



MANAGEMENT ACTION PLAN

Formative Evaluation | 2023-2024

Background

It is a requirement of the SPOR SUPPORT Unit Phase II Funding Opportunity that SUPPORT Units complete a formative evaluation of the Unit's progress at the mid-point of the five-year funding award. For NL SUPPORT, this covered the period April 1, 2021 to October 31, 2023. Following advice from the Oversight Committee to appoint an external organisation to undertake the evaluation, NL SUPPORT commissioned MQO Research to complete the formative evaluation. The work commenced in November 2023 and completed in May 2024.

Outlined below are the key findings and recommendations from the evaluation.

Staff and researchers at NL SUPPORT would like to thank MQO Research for their work in completing such a thorough and informative evaluation of the Unit.

The full report is available on the [NL SUPPORT website](#).

Key Findings

MQO's report notes that overall, the NL SUPPORT Unit plays a crucial role in facilitating patient-oriented research (POR) and improving health care outcomes in Newfoundland and Labrador.

Additionally, the report detailed the following key findings, which the NL SUPPORT Executive Team are in agreement with.

- NL SUPPORT demonstrated close alignment with funders' (CIHR and the Department of Health and Community Services, Government of NL) goals and priorities.
- NL SUPPORT is aligned with the needs of participants: most surveyed participants expressed high levels of satisfaction with their involvement in the program and indicated a positive impact on their research or work.
- Implementation progress has been made across all four core function areas: patient engagement, capacity development, data platforms and services, and the learning health and social system. Despite this noted progress, the documentation of this progress itself can be enhanced. Key challenges include collaboration with other SPOR entities and engagement with Indigenous communities.
- The development and maintenance of data infrastructure, including the Centre for Analytics, Informatics and Research (CAIR) and Newfoundland Health Services (NLHS)'s Digital Health Division, enhanced data accessibility. NL Health Services' operationalization of a new data warehouse and data lab simplified the process of accessing, cleaning, and de-identifying data, reducing time lag and ensuring secure handling of sensitive information. NL SUPPORT has been successful in increasing data access through collaboration with NLHS.
- NL SUPPORT is actively collaborating with NLHS to determine the optimal approach for implementing the Learning Health and Social System (LHSS) framework. Educational initiatives offered by NL SUPPORT have laid the groundwork for LHSS implementation and created a foundation critical for its success. NL SUPPORT plays a key role in translating complex health data into actionable knowledge and enhancing learning cycles within the LHSS. Roles and

responsibilities among NL SUPPORT, NLHS, and the government should be clarified to streamline efforts and enhance accountability on LHSS.

- NL SUPPORT has made significant progress in knowledge translation (KT) efforts, disseminating 448 KT products during the evaluation period and bridging the gap between research knowledge and practical application.
- NL SUPPORT conducted a variety of capacity development activities during the evaluation period, including training events, specialized training in Equity, Diversity, and Inclusion (EDI) and Sex and Gender-Based Analysis (SGBA), support for post-secondary research, and funding support programs for students and professionals. The Unit also supported events to raise public awareness of the health and social care agenda, including a vast array of events that were conducted as part of engagement initiatives for the Health Accord NL (HANL).
- Capacity building activities were considered pivotal in influencing clinical practices, career paths, and policy development. Stakeholders highlighted the impact and effectiveness of NL SUPPORT's support activities in fostering POR, enhancing patient engagement, and equipping researchers with necessary skills and knowledge.
- During the evaluation period, an average of 21 patient partners were engaged with NL SUPPORT per year, with 76% of patient partners involved in research or related projects. Patient partner engagement within NL SUPPORT has positively impacted research processes and governance. Patient partners are recognized as essential contributors whose insights steer research and policy in relevant and meaningful directions.
- Stakeholders emphasized the impact of patient partner engagement in research, altering the trajectory of projects towards a more community-centered and impactful approach. Engaging patient partners allows researchers to gain deeper understanding of patient needs, improve research methodologies, and ensure practical relevance to patient care.
- Patient engagement challenges include recruiting and sustaining diverse patient partners. Concerns were also raised regarding the lack of financial incentives for patient partners, which can hinder meaningful engagement. Stakeholders suggested allocating specific funding for in-kind support.
- Stakeholders agreed that NL SUPPORT effectively shared research and evaluation knowledge with the health care system and had a positive impact on improving health care systems and practices. A significant contribution of NL SUPPORT was supporting the creation of the Health Accord NL Task Force and its direct impact on health care systems and practices.
- Overall, stakeholders felt that NL SUPPORT has had a positive impact on health outcomes, but there is a need for more robust metrics to measure the true impact on the ground. Future research could focus on developing metrics to assess health care outcomes from campaigns, such as Choosing Wisely and stroke care, as well as supporting the transition to Family Care Teams.

Recommendations

MQO's report outlined the following key recommendations. NL SUPPORT should:

1. Continue prioritizing the engagement of Indigenous communities and other diverse groups.
2. Prioritize the recruitment and retention of staff and patient partners.
3. Continue improving the implementation of the Learning Health and Social System (LHSS).
4. Clarify its role within the provincial health system, particularly in the context of the LHSS.
5. Increase public engagement and the reach of its knowledge translation products.
6. Track data on SPOR metrics and implement consistent tracking of all program indicators.
7. Improve collaboration with other SPOR entities.

In response to these recommendations, NL SUPPORT has developed the following Management Action Plan. Progress reports on implementation of the recommendations will be shared with the Unit's Oversight Committee on a quarterly basis.

Management Action Plan

	Recommendation	Response/Action	Lead Committee/ Staff Member
1.	Continue prioritizing the engagement of Indigenous communities and other diverse groups (Ensuring that efforts align with best practices in Indigenous patient, family, and community engagement).	<ul style="list-style-type: none"> a) Review best practices from other SPOR entities. b) Strengthen partnerships with Indigenous Patient Navigators, Memorial's Research Exchange Group on Indigenous Health, Indigenous governing bodies, and cultural leaders. c) Work with Territorial SUPPORT Units to determine how best to support engagement in northern communities in Labrador and identify opportunities for collaboration across the north. d) Continue to work to build relationships with Indigenous communities on the island and in Labrador. e) Identify ways to offer support (including funding) to Indigenous communities to address their priority areas for well-being. f) Continue to identify opportunities to work with other researchers working with Indigenous Communities (e.g., microresearch projects). 	<p>Actions a-f: Patient Engagement Lead with support from Director and Executive Committee</p>
2.	Prioritize the recruitment and retention of staff and patient partners.	<ul style="list-style-type: none"> a) Work with CIHR to determine the long term CIHR supported funding opportunities for SUPPORT Units. b) Communicate effectively and in a timely manner with staff regarding the long-term funding position and manage staff contracts accordingly. c) Develop a sub-group to consider succession planning for key positions within the Unit including patient partners. d) Ringfence additional funding to support patient and public involvement/engagement. e) Continue recruitment efforts to diversify the membership of the Patient and Public Advisory Council (PPAC). f) Review the PPAC appreciation guidelines on an annual basis to ensure they are in line with best practice nationally. 	<p>Actions a-d: Executive Committee</p> <p>Actions e-f: Patient Engagement Core Component Committee, staff and PPAC</p>

3.	Continue improving the implementation of the Learning Health and Social System (LHSS) (through effective collaboration with NLHS).	<ul style="list-style-type: none"> a) Clarify with NLHS the respective roles and responsibilities of staff and partners (patient/public) in each organisation with respect to the implementation of a LHSS. b) Continue to promote common language and education regarding the LHSS, including providing training to frontline staff, decision makers, patient and public partners and other stakeholders. c) Working with NLHS and other partners, increase transparency with the public about the collection and use of their data by creating a clear communication strategy to explain the benefits and privacy safeguards of the LHSS to the wider community. d) Continue to foster connections between health and social stakeholders to facilitate data sharing and create effective data pathways. e) Work with NLHS and other stakeholders to develop an evaluation framework to determine the impact of the implementation of LHSS. 	Actions a-e: LHSS Core Component Committee
4.	Clarify NL SUPPORT's role within the provincial health system, particularly in the context of the LHSS.	<ul style="list-style-type: none"> a) Work with NLHS, Health and Community Services and the Health Transformation team to determine how all parties fit within the health research and evaluation ecosystem – including the proposed Health Quality Council and LHSS – see 3 above. b) Assist in the implementation of the agreed recommendations. 	Actions a-b: Executive Committee
5.	Increase public engagement and the reach of its knowledge translation products.	<ul style="list-style-type: none"> a) Review range and reach of current KT products to determine if format is still relevant for identified audiences or could be improved/enhanced, including optimising content for search engines. b) Continue to produce high quality KT products in a variety of formats with accessible and visually appealing content. c) Work with partner organisations to determine how each may amplify the reach of others' KT products. d) Implement consistent tracking of analytics and engagement levels. 	Actions a-d: Communications Core Component Committee and staff project leads

6.	Track data on SPOR metrics and implement consistent tracking of all program indicators.	<ul style="list-style-type: none"> a) Review current NL SUPPORT performance measurement metrics, consolidate/simplify and implement regular reporting. b) Develop a dashboard to facilitate reporting to Oversight Committee. c) Support the national working group on performance measurement for all SUPPORT Units and align local metrics as appropriate. 	Actions a-c: Executive Committee (action b with support from CAIR staff)
7.	Improve collaboration with other SPOR entities.	<ul style="list-style-type: none"> a) Continue to support national work enhancing collaboration between SPOR entities, including identifying common goals. b) Continue to provide services to other SPOR entities, including looking for opportunities to collaborate – proactively rather than reactively. c) Continue monitoring of joint work including tracking of time spent and entities/projects supported. d) Document outcomes of collaboration activities. e) Evaluate impact of collaborations and review approach as necessary. 	Actions a-e: Executive Committee and Unit's representatives on national Communities of Practice