

# Partnership for Research and Innovation in the Health System (PRIHS)

A program operated by Alberta Innovates and Alberta Health Services (AHS) that supports evidence generation, early evaluation and testing of health innovations to assess their potential impact and value in Alberta

As a learning health system, AHS seeks to continuously improve performance, patient outcomes and the experience of patients and providers. To achieve this, we must rigorously evaluate new treatments, practices, strategies and tools, advance good ideas and ensure their safety and feasibility in local settings. The [AHS Innovation Pipeline](#) outlines key steps and evidence requirements to guide this process.

PRIHS funding supports **evidence generation, early evaluation, and pilot testing** of practice changes, strategies, technologies, and tools that address priority challenges for Alberta's health system and have met the evidence requirements to advance to **Step 3** of the pipeline. To be eligible for PRIHS funding, there must be sufficient evidence a solution is clinically effective and has potential to deliver significant impact and value (i.e., improves health outcomes, quality, performance, equity).

PRIHS provides the funding needed to enable **rigorous testing of the innovation in Alberta**. The testing phase includes opportunities to consider local factors; gather feedback from patients, clinicians and others; and contextualize and tailor the solution to deliver maximize impact and value for Albertans. The evidence generated at Step 3 informs subsequent decisions about whether to invest further in the innovation, assess its readiness to spread provincially, and prioritize next steps.



**Targeted and aligned** to address priority needs



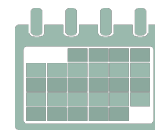
**Evidence based**  
Requires strong body of evidence & proof of feasibility



**Value & outcome driven**  
Gains must be significant to warrant further investment



**Competitive**  
Funds are directed to solutions that provide greatest value



**Fixed term**  
Maximum 3 years; non-renewable



**Reporting**  
Ensures direct line of sight to outcomes & potential impact in Alberta

Fund established **2013**

To date:  
**8** funding cycles  
**51** projects funded  
**22** clinical areas

Fund established <b>2013</b>		Focus areas: Value and impact for the people of Alberta, alignment with health system priorities
To date: <b>8</b> funding cycles <b>51</b> projects funded <b>22</b> clinical areas	2013-2016 PRIHS 1, 2, 3	<ul style="list-style-type: none"> <li>Improving health system sustainability</li> <li>Maximizing value and appropriateness</li> <li>Efficient use of health resources</li> </ul>
	Targeted high-impact activities and value for money. Emphasis on population health, community and primary care. Cycle 3 criteria refined to include potential to sustain the innovation.	
Learn more: <a href="http://www.ahs.ca">www.ahs.ca</a>	2018-2021 PRIHS 4, 5, 6	<ul style="list-style-type: none"> <li>Enhancing care in the community</li> <li>Reducing unwarranted variation</li> <li>Improving quality and value</li> </ul>
	More specific areas of focus, reflecting provincial priorities. Evaluation criteria expanded to address known barriers & enablers, relevance and increase emphasis on value and efficiency. Also expanded requirements for patient engagement, operational feasibility, data availability and access.	
	2021-2024 PRIHS 7,8	<ul style="list-style-type: none"> <li>Digital health*, digital health transformation</li> </ul>
	Competition framed around a specific theme, focusing on opportunities to leverage digital and data-enabled technologies that support innovative care models and improve quality and value.	*including all forms of digital health solutions and technologies that can optimize value

## Examples of funded initiatives, outcomes and impact to date



### Funded Initiatives (PRIHS 1, 2, 3)

- Centralized intake for arthritis care
- Remote monitoring to improve prevention, treatment & management of CVD and stroke
- Identifying sources and impact of ICU capacity strain in Alberta
- Reducing incidence of C. difficile infections in hospitalized older adults receiving antibiotics

### Foundational to informing future work

*Advanced knowledge*, shared findings in more than 30 reports and published manuscripts.

Results *informed decision making, health system priorities, further research and grant funding*. This work has been foundational in contributing to subsequent initiatives, including:

- A provincial centralized intake model for surgical consultation (in progress based on [FAST](#); part of the [Alberta Surgical Initiative](#) to reduce wait times for surgical care)
- [PER DIEM cardiac and stroke trial](#), leading to best practices in stroke investigation & care
- Implementation of a [rapid chest pain protocol](#) for use in emergency departments (EDs)
- ICU surge capacity planning during the COVID pandemic
- Enhanced inpatient infection prevention and control strategies

### Funded Initiatives (PRIHS 1, 2, 3)

- Rectal cancer care clinical pathway
- BedMed: Improved outcomes through better use of blood pressure therapeutics
- Improving daily care of critically ill patients
- Reducing overuse of low-value tests and interventions in the ED
- Reducing variation in care for patients with upper GI bleed in EDs
- Acute kidney injury: clinical decision support
- Conservative care pathways for CKD

### Directly impacted clinical care



This work *directly impacted clinical care through the development of evidence-based clinical guidelines, practice advisories, and decision support tools* in Connect Care (e.g., [prevention of acute kidney injury \(AKI\)](#); [GI care/interventions in EDs](#); timing of blood pressure medication, [appropriate use of albumin](#)). Evaluations show improved patient outcomes, reduced hospital admissions, and cost avoidance associated with these evidence-informed practice changes.

Results also *informed development and implementation of provincial clinical care pathways for colorectal cancer care and conservative kidney management (CKM)*. Learnings from each pathway project have been applied to subsequent pathway development, implementation, resulting in more robust and effective sustainment. [Examples: Alberta's Pathway Hub](#)

Results were also leveraged to obtain CIHR grant funding to *support further study* (heart attack and stroke prevention), *pathway development and implementation* (CKM pathway spread to community care across Alberta) and *provincial initiatives* ([ICU delirium](#); [Transitions in Care](#)).

### Funded Initiatives (PRIHS 1, 2, 3, 4)

- Alberta Family Integrated Care (Alberta FiCare)
- Enhanced Recovery after Surgery (ERAS)
- Spine Access Alberta; STOP Fracture
- Post-discharge COPD pathway to reduce ED visits and hospital readmissions
- Elder Friendly Surgical Unit
- Cirrhosis Care Alberta
- Pediatric mental health & addiction care
- Indigenous patient navigation model
- Enhancing community health through patient navigation, advocacy & support (ENCOMPASS)
- Connect 2 Care: Coordinated care teams for patients with complex care needs
- Improving care and rehabilitation for patients with severe obesity

### Advancing to provincial spread & sustainment



This work has continued to advance along the pipeline, generating the evidence needed to move toward provincial implementation and sustained service. Initiatives such as [Alberta FiCare](#) and [ERAS](#) have been spread provincially and operationalized, resulting in improved quality of care, health outcomes, reduced length of stay, and significant cost savings (>\$24M).

Several initiatives have evolved into or informed a next phase of work that has advanced to provincial implementation. For example:

- Spine Access Alberta and the STOP Fracture project were foundational to AHS' Fracture Liaison Service, Catch-a-Break and Spine/Low Back Assessment clinical pathway, supporting [fracture prevention](#) in older adults and [MSK care](#) (Rapid Access Clinics) in the community. These initiatives support components of the Alberta Surgical Initiative.
- Provincial implementation of Elder Friendly Care, the COPD pathway, and Cirrhosis Care is currently underway as part of [Acute Care Bundle Improvement](#), work focused on improving daily care, patient flow and patient outcomes at Alberta's 14 largest acute care sites.

Other examples:

- [Pediatric mental health and addiction care model](#) spread to both Alberta children's hospitals, reducing pressure on EDs, and supporting efforts to reduce ED wait times.
- Improved Indigenous [patient navigation](#) supports and [care coordination](#) for vulnerably housed patients through partnerships with community and health partners.
- [Clinical guidelines for patients with severe obesity](#), implementation resources and training is available to all employees, and obesity-related guidelines have been embedded in new builds and hospital expansions in four zones.

Work is ongoing with evidence generation and evaluation progressing for all initiatives that received PRIHS funding in cycles 4 to 7.

For information on specific projects, see these links: [PRIHS 4](#) [PRIHS 5](#) [PRIHS 6](#) [PRIHS 7](#)

Learn more: [www.albertainnovates.ca/](http://www.albertainnovates.ca/)