

FROM EVIDENCE TO ACTION
RESEARCH ACTIVITY REPORT
PHASE 2b: Rural and Northern Component

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FROM EVIDENCE TO ACTION RESEARCH COORDINATOR REPORT PHASE 2b: Rural and Northern Component

In December 2007, the project was split into two parts with Dr. Sarah Bowen responsible for the WRHA Component and Dr. Pat Martens responsible for the Rural/northern Component. Each component operated separately to investigate alternate ways of supporting processes that would support evidence use and collaboratively develop strategies to promote the use of evidence.

KEY ACTIVITIES:

1. Decision Post Mortem Project

1.1. Objectives and planning process

The potential for this project was initially discussed during brain storming as part of the E2A evaluation at the November NTK meeting and was further developed in collaboration with the NTK at its February 2008 meeting. The objective was to conduct an in-depth look at the process of decision-making in regional health authorities in an attempt to learn whether common features existed that could be represented in a graphic model and used to draw attention to the role of evidence in decision-making for a particular organization. It was also hoped that the process would shed light on whether and where the previously developed tools were being used or could be used.

1.2. Methods

A document analysis of publicly available board meeting minutes and RHA websites was carried out to identify types of decisions that would qualify for the study and a list of criteria was developed to aid participants in selecting a decision. Semi structured group interviews were conducted with a total of 25 decision-makers from 7 provincial regional health authorities. An interview guide was used to structure the group interviews. (Appendix 1).

Interview participants were guided through a retrospective examination of the processes and people involved and the routes taken to arrive at the decision-hence a “post-mortem” was done on the decision.

1.3. Results

Information concerning the enablers barriers and types of evidence used decision-making was gathered. Similarities in the trajectories of the decisions studied were identified including a noted impact resulting from perceived potential threat to or loss of health authority resources. Two main roles for the use of evidence in RHA decision-making emerged; a facilitative role that enhances the organizational capacity to recognize and capitalize on opportunity and a targeted role for evaluating fit in terms of timing, costs and benefits.

1.4. Discussion

The identification of two main roles for the use of evidence in RHA decision-making indicates that more than one strategy may need to be considered to ensure that all necessary evidence is available for this process. The impact of potential loss of

resources on the priority for and speed of decision-making suggests that Conservation of Resources Theory (COR) – a theoretical basis for understanding the capacity to use research evidence in health systems (Alvaro et al. In review; Hobfoll and Lilly 1993) may be useful for further study to gain a better understanding of the mechanisms that influence decision-making at the RHA level. COR theory depicts resource loss as disproportionately weighted compared to resource gain.

2. Board Education Project

2.1. Objectives and planning process

Similar to the previous project, the potential for this project came out of analysis of NTK evaluative interviews and was initially discussed during brain storming as part of the E2A evaluation at the November NTK meeting and further explored at the February 2008 meeting. In May of 2008, a plan to incorporate this project into a Western Regional Training Centre for Health Services Research field placement; jointly supervised by Lorraine Dacombe Dewar of the Manitoba Health Department Accountability Support Branch and Dr. Pat Martens was approved and the project was given further approval.

At the NTK meeting in June 2008, the following objectives were approved:

- Identify individual and organizational barriers to EIDM by RHA boards from the perspective of RHA board members
- Develop a list of learning priorities and preferred learning methods with the assistance of board members
- Conduct onsite pilot tests of educational materials
- Create and deliver an education module in the form of a PowerPoint presentation and workbook to be used by RHA boards to increase their knowledge of EIDM and apply this to develop and modify board policies related to facilitating EIDM within their RHAs

2.2. Methods

An interview guide was developed in consultation with staff of the Accountability Support Unit and was vetted by Randy Lock of the Regional Health Authorities of Manitoba. (Appendix 2). Semi structured interviews were conducted with 21 Board members and 3 CEOs from seven rural and northern health authorities.

2.3. Results

Board members are aware that the appetite or need for evidence is increasing and that more sources of evidence are becoming available to them. Many of the examples of useful evidence given were quantitative (numbers and statistics, especially via the Community Health Assessments) but the importance of “personal” stories and understanding the meaning behind the numbers was often stressed. Board members were conscious that evidence needs to be tested, interpreted and weighed...not always accepted at face value. There was recognition that evidence was not always sufficient or of high enough quality to make a decision and that the ethical and moral implications were sometimes more important to consider than the direction that the concrete and objective evidence appeared to be pointing towards.

2.4. Discussion

Building on the information collected in the interviews, the Board Education Module on Evidence Informed Decision Making will focus on five basic questions;

- What is evidence and why is it important?
- How can evidence be evaluated and measured?
- Knowledge management or why is it so hard to overcome barriers to using evidence?
- How does evidence impact decision making processes?
- How does evidence informed decision making fit within Board Governance?

The final product will follow advice given regarding using plain language and considering the principles of adult learning in the design of the educational materials. References will include both scientific peer reviewed articles and examples from popular reading lists. As much as possible, internet resources will be provided so that interested Board members can follow up with topics of particular interest to them.

3. Library Membership Project

3.1. Objectives and planning process

Arising from evaluative interview comments about the lack of availability of timely sources of evidence, the From Evidence to Action project staff entered into a partnership with Neil John McLean Health Library staff to trial a membership with NTK team representatives in return for their participation in data collection regarding their utilization of these library services. The trial period began in June of 2007 and ended in the fall of 2008.

3.2. Methods

A total of 25 new library memberships were issued for this project and participants were given worksheets to record activity related to the use of library services.

3.3. Results

Evaluative interviews were conducted in July and August of 2008. The report is in Appendix 3. The most popular service that the NJM membership provided was the ability to download full text articles.

Users felt that access allowed them a greater freedom and confidence in using evidence to support work activities such as those necessary for regional program planning and review.

Although some users did not feel that the time period of the trial allowed them to utilize the resource to the degree that they feel they would if it were available on a longer term, they valued the access highly.

Several users commented that they were limited by their own ability to search and use the access, indicating that more thorough training and support in developing these skills should be considered a necessary adjunct to the provision of library memberships.

3.4. Discussion

In the fall of 2008, the Regional Health Authorities of Manitoba successfully negotiated with the Neil John McLean Health Library to contract services for all regional health authority employees. Winnipeg, Brandon and Burntwood were excluded from this agreement because of other library service arrangements. While it is not clear that the From Evidence to Action project played a part in this negotiation, the decision was very much appreciated by the NTK members. In response to concerns about lack of adequate training, the From Evidence to Action Research Coordinator assisted in the design and organization of a special workshop for the provincial Community Health Assessment Network members (broader membership than the NTK) to help prepare them to use the new resource in planning related to the next CHA in their regions.

4. NTK Presentations and Advisory Committee meetings

NTK team members were given progress updates at the February, June, and November 2008 meetings and feedback and recommendations were incorporated into all project activities. In February 2009, preliminary results of the final evaluative interviews were presented and discussed.

5. Final Toolkit Evaluation Interview December08/Jan09

Telephone interviews were conducted with 16 NTK members in December 2008 and January 2009 to discuss the current state of toolkit utilization and the E2A project in general. A set of questions and list of tools was emailed in advance (Appendix 4).

5.1. Toolkit

Tool utilization remained low with almost all tools being rated below “3/5” in terms of their rate of use. The Briefing Note template tool was the most used of the tools.

In this final analysis, the barriers to tool use remained similar and included: time to implement, relevance, academic and not practical, not sufficiently customized to meet local need. Suggestions for improvement included practical examples and assistance to customize.

5.2. General feedback about the project

All participants felt that there had been changes in the use and appreciation for evidence in their regions since the project started but several were unable to attribute the changes directly to the From Evidence to Action project itself. Many felt that the project helped raise awareness and provided a common language that aided discussions on the topic of using evidence in decision-making. Some participants felt that the project and tools helped shape attitudes and expectations regarding the use of evidence in decision-making.

Most participants said that they planned to continue using the tools, especially for orientation of new staff. There were some plans to work on modifying the tools to make them more relevant and customized for particular teams and processes within their region. The process of conducting the final review inspired some ideas for new uses.

Some discussion about organizational culture creating a barrier (in terms of trust) and associated difficulty adopting tools that were not “homemade” and therefore not entirely relevant to the local context.

APPENDICES

Appendix 1: Decision Post Mortem Interview Focus Group Interview Guide

Appendix 2: RHA Board Member Interview Guide

Appendix 3: Library Services Project Report

Appendix 4: Final Toolkit Evaluation Interview Guide and Results

INTERVIEW GUIDE: DECISION POST MORTEM

Questions for RHA interviewees

1. What was the problem that the Decision intended to solve? (detailed, specific description)
 - a. Perceived consequences, numbers affected degree of threat and or opportunities lost?
2. When was the problem first described/communicated?
 - a. Week or Month?
 - b. Method of communication: e.g. memo, face to face, routine or special report, other
3. Who first identified the problem?
 - a. Where did the problem originate? What department/unit/site?
 - b. How was it discovered?
4. How did the priority for solution of this problem evolve?
 - a. Was it consistently high priority?
 - b. Were there any events that made solving it more urgent?
5. Were any other problems/solutions lowered in priority due to the need to work on this issue?
6. Which meetings/committees/teams discussed the problem and solutions?
 - a. Was it originally clear who should be involved in discussion and making the Decision?
 - i. If not, please describe.
 - b. Was it on the meeting agenda/s?
 - c. Was it discussed on more than one occasion?
 - d. Who (teams/units/programs) was involved in the decision making process including providing evidence to the decision makers?
 - e. What was the date the Decision was finalized?
 - i. How long did it take to make the final decision?
7. Were any other solutions considered?
 - a. Please describe.
8. Were all important strategies and outcomes included in the discussion?
 - a. What evidence was considered?
 - b. Was an explicit process used to identify, select and combine the evidence into probabilities?
 - c. Was the potential impact of any uncertainty in the evidence determined?
 - i. Describe

9. What were the major threats/impediments to implementing the solution?
 - a. Was significant budget redirection necessary?
 - b. Did the solution require access to specialized/scarce resources?
 - c. Was additional/external approval/funding required?
 - d. Was there a perception of threat to other stakeholder groups/issues?
10. What are the outcomes of the decision?
 - a. Has the original problem been solved?
 - i. If not, what process was used to follow up?
 - ii. Were there any unintended consequences?
 - b. How has the decision been evaluated?

Appendix 2: RHA Board Member Interview Guide

**INTERVIEW GUIDE FOR RHA BOARD MEMBERS
E2A Board Education Project**

QUESTIONS	PROMPTS (used to clarify or encourage a more detailed response)
<i>Concerning EIDM</i>	
1. What does the term “evidence-informed decision-making” (EIDM) mean to you?	What do you think of when you hear the term?
2. How have your ideas about EIDM changed during your time as Board member?	What is responsible for the change? What did you know about the From Evidence to Action project before this interview?
3. What would you like most to learn or know about EIDM now?	What do you wish you knew more about concerning EIDM? How would you like your knowledge or understanding of EIDM to be increased?
4. How could EIDM improve Board decisions?	What types of decisions or processes could be improved with a better use of EIDM?
5. From your experience, what processes does your RHA have for using evidence to inform decision making?	How can one tell that EIDM is occurring in your region?
6. What should the Board do to facilitate EIDM in other RHA decision-making?	What is the Board’s role? What are the limitations or barriers that prevent the Board from helping to intensify EIDM in your region?
<i>Concerning Board Education</i>	
7. What formats or methods for receiving board member education have you participated in?	<ul style="list-style-type: none"> a. Presentations: regional or provincial b. Reading/independent study c. Attending conferences d. Discussion groups: internet or in person e. Courses: internet or in person f. Other?
8. How relevant and appropriate is the Board education that you have received?	Can you describe an education session that you were most satisfied with? What sticks with you the most? How good a fit have the topics been for you? Are there any particular topics that you would like to see addressed? How satisfied are you with the timing and length of the education you have received?
9. What do you feel is the most effective way for you to receive education concerning Board matters?	What is best in terms of method, timing and length? Using EIDM as an example, what is the best way for you to receive education?
10. In your opinion, what is the largest barrier to effective Board education?	What prevents good education from being provided? What methods are less or not effective?

Appendix 3: Library Services Project Report

FROM EVIDENCE TO ACTION LIBRARY SERVICES PROJECT FINAL REPORT

BACKGROUND

In June 2007, with the approval of Ada Ducas, Head of the Neil John Maclean Health Sciences Library, and Carolynne Presser, Director of the University of Manitoba Libraries, the Neil John McLean Health Library entered into a collaborative project with researchers in the *From Evidence to Action* Project in order to assess the usefulness of trial library memberships in accessing evidence for decision making by Need to Know (NTK) Team members.

Under the leadership of Tania Gottschalk, Outreach and WRHA Librarian, temporary memberships were created, and NTK members received packages containing instructions for setting up their membership accounts, a handout describing how to access and utilize NJM resources (*A Guide to Searching for Evidence-Based Information in the Health Sciences Literature: A Handout for From Evidence to Action Participants*) as well as several other materials describing NJM services.

A blog entitled *Evidence to Action - Library Tools and Resources* was established to provide a record of frequent answers to user questions, a forum for communication and to provide a permanent reminder of instructions for common tasks such as how to request a search or reset PIN numbers (<http://evidencetoaction.blogspot.com>).

Tania Gottschalk also gave the NTK team trial members a brief presentation at the November 2007 meeting and answered questions arising from experiences up to that date.

BY THE NUMBERS

During the first twelve months that NTK members held the trial library memberships, they report downloading full text articles on 67 occasions and conducting database searches independently 62 times. Less frequently used services included catalogue searches (20) and requests for literature searches (11). There were very few requests for document delivery (3).

Usage patterns varied but most trial members accessed the service at least once per month and some accessed as much as one or more times per week.

Ratings of the experience ranged from 1 (high/good) to 3 on a 5 point scale with less satisfactory experiences generally attributed to inadequate user skills for searching and or locating relevant materials.

REASONS FOR USING

Trial members searched for evidence on a variety of topics related to general organizational and human resource planning as well as clinical program planning, program evaluation/best practice, and some basic clinical topics. They also looked for information on methods to collect and use evidence themselves e.g. qualitative methods/analysis and community consultation techniques.

IMPACT ON GATHERING EVIDENCE

Trial members were extremely happy with being able to locate and download full text articles independently, citing the value of timely access to high quality published materials and increasing their willingness and ability to utilize evidence in routine activities.

“This access made gathering evidence an integral part of my job.”

BARRIERS ENCOUNTERED

The majority of users did not encounter any barriers. Those who did felt that the barriers were related to their own lack of skills and experience in searching as well as lack of opportunity to make use of the full menu of services available through the trial membership.

“...my limited knowledge and experience of key words and learning the various database formats and search strategies.”

EFFECT ON NORMAL WORK ACTIVITIES

In general, trial members felt that their work activities were enhanced. The memberships helped them to not only find relevant, detailed evidence but also to save time that they could direct into other activities such as interpreting and applying the evidence.

“Without access to the Library Services, I would have spent days trying to search the web for articles and information, and it would have been a very inefficient use of my time...as at the end of my efforts, I would still not have any confidence that I had managed to access the information that I was seeking.”

“The access allowed me to provide much more detailed evidence supporting Health Plan submissions, proposals and briefing notes.”

On the negative side, users also reported that as the result of their access they were on occasion, requested to assist others to locate evidence, thus increasing their workload.

SUMMARY

The most popular service that the NJM membership provided was the ability to download full text articles.

Users felt that access allowed them a greater freedom and confidence in using evidence to support work activities such as those necessary for regional program planning and review.

Although some users did not feel that the time period of the trial allowed them to utilize the resource to the degree that they feel they would if it were available on a longer term, they valued the access highly.

Several users commented that they were limited by their own ability to search and use the access, indicating that more thorough training and support in developing these skills should be considered a necessary adjunct to the provision of library memberships.

“I believe that access to the library services is essential to any professional role.”

“Please continue to provide rural regions with this opportunity.”

“I really wish I had the “thinking and planning” time to access the library more as it is a valuable resource.”

“Thanks very much to those that made this possible. I very much hope that this project will continue, or better yet, that library access becomes an expected part of our work.”



Appendix 4: Final Toolkit Evaluation Interview Guide and Results

From Evidence to Action
 NTK MEMBER TELEPHONE INTERVIEW
 Final Evaluation
 December 2008

PURPOSE:

Obtain a final update on tool implementation and feedback on the E2A project in general.

QUESTIONS FOR INTERVIEW:

(Pre-contact each and arrange a time for 20 to 30 minute interview).

For each of the 9 E2A tools:

1. Within your organization, who uses/d the tool? (department, unit, position/title)
2. On a scale of 1-5, how often has the tool been used since it was introduced in your region (5=very frequently, 1=almost never or never)
3. Has the tool been meeting a need or doing what it was intended/hoped for?
4. What has been the largest barrier to use?
5. What would make the tool more useful/used?

E2A project in general:

6. Have you felt that E2A has resulted in any change in your region? If so, what has changed with regard to evidence informed decision making as the result of the E2A project in your region?
7. Are there any future plans for E2A tools? If so, what are the future plans for E2A tools and materials in your region?
8. Is there another tool/process that might have been useful in your region?

E2A TOOLKIT ITEM	Type of Tool
What is Evidence?	E2A Info Sheet
Using Evidence In Your Work	E2A PowerPoint
A Guide to Searching for Evidence-Based Information in the Health Sciences Literature	NJL/E2A Handout from Tania
How do I know if the evidence is good enough? (Rating the quality of evidence: Adapted from CIHR Website)	E2A Worksheet
Evidence Informed Briefing Note Guidelines	E2A Template & guidelines
Decision Making Checklist	E2A Checklist
Barriers and Strategies to EIDM	E2A Info Sheet
Learning organizations (http://www.scie.org.uk/publications/learningorgs/index.asp)	Recommended Self - Assessment Resource pack from Social Care Institute for Excellence
How will I know when I am using evidence? (CHSRF Is Research Working for you? Tool) (http://www.chsrf.ca/other_documents/working_e.php)	Recommended CHSRF Self-Assessment Tool

NTK FINAL EVALUATION INTERVIEWS: RESPONSES TO QUESTIONS 1-5

E2A TOOLKIT ITEM	<i>Who uses it?</i>	<i>Frequency of use (1-5)</i>	<i>Meeting a need/intent?</i>	<i>Barrier/s to use?</i>	<i>Suggestion/s to improve usability?</i>
What is Evidence?	Used more when first developed but not as much since. Distributed to senior managers, presented to EMC, given to new Board members, portions used in preparing presentations for staff orientation. Format used as a template in development of other regional fact sheets.	1.92	Mixed response. More strongly seen as meeting a need when first developed but not as relevant now.	Time to implement and follow up. Some concerns about relevance because it does not include or naturally connect to next steps.	Mainly "no". Some felt that it needs to be customized.
Using Evidence In Your Work	Primarily used by NTK reps who use portions for different audiences	1.93	Not really...mixed response.	Too theoretical. Not enough time to get on agenda.	Plain language, practical examples
A Guide to Searching for Evidence-Based Information in the Health Sciences Literature	Mainly NTK reps because no other regional staff had library access.	2.0	Not really...more time needed to familiarize self with library skills.	Time, lack of library access for all staff, insufficient library skills.	More training...revisions to take new circumstances into account. (New RHA /NJM membership agreement)
How do I know if the evidence is good enough? (Rating the quality of evidence: Adapted from CIHR Website)	Sent out but no info on use.	1.0	No.	Too academic, no demand.	More detail re how to customize for each RHA
Evidence Informed Briefing Note Guidelines	Senior managers, EMC, widely used.	3.3	Yes. Helps structure thoughts and highlights info gaps that need to be filled.	Need regional policy to require consistent use. Some find it too detailed.	Web access, electronic fill in form. Streamline to customize for users.
Decision Making Checklist	Shared with senior managers but little info on use.	1.25	No, some benefit noted re looking at decision making process itself.	No time, not relevant/customized.	No
Barriers and Strategies to EIDM	Not widely distributed. Mainly used by NTK reps.	1.63	No or little.	Time, customization, regional point person needs to be assigned.	Practical examples, link to a flow up plan.
Learning organizations	NTK rep reviewed, not shared/distributed.	1.0	No	Not enough time, not relevant.	No.
How will I know when I am using evidence? (CHSRF Is Research Working for you? Tool)	Explored by executive management in some regions.	1.0	Not yet. Potential seen for use in future.	Not enough time, not sufficiently relevant.	None.