

## Background

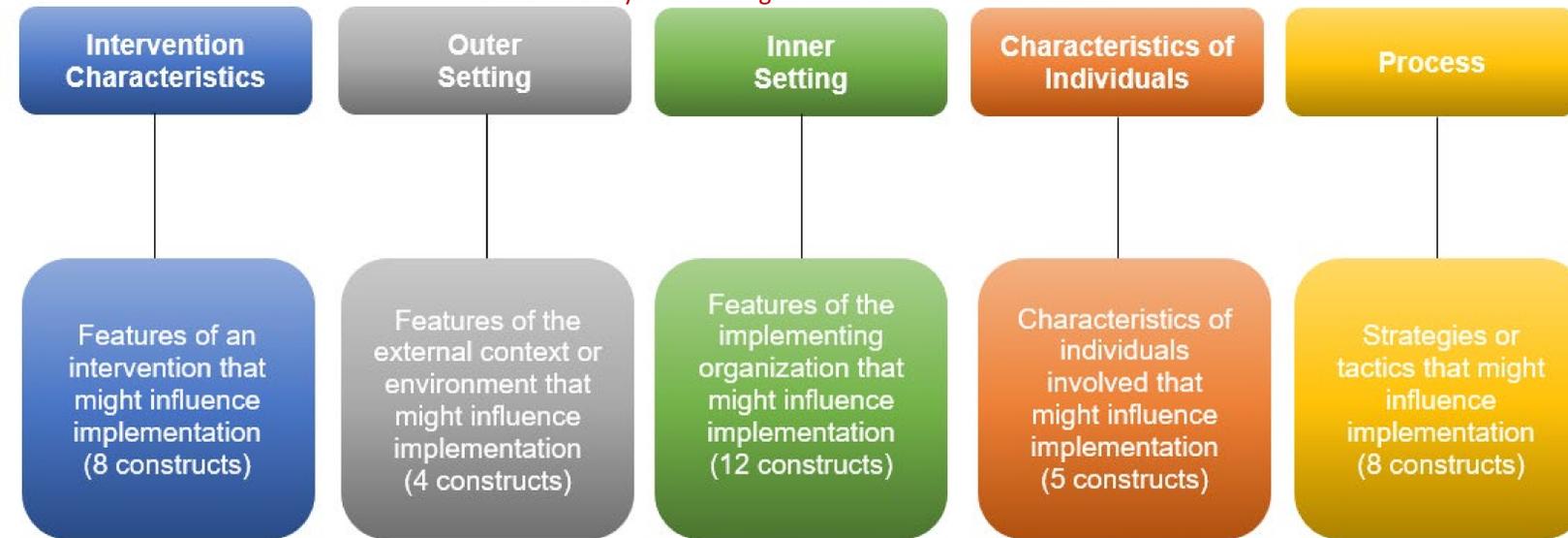
- Practice based research and learning networks (PBRLNs) = groups of learning communities that focus on improving delivery and quality of care
- Recent work aimed to collaborate across PBRLNs in Canada to propose a frailty case definition to identify frail patients using EMR data
- Purposes:** (1) Describe strategies for working across PBRLNs in primary care; (2) Provide lessons learned for engaging PBRLNs

## Methods

- Participatory based descriptive study with the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), made up of several PBRLNs
- The **Consolidated Framework for Implementation Research** was used to inform analysis of strategies used to work across PBRLNs

## Consolidated Framework for Implementation Research (Keith et al., 2017)

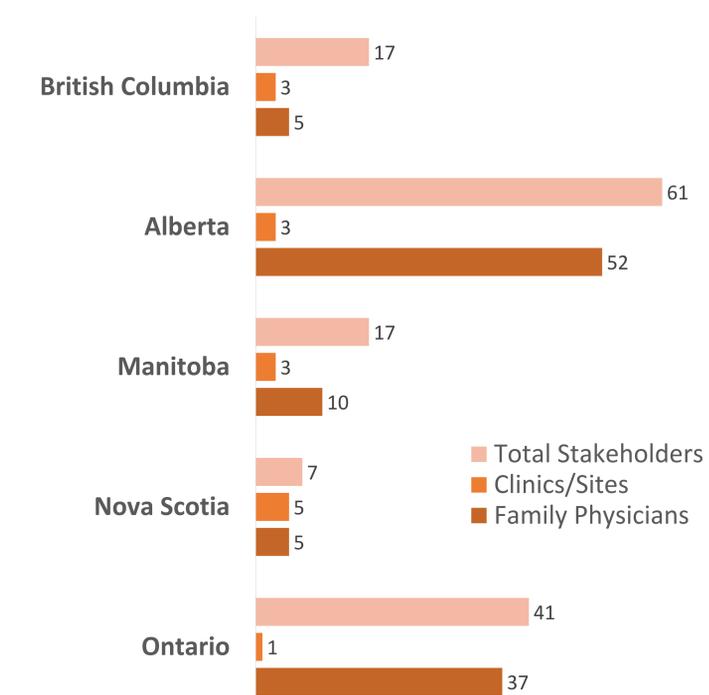
To inform analysis of strategies used to work across PBRLNs



## Differences Across PBRLNs

	British Columbia	Alberta	Manitoba	Nova Scotia	Ontario
<b>Recruitment Strategies</b>	Pre-existing relationships; Snowball sampling	Pre-existing relationships	Pre-existing relationships; Snowball sampling	Existing CPCSSN FPs	Existing CPCSSN FPs
<b>Data Collection Strategies</b>	Providing lists of patients to assess, in-person meetings, reminders and follow-ups via email and in-person bi-weekly	Providing lists of patients to assess; continuous reminders were not necessary	FPs created own lists of patients to assess and helped other FPs, reminders and follow-ups via email and phone every 4-6 weeks	Mailed out packages with lists of patients to assess, reminders and follow-ups via email bi-weekly	Hand-delivered lists of patients to assess, clinic meetings, reminders and follow-ups in person monthly
<b>Other Notable Differences</b>	In person meetings were key; champion FP dedicated additional time and effort to project	Department of Family Medicine at U of C provided additional support thus increasing motivation	Only network to provide incentive (\$2.50/assessment)	Increased pressure from delays in ethics approval and lower than expected uptake	Delays in ethics approval; joined study later than other networks

## Numbers of Stakeholders Across PBRLNs



\*Stakeholders include co-investigators, data managers, research assistants & clinic staff

## Results

Differences were noted across the networks in relation to:

- Numbers of stakeholders/staff and thus levels of burden
- Recruitment strategies
- Data collection strategies
- Enhancing engagement
- Timelines

## Lessons Learned

- Continuity in ethics
- Regular team meetings
- Enhancing levels of engagement
- Need for structural support
- Recognizing differences in data sharing across provinces

## Acknowledgements

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- We would like to acknowledge CPCSSN data managers and research assistants for their participation in this work