COVID Corner X
Getting to the Other Side of COVID:
Is Evidence-informed Hope a Contradiction of Terms?

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This in the tenth edition of the COVID Corner blog and provides a primer to support CHLNet's May 5th, 2022, Network Partners Roundtable dialogue under the theme of '*Shaping the Health System of the Future--Evidenced Informed Hope*'. Its purpose is to help inform a vigorous discussion around the concept of 'evidence-informed hope' and the role that leaders can potentially play in putting it into practice.

What is evidence-informed hope?

The Merriam Webster dictionary defines hope as "desire accompanied by expectation of or belief in fulfillment." In other words, something we long for, and wish for; in leadership language, a positive vision of the future fueled by conviction that it is achievable, despite whatever conditions may prevail in the moment. It follows then that 'evidence informed hope' is a compelling vision grounded in research, evidence, or past practice that suggests it is possible to achieve. It is a combination of positive beliefs and emotions and a logical, rational foundation for those beliefs and emotions.

The Plains Cree word for hope is 'Pakosêyimow ᐸᑯᓴᔩᒧᐤ' that translates to "s/he wishes for something" or "s/he hopes for something". Whereas 'hope' tends to be used most often as a noun in the English language, the Cree word is a verb that speaks to placing in or bringing 'spiritual hope' to people. Indigenous health leaders and frameworks tell us it builds on the accumulated evidence from elders, knowledge keepers, lived experience and a rich tradition of oral history.[1] [2]

Where did the concept come from?

Evidence-informed hope is a new concept. Our first stop was naturally to consult Dr. Google. What we find is a series of publications making the case for how evidence-based hope can help support a broad range of disease management strategies…from cancer patients[3]; to patients and families living with mental health challenges; and to those living with chronic diseases like diabetes.[4]

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[1] Dr. Alika Lafontaine, Personal Communication. In fact, there are 6+ contexts of saying hope in Cree. April 22, 2022.

[2] Thunderbird Partnership Foundation and Health Canada. (2015). First Nations Mental Wellness Continuum Framework. Retrieved from First Nations Mental Wellness Continuum Framework | Thunderbird Partnership Foundation (thunderbirdpf.org)

[3] See Sandman, L. and Lillemark, J. (2017). From evidence-based to hope-based medicine? Ethical aspects on conditional market authorization of and early access to new cancer drugs. Semin Cancer Biol.

[4] The Edelman Report (2019). Evidence-based hope in treatment of Type 1 and Type 2 Diabetes: and Chan, Wong and Lee (2019). A Brief Hope Intervention to Increase Hope Level and Improve Well-Being...

Various articles chronicle the significant scientific developments that give hope to finding answers to these and other ongoing healthcare challenges through exciting developments in precision medicine and genetics. Others point to the hazards or creating *false hope* based on *flawed evidence.* The case of the hoped-for breakthrough in the treatment of Muscular Sclerosis through the controversial 'liberation' therapy know as the Zamboni procedure is a cautionary tale.[5]

This concept was first brought to our attention by Healthcare Excellence Canada (HEC).[6] In 2021, HEC reached out to over 1,100 people across the country to hear what excellence in healthcare means to them, the issues that matter most and how HEC can help. Their input told a story that people were hopeful and excited to build meaningful partnerships with others across the country to spread innovations, build capabilities and catalyze policy change to support large-scale sustainable system improvement. In essence, evidence-informed hope is implicit in leadership, in that it is founded on the belief that people can co-create their future together if they employ evidence-informed leadership capabilities.

How do we bring the concept to life?

A previous *COVID Corner* piece pointed to the *Stockdale Paradox.*[7] It holds that leaders need discipline to confront the most brutal facts of their current reality, whatever they might be; but do so with the confidence that no matter how long the ordeal, you will survive.[8] Admiral Stockdale was the highest-ranking United States military officer in the "Hanoi Hilton" prisoner-of-war camp during the height of the Vietnam War. Tortured over twenty times during his eight-year imprisonment, he shows us that one can not just survive but thrive coming out of such an ordeal.

In this blog, we pick up where we left off with the St*ockdale Paradox* by posing two questions:

1. I*s evidence-informed hope a contradiction in terms or does it provide a powerful leadership pathway for working together as a community of practice to get through and beyond COVID?*
2. *And, if so, what are some of the barriers and some of the basic building blocks for leaders to move forward?*

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[5] Branswell, H. (2017) Scientist concedes his controversial MS therapy, once a source of great hope, is 'largely ineffective'. Link here: https://www.statnews.com/2017/11/28/multiple-sclerosis-paolo-zamboni/.

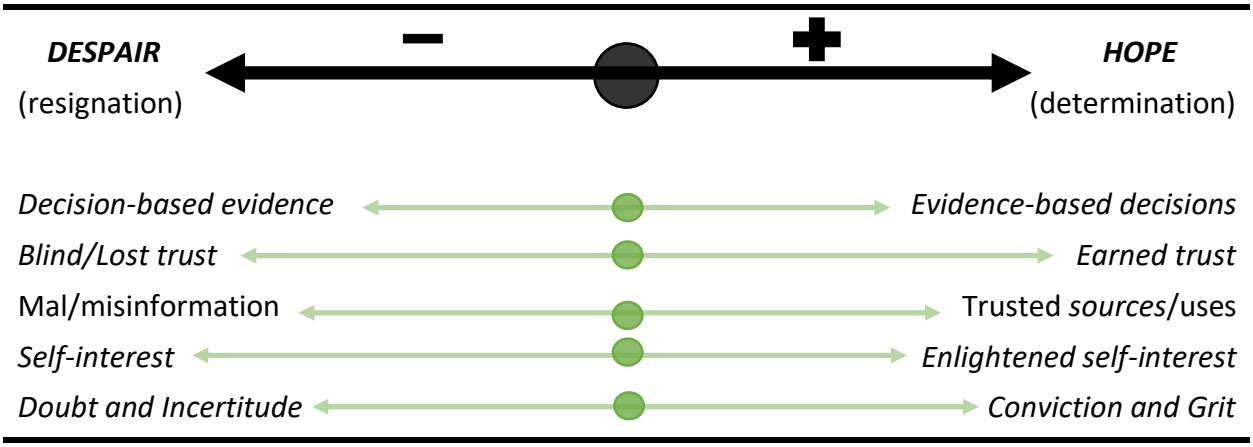
[6] Healthcare Excellence Canada, (HEC) is a new organization that brings together the Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement, it works with partners to share proven innovations and best practices in patient safety and healthcare quality.[7] Tholl, B. (2020). *Building Resiliency through COVID-19*. https://chlnet.ca/wp-content/uploads/Resiliency-Covid-Corner-Oct-21-2020_.pdf.

[7] Tholl, B. (2020). *Building Resiliency through COVID-19*. https://chlnet.ca/wp-content/uploads/Resiliency-Covid-Corner-Oct-21-2020_.pdf.

[8] Admiral James Stockdale was the most senior ranking officer in the Hanoi Hotel and was a POW for 7 ½ years. When asked how he not only survived but thrived coming out of the Vietnam War, he said: "You must never confuse faith that you will prevail in the end—which you can never afford to lose—with the discipline to confront the most brutal facts of your current reality, whatever they might be." He went on to say it was the optimists that did fare well or, in some case, survive the ordeal.

To help us along this learning path together, we have taken this concept of hope combined with findings from CHLNet' s ongoing *Leading Through COVID* action research project[9] [10] [11], to construct an Evidence-informed Hope (*Evi-HOPE*) Continuum (Figure 1).[12]

Figure 1
Evidence-informed Hope (Evi-HOPE) Continuum



At the one end of the *Evi-HOPE* Continuum we have the opposite of hope: despair. There are those who, amid the seemingly never-ending COVID-19 pandemic, have lost all hope. They have lost trust in political leaders. They are tired of seeing political self interest trumping collective interests and fed up with the polarizing politics of the pandemic. Some are simply resigned to just toughing it out. Others are lashing out against authorities and, in some cases, the rule of law.

At the other end of the continuum, we have those who have a positive vision for a better, more hopeful future and embrace the great philosopher David Hume's notion of *enlightened self-interest*. Among the 'pragmatic optimists' are those who see COVID-19 as a possible window of opportunity for long overdue, transformational change. As one health leader recently observed: "…it is comforting to know that amid the uncertainty, there are still moments of strength and hope that showcase the resilience, or grit, that people share in times like these that help us to get through this together".[13] The literature supports the concept that evidence-informed hope is an important factor in building resilience, both individually and organizationally.[14]

[9] Dickson G, Taylor D, Hartney E et al. The Relevance of the LEADS framework during the COVID-19 pandemic. Healthcare Management Forum. 2021;34(6):326-331. doi:10.1177/08404704211033002.
[10] Hartney E, Melis E, Taylor D et al. Leading through the first wave of COVID: a Canadian action research study. Leadership in Health Services. 2021;35(1):30-45. doi:10.1108/lhs-05-2021-0042
[11] Dickson, G. and Tholl, B (2021). CHLNet COVID Corner VIII: Leading Through COVID The Infodemic.
[12] Tholl B. (2021). CHLNet COVID Corner IX: Turning the Corner on COVID?
[13] Palisoc, J. (March, 2020).Finding hope and resilience during the COVID-19.
[14]Braun-Lewensohn, Abu-Kaf, S and Kalagy, T. (2021). Hope and Resilience During a Pandemic Among Three Cultural Groups in Israel: The Second Wave of Covid-19.

For purposes of discussion and debate, two leadership dimensions can be applied to this continuum (evidence-informed decision making and trust). First and foremost, leaders require reliable, readily accessible sources of evidence. And, as the recently released report of the *Global Commission on Evidence*[15] found, COVID-19 has created "…an unparalleled demand for rapid reviews of the evidence to address rapidly evolving challenges." However, not all evidence is reliable or used reliably. "Not all went well, of course. Some decision-makers wilfully ignored best evidence, while others trafficked in mis- and dis-information. Many things other than best evidence were relied upon."[16]

There are those that are cherry picking the evidence to support decisions that are more ideologically based rather than evidence-informed ("decision-informed evidence" rather than "evidence-informed decision making"). Another key takeaway from the Commission's report is the importance of identifying both trusted sources of evidence (e.g., Cochrane Collaborative) and trusted destinations. Gaps continue around: packaging and presenting the evidence in a more compelling way; identifying and supporting 'boundary spanners' or those that can see both sides of the evidence producer and evidence user sides of the river; and building up 'receptor capacity' in terms of helping decision-makers make appropriate use of the evidence.

This points us to a second leadership dimension underpinning the concept of evidence-informed hope: *trust* -- resolve and in others resolve. Coming back to the Admiral Stockdale story, over his time as a POW, he found the fortitude to prevail no matter what the odds of failure. He needed to maintain a high morale, show confidence in himself, and cultivate the conviction he would triumph. He earned the trust, respect and confidence of those around him by practicing *evidence-informed hope.* Former Governor General (GG), David Johnston, points out that trust is both the "grease and the glue" [17] that allows leaders to lead effectively. It is the grease that helps anticipate and facilitate evidence-informed policy changes coming out of COVID. And it is the glue the keeps us together in the face of uncertainty or adversity.

This notion is captured in *Figure 1* with the concept of self interest to the left side and the notion of enlightened self-interest… or community interest… on the other end. The former GG also often quotes Mark Carney (former Bank of Canada Governor) as saying that 'trust arrives on foot and leaves in a Ferrari'. COVID-19 has unquestionably taken a toll on trust among some senior political leaders here in Canada and internationally. Trust is sometimes described as "the ultimate currency in any relationship." [18]

What Are the Silver Linings of COVID?

It is an understatement to say the pandemic has brought with it many challenges. That said, as we look ahead, there are some silver linings. There is a window of opportunity to leverage up key lessons learned. We have all been traumatized by COVID-19 to some degree or another. Mental health professionals dealing with a patient experiencing a traumatic event point to an immediate

[15] McMaster Forum (2022). *Global Commission on Evidence to Address Societal Challenges*.
[16] Ibid.
[17] Johnston, D. (2018). *TRUST: Twenty Ways to Build a Better Country*. Wiley.
[18] Edelman Trust Barometer: In Canada (2022).

need to stabilize that patient. There is a period immediately following the traumatic event when patients are most open to new or alternative interventions. It is known as the 'Psychological Refractory Period" or PRP. [19] In the context of COVID, the concept suggests there is an emerging, but time-limited window of opportunity to consider implementing long overdue, truly transformational changes to Canadian healthcare policies and programs.

And, as John Lavis from the Global Evidence Commission points out if we are to take full advantage of the PRP opportunity, we must ensure that it is informed by the best available evidence "I have also never before seen such rapid and extensive deployment of new evidence tools, including what's known as living evidence syntheses and living guidelines, to meet the needs of political leaders".[20]

To reiterate, however, this window is time limited and the barriers to evidence-informed decision-making are many[21] from a lack of integrated, interoperable data base;[22] overcoming the "Not Invented Here/NIH" or "reinventing the wheel" syndrome[23]; to defining a national health workforce strategy.

Overcoming such barriers is the "territory of leadership".[24] We need leaders who can navigate the tension between the desire to "return to normal" and opportunity to embrace innovation and inclusivity in order to organize, fund and deliver healthcare in new ways that improve what might be termed the *quintuple aim:* improved patient experience, clinician well-being, better health outcomes, value for money and health equity.[25]

So let's turn to few basic building blocks that would help move us from where we are on the Evi-HOPE continuum (the status quo) to where we need to be going forward.

Embrace the Power of Networks: We know from the evidence that one of the key building blocks for increased resilience is networking, both inter-professionally and inter-organizationally. Close to home, some might say that our network… CHLNet… has come of age as we have gone through this pandemic. CHLNet has pivoted to work with all network partners to support leaders and to learn as we go. The COVID Corner series is but one of many initiatives by CHLNet to respond to the COVID challenge and to support moving to right on the Evi-HOPE continuum. Other valued resources beyond our research and project work are included in regular Eblasts.

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[19] Encyclopedia of Gerontology. (2007). Psychological Refractory Period.
[20] Lavis, J (2021) 5 ways to tackle ignorance about evidence during and after the COVID-19 pandemic.
[21] See, for example, WHO/Europe | Evidence-informed policy-making; Research and advice giving: a functional view of evidence-informed policy advice in a Canadian Ministry of Health - PubMed (nih.gov)
[22] Public Health Agency of Canada (2021) Interim Report of the Expert Advisory Group on a Canadian Health Data Strategy.
[23] Innovation is defined by some applying what we already know. See several past efforts to overcome NIH Syndrome here: Naylor, D. et. al. (2015) UNLEASHING INNOVATION: Excellent Healthcare for Canada Report of the Advisory Panel on Healthcare Innovation. And: Council of the Federation (2012) _ Health Care Innovation Working Group "From Innovation to Action".
[24] Dickson, G and Tholl B (2020) Bringing Leadership to Life in Health: LEADS in a Caring Environment. Springer.
[25] Itchhaporia, D (2021) The Evolution of the Quintuple Aim: Health Equity, Health Outcomes, and the Economy - PubMed (nih.gov).

We can point to several Network Partners who have embraced networking as a change agent as highlighted in our Eblasts. One example is Healthcare Excellence Canada bringing together long-term care and retirement home teams under its LTC+ program. While the pandemic has taken its toll on many, there is little doubt those living in long term care facilities bore a disproportionate share of the Covid-19 burden. In August 2020, LTC+ was launched to support long-term care and retirement homes to adopt promising practices in pandemic preparedness and response. Over 300 teams, representing over 1,500 homes, reaching over 80,000 residents across Canada have come together to rapidly learn and improve care together.

There are many other examples of purpose-built networks to build on going forward. *Internationally,* COVID-END bringing together more than 50 leading evidence-synthesis, technology-assessment and guideline-development groups from around the world to support evidence-based decision-making.[26] *Domestically,* we point to CAN-COVID, a network of active researchers, academics, patient partners and decision-makers "dedicated to an evidence-informed response to the COVID-19 pandemic". Every few weeks CAN-COVID convenes experts to share insights into the pandemic (including a special session on CHLNet's work on *Leading through COVID*).[27]

What's Past is Prologue: Through the COVID crisis we have seen what we can do together to 'cut time but not cut corners' in terms of accelerating the approval processes for new drugs and therapies (MnRA vaccines). Project 'Warp Speed' showed us that approval processes can be shortened to 15-20 months rather than 15-20 years. Likewise, government decision making processes that usually take many months or years can be done in weeks or even days when required. The question going forward might be: will 'COVID Time' be the new standard, or will we slip back into in the traditional time zones?

The pandemic has posed many unprecedented challenges for healthcare leaders. One such challenge has been accessing the best available evidence in real time and making sense of ever-changing real-world evidence. A related challenge for leaders has been dealing with those who willfully ignore the evidence (or traffic in misinformation.): the so-called 'infodemic'.[28] The pandemic has also highlighted and enhanced pre-existing gaps and inequalities in our healthcare system.

Wrapping Up!

So, we would conclude that *Evidence-Informed Hope* is *not* a contradiction in terms. Indeed, it can serve as a powerful motivator for change.

We can also say that we are entering a refractory period that provides an unprecedented window of opportunity for transformational change to spring forward, not fall back.

[26]McMaster Health Forum. COVID-19 Evidence Network to support Decision-making (COVID-END).
[27]Dickson, G; Tholl, B (Oct 2021). Leading Through COVID. *CANCOVID Webinar.*
[28] Dickson, G. and Tholl, B (2021). CHLNet COVID Corner VIII: Leading Through COVID The Infodemic.

And, as health leaders, we can point to some strong evidence coming out of the pandemic of our capacity to work together toward a common constructive purpose: improving health and healthcare with and for everyone in Canada.

In conclusion, Dr. Thomas Homer Dixon recently stated on the topic of hope as a motivator for leaders that:[29]

> *If hope is to be a motivator and not a crutch, it needs to be honest and not false. It needs to be anchored in a realistic, evidence-based understanding of the dangers we face and a clear vision of how to get past those dangers to a good future. Canada is itself flawed, but it's still one of the most remarkably just and prosperous societies on the planet.*

While hope may not be strategy on its own, when informed by the best available evidence, it can continue to be one of the most effective assets any health leader has in their toolbox as we move through and beyond the COVID-19 pandemic.

[29] Thomas Homer Dixon. (Jan 2, 2022). "The American polity is cracked and might collapse. Canada must prepare." Special to the Globe and Mail.