SWAHN SouthWestern Academic Health Network

SWAHN Conference 2018:
Translating Research Into Practice

Friday, October 12, 2018

Parkwood Institute
St. Joseph's Health Care London
London, Ontario

Conference Proceedings

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OVERVIEW:

The SouthWestern Academic Health Network (SWAHN) engages health care, academic, research, and community organizations in the South West and Erie St. Clair Local Health Integration Network regions, as well as the School of Pharmacy at the University of Waterloo (located within the Waterloo-Wellington Local Health Integration Network region). Together, these organizations work towards fulfilling SWAHN's vision to transform health in Southwestern Ontario through integrated excellence in research, education, and clinical practice. SWAHN's mission is to improve population health and to become a national leader in health care, education, and research.

In 2017, SWAHN's Network Contributors' Roundtable (NCR) was created and its organizational structure was revised to better support advancement and growth. The updated structure is based on the tenets of SWAHN's value proposition that highlights interprofessional collaboration, networking, and knowledge sharing. The NCR includes representation from the leadership of each of SWAHN's 19 financial contributors, ensuring that each one has an opportunity to participate equally in priority setting and strategic planning.

In tandem with its value proposition, SWAHN's Conference on October 12, 2018 was designed to provide an opportunity for SWAHN's contributors, volunteers, and other stakeholders to participate in knowledge sharing and networking around the theme of translating research into practice. This full-day event began with a keynote presentation by Dr. Janet Martin, Associate Professor, Anesthesia & Perioperative Medicine; Epidemiology & Biostatistics; Director, MEDICI Centre, Schulich School of Medicine & Dentistry, Western University, focused on "*The Science Behind Implementation Science."*

Other presentations included overviews of regional projects and also highlighted two SWAHN projects, one in the area of nutrition research and one in the area of knowledge translation related to the reduced prescribing of opioids at hospital discharge for acute pain management. These slide-deck presentations can be found on SWAHN's website: http://www.swahn.ca/41/Resources/

As a result of the conference, participants noted that:

- They enhanced their understanding of "implementation science" and its value in using evidence to improve clinical practice. (Participants collectively rated the conference as an effective learning experience with a Likert score of 4.6 out of 5.)
- The SWAHN region has a vast network of local individuals who are conducting research and who have expertise in the area of knowledge translation. We have great resources locally that could/should be optimized.
- Implementation science can engage collaborative Interprofessional teams.

Following the conference, various themes were identified based on the discussions generated by the question and answer periods throughout the day as well as through the participant evaluation form responses:

- It is important to profile research activities and successes within the SWAHN region.
- There is value in collaboration and networking with respect to knowledge translation.
- Knowledge translation and implementation science are essential to impact health outcomes. We need to focus on the spread of evidence-informed practices to influence practice change.
- Those who are not typically engaged in formal research need to be engaged with academic researchers, e.g., various health care providers in hospitals or in the community setting, including front-line providers.
- Patient and family stakeholders should be engaged in research projects from the early planning stages.

CONFERENCE HIGHLIGHTS:

- SWAHN was pleased to hold its October 2018 conference at Parkwood Institute, St. Joseph's Health Care London.

- Conference objectives:
  - To engage SWAHN's contributors in knowledge sharing regarding implementation science
  - To provide an opportunity for SWAHN volunteers and stakeholders to network
  - To highlight SWAHN's recent activities and successes

- Dr. Kathryn Nicholson, a former SWAHN Committee member provided assistance in compiling this document. We thank Kathryn for her efforts to record the information shared by presenters.

- The conference engaged more than 60 attendees from 20 organizations/faculties/divisions across the SWAHN region.

- The conference was devoted to thematic presentations on translating research into practice.

- Slide-deck presentations from the conference can be found on SWAHN's website: http://www.swahn.ca/41/Resources/

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9:45 a.m. – 10:00a.m.	**REGISTRATION / NETWORKING**
10:00a.m. – 10:05a.m.	**Greetings / Conference Overview / Introduction of key note speaker** *Dr. Gillian Kernaghan, Co-Chair, SWAHN Network Contributors' Roundtable; President & CEO, St. Joseph's Health Care London*
10:05a.m. – 10:35a.m.	**Key note – Translating Research into Practice: The science behind implementation science.** *Dr. Janet Martin, Associate Professor, Anesthesia & Perioperative Medicine; Epidemiology & Biostatistics; Director, MEDICI Centre, Schulich School of Medicine & Dentistry, Western University*
10:35a.m. – 10:40a.m.	**Introduction of regional project #1** *Dr. Robin Walker, Co-Lead, SWAHN; Integrated Vice President, Medical Affairs & Medical Education, London Health Sciences Centre & St. Joseph's Health Care London*
10:40a.m. – 11:05a.m.	**Regional project #1 – The application of implementation science in the SWAHN region** *Dr. Shannon Sibbald, Assistant Professor, School of Health Studies, Western Health Sciences; Interfaculty Program in Public Health, Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University*
11:05a.m. – 11:15a.m.	**Audience Q&A** *Dr. Robin Walker*
11:15a.m. – 11:25a.m.	**BREAK**
11:25a.m. – 11:30a.m.	**Introduction of London Opioid Reduction Project & SWAHN Choosing Wisely Project Team** *Dr. Davy Cheng, Co-Lead, SWAHN; Acting Dean, Schulich School of Medicine & Dentistry, Western University*
11:30a.m. – 11:50a.m.	**Mindful Prescribing for Acute Pain - Creation of an Opioid Stewardship Council** *Dr. Brian Rotenberg, Associate Professor & Residency Program Director, Department of Otolaryngology, Head and Neck Surgery, Schulich School of Medicine & Dentistry, Western University; St. Joseph's Health Care London; Vice Chair, Medical Advisory Committee, St. Joseph's Health Care London* **SWAHN Choosing Wisely Project Team – Opioid Wisely** *Dr. Renato Pasqualucci, Co-Chair, SWAHN Choosing Wisely Project Team; Medical Director, Emergency, Bluewater Health*
11:50a.m. – 12:00p.m.	**Audience Q&A** *Dr. Davy Cheng*
12:00p.m. – 12:45p.m.	**LUNCH / NETWORKING**
12:45p.m. – 12:55p.m.	**SWAHN update and introduction of SWAHN Nutrition Research Project presentation** *Dr. Gillian Kernaghan*

12:55p.m. – 1:05p.m.	**Nutrition Project Team – Project Overview: Malnutrition & Frailty in Pre-Post Op Seniors** *Dr. Ava John-Baptiste, Health Economist, Anesthesia/Perioperative Medicine; Assistant Professor, Epidemiology/Biostatistics and Public Health, Schulich School of Medicine & Dentistry, Western University*
1:05p.m. – 1:10p.m	**Introduction of regional project #2** *Dr. Ken Blanchette, Co-Chair, SWAHN Network Contributors' Roundtable; Associate Vice President, Academic, St. Clair College*
1:10p.m. – 1:35p.m.	**Regional project #2 – The application of implementation science in the SWAHN region – Windsor Cancer Research Group / CURE Program, University of Windsor** *Dr. Lisa Porter, Professor, University of Windsor; Translational Research Director, Windsor Cancer Research Group/Porter Lab*
1:35p.m. – 1:45p.m.	**Audience Q&A** *Dr. Janet Martin*
1:45p.m. – 1:55p.m.	**BREAK**
1:55p.m. – 2:00p.m.	**Introduction of final presentation** *Dr. Davy Cheng*
2:00p.m. – 2:30p.m.	**Sustaining Innovative Practice Together: A Research to Practice (R2P) Approach** *Research to Practice (R2P) Team, Regional Rehabilitation Program, Parkwood Institute, St. Joseph's Health Care London*
2:30p.m.*	**CLOSING REMARKS –** *Please submit your completed evaluations!* *Dr. Ken Blanchette*

KEYNOTE – Translating Research into Practice: The Science Behind Implementation Science

Speaker: Dr. Janet Martin, Associate Professor, Anesthesia & Perioperative Medicine; Epidemiology & Biostatistics; Director, MEDICI Centre, Schulich School of Medicine & Dentistry, Western University

Dr. Janet Martin noted that many terms have been used to describe implementation science and knowledge translation, including knowledge mobilization, research translation, knowledge transfer and exchange and engaged scholarship. More specifically, knowledge translation can range from a synthesis of information (a fundamental unit of knowledge translation), exchange (a two-way sharing of knowledge between research producers and users), application (often referred to as implementation and putting research into practice, policy, or action), and dissemination (often referred to as end-of-grant knowledge translation, specifically, the communication or sharing of research results).

Knowledge translation has been adopted as the terminology used in Canada because translation of research is embedded into the mandate of the Canadian Institutes of Health Research (CIHR), in which the terms knowledge translation and knowledge-to-action are used interchangeably. Importantly, knowledge translation is a dynamic and interpretive process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services, and strengthen the health care system. As well, it must move beyond simple dissemination of knowledge into the actual use of knowledge. In fact, knowledge creation, knowledge distillation, and knowledge dissemination are not enough on their own to ensure the use of knowledge in decision-making. Ultimately, this is a process of getting the right information, to the right people, at the right time, and in the right format so as to influence decision-making. Indeed, we must share and use knowledge from research to ensure that it has an impact.

Implementation science is the study of factors that influence the full and effective use of innovation in practice. This requires effective innovations, effective implementations, and enabling contexts to achieve outcomes.

Implementation science is needed to ensure that breakthroughs have follow-throughs. For every dollar allocated to develop breakthrough treatments, only one cent is allocated to ensure that patients actually receive them. As a result, significant investments are wasted worldwide due to implementation failures. It has been reported that it takes 17 years to turn 14% of original research into the benefit of patient care. This is because of the successive “leaks” along the continuum between research breakthroughs and their adoption into clinical practice. This can result in a dilution of clinical benefit at each stage of knowledge translation and implementation. For example, if this leakage of effectiveness at successive stages is 20%, this would mean patients get only 20% of full potential benefit. On a related note, the research to practice continuum has specific valleys in which evidence can get lost before its application to health decisions and clinical practice.

There are theories and frameworks that can be used for knowledge translation and knowledge-to-action, which includes integrated knowledge translation, the research-to-action cycle, and knowledge translation platforms. For example, the CIHR research-to-action cycle can be used to identify the process and specific steps regarding how to move knowledge into action. There are also helpful toolkits, texts, and publications that can be accessed to assist with this process, including “Knowledge Translation in Health Care: Moving from Evidence to Practice” by Straus et al., “Knowledge Translation of Research Findings” by Grimshaw et al., “Implementation Research: What It Is and How To Do It” by Peters et al. and “Making Sense of Implementation Theories, Models and Frameworks” by Nilsen.

Knowledge translation must be effective in contextualizing the evidence in real world settings. Indeed, we must aim for the highest feasible evidence, as well as the balance of rigour and relevance. Using a pragmatic Plan-Do-Study-Act (PDSA) approach, the complexity of the real world data (challenges and opportunities) can be properly accounted for by teams. The continuum of quality improvement and research is not a dichotomy, but instead the goal is relevance moving as close to rigour as possible to encourage synergy.

Local cases of surgical technology implementation and de-implementation were presented by discussing investment and disinvestment. This work indicates that the implementation of investment decisions is far easier than implementation of disinvestment decisions. The difficulty of removing things from practice after they are introduced highlights the risk of premature knowledge translation. We need to better understand when the evidence is sufficient to support implementation in order to prevent premature knowledge translation, which results in wasted time and resources when ineffective interventions need to be removed from practice. A recent study conducted by Martin's team measured the reversibility and fragility of the evidence base. They found a highly 'fragile' evidence base, with a surprisingly high risk of evidence reversals (opposite conclusions from subsequent studies that reverse the conclusions of earlier studies). Therefore, it is important to be critical of the research that we are attempting to translate into clinical practice to prevent implementation of premature conclusions. This indicates the need to understand the skills and appropriate burden of proof required for appropriate knowledge translation and implementation science.

REGIONAL PROJECT #1 – Implementation Success

Speaker: Dr. Shannon Sibbald, Assistant Professor, School of Health Studies, Western Health Sciences; Interfaculty Program in Public Health, Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University

Dr. Shannon Sibbald presented three key problems related to implementation science that include a paradigm for academic success, the research-practice gap, and context-specific needs. In response, implementation science is a science, an art and an essential tool (much like medicine itself). Accordingly, implementation research requires interdisciplinary research teams that include members who are not routinely part of most clinical trials. It is important to focus on the process and its impact on the practice.

Successful implementation is a complex interaction among the evidence, the context, and the way the implementation process is facilitated. This can include a systematic and gradual approach, identification of risks, use of a theory-driven and participatory approach, and a sustained commitment from leadership.

"A Tale of Two Pilots" was presented, noting case studies in action. The objective of this work was to better understand the implementation process of locally-developed models. Two teams were chosen, one team that was newly forming and one team that was high performing. In both cases, the context and setting was in Southwestern Ontario, in which primary care is the hub of delivering integrated and patient-centered care.

A case study design is commonly used in implementation research as it is flexible and uses mixed methods. This approach is structured, but free of any pre-specified hypotheses. This study involved in-person focus groups with key stakeholders (including patients) with a trained moderator. An environmental scan and document analysis were used to create a rich understanding of the context and a triangulation of results. Conceptual mapping was used to identify mind maps and tacit knowledge. A sequential collection and analysis of data were used to generate rich and authentic descriptions.

Over 40 individuals (i.e., patients and providers) participated in either a focus group or interview. Several environmental scan and document analyses as well as conceptual mappings were also completed. This created key findings and insights about the two case studies based on the following factors:

Systematic and Gradual Approach:
A systematic and gradual approach was taken in both settings with respect to the fact that a plan can be designed, but it needs to be adaptive to the system and the broader context.

Identification of Risks:
Risks were identified in both cases with plans to mitigate these risks.

Theory Driven:
There was a difference between "theory planned" and "theory implemented" as this impacts the eventual success of a research implementation.

Participatory Approach:
Participatory planning and participatory implementation is needed for a multidisciplinary and purposeful approach, identifying the right people to plan and implement.

Sustainability:
Sustained and committed support is needed to ensure that leadership does not fall to one person/champion to manage the implementation.

Overall, each case appeared to meet the five factors described above, but one case experienced failed implementation and one case experienced successful implementation. The key learnings from this work was that implementation must be adaptive (networks can help by linking into an existing one or creating a new one, as well as connecting the right people), support beyond individuals (having buy-in and support from leaders is important, but it needs to be built into usual practice for more than the initial implementation team) and sustainability planning can predict implementation success (knowing, wanting, and planning for sustainability, scale, and spread).

Using the guidance of the Plan-Do-Study-Act cycle, the implementation plan is just one piece of the puzzle (Plan and Do), flexibility and contextualization are important and the right people can help (Adapt) and while it might not work, it is important to learn and share what went wrong and what was learned from this experience. Indeed, successful organizations understand the importance of implementation, not just strategy, and moreover, recognize the crucial role of their people in the process.

Audience Q&A

Discussion was focused on the following points:

- How can we advance pilot projects to an established practice if the project is feasible? Getting past pilot paralysis was encouraged as was the importance of sustainability, scalability, and "*spreadability*" of projects. The need to synthesize data for other stakeholders/funders including government and the health care system was also highlighted.

- It was suggested that a decentralized health care system lacks accountability across settings. Choosing Wisely Canada was highlighted as an example of enhanced accountability (and perhaps even indicates the importance of translating evidence into practice.

- How can we work together to make research more accessible to non-researchers so that wisdom and knowledge translation can be expanded beyond academia.

- Researchers and policy makers need to be at the same tables, learning from each other.

Mindful Prescribing for Acute Pain – Creation of an Opioid Stewardship Council

Speaker: Dr. Brian Rotenberg, Associate Professor & Residency Program Director, Department of Otolaryngology, Head and Neck Surgery, Schulich School of Medicine & Dentistry, Western University; St. Joseph's Health Care London; Vice Chair, Medical Advisory Committee, St. Joseph's Health Care London

Dr. Brian Rotenberg presented work focused on mindful prescribing of opioids specifically for acute pain. It is well-recognized that the Ontario opioid-related death rates have quadrupled over the past 25 years and nearly 1 in 5 of all new starts of opioids in Ontario exceed the maximum recommended dosage. About 1 in 9 new starts of opioids prescribed in Ontario by surgeons are for a supply of more than seven days, which is associated with approximately double the likelihood of continued use a year later. This increase in new prescriptions of opioids are also being observed within primary health care.

Importantly, there are five opioid truths that all clinicians need to know:

1. Patients may already be taking opioids when seen for a new health-related problem;
2. The number of tablets prescribed matters when it comes to potential for addiction or overdose;
3. Post-surgical pain is lessened with modern surgical and anesthetic techniques, therefore fewer opioids should be required post-surgery;
4. It will become the standard of care to educate patients about opioid risks and medication disposal;
5. Patients who request refills for acute pain may have an opioid use disorder.

Health Quality Ontario has released a quality statement on opioid therapies and there is a need to decrease the problem at the source through mindful prescribing and medication disposal. In response to this need, a Joint Medical Advisory Committee initiative was created in London known as the Opioid Stewardship Council. Established in November 2017, London's Opioid Stewardship Council, an ad-hoc committee (without a defined term), is comprised of the Chair, Co-leads of St. Joseph's Health Care London's Pharmacy and Therapeutics Committee, Co-leads of London Health Sciences Centre's Drugs and Therapeutics Committee, emergency and operating room nursing representation, designates from Information Technology/Clinical Informatics, representation from Medical Affairs, and a surgical resident.

The Opioid Stewardship Council* is focused on developing strategies to influence reduced opioid use specifically in acute pain management to:

- understand current opioid prescribing habits in acute pain settings by gathering data in regard to prescribing patterns;
- develop tools to educate prescribers about responsible use of opioids, WHO guidelines for pain and alternatives to opioid medication (including coordinating efforts with SWLHIN);
- create educational tools for patients about the benefits and risks of opioid prescriptions, other methods of pain management, and responsible disposal of unused tablets; and
- work with stakeholders and information technology to ensure adherence to Health Quality Ontario standards and best practice guidelines (i.e., through behavioural nudges, changes in defaults, and tamper-proof prescriptions).

(*Note: Chronic pain is not a focus of this group.)

Ultimately, the Opioid Stewardship Council will monitor provincially suggested quality indicators to measure success of the changes that are implemented. This baseline date will include rates of opioid related deaths in the London region; urgent hospital use (Emergency Department visits and admissions)

for primary diagnosis of an opioid disorder; prescribing patterns (number of prescriptions given and dispensed); and the overall number of tablets prescribed.

Through its work, the Council seeks to ensure that all prescribers: 1) complete the informed consent process (including risks, alternatives, safe storage and handouts); 2) screen those at a high risk of abuse (addiction, mental health and family history); 3) inquire about other high risk features (alcohol or benzo use, history of falls or dementia, sleep apnea and driving risks); 4) maximize non-opioid analgesics (setting reasonable expectations for pain control), 5) consult a prescription drug monitoring system, choosing low doses when possible; and 6) employ consistent standards across practice groups to ensure equitable care delivery across various settings.

In order to cultivate success, it will be important to add this item to staff meetings to start the discussion and to create a culture of awareness of the issue, to review prescribing practices for acute pain that ensure modern standards and guidelines are followed, to work with prescribers to identify practice gaps or educational needs and to collaborate on policy development that ensures a culture of safety, responsibility and accountability.

SWAHN Choosing Wisely Project Team – Opioid Wisely

Speaker: Dr. Renato Pasqualucci, Co-Chair, SWAHN Choosing Wisely Project Team; Medical Director, Emergency, Bluewater Health

Dr. Renato Pasqualucci presented SWAHN's Choosing Wisely Project Team's plan to work in corporation with Dr. Brian Rotenberg and the London Opioid Stewardship Council to spread the opioid reduction project across the SWAHN region, tying it to Choosing Wisely Canada's Opioid Wisely Campaign, where possible.

Lessons learned through the London project can inform the project spread around the region as the SWAHN Project Team helps to adapt and modify the model for implementation, for hospitals in the South West and Erie St. Clair Local Health Integration Network regions. The project will be evaluated using the Plan-Do-Study-Act approach.

In terms of next steps, it is important to assess what is needed to make this knowledge translation project relevant to organizations, to assess what is needed to successfully facilitate change, and to assess how this initiative could have long-term sustainability. Those who would like to get involved can contact Catherine Joyes, SWAHN Manager.

Audience Q&A

Discussion focused on the extent of the involvement of patients throughout the project and how to address the realities of changing access to specific drugs. Discussion also included how to design education/awareness strategies around changing prescribing patterns and behaviours, noting that there is a clear need to change the culture of current prescribers/staff as well as trainees). Communicating the need for change to medical students through updated curriculum was also noted.

SWAHN Nutrition Project Team – Project Overview: Malnutrition & Frailty in Pre/Post-Operative Seniors

Speaker: Dr. Ava John-Baptiste, Health Economist, Anesthesia/Perioperative Medicine; Assistant Professor, Epidemiology/Biostatistics and Public Health, Schulich School of Medicine & Dentistry, Western University

Dr. Ava John-Baptiste presented research projects that she is working on with others from SWAHN's Nutrition Project Team focusing on the study of malnutrition and frailty in pre- and post-operative seniors.

In order to optimize the geriatric surgical patient's experience, a perioperative assessment should include an assessment of cognitive/behavioural disorders, cardiac evaluation, pulmonary evaluation, functional/performance status, frailty and nutritional status, medication management, patient counselling and testing based on best practice guidelines.

Frailty is a complex clinical syndrome that has biological underpinnings. Frail older adults exist on a complex cycle in which an increased vulnerability to stressors, including poor nutrition, can result in further declines in strength and resiliency, lead to serious health issues, and increase the risk for extended acute care or end-of-life care. Frailty independently predicts adverse health outcomes like falls, disability, hospitalization, and mortality. Preliminary evidence also suggests that interventions such as perioperative frailty assessments, multidisciplinary care and pre-habilitation may improve outcomes.

Frailty measures can be categorized using multidimensional frailty indices (such as Fried phenotype and Edmonton Frail Scale), single-item performance measures (such as grip strength, chair rise and timed up and go), serum/biological markers (such as albumin), accumulated deficits measures (such as the Canadian Study of Health and Aging Frailty Index and administrative database algorithms), disability-based measures (such as the Clinical Frailty Scale and Activities of Daily Living) and a comprehensive geriatric assessment conducted by a geriatrician.

Malnutrition includes both the deficiency and excess (or imbalance) of energy, protein, and other nutrients. Undernutrition is the inadequate intake of energy, protein and nutrients that impacts body tissues, functional ability, and overall health. The prevalence of malnutrition in adults admitted to Canadian hospitals, who stay for more than two days, is 45%. Malnourished patients stay approximately three days longer in hospital than nourished patients. In 2012, this resulted in longer hospital length of stay costs of about $2,000 per malnourished patient.

The Integrated Nutrition Pathway for Acute Care was developed by the Canadian Malnutrition Task Force as part of their Acute Care Guidelines. Using this nutrition pathway, determination of a nutrition care plan is done by a registered dietitian. Hospital staff (from nursing unit and food/nutrition services) provide patient-focused mealtimes and treat food as medicine. National standard menu planning helps to promote quality, nutrient dense food meeting diverse nutritional and cultural needs. Hospital administrators, physicians, nurses and allied health professionals should integrate nutrition care as standard inter-professional practice.

Project development for SWAHN includes a retrospective data analysis and a prospective quality improvement study. The purpose of the retrospective study is to measure the prevalence of malnutrition and frailty in seniors (over 65 years of age) who were seen by the London Health Sciences Centre's pre-admission clinic in preparation for elective surgery. The analysis will also include an estimation of the degree to which malnutrition and frailty are associated with poor outcomes post-surgery.

The retrospective cohort analysis will be conducted using data from linked administrative and health care databases as well as a review of outcomes based on composite measures of in-hospital mortality, complications, admission to ICU, and cost. This database linkage will include six key sources: Surginet, Cerner, the hospital Discharge Abstract Database, Transfusion Laboratory Database and Case Cost Database.

A prospective study will focus on the potential to enhance the identification of malnutrition and frailty in older adults scheduled to undergo elective surgical procedures and provide evidence-based interventions to improve perioperative outcomes. Screens for malnutrition and frailty will be conducted using specific and validated approaches and tools. This pilot study will lay the groundwork for a multidisciplinary and collaborative intervention by dietitians, nursing, surgery, geriatrics, anaesthesia, social work and allied health with the goal of perioperative health optimization.

This study will provide resource materials on improved nutrition, increased protein intake, prescription of nutritional supplements, referrals to family physicians/community dietitians/family health team dietitians. The outcomes that will be explored will include knowledge/behaviour change, composite in-hospital outcomes, and hospital readmission.

Feedback is welcomed by SWAHN's research team around three key questions:

1. How do these plans for research link to existing or planned quality improvement initiatives?
2. How can the study design be improved?
3. What are the opportunities for collaboration on this and related initiatives?

REGIONAL PROJECT #2 –Windsor Cancer Research Group / CURE Program, University of Windsor

Speaker: Dr. Lisa Porter, Professor, University of Windsor, Translational Research Director, Windsor Cancer Research Group/Porter Lab

Dr. Lisa Porter presented information about the Windsor Cancer Research Group (WCRG). This organization facilitates cutting edge health care through research, creating a positive environment that provides hope, recruitment, and retention of health care professionals and novel training opportunities. Patients treated in institutions with an active clinical research program demonstrate improved health outcomes.

In 2009, it was noted that there was an unequivocal appetite for health research in Windsor-Essex, particularly in the area of cancer. This led to an assembly of regional cancer researchers at Windsor Regional Hospital and the University of Windsor. The WCRG was officially launched in 2012 supported by a united community keen to bridge cutting edge research with world-class cancer care.

The WCRG's strategic priorities include enhancing the quantity and quality of regional cancer research, increasing the acquisition and utilization of infrastructure, supporting training and professional development, and empowering the community through education and engagement. This also included the establishment of a Cancer Smart Community that translates and connects cancer research to empower the Windsor-Essex community. The Cancer Smart Community enriches health care culture by bringing together research teams and professional development, educating and supporting patients through their journey, and empowering the community through education. This also includes youth and student engagement through novel training programs with a focus on cancer research.

The professional development activities include a biennial cancer research conference that has attracted a total of 480 participants, 24 institutions, and 181 speakers and presenters over 3 conferences. To enhance collaboration, think tanks have been used to facilitate updates about grants and research opportunities through participant pitches for research ideas and small goal-oriented group discussions. A total of 11 think tanks have been organized with 33 presentations, 151 individuals (representing 5 hospitals, 8 universities/colleges and 6 industrial partners) and 75 active research collaborations.

To engage youth and trainees, activities involve graduate students, fellows, and Cancer Undergraduate Research Education (CURE) students. A total of 48 students have taken part in this unique training opportunity that includes training workshops, 14 outreach events and 15 educational tools. These trainees also learn about: cancer biology and cancer research, conducting ethical fundraising and outreach, communication skills, outreach, and how to move translation forward. The outcomes from this work have included the creation of a radio program and music video, a textbook on cancer education and outreach, and resources to better support cancer patients (through support programs, social medial and a children's book about cancer research).

To facilitate outreach, a total of 556 biannual community newsletters (that also profile researchers) have been distributed to 339 recipients, which are complemented by social media campaigns. This outreach has also been achieved through 14 annual events including researcher showcase, "Let's Talk Cancer," and cancer education days. There is also a "Researcher-for-a-Day" initiative that empowers children/youth and their families throughout their cancer journey, encouraging the development of children/youth research ambassadors. This event has resulted in regional and international media coverage. Finally, a community fundraising event called Cheers to Hope has included 140 attendees and recognizes "Ambassadors of Hope."

Dr. Porter shared feedback from two individuals engaged in the WCRG:

> *"I owe the WCRG a huge thank you for an invaluable experience and the opportunity to work with local physicians and researchers. Being part of this group has been incredibly rewarding and has undoubtedly enhanced my pursuit for a career in medicine."*
>
> *"The WCRG is a leader in our community. What sets them apart is their strong dedication to cancer research combined with a desire and willingness to collaborate with anyone interested in moving forward. So many organizations work in silos, not WCRG. They have built a strong base within our community and beyond. As a member of this community, a business owner and a cancer survivor I am proud of what they have accomplished thus far and can't wait to see what they are able to do in the future."*

Overall, Cancer Smart Community has invigorated the health research environment; created trustworthy and valued research and innovation; motivated the research community to tell their stories; and ensured that the community is informed and educated about the value of cancer research.

The WCRG is open to expanding its partnership potential in the Erie St. Clair region and beyond as it seeks opportunities for collaboration in its important work to tackle regional health care challenges.

Audience Q&A

Discussion on the last two speaker presentations was focused on the following points:

Regarding nutrition research:

- It was noted that expanding the focus of malnutrition and frailty beyond the preoperative setting and into the community setting would allow for knowledge exchange opportunities to take place in the primary health care system. This could be facilitated through the South West Frail Senior Strategy team. It is also important to understand the potential reasons for malnutrition in seniors to create a more holistic understanding of frailty.

Regarding the Windsor Cancer Research Group:

- It was suggested that the WCRG would be an excellent model for use in different areas beyond cancer, like mental health and multi-morbidities.

Sustaining Innovative Practice Together: A Research to Practice (R2P) Approach

Speaker: Ms. Anna Kras-Dupuis, Clinical Nurse Specialist; Ms. Stephanie Cornell, Physiotherapist; and Ms. Stephanie Marrocco, PhD Student and Research Coordinator, Research to Practice (R2P) Team, Regional Rehabilitation Program, Parkwood Institute, St. Joseph's Health Care London

The Research to Practice (R2P) team presented its work focused on sustaining innovative practice. The R2P mission is to integrate research and clinical activities through the development of a collaborative, team and practice-based research approach, with overarching goals to enhance clinical practice, to improve patient and health system outcomes, as well as to lead and inform the field in priority areas. The R2P foundational methodologies include Research (emphasis on practice-based research), Implementation Science, and a Participatory Approach.

The R2P team managed the Spinal Cord Injury Knowledge Mobilization Network (SCI KMN) (2011 – 2017), a national community of practice with seven rehabilitation centers and two sponsors. The mission of this network was to implement best practices in order to improve outcomes for persons with spinal cord injuries. The key objective was to build implementation expertise and capacity across participating centres to facilitate sustainable implementation within and beyond spinal cord injuries.

The key learnings from the SCI KMN network have included that a standardized approach to implementation (e.g. using Implementation Science) enables sustainability. More specifically, the Active Implementation Frameworks were adapted from the National Implementation Research Network (https://nirn.fpg.unc.edu). One of the key implementation frameworks is the Implementation Drivers, including Staff Competence (coaching, training, and selection), Organizational Supports (systems intervention, facilitative administration, and decision support data systems), Leadership (technical and adaptive) and Performance Assessment (evaluation). These drivers are integrated and compensatory and guide implementation action planning so that the most important infrastructure and processes can be put in place to ensure sustainability. These can then be leveraged to facilitate ongoing innovations. Other core R2P guiding principles that ensure sustainability include: innovating together (co-design with relevant expertise), a systematic approach (five R2P steps based on practice-based research and implementation science), building capacity (education, training, and developing knowledge and skills), and hard-wiring infrastructure (within structures, processes and people).

An example of one of the initiatives where learnings from the KMN were used and applied is the Parkwood Rehabilitation Innovations in Mobility Enhancement (PRIME). PRIME is a collaborative initiative involving researchers, persons with lived experiences and the clinical teams for both acquired brain injury and spinal cord injury populations, across the inpatient and outpatient programs. The goal of PRIME is to provide the best therapies at the right time to optimize mobility outcomes and to inform the field of activity-based therapies.

The application of the R2P guiding principles is illustrated using the example of PRIME. "Innovating together" included forming a team comprised of stakeholders with relevant expertise (e.g., persons with lived experience, implementation science, content expertise, leadership, project management, information technology, and evaluation) and using a participatory research paradigm (co-creation, early engagement, and stakeholders who can identify priorities). A "governance" structure was developed to facilitate communication, sharing of ideas and decision making (e.g. a program council, a core working group, and a community of practice).

A systematic approach was also used by the team, which began with identifying a priority question (using intentional processes that involve all stakeholders like clinicians, researchers, patients, and

administrators), forming a team (bring people together with relevant expertise like subject matter, project management, information technology, and evaluation), defining the current and future state, creating a data management strategy (employ structured and systematic process, as well as identifying methods of data management like collection, analysis, and storage) and implementing and improving (using principles of implementation science). In a PRIME example, a standardized assessment profile was created upon each admission that used patient classification and assessment protocols (important upon discharge). This standardized assessment was followed by patient directed goals, treatment plans, and therapies (using treatment protocols and therapy taxonomies). Finally, outcomes were captured using evaluation, indicators, data collection, and clinical reflections.

Building capacity is a key component of this work, included training for clinicians between various teams and across multiple initiatives. Different models of building capacity including train-the-trainer, coaching, and mentorship approaches were used. This also included performance assessment (evaluation) and deeper understandings of different contexts and environments of team members of various backgrounds. Building capacity has involved the clinical training model that integrates trainees (volunteers, undergraduate students, and physical therapy students), users (physiotherapists and research), and trainers (physiotherapists).

Hard-wiring infrastructure is a key principle to ensure that this process becomes “business as usual” in clinical care. The innovations (practices, processes, products, and skills) need to be used in daily practice. An integrative culture entails embedding various team members and skill sets in everything the team does (existing processes, existing structures, and existing teams). The protocol revisions (data-informed clinical decision making), information technology system (online charting of assessment data and treatment sessions, data driven treatment recommendations, and data analytics to compare demographics, outcomes, and treatments), and clinical reflection (monthly community of practice meetings and more deliberate practice) are also key facets of this success. There has been, and continues to be an ongoing iterative development of these components enabled by continuous reflection and practice improvement.

Some important lessons for overcoming challenges to sustainability have also been acknowledged by the team. These lessons include:

1. Considering different levels of sustainability: a) of a specific practice, b) within a program/organization and c) across the health system;
2. Thinking about sustainability from the beginning and throughout the entire process;
3. Exploring alternative incentive models (currently varying incentives can be a barrier);
4. Viewing practice improvement as an ongoing program initiative (vs. a time- limited project) and considering the need for “protected time” for clinicians;
5. Facilitating knowledge and building skills in practice change processes;
6. Creating policies and a culture of innovation, balanced with mitigating risk
7. Supporting a timely and responsive infrastructure to evaluate and work together as a team.

CONFERENCE THEMES & NEXT STEPS

Themes:

- It is important to profile research activities and successes within the SWAHN region.
- There is value in collaboration and networking with respect to knowledge translation.
- Knowledge translation and implementation science are essential to impact health outcomes. We need to focus on the spread of evidence-informed practices to influence practice change.
- Those who are not typically engaged in formal research need to be engaged with academic researchers, e.g., various health care providers in hospitals or in the community setting, including front-line providers.
- Patient and family stakeholders should be engaged in research projects from the early planning stages.

Next steps:

- SWAHN's nutrition research group will follow up with those who expressed an interest in participating in the project(s) and/or who offered specific recommendations for the research.
- SWAHN will continue to strengthen its connection with the work of the Opioid Stewardship Council, identifying ways its Choosing Wisely Project Team can support project spread can occur across the region.
- Profiling the region's research activities can start with SWAHN's stakeholder updates which are sent to over 800 stakeholders three times per year.
- The groups working on the various SWAHN research projects currently in motion will consider how patients and families can be engaged going forward.

APPENDICES

APPENDIX 1: OVERVIEW OF THE SOUTHWESTERN ACADEMIC HEALTH NETWORK (SWAHN)

The SouthWestern Academic Health Network's vision is to transform health in Southwestern Ontario through integrated excellence in research, education, and clinical practice. Its mission is to improve population health and be a national leader in health care, education, and research by:

- Leading the development of innovative and value-added education, research, evaluation, and knowledge;
- Accelerating the dissemination of research-based evidence and leading practices into clinical practice to enhance patient and population health outcomes, quality, accessibility and affordability of health care;
- Integrating innovative collaborative models of education within health care delivery and research;
- Engaging community partners, patients and families to inform the academic service integration;
- Identifying appropriate performance measures to monitor progress and performance;
- Enhancing and advancing synergy and the sharing of resources between our organizations for mutual benefit in integrated patient care, education and research.

SWAHN's catchment area is focused on the South West and Erie St. Clair Local Health Integration Network regions as well as the School of Pharmacy at the University of Waterloo.

SWAHN's Network Contributors' Roundtable (NCR) includes representation from the Network's 19 financial contributors, ensuring that they have an opportunity to participate equally in priority setting and strategic planning for the future. The NCR is Co-Chaired by Dr. Gillian Kernaghan, President and Chief Executive Officer of St. Joseph's Health Care London, and Dr. Ken Blanchette, Associate Vice President, Academic at St. Clair College in Windsor.

Financial support is provided to fund SWAHN's operations from the following organizations (in alphabetical order):

- Bluewater Health
- Chatham-Kent Health Alliance
- Erie St. Clair Hospice Palliative Care Network
- Erie St. Clair Local Health Integration Network
- Fanshawe College
- Grey Bruce Health Services
- Hotel-Dieu Grace Healthcare
- Huron Perth Healthcare Alliance
- Lambton College
- Lawson Health Research Institute
- London Health Sciences Centre
- St. Clair College
- St. Joseph's Health Care London
- South West Local Health Integration Network
- University of Waterloo, School of Pharmacy
- University of Windsor
- Western University, Faculty of Health Sciences
- Western University, Schulich School of Medicine & Dentistry
- Windsor Regional Hospital

Dr. Robin Walker, Integrated Vice President Medical Affairs and Medical Education, London Health Sciences Centre and St. Joseph's Health Care London, and Dr. Davy Cheng, Acting Dean, Schulich School of Medicine & Dentistry at Western University are SWAHN's Co-Leads in the areas of Interprofessional Collaboration and Knowledge Generation & Translation. Projects in these two streams

align to SWAHN's focus on research, education, and clinical practice. These projects address priorities for the region including palliative care, interprofessional education, Choosing Wisely, and nutrition.

SWAHN's value proposition focuses on facilitating interprofessional collaboration, networking, and knowledge-sharing opportunities across health-care related education, research, health service providers, and other stakeholders in Southwestern Ontario to identify gaps and to improve the health of individuals, families, communities, and systems.

APPENDIX 2: CONFERENCE EVALUATION FORM

SWAHN SouthWestern Academic Health Network

SWAHN 2018 CONFERENCE
Friday, October 12, 2018
Translating Research into Practice
EVALUATION

SWAHN would like to receive your feedback and constructive recommendations in order to improve events like this one in the future. Please be as specific as possible in your ratings and comments. Thank you.

Conference objectives:

1. To engage SWAHN's contributors in knowledge sharing regarding implementation science
2. To provide an opportunity for SWAHN volunteers and stakeholders to network
3. To highlight SWAHN's recent activities and successes

In your opinion how would you rate this event on the following factors? (Please circle the appropriate number)

Please use the scale: 5 = strongly agree to 1 = strongly disagree	
a) The event's contents were relevant to me.	5 4 3 2 1
b) The event satisfied my personal expectations.	5 4 3 2 1
c) The event allowed me to network with people from other organizations.	5 4 3 2 1
d) The event has motivated me to connect with others from different organizations to potentially collaborate on projects post-conference.	5 4 3 2 1
e) The event increased my awareness and understanding of SWAHN's function, activities, and successes.	5 4 3 2 1
f) The event increased my understanding of the value of SWAHN.	5 4 3 2 1
g) The content delivered by the speakers increased my understanding of different aspects of implementation science and translating research into practice.	5 4 3 2 1
h) Overall, the event was an effective learning experience.	5 4 3 2 1
i) I hope to attend future SWAHN events based on my experience today.	5 4 3 2 1
j) Commercial influence did not bias today's event.	5 4 3 2 1

1. What was the most important thing that you learned today?

_____

_____

_____

2. Describe at least one thing that you will do differently based on what you learned today.

_____

_____

_____

Please turn the page over

APPENDIX 2: CONFERENCE EVALUATION FORM (continued)

3. **Specify any changes that you think would have made this SWAHN event more effective.**

_____
_____
_____

4. **What advice do you have for SWAHN regarding its role in helping to spread knowledge translation projects across Southwestern Ontario to provide value to its stakeholders?**

_____
_____
_____

5. **What topics would you like addressed at future SWAHN events?**

_____
_____
_____

6. **Please provide any additional comments about today's program.**

_____
_____
_____
_____
_____

Thank you for completing this evaluation form.

If you would like to be involved with SWAHN in its work, please let us know!

APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES

Responses to Likert Scale Questions: Using the following scale (5=strongly agree to 1=strongly disagree), participants responded as follows.

In your opinion how would you rate this event on the following factors? (Please circle the appropriate number)

Please use the scale: 5 = strongly agree to 1 = strongly disagree	
a) The event's contents were relevant to me.	4.44 (25 responses) 89%
b) The event satisfied my personal expectations.	4.48 (25 responses) 90%
c) The event allowed me to network with people from other organizations.	4.68 (25 responses) 94%
d) The event has motivated me to connect with others from different organizations to potentially collaborate on projects post-conference.	4.4 (25 responses) 88%
e) The event increased my awareness and understanding of SWAHN's function, activities, and successes.	4.36 (25 responses) 87%
f) The event increased my understanding of the value of SWAHN.	4.48 (25 responses) 90%
g) The content delivered by the speakers increased my understanding of different aspects of implementation science and translating research into practice.	4.52 (25 responses) 90%
h) Overall, the event was an effective learning experience.	4.6 (25 responses) 92%
i) I hope to attend future SWAHN events based on my experience today.	4.68 (25 responses) 94%
j) Commercial influence did not bias today's event.	4.83 (24 responses) 97%

Verbatim narrative responses:

7. What was the most important thing that you learned today?

- If SWAHN wishes to emphasize IPC with implementation science, this interface is still missing in its work
- Term and understanding of "implementation science"
- The vast network of local individuals focused knowledge translation
- KT – value of info analysis – is it worth putting into practice and engaging teams in this theme [sic]
- The amazing research going on locally – making a difference to patient experience
- Power in working together
- The assets we have towards implementation effectiveness albeit currently not fully optimized
- Great collaborative spirits and ideas from participants, active engagement of participants.
- The amount of research being carried out in the SW. The value of SWAHN.

APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)

Verbatim narrative responses:

- Research knowledge requires implementation (planned) & dissemination to have a positive impact on society
- The interplay between implementation science and collaborative interprofessional teams
- If evidence is not being used in practice, it has no impact, KT and implementation science are essential!
- The importance of profiling research activities and benefits within our organization
- The positive energy in the room to move research forward and improve health outcomes
- Great update about current projects in both cities
- Cautions with research and applying to clinical practice – "fragility"
- Science behind implementation
- Need to look at opioid stewardship council locally
- Networking/collaboration; importance of implementing research outcomes/sustainability; asking the whys and bringing research into the real world

8. Describe at least one thing that you will do differently based on what you learned today.

- Focus on SPREAD
- Support KT spread for relevant areas, e.g., Nutrition Project + Pre-op + Acute Pain Management
- Keep up the fight to influence practice change
- Increase Q&A time to 15 minutes as there are great interests [sic] in discussion
- Utilize the knowledge translation framework with my leadership team
- Not worry about having a "short" time to implementation; where possible promote a more thoughtful and buy-in from those affected by change
- Bring the 2 main SWAHN streams closer together with their collaboration
- Plan for sustainability at the beginning of your project/initiative
- Elevate focus on engaging in system research
- Increase follow up collaborations and networking
- Read more about implementation science
- Think about process, stakeholders in implementation
- Look for a framework for implementation science
- Opportunity to discuss among individual presenters; tangible ways to apply the concepts in various settings

9. Specify any changes that you think would have made this SWAHN event more effective.

- Please provide time for small group discussions around key issues of importance from an IP patient focus
- Lunch at larger tables for networking
- No – congratulations as day well organized and motivating
- None
- Showcase any research that is being carried out in the community sector and how hospitals can be part of this as a continuum of care
- Ask participants if they were willing to share their contacts with others and main area of interest for future collaboration
- None – great conference!
- Excellent event! Having more time for discussion would be great. Maybe break out or small group sessions to discuss current projects would be helpful for facilitating more discussion.
- Timing was excellent; everything was great, thank you!
- Inclusion of NPs in the discussion about the opioid crisis as well as communities partners
- None – good and relevant content
- Opportunity to network and speak with speakers at tables; less focus on RLT [?] type research please!

APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)

Verbatim narrative responses:

10. What advice do you have for SWAHN regarding its role in helping to spread knowledge translation projects across Southwestern Ontario to provide value to its stakeholders?

- Use tables you have
- Engaging a broader group of health discipline participants
- Integrating with clinical and academic settings by connecting with leaders and practice leaders to encourage sharing of the mandate, increase attendance, etc.
- More email – save the date in July was useful – Would suggest more emails to position [?] physicians/leaders who didn't know of this day
- A more bold ask and confident value proposition (it is there, just be more bold)
- Reach out and connect with organizations who are not members of SWAHN to either become part or take part in projects. Smaller organizations do not have the capacity and resources to obtain research grants but are interested in being part of them.
- Encourage participants to spread the word
- Get more $ to do more ☺
- More information about projects and current research on your website
- Continue to formally link researchers, academia, and front line providers around specific projects and initiatives
- Increase patient and family stakeholders
- Keep going
- List projects, then prioritize
- Centralized portal – website that is more public facing
- Be open to its objectives and connect mature researchers with novice researchers; encourage different approaches to research

11. What topics would you like addressed at future SWAHN events?

- IP Client Centered Collaboration Practice and examples of implementation
- Examples of spread in our regions
- System/delivery change
- Like to hear from the NCR
- Improvement for patient access and flow across the system
- Collaboration, creating & sustaining organizational change
- Further focus in areas such as opioid usage; reinforcing uptake and accessibility around implementing best practice
- Similar – well done! Thank you!
- Spreadability [sic] across the care continuum
- Post-acute care, community health
- Hospital admissions and outcomes comparison with other hospitals
- Post-acute topics; mental health; community based challenges
- Workshops/talks on success/failures; building collaborative groups

12. Please provide any additional comments about today's program.

- SWAHN is a best kept secret – more staff need to be aware it exists
- Thank you to Catherine!
- The flow of the day and timing was excellent. Everything was kept to the timeline. Topics and speakers were clear and information was applicable. Very impressive day.
- Best SWAHN conference to date!
- Great program, I enjoyed the sessions and learned a lot
- Excellent – thank you! ☺

APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)

Verbatim narrative responses:

- Excellent speakers, thank you!
- None ☺
- Thanks!

APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES

In order of appearance:

Dr. Gillian Kernaghan

Dr. Gillian Kernaghan was appointed the President and Chief Executive Officer of St. Joseph's Health Care London in 2010. St. Joseph's is a multi-sited academic health care organization serving London and the region. Dr. Kernaghan's passion for integrated patient care, leadership and performance excellence has inspired the organization to focus on the vision to "earn complete confidence in the care we provide."

Prior to assuming this role, she served for 17 years as the Vice President, Medical for various hospitals in London and led the medical staff during complex restructuring in which four hospitals merged to form St. Joseph's Health Care. Through this restructuring and various program transfers between organizations, the roles of the London hospitals dramatically changed.

In 1984, Gillian joined the medical staff of St. Joseph's, Parkwood Hospital and London Health Sciences Centre as a family physician. She completed her residency at St. Joseph's Hospital in 1984 upon graduation from University of Western Ontario and was awarded her Fellowship in 2000.

Gillian currently serves on the Ontario Hospital Association Board, and the Council of Academic Hospitals of Ontario Executive and Council. She served as President of the Canadian Society of Physician Executives for 2010-2012. She is a past Board Member of Canadian Resident Matching Service and the Canadian Medical Hall of Fame. She has served on numerous regional, provincial and national committees.

She is a frequent speaker at conferences and a certified trainer in Crucial Conversations, Crucial Accountability and Influencer leadership courses.

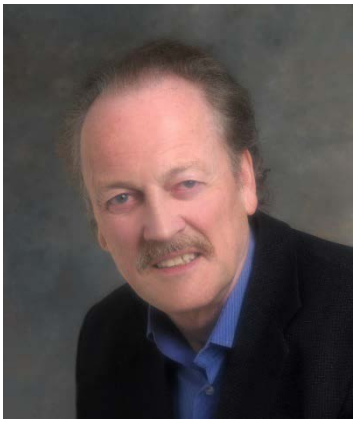
She has been married for 37 years and is the proud mother of three sons, three daughters-in-law and one little grandson.

Dr. Janet Martin

Dr. Janet Martin, PharmD, MSc (HTA&M), is the Director of the Centre for Medical Evidence, Decision Integrity & Clinical Impact (MEDICI), and Associate Professor in the Departments of Anesthesia & Perioperative Medicine and Epidemiology & Biostatistics at the Schulich School of Medicine & Dentistry at Western University. In this role, Dr. Martin oversees research and knowledge translation for decisions related to medical devices, surgical procedures, drugs, and other technologies in hospitals locally and internationally in more than 35 countries. She is also co-director for the WHO Collaborating Centre for Global Surgery, Anesthesia & Perioperative Care at Western, and recently led the development of evidence-based guidelines for Ebola patients in African hospitals. She has published more than 130 papers, and one book. Last year, Dr. Martin received the Schulich Distinguished Leader Award for Excellence in Graduate/Postgraduate Education.

APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

Dr. Robin Walker



Dr. Robin Walker is the Integrated Vice President of Medical Affairs and Medical Education for London Health Sciences Centre and St Joseph's Health Care London, and Professor of Paediatrics at the Schulich School of Medicine & Dentistry, Western University. Dr. Walker is a neonatologist who has worked both within the hospital and academic sectors and with non-governmental organizations. His research interests in the neonatal intensive care unit and beyond have included translating science into practice and assisting clinical and parent decisions, using artificial intelligence systems. Since arriving in London in 2011, Dr. Walker has served as Co-Lead of the SouthWestern Academic Health Network (SWAHN).

Dr. Shannon Sibbald

Dr. Shannon Sibbald is an Assistant Professor in the School of Health Studies within Western Health Sciences. She is cross-appointed to the Interfaculty Program in Public Health in the Department of Family Medicine, Schulich School of Medicine & Dentistry, Western University. Dr. Sibbald's research interests include:

- Interdisciplinary Health and Health Systems Research - Combining the methods and theories from a variety of disciplines to create innovative solutions to health systems challenges
- Implementation Science - How teams access, share, store and use knowledge
- Interprofessional Teams - How high performing health care teams work, how current education and training can prepare students for interprofessional work, and patient-centred models of care for chronic disease management.

Dr. Davy Cheng

Dr. Davy Cheng currently serves as Acting Dean of the Schulich School of Medicine & Dentistry. He is a Distinguished University Professor in the Department of Anesthesia & Perioperative Medicine. Prior to his current role as Acting Dean, Dr. Cheng served as the Vice Dean of Faculty Affairs for the Schulich School of Medicine & Dentistry. He is recognized as a world expert in perioperative outcomes and resource utilization in cardiac surgery/anesthesia, critical care medicine, and perioperative evidence-based medicine.

Dr. Cheng served as the Chair/Chief of the Department of Anesthesia & Perioperative Medicine (2001-2017) and also as Chair of the Committee of Clinical Chairs (2012-2016). He holds a BSc (Hon) in Biochemistry from the University of Ottawa, an MSc in Biochemistry from Western University, and his MD from the University of Toronto, where he completed his internal medicine internship and

anesthesia residency in 1987. Dr. Cheng joined the faculty at the University of Toronto following a Clinical Research Fellowship and a Cardiovascular Anesthesia Fellowship at the University of Iowa Hospitals and Clinics. Prior to joining Western in 2001, he was a Professor and Deputy Chief of Anesthesiology at Toronto General Hospital and he also served as Medical Director of the Cardiovascular Surgery Program for the University Health Network in Toronto.

Dr. Brian Rotenberg

Dr. Brian Rotenberg, MD, MPH, FRCSC, is an Associate Professor of Otolaryngology – Head and Neck Surgery at the Schulich School of Medicine & Dentistry at Western University (London, Canada) and Residency Program Director for the department.

He obtained his MD degree at University of Toronto, as well as Royal College certification in Otolaryngology – Head & Neck Surgery. He is dual fellowship trained in sinonasal surgery and pediatric surgery, both from University of Melbourne (Australia), and joined the faculty at Western University in 2007.

He is a founding member of the International Surgical Sleep Society and is now sits on the society's Executive Board. Dr. Rotenberg is the outgoing Scientific Chair of the Canadian Society of Otolaryngology. He is an invited speaker nationally and internationally on topics relating to sleep apnea and rhinology and has more than 100 peer reviewed publications and book chapters as well as funded research grants to study both sleep surgery and sinonasal research.

Dr. Rotenberg is the Medical Director of Advanced Surgical Operatory Ltd., a division of Advanced Medical Group. In this role he has helped develop, and now has oversight of, the first stand-alone Ambulatory Surgical Center in Southwest Ontario. Dr. Rotenberg is the Chief Medical Officer for Citruvio Communications Inc., developing wireless apps for pager replacements and patient communication tools to facilitate information exchange in the modern healthcare environment. Dr. Rotenberg is the Vice-Chair of the Medical Advisory Committee for St. Joseph's Health Care London, and Assistant Director of Quality of Care.

Wherever he is, and whatever he is doing, Dr. Rotenberg always puts his family first, including his wife Beverley and their three boys Jacob, Kieran, and Nathan.

Dr. Renato Pasqualucci

Dr. Renato Pasqualucci, MBBCh, DCH, CHE, CCFP (EM), MBA (Healthcare), is an active ER physician as well as the new Quality Lead for the Erie St Clair LHIN. For the last seven years he has served as the Medical Director and Chief of Emergency at Bluewater Health. He was also chair of the hospital quality committee for that period. He is passionate about reducing unnecessary investigations and adhering to recommended practice. As such he was instrumental in leading the Choosing Wisely project at Bluewater Health. He is also co-chair of the SWAHN Choosing Wisely Project Team. Recently completing his MBA, he values systems management as a tool for change.

APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

Dr. Ava John-Baptiste

Dr. Ava John-Baptiste is an Assistant Professor in the Departments of Anesthesia & Perioperative Medicine, Epidemiology & Biostatistics and the Interfaculty Program in Public Health at the Schulich School of Medicine & Dentistry, Western University. She is also a health economist in the Centre for Medical Evidence, Decision Integrity & Clinical Impact (MEDICI Centre). Dr. John-Baptiste collaborates with clinicians and scientists on initiatives to appraise the safety, effectiveness and cost-effectiveness of interventions in the hospital and in the community. Her research interests include economic evaluation of health technologies, evidence synthesis using systematic review and decision analytic modeling to support decision making, and methods for improving the perioperative care of frail older patients.

Dr. Ken Blanchette

Dr. Ken Blanchette is currently the Associate Vice President Academic for St. Clair College. His portfolio encompasses the operational oversight and delivery of the academic programing for all three of the college's campuses.

When he joined the college as Chair for the School of Health Sciences in 2010, Ken became the school lead for a $32 million Centre for Applied Health Sciences building completion and purchasing of state-of-the-art simulation and lab equipment. In 2011, he became responsible for creating and providing opportunities for our local professionals and health care organizations to have the space, resources and continuing education and competency training. Since 2011, he has established collaboration with local hospitals, allied health professions, nurses and physicians and has implemented three new academic programs (Cardiovascular technologist; Diagnostic Medical Sonography; and Respiratory Therapy), to address the local and national needs for health care professionals.

Prior to joining St. Clair College, Ken spent 12 years as a health care professional providing chiropractic patient care including neurological EMG, MRI and interdisciplinary referrals, spinal decompression as well as spinal x-ray diagnostics.

Ken has a Doctor of Chiropractic, Bachelor of Science in Human Biology, advanced training in Phytochemical, Botanical medicine and their impact on chiropractic procedures from National University of Health Sciences in Lombard, Illinois and a Bachelor of Science from the University of Windsor. He has extensive teaching experience at numerous institutions including Everest College in Windsor, Michigan Board of Education, and the National University of Health Sciences in Lombard, Illinois.

Ken is actively involved in the Windsor and Essex County communities. He is currently serving as Vice Chair of the board of directors for the Windsor-Essex County Health Unit, Chair for the Quality and Strategic Advisory Committee for Hotel Dieu Grace Healthcare, Co-Chair for the Health Standards Organizations Academic Health Centers and Clinical Research Technical Committee, Co-Chair for the SouthWestern Academic Health Network (SWAHN) and a CMA accreditor. He has also served his home town community as a Coach for the Amherstburg Minor Hockey Association for the past 13 years.

APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

Dr. Lisa Porter

Dr. Lisa Porter conducted her PhD at McMaster University and her PDF at the University of California San Diego. She is currently a Professor at the University of Windsor, commencing in 2004 and was appointed to the College of New Scholars, Artists and Scientists of the Royal Society of Canada in 2014. Her research focuses on understanding how cells protect themselves throughout life and how this relates to aging, tissue regeneration and cancer initiation, progression and treatment. Dr. Porter has fostered collaborations between the academic and the medical/clinical research communities in Windsor/Essex through the establishment of the Windsor Cancer Research Group (WCRG) www.windsorcancerresearch.ca. She is passionate about sharing science and research with the public and students.

Ms. Anna Kras-Dupuis

Ms. Anna Kras-Dupuis, RN MScN CNN(C), CRN(C), is a Clinical Nurse Specialist in the Rehabilitation Program at Parkwood Institute, St. Joseph's Health Care London. She has had over 33 years of experience in nursing, including acute neurosciences, education, and neurological rehabilitation. Anna's key areas of interest include knowledge mobilization and patient self-management. Anna has strongly supported clinical and research integration and collaborative innovations within the rehabilitation program. She was a Site co-Lead for the Parkwood Institute in the national SCI Knowledge Mobilization Network, led the Pressure Injury Prevention and Pain Assessment and Management in SCI individuals practice change initiatives, among many others. Anna believes in people's strengths, the collective wisdom of teams, and fosters the culture of ongoing improvement and learning through trying and using feedback.

Ms. Stephanie Cornell

Ms. Stephanie Cornell is a physiotherapist in the Spinal Cord Injury (SCI) Rehabilitation Program at Parkwood Institute, St. Joseph's Health Care London and is the clinical co-lead of the Research-to-Practice (R2P) team. Stephanie manages and conducts training for robotic modalities (Exoskeleton and Lokomat) and manual body-weight support treadmill therapies at Parkwood Institute and also teaches at Western University in the Physical Therapy program. She has a significant interest in understanding how various activity-based therapeutic approaches might be best utilized in clinical practice to achieve the best possible outcomes and has established a Community of Practice approach to achieve these aims.

APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

Ms. Stephanie Marrocco

Ms. Stephanie Marrocco is a research coordinator with the Research-to-Practice (R2P) team at Parkwood Institute (Lawson Health Research Institute). Stephanie completed an MSc from Western University examining gait laterality in persons with stroke. She has just begun a PhD and is interested in better understanding rehabilitation processes associated with persons with neurological impairments. In particular, Stephanie is interested in examining variations in rehabilitation practice patterns and has developed different analysis and visualization approaches to address research questions within this area.

APPENDIX 5: CONFERENCE ATTENDEE LIST

SWAHN would like to thank the following individuals who attended the conference. Any errors or omissions are unintended. In recognizing these individuals, please note that the content and analysis of these proceedings should in no way be interpreted as a reflection of their individual opinions or those of their organizations.

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