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Making decisions in today's health-care system is extremely challenging. Health executives have to create and maintain programs to meet the increasing needs of an aging population. They have to provide services while managing a dwindling supply of health-care workers and limited financial resources. When time and budgets are at a premium, as they have been for years in Canada's health system, decisions are often made hastily, without the benefit of supporting evidence or research. This situation can lead to costly project implementations, failed initiatives and frustration on the part of management and staff.

Since 2004, the Executive Training for Research Application (EXTRA) program has helped 180 senior health-care leaders — including 61 nurse executives — learn how to make decisions grounded in research and evidence. The two-year fellowship program provides participants with tools and knowledge to become more effective at finding and using research in their day-to-day work. During the program, participants apply the skills they are learning to a specific intervention project that responds to a real situation in their organization.

For Elsie Rolls of Halifax and Lori Chartier of Saskatoon, participating in EXTRA was an unparalleled opportunity to build a solid foundation for projects they needed to undertake in their own workplaces.



Cary Andrew Penny Photography

When Elsie Rolls joined the EXTRA program in 2008, she was looking for tools to help her create a palliative philosophy of care as well as pain assessment and management protocols for the veterans being cared for at the Camp Hill Veterans' Memorial Building in Halifax. Rolls, director of veterans' services at the Capital Health District Authority, wanted to implement a

program based on sound research and lessons learned.

As part of the EXTRA program, Rolls participated in four away-from-home residency sessions. Among the six themes covered were promoting the use of research-based evidence in health-care organizations and creating, managing and sustaining change in an organizational context — all taught by experts in the field. Rolls came back to Camp Hill from her first residency session armed with the tools she needed for identifying relevant research, finding evidence and using technology to create a body of knowledge on the issue of pain management.

“Many of us are guilty of automatically jumping to solutions when we have issues,” says Rolls. “We don’t look at the literature or what others have done to develop programs to deal with specific problems.”

At Camp Hill, the issues were client dissatisfaction with pain management and the rapidly changing population — residents have become older and frailer, and their lengths of stay are shorter. In 2007, the Veterans Affairs Canada annual client satisfaction questionnaire found that only 40 per cent of Camp Hill residents were satisfied with the way their pain was being managed. The facility also received a recommendation through its 2007 accreditation to develop a standardized pain assessment tool for residents with cognitive impairment. “We knew we needed to improve how pain was being managed,” says Rolls.

Through her research and consultation, it became clear to Rolls that what Camp Hill needed was a comprehensive philosophy of care, not one focused only on palliative care.

“We found that our veteran-centred model was more about us providing the veterans with what we thought they needed rather than really listening to them tell us what their needs were,” she says. “Our new philosophy of care is now driven by how the veterans want their care and pain managed.”

One of the important components of the EXTRA program is a focus on using research-based evidence to create and manage change and to help organizations implement new processes.

Creating an interdisciplinary team at the facility was an important part of Rolls' strategy to develop the new philosophy and processes. The team consisted of staff from nursing, spiritual care, medicine, pharmacy, recreational therapy, occupational therapy, nutrition and social work. In addition to participating in research and development, team members became champions for implementing the project and educating staff on the new philosophy of care and on pain assessment and management. "I had a lot of support from the staff," she says. "They could see how this new program would benefit the veterans."

And the program is working. The 2009 Veterans Affairs Canada client satisfaction questionnaire showed a 100 per cent satisfaction rate with pain management at Camp Hill. In addition, the number of veterans with pain-related conditions receiving regular and as-required medication jumped from 50 per cent in March 2009 to 80 per cent in August 2010. There was also a significant change in the diversity of analgesics used. Finally, the number of veterans receiving non-pharmacological pain management, such as massage therapy, pressure-reduction mattresses and music therapy, also jumped — from 10 per cent in March 2009 to 50 per cent in August 2010.

"I would definitely recommend the EXTRA program to other nurse executives," says Rolls. "In fact, I wish I had done this much earlier in my career. It would have saved a lot of precious time spent on projects that haven't been as successful."



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Lori Chartier has also benefited from the EXTRA program in her job. As director of clinical transformation and eHealth for the Saskatoon Health Region, Chartier is responsible for implementing a new clinical information system that will serve as the foundation for the region's electronic health record.

Like Rolls, Chartier joined EXTRA in 2008. For her intervention project, she developed a framework and methodology to support the implementation. A literature review and research into best practices helped Chartier identify the challenges she might encounter during this large-scale project. “I found that other hospitals had struggled with the issue of clinicians refusing to adopt the system, often because the new structure ignored their workflow and communication processes,” she says.

Chartier also found that projects often failed because organizations simply layered technology over existing processes rather than leveraging the new technology to transform the way care was being delivered. Based on these findings and the experiences of other hospitals, Chartier developed an implementation approach that clearly identifies clinicians as the leaders of the design process.

“Traditionally, when designing systems, we sit down with a blank slate and churn away, trying to get everyone to do things the same way,” says Chartier. “This time, we began our design process by taking what other successful organizations had built, showing clinical teams the system’s potential and helping them imagine a better way to deliver care.”

The first phase of implementation is scheduled to go live in early December. Already, the software has allowed the emergency room to develop a new parallel registration and triage system that has improved patient flow and is receiving positive feedback from both clients and clinicians.

Chartier is proud of what she learned through the EXTRA program and hopes to effect change across her organization. “I am more focused than ever on the need for evidence-based decision-making, and I am constantly challenging my team to let research lead our practice,” she says.

The EXTRA program is managed by the Canadian Health Services Research Foundation and funded by Health Canada, with the support of the Canadian College of Health Service Executives, the Canadian Medical Association and CNA. Nurse executives interested in participating in the program can find more information on the [CNA website](#). The closing date for applications for the 2011 competition is March 1, 2011.

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