

Background

CRISM is a pan-Canadian national network with four regional Nodes, each of which consists of hundreds of researchers, service providers, policy makers and people with lived experience of substance use. It was created by CIHR in 2014 to accelerate the development and integration of evidence-based interventions around substance use and funded under the Canadian Drugs and Substances Strategy (CDSS).

The Government of Canada is committed to tracking progress and regularly reporting to Canadians on the results of this strategy. CDSS research funding investments within the scope of this annual reporting exercise include:

- CRISM Regional Nodes, including demonstration projects
- OPTIMA
- Implementation Science Program (ISP)

In recognition that the Network is undergoing a significant transition period with the launch of the CRISM regional node funding opportunity, CIHR is streamlining the annual reporting process for the current reporting period. The current report has been reduced to include reporting requirements as part of the CDSS performance measurement strategy

Annual Reporting Guidance

This is your guide for preparing your annual report, to be completed and submitted to Holly.Ockenden@cihr-irsc.gc.ca no later than **August 31, 2021 for the period covering April 1, 2020 to March 31, 2021**. This template is intended to demonstrate your progress towards the achievement of identified objectives, outcomes and impacts.

- CIHR is required to demonstrate the value-added of its research investments, the return on those investments, and their impact. High quality reporting is a critical input to these ends. Please be specific in your written report and respond to all questions. Emphasize value-added outcomes in your responses.
- For the purposes of this report, reporting at the Network level focuses on pan-Canadian activities; whereas Node-level reporting focuses on activities led by a regional Node that are not national in scope.
- Please include pertinent contextual information that will help situate your progress, especially changes in context, challenges, or obstacles that have occurred since your initial application.
- **Note:** Throughout this report, if there is any information that should not be included in the Annual Performance Report, which will be made publicly available, **please bold and underline** this information.
- Reminder: Funding recipients are required to acknowledge CIHR in any communication or publication related to the project. The contributing institutes/partners are identified on the Authorization for Funding (AFF), and decision letter.

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REPORT PREPARATION	
Please indicate who prepared this report, including contributors and what information sources were used.	
Report Lead	<p>Name, Title, telephone #, e-mail:</p> <p>BC Node Evan Wood, NPI; evan.wood@bccsu.ubc.ca; 778-945-7616</p> <p>Prairie Node Cameron Wild, NPI; cam.wild@ualberta.ca; 780-492-6752</p> <p>Ontario Node Jürgen Rehm, NPI; jurgen.rehm@camh.ca; 416-535-8501 ext. 34495</p> <p>Quebec-Atlantic Node Julie Bruneau, NPI; julie.bruneau@umontreal.ca; 514-890-8000 ext. 37513</p>
Contributors	<p>Name and Title:</p> <p>BC Node: https://www.bccsu.ca/about-cris-m-bc/ Nirupa Goel, Node Manager Kat Gallant, Research Coordinator</p> <p>Prairie Node: https://crismprairies.ca/ Denise Adams, Node Manager Colleen Dell, PI David Hodgins, PI Barb Fornssler, KTE Coordinator</p> <p>Ontario Node: http://crismontario.ca/ Farihah Ali, Node Manager Tara Elton-Marshall, PI</p> <p>Quebec-Atlantic Node: https://www.cris-m-quebecatlantic.ca/en/ Aïssata Sako, Node Manager Jennifer Swansburg, Atlantic Coordinator Choi Man (Alice) Lam, Research Projects Coordinator</p>

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	National: https://crism.ca/ OPTIMA Research team Didier Jutras-Aswad (Lead Regional PI) Jill Fikowski, National Research Coordinator Aïssata Sako, National Logistics and Operations
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SECTION 1A: Research Personnel Supported by CDSS Funds								
Please list all research personnel including trainees supported by CDSS funding.								
Staff	Unique # of Individuals				# of FTEs			
	BC	P	ON	QA	BC	P	ON	QA**
Researcher	0	30	2	0	0	7	2	0
Research Assistant	6	8	5	6	4.1	6	4.8	2
Research Technician	0	0	0	1	0	0	0	1
Other (including Research Manager)	7	2	3	1	4.7	1.3	2.2	1
Staff Total	13	40	10	8	8.8	14.3	9	4
Trainees	BC	P	ON	QA	BC	P	ON	QA
Post-Doctoral Fellow	0	0	0	2	0	0	0	0
Health Professional Fellow	0	0	0	3	0	0	0	0
PhD	0	1	0	4	0	1	0	1
Masters	0	0	2	2	0	0	1	0
Under-graduate	0	0	0	0	0	0	0	0
Other	0	0	2	0	0	0	1	0
Trainee Total	0	1	4	11	0	1	2	1
Additional Comments (optional)								
Please add any additional comments that are relevant to the research personnel information (maximum 250 words).								
Note for QA**: Non 1FTE staff are either at 0.3FTE, 0.4FTE and 0.5 FTE on CDSS funded projects. QA Trainees supported by CRISM CDSS funds during this period receive a % of their student bursaries allocated by Node demonstration project funds, OPTIMA, EHT and node research development program funds. Trainees also								

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benefit from the infrastructure provided by the node in the form of office space, computers, access to software and other workspace amenities.

SECTION 1B: Research Personnel Supported by Other Sources

Please list all research personnel including trainees supported by other sources.

Staff	Unique # of Individuals				# of FTEs			
	BC	P	ON	QA	BC	P	ON	QA
Researcher	6	0	0	1	1.78	0	0	1
Research Assistant	7	11	1	7	4.8	4.4	1	7
Research Technician	0	1	0	4	0	1	0	4
Other (including Research Manager)	4	4	0	4	2.6	4	0	4
Staff Total	19	16	1	16	4.86	9.4	1	16
Trainees	BC	P	ON	QA	BC	P	ON	QA
Post-Doctoral Fellow	1	0	0	2	0.4	0	0	2
Health Professional Fellow	5	0	0	6	1	0	0	0
PhD	1	5	0	2	1	5	1	2
Masters	0	10	0	4	0	10	0	4
Under-graduate	2	2	0	2	2	1.5	0	2
Other	0	0	0	0	0	0	0	0
Trainee Total	9	17	0	16	4.4	16.5	1	10

Additional Comments (optional)

Please add any additional comments that are relevant to the research personnel information (maximum 250 words).

SECTION 2: Node Membership

Please indicate the current Node membership.

Roles	Current Node Membership Number of Individuals (% of Total)				
	BC	Prairies	ON	QA	Total



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					Members/role
Academic Researchers	44(21%)	189(49%)	69(28%)	123(49%)	425(41%)
Policy Maker/ Gov/ Regulatory Authority	41(20%)	16(4%)	21(9%)	20(8%)	98(10%)
Service Providers	130(63%)	125(33%)	37(15%)	64(26%)	356(35%)
Service Program Managers	12(6%)	72(19%)	17(7%)	23(9%)	124(12%)
Advocacy/ People with Lived and Living Experience (PWLLE)	25(12%)	27(7%)	20(8%)	23(9%)	95(9%)
Foundation/ Institute/ Education/Non-Profit	4(2%)	12(3%)	73(30%)	5(2%)	94(9%)
Professional Organization	4(2%)	4(1%)	2(0.5%)	14(6%)	24(2%)
Indigenous representatives	12(6%)	2(0.5%)	5(2%)	20(8%)	39(4%)
Public/ Other	25(12%)	12(3%)	2(0.5%)	2(1%)	36(3%)
Total (may be >100% as some members may hold multiple roles)	208 members in 297 roles	384 members in 498 roles	188 members in 246 roles	249 members in 294 roles	1029 members in 1296 roles

Additional Comments (optional)

Please add any additional comments that are relevant to the node membership information (maximum 250 words).

SECTION 3: Engaging People With Lived and Living Experience and End Users

Please describe your engagement with People With Lived and Living Experience and End Users, including Indigenous communities (maximum 250 words per fillable section).

NETWORK

CRISM prioritizes engagement with PWLLE and other end users, from planning to dissemination activities. Our robust KT strategies include social and multimedia platforms, dedicated communications teams, and capacity for both Official Languages and integrating first nation languages when and where possible.

OPTIMA

The OPTIMA trial will continue to target the following key stakeholder groups for dissemination, knowledge translation and knowledge sharing activities: (1) Persons who use opioids and those with opioid use disorder who are seeking opioid agonist therapy, (2) healthcare providers and key stakeholders involved in policy and programs for opioid use disorders care, and (3) community, advocacy groups in substance use. OPTIMA will continue to engage and work closely with PWLLE, providers and other knowledge users around these activities surrounding OPTIMA trial findings.



Community engagement was absolutely critical to the success of the trial. Sites worked very closely with local community organizations and participated in outreach efforts with teams in the community. These included but were not limited to: safe consumption services, local health authorities, and provincial outreach teams as well as PWLLE, which included hiring peer research assistants and engaging peer navigators. PWLLE were involved in recruitment efforts, oral presentations, meetings, and discussion groups. One of the OPTIMA ancillary projects used qualitative interviews to collect perspectives of the trial from participants and study staff. It is anticipated that the results from this study will not only help inform the design of future trials, but ensure that PWLLE experiences are understood and incorporated into clinical practice settings.

IMPLEMENTATION SCIENCE PROGRAM

BC facilitated projects:

Engagement with the CRISM National Working Group of PWLLE included the writing and publication of a peer-reviewed article on the barriers faced by harm reduction workers who are PWLLE. Group members also participated in interviews regarding the impacts of COVID-19 on the lives of PWLLE, discussing issues such as the increasingly toxic drug supply, harm reduction service closures, and community-led acts of resilience. Interview findings culminated in the development of a multi-media website that shares these personal stories and examines policies to create meaningful change.

The iOAT project engaged with iOAT clinics across Canada for the environmental scan including other sites that provide safe supply.

Prairie Node facilitated projects:

The Indigenous-led development of guidelines for treatment of OUD in Indigenous communities involves both participation and guidance from various Indigenous communities across Canada, Indigenous Elders, as well as the Assembly of First Nations.

TOPP involves participation of OUD treatment service programs that provide information on current practice as well as input on changes needed to better support clients in treatment for OUD.

The SCS project is informed by participation of SCS programs and clients.

ON facilitated projects:

The Naloxone project engaged extensively with peer advisors and consultants and drew on their expertise in the development of the naloxone best practice guideline by collaborating with the national PWLLE National working group. Members participated in guideline protocol development, as well as participating on several committees: Methodology Advisory Committee: 3 members, 2 meetings; Affected Community Committee: 8 members, 1 meeting; and the Guideline Development Panel: 14 members that voted on key questions.

The detox and withdrawal management project worked closely with a PWLLE advisor as well as key service programs within the treatment sector, who assisted in the development of the guideline protocol as well as participation in grading the quality of evidence to inform the WMS best practice guideline.

All corrections projects are informed by participation from correctional services, including program and service managers, as well as input from PWLLE among correctional facilities.

QC-AT facilitated projects:

The Node led the development of the guidance document for Telemedicine Support for Addiction Services during the COVID-19 pandemic with contribution from addictions medicine specialists, service providers, PWLLE. Podcasts with contributors and PWLLE were also produced as part of KM efforts. The telemedicine guidance document was developed to highlight the need and to provide guidance to prescribers and service providers around the growing role of telemedicine for healthcare access during the COVID-19 pandemic.

REGIONAL NODE ACTIVITIES**British Columbia Node**

During the reporting period, the Node worked alongside addiction medicine specialists and PWLLE to create two COVID-19 Guidance Documents covering medication strategies to support physical distancing and prevention and control strategies for residential recovery facilities. The Node also led a number of presentations and webinars aimed at physicians and other healthcare professionals to address substance use issues during the pandemic.

Since August 2020, the Node's liaison with the First Nations Health Authority has led "Difficult Conversations," a series of dialogues in Indigenous communities across BC which provide expert information and promote open discussion with families and communities regarding substance use. Other collaborations with organizations in the field of substance use include engaging with the BC College of Nurses and Ministry of Health (in response to an order from the Health Officer) to support Registered Nurses to prescribe Suboxone. We developed the education and training pathway, and prescribing began in February 2020 with the first cohort of trained nurses.

Prairie Node

To date, our Node stakeholder engagement strategy has concentrated on establishing network presence and membership across the three Prairie Provinces. Since the Prairie Node began operations, we have increased our end user members as follows: Service providers from 3 to 125, Program managers/directors from 9 to 72, Policy makers from 12 to 16, Professional organizations from 1 to 4, PWLLE advocacy from 0 to 27, and Foundations/Institutes from 2 to 12.

While the pandemic limited our ability to engage with end users in person, recent end user engagement activities include supporting 9 new member development subgrants, including an Indigenous partner-led project to document the healing journey from addiction from an Indigenous perspective called *PASPINAM: Made it through the hardship*. The other 8 projects are called *Substance use and outcomes in Manitoba; Family Factors: How do family members help and/or hinder recovery from substance misuse; Perspectives, pathways and priorities of people with lived and living experience of substance use: Informing policies (P5); Exploring family-focused immigrant youth substance use prevention programs; Patients' experiences regarding the impact of COVID-19 on their AMH, their ability to access treatment, and their preferences regarding future treatment delivery; Sociodemographic factors associated with prescription drug misuse among older adults in Saskatchewan; Impact of Health System Engagement on the Health and Well-Being of People Who Use Drugs; and Utilizing Nurse Practitioners to Increase Access to Opioid Agonist Therapy*.

We have also provided funds to the Manitoba Harm Reduction Network to support their PWLLE advocacy activities, as we did for Alberta- and Saskatchewan-based advocacy organizations in previous years.

The two Health Canada requested Covid-19 rapid guidance documents that Prairie Node coordinated (SCS and Acute Care) both included PWLLE on the authorship and reviewer teams. We have also begun to develop a Prairie-specific PWUD cohort that will be involved in future COVID-19 projects..

Ontario Node

Throughout the 2020-2021 year, OCRINT engaged and collaborated with PWLLE, end-users of our research, and Indigenous communities through a variety of activities including during research projects as well as knowledge translation undertakings. As part of our work focused on COVID-19, OCRINT collaborated with our national PWLLE steering committee to solicit advice and support, as well as drew on our relationships with PWLLE, end-users (e.g., harm reduction organizations, healthcare providers, community advocacy groups, etc.,) and Indigenous communities and individuals across Canada during the development and implementation of a major mixed-methods project examining the impacts of COVID-19 on substance use among PWLLE. Throughout this project, we worked alongside these groups to actively engage and collaborate on all aspects of the project, from the research proposal through community recruitment, data collection activities, and the dissemination of our results including representation from rural/remote/Indigenous communities. Furthermore, we collaborated with PWLLE and key healthcare providers to co-develop COVID-19 guidance documents to support PWLLE and frontline workers in a variety of settings, including guidance for harm reduction services, in collaboration with

PWLE. OCRINT then presented these findings to end-users via a national webinar and through the dissemination of recommendations for key end-user audiences. Additionally, OCRINT worked closely with PWLE on a number of research projects and academic publications, including a project examining barriers to treatment in which PWLE co-developed the project and co-authored the manuscript. Moreover, we continued to meet with our PWLE steering committee (including Indigenous partners) regularly to obtain their perspectives and advice on potential future research and knowledge exchange priorities and activities to ensure they are actively involved in OCRINT projects throughout the entirety of the process.

We have also continued the role for a PWLE to be part of our executive OCRINT committee whereby the individual will participate and be involved in decision-making of priorities moving forward. We have also continued our partnerships with two peer-led user groups: Canadian Association of People who Use Drugs (CAPUD) and Drug Users Advocacy League (DUAL). We have also supported the submission of several grants whereby PWLE and Indigenous partners have been invited as collaborations, knowledge users or co-applicants.

Québec/Atlantic Node

Node Indigenous Working Group (IWG), involving 11 First Nations communities and 8 Indigenous organizations, was successfully awarded two CIHR COVID-19 grants (\$257k) examining the impact of COVID-19 on substance use services on Indigenous patients and Indigenous youth. A commentary by the IWG was published in the Journal of Substance Abuse Treatment on the impact of COVID on OUD treatment among Indigenous communities in the US and Canada, and a manuscript on trauma-informed approaches on substance use disorder for Indigenous communities was submitted to the Journal of Psychoactive Drugs.

The creation and implementation of a community liaison mandate for a research assistant with lived experience (PWLE) has been a catalyst in building a rapport with a rich community network that serves PWUD. The mandate began in June 2020 and enabled the node to gather first-line observations from resources and PWUD; share information amongst the developed community network; build partnerships; and participate in internal and external committees and conferences in harm reduction.

The community liaison assistant: 1) Assessed the impact of the pandemic on the services and schedules of 147 community resources in October 2020; 2) Increased the research laboratory's relationship from 2 main community partners to 37 community partners; 3)- Implemented adaptive recruitment strategies for CRISM's Rapid Assessment of the Impacts of COVID-19 on People Who Use Drugs and resulted in a twelve-fold increase in weekly recruitment targets.

These successful initiatives were presented at CAHR 2021. Initiatives further led to collaboration with: a) AQPSUD on a Resilience Art Projects; b) AIDQ and community members for the 34e rencontre québécoise en réduction des méfaits, creating a Stigma and Marginalization segment and developing and implementing the HEPCO Mobile Clinic; c) working with CACTUS and AQPSUD for community organized overdose prevention and overdose death commemorative events.

SECTION 4A: Knowledge Mobilization (Apr 1, 2020-Mar 31, 2021)

Please indicate the number of research contributions and products.

	OPTIMA		BC		Prairies		ON		QA		ISP	
	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd	Pub'd	Sub'd
Number of Research Contributions												
Peer-reviewed publications	0	1	17	1	20	21	17	2	82	4	4	0
Books	0	0	0	0	0	0	0	0	1	0	0	0

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Conference presentations	0	1	16	0	13	0	12	0	12	4	0	0
Conference abstracts	0	3	0	0	1	2	16	0	17	2	0	0
Guidelines	0	0	5	0	4	0	5	0	1	0	0	0
Other Reports	0	0	7	0	7	0	4	0	1	0	3	0
Total	0	5	45	1	45	23	54	2	114	10	7	0
Number of Public Outreach and Media Coverage	OPTIMA	BC		Prairies		ON	QA		ISP			
Presentations (not included above)	0	9		20		14	12		0			
Newspaper	1	130		32		121	365		0			
TV / Radio	1	10		20		24	35		0			
Total	2	149		72		159	412		0			

SECTION 4B: Publications (See Appendix 1)

Please append references for all publications in the area of problematic substance use that were supported with CRISM funding during the specified reporting period. Captured publications should include work conducted by the Nodes (including demonstration projects) as well as through OPTIMA and the Implementation Science Program.

Ensure that the following fields are included for each publication:

- Title, journal, primary author name, authors, URL, DOI, number, page number, year
- Indicate whether each publication was funded by CRISM either fully or partially

SECTION 4C: Knowledge Mobilization – OPTIMA Study

Please describe key knowledge mobilization activities and/or products resulting from the OPTIMA Study (maximum 250 words).

Since the completion of the trial in March 2020, there have been several initiatives and knowledge translation and dissemination efforts that have taken place. The primary outcome findings for the trial have been submitted for publication to the Lancet: Psychiatry and the RPI's are awaiting a decision. A data sharing platform has been implemented that holds all data from the main OPTIMA trial and all data from the 5 ancillary studies that took place alongside the main trial. This platform allowed all CRISM members, trainees, physicians from affiliated institutions and organizations to submit proposal requests and research ideas using OPTIMA data, increasing the dissemination activities and publication opportunities. There have so far been a total of 17 data access requests submitted and approved by the executive committee of CRISM (BC Node=6; Prairie Node=2; Ontario=3; Quebec-Maritimes=6) in the areas of mental health, fentanyl use, retention, pharmacogenomics, cost effectiveness, quality of life, sexual functioning, craving, and other illicit substance use including cannabis and other opioid use. Publications from these requests are on hold until the primary outcome has been published.

Once the primary outcome manuscript has been published, authors will be able to publish ancillary findings and continue with dissemination efforts. The OPTIMA team will continue to work closely with community members, stakeholders, and institutional partners to enable continued knowledge translation activities for OPTIMA.

SECTION 4D: Knowledge Mobilization – Implementation Science Program (ISP)

(See Appendix 2 for project status updates)

Please describe key knowledge mobilization activities and/or products resulting from the Implementation Science Program (ISP) (maximum 500 words).

Publications:

Kaczorowski, J., Bilodeau, J., Orkin, A.M., et.al. (2020). Emergency Department-initiated Interventions for Patients with Opioid Use Disorder: A Systematic Review. *Academic Emergency Medicine*. 27(11): 1173-1182.

Moustaqim-Barrette, A., Dhillon, D., Ng J., et.al. (2021). Take-home naloxone programs for suspected opioid overdose in community settings: a scoping umbrella review. *BMC Public Health*. 21:597.

Dong, K., Lavergne, K., Salvalaggio, G., et.al. (2021). Emergency physician perspectives on initiating buprenorphine/ naloxone in the emergency department: A qualitative study. *Journal of the American College of Emergency Physicians Open* 2(2), e12409.

People with Lived Expertise of Drug Use National Working Group et al. (2021). Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. *Harm Reduct J*. 18:1.

Reports/Guidelines:

Environmental Scan of Withdrawal Management Practices and Services in Canada: Response to Opioid Use Disorder (2021). <https://crism.ca/wp-content/uploads/2021/06/WMSFINALReportJune2021.pdf>

Treatment of Opioids in Psychosocial and Recovery-based Programs (TOPP): National Survey Results (2021). <https://crism.ca/treatment-of-opioids-in-psychosocial-and-recovery-based-programs-topp/>

Presentations:

iOAT environmental scan was presented at CPDD (June 2020), BCCSU conference (June 2020), and the Canada Recovery Summit (Oct 2020).

Youth and new users was presented at CSAM (Nov 2020), Controlled Substances Directorate (Dec 2020), the Opioid Response Partners (Feb 2021), Association of the Faculties of Medicine of Canada (Feb 2021).

Correctional Populations was presented at BCCSU conference (June 2020).

PWLE National Working Group's harm reduction worker survey presented at CAPH (March 2021).

Graphic Documents:

Various (refer to website for complete details <https://crism.ca/projects/implementation/>) including:

Youth and Newer Users <https://crism.ca/at-risk-youth-and-newer-users/>

Naloxone Guideline Project Collaboration <https://crism.ca/naloxone-distribution/>

<https://crism.ca/wp-content/uploads/2021/04/Naloxone-Best-Practice-Guideline-Project-Collaboration-Structure-1.pdf>

Naloxone Best Practice Guideline Development: <https://crism.ca/wp-content/uploads/2021/04/Naloxone-Guideline-Development-Project-Summary.pdf>

SECTION 4E: Knowledge Mobilization – Supplemental Information

Please describe any key additional knowledge mobilization activities or products (maximum 250 words).

Funded, in part, as a supplementary activity of the development of the Canadian national guidelines for the treatment of OUD, the Prairie Node completed and published a systematic review called Forty-eight years of research on psychosocial interventions in the treatment of opioid use disorder: A scoping review. A database of results is available to the public at

<https://dataverse.library.ualberta.ca/dataset.xhtml?persistentId=doi:10.7939/DVN/T1BPNA>

SECTION 5: Barriers, Challenges and Facilitators

Please specify any specific challenges or barriers that you have encountered and factors that have facilitated progress and/or uptake of research findings during this reporting period (maximum 250 words).

Barriers/Challenges:

- Some node-specific projects had to be put on hold due to disruptions in data collection due to COVID-19. In-person symposiums and the national executive team meeting also had to be postponed
- Rapidly adapting protocols from in-person research to online/ phone surveys, providing 1-800 numbers for participants for ease of access, providing laptops and phones to individuals without stable virtual communication
- Administrative challenges for personnel to access sites/ facilities to readily retrieve research supplies and access needed resources and infrastructure
- Significant delays in REB and institutional responses, in turn delaying project initiation, transfer of funds, and REB approval
- Adjust work expectations and responsibilities for existing and incoming trainees
- Project recruitment, such as the OPTIMA trial and HEPSCO cohort, were delayed, impacting final data analysis and planned publications
- Cancellation of knowledge transfer activities (conferences, events, etc.) for node researchers, resulting in cancellation of accepted presentations
- Cancellation of node conferences, symposia, and high-level meetings: 1) Stimulus conference; 2) Sommet des dépendances du Québec; 3) Québec-Atlantic node 4th Atlantic symposium; 4) Node general assembly; 5) CRISM 2020 National Executive Committee

Facilitators:

- Instead of an in-person or virtual symposium, the QC-Atlantic Node allocated upwards of \$5,000 per Atlantic Provinces to support Knowledge Mobilization events to continue to build connections across the Atlantic provinces and promote knowledge sharing. The facilitation enabled two Atlantic projects to disseminate results from an already funded study involving virtual service delivery.
- Dynamic communication campaign executed to transition to remote data collection and enroll participants in node-supported intervention and clinical trials
- RA with lived experience hired into the team to reach out to community groups and service providers to document the impact of COVID-19 preventive measures on services offered to PWUD
- Increase in use of online engagement and communication

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List of Appendices

Appendix 1: CRISM Node Publications

Appendix 2: CRISM Implementation Science Program Overview of Progress

Appendix 1: CRISM Node-Supported Publications (April 1 2020 – Mar 31 2021)

BC Node

Fully funded by CIHR CRISM funds

- Austin T, Boyd J. Having a voice and saving lives: a qualitative survey on employment impacts of people with lived experience of drug use working in harm reduction. *Harm Reduct J.* 2021;18(1):1.
- Eydt E, Glegg S, Sutherland C, et al. Service delivery models for injectable opioid agonist treatment in Canada: 2 sequential environmental scans. *CMAJ Open.* 2021;9(1):E115-e124.

Partly funded by CIHR CRISM funds

- Bach P, Garrod E, Robinson K, Fairbairn N. An Acute Care Contingency Management Program for the Treatment of Stimulant Use Disorder: A Case Report. *J Addict Med.* 2020;14(6):510-513.
- Bach P, Hayashi K, Milloy MJ, et al. Characterising the increasing prevalence of crystal methamphetamine use in Vancouver, Canada, from 2006-2017: A gender-based analysis 2020;39(7):932-940.
- Braithwaite V, Fairgrieve C, Nolan S. Sustained-release Oral Hydromorphone for the Treatment of Opioid Use Disorder. *J Addict Med.* 2020;14(4):345-347.
- Brar R, Fairbairn N, Sutherland C, Nolan S. Use of a novel prescribing approach for the treatment of opioid use disorder: Buprenorphine/naloxone micro-dosing - a case series. *Drug Alcohol Rev.* 2020;39(5):588-594.
- Giang V, Brar R, Sutherland C, Nolan S. HIV Treatment Initiation and Retention Among Individuals Initiated on Injectable Opioid Agonist Therapy for Severe Opioid Use Disorder: A Case Series. *J Addict Med.* 2020;14(5):437-440.
- McCrae K, Hayashi K, Bardwell G, et al. The effect of injecting alone on the use of drug checking services among people who inject drugs. *Int J Drug Policy.* 2020;79:102756.
- Ronsley C, Nolan S, Knight R, et al. Treatment of stimulant use disorder: A systematic review of reviews. *PLoS One.* 2020;15(6):e0234809.
- Ryan A, Sereda A, Fairbairn N. Measures to support a safer drug supply. *Cmaj.* 2020;192(49):E1731.
- Socias ME, Wood E, Dong H, et al. Slow release oral morphine versus methadone for opioid use disorder in the fentanyl era (pRESTO): Protocol for a non-inferiority randomized clinical trial. *Contemp Clin Trials.* 2020;91:105993.
- Gooding L, Hamilton MA, Dong H, et al. Educational Studies Examining Knowledge of Substance Use Disorders and Career Aspirations among Medical Trainees in an Inner-City Hospital. *J Addict Med.* 2021.
- Betsos A, Valleriani J, Boyd J, Bardwell G, Kerr T, McNeil R. "I couldn't live with killing one of my friends or anybody": A rapid ethnographic study of drug sellers' use of drug checking. *Int J Drug Policy.* 2021;87:102845.
- McCrae K, Wood E, Lysyshyn M, et al. The utility of visual appearance in predicting the composition of street opioids. *Subst Abus.* 2021:1-9.

- Milden J, Dickhout P, Nolan S. Hospital-based Buprenorphine/Naloxone Initiation in a Patient With Limited Communication Abilities: A Case Report. *J Addict Med.* 2021.
- Socías ME, Dong H, Wood E, et al. Trajectories of Retention in Opioid Agonist Therapy and Overdose Risk During a Community-Wide Overdose Epidemic in a Canadian Setting. *Am J Prev Med.* 2021;60(1):57-63.
- Socías ME, Nolan S. Can Extended-release Injectable Medications Help Curb United States and Canada's Opioid Overdose Epidemic? *J Addict Med.* 2021;15(1):15-17.
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**APPENDIX 2: CRISM Implementation Science Program
Overview of Progress to Sept 2021**

Descriptions of the projects and deliverables completed to date are posted here: <https://crism.ca/projects/implementation/>

LEAD NODE	PROJECT	Sept 2018- Sept 2019 Activities	Sept 2019- Sept 2020 Activities	Sept 2020-Sept 2021 Activities	Sept 2021-Sept 2022 Activities	Sept 2022-Sept 2023 Activities	
ONTARIO	Naloxone	Environmental Scan of Naloxone Parameters across Canada					
		Conduct environmental scan					
		Disseminate report nationally					
		Development of Naloxone ‘Best Practice Guideline’					
		Determine outcome indicators	Conduct review of available data on naloxone regulation, availability and practices nationally and internationally	Disseminate and publish scoping review	Once evidence on questions is generated through systematic reviews, engage GDG on recommendations, strength of recommendations, and important considerations.		
				Protocol development, ethics application, peer/PWLE recruitment			
				Convene Guideline Development Group (GDG) from nominated people with lived and living experience, clinicians, and academics. Bring key questions to GDG based off results of scoping review. Ask GDG to vote on key questions for prioritization in BPG.	Finalize systematic review evidence and integrate into BPG		
				Begin addressing key questions through systematic reviews	Disseminate and publish results		
				Begin drafting BPG for Take-home naloxone			

Legend: Yellow = project components. Green = completed tasks. Orange = in progress. White = not started. Bold = deliverables/outputs

		Repository of Canadian Data/Outcomes of Naloxone Distribution				
				Identify and compile relevant process and outcome data on naloxone distribution, outcomes etc. into a repository e.g. CRISM website	Disseminate and publish results	
		Outcome Research: Create concrete empirical data/analyses on naloxone uptake/disseminate and outcomes				
				Conceptualization of research projects, data curation and formal analysis of BC naloxone data- correlates of naloxone uptake in BC	Disseminate and publish results	
				Data curation and formal analysis of BC naloxone data- factors associated with naloxone withdrawal	Create KT materials for dissemination	
				Manuscript (correlates of naloxone uptake in BC) submitted and published		
				Manuscript (factors associated with naloxone withdrawal) submitted to PLOS One		
	Detox / Withdrawal Management Co-led by Qu-A Node (DWM)	Environmental Scan of detoxification/withdrawal management practice and needs across Canada				
		Compile list of services and organize provincially	Data analysis	Disseminate and publish results		
		Develop and launch survey	Write internal report			
		Development of Opioid Detoxification/withdrawal management review and “Best Practice” document				
		Determine outcomes indicators	Data collection	Compile results of the evidence grading into a final summary report	Expert working group to review final report and craft a set of clinical recommendations informed by evidence	
					Final best practice document drafted and circulated for final review	
			Disseminate and publish results and create additional KT materials			
	Form expert working group (8-10) expert stakeholders for analysis and KT purposes	Evaluate the quality of evidence				

Legend: Yellow = project components. Green = completed tasks. Orange = in progress. White = not started. Bold = deliverables/outputs

Corrections	Scoping Review of Feasibility and Outcomes of Interventions for Opioids Misuse among Correctional Populations			
	Develop and conduct scoping review	Publish manuscript PLOS 1		
	Evaluating the Impact of Strategies to prevent opioid-related harms in people who experience imprisonment in provincial prisons in Ontario			
	Identify outcomes and indicators	Develop and populate correctional database	Data linkages, initial analyses, data analyses	Disseminate and publish results
	Gain access to available health administrative data (CIHI, MCSCS)	Receive additional dataset	Manuscript writing/submission and other KT developments	
	Follow-up study of Quebec Federal Offenders on Opioid Substitution Treatment (OST): offender pre-and post-release interviews			
	Recruitment and conduct of interviews of federal offenders from correctional settings	Conduct interviews (post-release) ON HOLD DUE TO COVID	Complete interviews (post-release) Qualitative analysis of pre-and post-release interviews for all 7 participants recruited before COVID-19	
	Extract data from CSC databases		Final report on preliminary results submitted to Corrections Service Canada (CSC) March 31, 2021	
	Examining the Opioid Landscape within Federal Prisons in Alberta: survey and staff interviews			
	Develop survey for correctional staff and recruit participants	Continue to conduct interviews one last site is ON HOLD DUE TO COVID	Transcribe and code existing interviews	Data collection in federal prisons (if able to resume)
	Conduct interviews and surveys		Data collection in federal prisons on hold due to COVID	Data analysis and report preparation Disseminate and publish results
	An Evaluation of the use of Community Transition Teams to improve health outcomes for individuals recently released from British Columbia Corrections			
	Identify data systems and outcomes for CTTs	Conduct interviews- currently revising interview plans to conduct online/over the phone ON HOLD DUE TO COVID	Revised: Questionnaires are now participant administered and all study activities are conducted over the phone. Updates on sites: (1) Surrey Pre-Trial Services Centre: On hold due to COVID-19. Planning to re-evaluate in September 2021. (2) Fraser Regional Correctional Centre: On hold due to COVID-19. Planning to re-evaluate in September 2021. (3) Nanaimo Correctional Centre: Recruiting	Conduct qualitative interviews with CTT staff (once fully approved)
	Develop questionnaire for interviews			Continue to attempt to recruit participants for qualitative interviews. Re-evaluate study activities with Surrey Pre-Trial Services Centre and Fraser Regional Correctional Centre (pending COVID-19).

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				<p>participants. (4) Kamloops Regional Correctional Centre: Live, attempting to recruit participants. (5) Prince George Regional Correctional Centre: On hold due to COVID-19.</p> <p>Qualitative Study Activities: Study team is actively attempting to recruit participants for the qualitative interview.</p> <p>Pending: Study team has developed study materials to undertake qualitative interviews with CTT staff. This has received ethics approval from the University of British Columbia (UBC) and is pending approval from British Columbia Mental Health and Substance Use Services (BCMHSUS) Research Committee.</p> <p>Knowledge translation: Virtual poster presentation at the BC Substance Use Conference</p>	<p>Begin to curate different knowledge translation outputs (e.g., reports).</p> <p>Continue to carry out participant recruitment at active sites.</p>		
				<p>Disseminate and publish papers</p>			
PRAIRIES	Supervised Consumption Services (SCS)	Develop a National Evidence-Based Supervised Consumption Sites (SCS) Operational Guidance Document					Update document as needed
		Conduct literature review and environmental scan of SCS sites in Canada	Prepare operational guidance document	Disseminate operational guidance document internally; adapt based on feedback	Disseminate and publish operational guidance document		
		Developing Plain Language Materials on SCS					Update information as needed
			Complete evidence brief on public health impacts of SCS	Format and update KT materials as needed	Update information as needed		
			Complete evidence brief on supervised inhalation	Produce accessible descriptions on innovative SCS and OPS service models	Produce podcast episodes on SCS		
			Complete frequently asked questions on SCS and OPS	Produce infographics on the number and key features of SCS and OPS in Canada	Release website, whyscs.ca with lay language evidence briefs (The Basics, Health Impacts, Cost Savings, Crime & Public Order) and infographics (The Basics, Myths & Facts, The Canadian Overdose Epidemic, Health Impacts, Cost Savings, Crime & Public Order, A Typical Visit)		
	Complete infographics based on evidence briefs	Create website, whyscs.ca					

Legend: Yellow = project components. Green = completed tasks. Orange = in progress. White = not started. Bold = deliverables/outputs

		Building the National Knowledge Base on SCS models in Canada: survey and case studies of SCS				
			Develop survey of Canadian SCS sites ON HOLD DUE TO COVID	Develop survey of Canadian SCS sites DELAYED DUE TO COVID	Conduct survey of Canadian SCS sites	Disseminate and publish case study results
					Write internal report on survey	
					Disseminate and publish survey results	
					Conduct case studies of selected SCS sites	
	Psychosocial and Recovery (TOPP)	Treatment Program Survey				
		Development of the sampling framework for Canadian OUD treatment programs	Complete technical report	Complete survey in Quebec	Disseminate and publish survey results	
		Conduct survey in all P/T except Quebec (n=202)		Update report		
		Treatment Program Case Studies				
		Identification of suitable programs	Conduct case studies	Complete case studies	Analyze case study results	
					Write internal report	
					Disseminate and publish case study results	
		Scoping Review of Psychosocial Interventions for OUD				
		Conduct scoping review	Prepare technical report	Publish first manuscript	Disseminate and publish additional manuscripts	
				Release database of scoping review results		
Draft additional manuscripts						
National Best Practice Guidelines: Developing an implementation plan to increase uptake of best practice and evaluate its impact.						
			Develop implementation strategy	Broader implementation and evaluation of guidelines		
			Implement and evaluate implementation			

	Indigenous Peoples Project (TPF)	Engagement with Indigenous stakeholders throughout project				
		Develop a national First Nations perspective to inform the project	Ongoing engagement and empowerment of communities	Ongoing engagement and empowerment of communities	Ongoing engagement and empowerment of communities	
		Empower communities and treatment centres				
		National gatherings of working group and leadership group				
		Hold first meeting February 2019	Hold second in-person meeting May/June 2020	Hold virtual meetings		
		Produce a monthly newsletter that briefs the leadership and working group on the progress, initial findings, and highlights of the project	POSTPONED DUE TO COVID			
		Literature Review: Effective methods for a First Nations culture-based response to increased opioid and methamphetamine use				
		Draft report and KT materials	Disseminate literature review to project team	Adapt content of literature review for guidelines - in order to publish it would need more work	Update documents as new information becomes available	Update documents as needed
		Environmental Scan of Indigenous community treatment centres				
		Visit 10 Indigenous communities across Canada	Draft and disseminate individualized reports and KT materials to each community	Incorporate results into National Guideline		
		National Guidelines (Clinical and Operations)				
			Develop guidelines based on literature review and environmental scan	Present guidelines to AFN POSTPONED DUE TO COVID	Present guidelines to AFN	Update guidelines as new information becomes available
			Develop tool to evaluate guidelines	Include information on impact of Covid-19 and preparedness for pandemics	Finalize evaluation plan Release guidelines	Evaluation of guideline implementation
			Present guidelines to Assembly of First Nations (AFN) POSTPONED DUE TO COVID	Develop implementation strategy	Broader implementation and evaluation of guidelines	

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BRITISH COLUMBIA	iOAT	National iOAT Guidelines (Clinical and Operations)					
		Public release of guidelines and journal article in CMAJ	Online and targeted dissemination of national iOAT guidelines		Update guidelines		
			Develop KT materials and resources				Guideline impact evaluation
			CMAJ podcast				
		Environmental Scan of iOAT Services					
		First scan: 2018	1st and 2nd Scan results: manuscript submitted	Fourth scan: March 2021 (collected data and analyze)	Fifth scan: March 2022 (collect data and analyze)	Final scan: March 2023 (collect data and analyze)	
		Second scan: March 2019		Consolidate all scan results, develop KT materials, disseminate and publish manuscripts	Consolidate all scan results, develop KT materials, disseminate and publish manuscripts	Consolidate all scan results, develop KT materials, disseminate and publish manuscripts	
		CPDD Conference presentation					
			CPDD Conference presentation				
			BCCSU Conference poster presentations				
		National Community of Practice					
		Create listserv	Create webpage to host information, events, resources	Maintain and moderate regular e-mail and webinar communication	Maintain and moderate regular e-mail and webinar communication	Maintain and moderate regular e-mail and webinar communication	
				Host 1st national iOAT training session using BCCSU Substance Use ECHO platform	Host 2nd national iOAT training session using BCCSU Substance Use ECHO platform		
	Knowledge Mobilization						
				Develop patient/prescriber iOAT resources			
				Develop accessible, online education modules for prescribers			
	Expanding access to OAT (1): Nursing	National Scoping Review					
		Conduct scoping review	Develop report and recommendations	Complete report and recommendations	National webinar with Canadian Nurses Association		
				Disseminate report and recommendations			Develop resources and practice support tools to support nurse led OAT models
				Develop education and training modules			
National Recommendations							
Draft national recommendations							

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People With Lived Expertise Engagemen t (PWLE)	Host workshop around CSAM				
	Build a national group of PWLE representatives				
	Develop community partners and PWLE group	Continue building group membership	Hold virtual meetings to support research priorities and teambuilding	Hold virtual meetings to support research priorities and teambuilding	
	Hold in-person meeting around research priorities and focus on teambuilding		Hire PWLE project coordinator		
	Participate and consult in other EHT projects				
	Provide feedback to other EHT project teams through presentations on monthly teleconferences	Continue engagement with other EHT projects Participate in COVID guidance development	Continue feedback sessions with other EHT projects	Continue feedback sessions with other EHT projects	
	Photovoice Project				
	Conduct photovoice project	Publish photovoice journal v1	Disseminate KT products		
		Update and publish photovoice journal v2			
	Harm Reduction Workers Survey				
	Implement survey at the Stimulus Harm Reduction Conference in Edmonton, Oct 2018	Analyze data	Publish and disseminate journal article		
		Publish report			
		Publish infographic			
		Submit manuscript			
	Podcast Production				
Connect with Crackdown development team	Participate in the development of a podcasts	Consultations, planning, content, editing, production	Participate in the development of a podcast (consultations, planning, content editing, production)		
		Release podcast	Release podcast		
		Dissemination	Dissemination		

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	COVID Research – NEW PROJECT				
		Design questions and submit ethics amendment	Continue qualitative interviews	Continue qualitative interviews: second round of interviews beginning April 2021	
		Conduct focus group	Planning, consultation for interactive website	Analyze results	
		Conduct qualitative interviews (round 1)	Contract web designer	Draft manuscripts	
			Launch website (estimated release: April 2021)		

QUÉBEC-ATLANTIC	Drug Checking	Drug Checking Services in Canada: A Review of Existing and Developing Services				
		Questionnaire development	Survey launched Nov 2019	Data analysis	Disseminate and publish manuscript	
			Discuss preliminary data collected at CCSA IoS in November 2019	Draft manuscript		
			Organized 1-day meeting with CCSA working group at CCSA IoS on November 27, 2019			
			Post CCSA meeting to address issues raised, such as standardization/indicator for DCS (January 21, 2020)			
		Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review				
		Conduct first search	Update search	Manuscript “The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review” published on Qeios	Disseminate and publish manuscript	
		Data extraction	Presented update at DCWG/ CRISM in-person meeting in Ottawa (IoS November 2019)	Manuscript “The Implementation of Drug Checking Services for People Who Use Drugs: A Systematic Review” submitted to <i>Addiction</i>		
			Abstract accepted to 14th Annual Conference of the International Society for the Study of Drug Policy Conference ON HOLD DUE TO COVID			
			Oral presentation at CAHR 2021			
Data analysis complete						

	Drug Checking Manual				
			Complete Drug Checking Manual in English and French (currently translating Chapter 1 and completing Chapters 2 and 3)	Plan, coordinate and provide 10 training sessions with partners (5 in EN, 5 in FR)	
			Prepare and launch website (drugcheckingtraining.ca)	Create tools and videos to support training	
			Continuous exchange with partners to ensure up-to-date best practices in drug checking	Project evaluation - produce report on evaluation	
				Scientific publication	
	Scoping Review of OUD Treatment for Youth/Newer Users (Montreal site)				
	Conduct scoping review	Disseminate preliminary results of the scoping review at youth summits (November 12, 2019 in BC and January 25, 2020 in other nodes)	Manuscript drafted and submitted to Canadian Journal of Psychiatry (July 2021)	Disseminate and publish results	
	Critical Gap Analysis (Montreal Site)				
	Develop and pilot survey	Survey launched November 2019; survey re-sent July 2020	Completed survey Dec 2020		
			Data analysis		
		Disseminate and distribute results as described in the “knowledge mobilization” activity section below			
Youth Focus Groups (All Sites)					
Conduct focus groups in each node	Develop ‘rapid’ summaries of the Youth Focus Groups to inform summit	Complete coding	Disseminate and distribute results as described in the “knowledge mobilization” activity section below		
Different youth populations in each node: BC- street-involved youth; AB- youth with personal experience, or family member and/or someone close to them who have experienced opioid-related harm; ON- Indigenous youth, youth seeking mental health and addiction services; QC- Pediatric youth, oncology youth; NS- young adults/ university students	Code focus group data	Finalize summaries of youth focus groups			
Transcribe focus groups		Disseminate and distribute results as described in the “knowledge mobilization” activity section below			

Legend: Yellow = project components. Green = completed tasks. Orange = in progress. White = not started. Bold = deliverables/outputs

	Youth Summits (All Sites)				
	Advisory committee to identify and invite youth	Hold one Youth Summit (November 12, 2019 in BC and January 25, 2020 in the other nodes)	Disseminate and distribute results as described in the “knowledge mobilization” activity section below		
		Finalize summary of the Youth Summits			
	Knowledge Mobilization and Translation (All Sites)				
		Montreal youth summit was covered on primetime Montreal CBC news, and was attended by policy analysts from Health Canada	Presentation at CSAM symposium conference online (November 2020) to disseminate results of focus group, youth summits	Create and produce KT products for youth and service providers and continue to disseminate existing resources (ex. live drawings from youth summit)	
			Presentation of results from focus group and youth summit to <i>Controlled Substances Directorate (Dec 2020)</i>		
		Panel presentation at UN commission on Narcotic Drugs meeting in Vienna, 2-6 March 2020 Maya Nujaim (20 years old) was selected by Health Canada during the youth summit to present at this meeting	Presentation of results from focus group and youth summit to Opioid Response Partners (Feb 2021)		
		Circulation of live drawing graphics from youth summit at UN commission on Narcotic Drugs meeting in Vienna, 2-6 March 2020	Presentation of results from focus group and youth summit to <i>Association of the Faculties of Medicine of Canada (Feb 2021)</i> Submit and publish special issue to <i>Canadian Journal of Addiction Medicine</i> (this will include a protocol paper, 1 paper linking all sites together, and site-specific papers to discuss focus group and youth summit data)		
	Expanding access to OAT (2): Buprenorphine/naloxone				
	Conduct systematic review	Submitted manuscript to “Annals of Emergency Medicine” on April 2, 2020 but was rejected			
Manuscript accepted and published in <i>Academic Emergency Medicine</i> – July 2020					

	rapid access in ED	Survey of Emergency Physician Attitudes toward Initiating Opioid Agonist Treatment				
		Develop and conduct survey	Preliminary results presented at CSAM 2019 (October 24-27)	Manuscript "A survey on buprenorphine practice and attitudes in 22 Canadian emergency physician groups" accepted at CMAJ Open (March 2021)	Disseminate and publish results	
			Present preliminary data at 11th Annual Emergency Medicine Research Day at UBC	Draft 2nd manuscript on multivariate analysis		
			Draft report of the quantitative survey			
		Expanding access to OAT initiation in emergency departments: Physician qualitative interviews				
		Develop and conduct interviews of physicians	Data analysis of qualitative interviews	Manuscript published in JACEP "Emergency Physician Perspectives on Initiating Buprenorphine/Naloxone in the Emergency Department: A Qualitative Study"	Disseminate and publish results	
			Preliminary results presented at CSAM 2019 (October 24-27)			
		Buprenorphine/ naloxone to-go and intensive outreach team follow-up for emergency department patients with opioid use disorder (ED patient survey and qualitative interview)				
		Develop and pilot test questionnaire and begin to recruit participants	Recruitment of participants	Manuscript accepted to PLOS ONE "Experiences of people with opioid use disorder during the COVID-19 pandemic: a qualitative study" (July 22, 2021)	Disseminate and publish results	
Conduct follow-up	Complete data collection on follow-up surveys					
	Complete chart review					
	Produce 2 other manuscripts					
	Disseminate and publish results					

		Implementation Roll-Out				
				Partner with CAEP and AMUQ on pan-Canadian implementation roll-out	Implementation roll-out and evaluation	
				Hold National Stakeholders Meeting to assess needs (May 19 2021)		
				Hold multiple regional stakeholders meeting		