



Centre for  
**Heart Lung Innovation**  
UBC and St. Paul's Hospital



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January 26, 2023

**Response to the Faculty of Medicine Internal Review UBC James Hogg Research Centre (JHRC), conducted November 15-16, 2022**

Provided by the JHRC Director, Associate Director, and Principal Investigators

Initial review report received by December 22, 2022. JHRC response regarding factual and content issues sent back to the Faculty of Medicine January 4, 2023.

**General Comments:**

We thank the reviewers for their time and their thoughtful comments provided in the internal review document. We also like the new format wherein comments are directed at Providence Health Care (PHC)/Providence Research (PR), UBC Faculty of Medicine and the James Hogg Research Centre (JHRC) separately. Here, as representatives of JHRC, we have only addressed the comments proffered directly to JHRC. We would first like to take this opportunity to respond to some of the findings within the report:

1. Recommendation from the Previous Review and Unit's Progress, #7: "Trainee environment: ... Other aspects of the original recommendation did not appear to have been acted on (e.g., formal mentorship programs)."

RESPONSE: In 2021, the HLI Mentorship Program was initiated to pair junior trainees with senior trainees, and senior trainees with early career investigators. In the first round, 9 mentorship pairs were formed, and a career seminar was held in January, 2022. The program has received overwhelmingly positive feedback; participants expressed great pleasure in meeting new people, helping others, providing/receiving advice and feedback, and learning from others' career paths. We will continue to work with the HLI Trainee Association to expand this program and formalize mentorship for trainees.

2. Recommendation from the Previous Review and Unit's Progress, #8b: "IT support is still done at a Unit level, rather than at the Providence Health Research Institute level, as was recommended."

RESPONSE: Providence Research (PR; also referred to as Providence Health Care Research Institute, PHCRI throughout the reviewers' report), along with HLI and CHEOS are currently working on a plan to integrate IT services in preparation to the move to the new hospital. A working group led by Joe Comeau (Director of IT at HLI) is developing a plan for the new building.

3. Recommendation from the Previous Review and Unit's Progress, #8c: "Biobanks: ...How they will transition to the new building has not yet been considered."

RESPONSE: Although the plans have not been fully solidified, in the new Clinical Support & Research Centre (CSRC), all of the -80°C freezers will be consolidated into one space (basement of the new building) with fully integrated biobanking services. Our Executive Committee (Dr. Don Sin, Dr. Jordan

Guenette, Ms. Claire Smits) and Facilities Manager (Mr. Dan Vikse) are in active conversations with the CSRC Senior Project Manager and Building Planning Committee to plan for the move, including how the biobanks will transition to the new building.

4. Overview of the Unit (page 4) and Research (page 6): “JHRC is the UBC Senate-approved name and apparently the Senate made it clear when this was approved that they would not be keen to entertain another name-change request”; “Thus, officially changing the name to HLI by obtaining Senate approval is one option. However, some concern remains as to whether “HLI” limits their scope, while at the same time not being completely inclusive of the diverse research that is done at the Centre”; “their formal UBC name (JHRC) more accurately captures the research done in the Centre”; and “It is not enough to simply make the change without consultation on how to make everyone feel included.”

RESPONSE: Respectfully, we do not agree with these statements.

First, there is no documentation to indicate that the UBC Senate ever stated that they “would not be keen to entertain another name-change request”.

Second, it is unclear why “James Hogg Research Centre” more accurately captures the scope of research being conducted at HLI. While Dr. Hogg’s career has been built on understanding the pathogenesis of lung diseases, approximately 50% of work being done at HLI is non-pulmonary (and mostly focused on cardiovascular research). Thus, HLI better reflects what we do as a Centre. JHRC connotes that the Centre is strictly focused on pulmonary diseases, which is not true.

Lastly, the name change process involved all members of the HLI. All members were invited to provide comments regarding the name change and then to vote on a motion for a formal name. 93% of the voting membership voted in favour of the name change (see response to JHRC Recommendations #1 below).

5. Strategic Direction (Page 5): “It was not clear how much input the broader community (faculty, staff, trainees) of JHRC has into the strategic planning.”

RESPONSE: We apologize if this process was not clear in our self-report and subsequent interviews. The Strategic Planning process occurred through multiple townhall meetings, Zoom meetings and online surveys and questionnaires. All members of HLI participated in the process (or had the opportunity to do so). After consulting with HLI members and external stakeholders, a working group consisting of faculty, trainees, and staff developed the mission, vision, core areas, and strategic priorities that are outlined in the 2022-2027 HLI Strategic Plan.

6. Strategic Direction (Page 5): “Faculty, in particular, felt that some decisions around hiring directions were made without broad consultation, leading to some imbalances in topics areas studied.”

RESPONSE: We believe there is misunderstanding by some Faculty on the role that HLI plays in recruitment. All recruitments occur through UBC Departments (and not by Centres). Where possible, HLI partners with the Departments in hiring new faculty by providing start-up funding, research space

and occasionally direct (but partial) funding of the position. The latter can only occur if the Foundation fundraises for that position, which occurs infrequently, episodically, and opportunistically (this may not be the case for other Centres such as BC Children's or the BC Cancer Agency where they have more stable and durable funding from their Foundations). Thus, HLI has to rely in most situations on Departments and Department priorities for recruitment.

7. Strategic Direction (Page 5): "On the other hand, channels of communication between JHRC leadership and some other home departments seem non-existent."

RESPONSE: We do not agree with this statement, as the Director (Dr. Don Sin) has regular meetings with Heads of Departments, including Pathology, Medicine, Anesthesiology, Pharmacology and Therapeutics (APT), and Radiology and the Dean of Faculty of Health Sciences at SFU.

8. Leadership (Page 5) and Research (Page 6): "Another aspect of EDI, as it applies to this Centre particularly, is the representation of the cardiac aspects of research in the "heart and lung" portfolio. We heard several suggestions that there was a strong imbalance between the two subject areas among the research interests of faculty" and "The scientific composition of the unit seems somewhat biased toward pulmonary research."

RESPONSE: Although this sentiment may have been conveyed at the interviews, respectfully, there is no objective evidence of this "strong imbalance". Since 2019, the HLI has added 6 new Faculty members as PIs at the level of Assistant Professors (Amrit Singh, Ilker Hacihaliloglu, Graeme Koelwyn, Zachary Laksman, Ying Wang, and Stephanie Sellers). Of these 4 (Wang, Sellers, Laksman, and Koelwyn) work predominantly in the field of cardiovascular sciences. The remaining two (Singh and Hacihaliloglu) are experts in bioinformatics and AI, respectively and, as such, work in both cardiovascular and pulmonary sciences. Further, according to Table 4 in the JHRC Internal Review Self-Study Report, Part B, the Most Frequent Subject Categories for JHRC Publications (2017–2022) were Cardiac and Cardiovascular (CV) Systems (with 537 publications), followed by Respiratory System (with 511) and Critical Care (with 202). We have also provided a full list of PIs and their research areas to the reviewers with this response.

9. Internal and External Relationship (Page 6): "However, while the community associates itself with the HLI name, "HLI" exists in a complex, changing environment in Vancouver, including the Healthy Heart Program, Legacy for Airway Health and the new Centre for Cardiovascular Innovation (CCI). Thus, JHRC's/HLI's role is not always clear to the outside."

RESPONSE: We would like to take this opportunity to clarify our relationships and roles within the heart lung community and the Centres mentioned by the reviewers. The Healthy Heart Program is a clinical program within PHC, and the research performed within the program is all conducted by HLI faculty members and trainees. The Legacy for Airway Health was established through a \$30M+ endowment by a grateful patient/family to the VGH Foundation. The Legacy program is focused on Implementation Sciences in asthma and COPD and HLI works closely with Legacy to ensure there is no overlap, but rather synergy in the projects being undertaken. CCI is a nascent Centre, and Dr. Sin sits on its advisory board. The Director of CCI (Dr. David Wood) is an Associate Member of HLI. While CCI

focuses on clinical trials and large clinical studies in cardiovascular sciences, HLI is the cardiovascular translational research unit. There is synergy but no significant overlap.

10. Research (Page 7): “The other incongruence is between the desired name (HLI), the mission statement (“Exceptional care through exceptional science in heart, lung and blood vessel diseases”), and the topic areas studied (all of the above, plus sepsis, neurodegenerative disorders, and more).”

RESPONSE: We believe that HLI’s name is aligned with its mission and topic areas studied, as sepsis and neurodegenerative disorders are part of the circulatory disorders described in HLI’s mission.

#### **James Hogg Research Centre recommendations:**

1. That senior leadership, through extensive consultation with all faculty, decides on name branding that resonates not only internally but also with the Foundation and the external UBC community, and works to get that approved by all relevant groups, including UBC and Providence Health Care Research Institute. Of particular importance, we encourage them to ensure that this new (or maybe old) branding makes everyone feel included, especially those not doing research on heart and/or lung.

RESPONSE: In early 2022, the executive committee, with unanimous support from the Principal Investigators (PIs), suggested a formal name change to “Centre for Heart Lung Innovation” (HLI) from JHRC. We also encouraged debate and discussions for several months before putting forth a formal motion for the name change. Examples of feedback were: 1) “I didn’t know that HLI is still called JHRC by UBC”; 2) “We have had many name changes over the past 20 years; stick with HLI and don’t change it again”; and 3) “HLI best conveys what we do at the Centre”.

This motion was voted on by the entire JHRC family including PIs, staff, trainees and administrators in the fall of 2022 and was approved by 93% of the voting membership.

2. That the Director of the JHRC be included in meetings with the builders of the new building to represent UBC researchers. While Dr. Knight is involved in these meetings, he is technically an employee of Providence Health Care and thus has to represent potentially conflicting interests.

RESPONSE: We strongly agree with this recommendation and will ask PHC/Providence Research (PR) for a seat at the table.

3. That senior leadership of JHRC makes an effort to evenly distribute administrative and service workloads across all faculty. This can be achieved by asking those from under-represented groups to only serve on committees where diversity is really important (e.g., a search committee but not the IT committee). Or, if needed, to protect time of or provide additional resources to those people who are needed in specific situations such that they are available to serve when truly needed but not at the detriment to their other activities

RESPONSE: Although there are a few “paid” administrative positions for Faculty members at HLI, which are typically at the level of “directors” (e.g., Director of Education, Directors of biobanks, etc.),

a vast majority of positions are unpaid and are performed on a voluntary basis. These include participation in committees (e.g., EDI, education, search and selection, etc.), workshops, seminars, special HLI events, and grants review and adjudication. Because there is heterogeneity in the level of volunteerism and engagement by members, an “even” distribution of administrative and service work across the PIs is difficult, if not impossible, to achieve. HLI’s Executive Committee endeavors to encourage certain members to participate in specific committees based on their experience, expertise and background (as suggested by the internal reviewers). Faculty participation on HLI committees is on a volunteer basis, so if PIs are not available to participate due to other commitments, they are not compelled to join the committees. We strive to ensure that each PI’s time is respected and that they engage in committees or service work (e.g. adjudicating travel awards for students) that is meaningful and consistent with their interests and expertise. Further, in the past 5 years, we have reduced the number of committees that seek faculty volunteers by approximately 20%.

4. That senior leadership works with the Foundation to ensure that principles of equity, diversity, and inclusiveness are factored into any support decisions. The expected outcome of this would be that Foundation support is fairly distributed across all demographic groups.

RESPONSE: We apologize for not clarifying the way in which funds from the St. Paul’s Foundation (SPF) are generated and distributed across the HLI. Notably, there is NO set budget per year. SPF funds are generally distributed on an *ad hoc* basis to HLI investigators based on SPF’s ability to fundraise for priority or opportunistic areas during a given calendar year. If no funds are raised, no funds are distributed; if a donation is secured, funds are distributed to the targeted area of research according to the wishes of the donor(s) after the funds are fully deposited into a SPF account (not based on a promissory note). Occasionally, SPF raises funds for capital expenses, which are used to procure the specific instrument for which the donation was received. As most of the donations are generated from “grateful” patients, their family or friends, the funding is highly specific and targeted (and may or may not align with EDI principles).

This is also true for SPF-sponsored endowments or professorships, which are used primarily to support Faculty or trainee salaries or specific programs (e.g. Indigenous summer studentships).

HLI fully supports EDI principles and will work with the Foundation, where possible, to embed these principles into the distribution of SPF funds.

5. That the Director establishes an annual check-in with the Head of every department that has faculty in the JHRC.

RESPONSE: We thank the reviewer for making this suggestion. While this is already taking place on an as-needed basis, we will formalize this process as an annual event.

6. That the JHRC has a mentorship policy for new faculty members, arranged jointly with the home academic department. This might include a mentoring committee involving other members of the department and the JHRC.

RESPONSE: We thank the reviewer for making this suggestion. To avoid duplication, HLI works with Faculty's home department for overall mentorship of new Faculty members. For small departments, local HLI mentorship is provided. We will formalize this process and make it more transparent in the future.

7. That the JHRC faculty make a concerted effort to bring about a culture change around the EDI environment in the Unit.

RESPONSE: We agree with this recommendation. Indeed, we have included "Equity" as one of our core values in our Strategic Plan 2022-2027, highlighting our commitment to "integrating diverse perspectives and approaches that promote a culture of respect, fairness and inclusivity." Specifically, in order to bring about an EDI culture change within the HLI, we are taking the following steps:

- partnering with the FoM and other departments and research centres to ensure that EDI practices are included in the recruitment process;
- developing an EDI framework to support Indigenous health and research trainees that come from these communities. We have reserved one spot during our biannual High School Student Science Week for an Indigenous student, and are working with our high school partners to ensure that this spot is filled;
- supporting our EDI committee and their initiatives. The EDI Committee was formed in 2022 to implement educational programs to empower minority members within the Centre, to create initiatives to establish lasting and meaningful changes to make our workplace environment more inclusive and to champion values for equity, diversity, inclusion, humility, courage and commitment. Recently this committee was awarded a UBC Health and Wellness grant to offer educational workshops and events, as well as cultural initiatives to increase awareness around the areas of Equity, Diversity and Inclusion;
- ensuring that a land acknowledgement precedes Centre-wide events, such as our Quarterly Meetings, and Research Days.

8. That senior leadership, together with the administrative team, formulates written policies describing transparency of processes, especially around financial arrangements that impact faculty and research programs.

RESPONSE: We agree with this recommendation, and will work on formulating these written policies. Please note that the entire HLI family has access to financial summaries of the Centre (through PI meetings and Quarterly Meetings) wherein revenues (including the exact sources of the revenue) and expenditures are shown and discussed. As most Faculty salaries and contracts are with their home department, HLI cannot disclose or discuss any financial arrangements with the Faculty member without the consent of the Faculty member and their home department.