March 1, 2018

CIHR Project Scheme Review Committee

RE: Letter of Support from CCCS for Project Grant Titled: Prioritization of Evidence-based Best Practices for Adoption & De-adoption in Adult Critical Care Medicine

Dear Sir/Madam:

As President of the Canadian Critical Care Society (CCCS), I am writing in strong support of the CIHR Project Scheme application by Dr. Daniel Niven.

Critical care is paramount to the Canadian healthcare system, but it is very resource intensive. Its enormous human and financial cost emphasizes the pressing need for high quality evidence on effectiveness, an important aspect of quality care encompassing efficacy and cost. A broad and rigorous clinical research agenda is imperative to reduce morbidity, to increase survival and to improve the quality of life of patients and families while keeping sustainability in view. The CCCS is the National Specialty Society, representing both adult and pediatric critical care medicine physicians throughout Canada. Our mission is to promote and enhance Critical Care Medicine in Canada. As such, we are committed to incorporating world-class research and education to inform the care of our patients.

The role of the CCCS in this application for a CIHR Project Scheme award is multifaceted and we will be active partners. In my role as current President I am passionate about the importance of this work, hence my willingness to be a Principal Applicant. I have committed to development of the funding application and will participate in all aspects of the research process from finalizing the research questions, selecting the methods, collecting and sharing data, and development of knowledge dissemination strategies.

Generally, we see the role of the CCCS to attest to the importance of work and how we can contribute to knowledge translation. For this grant in particular we will help Dr. Niven and Stelfox:

1) Identify and liaise with relevant experts and knowledge users in the Canadian critical care community.
2) Work with the team to develop dissemination materials through our Knowledge Translation Committee and Clinical Committee.
3) Engage a broader group of ICUs for an eventual larger scale implementation and evaluation.
4) Work to embed this new knowledge into the education of our next generation of Intensivists through the Education Committee.

We are affiliated with the largest national meeting (Critical Care Canada Forum), our official publication is the Canadian Journal of Anesthesia and we have an active web and social media presence. We will work together to assure knowledge dissemination through all of these forums.

We strongly believe that there is an important need to improve the use of high-value clinical practices and reduce use of low-value clinical practices in critical care units and that the proposed project will develop the necessary ground work to effectively initiate and sustain this process. We believe the work Dr. Niven proposes in his grant application will directly inform future knowledge translation initiatives in Critical Care, and will be complimentary to existing initiatives such as Choosing Wisely. Our society will fully support and promote national initiatives to implement the prioritized list of evidence-based practices derived from Dr. Niven’s work.

Sincerely,

Alison Fox-Robichaud MSc, MD, FRCPC (Int Med, Crit Care)
President, Canadian Critical Care Society