

# **MINUTES**

# **BC SUPPORT Unit Advisory Council**

# March 29, 2022

Attendees:	Anne-Marie Visockas (chair), Ellen Chesney, Alison Hoens, Stephanie Irlbacher- Fox, Martha MacLeod, Megan O'Reilly, Anni Rychtera, Swapnil Shah,
Ex-officio:	Stirling Bryan, Michelle Duffy, Terri Fleming, Danielle Lavallee, Monica Mamut, Victoria Schuckel, Waqar Mughal
Regrets:	Krista Allan, Gregory Haljan, Alison Mclean, Bernie Pauly, Martin Wright
Tentative:	
Guests:	Matthew Fleury (for Sonica Isaac-Mann)
Secretariat:	Sara Lima Branco

# 1. Call the Meeting to Order

A. Marie Visockas welcomed all members to this meeting of the BC SUPPORT Unit Advisory Council and brought the meeting to order at 9:02am.

A. Marie Visockas offered her thanks to L. Stevenson for her work as previous chair.

# 2. Territorial Acknowledgement

A. Marie Visockas acknowledged that this meeting is being hosted from within the ancestral, traditional, and unceded territory of the Syilx people in the Okanagan Valley. Meeting attendees were welcomed to share their respective territory in the chat or during discussions.

#### 3. Action items from last meeting.

There were no action items from the previous meeting.

#### 4. Approval of Minutes

The minutes from the February 1<sup>st</sup> meeting were presented to the group approved.

# 5. Approval of Agenda

Today's agenda was approved by the group.

# 6. Incoming BC SUPPORT Unit Unit Director, Monica Mamut

D. Lavallee led the group in a welcome to M. Mamut and round table introductions followed. M. Mamut's introduction took place during the staffing update section (9a).

# 7. Reflections from Putting Patients First (PPF)

D. Lavallee provided an update on the registration and attendees. 832 registrants in total. 150 people logged into the portal the evening before, fifty individuals attended the pre-conference networking event, 374 people on the first day, 344 people on the second day. There were over five hundred



unique participants, the largest to date. Post event video production is taking place now, and feedback collected in the post event survey will help to guide plans for the next PPF.

Advisory Council members provided their feedback on the conference, including extremely positive feedback on the platform, technical support (when needed), and the clarity, focus and arrangement of the agenda, presentations, and information.

Special thanks to D. Lavallee and B. Jampoh for their dedication. S. Bryan also acknowledged the exceptional work of the planning committee for this year's PPF as well as P. Atherton's contributions to previous conferences.

### 8. Summative Evaluation (52:57)

In advance of this meeting, the completed Summative Evaluation (SE) was circulated to the group, with the request for this council's members to consider the following inquiries for our discussion today: 1) Overall thoughts – what surprised you/interested you? 2) Are the recommendations in line with your thoughts? What should we prioritize? 3) What's missing that should be added?

Themes identified were

- The Regional Centres shouldn't be represented as 'reporting' to or being 'governed' by a central hub. There's a tension between RCs being able to do more than simply implement while also maintaining provincial coordination to better leverage investments. More overlap is needed.
- The 'hub and spoke' model (versus a network model) could stifle innovation. It also overlooks the local knowledge that the RCs have, and how important that work and those connections are.
- Networks, partnerships, and relationships will be fundamental in Phase II, as the Unit can't undertake everything, and some organizations will have existing products that can be leveraged.
- The Unit must be aware of, supportive of, and should consider data and data availability for POR.
- Phase II offers two potential areas of focus: knowledge translation of existing products and processes and implementation (support infrastructure and supports toward implementations).
- Usage of 'reimbursement' may have been incorrectly applied (i.e., referring to honoraria).
- Implementation was a key theme; both it's importance and following up on the SE's discussion on KT. However, how much of one study should be implemented: especially when considering KT implementation? Any implementations must be critically assessed.
- The SE shows the impressive work completed thus far, and opportunities for improvement going forward.

S. Bryan offered his thanks to this group for all their reflections on the SE. S. Bryan briefly spoke to the feedback on the 'hub and spoke model' (with a suggestion that we move away from this view), feedback on real world clinical trials (The SEs steer was correct and we are able to work with Clinical Trials BC going forward), the importance of data, and funding partner changes from Phase I to Phase II.

Group members were encouraged to submit any additional feedback in writing.

#### 9. Updates

- a. Staffing
  - i. C. Jones is stepping away from her role as Vice President, Research with Health Research BC.



- ii. D. Lavallee is transitioning to a new role with Health Research BC as an acting VP, Research role starting April 4. D. Lavallee will continue in her role as SUPPORT Unit Scientific Director at 0.5 FTE.
- iii. M. Mamut introduced herself to the assembled group, including a bit of information on her work and educational history and the reasons why this role interested her.
- iv. Today is C. McGavin's last day. S. Bryan thanked C. McGavin for her work, dedication, and contribution during her tenure with the Unit. Recruitment for her role continues.
- v. Recruitment is also ongoing for the Communication Lead role.
- vi. The new SPOR Funded Entity Coordinator will start April 4.
- b. Health Authority (HA) Environmental Scan (EC)
  - i. HA research directors approached the then MSFHR to conduct an evaluation of Has, as to how research is resourced from the HA perspective.
  - ii. In conjunction with A. Orth, T. Fleming, and C. Jones an RFP for this scan has been released, with proposals already being received.
  - iii. Timelines:
    - a. For the MoH ES is 18 months, including an implementation plan.
    - b. For the Health Research BC ES is 9 months, with the final report completed by end of January 2023.

#### 10. Summary and next steps

Date for the next meeting is pending.

#### 11. Group adjourned at 10:26 am

