

Objective

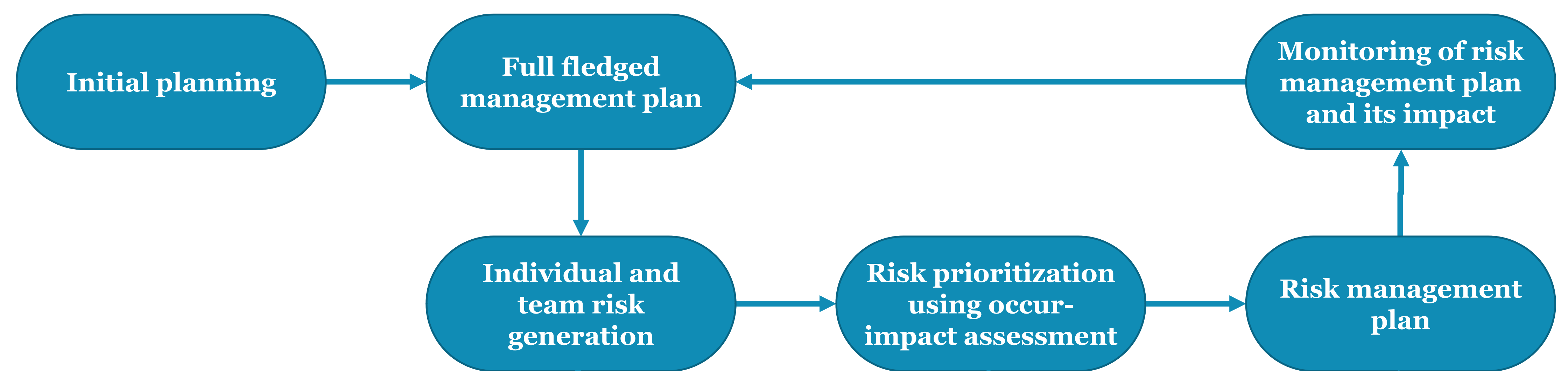
- The Access to Resources in the Community (ARC) research aims to improve access to community resources in the Champlain and North East LHIN regions of Ontario.
- Multi-stakeholder research on the implementation of patient navigation services in primary care is challenging.
- Risks that are not addressed early can derail the conduct of the research itself or the implementation of navigation services.**
- Our objective is to identify and mitigate risks associated with managing complex research in primary care.

Approach

- Risks are unknown or unclear concerns, issues, situations, or events with the potential to impede project processes or outcomes.
- A Delphi-type multi-step risk management process modeled on evidence-based project management research was conducted with the ARC research group.
- Steps included electronic anonymous individual consultations to identify, rate and prioritize risks based on likelihood and impact, followed by consensual group discussions to design a risk management plan to optimize the conduct of the research.

Results

- Research team members (N=13) generated a consolidated list of 69 risks thought to hinder the successful conduct of the research.
- Risks with the highest likelihood and impact (i.e., 14; 20%) were included in the risk management plan.
- The plan consisted of 29 concrete actions to prevent or mitigate risks. These actions were then included in the regular project planning.
- Example of a potential risk:
 - One risk was primary care practices champion's lack of engagement.
 - Risk management actions included "clarifying champions' roles and responsibilities at the onset" and "meet champions one on one periodically to review roles and responsibilities".
- Subsequent team meetings included three topics:
 - assessing the effectiveness of the risk management actions,
 - discussing whether other actions would be necessary, and
 - adjusting the project plan accordingly.



List up to 15 risks; that is to say, list all events and situations that you can think of that could negatively impact the ARC project. To help you, think about what could decrease the quality of our results, create delays, or require investing more time than needed. More generally you can think of risks as worries you have about the project. Don't censure yourself. Every risk you can think of is worth writing down.

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For each risk, determine if it must be prevented, controlled, or accepted by referring to the following definitions:

- Prevent a risk.** Preventing a risk means that the team operates at the source of risk to reduce its probability. How to control this risk therefore lies in actions undertaken to reduce the likelihood of the risk occurring.
- Control a risk.** Controlling a risk means that the team is taking steps to reduce the negative consequences of the risk to a level that is acceptable. How to control this risk therefore lies in actions undertaken to reduce the potential impact of risk.
- Accept a risk.** Accepting a risk means that the team is aware of the existence of the risk, but chooses not to take any special measures to prevent it or control it. This option recognizes that some risks are not worth planning for at this time. If they occur, the team will need to allocate more time and more resources; these should be set aside.

Risk	Should this risk be prevented? If yes, say how.	Should this risk be controlled? If yes, say how.	Should this risk be accepted? If yes, say how.
R10 / Low participation / Low number of practices that take part (e.g., because more work for them)			
R41 / Low participation from physicians (because of non-remuneration)			
R15 / Delays in recruiting medical practices			
R23 / Difficulty recruiting patients to participate in project			
R08 / Champion - Lack of Engagement			
R20 / Lack of space and support from the primary care practice for the navigator to meet with patients			
R19 / Difficulties in terms of participant follow-up			
R04 / Third Language Spoken - How easy is it to have a translator?			
R05 / Navigator - Lack of engagement			
R16 / Low number of references for community services			
R22 / Low compliance with measurement tools (provider, patient, practice surveys)			
R24 / Delays in implementing the intervention			
R31 / Delays in ethics resulting in multiple submissions			
R14 / Delays in recruiting and training navigators			

RISKS	MANAGEMENT STRATEGIES	ACTIONS
R10 / Low participation / Low number of practices that take part (e.g., because more work for them)	<ul style="list-style-type: none"> Ensure all relevant information about study participation is given to practice/providers during recruitment session. Engage providers (e.g. inquire about how the intervention might be useful in their practice) Be attentive and accommodating to provider concerns and preferences regarding the implementation of study activities. 	<ul style="list-style-type: none"> Review practice information session Power Point and supplementary materials Are we selling the study Build into Protocol and Workbook time to meet with practices and to accommodate practice needs
R41 / Low participation from physicians (because of non-remuneration)	<ul style="list-style-type: none"> Be clear about remuneration for study participation and emphasize study benefits to providers 	<ul style="list-style-type: none"> Ensure remuneration and advantages are outlined in information session Power Point.
R15 / Delays in recruiting medical practices	<ul style="list-style-type: none"> Frequent and early contact between research team to establish rapport and inform about the study. 	<ul style="list-style-type: none"> Stick to recruitment timeline Begin study as soon as we have a practices agreeing to participate
R23 / Difficulty recruiting patients to participate in project	<ul style="list-style-type: none"> Implement a well-established process for referrals to CK Ensure that all providers are comfortable with the referral form. Establish a process for delivering study information package to patients. 	<ul style="list-style-type: none"> Build into Protocol and Workbook time to meet with practices and to review and adapt the referral form and referral process to accommodate practice needs
R08 / Champion - Lack of Engagement	<ul style="list-style-type: none"> Establish good rapport with practice Champion and remain open to questions and concerns. Communicate with Champion about study progress as needed Support Champion with implantation and facilitation of study activities Identify a new Champion if needed. 	<ul style="list-style-type: none"> Clearly outline Champion's roles and expectations at information session. Meet champion one on one periodically Identify a second contact person (alternate Champ) for all practices in case the champion is "unavailable" (include in Workbook)
R20 / Lack of space and support from the primary care practice for the navigator to meet with patients	<ul style="list-style-type: none"> Establish an external location for the Navigator to meet with patients. Establish integration of Navigator in the practice (e.g. space to meet with patients, frequency and method of communication with providers, etc.) 	<ul style="list-style-type: none"> Identify external location for navigator. Discuss integration plan during recruitment/information session
R19 / Difficulties in terms of participant follow-up	<ul style="list-style-type: none"> Identify potential barriers to follow-up and establish processes to facilitate communication between participants and research team (based on participants' needs and preferences). 	<ul style="list-style-type: none"> Adapt referral form and referral process to ensure all possible patients are referred correctly and enrolled in the study Identify multiple means of contact (e.g. cell phone number, e-mail address)
R04 / Third Language Spoken - How easy is it to have a translator?	<ul style="list-style-type: none"> Identify translator(s) or cultural interpreter(s) before beginning patient recruitment. 	<ul style="list-style-type: none"> Identify translators in each region and ensure availability
R05 / Navigator - Lack of engagement	<ul style="list-style-type: none"> Regular communication between the Navigator and the research team to ensure adequate supervision. 	<ul style="list-style-type: none"> Establish a checklist for research coordinator to use during meetings with Navigator
R16 / Low number of references for community services	<ul style="list-style-type: none"> Have a pre-established list of local health and social resources. Emphasize breadth of available resources during the orientation to community resources session. 	<ul style="list-style-type: none"> Establish list of resources in each region. Stress in information session that the navigator is there to alleviate pressure on the provider when making referrals to resources

Conclusions

Evidence-based approaches from the field of project management have not permeated into health care implementation research projects. Using the ARC study, we demonstrated the value of conducting risk management prior to and throughout the conduct of implementation research projects to maximize the likelihood of delivery of the research as planned.