



Fraser Health's Research & Evaluation Capacity Building Strategic Plan 2009 - 2014



March 31, 2009

This Strategic Plan summarizes six months of intensive conversations about the future direction for the Research and Administration office - now called Research & Evaluation Capacity Building Office (RECB). This process confirmed our intent to reach out to employees and physicians across FH who are current researchers and develop further capacity to support the achievement of FH's strategic imperative: *To be an academic healthcare organization that improves health outcomes and health services sustainability through teaching, education and research.*

Over the last four years, as RECB, the office focused on building effective and efficient processes for research administration and expertise in a number of areas of research, evaluation and knowledge synthesis and exchange. The office is now recognized and supported in its role of providing 'best practice' supports for

- research project approvals and management, including ethics review, financial management and grant administration
- consultation and support for unfunded and fundable research through grant opportunity identification, proposal writing and submission
- education and training in research and evaluation methods, literature reviews and approaches to knowledge synthesis and exchange.

Going forward as RECB, the centre intends to pursue its goals of building capacity in research, evaluation, and knowledge synthesis and exchange, as well as taking steps to ensure the sustainability of these resources and services. By doing so, RECB will contribute significantly to the achievement of the FH vision: 'better health, best in health care'.

Susan Chunick

Director

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Executive Summary

The Fraser Health (FH) research administration & development goal, as articulated in 2005, is to establish FH as a premier site for conducting health authority based clinical, health services and population health research. The intent is that new knowledge is created and translated into policy and practice to enable *better health, best in health care* for patients, clients, residents, and collaborative partners. This plan provides direction for research, evaluation and knowledge synthesis and exchange capacity building in FH for the next five years.

As of 2009, as part of strategic plan implementation, FH research administration & development will be known as **Research and Evaluation Capacity Building (RECB)**. The vision, mission and philosophy remain the same, while our goals and initiatives are updated to address the needs of the next five years.

The planning process had three key elements:

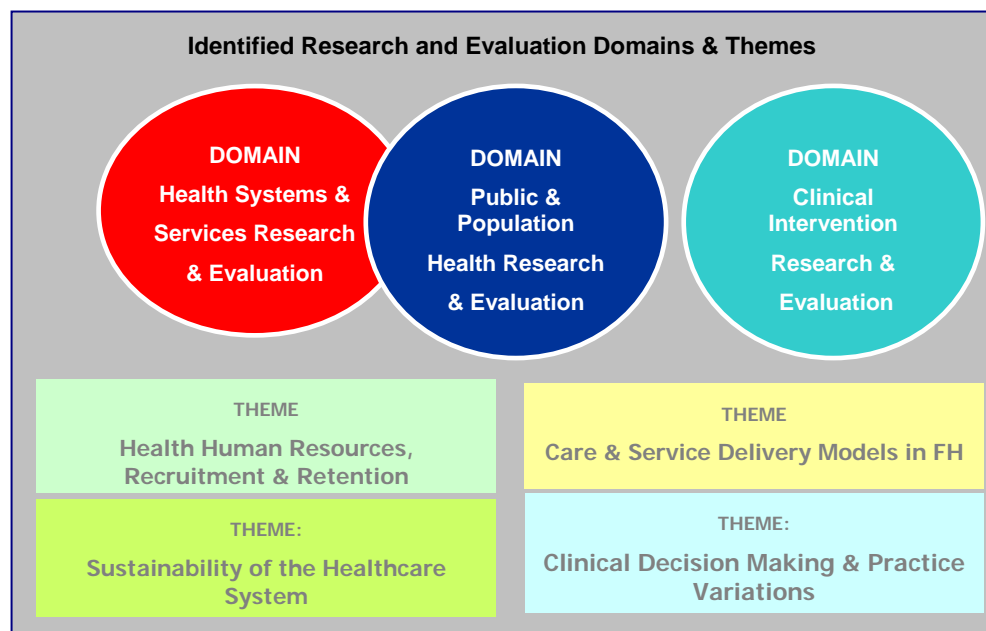
- **Developing a Fraser Health research agenda:** a collaborative decision making process established priorities for the preferred FH research agenda, to be pursued through collaboration by FH and external stakeholders.
- **Identifying priority areas of focus for RECB that would help strengthen FH's research capacity:** a broad consultation strategy confirmed how RECB could best contribute to building FH's capacity in research, evaluation and knowledge exchange.
- Identifying **a sustainable funding strategy** for RECB: a consultation process with internal and external stakeholders pointed to key opportunities.

Key messages from the environmental scan, key informant interviews and consultations that support plan developed include:

- RECB has developed a strong foundation to build on - carry on...
- Developing a "culture of curiosity" and supporting clinicians & leaders at all levels and in all fields to participate in clinically relevant research will significantly help recruitment and retention, and clinical quality and capacity
- There is a strong business case for Fraser Health to advance research and knowledge exchange – it is a key way for us to build a sustainable health system
- There is a significant opportunity for Fraser Health to become an Academic Healthcare Organization and differentiate itself from other academic health centres
- Building a "culture of curiosity" will require broad based support and leadership.

FH Research Agenda

Through a consultation and deliberation process, a ‘research agenda’ for the organization has been developed. This agenda is an articulation of priorities for research and evaluation, so that decision-makers will have guidance for investments of time and resources, and to communicate to personnel and physicians in FH and to various partners externally FH’s preferred areas of investment and activity. Three Domains and four themes are proposed as show in the figure below.



Five Year Plan for FH’s Research & Evaluation Capacity Building This plan presents the goals and initiatives that will be undertaken by RECB over the next five years to support FH achieve its broad vision of “better health, best in health care” as well as advancing its research and academic role within BC’s health system.

Goals for RECB:

- Build FH’s Research Capacity
- Build FH’s Evaluation Capacity
- Build FH’s Knowledge Synthesis and Exchange Capacity
- Develop a sustainable funding strategy for RECB.

A total of 30 specific initiatives provide the road map to progress on these goals.

Participants in the strategic planning consultation underlined the importance of demonstrating alignment of FH research priorities and capacity development efforts with the continuing challenges of patient service capacity, safety, and quality improvement. Support for research initiatives will be heightened where these are seen to enhance skills and capacity for quality, safety and service capacity. Leaders in programs and services are looking for ‘win – win’ initiatives on the multiple agendas of research, quality, safety and capacity, not competition among these priorities. This message shaped the strategic plan by helping differentiate those initiatives RECB can and should undertake itself, and those where it is important to focus on influencing, facilitating and collaborating with other leaders in FH Programs and Services.

Anticipated resource implications are identified for each initiative. A total of 20 of the 30 initiatives are expected to be implemented based on the existing core or contract staffing, through current roles or through strategic reallocation of time and resources. Ten of the initiatives are anticipated to require new commitments of personnel or other resources.

Using very preliminary investment estimates, this plan envisions significant new investments over five years. Approximately \$1 million over the five years would be continuing funding, and \$550,000 would be one time funding. The plan also provides for identifying opportunities to offset these costs; potential offsetting revenues has not been estimated at this time.

Implementation Success Factors

Research Agenda consultation panel members provided suggestions on potential ‘success factors’ for FH to consider in enabling implementation of a plan for enhancing research, evaluation and KSE capacity. These are:

- Leadership to integrate research into practice; support and incentives for staff to conduct research in FH
- Leadership to integrate the evidence-base into practice; increased understanding of the evidence base and its application in Programs and Services
- Development and implementation of a Knowledge Management strategy
- Recruitment and retention supported by healthy workplace policies and practice
- Development of an academic healthcare organization culture, embracing research, teaching and training. The organization will provide sustainable infrastructure and support for research and evaluation

This plan provides a path that reflects a number of these ‘success factors’, and will guide the work of RECB in leading and influencing research, evaluation and KSE capacity building in FH over the next five years.

Introduction

The Fraser Health (FH) research administration & development goal, as articulated in 2005, is to establish FH as a premier site for conducting health authority based clinical, health services and population health research. The intent is that new knowledge is created and translated into policy and practice to enable *better health, best in health care* for patients, clients, residents, and collaborative partners. This plan provides direction for research, evaluation and knowledge synthesis and exchange capacity building in FH for the next five years.

As of 2009, as part of strategic plan implementation, FH research administration & development will be known as **Research and Evaluation Capacity Building (RECB)**. The vision, mission and philosophy remain the same, while our goals and initiatives are updated to address the needs of the next five years.

This Plan identifies how RECB can fulfill its mission in support of FH and the BC health system.

FH Strategic Imperative – Research & Academic Development

Since 2005 there have been changes in FH and in the research environment provincially, nationally and internationally. This led the research administration and development office to embark on a process to update its strategic plan and to further develop its key strategic directions and priorities.

This planning process took place over a six month period (July 08 – Feb 09) during which time a number of significant events or initiatives pertinent to this plan were announced:

- Research and Academic Development was identified as one of six strategic imperatives in the broader FH review of its strategy. The goal and four objectives set out for this strategic imperative helped shape the development of this plan.

Fraser Health Strategic Imperative

To be an academic health care organization that improves health outcomes and health services sustainability through teaching, education and research.

Objectives:

1. **Foster a culture of curiosity that** through evidence informed decisions and translation of knowledge into action
2. **Support new models of inter-professional clinical education**, training and mentorship.
3. **Accelerate the Fraser Health research agenda** by developing research networks, and enhance the infrastructure to enable grant and industry-sponsored research.
4. **Increase the number of Fraser Health people leading and participating in research teams.**

- The FH Executive Team stated its intent to develop a Research Centre which would respond to questions posed by the Executive. The primary purpose of this Centre will be to support effective health service delivery research to inform executive decision making. The work of RECB and the Institute are to be complementary. Both support the advancement of the preferred research agenda as well as the strategic imperative regarding establishing FH as a recognized academic healthcare organization.
- FH and Vancouver Coastal Health (VCH) entered into a new era of collaborative planning. On an ongoing basis, the leaders within FH will look for opportunities for joint planning and collaboration. In areas of research, there are significant advantages to collaboration with VCH and others (e.g. Providence Health, Provincial Health Services Authority, UBC) to avoid unnecessary duplication and to optimize productivity for mutual benefit and overall impact.

From a broader perspective, there has been an explosion of interest in health authorities taking a stronger role in health service delivery research. There is a growing recognition that a key driver for enabling sustainability of the health system is more integration between clinical work and research and a greater uptake of evidence into practice – from a clinical perspective, a planning perspective and a policy perspective.

RECB supports researchers and capacity building for research, evaluation and knowledge synthesis and exchange all across FH Programs, Services and sites. While researchers and evaluators are located in specific programs, services and sites, and have their own networks internal and external to FH, RECB provides overarching supports and guidance aiming to optimize FH services to researchers and the role of researchers and evaluators in FH.

RECB reports to the Vice President – People, Organization & Academic Development. It has five full time employees as of August 2007, including Director, Research Ethics Co-ordinator, Epidemiologist, Grant Facilitator-Writer, and Administrative Assistant. Two additional term positions are in place until only summer 2009: Evaluation Research Specialist and, Knowledge Integration Specialist.

The Office links to FH Finance, Information Management and its Privacy Office, and legal counsel as required ensuring expert and efficient administration of research activity. In addition, the FH Library, with electronic access and support services available to all FH staff, is managed via RECB.

Figure 1 below indicates the service and reporting relationships of RECB.

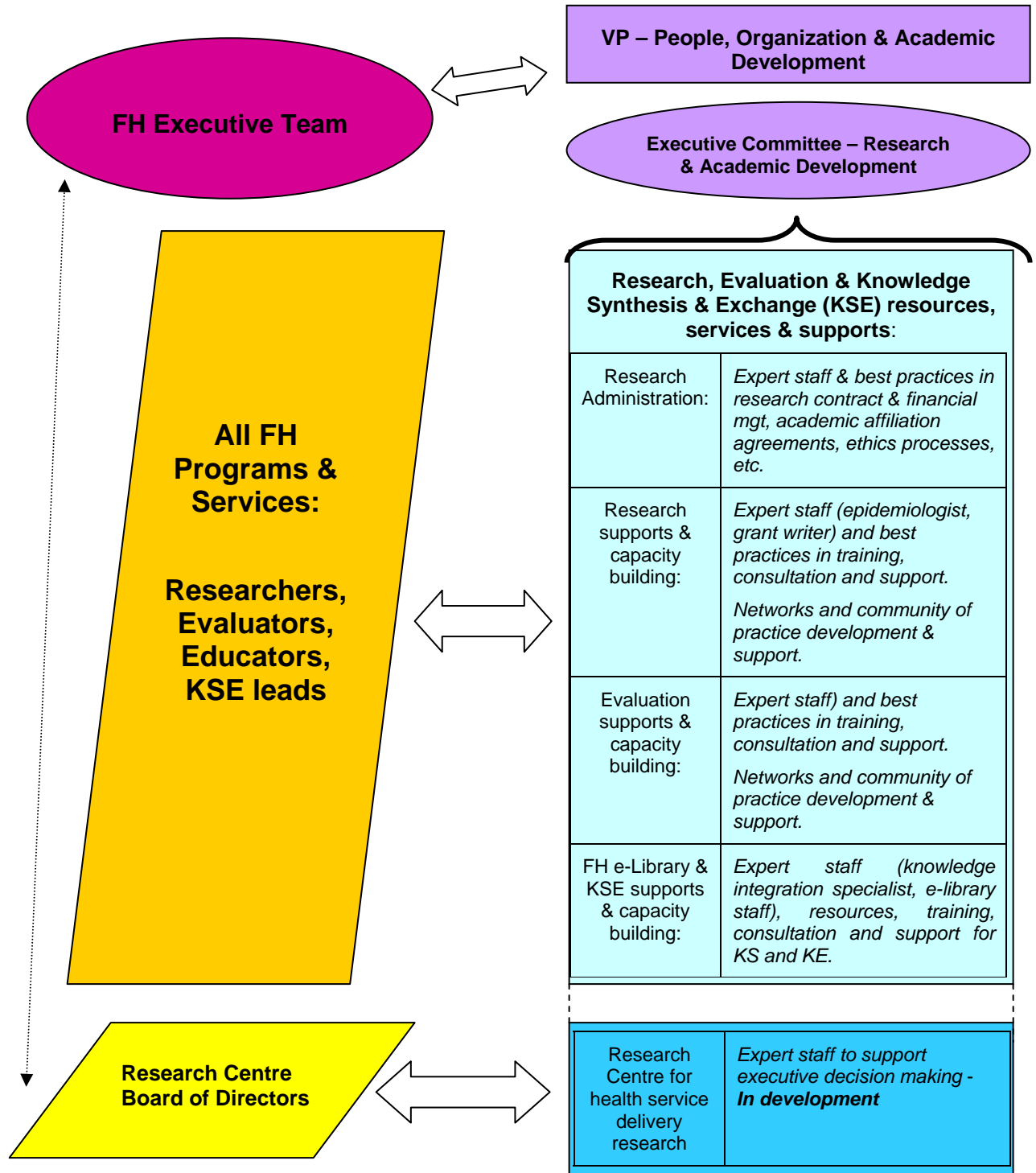


Figure 1. FH Research Structures & Relationships – Overview

Scope of the Planning

The planning process had three key elements:

- **Developing a Fraser Health research agenda:** a collaborative decision making process established priorities for the preferred FH research agenda, to be pursued through collaboration by FH and external stakeholders.
- **Identifying priority areas of focus for RECB that would help strengthen FH's research capacity:** a broad consultation strategy confirmed how RECB could best contribute to building FH's capacity in research, evaluation and knowledge exchange.
- Identifying **a sustainable funding strategy** for RECB: a consultation process with internal and external stakeholders pointed to key opportunities.

The following key assumptions for the planning were confirmed by the Strategic Advisory Steering Committee:

- Strengthening FH as an academic health organization is a FH strategic theme
- RECB strategic planning will inform the work of the Academic and Research Development Committee
- Roles of FH Research 'Institute' for health systems design and management and FH RECB are complimentary
- Current RECB functions are supported; there is recognition of a continuing need for a core operating budget to support the FH academic healthcare organization goal
- Clarifying research priorities will allow FH to focus resources and attention, advancing the research agenda
- There is anticipated to be an increased focus on collaborative arrangements with Vancouver Coast Health and Providence Health Care for research and evaluation.

As part of this process, critical success factors for successfully advancing the research and academic agenda were identified and are highlighted in the concluding section of this plan.

The Strategic Planning Process

The Strategic Planning process was led by a Strategic Advisory Steering Committee chaired by Geoff Crampton, VP People, Organizations and Development (Appendix 1.) This was a highly collaborative process that included:

An Environmental Scan that helped frame the strategic conversation for RECB. This Scan summarized the research environment internally and externally, presented examples of roles and functions of similar offices in other jurisdictions and identified trends nationally, and internationally. In addition, a literature review on research priority setting models was completed to help inform the development of a model that would work in FH. The Environmental Scan working document is available upon request.

Stakeholder Engagement Process: Priority Setting for the Preferred Fraser Health Research Agenda: This process was based on the Listening for Direction I-III methodology, developed by Jonathan Lomas (2003) and used by national and provincial funding agencies. A group of thirteen Fraser Health individuals participated on a research priority setting panel. The panel met for four two-hour workshops in November and December 2008. Following the workshops, one-to-one interviews were completed with eight additional internal stakeholders and eleven external informants from other institutions. The key research and evaluation domains and cross-cutting theme areas were identified, and recommendations made by those involved in the process about how to successfully enhance research and evaluation capacity within FH. Domains and themes are reported in section IV below, and illustrated in Figure 1 in that section.

The Research Agenda working document is available upon request; the domains and themes of the preferred research agenda will be posted to the FH RECB web site at www.fraserhealth.ca/Research.

Stakeholder Engagement Process: Priority Areas for RECB Activity to Support FH Research Agenda: This was a broadly inclusive process that included thirteen key informant interviews and six “hosted conversations” held over a period of six weeks. In addition to the 13 key informants, more than 65 participants engaged in the hosted conversations to discuss RECB’s role in building capacity in Fraser Health for: research and evaluation and knowledge exchange. Two groups talked specifically about how to ensure a sustainable funding strategy for RECB.

Plan Preparation and Feasibility Assessment: The draft of this plan was reviewed with the Steering Committee for legitimacy (will this Plan in fact support FH to achieve its goals?), feasibility (are the timelines and resource implications doable?) and support (will this Plan have the support of the leadership, staff, clinicians, and key academic partners?). With that feedback the Plan was revised and finalized.

II. Key Messages from the Environmental Scan and Consultation Process

The following highlights key messages from a review of the literature, key informant interviews and extensive consultations.

RECB has developed a strong foundation to build on - carry on...

In 2005 RECB identified 5 operational goals, which have guided RECB investments and activities since 2005. Each is linked to a number of FH's core values and principles and supports the organization in key ways. These were grouped into three broad categories:

- goals aiming to build infrastructure & supports for research
- goals aiming to foster a community of researchers
- goals aiming to facilitate an evidence-based organizational culture.

Throughout the consultations, participants noted significant contribution of RECB to date and encouraged RECB to continue to:

- continue to create an effective 'one stop shop' for research supports, including ethics, finance, grant and contract administration; supports for proposal development and grant facilitation; and capacity building via training and networking in research, evaluation and knowledge synthesis and exchange (KSE).
- extend the reach of research, evaluation and KSE supports and networks systematically and comprehensively across FH programs, services, and sites
- advocate for and facilitate business planning and investments for the research enterprise in FH
- promote and profile FH research and KSE internally and externally .

Developing a “culture of curiosity” and supporting clinicians & leaders at all levels and in all fields to participate in clinically relevant research will significantly help recruitment and retention, and clinical quality and capacity.

Canada and BC’s health care system faces a number of significant short and longer term challenges and national, provincial and regional responses to these create opportunities. Training, recruitment and retention of people to work in the health system is a major challenge facing all health systems, and BC has responded by increasing training capacity in various professions, including a significant expansion of the UBC medical school. Organizational supports for training and for educators / researchers / investigators is an important health human resources strategy to enhance recruitment and retention.

The participants in both the hosted conversations and the panels noted occasions when FH has recruited but then lost a number of highly specialized and recognized clinical experts because of the lack of research activity and support.

The interest in improving practice and participating in clinical research by clinicians at all levels and all sectors is evident. Consultation participants encouraged FH to align FH research priorities with FH challenges and key service delivery initiatives, including clinical quality and capacity, promotion of new models of inter-professional clinical education, training and mentorship, and health human resources challenges.

Consultation participants encouraged RECB to align with FH efforts to increase capacity for patient services, safety, quality management and improvement, not to compete for resources with these initiatives. They encouraged RECB to make the research enterprise in FH visible, and also transparent and accountable for its costs and benefits.

“Health research is the oxygen of an evidence-based health system. It is the basis on which many sound public policy decisions are based. It is the backbone of a health system upon which cost-effective clinical and/or administrative decisions are taken.”

Association of
Canadian
Academic
Healthcare
Organizations

There is a strong business case for Fraser Health to advance research and knowledge exchange – it is a key way for us to build a sustainable health system.

Much of the national and provincial discussion on sustainability of the health system has identified the challenge of reducing the knowledge to practice and knowledge to decision making gap. This has heightened interest in health care for a stronger linkage with the world of researchers and education. Canadian universal health insurance, and BC's regionalized model of services which links the continuum of care in one organizational structure, provide some of the most promising environments in the world for research on health and health care. The historical under-use of this potential reflects the challenge of creating a focus on research alongside the pressures of health care delivery.

Closer collaboration of BC's Ministry of Health (MoH) with researchers through MSF in recent years, and the recent relocation of MSF as a government funding initiative from the Ministry of Advanced Education (MAvEd) to MoH has signalled a new acceptability for all health organizations to look for synergy between their health service delivery roles and investment in research capacity.

Along with this, MoH is signalling the importance of collaboration among health authorities province-wide, with more interest in shared services and collaborative approaches. While this may shrink the autonomy of individual health authorities, it may also provide more opportunity to link with and benefit from well established research enterprises in other health authorities.

Return-On-Investment for Research

- provides evidence for sound health care decision and policy-making
- aids in addressing health issues, leading to a healthier, more productive population
- provides a source of expertise and leadership for adapting and applying new approaches and interventions
- helps to address health system issues, improving quality, accessibility and sustainability
- builds strong programs that will attract health researchers, clinicians and students
- provides opportunities for highly skilled jobs in the health sector
- offers the potential for innovative business opportunities and economic growth
- produces health discoveries that lead to better health products and services

(Adapted from SHRF, Shaping a Provincial Health Research Strategy for Saskatchewan, *Advice for the Minister of Health from the Saskatchewan Health Research Foundation.*

There is a significant opportunity for Fraser Health to become an Academic Healthcare Organization and differentiate itself from other academic health centres.

Fraser Health provides unique opportunities for research. FH serves a population of 1.5 million with substantial social and ethnic diversity; delivers the entire spectrum of health care services with patient service volume second to no other BC health organization. The resources of FH and its communities are a highly desirable location for academic learners, professional trainees, and those with research interests.

Given the growing demand of researchers for meaningful links to health services, consultation participants encouraged RECB to assist in linking academics to FH programs and services and building sustainable, mutually beneficial relationships that address both 'grassroots' and strategic questions facing the organization. Participants noted the potential for FH to develop a research agenda that is action-oriented, practical and less academically oriented, so that people are not afraid of engaging with research or researchers.

Participants also noted the need for a 'clearinghouse' for the diversity of research, evaluation and KSE work undertaken across FH. There is a need to spread the benefit of work being done and prevent duplication of effort.

One key informant¹ suggested FH consider the concept of 'Academic Health Network', drawing on its significant number of linked communities, sites and services. He suggested FH could lead the way to an effective provincial network. Such a network might lend itself well to emerging research topics key to sustainability of the health care system including: patient self-management, health literacy, safety and quality, and e-health.

[A practical and action oriented research agenda in FH] will increase the number of people who would like to engage in research and then Fraser Health can embed research into everyday operations. We should encourage all staff people with the following idea: "As you are doing your work, think about a research question that you would consider exploring. In fact, question everything."

Panel participant,
Nov/08

¹ George Eisler, BC Academic Health Council

Building a “culture of curiosity” will require broad based support and leadership

Most of the participants in the consultation process mentioned the need for FH to facilitate the development of a culture of research and education. RECB is seen as a facilitator and resource for what is everyone’s role in the organization. Accountability for uptake of research, evaluation and KSE capacity building opportunities created by RECB remains with leaders across all programs, services and sites.

Suggestions for building this ‘culture of curiosity’ included:

- Leaders at all levels need to routinely communicate to everyone working in FH that research and education is an expectation and this is reflected in their attitude and skills.
- FH needs to demonstrate willingness to develop a critical mass of expertise and infrastructure in particular areas so that FH can become ‘world class’ in those areas.
- RECB and others can advocate for and support people to get involved in research – for example, providing release time, space, expert consulting support.
- RECB can assist in regularly communicating the advantages of research among senior executives and managers to enable them to systematically champion research and researchers. For example, make it a routine agenda item, and include RECB in regular program / departmental planning to address research capacity.
- FH needs to continue to invest in the infrastructure to disseminate knowledge and experience throughout FH and the rest of the health care system.

A high level scan of research administration and development services in Canadian health services organizations demonstrates a range of responses to the opportunities and challenges in this area. A summary table showing current FH status is provided in Appendix II.

III. Proposed Fraser Health Research Agenda

FH undertook a consultation and deliberation process to guide the establishment of a 'research agenda' for the organization. This agenda is an articulation of priorities so that decision-makers will have guidance for investments of time and resources, and to communicate to personnel and physicians in FH and to various partners externally FH's preferred areas of investment and activity.

The research agenda aims to encompass a broad continuum of activity and methods that includes externally funded and peer reviewed research through to program or site specific evaluations of processes or outcomes carried out by leaders or teams for their own needs.

Research and evaluation are overlapping categories, but are frequently distinguished based on their aims for generalizability:

- **Research**² is any systematic replicable investigation that is carried out in order to gain knowledge such that the results from the study can be applied to some population in addition to the sample or internal program. This type of investigation has the general aim of contribution to the formulation of knowledge as general 'laws' / principle or theories.
- **Evaluation**³ is the systematic application of research procedures for assessing the conceptualization, design, implementation and utility of programs. The primary purpose of program evaluation is to examine a particular program/intervention and determine if that program / intervention was effective in meeting its goals.

The Listening Model (Lomas, 2003) methodology used to develop FH research and evaluation priorities was chosen for the consultation process. It was developed specifically for the purpose of identifying short and longer term research priorities reflecting the needs and concerns of those involved in Canadian healthcare (managers, decision-makers, front line, researchers), and has been used extensively⁴. The process

² (Adapted from the Pennsylvania State University) <http://www2.uwstout.edu/rs/hstraining/11.html>

³ Adapted from Rossi and Freeman 1993 and from J. Krajnak's FH Research Week presentation 2007.

⁴ This model was used in Listening for Direction I-III (2001, 2004, 2007) for setting the joint national research agenda and informs research priorities for agencies including CIHR, CHSRF, CADTH, CIHI, CHA, CPSI, Health Canada and Statistics Canada. Locally, MSFHR Health Services Policy Research Support Network used this model to complete its synthesis of Health Human Resources Research priorities in July 2008.

allows a consultative approach to identifying issues, short and long term research themes, and questions.

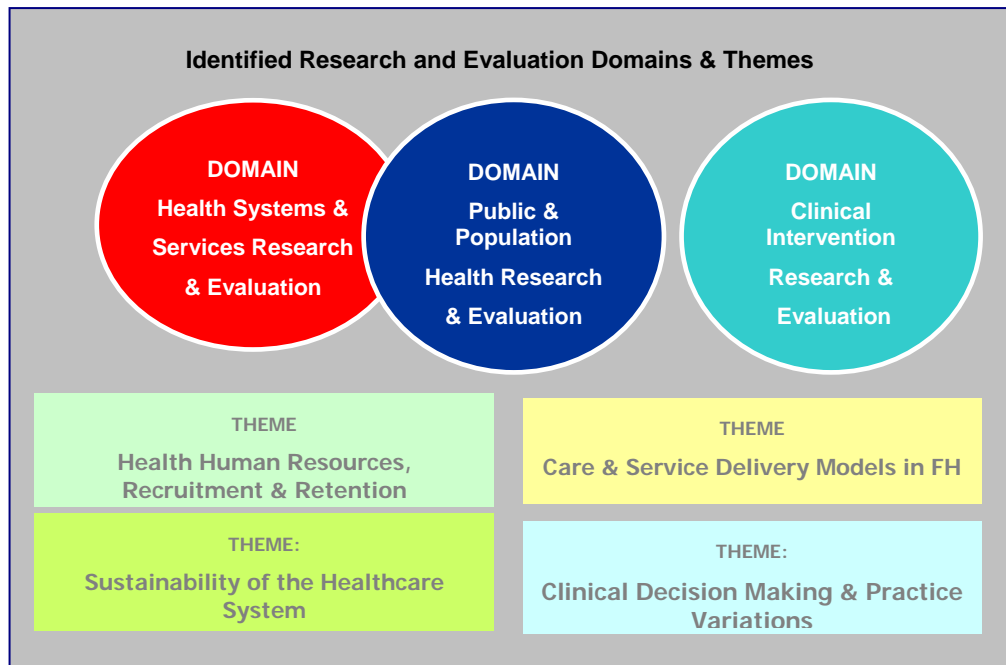
Based on the Listening Model, the following criteria provided a guideline for panel members, stakeholders and informants in identifying the most pressing issues facing Fraser Health over the next 3 to 5 years and subsequent thematic areas of research. Research Domains, Themes and Questions were identified through this the process.

The Listening Model criteria include:

- The issue will be pressing for the next 3-5 years
- It aligns with the organizational mission and values
- There is not currently a lot of existing research in this area, a gap has been identified
- Research questions exist
- Capacity exists to undertake
- Decision makers are receptive to this and can use it
- High impact related to costs*. Specifically:
 - Impact on patients (improved health outcomes, improved access, decrease wait times, increased safety)
 - Impact on staff (focus on patient centred care, improved workplace, improved satisfaction with work and quality of work)
 - Impact on outcomes (effectiveness, appropriateness, timeliness)

Figure 2 below illustrates the four domains and four key theme areas resulting from participants' deliberations.

Figure 1. Priority Areas for Fraser Health Research & Evaluation Domains and Themes (Fraser Health, 2009)



Research & Evaluation Domains are specific yet broad topic areas of research/knowledge. Many different methodologies can be used to answer a specific question within the domain, potentially leading to results that can be used for clinical or other decision making or for other reasons.

Themes indicate an area of research or evaluation that occurs within a domain. Thematic areas also pose specific questions which can be addressed by a wide variety of methodologies.

These domain and theme areas are of equal importance, and are expected to drive and guide the efforts of RECB in relation to the development of research over the next 5 years. The domains will also provide guidance to program and service area teams as they develop, focus and strengthen their programs of research and further build and develop their research teams and expertise.

Health Systems and Services Research & Evaluation has a number of currently identified research questions. Many participants indicated interest in researching ways to improve the health system and services provided as related to the theme areas.

Public and Population Health Research & Evaluation was also recognized by participants as being a key area of research. Attention to the prevention of diseases and implementation of other health promotion strategies, as well as public health strategies targeting the population as a whole and/or subsets of the population who may be vulnerable are important strategies for the health care system.

Clinical Intervention Research & Evaluation was confirmed as an equally important research domain for Fraser Health. It includes clinical trials for interventions, drugs and devices and industry sponsored research. Fraser Health Research Administration and Development has had research and evaluation conducted in this area since its inception, including some well developed programs of research in clinical areas including: Cardiology, Multiple Sclerosis, Orthopaedics, and Critical Care. Interest was expressed by participants in developing new programs of research in clinical areas including Pain Management, Mental Health, Falls Prevention and Nursing.

The following **research themes** are of potential interest in each domain:

- **Care/Service Delivery Models:** research aims at optimized flow and outcomes with specific reference to identified service areas:
 - *Primary Prevention - Planning/Programs and Outcomes*
 - *Aging Population - System Impact/Services and Outcomes*
 - *Chronic Disease Management /Programs and Outcomes*
 - *Population Health/Community Capacity*
 - *Equity and access to services in a diverse population*
- **Health Human Resources, Workforce, Recruitment and Retention:** research questions of specific priority include:
 - how to recruit more health care professionals into specific program areas in Fraser Health and retain them
 - appropriate and effective staff mixes and ratios
 - adding value to healthcare staff's role and work satisfaction with a supported research environment
 - safe and healthy workplaces.
- **Clinical Decision Making and Practice Variation:** This theme reflects the need for evidence to be integrated into practice and the notion that research and evaluation is required in this area around the impact of clinical decision making on patient and program outcomes. Participants identified gaps including the need for knowledge synthesis in order to provide best evidence for clinical decision making and also the need for research and evaluation in order to examine specific questions in this area to inform clinical decision-making,

improve patient outcomes and programs and services.

- **Sustainability of the Healthcare System:** This theme linked closely to the Public and Population Health Domain where participants indicated a need for research and evaluation that would consider primary and secondary prevention programs in order to assist the healthcare system in being sustainable. Participants noted that the system will require programs and services specific to disease prevention and health promotion. Research and evaluation in this theme area would ideally utilize a population health approach and additionally employ cost effectiveness and/or cost benefit analysis. Participants also identified a number of specific questions in this theme area pertaining to the capacity of the system and health care decision-making.

IV. Strategic Goals: The Plan for Advancing RECB's Role in Support of the Research Agenda within Fraser Health

This section outlines the goals and initiatives that will be undertaken by RECB over the next five years to support FH achieve its broad vision of “better health, best in health care” as well as advancing its research and academic role within BC's health system.

Four broad goals for RECB have been identified for the next five years 2009-2014:

RECB Vision – Research enables “better health, best in health care”

RECB Mission - provide capacity-building services that enable FH personnel to conduct research, evaluate and utilize knowledge for the benefit of residents in the FH region

RECB Philosophy - Fostering a culture of curiosity within a climate of spirited scientific inquiry

- Build FH's Research Capacity
- Build FH's Evaluation Capacity
- Build FH's Knowledge Synthesis and Exchange Capacity
- Develop a sustainable funding strategy for RECB.

Priority initiatives have been identified to make progress towards each of these goals.

Participants in the strategic planning consultation underlined the importance of demonstrating alignment of FH research priorities and capacity development efforts with the continuing challenges of patient service capacity, safety, and quality improvement. Support for research initiatives will be

heightened where these are seen to enhance skills and capacity for quality, safety and service capacity. Leaders in programs and services are looking for ‘win – win’ initiatives on the multiple agendas of research, quality, safety and capacity, not competition among these priorities. This message shaped the strategic plan by helping differentiate those initiatives RECB can and should undertake itself, and those where it is important to focus on influencing, facilitating and collaborating with other leaders in FH Programs and Services.

Initiatives are grouped within each goal based on how RECB can undertake its work:

- **Directly implementing actions**, initiatives that will build Fraser Health's research capacity. These will build upon the substantial work done to date and expand where key opportunities for RECB initiatives have been identified.
- **Taking a stronger advocacy / influencer and facilitator role** within and external to Fraser Health to influence policies and practices to enhance Fraser Health's ability to become the academic health organization we envision

The short list of initiatives that constitute this strategic plan reflects input on key issues and opportunities from the consultation and the following guidance on what will make for a feasible and effective plan:

- Start with short-term, bite-sized items ('quick wins') and then progressively develop longer-term projects
- Build in collaboration with those being served e.g. researchers, evaluators, educators and knowledge brokers in FH Programs & Services; clinical service leaders; representatives of key academic, funding and community partners, including representatives of the public via FH Board
- Invest in the capacity to communicate results. Communicate internally and externally, reaching broader community opinion leaders.

Anticipated resource implications are noted for each initiative. Many can be supported based on the existing core or contract staffing, through current roles or through strategic reallocation of time and resources. Other initiatives will require new commitments of personnel or other resources.

A preliminary scaling of resource demand for these initiatives has been provided based on the following scale of anticipated investments:

- Low: up to \$50,000 required
- Medium: more than \$50,000 and up to \$200,000 required
- High: more than \$200,000 required.

A summary of new commitment requirements to achieve full implementation of this plan is provided in section VI. following.

All initiatives identified in this five year plan are not feasible to pursue immediately and concurrently. The anticipated timing (year 1 / year 2 / year 3 etc of the strategic plan) for initiation of each initiative is noted.

Each RECB goal and its priority initiatives are described below.

Strategic Goal: Build FH's Research Capacity

Participants in the hosted conversations and panels told us that FH is poised to shift from a predominantly opportunistic model of research effort and capacity to more systematic investments and development. RECB's consultation and education services to individuals, groups, Programs and Services to date have been eagerly taken up and evaluated very positively. Extending the reach of these services more systematically across FH, aligned with the identified research priorities, is seen as an important next step.

Participants were also of the opinion that FH has an opportunity to differentiate itself from other Health Authorities with its research agenda and philosophy. This will be reflected in the identified research priorities and in the resources and way RECB delivers its services and collaborates with others to build capacity.

Participants endorsed the leadership provided by RECB to date in strengthening processes for research administration, for providing timely and expert information and support to researchers about funding opportunities and with research question and proposal development. Continued development of supports for research and researchers, including promotion of research and research networks internally and externally, was firmly endorsed.

The 15 initiatives below indicate what is proposed for the next few years, and are grouped to reflect either RECB's role in taking a leadership role in implementation or RECB's role as a partner with others in FH to facilitate the initiative.

Strategic Goal: Build Research Capacity

Initiatives		Resource Requirements:	Timing:
RECB Led	Coordinate the mapping and profiling of current research within FH as a communication tool and resource to researchers, users of research, and decision makers.	Existing RECB capacity	Year 1 & continuing – currently underway
	Facilitate leadership for research facilitation for each priority research domain: form and sustain a Research Stewardship Sub-Committee of FH Research & Academic Development Executive Team Committee, linking the FH Executive and leaders for each priority research domain.	Existing RECB capacity	Year 1 & continuing
	Communicate and market the preferred research agenda , and link the research agenda to the research development planning led by the Research Stewardship Committee.	Existing RECB capacity	Year 1 & continuing
	Formalize leadership groups and supports for the Clinical Intervention & Population & Public Health research & evaluation domains , and develop five year plans for research development for each: <ul style="list-style-type: none"> Clinical Intervention Res & Eval – provide a RECB staff lead to a Clinical Intervention / Clinical Trials leadership group, to enable business plan development for expansion of clinical trials activity supported by appropriate investments and increased third party revenues. Public & Pop'n Health & Health Systems & Services Research & Evaluation – priority actions: identifying fundable research & evaluation opportunities and partnerships; <i>as per 6 mo MSF contractor roles</i> 	Medium Yr 1 – MSF 6 mo contract staff; Yr 2 & continuing – Medium	Year 1 & continuing Year 1 & continuing
	Sustain & expand research training and consultation support services to existing and emerging researchers, via mixed models. e.g. core operating support; external funds, grants or partnerships; and cost recovery models from internal FH clients.	Existing RECB capacity	Year 1 and continuing
	Expand current work to link FH researchers and research users, and determine a preferred approach to formalizing research networks as a support to FH research development.	Low	Year 2
	Strengthen FH's presence / profile and relationships with the universities and other research partners through a planned	Existing RECB Capacity	Year 1 and continuing

Strategic Goal: Build Research Capacity				
Initiatives		Resource Requirements:	Timing:	
	communication and engagement strategy. Where appropriate, coordinate the formalization of strategic partnerships with academic, corporate and philanthropic organizations.			
RECB Influenced	Identify and address barriers to participation in research capacity building in FH. E.g. pursue sessional funds for physician and academic researcher leadership roles with RECB.	Low – Medium	Year 1 and continuing	
	Represent FH in discussions with external partners on the idea of a harmonized multi-agency ethics process to reduce duplication among research partners	Existing RECB capacity	Year 1 and continuing	
	Facilitate leadership for research facilitation and investment decisions for each priority research domain: <ul style="list-style-type: none"> link with other relevant VPs for planning to address existing barriers to research development and capacity and to support research infrastructure investments. 	Existing RECB capacity	Year 1 and continuing	
	Facilitate discussions with FH researchers, FH services and research partners to promote patient participation opportunities in FH based research and streamline patient enrolment processes.	Low	Year 2	
	Identify potential funding sources and develop a plan for expanding studentships, fellowships or research release time and sabbaticals .	Existing RECB capacity	Year 2	
	Work with IM/IT to develop the information systems and technological supports for collaborative teams .	Existing RECB capacity	Year 1 and continuing	
	Participate in discussions regarding FH academic health network development .	Existing RECB capacity	Year 1 and continuing	
	Identify potential funding sources and develop a business plan for research assistant / RECB 'field agent' positions , working as a network, with dedicated time/space/incentives within Programs and services.	Existing RECB capacity	Year 1 and continuing	

Strategic Goal: Build FH's Evaluation Capacity

Participants recognized that evaluation needs and supports are overlapping but also somewhat distinct and separate from research in the Health Authority, as evaluation is typically unfunded and often used for business purposes. Quality improvement, quality assurance, and program evaluation are various types of evaluative activity carried out on a regular basis within FH.

An evaluation expert has been on a time-limited contract with RECB since mid-2008 as a result of a MSF funding opportunity. This has enabled RECB to actively promote consultation, education and support for evaluation activities in FH in the last year. This funding will end in mid-2009, and operating funding for this position to continue is desirable.

The initiatives below indicate what is proposed for the next few years, and are grouped to reflect either RECB's role in taking a leadership role in implementation or RECB's role as a partner with others in FH to facilitate the initiative.

Strategic Goal: Build Evaluation Capacity				
	Initiatives	Resource Requirements:	Timing:	
RECB Led	Develop and implement a plan to sustain & expand evaluation training and consultation support services to existing and emerging evaluators, via mixed funding models e.g. core operating support; external funds, grants or partnerships; and cost recovery models from internal FH clients.	Low – Medium	Year 1 and continuing	
	Formalize a network or 'community of practice' for FH staff currently in evaluation roles or who are interested in doing evaluation, with the aim of 'best practices' dissemination and capacity development.	Low	Year 2 or 3	
	Coordinate the mapping and profiling of evaluation activity within FH as a communication tool and resource to evaluators, users of evaluation findings, and decision makers.	Existing RECB capacity	Year 1 and continuing – currently underway	

Strategic Goal: Build FH's Capacity for Knowledge Synthesis and Exchange

RECB will have a key role to support knowledge synthesis, exchange and uptake but this is a shared responsibility with many others across the organization, particularly the clinical practice leaders and quality improvement and performance measurement leaders.

A KSE expert has been on a time-limited contract with RECB since mid-2008 as a result of a MSF funding opportunity. This has enabled RECB to actively promote consultation, education and support for evaluation activities in FH in the last year. This funding will end in mid-2009, and operating funding for this position to continue is desirable.

"In terms of the infrastructure for dissemination, the technological vehicles are already well known... e.g. workshops, networking, and knowledge brokers, and needs to be part of the overall strategic plan."

A number of participants talked of the need for clearer accountability for leadership for evidence based practice strategies within FH and suggestions were made about how RECB could support this. A number of ideas emerged including expanding existing communities of practice and networks, holding more workshops, and providing additional training in accessing, using and developing evidence and systematic reviews of evidence.

The initiatives below indicate what is proposed for the next few years, and are grouped to reflect either RECB's role in taking a leadership role in implementation or RECB's role as a partner with others in FH to facilitate the initiative.

Goal: Build Knowledge Synthesis and Exchange Capacity				
	Initiatives	Resource Req'ts:	Timing :	
RECB Led	Continued FH participation in e-Health Library BC , to ensure effective & efficient access to health and health services literature by all FH physicians and staff.	Existing RECB capacity	continuing	
	Continue to build and promote knowledge management of FH research, evaluation, and KSE work - capturing and profiling work and making it available to others.	Existing RECB capacity	Year 1 and continuing	
	Sustain & expand KSE training and consultation support services to FH staff and physicians, via mixed funding models e.g. core operating support; external funds, grants or partnerships; and cost recovery models from internal FH clients.	Low - Medium	Year 1 & continuing	
	Identify potential funding sources and develop a plan for continuing investment in KSE IM/IT needs , including expansion of wireless access capability across FH.	Medium – High	Year 2	
RECB Influenced	Work with QI and Operations Leads to promote KSE in support of evidence based practice strategies across FH.	Medium	Year 2	
	Participate in FH assessment and response to needs of the public for access to KSE skills and FH health information resources .	Medium	Year 2 or 3	

Strategic Goal: Develop a sustainable funding strategy for RECB

There is demonstrable interest and uptake of the services of RECB, and measurable outcomes demonstrating positive impacts. Research is increasingly recognized as a core activity of FH as a whole, not just an element of one or two of its facilities.

FH Programs and Services are sometimes challenged to meet the demand for space, time and resources to support research activity. RCH, SMH and BH pharmacy, lab, imaging and health records all provide services that support research activity but at least two of these facilities have noted current limitations on their ability to support this role. RECB has had a significant impact on the timeliness and quality of FH research administration since its start up in 2005. However, being competitive provincially and nationally as a destination for research activity requires that all FH Programs and Services engaged with research and researchers meet expected standards for timeliness, quality, capacity and cost related to research activities. Going forward, participants encouraged RECB to provide leadership in facilitating assessment and planning aimed at addressing obstacles and bottlenecks for research in FH.

Historically, cost-recovery for services provided to researchers and administrative overhead charges have not been systematically recovered, nor have charges been reflective of full costs. RECB has provided a mechanism for more coordinated management of these charges, but recognizes the opportunity for more thorough review of the potential of these areas as revenue streams for research infrastructure development.

It is important going forward that FH supports for research, evaluation and knowledge synthesis and exchange be sustained and sustainable. Participants advised that there needed to be collaboration across the research / quality /safety agendas in all programs and services to ensure there is no competition. Research investments need to be a “win – win – win” with service capacity and quality to gain broad based support from staff and leaders.

Potential external sources which have not been systematically pursued for investments in research infrastructure were noted; a clear plan for research related investments developed at a corporate level is expected to be persuasive with industry, foundations and philanthropists. Benefits for recruitment and retention, and for overall service capacity and quality, could be included in a comprehensive plan. RECB is participating currently in a planning exercise in one service area; this approach could be pursued more systematically across a number of key areas impacting research capacity.

The initiatives below indicate what is proposed for the next few years, and are grouped to reflect either RECB's role in taking a leadership role in implementation or RECB's role as a partner with others in FH to facilitate the initiative.

Goal: Sustainable Funding Strategy for RECB				
	Initiatives	Resource Req'ts:	Timing:	
RECB Led	Review, differentiate and standardize where appropriate funding and cost recovery models for RECB services and resources , including a business model for RECB to have the option of brokering research, evaluation or KSE support services on a cost-recovery basis where appropriate.	Existing RECB capacity	Year 1 & 2	
	Sustain the gains in efficiency and effectiveness of research administration in FH. In support of this, explore pursuit of ISO designation as an indicator of the quality of its structures and processes and as a differentiating characteristic of FH as a research environment.	Low	Year 1	
	Update and implement the RECB communications plan , to support comprehensive awareness of resources and services.	Existing RECB capacity	Year 1	
	Engage FH Foundations regarding support of selected investments in research capacity (infrastructure, personnel, etc).	Existing RECB capacity	Year 2	
	Explore and where appropriate pursue research infrastructure partnerships with others (health authorities, post secondary institutions, industry, etc) for shared resources and/or personnel.	Existing RECB Capacity	Year 2 & 3	
RECB Influenced	Advocate for increasing the visibility of research in the FH Operating Budget . Identify infrastructure, space and resource requirements to meet expectations of this FH role.	Existing RECB Capacity	Year 1	
	Work with research leads and FH Programs and Services leads to assess and develop specific plans for investments in research infrastructure to support FH research and evaluation capacity development aligned with the FH research agenda.	Existing RECB capacity	Year 1 and continuing	

V. Moving Forward – Key Success Factors

This strategic plan identifies the preferred research agenda for FH and establishes four goals for RECB for the next five years.

Many of the initiatives which support attainment of the goals can be undertaken with the existing small core team and short-term resources of RECB.

Initiatives Requiring New Investments

A number of initiatives will rely on further investments. These are summarized below for reference. Target investment requirement estimates are targeted low, medium or high, representing less than \$50,000; \$50,000 to \$200,000; or more than \$200,000.

Using the target investment estimates at the top end, and \$500,000 for 'high', this plan envisions significant new investments over five years. Approximately \$1million would be continuing funding, and \$700,000 would be one time funding. The plan also provides for identifying opportunities to offset these costs; potential offsetting revenues have not been estimated at this time.

Table 1 on page 27 and 28 summarizes high level investment estimates and indicates the proposed timing of these investments.

Research: 4 of 15 initiatives require additional funding:

- Formalize leadership groups and supports for the Clinical Intervention & Population & Public Health research & evaluation domains, and develop five year plans for research development for each. Requirements Estimate: Medium
- Expand current work to link FH researchers and research users, and determine a preferred approach to formalizing research networks as a support to FH research development. Requirements Estimate: Low
- Identify and address barriers to participation in research capacity building in FH. E.g. pursue sessional funds for physician researcher leadership roles with RECB. Requirements Estimate: Low - Medium
- Facilitate discussions with FH researchers, FH services and research partners to promote patient participation opportunities in FH based research and streamline patient enrolment processes. Requirements Estimate: Low

Evaluation: 2 of 3 initiatives require additional funding:

- Develop and implement a plan, to sustain & expand evaluation training and consultation support services to existing and emerging evaluators, via mixed funding models e.g. core operating support; external funds, grants or partnerships; and cost recovery models from internal FH clients. Requirements Estimate: Low - Medium
- Formalize a network or 'community of practice' for FH staff currently in evaluation roles or who are interested in doing evaluation, with the aim of 'best practices' dissemination and capacity development. Requirements Estimate: Low

Knowledge Synthesis & Exchange: 3 of 6 initiatives require additional funding:

- Identify potential funding sources and develop a plan for continuing investment in KSE IM/IT needs, including expansion of wireless access capability across FH. Requirements Estimate: Medium - High
- Work with QI and Operations Leads to promote KSE in support of evidence based practice strategies across FH. Requirements Estimate: Medium
- Participate in FH assessment and response to needs of the public for access to KSE skills and FH health information resources. Requirements Estimate: Medium

RECB Sustainability: 1 of 7 initiatives requires additional funding:

- Sustain the gains in efficiency and effectiveness of research administration in FH. In support of this, explore pursuit of ISO designation as an indicator of the quality of its structures and processes and as a differentiating characteristic of FH as a research environment. Requirements Estimate: Low.

Table 1. RECB operating budget new investment estimates – preliminary

Core RECB budget additions	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Add Eval (1 FTE) & KSE (1 FTE) expert roles to core funding	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Clinical Intervention / Clinical Trials business plan developer <i>Reduce direct operating investment via cost recovery – est. at \$10,000 annually</i>	\$100,000	\$90,000	\$80,000	\$70,000	\$60,000
Domain staff supports for fundable research & evaluation opportunity & partnership identification	<i>MSF grants in place to Aug/09</i>	\$200,000	\$200,000	\$200,000	\$200,000
Formalize & support FH researcher networks	-	\$50,000	\$50,000	\$50,000	\$50,000
Participation in RECB leadership – MD sessionals / academic researcher leader engagement \$\$	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
Facilitation of patient participation in FH based research	-	\$50,000	\$50,000	\$50,000	\$50,000
Establish & support 'Community of Practice' for FH evaluators		\$50,000	\$50,000	\$50,000	\$50,000
Working with QI & Operations leads, promote KSE in support of evidence based practice strategies	-	\$100,000	\$100,000	\$100,000	\$100,000
Participate in assessment and response to public need for KSE access	-	-	\$100,000	\$100,000	\$100,000
Pursue ISO designation for RECB operations – part time staff support / annual maintenance cost	\$50,000	\$60,000	\$60,000	\$60,000	\$60,000

Summary:

Core RECB budget additions	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
New \$\$ annually, accounting for other revenues & reductions:	\$400,000	\$500,000	\$90,000	(-\$10,000)	(-\$10,000)
Cumulative total additional RECB \$\$:	\$400,000	\$900,000	\$990,000	\$980,000	\$970,000
Current RECB \$\$:	\$535,000	\$535,000	\$535,000	\$535,000	\$535,000
Proposed Annual Operating budget RECB – core FH \$\$:	\$935,000	\$1.435 m	\$1.525 m	\$1.515 m	\$1.505 m
Summary – new revenues projected, RECB:		\$10,000	\$20,000	\$30,000	\$40,000

One time RECB investments proposed – preliminary estimates:

One time RECB investments	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Investments in FH KSE IM/IT infrastructure	-	\$250,000	\$250,000	-	-
Pursue ISO designation for RECB operations – one time direct costs	\$50,000	-	-	-	-
Proposed one time funding - RECB:	\$50,000	\$250,000	\$250,000		

Key Success Factors

Research Agenda consultation panel members provided suggestions on potential ‘success factors’ for FH to consider in enabling implementation of a plan for enhancing research, evaluation and KSE capacity. These are:

- Leadership to integrate research into practice; support and incentives for staff to conduct research in Fraser Health

- Leadership to integrate the evidence-base into practice; increased understanding of the evidence base and its application in Programs and Services
- Development and implementation of a Knowledge Management strategy
- Recruitment and retention supported by healthy workplace policies and practice
- Development of an academic healthcare organization culture, embracing research, teaching and training. The organization will provide sustainable infrastructure and support for research and evaluation

This plan provides a path that reflects a number of these ‘success factors’, and will guide the work of RECB in leading and influencing research, evaluation and KSE capacity building in Fraser Health over the next five years.

Appendix I. Advisory Steering Committee Membership

Thanks are extended to Advisory Steering Committee members who kindly provided their time and expertise to this planning process.

Members:

Geoff Crampton, VP – People, Organization & Academic Development

Susan Chunick, Director – RAD

Mike Wasdell – Grant Facilitator, RAD

Bonnie McCoy – Knowledge Integration Specialist, RAD

Barb Mildon, CNO & VP – Professional Practice & Integration

Marc Pelletier, VP – Clinical Support & Strategic Planning / Information Management,

Dr. Sonia Singh, physician researcher

Dr. Sean Keenan, clinical trial researcher

Appendix II. What We Learned From Other Canadian Health Service Organizations about How They Are Building Research Capacity

In addition to centralized and streamlined processes for research administration, a number of organizations have heightened the visibility and encouraged research activity. The table below indicates FH status on each of these mechanisms.

Mechanism	Relevant FH activity
Identification of engagement in and promotion of research as a strategic priority / direction for the organization in the organization's strategic planning	In place.
Governing Board Research Committee addresses policy issues affecting research capacity and sustainability	In formation – 11/08.
Senior executive responsibility for leadership of research identified in a position title at the VP level	In place.
Cross appointments between the health services organization and an academic institution	In place, primarily for individual physicians with UBC Faculty of Medicine.
Health services organizational priorities for research identified.	Priorities recommended 3/09
Investments made by the health services organization to build a research agenda related to those priorities (e.g. Dedicated facilities and clinical supports such as imaging, lab capacity; health organization funded R&D staff)	Research Institute in development; further planning & investment anticipated.
Education and consultation support in place related to using, designing, conducting, and managing research	RECB core staff in place. Further investment for growth in activity proposed.
Newsletters, networks, seed funding and other supports in place and pursued to encourage research and researcher interaction.	In place; additional external funding routinely pursued.