WORKSHOP

Rapid Reviews for Decision-Makers

Workshop Facilitators

Maureen Smith
MEd, Patient Partner

Francois-Pierre Gauvin
PhD

Maureen Dobbins
PhD, RN

Sarah Neil-Sztramko
PhD, MSc

Andrea Tricco
PhD, MSc

Nancy Santesso
RD, MLIS, PhD

National Collaborating Centre for Methods and Tools
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COVID-END
COVID-19 Evidence Network to support Decision-making ... in Canada

SPOR Evidence Alliance
Strategy for Patient-Oriented Research
Alliance pour des données probantes de la SRAP
Stratégie de recherche axée sur le patient

Strategy for Patient-Oriented Research
SPOR
Putting Patients First

Agenda

Time	Agenda Items	Presenters
1:30 p.m. (15 minutes + 5 minute discussion)	**Opening remarks and introductions** Defining rapid reviews and how they differ from other knowledge synthesis approaches	Dr. Andrea Tricco
1:50 p.m. (30 minutes +5 minutes for Q&A)	**Tailoring rapid review methods according to the decision-maker needs**	Dr. Maureen Dobbins and Dr. Sarah Neil-Sztramko
2:25 p.m. (30 minutes)	**Group Activity 1: Scenario** Learners (groups of 5-7) will be given a scenario of a COVID-19-related topic from a decision maker. They will be asked to tailor the methods to answer the research question.	Breakout Rooms
2:55 p.m. (10 minutes)	Health Break	
3:05 p.m. (15 minutes)	**Discerning how to assess the quality of rapid reviews**	Dr. Nancy Santesso
3:20 p.m. (30 minutes +5 minutes for Q&A)	**Effectively engaging patient and public partners in rapid reviews**	Ms. Maureen Smith Dr. François-Pierre Gauvin
3:55 p.m. (30 minutes)	**Group Activity 2: Scenario** Learners (groups of 5-7) will be given a rapid review scenario for which they will come up with a strategy on how to meaningfully involve patient partners.	Breakout Rooms
4:25 p.m. (5 minutes)	**Closing Remarks**	Dr. Andrea Tricco
4:30 p.m.	Adjourn	

Acknowledgement of Traditional Land

- We wish to acknowledge the traditional land on which the Central Coordinating Office of the SPOR Evidence Alliance operates, now known as “Toronto”.

- For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit.

- Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

- June 21st was National Indigenous People’s Day in Canada and this month is a call to honour, acknowledge, and celebrate the diverse Nations and unique cultures of First Nations, Inuit and Métis peoples who have called this land home since time immemorial.

Acknowledging Remains of Indigenous Children found in Former Residential School Sites in Canada

- During this National Indigenous History Month, we continue to grieve for the Indigenous children who lost their lives at residential schools across Canada.

- Our thoughts are with the families, their nations, and all survivors of residential schools.

- We urge everyone to spend time learning about the history and the effects of residential schools in Canada.

- It is also a time to reflect on our ongoing roles and responsibilities towards Truth and Reconciliation with Indigenous peoples and to take steps towards decolonization and anti-oppression.

WORKSHOP

Rapid Reviews for Decision-Makers

Learning Objectives:

1. To define a rapid review and how it differs from other knowledge synthesis approaches.
2. To discuss how to effectively engage patient and public partners in rapid reviews.
3. To describe how to tailor the methods for rapid reviews according to the decision-maker needs.
4. To discern how to assess the quality of a rapid review.

WEDNESDAY
JUNE
30TH

1:30 TO 4:30 P.M. ET

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4:30 p.m.	Adjourn	

Defining Rapid Reviews and How They Differ from Other Knowledge Synthesis Approaches

Andrea Tricco PhD, MSc

Director & Scientist, Knowledge Synthesis Team, Knowledge Translation Program, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Unity Health Toronto

Associate Professor, Dalla Lana School of Public Health & Institute of Health Policy, Management, and Evaluation, University of Toronto

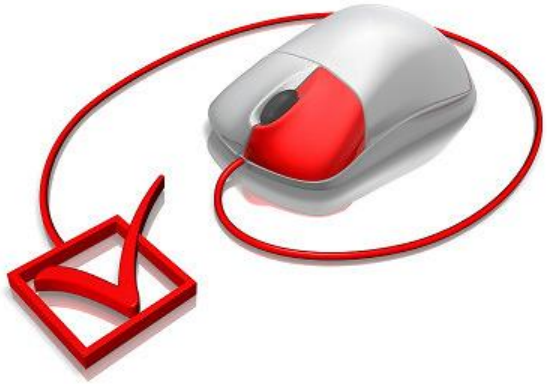
Co-Director & Adjunct Associate Professor, Queen's Collaboration for Health Care Quality Joanna Briggs Institute Centre of Excellence, Queen's University

Poll Question

- Let's pause for a quick poll.
- Respond to the following question by placing your answer in the chat box.

How much experience do you have with knowledge synthesis (KS)?

1. **I have no experience with KS**
2. **I have some experience with KS**
3. **I have lots of experience with KS**



What is a Knowledge Synthesis?

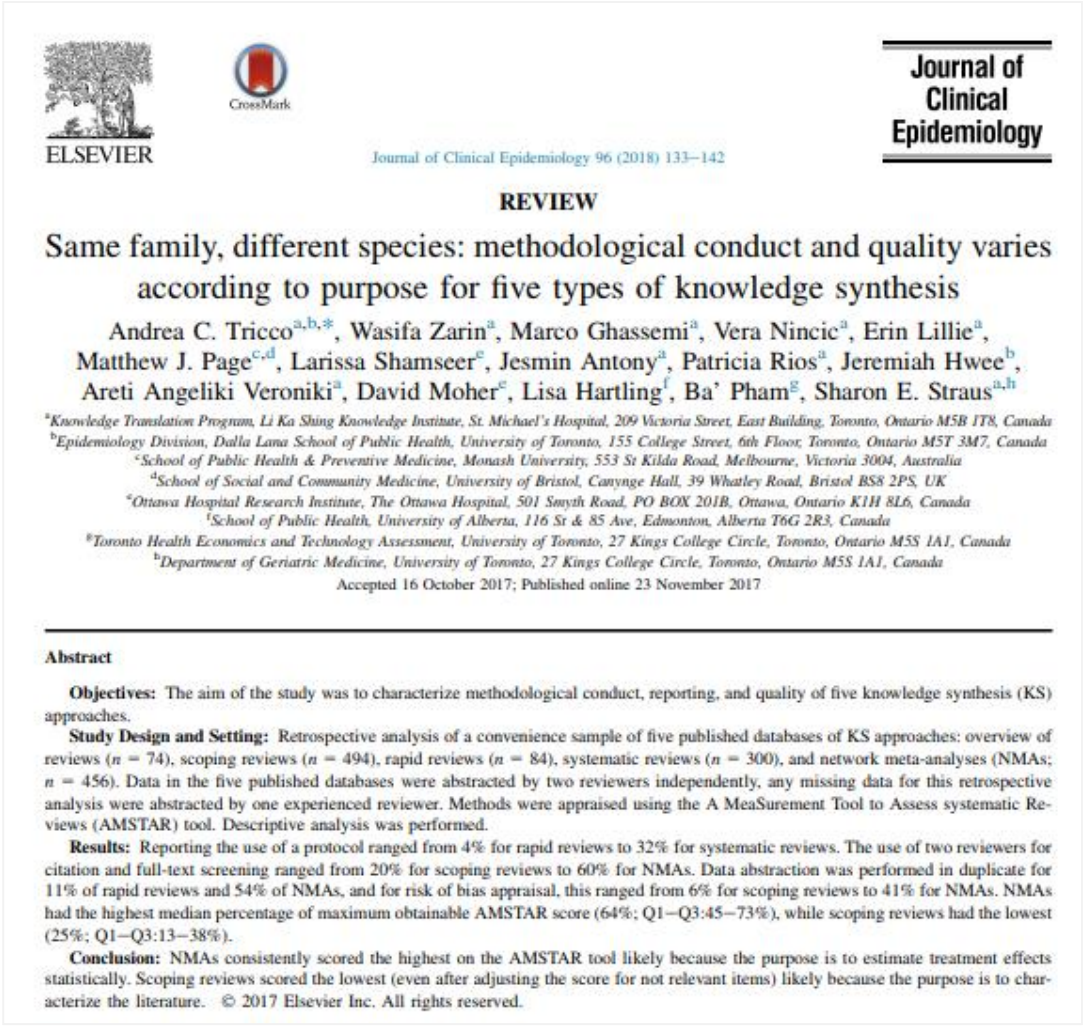
- Also called **Evidence Synthesis**

- **Knowledge synthesis** uses specific, rigorous and transparent methods to **bring together information from multiple studies** that have looked at the same topic to make sense of their findings

- It is an **umbrella term** used to represent a family of synthesis approaches such as systematic reviews, scoping reviews, rapid reviews, living evidence profiles, etc.

We often hear about these 5 common types of knowledge syntheses…

1. Systematic reviews
2. Network meta-analysis
3. Scoping reviews
4. Overview of reviews
5. Rapid reviews



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Journal of Clinical Epidemiology

Journal of Clinical Epidemiology 96 (2018) 133–142

REVIEW

Same family, different species: methodological conduct and quality varies according to purpose for five types of knowledge synthesis

Andrea C. Tricco[a,b,*], Wasifa Zarin[a], Marco Ghassemi[a], Vera Nincic[a], Erin Lillie[a], Matthew J. Page[c,d], Larissa Shamseer[e], Jesmin Antony[a], Patricia Rios[a], Jeremiah Hwee[b], Areti Angeliki Veroniki[a], David Moher[e], Lisa Hartling[f], Ba' Pham[g], Sharon E. Straus[a,h]

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[f]*School of Public Health, University of Alberta, 116 St & 85 Ave, Edmonton, Alberta T6G 2R3, Canada*
[g]*Toronto Health Economics and Technology Assessment, University of Toronto, 27 Kings College Circle, Toronto, Ontario M5S 1A1, Canada*
[h]*Department of Geriatric Medicine, University of Toronto, 27 Kings College Circle, Toronto, Ontario M5S 1A1, Canada*

Accepted 16 October 2017; Published online 23 November 2017

Abstract

Objectives: The aim of the study was to characterize methodological conduct, reporting, and quality of five knowledge synthesis (KS) approaches.

Study Design and Setting: Retrospective analysis of a convenience sample of five published databases of KS approaches: overview of reviews (n = 74), scoping reviews (n = 494), rapid reviews (n = 84), systematic reviews (n = 300), and network meta-analyses (NMAs; n = 456). Data in the five published databases were abstracted by two reviewers independently, any missing data for this retrospective analysis were abstracted by one experienced reviewer. Methods were appraised using the A MeaSurement Tool to Assess systematic Reviews (AMSTAR) tool. Descriptive analysis was performed.

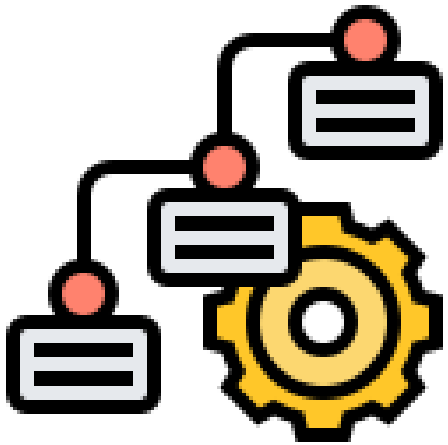
Results: Reporting the use of a protocol ranged from 4% for rapid reviews to 32% for systematic reviews. The use of two reviewers for citation and full-text screening ranged from 20% for scoping reviews to 60% for NMAs. Data abstraction was performed in duplicate for 11% of rapid reviews and 54% of NMAs, and for risk of bias appraisal, this ranged from 6% for scoping reviews to 41% for NMAs. NMAs had the highest median percentage of maximum obtainable AMSTAR score (64%; Q1–Q3:45–73%), while scoping reviews had the lowest (25%; Q1–Q3:13–38%).

Conclusion: NMAs consistently scored the highest on the AMSTAR tool likely because the purpose is to estimate treatment effects statistically. Scoping reviews scored the lowest (even after adjusting the score for not relevant items) likely because the purpose is to characterize the literature. © 2017 Elsevier Inc. All rights reserved.

Queries are Matched to a Knowledge Synthesis Method

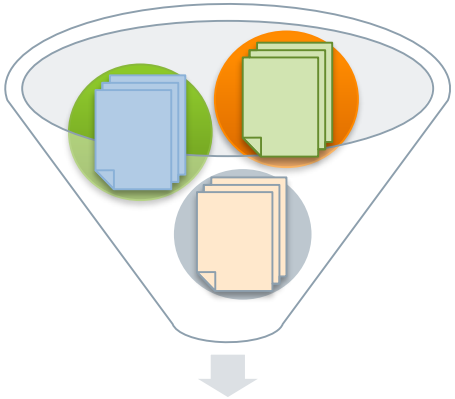
- **What Review is Right for You tool**:
  - 8 types of knowledge synthesis methods:
    - Overviews, rapid, systematic, network meta-analysis, epidemiological, prognostic, diagnostic, economic

https://whatreviewisrightforyou.knowledgetranslation.net/



Why are Knowledge Syntheses Important?

- Basing decisions on expert opinion can be biased
- Difficult for knowledge users to keep up with the literature
- Basing decisions on findings of an individual study might be misleading
- Knowledge synthesis can be used to statistically combine the results of multiple studies, increasing our confidence in the results (power and precision), and can be used to sort through results arising from conflicting studies.



Synthesized Information

Knowledge synthesis can be used to make sense of results from many different studies in a way that can be used by knowledge users who do not have the skills or time to summarize the evidence.

1. Antman et al. (1992): JAMA; Bastian et al. (2010): PLoS Medicine.
2. Ioannidis et al. (2005): JAMA
3. Higgins and Green (2011) Cochrane Handbook. Available from http://handbook.cochrane.org/

What is a Rapid Review?

- A type of knowledge synthesis that has emerged out of a need to synthesize information quickly to inform urgent decision needs in health care
- A term used to describe an approach to simplifying or skipping some steps of a traditional knowledge synthesis to produce information in a timely manner
- It is important to document steps that were streamlined to improve transparency of how the research was conducted

What type of rapid evidence products are feasible?

Product Type	Description
Inventories	Inventories only list the evidence that is available on a given topic. There is no attempt to appraise, summarize or synthesize the evidence for further use, nor is there an attempt to present conclusions or recommendations to the knowledge user.
Rapid response briefs	Rapid response briefs present a summary of the best available evidence in a synthesized and contextualized manner, in direct response to a decision-maker's question. They are knowledge translation products created through formal methods to synthesize and appraise the evidence. They do not generate new knowledge but use findings that are already available, especially from existing systematic reviews.
Rapid reviews ★	Rapid reviews represent a knowledge generation strategy. They synthesize findings and assess the validity of research evidence using "abbreviated" systematic review methods, modifying these methods to generate evidence in a short time. *****Most relevant rapid review approaches are rapid scoping reviews, rapid overview of reviews, rapid (systematic) review*****

Rapid Review Steps

Protocol Development
- ❑ Develop research question using PICOST
- ❑ Determine eligibility criteria using the PICOST research question
- ❑ Plan a literature search
- ❑ Only register protocol

Literature Search
- ❑ Limit literature search (e.g., # of databases, by date, grey lit)
- ❑ Use a layered search approach

Level 1 and Level 2 screening
- ❑ Level 1: Titles and abstracts
- ❑ Level 2: Full- text articles

Abstract Data
- ❑ Pilot the form
- ❑ Use two reviewers for *some* of the data points to be abstracted
- ❑ Limit to a single reviewer only or single reviewer and one verifier

Critical Appraisal and assessment
- ❑ Prioritize assessment of key sources of bias
- ❑ Streamline by limiting to a single reviewer and one verifier
- ❑ (Skip this step)

Summarize study and patient characteristics
- ❑ Limit the number of tables and text used to describe study and patient characteristics

Status	Patients, n (%)	
Disposition after evaluation in emergency department		
Hospitalized	377	(66)
Discharged from emergency department	140	(25)
Discharged after observation period in emergency department	44	(8)
Transferred to other health facility	6	(1)
Died in emergency department†	1	(0)
Hospitalization‡		
Discharged within the first 3 days	112	(30)
Hospitalized for 4–9 days	187	(50)
Stayed in the hospital ≥10 days	78	(20)
Treatment		
Nonoperative	288	(51)
Surgery	243	(43)
Transferred to other health facility	6	(1)
Died	31	(5)

Synthesize results
- ❑ Limit to basic descriptive summary of studies
- ❑ Prioritize type of analysis

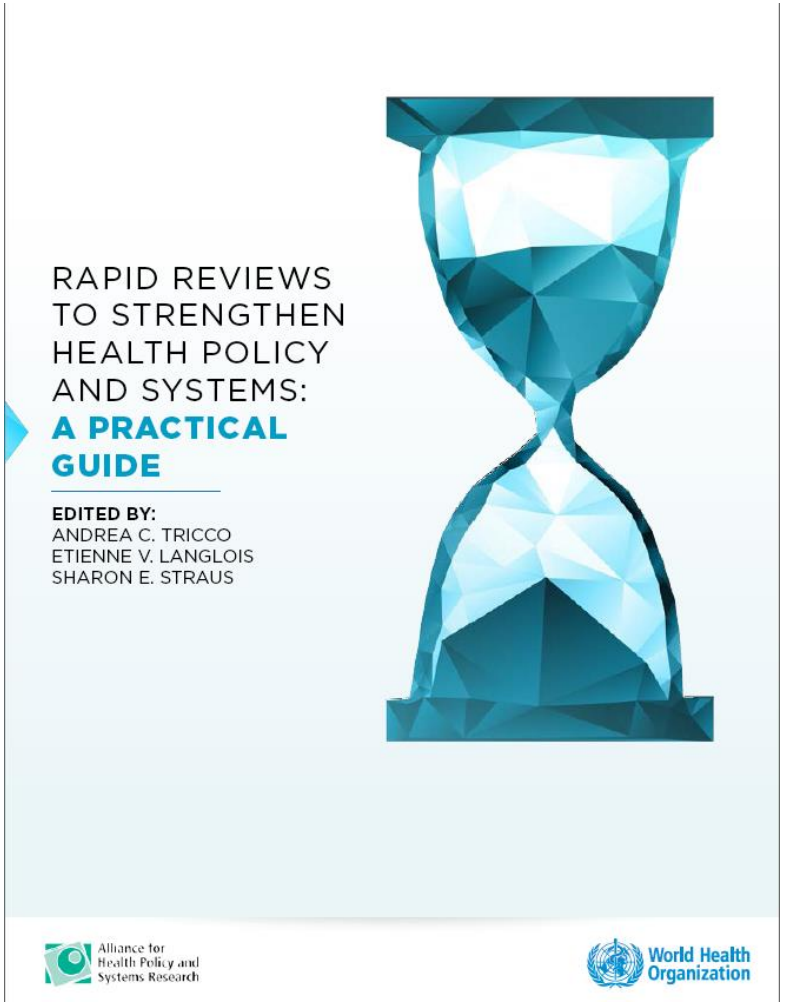
Present results
- ❑ Provide a more streamlined product (e.g., 1-page summaries)

- ❑ Discuss policy, practice, and clinical implications **with caution**

Rapid Review Steps

A Practical Rapid Review Guide

- Guidance for conduct of rapid reviews for health policy and systems research developed in collaboration with WHO
- WHO guide recommends researchers tailor methods to needs of decision-makers
- Several ways that rapid reviews can be streamlined to accommodate decision-makers' needs related to both scope of review and timeliness across all steps of review process
  - Link to guide: Rapid reviews to strengthen health policy and systems: a practical guide
  - Link to teaching slides: Learning Modules



Tricco AC, Langlois EV, Straus SE, editors. Rapid reviews to strengthen health policy and systems: a practical guide. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Cochrane Guidance on Rapid Review Conduct

- The **Cochrane Rapid Reviews Methods Group (RRMG)** has developed provisional rapid review methods recommendations for Cochrane and others in the wider knowledge synthesis community to use
  - **Link to 2-page guidance summary:** https://methods.cochrane.org/rapidreviews/sites/methods.cochrane.org.rapidreviews/files/public/uploads/cochrane_rr_-_guidance-23mar2020-v1.pdf
  - **Link to full publication:** https://www.jclinepi.com/article/S0895-4356(20)31146-X/pdf

Rapid review methods more challenging during COVID-19

Key messages

- COVID-19 pandemic has created several unique challenges to conducting rapid review, including:
  - Urgency of the request (5-10 days)
  - Finding all relevant evidence
  - Interpreting results when clear and direct evidence does not exist, and
  - Sharing the results widely

Read full article: https://www.jclinepi.com/article/S0895-4356(20)30616-8/fulltext

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Journal of Clinical Epidemiology

COVID-19 ARTICLES

Rapid review methods more challenging during COVID-19: commentary with a focus on 8 knowledge synthesis steps

Andrea C. Tricco, Chantelle M. Garritty, Leah Boulos, Craig Lockwood, Michael Wilson, Jessie McGowan, Michael McCaul, Brian Hutton, Fiona Clement, Nicole Mittmann, Declan Devane, Etienne V. Langlois, Ahmed M. Abou-Setta, Catherine Houghton, Claire Glenton, Shannon E. Kelly, Vivian A. Welch, Annie LeBlanc, George A. Wells, Ba' Pham, Simon Lewin, Sharon E. Straus

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Conflict of interest: A.C.T., J.M., and G.W. are associate editors and S.E.S. is on the editorial board for the Journal of Clinical Epidemiology; none were involved with the peer review of this article or decision to publish. B.H. previously received honoraria from Evidensia for provision of methodologic advice related to the conduct of systematic reviews. J.M. is a co-convenor of the Cochrane Information Retrieval Methods Group. C.M.G. is the co-convenor of the Cochrane Rapid Reviews Methods Group and provides consultancy to Cochrane Response. S.L. is the Joint Coordinating Editor of Cochrane Effective Practice and Organisation of Care (EPOC) and Chair of the Governance Group of the Global Evidence Synthesis Initiative (GESI). E.L.V., A.A.S., V.W., B.P., S.K., C.H., M.W., N.M., C.G., L.B., F.C., C.L., M.M., A.L., and D.D. have no competing interests to declare.

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Questions?

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Tailoring Rapid Review Methods According to the Decision-Maker Needs

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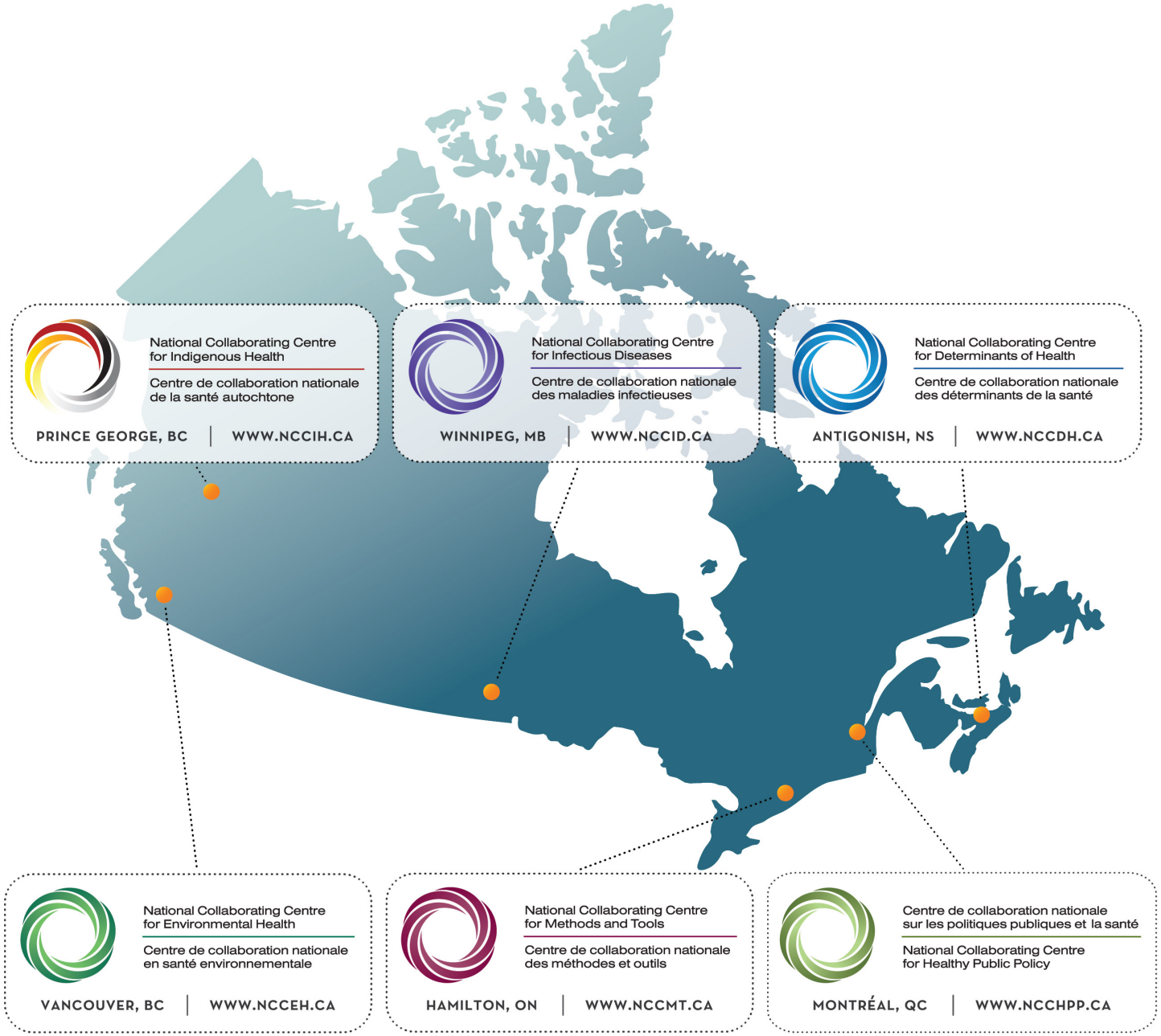
Rapid reviews in response to public health decision maker needs

Presenters: Dr. Sarah Neil-Sztramko, PhD
Dr. Maureen Dobbins, RN, PhD

June 30, 2021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NCCMT Products and Services

Registry of Methods and Tools

Networking and Outreach

Online Learning Opportunities

Video Series

Workshops

Public Health+

Presenters

Dr. Sarah Neil-Sztramko, PhD

National Collaborating Centre for Methods and Tools

Dr. Maureen Dobbins, RN, PhD

National Collaborating Centre for Methods and Tools

EIDM during COVID-19

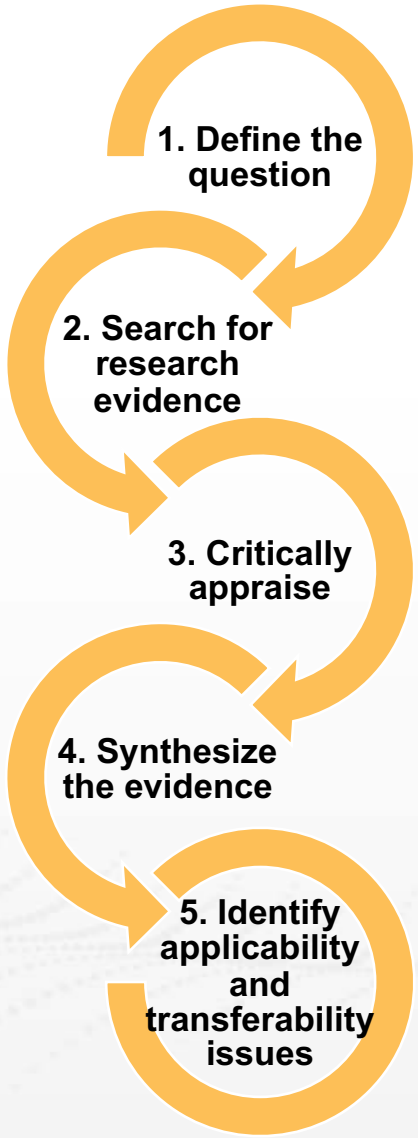
NEED CAPACITY

Rapid Evidence Service

- Urgent and ongoing need for synthesized evidence; little to no capacity among front line public health service delivery organizations
- Pivot from synthesis training and support to conducting evidence syntheses
- Response to public health decision makers' requests for evidence on priority public health questions

Methods: Rapid Evidence Service

- NCCMT prioritizes questions from received requests
- Modified steps from the *NCCMT Rapid Review Guidebook*
- “Relay race”
- Reviews completed within 5-10+ days



RES Team

- NCCMT Scientific Director
- NCCMT Operational Lead
- RES Scientific Lead
- Rapid Review Leads (3-4)
- RES Coordinator
- Rapid Review Search Lead
- Rapid Review Search Staff (1-2)
- Rapid Review Support Staff (3-4)

Receive and prioritize questions

- Questions from federal, provincial/territorial, local organizations + international

- Weekly team meeting
  - Assess progress on current reviews
  - Assess capacity to start new reviews

- Prioritization
  - Avoid duplication
    - COVID-END
  - Urgency/relevance of question to Canadian context
  - Content expertise in house to address question
  - Availability of *useful* evidence

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COVID-19 Evidence Network to support Decision-making

Formulate Question

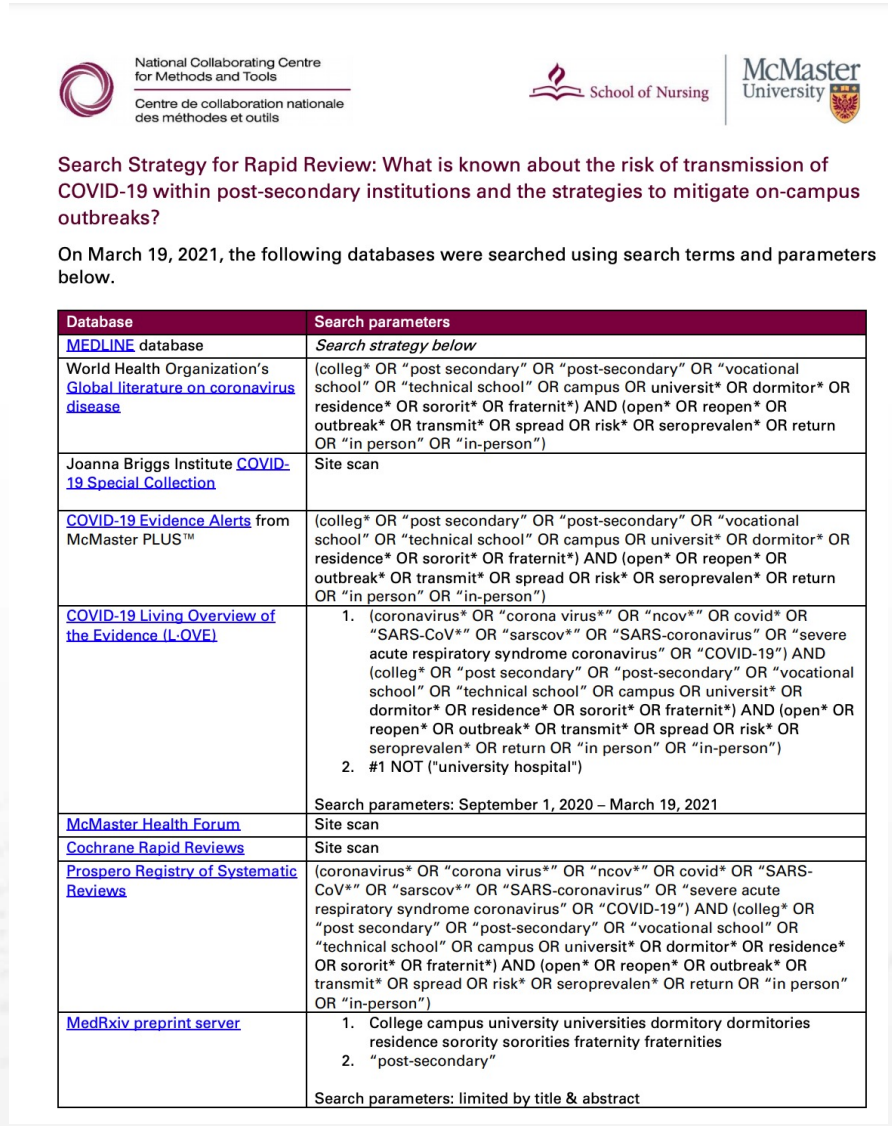
- PICO or PS (where possible)
- Collaboration with requestor
- Used to set inclusion/exclusion criteria

Living Rapid Review Update 14: What is the specific role of daycares and schools in COVID-19 transmission?

	Inclusion Criteria	Exclusion Criteria
Population	Children and adolescents aged 1–18	Infants
Intervention	Exposure to or diagnosis of COVID-19	
Comparisons	-	
Outcomes	Confirmed or suspected case of COVID-19	
Setting	Schools, daycares, camps	Extra-curricular activities such as sports teams

Searching

- Search strategy outlined
  - Predominantly COVID-19 databases (some exceptions)
- Search for:
  - English language
  - Peer-reviewed sources, and pre-prints
- Depending on question:
  - Grey literature
  - Jurisdictional data
- Try to prioritize syntheses before single studies



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Search Strategy for Rapid Review: What is known about the risk of transmission of COVID-19 within post-secondary institutions and the strategies to mitigate on-campus outbreaks?

On March 19, 2021, the following databases were searched using search terms and parameters below.

Database	Search parameters
MEDLINE database	*Search strategy below*
World Health Organization's Global literature on coronavirus disease	(colleg* OR "post secondary" OR "post-secondary" OR "vocational school" OR "technical school" OR campus OR universit* OR dormitor* OR residence* OR sorority* OR fraternit*) AND (open* OR reopen* OR outbreak* OR transmit* OR spread OR risk* OR seroprevalen* OR return OR "in person" OR "in-person")
Joanna Briggs Institute COVID-19 Special Collection	Site scan
COVID-19 Evidence Alerts from McMaster PLUS™	(colleg* OR "post secondary" OR "post-secondary" OR "vocational school" OR "technical school" OR campus OR universit* OR dormitor* OR residence* OR sorority* OR fraternit*) AND (open* OR reopen* OR outbreak* OR transmit* OR spread OR risk* OR seroprevalen* OR return OR "in person" OR "in-person")
COVID-19 Living Overview of the Evidence (L·OVE)	1. (coronavirus* OR "corona virus*" OR "ncov*" OR covid* OR "SARS-CoV*" OR "sarscov*" OR "SARS-coronavirus" OR "severe acute respiratory syndrome coronavirus" OR "COVID-19") AND (colleg* OR "post secondary" OR "post-secondary" OR "vocational school" OR "technical school" OR campus OR universit* OR dormitor* OR residence* OR sorority* OR fraternit*) AND (open* OR reopen* OR outbreak* OR transmit* OR spread OR risk* OR seroprevalen* OR return OR "in person" OR "in-person") 2. #1 NOT ("university hospital") Search parameters: September 1, 2020 – March 19, 2021
McMaster Health Forum	Site scan
Cochrane Rapid Reviews	Site scan
Prospero Registry of Systematic Reviews	(coronavirus* OR "corona virus*" OR "ncov*" OR covid* OR "SARS-CoV*" OR "sarscov*" OR "SARS-coronavirus" OR "severe acute respiratory syndrome coronavirus" OR "COVID-19") AND (colleg* OR "post secondary" OR "post-secondary" OR "vocational school" OR "technical school" OR campus OR universit* OR dormitor* OR residence* OR sorority* OR fraternit*) AND (open* OR reopen* OR outbreak* OR transmit* OR spread OR risk* OR seroprevalen* OR return OR "in person" OR "in-person")
MedRxiv preprint server	1. College campus university universities dormitory dormitories residence sorority sororities fraternity fraternities 2. "post-secondary" Search parameters: limited by title & abstract

Databases searched

COVID-19 Specific Databases

- LitCovid: Pubmed's curated COVID-19 literature hub
- WHO's Global literature on coronavirus disease
- COVID-19 Evidence Alerts from McMaster PLUS™
- L·OVE: COVID-19 Living Overview of the Evidence
- Cochrane Coronavirus (COVID-19) Special Collections

General Databases

- Guidelines International Network (GIN)
- Trip Medical Database
- MedRxiv preprint server
- Prospero Registry of Systematic Reviews

Relevant websites/repositories

- NCCMT COVID-19 Rapid Evidence Reviews
- NCC websites
- Public Health Ontario
- Institute national d'excellence en santé et en services sociaux (INESSS)
- BCCDC
- Alberta Health Services
- USHER Network for COVID-19 Evidence Reviews
- Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report
- Oxford COVID-19 Evidence Service
- Public Health England

Screening

- Single reviewer title & abstract screening
  - Export to Distiller SR
    - New: Use of DAISY re-rank and AI function
  - Manual screening of some sources
    - Track in excel
- Single reviewer full text screening
  - Double checked during summary writing

Data extraction

- Data extracted by one reviewer, checked by RR lead

- Key information
  - Study design
  - Population
  - Setting
  - Summary of findings
  - Quality rating
  - *Other info as needed*

Table 3: Single Studies

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
New Evidence Reported March 9, 2021						
Jones, A., Watts, A. G., Khan, S. U., Forsyth, J., Brown, K., Costa, A. P., ... Stall, N. M. (2021). Impact of a Public Policy Restricting Staff Mobility Between Nursing Homes in Ontario, Canada During the COVID-19 Pandemic. *Journal of Post-Acute and Long-Term Care Medicine.* Epub ahead of print.	Jan 25, 2021	Quasi experimental	Staff in 623 LTC facilities	Ontario, Canada	Mobile device GPS location data were analyzed 7 weeks before and after an emergency order restricting staff to work in a single LTC facility in a 14-day period. After the order was implemented the: • Number of LTCs with ≥ 1 staff connection decreased from 42.7-12.7% (p<0.001) • Mean number of connected staff per LTC decreased from 3.90 to 0.77 (p<0.001) • Number of LTCs in outbreak increased from 23.9-46.9% (statistical significance not reported). LTCs with more connections: • Were located in larger communities • Had more beds • Were part of for-profit LTC chains Data limitations prevented time trend analyses, and user consent for data sharing may underestimate staff mobility.	High

Critical appraisal = Critically important

- By the end of April 2020, preprints accounted for approximately 40% of all English-language COVID-19 scientific work (Fraser, 2020)
- Few syntheses appraising evidence
- How to identify the most trustworthy findings?

Critical appraisal

- Completed by one reviewer, verified by a second
- Conflicts resolved through discussion, input from review lead as needed
- A variety of appraisal tools are used depending on design
  - AMSTAR 1 (Systematic Reviews)
  - AGREE II (Guidelines)
  - Joanna Briggs Institute Checklists for all other designs
- Each study rated as strong, moderate, low quality

GRADE

- Grading of Recommendations, Assessment, Development, and Evaluation

- *How likely are the findings to change with more evidence?*

- Used to assess certainty of findings based on eight domains
  - Risk of bias (quality assessment)
  - Inconsistency of effects
  - Indirectness of interventions/outcomes
  - Imprecision in effect estimate
  - Publication bias
  - Magnitude of effect
  - Dose-response relationship
  - Accounting for confounding

- Certainty of findings rated as: very low, low, moderate, strong

Final Product

- Question
- Executive Summary
  - Key findings and certainty
  - What has changed (update)
  - Overview of evidence and knowledge gaps
- Methods
- Results
  - Tables

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Rapid Review: What is known about the risk of COVID-19 transmission across different indoor settings in the community such as restaurants and gyms?

Prepared by: The National Collaborating Centre for Methods and Tools

Date: November 4, 2020

Suggested Citation:

National Collaborating Centre for Methods and Tools. (2020, November 4). *What is known about the risk of COVID-19 transmission across different indoor settings in the community such as restaurants and gyms*. https://www.nccmt.ca/knowledge-repositories/covid-19-rapid-evidence-service

Please Note: An update of this review may be available. Access the most current version of this review by visiting the National Collaborating Centre for Methods and Tools COVID-19 Rapid Evidence Service at the above link.

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The National Collaborating Centre for Methods and Tools (NCCMT) is hosted by McMaster University and funded by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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The authors declare they have no conflicts of interest to report.

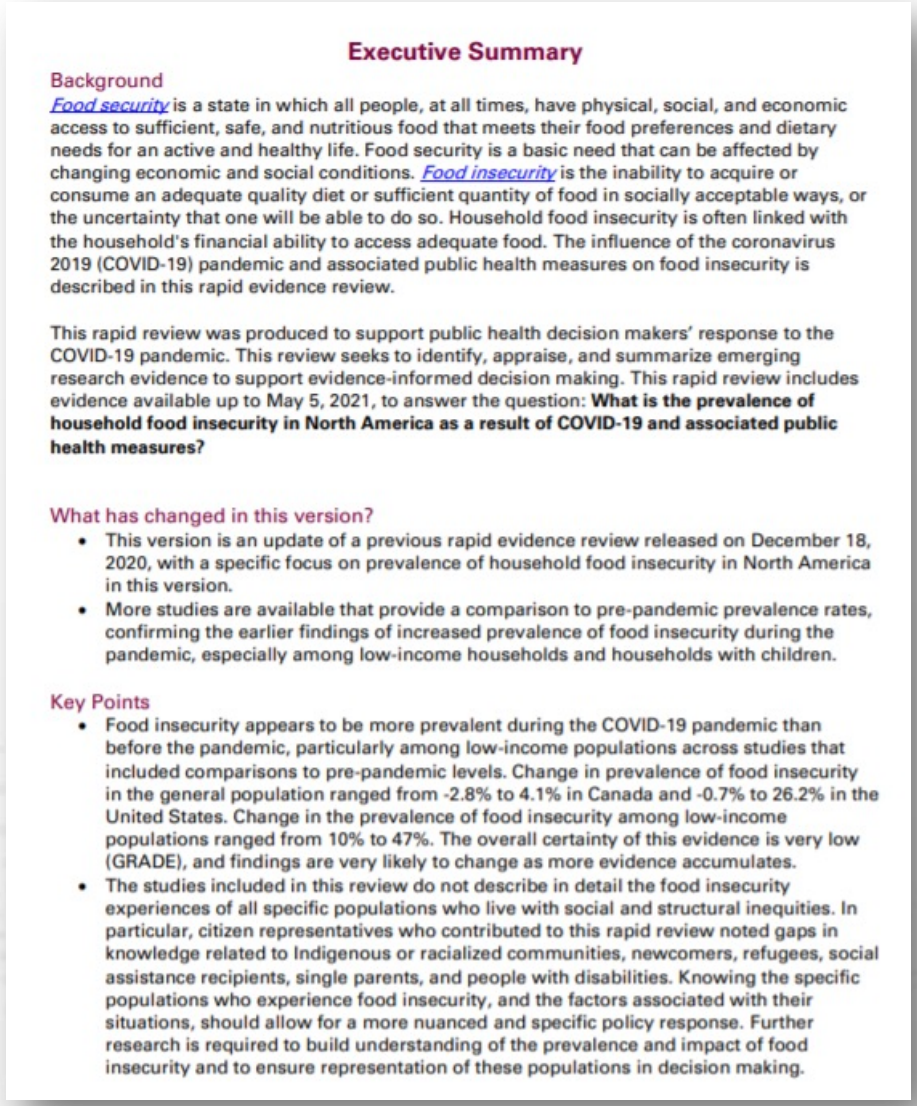
November 4, 2020

Executive Summary

- Background:
  - 1-2 paragraphs
- Key Points:
  - 3-5 main themes linked to certainty (GRADE)
- Overview of evidence and knowledge gaps
  - 3-5 statements on state of the evidence and major gaps (ie equity issues)

For Updates:

- 4th paragraph: RE what has changed since previous version



Executive Summary

Background

Food security is a state in which all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life. Food security is a basic need that can be affected by changing economic and social conditions. *Food insecurity* is the inability to acquire or consume an adequate quality diet or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so. Household food insecurity is often linked with the household's financial ability to access adequate food. The influence of the coronavirus 2019 (COVID-19) pandemic and associated public health measures on food insecurity is described in this rapid evidence review.

This rapid review was produced to support public health decision makers' response to the COVID-19 pandemic. This review seeks to identify, appraise, and summarize emerging research evidence to support evidence-informed decision making. This rapid review includes evidence available up to May 5, 2021, to answer the question: **What is the prevalence of household food insecurity in North America as a result of COVID-19 and associated public health measures?**

What has changed in this version?

- This version is an update of a previous rapid evidence review released on December 18, 2020, with a specific focus on prevalence of household food insecurity in North America in this version.
- More studies are available that provide a comparison to pre-pandemic prevalence rates, confirming the earlier findings of increased prevalence of food insecurity during the pandemic, especially among low-income households and households with children.

Key Points

- Food insecurity appears to be more prevalent during the COVID-19 pandemic than before the pandemic, particularly among low-income populations across studies that included comparisons to pre-pandemic levels. Change in prevalence of food insecurity in the general population ranged from -2.8% to 4.1% in Canada and -0.7% to 26.2% in the United States. Change in the prevalence of food insecurity among low-income populations ranged from 10% to 47%. The overall certainty of this evidence is very low (GRADE), and findings are very likely to change as more evidence accumulates.
- The studies included in this review do not describe in detail the food insecurity experiences of all specific populations who live with social and structural inequities. In particular, citizen representatives who contributed to this rapid review noted gaps in knowledge related to Indigenous or racialized communities, newcomers, refugees, social assistance recipients, single parents, and people with disabilities. Knowing the specific populations who experience food insecurity, and the factors associated with their situations, should allow for a more nuanced and specific policy response. Further research is required to build understanding of the prevalence and impact of food insecurity and to ensure representation of these populations in decision making.

Summary of Findings (Quantitative)

- Per outcome:
  - Study design
  - Number of studies
  - Overall certainty
- Reasons for upgrading/downgrading provided in legend

Outcome	Studies included		Overall certainty in evidence (GRADE)
	Study design	n	
COVID-19 transmission within schools/daycares (including number of cases, cases per population, and secondary attack rates)	Syntheses	4	⊕⊕⊕◯ Moderate[1]
	Observational	42	
Impact of IPAC measures on COVID-19 transmission within schools/daycares (including number of cases, cases per population, and secondary attack rates)	Syntheses	3	⊕⊕◯◯ Low[2]
	Observational	7	
COVID-19 transmission in the community (change in number of cases, and cases per 100,000 before) after school re-opening)	Syntheses	3	⊕⊕◯◯ Low[3]
	Quasi-experimental	18	
COVID-19 transmission within camps (including number of cases, cases per population, and secondary attack rates)	Observational	6	⊕⊕◯◯ Low[4]

[1]In the GRADE approach to quality of evidence, **observational studies,** as included in this review, provide **low quality** evidence, and this assessment was upgraded to **moderate** based on the large effect observed.
[2]In the GRADE approach to quality of evidence, **observational studies,** as included in this review, provide **low quality** evidence. No additional up or downgrades were made.
[3]In the GRADE approach to quality of evidence, this assessment was downgraded due to high risk of bias, and imprecision of effect estimates.
[4]In the GRADE approach to quality of evidence, **observational studies,** as included in this review, provide **low quality** evidence. No other upgrades or downgrades were made.

Summary of Findings (Qualitative)

- Per outcome:
  - Key finding
  - Study design
  - Number of studies
  - Overall certainty
  - Explanation of GRADE assessment

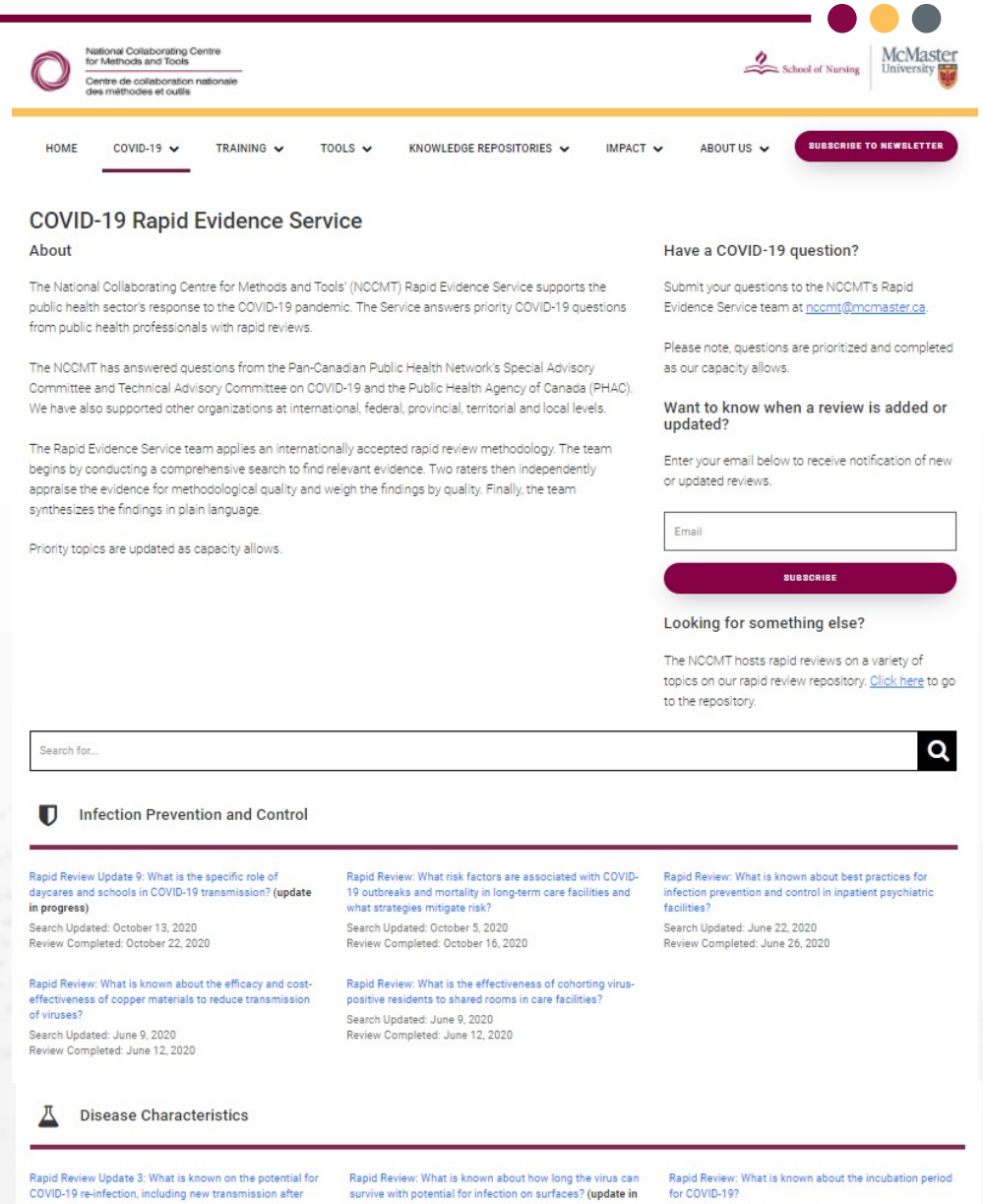
Key Finding (Consideration for parents)	Number of studies contributing to this finding		GRADE-CERQual assessment of confidence in the evidence	Explanation of GRADE-CERQual assessment
	Study design	n		
Trust, or lack of trust, in health care providers or government	Syntheses Single	8 7	Moderate confidence	Minor concerns regarding methodological limitations, relevance
Perceived safety of vaccines	Syntheses Single	6 7	Moderate confidence	Minor concerns regarding methodological limitations, relevance
Satisfaction with amount and sources of information about vaccination	Syntheses Single	6 8	Moderate confidence	Minor concerns regarding methodological limitations, relevance
Risk assessment of disease versus vaccination	Syntheses Single	4 7	Moderate confidence	Minor concerns regarding methodological limitations, relevance
Parental choice and preference for alternative health approaches	Syntheses Single	6 13	Moderate confidence	Minor concerns regarding methodological limitations, relevance

Dissemination: Rapid Evidence Service

- COVID-19 Rapid Evidence Service: nccmt.ca/res

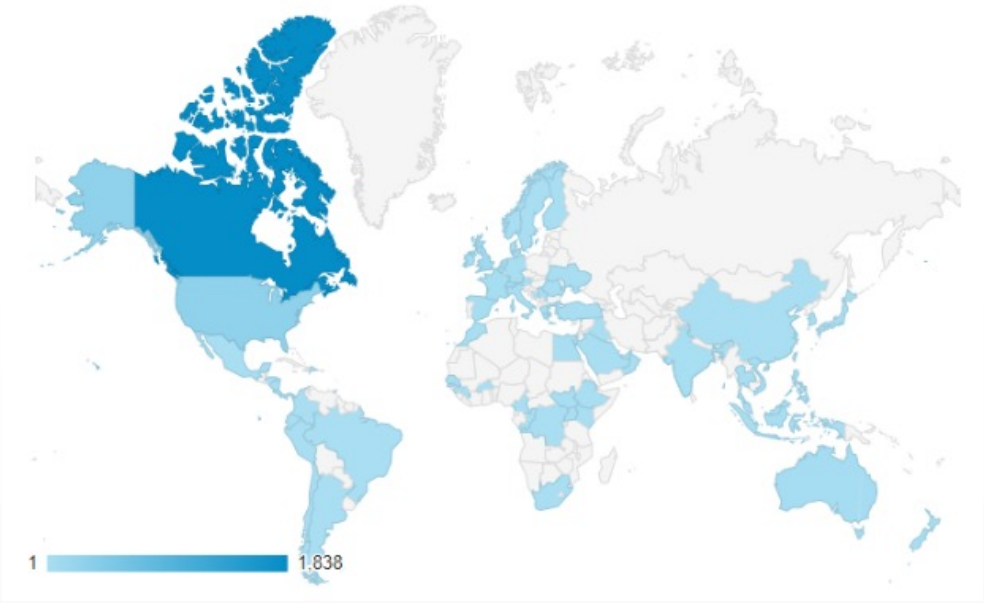
- 35+ reviews & 30 updates (June 2021)

- Posted to the NCCMT's website
- E-mail notifications – subscription and targeted
- Social media
- Monthly newsletter
- McMaster communications



Impact

- > 25 000+ page views, June 2020 – April 2021
- Priority questions from various organizations (e.g. WHO, Public Health Ontario, public health units)
- Collaborated with Public Health England on an update
- Email subscribers in nearly all provinces and territories
- Reviews indexed in various databases and updates
- Media coverage in over 30 outlets



Accessed in >69 countries

Continuous challenges

- Balancing rigour with feasibility
- Minimizing duplication
- Getting the info into the right hands at the right time for decision making
- Proactive vs. reactive
- When to consider evidence “out of date”?
- How useful is evidence from other jurisdictions to Canada?
- Signal to noise ratio, low quality evidence

Conclusion & Implications

- Implementation of a strategy that resulted in rapidly coordinated efforts on a national scale
- Reduce duplication and disseminate quality evidence into the hands of decisions makers
- Continuous evolution of methods as COVID evidence changes
- Transitioning to collaboration and supporting other organizations to conduct high quality rapid reviews

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For more information:

NCCMT website: www.nccmt.ca
Contact: nccmt@mcmaster.ca

Agenda

Time	Agenda Items	Presenters
1:30 p.m. (15 minutes + 5 minute discussion)	**Opening remarks and introductions** Defining rapid reviews and how they differ from other knowledge synthesis approaches	Dr. Andrea Tricco
1:50 p.m. (30 minutes +5 minutes for Q&A)	**Tailoring rapid review methods according to the decision-maker needs**	Dr. Maureen Dobbins and Dr. Sarah Neil-Sztramko
2:25 p.m. (30 minutes)	**Group Activity 1: Scenario** Learners (groups of 5-7) will be given a scenario of a COVID-19-related topic from a decision maker. They will be asked to tailor the methods to answer the research question.	Breakout Rooms
2:55 p.m. (10 minutes)	Health Break	
3:05 p.m. (15 minutes)	**Discerning how to assess the quality of rapid reviews**	Dr. Nancy Santesso
3:20 p.m. (30 minutes +5 minutes for Q&A)	**Effectively engaging patient and public partners in rapid reviews**	Ms. Maureen Smith Dr. François-Pierre Gauvin
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4:25 p.m. (5 minutes)	**Closing Remarks**	Dr. Andrea Tricco
4:30 p.m.	Adjourn	

Group Activity: Scenario 1

Tailoring the methods of a rapid review

Scenario

- You are a researcher who has received a request from the Public Health Agency of Canada (PHAC) to conduct a rapid review on the following question:
  - **What is known about reasons for vaccine confidence and uptake in populations experiencing inequities?**

- In answering this question, PHAC would like you to look at qualitative literature, as there is currently another research team synthesizing the quantitative literature.

In your breakout rooms, discuss how you would tailor your rapid review methodology to answer the research question. Be sure to think about:

- **What vaccines you should include (as the question does not solely focus on COVID-19 vaccines)**
- **What types of evidence should be included**
- **Any special considerations for inclusion of specific types of evidence (e.g., populations experiencing inequities)**

Breakout Rooms

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Break Time

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Discerning How to Assess the Quality of Rapid Reviews

Nancy Santesso
RD, MLIS, PhD

Deputy Director, Cochrane Canada

Assistant Professor, Department of Health Research Methods, Evidence and Impact at McMaster University

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WORKSHOP

Rapid Reviews for Decision-Makers

How to discern the 'quality' of rapid reviews

Nancy Santesso, RD, PhD

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Rapid reviews

- You find a rapid review
- You ask for a rapid review to be performed
- You have to do the rapid review!

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Rapid Review: What is known about reasons for vaccine confidence and uptake in populations experiencing inequities?

- Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects). The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.

Rapid Review: What is known about reasons for vaccine confidence and uptake in populations experiencing inequities?

- Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects). The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.

As a decision maker, should we dedicate large amounts of resources to educate people about safety?

Are we confident that safety is a concern and a reason for uptake of vaccines?

- Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects). The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.

The authors of the review assessed the quality of the studies in the rapid review, considered the richness of the data, the coherence in the results, and other factors

- Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects). The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.

Low confidence that safety is a concern and a reason for uptake

You still need to make a decision

- Across studies exploring perceptions of different vaccines, safety was a primary concern both as a motivator for seeking vaccination (i.e., to protect oneself and others from illness) and as a reason to not seek vaccination (i.e., potential side effects). The confidence in this finding is low (GRADE-CERQual) however, it is possible that this finding is a reasonable representation of the phenomenon of interest.

Rapid Review: What is known about reasons for vaccine confidence and uptake in populations experiencing inequities?

Were ‘shortcuts’ taken? Were they appropriate?

We should probably first check if the review was well done

Does the rapid review provide a
comprehensive and accurate summary
of whatever literature is out there?

AMSTAR 2 https://amstar.ca

- Checklist
- Developed for systematic reviews (not specifically for rapid reviews)
- Criteria apply to rapid reviews
- I’ve included what we know from research about the impact of “shortcuts” on the summary from a review
- **SYSTEMATIC**

Criteria

1. **Structured question and appropriate inclusion criteria**
   - If they excluded children to make it more rapid but you need information about children – then findings not accurate or comprehensive

2. **Protocol without deviations or deviations justified**
   - Rapid review indicates that they did have a protocol (although it may not be published or registered)
   - check the https://www.nccmt.ca/covid-19/covid-19-evidence-reviews
   - Check PROSPERO https://www.crd.york.ac.uk/prospero/
   - Check protocols Cochrane Library https://www.cochranelibrary.com/

Criteria

3. **Limitations to the search not likely to miss studies**
   - At a minimum for health interventions: Medline, Embase, Central
   - Search literature appropriate to question
   - Limiting to last X months may be justified
   - Limiting to English may not be appropriate for current COVID studies

4. **Rigorous method to select and exclude studies, and extract data**
   - While 2 people is best, 1 and another verifying data or the excluded studies may not bias the results from the review

Criteria

5. Included studies are described (and sources of funding) and the risk of bias assessed

- at least 1 person assessing and another verifying

6. Synthesis of studies rigorously performed (meta-analysis or not)

- Watch out for vote counting studies that were ‘statistically significant’ or not

Criteria

7. Risk of bias, publication bias, heterogeneity and other factors were considered when making conclusions

- e.g., using GRADE (or a systematic approach) to assess certainty of evidence

8. Conflict of interest of review authors reported

Key points

- A review, whether rapid or not, is a review of the literature available

- A review, if well done, should provide an accurate summary of the literature (assess whether it does using the criteria)

- A well done review, whether rapid review or not, may find a lot or little literature - we still need to know how certain we are in the effects of a treatment or reasons for vaccine uptake to make decisions

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Putting Patients First

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Effectively Engaging Patient and Public Partners in Rapid Reviews

National Collaborating Centre for Methods and Tools
Centre de collaboration nationale des méthodes et outils

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Effectively engaging patient and public partners in rapid reviews

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30 June 2021

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The Ottawa Hospital
Centre for Implementation Research

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Objectives

- Patient & citizen engagement in research
- Patient & citizen engagement in COVID-19 evidence synthesis context
- Where in the process and how to engage
- Challenges & solutions
- Planning your engagement
- COVID-END in Canada's citizen engagement
- Training & resources

Patient and Citizen Engagement in Research

- **Who is a patient?**[1]

  The Canadian Institutes of Health Research uses patient to be inclusive of individuals with personal experience of a health issue and informal caregivers, including family and friends.

- **Who is a citizen?**[2]

  The Canadian Institutes of Health Research defines citizen as any interested representatives of the general public, consumers of health services, patients, caregivers, advocates and representatives from affected community and voluntary health organizations.

- **What is patient and citizen engagement in health research?**

  Meaningful (*not tokenistic*) and active collaboration in governance, priority setting, conducting research, and knowledge translation to ensure patients voice and priorities play a role in shaping the evidence and care they receive.

1. Strategy for Patient-Oriented Research - Patient Engagement Framework. Available from https://cihr-irsc.gc.ca/e/48413.html
2. CIHR Jargon Buster. Available from https://cihr-irsc.gc.ca/e/48952.html

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What Does Patient and Citizen Partnership Look Like?

What it is?

- ✓ Working with patients and citizen to set the research agenda
- ✓ Working with patients and citizens to conceptualize the research question and design
- ✓ Working with patients citizens to develop key messages based on the findings

What it is not?

- × Enrolling patients and citizens as a study participant to test an intervention
- × Interviewing patients and citizens in a focus group or other qualitative study designs
- × Observing a population to collect information on health-related outcomes

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Why engage patients and the public in COVID-19 **research**?

- Many COVID-19 research topics are relevant to patients and citizens (e.g. public health measures, vaccines, societal/economic impacts, etc.) thus engaging them is essential.
- Patients and citizens are decision makers! They are making personal decisions that have tremendous societal impacts.
- Patient and citizen engagement in health research will help shape research and health system to be more responsive to their needs.
- Focuses on patient and citizen priorities and improves health outcomes individually and in communities.

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COVID-19 - Decision-makers must make various types of decisions

- What is known about...
  - **Public-health measures** (e.g., masks and tests, curfews, quarantine)
  - **Clinical management** of COVID-19 (e.g., prescription drugs) and pandemic-related conditions (e.g., mental health and addictions issues)
  - **Health-system arrangements** (e.g., scaling hospital capacity up or down and virtual-care alternatives to in-person care)
  - **Economic and social responses** (e.g., school and public-transit changes)

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Why engage patients & citizens in COVID-19 **evidence synthesis**?

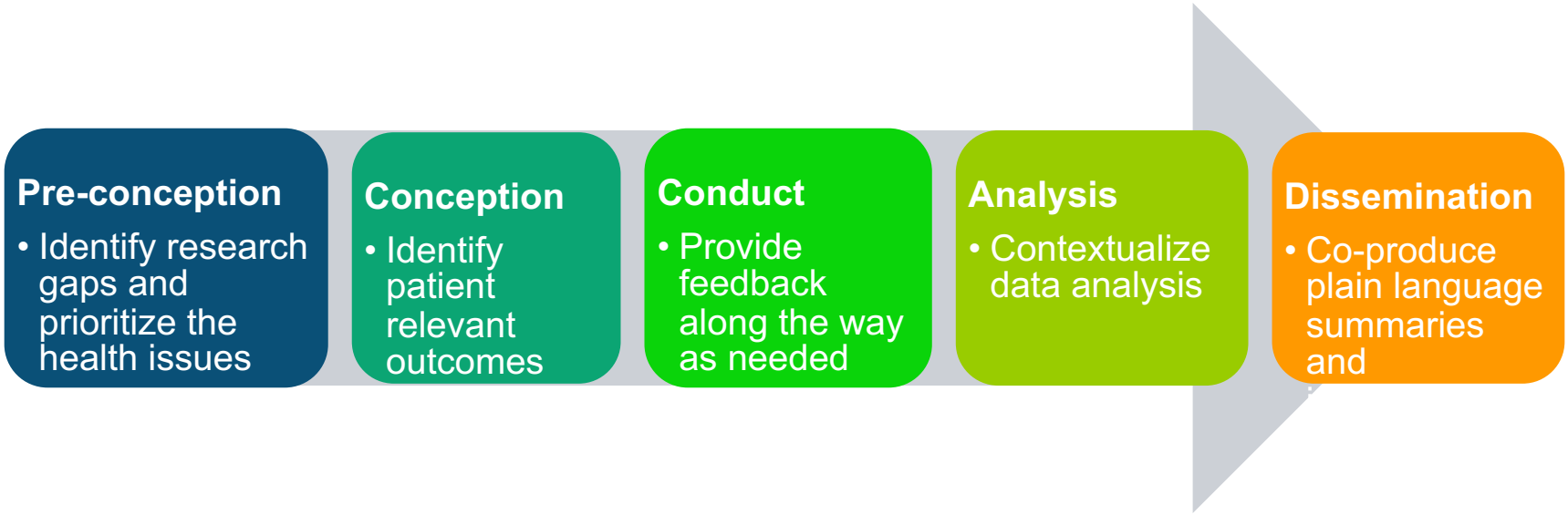
And especially rapid evidence synthesis!

- Evidence synthesis is the backbone of policy decisions, clinical guidelines, good practices, etc. We are the end-users!
- Patients and citizens should be engaged in:
  - Prioritizing rapid review topics
  - Framing the questions and have input on outcomes
  - Interpreting the findings to make them relevant
  - Accessing the results in plain language

Engagement Spectrum

	Inform	Consult	Involve	Collaborative	Empower
What	To provide easy to understand, objective, and balanced information to help them participate in the discussions.	To obtain feedback on research direction, progress, outcomes, analysis and interpretation.	To work closely throughout the research process to ensure patient perspectives are consistently understood and considered	Engage in each aspect of the decision in research and research-related activities	To place final decision-making responsibilities
How	• Plain language summary • Infographic	• 1-on-1 interviews • Surveys • Focus groups • Workshop	• Working group • Regular meetings	• Advisory committee • Consensus-building • Participatory decision-making	• Delegated decision

At what stages knowledge synthesis can you engage patient and citizen partners?



Engagement Opportunity – Planning Stage

During the project planning stage (the work plan or protocol)

- Help develop the research question the project will address.
- Help define the outcomes that the research should explore.
  - This might include suggesting additional outcomes that would be of interest to patients and citizens, or selecting outcomes of greatest importance to patients and citizens.
- Provide input on how information is collected and synthesized.
  - This might include providing feedback on whether it is appropriate to group particular symptoms, treatments or health conditions together in the synthesis.

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Engagement Opportunity – Report Writing Stage

During the report writing stage

- Provide feedback on a draft of the review results
  - Patients/citizen partners might be asked for specific feedback about whether they agree with how the results have been interpreted, or asked to give suggestions for what the key messages should be
- Help develop the plain language summary of the research findings
  - This might include patient/citizen leading the writing with support from the research team or vice versa
- Comment on the plans for sharing (disseminating) the research findings
  - They might make suggestions to help reach the general public or particular population groups

Project Contributors

Acknowledging patient/citizen partner contributions

- Patient/citizen partners should be acknowledged in your research report
- Depending on your format, can be listed as Project Contributors or in the Acknowledgement section
- Identify that they are patient or citizen/public partners
- Include affiliation (such as community organization, patient group, etc.) if appropriate and desirable

Engagement Opportunity – Co-authorship

Patient and citizen partner co-authors

- In some instances, patient/citizen partners can become core members of the research project team
- This would mean they provide input throughout the conduct of the research project
- Co-authorship will be offered as per the recommendations of the International Committee of Medical Journal Editors

Challenges & Solutions

Challenges	Solutions
▪ Quick turnaround and tight timelines. Some projects are completed within 5-10 business days	▪ Be clear about the timelines so that patient/public partners can decide if they can commit to this schedule
▪ Not enough time to train researchers and patient/citizen partners on how to meaningfully collaborate	▪ We're offering training and resources for researchers and patient/citizen partners.
▪ Difficult to build relationship with rapid projects	▪ Patient/citizen partners understand the COVID reality and the impact this has on engagement. Agree on roles and responsibilities from the onset of your collaboration.

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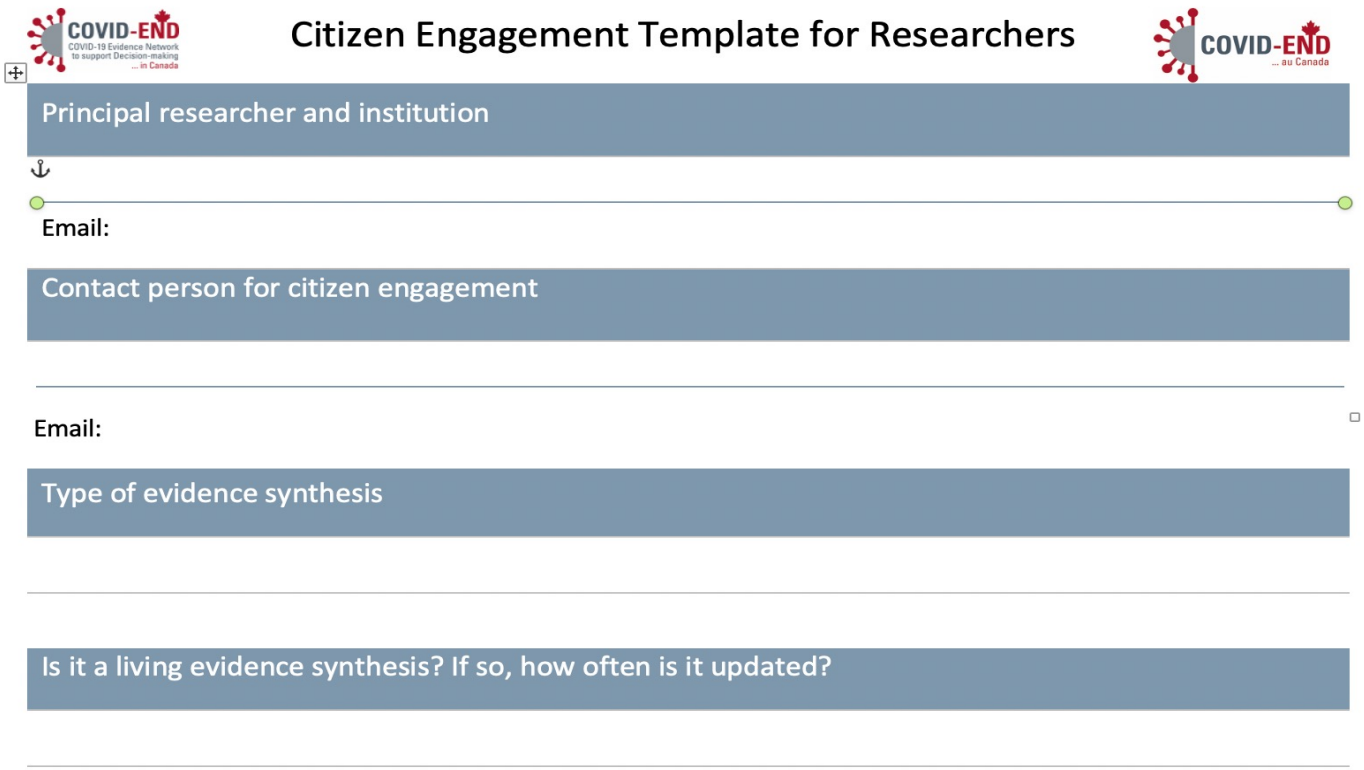
How do I get started?

Use our planning tool



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Citizen Engagement Template for Researchers

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Principal researcher and institution

Email:

Contact person for citizen engagement

Email:

Type of evidence synthesis

Is it a living evidence synthesis? If so, how often is it updated?

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What is the topic?

What is the timeline? (Start date, end date)

At what step(s) to you foresee engaging with citizens?

- ☐ At the start – to review question, approach, outcomes
- ☐ At the analysis stage – to contribute to interpretation
- ☐ Towards the end – to review key messages
- ☐ At the plain language summary stage

What is the anticipated time commitment?

Please be as specific as possible, especially for living evidence synthesis. Is it weekly? bi-weekly? monthly?

How will you communicate with citizens?

- ☐ Virtual meetings (Zoom, Microsoft Teams, etc.)
- ☐ What's App
- ☐ Email
- ☐ Telephone

Why use the template?

- Planning for your research team
  - Assign one contact person to liaise with your patient/citizen partners
  - Quite common to allow for 5-7 hours of patient/public engagement but will vary depending on your project and the degree of involvement
  - What is feasible for you? At what steps would you like to engage?

- Information for potential patient/public partners
  - Can they commit to the timeline?
  - Is it a topic of interest?

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COVID-END commitment to citizen partnerships

We use the word 'citizen' here to mean:

- citizens – whether as taxpayers or voters or in other roles, and regardless of their formal citizenship status and whether they may also currently be considered a patient – who may be affected by the economic and social responses to the pandemic;
- communities, by which we mean groups of citizens – whether defined by geography, lived experience with particular conditions or treatments (or health determinants), ethnocultural group or other factors – who may be affected by the economic and social responses to the pandemic;
- patients in the usual sense of those receiving care in the health system;
- potential patients who need care, whether or not they are receiving it now; and
- families of and caregivers to these patients or potential patients.

The term engagement captures a range of efforts to involve citizens in the work of COVID-END, ranging from: communication, consultation, partnership and shared leadership.

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It started globally: COVID-END Global

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COVID-END in Canada

- COVID-END is a time-limited network that brings together more than 50 of the world's leading evidence-synthesis, technology-assessment and guideline-development groups around the world
- Commitment to **citizen partnership** since August 2020
  - Citizen-partnership strategy
  - Citizens being members of the partners' meetings, horizon-scanning panel, and working groups
- In January 2021, the Government of Canada, through the Canadian Institutes of Health Research, invested 1M$ in COVID-END to support Canadian needs
  - More than 40 evidence-synthesis teams from across the country

Why a pool of citizens?

- A “pool” of Canadian citizens who will be called upon to provide their perspectives on a number of our evidence synthesis products
  - provide your perspective to frame questions
  - identify outcomes that are important to citizens
  - providing feedback on the synthesis (sometimes referred to as peer review)
  - contributing plain language summaries and infographics based on the findings

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COVID-END in Canada citizen pool

- 20 citizens recruited from 80 applicants, aiming for diversity:
  - age
  - gender
  - socio-economic status
  - ethnocultural
  - geographical (e.g., across Canada, rural/urban/remote areas)
  - lived experiences (e.g., had COVID, immunocompromised, living with other health conditions, economic, school age children, work with refugees, etc.)
- More targeted recruitment to occur to bring additional diversity

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Patient Partner Engagement on Rapid Reviews

- To improve patient partner engagement on research projects, namely rapid reviews, the SPOR Evidence Alliance has partnered with patient partners Maureen Smith and Janet Gunderson to co-develop the Patient Partner Panel for Rapid Reviews training program

- **Vision:** To facilitate meaningful and valuable patient-researcher collaboration in rapid review projects.

- **Purpose**
  - Present a basic understanding of knowledge synthesis and rapid reviews to ensure that public/patient partners can provide feedback and collaborate meaningfully in rapid review projects.
  - To efficiently on-board patient partners to various rapid review projects conducted or administered through the SPOR Evidence Alliance and our collaborators.
  - To improve the overall collaborative experiences for both patient partners and researchers working together on rapid review projects.
  - To minimize barriers to successful collaboration associated with the rapid nature of these research projects.

24 patient partners completed the training program in May 2021.

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COVID-END & SPOR Evidence Alliance Evidence Synthesis Products

- Rapid evidence profiles
- Living evidence profile or synthesis
- Evidence summaries
- Scoping reviews
- Rapid reviews
- Living guidelines

COVID-END inventory:

https://www.mcmasterforum.org/networks/covid-end/resources-specific-to-canada/for-decision-makers/scan-evidence-products

SPOR Evidence Alliance inventory:

https://sporevidencealliance.ca/key-activities/covid-19-evidence-synthesis/

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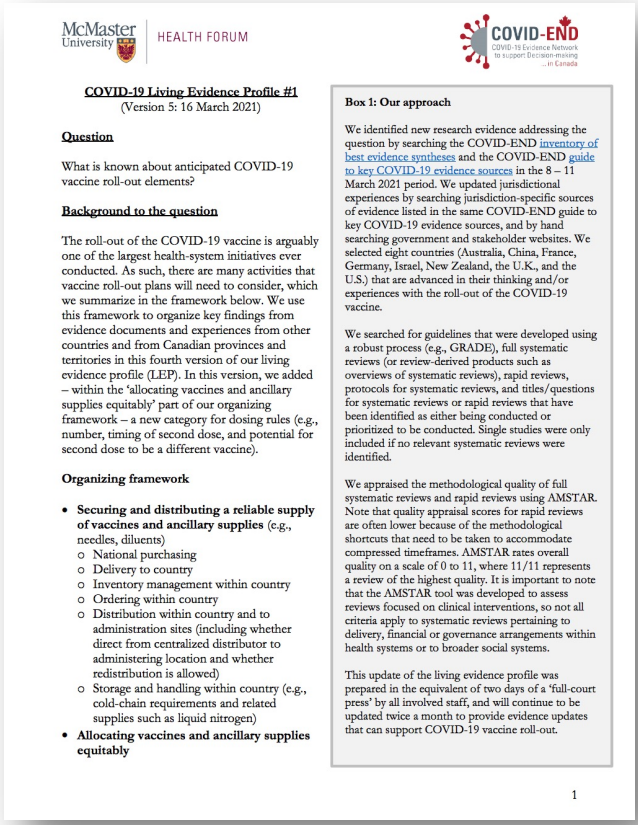
Public Engagement in Action

- What is known about anticipated COVID-19 **vaccine roll-out** elements?
  - Securing and distributing a reliable supply of vaccines and supplies
  - Allocating vaccines and supplies equitably
  - Communicating vaccine-allocation plans and the safety and effectiveness of vaccines
- Updated each month



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COVID-19 Living Evidence Profile #1
(Version 5: 16 March 2021)

Question

What is known about anticipated COVID-19 vaccine roll-out elements?

Background to the question

The roll-out of the COVID-19 vaccine is arguably one of the largest health-system initiatives ever conducted. As such, there are many activities that vaccine roll-out plans will need to consider, which we summarize in the framework below. We use this framework to organize key findings from evidence documents and experiences from other countries and from Canadian provinces and territories in this fourth version of our living evidence profile (LEP). In this version, we added – within the 'allocating vaccines and ancillary supplies equitably' part of our organizing framework – a new category for dosing rules (e.g., number, timing of second dose, and potential for second dose to be a different vaccine).

Organizing framework

- **Securing and distributing a reliable supply of vaccines and ancillary supplies** (e.g., needles, diluents)
  - National purchasing
  - Delivery to country
  - Inventory management within country
  - Ordering within country
  - Distribution within country and to administration sites (including whether direct from centralized distributor to administering location and whether redistribution is allowed)
  - Storage and handling within country (e.g., cold-chain requirements and related supplies such as liquid nitrogen)
- **Allocating vaccines and ancillary supplies equitably**

Box 1: Our approach

We identified new research evidence addressing the question by searching the COVID-END inventory of best evidence syntheses and the COVID-END guide to key COVID-19 evidence sources in the 8 – 11 March 2021 period. We updated jurisdictional experiences by searching jurisdiction-specific sources of evidence listed in the same COVID-END guide to key COVID-19 evidence sources, and by hand searching government and stakeholder websites. We selected eight countries (Australia, China, France, Germany, Israel, New Zealand, the U.K., and the U.S.) that are advanced in their thinking and/or experiences with the roll-out of the COVID-19 vaccine.

We searched for guidelines that were developed using a robust process (e.g., GRADE), full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews that have been identified as either being conducted or prioritized to be conducted. Single studies were only included if no relevant systematic reviews were identified.

We appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR. Note that quality appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial or governance arrangements within health systems or to broader social systems.

This update of the living evidence profile was prepared in the equivalent of two days of a 'full-court press' by all involved staff, and will continue to be updated twice a month to provide evidence updates that can support COVID-19 vaccine roll-out.

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Training

Patient/Public Partners

- COVID-END Onboarding session – April 2021
- SPOR Evidence Alliance inaugural mini-course (approx. 10 hours) co-designed with two patient partners – May 2021
  - Patient/Public Engagement in Rapid Reviews
  - 24 attendees, including 10 from the COVID-END pool

Online mini Courses

Researchers

- COVID-END and SPOR Evidence Alliance webinars include patient/public engagement
- More to come !!!!

COVID-END – Resources specific to Canada

- Annotated resource list
- Citizen Engagement template for researchers
- Plain language template

https://www.mcmasterforum.org/networks/covid-end/resources-specific-to-canada/for-researchers

SPOR Evidence Alliance Resources

Patient and Citizen Engagement in Research – Complete Tip Sheet

https://sporevidencealliance.ca/wp-content/uploads/2021/05/7.-SPOREA-COVIDEND_Patient-and-Citizen-Engagement-Tips.pdf

Patient and Public Partner Engagement in Research – Tip Sheet

https://sporevidencealliance.ca/wp-content/uploads/2021/06/SPOREA_Patient-and-Public-Engagement-in-Research.pdf

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We can help!

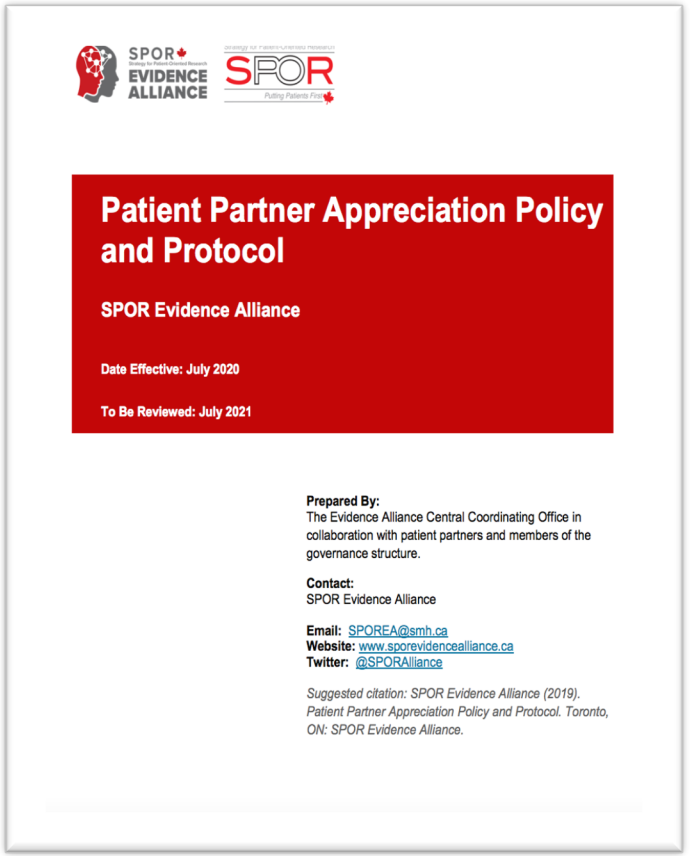
- If you would like to make use of our pool, we're happy to connect you with patient/citizen partners.
- Complete the citizen engagement template for researchers and send us an email!
- We'll send an invitation to members of our pool who would be good candidates for your review and connect you!

Compensation

- Work out a policy that works for you!
- COVID-END uses the SPOR Evidence Alliance Appreciation Policy for its citizen contributors

Appreciation policy

- Based on SPOR Evidence Alliance co-produced guidelines
  - A form is provided to keep track of hours (preparation time and meeting time)



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Patient Partner Appreciation Policy and Protocol

SPOR Evidence Alliance

Date Effective: July 2020

To Be Reviewed: July 2021

Prepared By:
The Evidence Alliance Central Coordinating Office in collaboration with patient partners and members of the governance structure.

Contact:
SPOR Evidence Alliance

Email: SPOREA@smh.ca
Website: www.sporevidencealliance.ca
Twitter: @SPORAlliance

Suggested citation: SPOR Evidence Alliance (2019). Patient Partner Appreciation Policy and Protocol. Toronto, ON: SPOR Evidence Alliance.

Source: https://sporevidencealliance.ca/wp-content/uploads/2020/10/SPOR-EA_Patient-Partner-Appreciation-Policy-and-Procedure_2020.pdf

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Citizen partner activity log

First and Last Name	
Period of engagement	

Activity name	**Description (optional)**	**Date of activity**	**Number of hours**
Examples:			
Participation in onboarding webinar			
Participation in citizen engagement training			
Preparation for, and participation in meeting of the Citizen Partners Task Group			
Contribution to preparation of rapid review or other evidence-synthesis product			
Review plain language summary of evidence synthesis product			
Preparation for, and participation in meeting of horizon scanning panel			
Preparation for, and participation in meeting of co-investigators			
Occasionally:			
Prepare/ deliver presentation			
Contribute to grant application			
		Total hours contributed	

By signing below, you are acknowledging that you completed the activities above as part of the citizen partnership engagement initiative of COVID-END and that you will be compensated in cash via cheque.

If however you do not wish to be compensated, please check the box below:

☐ *I do not wish to receive any form of payment*

Citizen partners residing in Canada and USA

First and Last Name:	
Mailing Address:	
Social Insurance Number: Canadian residents ONLY *In order to keep this information private please call or text Julie Baird, Lead of Operations, at 289-237-0368 to provide it in confidence.*	
Phone:	**Email:**
Signature:	**Date:**

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Thank You - Merci

Don’t hesitate to contact us!

François-Pierre Gauvin
gauvinf@mcmaster.ca

Maureen Smith
maureen_smith@rogers.com

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QUESTIONS?

Agenda

Time	Agenda Items	Presenters
1:30 p.m. (15 minutes + 5 minute discussion)	**Opening remarks and introductions** Defining rapid reviews and how they differ from other knowledge synthesis approaches	Dr. Andrea Tricco
1:50 p.m. (30 minutes +5 minutes for Q&A)	**Tailoring rapid review methods according to the decision-maker needs**	Dr. Maureen Dobbins and Dr. Sarah Neil-Sztramko
2:25 p.m. (30 minutes)	**Group Activity 1: Scenario** Learners (groups of 5-7) will be given a scenario of a COVID-19-related topic from a decision maker. They will be asked to tailor the methods to answer the research question.	Breakout Rooms
2:55 p.m. (10 minutes)	Health Break	
3:05 p.m. (15 minutes)	**Discerning how to assess the quality of rapid reviews**	Dr. Nancy Santesso
3:20 p.m. (30 minutes +5 minutes for Q&A)	**Effectively engaging patient and public partners in rapid reviews**	Ms. Maureen Smith Dr. François-Pierre Gauvin
3:55 p.m. (30 minutes)	**Group Activity 2: Scenario** Learners (groups of 5-7) will be given a rapid review scenario for which they will come up with a strategy on how to meaningfully involve patient partners.	Breakout Rooms
4:25 p.m. (5 minutes)	**Closing Remarks**	Dr. Andrea Tricco
4:30 p.m.	Adjourn	

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Group Activity: Scenario 2

Meaningfully engaging patient partners in rapid reviews

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Scenario

- The following rapid review was completed with a short turn-around time
- **Organization that requested the review:** The Canadian Frailty Network
- **Research question:** How to mitigate the impact of COVID-19 on the elderly, by preventing transmission among older adults (60 years and above) living in long-term care?
- **Lead Investigator:** Dr. Andrea Tricco
- **Time to complete review:** 24 Days

Although patient partners weren't engaged in this review, in your breakout rooms, explore some opportunities where patients could have been engaged.

Rios, P., Radhakrishnan, A., Williams, C. *et al.* Preventing the transmission of COVID-19 and other coronaviruses in older adults aged 60 years and above living in long-term care: a rapid review. *Syst Rev* **9,** 218 (2020). https://doi.org/10.1186/s13643-020-01486-4

Group Activity

- 20 minutes to discuss in small groups
- 10 minutes for rapporteurs to report back to larger groups and discuss

YOUR TASK

- How would you plan and carry out patient/public engagement for this review?
  - ➢ What are the opportunities and facilitators?
  - ➢ What are the barriers?

Consider opportunities for patient partner engagement during the rapid review process

During the project planning stage (the work plan or protocol)

During the report writing stage

Be a patient and public partner co-author

Breakout Rooms

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Preventing the Transmission of Coronavirus (COVID-19) in Older Adults Aged 60 Years and Above Living in Long-Term Care: A Rapid Review

Dr. Andrea C Tricco
Nominated Principal Investigator
SPOR Evidence Alliance

National Collaborating Centre for Methods and Tools
Centre de collaboration nationale des méthodes et outils

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Rapid Review

- **Organization that requested the review:** The Canadian Frailty Network
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- **Lead Investigator:** Dr. Andrea Tricco
- **Time to complete review:** 24 Days

Although patient partners weren't engaged in this review, let's explore some opportunities where patients could have been engaged.

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Opportunities for patient partner engagement during the rapid review process

During the project planning stage (the work plan or protocol)

During the report writing stage

Be a patient and public partner co-author

During the project planning stage (the work plan or protocol)

Steps Followed

- Worked with decision-makers at the Canadian Frailty Network to develop the research question and outcomes of interest.
- Used the following tool to determine the appropriate study design.
  - What Review Is Right For You? https://whatreviewisrightforyou.knowledgetranslation.net/
- Registered our research question to avoid duplication.
  - National Collaborating Centre for Methods and Tools https://www.nccmt.ca/covid-19/covid-19-evidence-reviews
- Registered our protocol.
  - PROSPERO https://www.crd.york.ac.uk/prospero

Opportunities for Engagement

Barriers to Engagement

During the project planning stage (the work plan or protocol)

Steps Followed

- Worked with decision-makers at the Canadian Frailty Network to develop the research question and outcomes of interest.
- Used the following tool to determine the appropriate study design.
  - What Review Is Right For You? https://whatreviewisrightforyou.knowledgetranslation.net/
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- Registered our protocol.
  - PROSPERO https://www.crd.york.ac.uk/prospero

Opportunities for Engagement

- Canadian Frailty Network regularly engages citizen partners in the work they do.
- We could have leveraged this partnership and consulted their citizen partner to develop research question and prioritize outcomes that are important to them.
- Opportunity to engage citizen partners to understand the context of the research question.

Barriers to Engagement

- Only 24 days to complete the review
- Not enough time to train research team members and patient partners on how to meaningfully collaborate
- During this time, we were in the first wave of the pandemic and the research team was adjusting to changes in their new remote work settings

During the report writing stage

Steps Followed	Opportunities for Engagement
▪ Sent preliminary results and ask for a deep-dive on key issues from the decision-makers at the Canadian Frailty Network. ▪ Used summary of findings tables ▪ Discussed implications of results with caution. ▪ We were specific and transparent about study limitations and what needs to be addressed in the future. ▪ We worked closely with the decision-maker to interpret results to ensure that the end-product was relevant and fit-for-purpose.	

Barriers to Engagement

During the report writing stage

Steps Followed

- Sent preliminary results and ask for a deep-dive on key issues from the decision-makers at the Canadian Frailty Network.
- Used summary of findings tables
- Discussed implications of results with caution.
- We were specific and transparent about study limitations and what needs to be addressed in the future.
- We worked closely with the decision-maker to interpret results to ensure that the end-product was relevant and fit-for-purpose.

Opportunities for Engagement

- Citizen partners could co-authors the report if engaged through the review process.
- Hold a roundtable discussion and present key findings to the citizen partners of the Canadian Frailty Network and consult them on contextualization and interpretation of the findings.
- Work with citizen partners to develop a plain language summary of the findings.

Barriers to Engagement

- There was an increasing demand for pandemic related rapid reviews during this time, so further discussion on the report and engagement with citizen partners was handed off to the Canadian Frailty Network decision-makers and their discretion.

Spreading the Research Findings

Steps Followed

- We provided results in a format relevant to the review requester.
- We provided a 1-page summary of our findings for the decision-makers.
- We also published our findings in a peer-reviewed journal at a later date.
- We featured our publication and findings on our twitter profiles and websites.

Opportunities for Engagement

Barriers to Engagement

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Opportunities for Engagement

- Consult citizen partners to determine if the review findings are relevant and important to patients and members of the public.
- Work together to develop the key messages.
- Work together to determine the best format and communication channels to reach patients and members of the public.

Barriers to Engagement

- The team did not have capacity at the time to facilitate this process.

Agenda

Time	Agenda Items	Presenters
1:30 p.m. (15 minutes + 5 minute discussion)	**Opening remarks and introductions** Defining rapid reviews and how they differ from other knowledge synthesis approaches	Dr. Andrea Tricco
1:50 p.m. (30 minutes +5 minutes for Q&A)	**Tailoring rapid review methods according to the decision-maker needs**	Dr. Maureen Dobbins and Dr. Sarah Neil-Sztramko
2:25 p.m. (30 minutes)	**Group Activity 1: Scenario** Learners (groups of 5-7) will be given a scenario of a COVID-19-related topic from a decision maker. They will be asked to tailor the methods to answer the research question.	Breakout Rooms
2:55 p.m. (10 minutes)	Health Break	
3:05 p.m. (15 minutes)	**Discerning how to assess the quality of rapid reviews**	Dr. Nancy Santesso
3:20 p.m. (30 minutes +5 minutes for Q&A)	**Effectively engaging patient and public partners in rapid reviews**	Ms. Maureen Smith Dr. François-Pierre Gauvin
3:55 p.m. (30 minutes)	**Group Activity 2: Scenario** Learners (groups of 5-7) will be given a rapid review scenario for which they will come up with a strategy on how to meaningfully involve patient partners.	Breakout Rooms
4:25 p.m. (5 minutes)	**Closing Remarks**	Dr. Andrea Tricco
4:30 p.m.	Adjourn	

Closing Remarks

Thank you for attending today's workshop!

We hope you have gained a better understanding of

1. What a rapid review is and how it differs from other knowledge synthesis approaches
2. How to tailor the methods for rapid reviews according to the decision-maker needs
3. How to assess the quality of a rapid review
4. How to effectively engage patient and public partners in rapid reviews

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Cochrane Canada

COVID-END
COVID-19 Evidence Network to support Decision-making ... in Canada

SPOR Evidence Alliance
Strategy for Patient-Oriented Research
Alliance pour des données probantes de la SRAP
Stratégie de recherche axée sur le patient

Strategy for Patient-Oriented Research
SPOR
Putting Patients First

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