# work**safe**bc

# Research Secretariat funds scientific and innovative projects

orkSafeBC encourages and supports the development and use of the best scientific evidence on a broad range of workplace health and safety issues. In 2000, the WorkSafeBC Research Secretariat was created to:

- Support and finance high-quality scientific research that will lead to a reduction in work-related injury. disease, and death.
- · Effectively translate research knowledge into practical applications that can be used in the workplace to prevent occupational injury and disease, and that can be used by Work-SafeBC to ensure fair compensation for injured or ill workers and to foster successful rehabilitation and productive return to work.

Between 2001, when funding began, and the end of 2010, the Research Secretariat awarded a total of \$17.4 million in grants for more than 175 projects covering a wide range of topics and scientific disciplines, as well as 23 research training awards to master's and doctoral students engaged in research activities that fall within WorkSafeBC's mandate.

Projects have ranged from measuring the full costs and benefits of

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occupational health and safety interventions in health care to studying heart disease in firefighters and paramedics; developing a training video or plantar fascia. The findings provided further evidence that UDIT results in improvements in pain and tendon healing. However, for Achilles tendon

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for employees with developmental disabilities; and studying the use of new technology to deliver and evaluate continuing medical education for physicians regarding workplace injury management.

#### **Grants**

Through a rigorously evaluated competitive process, the Research Secretariat provides grants for researchers and innovators. Through the Research at Work funding stream, professional researchers can apply for development or operational grants for scientifically valid projects that relate to WorkSafeBC's mandate and demonstrate strong potential for impact.

# **Example: Comparing** treatment protocols

Dr Jack Taunton was the principal investigator in a study to determine if ultrasound-guided dextrose injection therapy (UDIT) would achieve similar benefits if the time between treatments and the space between injection sites were reduced in patients with chronic injuries of the Achilles tendon injuries, the modified treatment protocol was associated with slower improvements in pain and tendon healing, and a need for more treatments.

The Innovation at Work stream provides support for research aimed at developing practical, shop-floor solutions that translate knowledge into practice or solve specific problems in the workplace. This funding opportunity is open to anyone with appropriate experience and ability.

#### **Example: Participatory** ergonomics

Dwayne Van Eerd and his team explored ways of assessing and enhancing the benefits of participatory ergonomic interventions to reduce musculoskeletal injuries. Following the project's initial success, the team was awarded an innovation grant to develop a participatory ergonomics guide for BC workplaces.

#### The grant application process

WorkSafeBC's Research Secretariat holds regular grant competitions. The

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For physicians, using CHARD has proven to be a valuable tool both in discovering local resources they may not have been aware of, as well as finding specialized resources for patients with complex clinical needs where an appropriate referral resource is not immediately known. Designed with physician workflow in mind, CHARD allows a user to specifically search for referral physicians, programs, and services, as well as a number of allied health professionals.

**CHARD** provides busy practices with a single, comprehensive source of information about referral resources both in their local area as well as across BC.

Detailed information is designed to help users find the most appropriate referral resource. "It is the level of detail in CHARD that makes it so useful," says Dori Garvin, a Kelownaarea MOA. "Most of the time you can get access to contact information, but you still have to figure out if the specialist will see the patient and how they want to receive the referral." The detailed listings page in CHARD contains contact information, inclusion and exclusion criteria, a provider's referral process, and other information needed to ensure a smooth referral process. The directory also provides access to electronic versions of provider referral forms, a feature often used by Ms Garvin: "Having all of the referral forms in one central place

saves a great deal of time. It also solves the problem of trying to make sure I have the most up-to-date form."

As an additional tool to support GPs, CHARD is pleased to be one of the first directories to include those specialist physicians who have indicated they offer physician-tophysician telephone advice and patient management calls. This will help ensure that patients receive faster access to specialist advice through their GP and are seen by the most appropriate provider.

To ensure that it continues to be an effective and relevant tool for physicians and their delegates, several enhancements are also underway. The first is increasing the overall medical topics and allied health practitioners listed in CHARD. By March 2012, all remaining topic areas and applicable allied health professionals will be listed. Second, further alignment with physician workflow will soon see CHARD integrate with all PITOapproved EMR systems. This will offer both streamlined access to search the directory as well as the ability to retain information about the referral resource for the patient's chart.

The creation of CHARD, built by physicians for physicians, is a collaborative solution representing GPSC's commitment to develop and implement programs that increase family physician satisfaction and enhance support for primary care patients. As the medical and technological landscape continues to evolve, CHARD will continue to find new ways to innovate and ensure that physicians and their delegates can efficiently and effectively locate referral resources for their patients.

If you want to learn more about CHARD, including its many features and benefits, or for information about how to access CHARD, go to www .info.chardbc.ca or call 1 877 330-7322.

> —Brendan Abbott **Manager, Business Solutions HealthLinkBC**

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competition for Research at Work funding typically closes in January or February, while Innovation at Work competitions typically occur twice a year. All applications are reviewed by scientific peer reviewers, and then by an internal relevance review committee and an external stakeholder advisory committee.

# **Programs and** partnerships

WorkSafeBC's Research Secretariat holds systematic review competitions on an as-needed basis, targeting specific issues of interest to WorkSafeBC. Systematic reviews, completed or in progress, include carpal tunnel/cubital tunnel syndrome in workers, bronchogenic carcinoma in asbestos-exposed workers, low back pain in workers, multiple sclerosis as a compensable consequence, and primary cancer of the skin.

During the past several years, the Research Secretariat has formed partnerships with workers' compensation organizations in other jurisdictions across Canada to support innovative research that benefits all Canadian workers, and a unique partnership with the Centre for Health Services and Policy Research (CHSPR) at UBC to develop a comprehensive picture of health and wellness trends for BC's workers.

#### More information

For more information about Work-SafeBC's Research Secretariat, its programs, or results; or to apply for a grant, please call 604 244-6300, or e-mail resquery@work safebc.com, or visit WorkSafeBC .com and click "Research" in the Ouick Links menu.

– Susan Dixon Manager, Knowledge Transfer, WorkSafeBC Research Secretariat