system, it's not just the senior decision makers that need to be engaged. Meaningful engagement is important with the operations people that are making the decisions around a daily care and services and to help all understand the value of a patient-oriented approach in supporting research in the health system.

3.0 Ideas for Creating New Directions in the Future

3.1 Investing

Not just in projects but in infrastructure and communities for future collaboration. Communities with a common focus can help address the issues of the importance of nimbleness, building on existing evidence, moving evidence into practice. There needs to be definition of what areas are to be supported to build a multi-stakeholder community and facilitate dialogue with multi-stakeholders with common interests. Research questions then emerge from these community conversations, and there is trust and buy-in that may not otherwise emerge.

3.2 Connecting

> *"The person who says "this is a great idea, let's move forward" is the one you want to engage."*

- For researchers looking for Ministry decision-makers, ideally there would be a method to keep regularly updated information on who's in what position and what the scope of their role is to facilitate initial connections between people. For researchers looking for health authority decision-makers, connecting with the research departments in each of the Health Authorities is important; creating a repository of contacts/ individuals who would be receptive to hearing research discussions.
- Think about a 'research question exchange' between decision makers and researchers: what needs to be studied and who can study it.
- REACH BC connects patients and researchers; it may be possible to expand it to connect policy makers to researchers as well to make the platform more integrated – a kind of 'match-making' service.
- QI frameworks exist within the health authorities but would be helpful to share their existence with researchers to help facilitate those questions.
- Make available the Ministry's knowledge exchange series or other sort of formats that would be open access, and that can allow people to come together and identify co collaborators that they may not typically work with.

> *"[our project] does smaller R work, informed by the priorities and interests of the clinician and decision makers. Connections with decision makers is so critical to ensure the work is actually implemented or used."*

3.3 Capacity Building

- Reconvening a symposium like this to continue the conversation is crucial.
- There is a need to create the appropriate infrastructure to initiate innovation and implementation of evidence into the health authority. The intake process needs to be a clear pathway for researchers to present their work to decision makers, patients, etc., and decide what goes forward for implementation and scale-up.
- Decision makers need training about what POR is and its role in health research. Managers, directors, operational decision makers are also decision makers in the health system not just the senior leaders like EDs and VPs.
- Researchers need training to address the challenges to leverage health systems to fund and resource research activities, and partner engagement in research; researchers need to make a stronger business case to ensure sustainability, demonstrating what value will this bring to the health system, not just the costs associated with this work.

- Researchers and decision-makers need resources that focus on the basic leadership competencies and skill development for effectively leading and supporting teams using relational skills to work effectively in complex systems outside of their own domain.
- Researchers and trainees could benefit from training about how to tailor their research evidence to be used by health system decision makers and policymakers, demonstrating how to distil years of work down to three key points so that policymaker can pick it up and really understand the essence of that evidence and how it can inform change.

"If you want to get a health public policy changed, you get a majority of the population to start doing it, then you ask for the official change and the people think it was their idea (eg., tanning). It's often the local data that carries the day with grassroots policy makers. The research and data needs to be high quality, but still in the local context with local citizens to show that it's important to the people the policy will impact."

4. Next Steps

Arising from the Symposium are seven immediate recommendations and actions.

Recommendation 1: The Unit should explore providing a platform for researchers and decision-makers to find one another.
Action: Subsequent to the Symposium work has been undertaken by the Unit to add researchers and decision-makers to the ReachBC platform (details: https://www.reachbc.ca/). This work will be completed later in 2021.

Recommendation 2: MOH should endorse staff to include their names in the REACHBC platform where appropriate and to remove them when they move on to other non-related portfolios.
Action: The Unit will encourage MoH to explore this idea.

Recommendation 3: MoH should explore ways to communicate with the POR research community. This could include promoting the Ministry's research email through existing networks like BC SUPPORT Unit, AHSN, and MSFHR, as well as sharing updates on the Ministry's research priorities and upcoming opportunities for researchers through these networks.
Action: The Unit will encourage MoH to explore this idea.

Recommendation 4: The Unit should provide to researchers communication guidance for writing to decision-makers.

Action: The Unit will create a stand-alone webpage with resources for researchers and share this via the Unit's biweekly newsletter and social media.

Recommendation 5: The Unit should encourage BC's health authorities to create and share templates for researchers to connect with them (i.e. a short form to complete).
Action: The Unit will work with its regional centres on this.

Recommendation 6: Relationships are critical in the researcher: decision-maker interface and avenues need to be generated and fostered for these purposeful relationships to grow over time.
Action: The Unit will explore ideas to this end in its Phase II of operation.

Recommendation 7: The health authorities' research departments provide a strong point of access into the healthcare system yet researchers aren't necessarily aware of them or know how to access them, a situation which needs to be improved.
Action: The Unit will work with the BC Academic Health Science Network to create a webpage and newsletter story for this purpose.

5. Conclusion

The Symposium provided a unique opportunity for participants to connect and share ideas about how to create new directions in the interface between health system decision-makers and patient-oriented researchers. The BC SUPPORT Unit will use this synthesis to inform plans for our Phase II funding and will share these plans with stakeholders generally and Symposium participants specifically, demonstrating how and where the conversation led to new directions.

6. Acknowledgements

The BC SUPPORT Unit extends sincere appreciation to the panelists who gave up their time and devoted their energies to co-develop and co-present at the Symposium. We'd also like to thank all participants for taking the time to join this valuable discussion and move the conversation forward, helping to identify mechanisms for creating new directions. We thank the working group that deliberated for some time to craft the Symposium and its associated logistics to ensure a rewarding and meaningful morning for all participating. We extend a special thank you to the three patient-partners involved in this days' work. Finally, we acknowledge with thanks the support of the Canadian Institutes of Health Research's Strategy for Patient Oriented Research and the Michael Smith Foundation for Health Research.

Appendices

Appendix 1: Agenda

Creating New Directions SESSION 1: **Researchers' and Health system Decision-makers' "A Day in the Life"**	
8:15-8:30	***Welcome*** • **Stirling Bryan, President, BC Academic Health Science Network/ Lindsay Hedden, Assistant Scientific Director, BC Academic Health Science Network** Welcome and overview of the morning's goals and activities ***Territorial Acknowledgement*** • **Cindy Trytten, Director, Research and Capacity Building, Island Health** Participants will be invited to share their own acknowledgement via Chat ***A high-level overview of Patient-Oriented Research*** • **Larry Mroz, Research Services Lead, BC SUPPORT Unit** A review of POR and shared common language

8:30-9:20	**Panel: *Researchers' and Health system Decision-makers' "A Day in the Life"*** **Panel Decision makers:** • **Dr. Richard Stanwick, Vice President Populations, Island Health** • **Mary Ackenhusen, Senior Executive in Residence, BC Ministry of Health** **Panel Researcher:** • **Davina Banner-Lukaris, Associate Professor, University of Northern BC** **Panel Moderator:** • **Cindy Trytten, Director, Research and Capacity Building, Island Health** This panel will review the prototypical professional days of: a decision maker in the Ministry of Health; a decision maker in a BC health authority; and, a BC researcher, comparing and contrasting the competing priorities in these roles to bring an understanding to the audience of challenges and constraints. Panelists will be asked about how they are able to prioritize their work, how research can support policy-making and how policy-making needs can inform a program of research.
9:20-9:30	**Question and Answer Period** Throughout the panel discussion Zoom's Chat function will be used. At this time, questions submitted through Chat, or posed by voice by symposium participants will be responded to by panelists.

9:30- 9:50	**Breakout Rooms discussions** In this session, symposium participants will be assigned to small virtual breakout rooms with a mix of professions/disciplines to discuss the following. Each room will prepare 1-2 key strategies from this discussion.
9:50- 10:00	**Building Strategies** **Stirling Bryan/ Lindsay Hedden, Room Reporters** *What strategies could we collectively use to bring researchers and decision-makers closer together?* All breakout rooms will rejoin the plenary session and provide 1-2 strategies, which will inform a resource to be shared broadly.

Creating New Directions SESSION 2: **Panel: *What can we learn from others? Exemplar POR projects***	
10:15- 11:05	**Representatives from the EQUIP Project:** https://equiphealthcare.ca/about/ • **Colleen Varcoe**, Professor, School of Nursing, UBC • **Cindy Elliott**, Program Director, Emergency, Providence Health Care **Representatives from Fraser Health's Fracture Liaison Service:** https://www.fraserhealth.ca/news/2018/Mar/service-that-helps-avoid-recurring-bone-fractures-in-middle-aged-and-older-patients#.Xw421ShKg2w • **Larry Funnell**, Patient Partner • **Teresa O'Callaghan**, Executive Director, Fraser Health • **Dr. Sonia Singh**, Regional Medical Director, Research and Evaluation, Peace Arch Hospital, Fraser Health **Panel Moderator:** • **Aggie Black**, Director, Health Services and Clinical Research and Knowledge Translation, Providence Health Care These exemplar provincial projects will provide insights into how researchers and decision-makers are able to collaborate effectively to improve research and policy. Panelists will discuss the success factors in building these collaborations, what lessons are important to share, and how the research question was prioritized.
11:05- 11:15	**Question and Answer Period** Throughout the panel discussion Zoom's Chat function will be used. At this time, questions submitted through Chat, or posed by voice by symposium participants will be responded to by panelists.

11:15- 11:35	***Breakout Rooms discussions*** *In this session, symposium participants will be assigned to small virtual breakout rooms with a mix of professions/disciplines to discuss the following. Each room will prepare 1-2 key strategies from this discussion.*
11:35- 11:55	**Building Strategies** **Stirling Bryan and Lindsay Hedden, Room Reporters** *What strategies could we collectively use to bring researchers and decision-makers closer together?* All breakout rooms will rejoin the plenary session and provide 1-2 strategies, which will inform a resource to be shared broadly.
11:55- 12:00	**Closing remarks**

Appendix 2: Symposium Participants

Support Team/Symposium Planning Team:

1	1	Pat	Atherton	Capacity Development	BC SUPPORT Unit
2	2	Noreen	Frisch	Capacity Development	BC SUPPORT Unit
3	3	Harvey	Howse	Policy Analyst	BC Ministry of Health
4	4	Belinda	Jampoh	Capacity Development	BC SUPPORT Unit
5	5	Alia	Januwalla	KT Specialist	BC SUPPORT Unit Fraser Centre
6	6	Tara	McMillan	Lead	BC SUPPORT Unit Island Centre
7	7	Larry	Mroz	Research Services Lead	BC SUPPORT Unit Vancouver Centre
8	8	Lynne	Feehan	KT Lead	BC SUPPORT Unit Hub
9	9	Brittney	Schichter	SFU Research Navigator	BC SUPPORT Unit Fraser Centre
10	10	Anni	Rychtera	Patient Partner	BC SUPPORT Unit
11	11	John	Ward	Performance Measurement	BC SUPPORT Unit
12	12	Rachael	Wells	Co-lead	BC SUPPORT Unit Northern Centre
13	13	Bree	Loeffler	Administrative Assistant	BC SUPPORT Unit Northern Centre
Panelists:					
14	1	Stirling	Bryan	President	BC Academic Health Science Network
15	2	Richard	Stanwick	Vice President Populations	Island Health
16	3	Cindy	Trytten	Director, Research and Capacity Building	Island Health
17	4	Davina	Banner-Lukaris	Associate Professor	University of Northern BC
18	5	Mary	Ackenhusen	Executive in Residence	BC Ministry of Health
19	6	Colleen	Varcoe	Professor, School of Nursing	UBC
20	7	Cindy	Elliott	Program Director, Emergency	Providence Health Care
21	8	Larry	Funnell	Patient Partner	Fraser Health
22	9	Teresa	O'Callaghan	Executive Director	Fraser Health
23	10	Sonia	Singh	Regional Medical Director, Research and Evaluation, Peace Arch Hospital	Fraser Health
24	11	Aggie	Black	Director, Health Services and Clinical Research and Knowledge Translation	Providence Health Care

25	12	Lindsay	Hedden	Assistant Scientific Director	BC Academic Health Science Network
Attendees:					
26	13	Jana	Archer	Manager, Experience	Island Health
27	14	Maureen	Ashe	Associate Professor	Centre for Hip Health & Mobility
28	15	Farah	Azim	Co-op Student	Centre for Hip Health & Mobility
29	16	Georgia	Betkus	UNBC Research Associate	UNBC
30	17	Robin	Blanchard	Modelling & Advanced Analytics Specialist	Interior Health
31	18	Leigh	Blaney	Professor	Vancouver Island University
32	19	Lori	Brotto	Executive Director	Womens Health Research Institute
33	20	Chris	Carlsten	Professor, Division Head	Respiratory Medicine
34	21	Amanda	Chisholm	Manager, Internal Awards	Vancouver Coastal Health Research Institute
35	22	Nancy	Clark	Assistant Professor	UVic
36	24	Denise	Cloutier	Professor	UVic
37	25	Aneisha	Collins-Fairclough	Research Associate	Legacy for Airway Health
38	26	Gillian	Corless	Senior Advisor, Indigenous Research and Ethics	Research Ethics BC
39	27	Vicky	Crompton	Executive Director, Transformation Lead, Clinical and Systems Transformation at	Provincial Health Services Authority
40	28	Greg	Cutforth	Director, Urgent and Primary Care Centre Planning/Primary Care Planning	Interior Health
41	29	Shayna	Dolan	Site Research Coordinator	University Hospital of Northern BC
42	30	Rachel	Eddy	Post Doctoral Fellow	UBC
43	31	Rhonda	Ellwyn	Manager, Research Operations	BC Mental Health Substance Use Services
44	32	Ariadna	Fernandez	Research Program Manager	UBC
45	33	Adam	Finch	Policy Analyst,Cultural Safety and Humility	First Nations Health Authority
46	34	Candy	Garossino	Director of Professional Practice	Providence Health Care
47	35	Chris	Gill	Professor	Vancouver Island University

48	36	Dan	Goldowitz	Scientific Co-Director & Training Program Lead	CHILD-BRIGHT
49	37	Graham	Hall	Manager, Community Services	Northern Health
50	38	Clayon	Hamilton	Regional Practice Lead, Research & Knowledge Translation - Long Term Care & Seniors Care	Fraser Health
51	39	Curtis	Harder	Researcher, Clinician	Island Health
52	40	Heather	Harris	Executive Director	Can-SOLVE CKD
53	41	Elizabeth	Hartney	Professor	Royal Roads University
54	42	Stephanie	Harvard	MSFHR Post-Doctoral Fellow	UBC
55	43	Amanda	Harvey	Program Director	Providence Health Care
56	44	Alison	Hoens	Knowledge Broker	UBC/Providence Health Care/ Vancouver Coastal Health Research Institute
57	45	Fuchsia	Howard	Assistant Professor, Nursing	UBC
58	46	Alyssa	Howren	PhD Student	UBC
59	47	Lena	Hozaima	Director, Business Development	Vancouver Coastal Health Research Institute
60	48	Lillian	Hung	Assistant Professor Nursing, Clinical Nurse Specialist	UBC, Vancouver Coastal Health
61	49	Natalie	Jahnke	Researcher, Clinician	Island Health
62	50	Simran	Jawanda	UNBC Research Assistant	UNBC
63	51	Emilia	Jeskova	RN EQUIP	Providence Health Care
64	52	Phalgun	Joshi	Director of Operations	Legacy Airway Health
65	53	Daman	Kandola	UNBC PhD Trainee	UNBC
66	54	Sharon	Karsten	Executive Director	Comox Valley Art Gallery
67	55	Leyla	Khosrovpour	RN EQUIP	Providence Health Care
68	56	Cathy	Kline	Research Coordinator	UBC Health
69	57	Sally	Lin	Health Research Project Officer	UVic
70	58	Phoebe	Long	Research Manager	UBC
71	59	Carole	Lunny	Postdoctoral Fellow, Methodology and Research Synthesis	UBC
72	60	Barb	Marcolin	Associate Professor, Faculty of Management	UBC-O
73	61	Mike	Masson	Special Advisor Health	UVic

74	62	Kim	McGrail	Director of Research, Professor	UBC
75	63	Nicolette	McGuire	Director, Research and Innovation	Ministry of Health
76	64	Kate	McNamee	Practice Consultant Person & Family Centred Care	Providence Health Care
77	65	Kerensa	Medhurst	Overdose Response Project Manager	Northern Health
78	66	Andrea	Mellor	PhD Student	UVic
79	67	Kimberly	Miller	Senior Leader of Clinical Education and Special Projects,	BC Children's Hospital
80	68	Erica	Miller	Research Manager	UBC
81	69	Helen	Monkman	Assistant Professor	UVic
82	70	Kris	Murray	Director, Rural and Remote Framework	Interior Health
83	71	Jill	Murray	Senior Policy Analyst, Substance Use	Ministry of Health
84	72	Magdalena	Newman	Fraser Centre Team Lead/Manager	BC SUPPORT Unit Fraser Centre
85	73	Heather	Noga	Research Manager	UBC
86	74	Patricia	O'Hagan	Dean, Health and Human Services	Vancouver Island University
87	75	Lauren	Parker	RN EQUIP	Providence Health Care
88	76	Theone	Paterson	Assistant Professor	UVic
89	77	Wendy	Petillion	Regional Practice Lead, Research	BC SUPPORT Unit Interior Centre
90	78	Roberta	Price	EQUIP Elder	Providence Health Care
91	79	Heather	Richards	Executive Director - Performance, Partnerships and Methodologies Branch	Ministry of Health
92	80	Karen	Rideout	Knowledge Translation Specialist	Legacy Airway Health
93	81	Julia	Schmidt	Assistant Professor	UBC
94	82	Erin	Shellington	Research Associate	Legacy Airway Health
95	83	Andrew	Shulz	UNBC POR Graduate Trainee	UNBC
96	84	Chase	Simms	Policy Analyst, Northern Health Authority/First Nations Health Authority	Ministry of Health
97	85	Michelle	Smith	Regional Practice Lead, Research & Knowledge Translation - Long Term Care & Seniors Care	Interior Health
98	86	Beth	Snow	Scientist, Head of Program Evaluation	Centre for Health Evaluation & Outcome Sciences: CHEOS
99	87	Janice	Sorensen	Leader, Clinical Trials (LTC and Assisted Living)	Fraser Health

100	88	Sean	Spina	Researcher, Clinician	Island Health
101	89	Sabina	Staempfli	PhD Candidate, Emergency Nurse	UBC
102	90	Cynthia	Startup	Executive Director, Clinical Informatics	PHSA
103	91	Vivian	Sum	Senior Communications Manager	Vancouver Coastal Health Research Institute
104	92	Nitya	Suryaprakash	Research Coordinator	UBC
105	93	Deanne	Taylor	Corporate Director of Research	Interior Health
106	94	Vidhi	Thakkar	Research Associate	Kwantlen Polytechnic University
107	95	Maria	Torrejon	Coordinator of Research and Evaluation	BC Cancer
108	96	Krisztina	Vasarhelyi	Research Facilitation and Capacity Building	Vancouver Coastal Health Research Institute
109	97	Nicole	Vaugeois	Associate Vice-President of Scholarship, Research and Creative Activity	Vancouver Island University
110	98	Fidel	Vila-Rodriguez	Assistant Professor	Psychiatry, UBC
111	99	Marie	Westby	Clinical Associate Professor	UBC
112	100	Jackie	Whittaker	Assistant Professor	UBC
113	101	Aleyah	Williams	Research Coordinator	UBC

Appendix 3: Survey Results

Registration

The symposium was an invitation-only event with a total of n=117 registered attendees, as shown in table 1. Note the category identified as presenters includes researchers and decision-makers, but they were attending in a presenter capacity.

Stakeholder	n (%)
Researchers	69 (59)
Decision/policy-makers	17 (15)
Presenters	12 (10)
Staff	17 (15)
Other	2 (2)

The data shows almost ¾ of those registered were either a researcher or decision-maker (the target stakeholder groups).

Note: of those identifying as staff, n=13 people there in an administrative capacity (to provide support to the event) while n=3 of the attendees (who perhaps should have identified themselves as something else) were also identified as staff. In our analysis we ignore the n=13 administrative persons (leaving a total of 104 non-administrative attendees) which we break down into stakeholder groups.

Regional level	Researchers	Decision makers	Staff	Presenters	Unknown	Total
Vancouver area	38	2	2	3	0	45
Fraser	3	0	1	3	0	7
Island	15	1	1	2	0	19
Interior	3	4	0	0	2	9
North	5	2	0	1	0	8
Provincial level						
PHSA	2	4	0	0	0	6
MOH	0	4	0	1	0	5
FNHA	2	0	0	0	0	2
AHSN	1	0	0	2	0	3

Unlike previous work we differentiate between those who work in a regional Health Authority and those who work for entities that are provincial in scope e.g., PHSA.

Our target audience groups were researchers and decision makers, and the attendee list shows we were successful in attracting decision makers from each HA region except Fraser.

An interesting indicator to define is the ratio between researchers/decision makers from each region. We expect this number to be much larger than one, since the Unit engages far more researchers than decision makers. The regions with the smallest defined ratios were Interior and PHSA (r=1), followed by the North (r=3), Island (r=15), and Vancouver (r=19). The MOH has r=0 because there were no researchers.

This ratio represents the balance between researcher and decision maker attendees at the event. While it is not a direct measure of engagement activities, it can be used as a proxy. For example, the large ratio in Vancouver tells us the Unit is doing well re: researcher engagement but has much work to do to in terms of engaging decision makers in the Vancouver region. A small ratio in Interior (for example) suggests that even though overall numbers are small, there is engagement with decision makers and researchers.

Survey follow-up

A follow-up survey was sent to n=100 attendees one week after the symposium. People associated with the SUPPORT Unit were not surveyed about their experience, instead the goal was to elicit information from attendees and presenters. Of the 100 surveyed there were a total of n=18 responses (18% response rate). This is in line with general expectations for online surveys.

Stakeholder	Surveyed n (%)	Responded n (%)	Response rate
Researcher	75 (75)	13 (72)	17
Decision maker	22 (22)	3 (17)	14
Patient	2 (2)	0 (0)	0
Unknown	1 (1)	2 (11)	200

The data shows researchers comprised 75% of all those surveyed and 72% of all responses (a Δ=+3 points). This suggests researcher responses were slightly more prevalent than the sample size, suggesting a slight over-representation in the survey data. Conversely, the data shows decision makers accounted for 22% of those surveyed but only 17% of responders (Δ=-5 points), indicating they are under-represented in the survey data.

The response rate is defined for each stakeholder group as the ratio of responded/surveyed. The data shows only 17% of researchers and 14% of decision makers completed the survey.

Those identifying as none of the above groups have been labelled Unknown. Their sample size is small, but their responses are extremely over-represented in the data. It is unclear why they were at the symposium given the clear target groups.

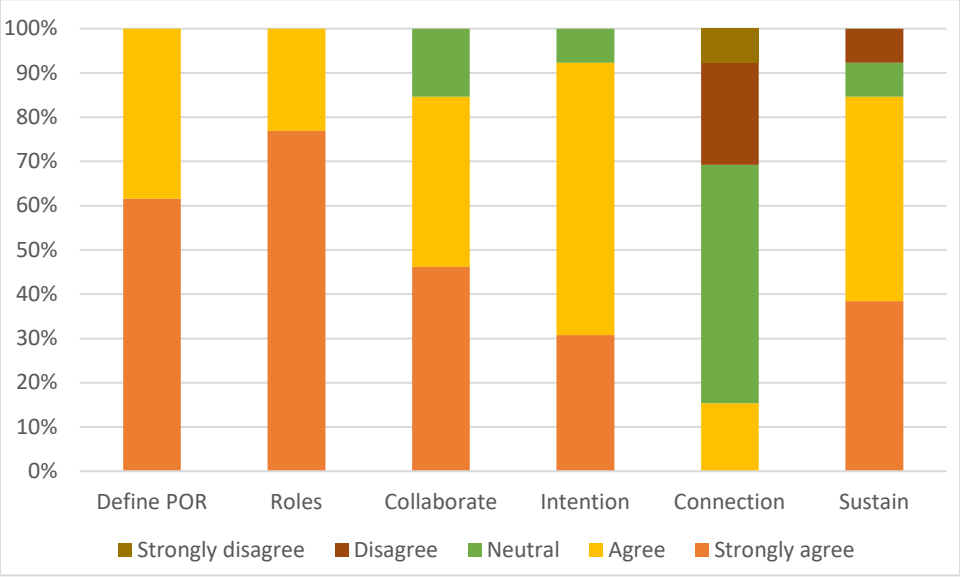
Symposium outcomes

Symposium outcomes were defined for both researchers and decision-makers. The outcomes for researchers are listed below together with their short-code terms (in square brackets). The outcomes are a mix of learning outcomes, networking reflections, and intention outcomes.

- I can define POR and articulate research objectives consistent with POR [Define POR]

- I understand how the researchers' role and thinking has changed in POR [Roles]
- I understand how to work collaboratively to ensure decision-makers are integrated into the research team [Collaborate]
- I intend to use mechanism in place for collaboration in BC [Intention]
- I made new connections with decision-makers [Connection]
- I intend to develop and maintain connections with decision-makers [Sustain]

Researchers (n=13) were asked to indicate their agreement with each objective using a five-point Likert scale (strongly agree to strongly disagree). The distribution of responses is shown in Figure 1.



An alternative formalism to present the data is the S-score (S) which is a scalar quantity defined by the (weighted) different between positive and non-positive responses. The S-scores for each outcome are:

- Define POR (S=100)
- Roles (S=100)
- Collaborate (S=69)
- Intention (S=85)
- Connection (S=-69)
- Sustain (S=69)

The S-scores and the figure tell the same story. There was strong agreement with the first two objectives being met (S=100), and high levels of agreement with Intention (S=85). There were positive but mixed agreement with Collaborate and Sustain (S=69), but negative (mixed) agreement with Connection (S=-69).

Given the symposium was purely virtual and therefore more rigid in structure, there was not the same opportunity for networking as there would be in a face-to-face setting. This may explain the mixed responses to this outcome.

The other outcomes all appear to be met, which suggests researchers felt they learned more about POR and indicated (strongly) their intent to continue collaboration in future.

The outcomes for decision-makers (n=3) are similarly defined and are listed below:

- I understand the definition of POR [Define POR]
- I know where to find more information about POR to inform future policy development [Info]
- I understand how POR can inform policy decisions [Policy]
- I understand the role of the decision/policy-maker as an integral component of POR [Role]
- I intend to use mechanics in place for collaboration in BC [Intention]
- I made new connections with researchers [Connection]
- I intend to develop and maintain connections with researchers [Sustain]

Given the small sample size, response analysis is not particularly useful but for completeness the S-scores for each outcome are:

- Define POR (S=100)
- Info (S=100)
- Policy (S=100)
- Role (S=100)
- Intention (S=100)
- Connection (S=-100)
- Sustain (S=33)

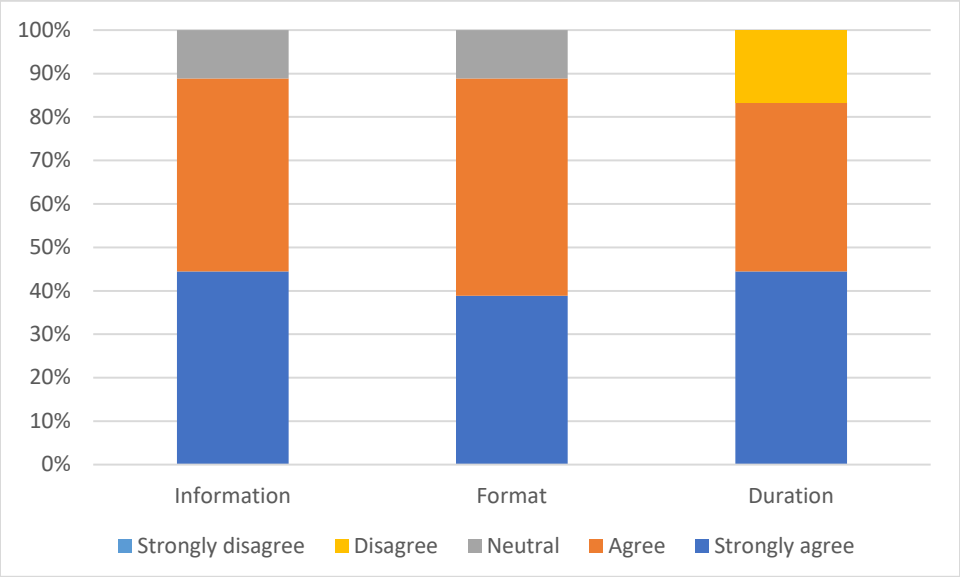
Responses were indicated of strong agreement with outcomes with the exception of Connection (Strong disagreement) and Sustain (mixed response). The format of the symposium may have impacted the responses for Connection in the same way as it did for researchers, but the surprising mixed response to Sustain would benefit from further analysis.

Logistics

All responders (n=18) were asked for their perceptions of the event through three further Likert scale statements, listed below.

- I had adequate information about the purpose of the symposium [Information]
- The symposium format was effective [Format]
- The length of the symposium was appropriate [Duration]

The data is shown in Figure 2 below as a percentage of all responders (n=18). There were high levels of satisfaction with both Information and Format, with a slightly mixed response to Duration.



In terms of S-scores we find: Information (S=78), Format (S=78), and Duration (S=67) which confirms the above statement.

We use this to examine the researcher perspective (a subset of this data) which yields: Information (S=69), Format (S=85), and Duration (S=54). All scores are relatively high although the final one is more mixed.

From this we learn that researchers scored Information and Duration lower than the other responders (S=69 vs S=100) and (S=54 vs S=100), and they scored Format higher than other responders (S=85 vs S=60). The overall S-score for duration was weighted lower by the researcher cohort since other responders (including decision makers) were highly satisfied with the duration. Unfortunately, it's unclear from this data whether researchers felt the symposium was too long, or too short.

Interestingly, researchers scored Format much higher than other responders, suggesting they were more satisfied. However, researchers also gave a very mixed negative response (S=-69) to the Connection outcome, which we initially ascribed to the symposium format. Taken together, the data suggests researchers were *generally happy about the format* but indicated *they did not make new connections with decision-makers*. This may suggest invited researchers had pre-existing connections with the invited decision-makers i.e., they had already met/worked with them. Thus, rather than creating new relationships, this event may have served to solidify existing relationships.

One further question in this section asked if responders would participate in future opportunities, with 100% reporting they would.

Qualitative responses

The final section of the survey asked for qualitative responses to several questions, listed below:

- How could the Unit facilitate future collaboration between researchers and decision/policy makers?
- How could the Unit incentivize researchers and decision/policy makers to support POR in BC?

- What other POR training or capacity development activities/topics could benefit you in your role?
- Please provide any other comments you have about your experience at the symposium

Future collaboration

Responses were reviewed and their text/content used to generate emergent codes. However, most of the responses identified the need for more events, particularly in-person to improve networking, as shown below.

- More sessions (33%)
- Null (19%)
- More networking/engagement (14%)
- Better understanding of decision making (10%)
- Online challenges (10%)
- Provide more concrete steps (5%)
- Create decision maker list (5%)
- Out of scope (5%)

While hosting more events is certainly possible, and creating new opportunities for networking is always desirable, these events do not necessarily lead to anything. A few responses provided concrete examples of assets the Unit could create to further encourage future collaboration such as identifying a list of decision makers keen to collaborate in research. Another suggested asset was decision maker priorities, which could be maintained and made visible by the Unit.

The full list of responses can be found here:

- *continue organizing sessions like this symposium, that get decision-makers, patient/family partners and researchers in one "room" (of course, it would/will be much better when we can actually be in a room together again. Virtual conferences do not lend themselves to networking...*
- *I thought this was an excellent session and was impressed to see so many policymakers present. The only challenge was the online format does not allow for informal interactions. I'm still too afraid to approach anyone I met since they will have no idea who I am. Can't wait until the day we can be back in person and I hope you run this again!*
- *host virtual cafes or symposium with policymakers and allow for more networking/ knowledge dissemination time.*
- *I think it would be helpful if decision-makers created documents indicating what information and evidence they are lacking*
- *This symposium was a great experience. The Unit has amazing talent to engage people, perhaps you could organize something similar to a hackathon, but adapted to connect research interests with research users, decision makers, policy makers, and patients needs*
- *researchers and decision/policy-makers discussed many gaps, but now what? will these items be actioned? if yes, what are the next steps? This may lie outside the SUPPORT Units mandate.*
- *The SUPPORT Unit can hire a "broker " who will be the go to person and maintains a list of decision/makers willing to participate in research as team members.*

- *Matchmaking event(s) between researchers and decision/policy-makers. Smaller topic specific events involving relevant researchers and decision/policy-makers.*
- *Find ways to bring researchers and decision makers together to work together on meaningful things. Collaboration requires relationships and relationships require actually getting to know each other more deeply.*
- *Inviting few interested front line workers (with decision/policy maker collaboration) might also help, as they could provide insight and observations into what patients want/need.*
- *Ongoing meetings (I realize how ridiculous that sounds when everyone is stretched for time) but perhaps an annual meeting using the same format as this meeting - a chance to update on new information, 'meet' other like-minded individuals in other capacities (i.e decision-makers, researchers, etc.)*
- *maybe targetting bringing certain individuals together around particular issues: e.g., re-imagining LTC, reducing social isolation, etc.*
- *more events that offer the ability for networking and intermingling of researchers and decision/policy makers incubators or group sessions for research development to ensure research is meeting needs of decision/policy makers, etc. collaboration on research.*
- *I think there could be a more in depth look at how 'decision makers' actually make decisions, what kind of 'evidence' is typically utilized in 'evidence-based decision making', and more of a focus on the structural (rather than individual) level relationships / partnerships that enable (or constrain) research*

Incentivization

Responses were coded and their frequencies are presented below:

- Funding 43%
    - Includes specific requests for research funding and provision of buy-out time
- Null response 24%
- Capacity building 10%
- System change 10%
- Build tool 10%
- Other 5%

Training

55% of responses were null or not sure, while the remining responses are listed below:

- *End of grant kt*
- *maybe publishing or presenting with patient/family partners?*
- *more conferences, workshops, health policy rounds and KTE sessions creating a community of practice around shared topics of interest in POR - e.g. presenting examples of best practices for spread and scale across the province.*
- *A one glance, introductory pathway to help decide what resources to prioritize.*
- *A workshop on Qualitative research methods that have been adapted to maximize engagement of participants.*

- *Great resource page. Knowing and being aware about the resources is great. I'm looking forward to exploring that*
- *I think exploring unique forms of knowledge mobilization when working with community partners would be highly valuable in my estimation.*

Other thoughts

Again, 55% of response were null. The remaining responses are listed below:

- *Keep up the good work, there is much to do!*
- *Great to connect and network with professionals!*
- *It was a very good symposium. Excellent speakers*
- *Thank you for organizing this event. Important topic and I really enjoyed the case example presentations at the end.*
- *Thanks!*
- *I really enjoyed this symposium - the panels, examples, etc. I really appreciated hearing the perspectives of decision-makers about the need to get their attention, have your research/requests stand out, and to be clear and concise on your 'asks' - this was the biggest take-away for me - common sense but one I hadn't considered from my perspective/language of researcher. Thanks very much for putting this on*
- *thank you for putting this together for us.*
- *We often ran out of time in the breakout sessions*

Discussion

A key challenge raised by researchers working in POR is the difficulty in connecting and collaborating with decision makers, who are facing different pressures and constraints that often prohibit them from engaging in research. However, engagement with decision makers is critical for POR to lead to changes in health care policy which ultimately improve health care services.

An online symposium is far from ideal but was the best that could be done given the current circumstances. The format and its potential impact on the collaborative process have been discussed in the main text, so will not be discussed here.

A key challenge facing researchers is the number of decision makers is low. Only 15% of registered attendees identified as decision makers, and they were not distributed homogenously around the province. The Unit understands that decision makers have jobs and mandates that often make it impossible to engage in research, and therefore needs to be more creative in how it engages this stakeholder group.

Researcher feedback raised two interesting points. Firstly, that they appeared to be happy with the format but less so about meeting new decision makers. As already mentioned, this may be because the researchers present were already familiar with the decision makers (a case of engaging the usual suspects). Engaging unfamiliar decision-makers remains a challenge, but there are potential resolutions below. The second point is that researchers (again) believe the Unit should simply exist to provide them with more funding (as evidenced in the qualitative remarks). While research funding is scarce in many

regards, the Unit's role is not to fund research but to help build POR capacity. The fact we continue to hear the same remark suggests the Unit is not communicating its objectives clearly enough and/or researchers are simply not listening and/or researchers want something the Unit can't provide.

For decision makers, the response size was small therefore it is difficult to extrapolate. However, the mixed response to the intent to Sustain is troubling. The survey did not probe this further and it may simply reflect an interpretation of the question from responders. However, following up on this would be beneficial to understand what about the question wasn't clear for responders, and whether there are other issues to explore.

Definitions

One possibility is to better define the term decision maker. The CIHR SPOR definition is policy maker, which was not adopted within BC. However, who exactly constitutes a decision maker is difficult to define. For this symposium it was taken to be a senior administrative person within a health entity. Examples include Assistant Deputy Ministers (ADM's) in the MOH, or Executives within the Health Authority i.e., those who have budgetary responsibility. However, there are few of these people and their time is extremely limited. It may be better to adopt a more adaptive definition to include people at lower levels within these entities, for example this could include senior policy analysts. Such staff likely have more capacity to engage researchers and other stakeholders, and can still provide a connection between research, research evidence, and policy portfolios.

Regional engagement

The ratio of researchers to decision makers was a crude proxy measure but highlights another area of consideration. While Interior and the North have lower overall numbers of researchers, they also were able to identify decision makers to attend the event. Other regions (Island, Vancouver, and Fraser) invited more researchers than decision makers, suggesting levels of engagement are not as strong in these areas. Vancouver in particular has a large concentration of decision makers of all types, and more focused engagement needs to be done with these stakeholders to bring them into the research discussion. The lack of any decision makers from Fraser is concerning, as is suggests decision makers were either not invited, or did not wish to attend, or had other conflicts.

MOH engagement

Engaging people at the MOH is likely an important area for many in the research community. However, there are few people who engage with researchers on projects. As the MOH has significant provincial responsibility for policy-setting, ensuring researchers and MOH staff have a good working relationship and strong ties is likely key to ensuring systemic evidence-informed policy changes. The AHSN may have a role to play here as a broker if the MOH is concerned about increased direct contact with the academic community. This also speaks to the definition point above, in that policy analysis within the MOH could probably be best positioned to play a decision maker role on research projects.