

ADVANCING CARE AT THE QEII HEALTH SCIENCES CENTRE THROUGH Translating Research Into Care grants

A first of their kind to be funded in Canada, *Translating Research Into Care (TRIC)* grants combine the expertise of scientists and health administrators to create direct, positive changes in health care for Atlantic Canadians and their loved ones. This partnership offers the benefit of research constantly being evaluated against, and integrated into, improvements to the healthcare system.

TRIC grants overcome the barriers to change by providing the resources needed to turn science and theory-based ideas into improved practice and clinical innovation. TRIC grants are awarded twice a year by a committee of physicians, nurses, healthcare administrators and patients. These grants are made possible through donors who believe in the power of research to advance health care.

Three QEII Foundation TRIC grants were approved for funding in the May 1, 2017 competition:

LEVEL 1 | \$2,931.20 Improving timely care and access for Trans* and Gender Diverse Population in Primary Health Care-Central Zone: an exploratory study

Purpose: To develop criteria-based processes and treatment strategies to reduce delays in medical care for transgender individuals in Nova Scotia and to mitigate risks of suicide and other health outcomes.

Leads: Dr. Jacqueline Gahagan | Ashley Harnish
Dr. Tara Sampalli | James MacLean
Kothai Kumanan | Shannon Ryan Carson
Dr. Rick Gibson | Kate Shewan

LEVEL 3 | \$59,700 Implementation of an intraoperative margin assessment protocol in head and neck cancer surgery

Purpose: To significantly improve results for patients having surgery for head and neck cancer by decreasing the percentage of patients with positive margins (tumor is not fully removed) after surgery.

Leads: Dr. Matthew Rigby | Dr. Laurette Geldenhuys | Colleen Caines
Dr. Martin J. Bullock | Dr. Robert D. Hart
Dr. S. Mark Taylor | Dr. Jonathan R.B. Trites

LEVEL 3 | \$60,000 Supporting psychosocial distress in diabetes care: a patient-centered integrated care management initiative

Purpose: To conduct a feasibility study to assess an integrated diabetes distress intervention. To identify and evaluate factors influencing the implementation of this intervention so as to promote the scale-up of the intervention to a broader community of diabetes providers/centres and broader application for chronic disease management across the province.

Leads: Dr. Michael Vallis | Lynn Edwards | Janelle Comeau
Michele LeBlanc | Dr. Daniel Marsh
Dr. Tara Sampalli | Dr. Grace Warner
Judy Porter | Dr. Barry Wiser
Peggy Dunbar