

BC NURSING RESEARCH INITIATIVE

Developing a BC Nursing Health Services Research Network

Report on Provincial Town Hall Consultations

and

Planning for the BC Nursing Health Services Research Network



Michael Smith Foundation for
Health Research

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Executive Summary

This report presents the findings, analysis and recommendations of the consulting team engaged by MFSHR to facilitate preliminary stakeholder input into the development of a BC Nursing Health Services Research Network as part of the BC Nursing Research Initiative. It also provides a framework for moving forward with the development of a detailed plan for the Network.

Background

The BC Nursing Research Initiative (BCNRI) was created in 2007 to support broad health services research related to the nursing workforce and related policy initiatives. MSFHR worked with the Nursing Directorate at the BC Ministry of Health to establish a Nursing Research Advisory Council (NRAC), broadly representative of the nursing practice and academic communities. NRAC members met for the first time in July 2007, and by September, had developed a vision and goals to guide recommendations for research principles, research priorities and capacity building programs for the Nursing Research Initiative. Through a task force and consultation process, several programs were recommended to achieve BCNRI research and capacity building goals. These were approved for implementation by the MSFHR Board of Directors in September 2008.

One of the priority programs identified to build research capacity is the establishment of a provincial Nursing Health Services Research Network. The purposes of this Network are to:

- Bring together the academic, practice and policy communities, providing leadership, linkage, critical mass and collaboration to advance nursing health services research in BC
- Serve as a mechanism for provincial planning and priority setting, facilitating capacity building and practice-relevant research
- Maintain databases of membership, research expertise and research activity, thus building the inventory of talent and activity
- Create and maintain communications tools, including a website, to serve as the public face of BC nursing research and facilitate interactions, awareness and knowledge translation, exchange, and synthesis
- Position BC for inter-provincial and national collaboration and leadership

Consultation

During October and November 2008, MSFHR and members of NRAC hosted five town hall meetings across the province to outline progress of the BCNRI to date, and explain the purpose and development process of the Nursing Health Services Research Network. The sessions were held in Prince George, Kelowna, Victoria, Vancouver and New Westminister. The meetings provided a forum to build awareness and invite support for the Network; gather ideas and insights on how the Network can best serve

participants; and identify potential key individuals to participate in the Network's development. Participants at each town hall meeting were asked to:

1. Picture the Research Network three years from now, and identify measures of success
2. Identify top priorities for the Network's first year of activity to move toward success
3. Recommend other people who should be involved in planning for the Network
4. Indicate their interest in participating in a Network planning group

The agenda and format for all five town hall sessions was the same, beginning with a short presentation from MSFHR about the Nursing Research Initiative and the purpose of the Network component of that initiative, and then engaging participants in a series of short, focused discussions on the four topics listed above. About 75 people participated overall in the meetings—frontline nurses, Chief Nursing Officers, researchers, union representatives, nursing managers, professional practice leaders, clinical educators, academics, graduate students—and 52 volunteered to continue taking part in the Network planning process. Participants suggested another 40 individuals, as well as representatives from a broad range of organizations, that ought to be asked to join the proposed Network.

Common Themes and Priorities

Six common themes for Network measures of success emerged from the province-wide consultation process: leadership; infrastructure; capacity building; collaboration; practice relevance; and knowledge translation, exchange and synthesis (KTES).

The range of success measures identified by town hall participants within these broad theme areas reflects the range and nature of professional experiences of those present. Some measures are very specific and can be implemented readily ("diversity of Network membership", "number of forums and workshops held", or "published articles in recognized journals", for example). Others are less precise, and time and attention will need to be given to develop meaningful and reasonable measures. It should be noted as well that some of the measures suggested by participants are more appropriate for measuring the success of the BCNRI as a whole, rather than its Network component specifically.

Based on the discussions about desired success measures, town hall participants were also asked to identify first year Network priorities. Four common themes emerged: leadership; infrastructure; capacity; and communication.

There was a striking similarity in the measures for success and immediate priority actions identified at all five meetings, even though different regions of the province face different challenges and have diverse opportunities available to them. For example, participants everywhere noted the importance of collaboration and communication for the network to be successful, while identifying the variety of approaches needed to reach nurses, academics, researchers and decision makers from large, urban centres to rural and remote communities. Moreover, the consistency across themes provides those

moving this initiative forward with a solid basis upon which to develop a Network Plan, recruit leadership, make initial decisions regarding resource allocation and develop performance measures.

Network Development

Based on the high level of congruency between the BCNRI's needs and the anticipated benefits of networking, the Nursing Health Services Research Network has significant potential to advance nursing health services research in British Columbia. The next step forward in network implementation is to develop a detailed network plan. Such a plan is beyond the scope of this report; however the work to date provides MSFHR with an outline (provided in this report) that can be utilized in the development of a detailed plan during the first part of 2009.

This outline includes identification of the six core components required for the development of any research network plan: purpose; leadership; stakeholders, partners and linkages; governance and accountability; structure and capacity; and activities and programs. It then provides, within each of these six core areas, a few issues or questions that should be addressed in the creation of this particular Plan, given the goals, strategies, principles and challenges of the BC Nursing Health Services Research Network.

Recommendations

Given the expertise, interest and commitment that have been gained for the BCNRI and the Research Network through the work of the NRAC and the town hall meetings to date, it is recommended that MSFHR:

1. Strike a Task Force, drawing on the list of individuals who have recommended for or expressed an interest in assisting with development of the Research Network Plan, with funding (a development grant) for travel, meetings and professional support to prepare the plan. It is suggested that the Task Force have 10 members, evenly comprised of the nursing academic and practice communities, from across the various regions of the province, and co-chaired by two members, one from each of the two constituent groups.
2. Provide this report on the town hall results, along with a set of guidelines, to support the Task Force in development of a Research Network Plan
3. Carry out a focused and iterative process of approximately eight weeks (depending on the availability of Task Force members), in which the Task Force, with professional supporting services drafts, refines and finalizes a Network Plan for external formative review and approval by NRAC and the MSFHR Board of Directors in the spring of 2009.
4. Move forward with this planning process as quickly as possible in 2009, in order to maintain the momentum gained in 2008.

The total estimated budget required for development of a network plan is in the range of \$30,000.00. This development funding would support the Task Force to undertake the necessary planning and

consultation to develop a plan which addresses the six core component areas above. This plan should include:

- Specific deliverables and expected outcomes within each area
- Specified timelines and benchmarks
- Budgetary requirements (human resources, operating funds, program funds, etc.)
- Recommendations regarding leadership, staffing, housing of the secretariat function, funding sources, and so on

Introducing the BC Nursing Research Initiative

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About the BC Nursing Research Initiative

In 2007, the Michael Smith Foundation for Health Research (MSFHR) received \$8 million from the Ministry of Health to support broad health services research related to the nursing workforce and policy initiatives. MSFHR worked with the Nursing Directorate at the Ministry to establish a Nursing Research Advisory Council (NRAC), broadly representative of the nursing practice and academic community to guide planning for the Nursing Research Initiative. NRAC developed recommendations to build capacity and undertake research related to professional nursing practice environments, nursing education, the nursing workforce, and related service and program initiatives. NRAC members met for the first time in July 2007, and by September, had developed a vision and goals for the work of the Nursing Research Initiative.

BCNRI Vision

Better health outcomes for British Columbians and a high quality work life for nurses, achieved through excellent, practice relevant, health services research focused on the roles of nurses in the context of the broader health services practice community.

BCNRI Goals

1. Identify, prioritize and support research relevant to the BCNRI vision and mandate
2. Identify short and longer term needs and implement programs to build the capacity for BC's nursing workforce to support, conduct, evaluate and apply research
3. Build linkages among academia, nurses and the broad health services practice and policy communities to inform research priorities and the conduct and application of research relevant to the BCNRI vision and mandate
4. Leverage funds, resources and partnerships to maximize the opportunities and impact of the BC Nursing Research Initiative

The BCNRI vision and goals represent the foundational aspects of the initiative's development, the grounding for subsequent strategic/directional work and operations. Having established these fundamentals, NRAC moved on to the next phase of development, focusing on strategic directions. NRAC established two Task Forces to undertake this work. One focused on developing recommendations for research priorities to be addressed through the Initiative, and funding mechanisms to support that research. The second Task Force focused on identifying capacity building needs and appropriate funding mechanisms and infrastructure to support these activities. Task Force membership included approximately 50 per cent NRAC members, with the balance of participants drawn from relevant stakeholder groups outside NRAC.

Feedback on the preliminary recommendations of both Task Forces was requested and received from the broad health services research and practice communities via the MSFHR website. Based on this

input, revisions were incorporated into the final report, *Recommendations to Build Research Capacity and Address Research Priorities*. This report was endorsed by NRAC in June 2008 and approved by the MSFHR Board on September 26, 2008. The approved recommendations are summarized below.

Research Priorities

Four priority areas for research were recommended by the Research Priorities Task Force. The Task Force also recommended **inter-professional teams** as an important cross-cutting theme that should be addressed within each of the priority areas.

1. **Care Delivery** – Innovations across the continuum, from health promotion to prevention, treatment, care management, palliative and end-of-life care.
2. **Nursing Health Human Resources**
 - Work force innovation in skill mix to achieve optimum team composition and address multi-generational issues (such as provisions for elder care/childcare and responsive shift scheduling)
 - Inter-connection of retention and recruitment with the economic/social context of BC; for example, migration of the workforce due to economic conditions
3. **Practice-Relevant Education** – Research translated into practice settings to help people adapt to changing circumstances, including:
 - Undergraduate, graduate and specialty education related to the practice readiness of new graduates, changing skills, and the knowledge needed for advanced practice
 - Innovative education for nursing practice that responds to the needs of diverse populations to build cultural competence and safety
4. **Quality and Safety of Practice Environments** – Research on the work, not care, environment, including:
 - The impact of policy decisions and technology on the practice environment, such as assisted living, telehealth and electronic health records
 - Awareness, prevention/promotion and management response to quality and safety issues

Capacity Building Strategies

Five strategies were approved to address capacity challenges facing nursing health services research in BC:

- Develop the infrastructure to support communications, awareness building, data collection/analysis, and linkages among the practice and research communities

- Provide infrastructure awards to develop research teams in priority areas, ready to apply for team funding from other programs
- Provide seed funding to support practice relevant research activities/funding proposals
- Build a provincial presence for nursing health services research
- Implement “quick wins” to build support/credibility among stakeholders

Principles for Undertaking Research

The following principles were approved to guide development of activities and programs to address both the identified priority research areas and the need to build capacity:

- The use of research teams when possible. The characteristics of the teams should include:
 - Synchrony between the focus of the research and the composition of the team
 - Leadership by a nurse with strong involvement of nurses on the team
 - Inter-professional, when appropriate
 - Inclusion of policy makers, when appropriate
- Addressing important provincial issues and needs (not multiple, unrelated, small projects)
- Implications for local relevance and impact as well as potential wider applicability (i.e., can serve as a model to other Health Authorities, the province and beyond)
- Multi-site when possible
- Meeting criteria for potential benefits for client/patient/family, staff and system but must have a staff and/or system focus to qualify as health services research
- Expansion beyond current trend in which most research has an urban/acute care focus
- Having potential for leveraging funding and resources
- Strong focus on knowledge exchange
- Provision of an evaluation framework

Operational Programs

The following activities/programs, supported by a communications plan, were approved for implementation, comprising the operational level of BCNRI development. Their implementation will be guided by the initiative’s overarching principles as described above.

1. Establish a provincial Nursing Health Services Research Network to link nursing researchers and the practice and policy communities

2. Fund nursing research facilitator/liaison positions in each of BC's health authorities to develop an inventory of existing nursing health services research activities, and to support further development of this area of research. These positions will be linked with Chief Nursing Officers, existing Health Authority research support structures, the Nursing Health services Research Network, and each other.
3. Develop a database of people involved in nursing research and research activities (initiated by MSFHR, based on a survey to determine how practitioners and academics would use the database)
4. Develop/implement a communications plan that includes a website to support linkages and proactive use of nursing research success stories
5. Support research funding programs for partnerships to extend research happening elsewhere in Canada to BC, commissioned research to address issues or evaluate key initiatives, and support to develop research teams and projects

The remainder of this document focuses on the 2008 consultation about the first of the phase one programs, the Nursing Health Services Research Network.

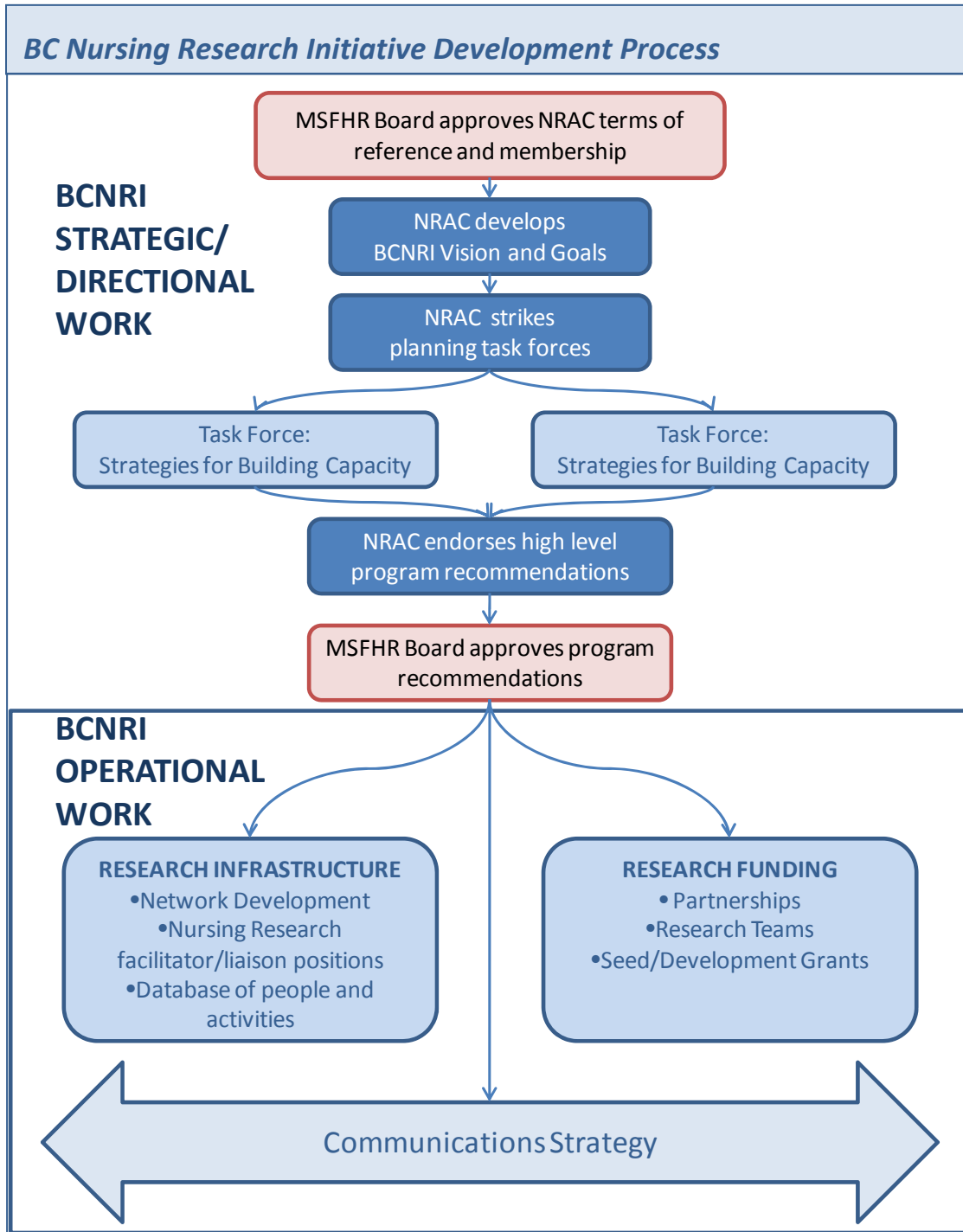


Figure 1: BCNRI development process

In the figure above, the following acronyms are referenced:

MSFHR: Michael Smith Foundation for Health Research

BCNRI: BC Nursing Research Initiative

NRAC: Nursing Research Advisory Council

Developing the BC Nursing Health Services Network

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Provincial Consultation

The balance of this document reports on the outcomes of the fall 2008 consultation about the creation of one of the programs approved for implementation through the BC Nursing Research Initiative: the Nursing Health Services Research Network. The specific purposes of the Nursing Health Services Research Network are to:

- Bring together academic, practice and policy communities providing leadership, linkages, critical mass and collaboration to advance nursing health services research in BC. Provide a mechanism for provincial planning, priority setting and collaborative action to support capacity building and practice relevant research
- Maintain databases of membership, research expertise and research activity
- Maintain a website to serve as the public face of BC nursing research and facilitate interactions, collaboration and awareness
- Position BC for inter-provincial and national collaboration and leadership

Purpose of the Town Hall Meetings

To jump start planning for the Network, MSFHR sponsored five town halls (Prince George, Kelowna, Vancouver, Victoria and New Westminster) in October and November 2008 to introduce the purpose of the Network, to invite feedback from stakeholders on Network success factors and to identify individuals interested in participating in a planning group to develop a Network funding proposal. This section of the report summarizes discussions from the five town halls; information which also will also be used to draft guidelines for developing a Network funding proposal. Once endorsed by NRAC the Town Hall Summary Report and Network proposal guidelines will be made available on the MSFHR website (anticipated by the end of January 2009). During the first half of 2009, MSFHR will facilitate completion of planning and funding processes to launch the Network.

The town hall meetings provided a forum to:

- Build awareness and support for the network
- Gather ideas and insights on how the network should operate to best serve participants
- Identify potential key individuals to participate in the network's development

Town Hall Participants

About 75 people participated in the town hall meetings—frontline nurses, Chief Nursing Officers, researchers, union representatives, nursing managers, professional practice leaders, clinical educators, academics, graduate students—and 52 volunteered to continue taking part in the network planning

process. Town hall participants suggested another 40 individuals, as well as representatives from a broad range of organizations, be asked to join the Network, including:

- *Nurses* – Frontline RNs and LPNs, Worksafe BC, FNIB¹, nursing practice groups, correctional system, private practice
- *Additional health authority staff* – Chief Nursing Officers, nurse managers/directors, senior executives, board members, research and evaluation staff, mental health clinicians
- *Universities and other post-secondary institutions* – Schools of nursing, researchers and research departments, graduate and undergraduate nursing students, population and public health, NEXUS, Nursing Leadership Institute, behavioural and cognitive neuroscience, business, health geographers, Nurse Educators Scholarship Project
- *Unions and professional associations* – BCNU, CRNBC, CLPNBC, CRPNBC, CNA, HEU, CAUSN²
- *Networks* – HSPRSN, MSFHR population health networks, networking experts in practice and academia
- *Various* – Ministry of Health Services decision makers, other disciplines, nursing informatics, provincial clinical working groups, CIHI, CIHR, InterRAI, CHSRF, national and international nursing researchers

Given this list, the BC Nursing Health Services Research Network could have an active membership of several hundred, with potentially many more practicing and academic nurses, and other health professionals, participating in the network or visiting its website as a resource.

Participants at each town hall meeting were asked to picture the Research Network three years from now, and identify “SMART” outcomes or measures for success:

Strategic Aligned with BCNRI strategic directions; “need” to do, not “nice” to do

Measurable Visible and quantifiable

Achievable Within the capacity of the network’s resources and environment

Realistic “Stretching without snapping” – dreaming just big enough

Time limited Can be completed in the desired timeframe

¹ See Appendix A: Glossary of acronyms

² See Appendix A

In addition, participants were asked to:

- Identify their top three priorities for the Network's first year of activities to move toward success
- Recommend other people who should be involved in planning for the Network
- Indicate their interest in participating in a Network planning group

Town Hall Outcomes

There was a striking similarity in the measures for success and immediate priority actions identified at the five town hall meetings, even though different regions of the province face different challenges and have diverse opportunities available to them. For example, participants everywhere noted the importance of collaboration and communication for the network to be successful, while identifying the variety of approaches needed to reach nurses, academics, researchers and decision makers from large, urban centres to rural and remote communities. Full details of input provided at each of the individual meetings are documented in Appendix A.

Common Themes: Network measures of success

Six common themes for network measures of success emerged from the province-wide consultation process: leadership; collaboration; infrastructure; KTES (knowledge translation, exchange and synthesis); capacity building; and practice relevance. The measures of success most frequently identified by town hall participants, according to these six themes, are listed in figure 2 below.

Three points regarding the suggested measures of success are worth comment here:

1. Participants suggested a wide range of measures. Among the key activities in the development of a detailed Network Plan will be to identify which of these measures provide the level of specificity required for inclusion in the evaluation framework.
2. MSFHR has made it clear that it will provide resources to launch the network, so some of the participant suggestions are givens – i.e., leadership, communications and administrative support, capacity building support, etc. A key undertaking in the development of a Network Plan will be to identify what can be accomplished by the Network over and above these givens over certain periods of time.
3. **Some of the measures of success identified by participants can more rightly be considered as indicators for success of the BCNRI overall, rather than just the Research Network.** This needs to be taken into consideration in developing the Network Plan. For the same reason, however, the NRAC might find this listing useful in creating the evaluation framework for the NRI as a larger endeavour.

<i>In Summary: Network measures of success</i>
<p>LEADERSHIP</p> <ul style="list-style-type: none"> • A co-leadership model with leaders representing practice and research • Governance and organizational structure to facilitate interconnections • Network leadership/team provides stability to sustain commitment and culture change over time
<p>COLLABORATION</p> <ul style="list-style-type: none"> • Collaboration, linkages and partnerships to include: <ul style="list-style-type: none"> ○ Practitioners, academics, researchers ○ Interdisciplinary/inter-professional links with other health services ○ Cross-network collaboration ○ Nursing research liaison staff building relationships/partnerships ○ Cross-region nursing research teams for each research priority ○ Post-secondary institutions with health programs have network relationships ○ Inter-provincial, national and international partnerships and teams • Nurses across the continuum know how to connect with other nurses/researchers interested in examining clinical questions, guidelines, issues • Quick wins through participating in existing research projects • Relationships established with other provincial research organizations
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • A strategic plan for nursing health services research in BC • Navigable, interactive, user friendly website to raise awareness, link members, and provide access to clinical/research expertise • Database listing researchers, practitioners, policy makers, areas of expertise, published and grey research, best practice guidelines, practice-based questions, funding opportunities • An evaluation framework
<p>KTES: Knowledge translation, exchange and synthesis</p> <ul style="list-style-type: none"> • Nurses at all levels access and share research knowledge • Existing knowledge is moved into practice • Health authority staff know about research activities in their organization • Knowledge translation of network achievements • Findings used to enhance nursing work life, improve nurse/patient outcomes, save money • Elected officials access research on health impacts/findings used in policy decisions • Published articles in recognized journals build national and international profile and credibility/success stories profiled in <i>Nursing BC</i> • Research initiatives regularly discussed with staff/staff know who to contact with a research question or idea • Knowledge exchange and synthesis move research into practice more quickly

Table continues over

In Summary: Network measures of success

CAPACITY BUILDING

- Diverse membership includes researchers, students, practitioners, health authority nursing leaders and other policy makers
- Network liaison office established in each health authority
- Forums/AGM/meetings/road show to increase awareness, bring health services researchers/clinicians together, and share team work
- Capacity mapping of current ability to access and engage in research, capacity improvement target, steps to reach target
- Increased research activity/applications facilitated by the network to support development of research activities as identified in the BCNRI's overall research priorities, such as:
 - Research teams include clinicians and researchers
 - Seed funding for team planning, team start ups, research proposals
 - Pilot projects applying evidence-based care delivery models
 - Research across the continuum, health authorities, geographic locations, specialty areas
 - Safe staffing mixes/policies identified for several areas, with scope and practice issues standardized province-wide
 - Examine nursing workforce/work life issues, nursing outcomes in practice, nursing and other professionals' contributions to care
 - Evaluate the impact of electronic health records/technology on nursing roles
- Leveraging funds/external grants with network assistance
- More nurses in graduate and post doctoral programs/engage graduate and undergraduate nursing students
- Skill building workshops/research training/mentorship/time for novice researchers, students and nurses
- Network supports recruitment and retention
- Health authority executive teams support nurses' participation in research and in the network

PRACTICE RELEVANCE

- Practice drives research and research informs practice, across sectors
- Research becomes part of everyday clinical work
- Ministry of Health Services aware of/refers to/funds the network
- Nursing work life measures improve

Figure 2: Emerging Themes – Network measures of success

In reviewing the lists above, it is apparent that a range of measures were identified by town hall participants, reflecting the range and nature of professional experiences of those present. Some of the measures are very specific and can be implemented readily (“diversity of Network membership”, “number of forums and workshops held”, or “published articles in recognized journals”, for example).

Others are less precise, and time and attention will need to be given to develop meaningful and reasonable measures. For example, measuring “existing knowledge is moved into practice”, or “nursing work life measures improve” will take further consideration.

Common Themes: First year priorities

Four common themes for first year priorities emerged out of the town hall discussions: communication, leadership, infrastructure, and capacity building. The priority actions most frequently identified by town hall participants, according to these four themes, are listed in figure 3 below.

It should be noted that the thematic placement of some of these priorities is debatable – for example, the development of an interactive network web site is currently placed within the Infrastructure theme, although it can just as readily be included in the Communications theme. While the placement of the themes is not important for these purposes, it will be important in the development of the Network Plan and the evaluation framework that is used to measure ongoing performance.

In summary – First year priorities

COMMUNICATION

- Develop/implement a communications plan to raise awareness:
 - Communicate why research and networking are important to practice
 - Develop a network brand
 - Use a community development model to engage nursing practitioners, academics, researchers, students/use inclusive language
 - Organize a road show to hospitals/nursing schools to communicate the network vision and strategies
 - Organize a network meeting/annual conference/research forums to build relationships, identify research ideas, form teams; consider dovetailing meetings with existing forums
 - Communicate via CRNBC website, journal, publications;publicize the network via the BCNU newsletter
 - Employ creative communications using current technology (e.g., Facebook)
 - Ensure senior executives, managers and frontline staff at all levels in health authorities know about and support the network
 - Establish contact with post-secondary institutions/health-related programs/college newsletters and professional organizations
- Initiate outreach activities like teleconferences and web seminars
- Develop tool kit for initiating a research process

Table continues over

In summary – First year priorities

LEADERSHIP

- Establish leaders and champions committed to network building/profile across BC
- Create a governance structure aligned with research priorities
- Establish business tools such as administrative support, principles, operating standards, stakeholder list

INFRASTRUCTURE

- Develop a strategic plan with vision, mission, goals, actions, budget and timeline
- Develop an interactive network website with:
 - Network purpose, goals, membership, current information
 - Interactive chat rooms/blogs to post research questions and answers
 - Links to health authorities/professional nursing associations and vice versa
 - Profile research/success stories/models in BC with practice applications and projects resulting from network/database links
 - Link to additional resources (e.g., UBC Nursing Leadership Institute website)
 - Easy website registration to collect user data
 - Link to literature generated outside BC
- Develop/populate the database with:
 - An environmental scan of recent health research and researchers
 - Members, research initiatives, researchers, clinicians, areas of interest
 - Email contacts for quick linking/password protection for privacy
 - Advanced ways to search the database (semantic search)
 - Demographics to evaluate the need for ongoing data gathering
 - Grey research
- Develop an evaluation plan (with measures such as the number of website/database hits, registered users, chat room participation, number of linkages/partnerships created, outcomes of collaboration, articles published, changes in clinical practice/outcomes, number of clinical/research mentorship opportunities, increase in research applications/funded research)

Table continues over

In summary – First year priorities

CAPACITY BUILDING

- Hire liaison staff/hold provincial meeting to establish standard procedures
- Develop network membership with representation from academia and practice, across the continuum, and engage nursing students
- Hold capacity/skill building workshops in each health authority
- Fund travel and replacement/release time for people to attend network events/develop proposals
- Examine how workforce retirements/shortage impact ability to conduct research
- Collaborate with MSFHR health of population networks/HSPRSN
- Consult members to identify research issues/priorities for care delivery, human resources, practice relevant education, quality and safety
- Establish provincial, national and international partnerships
- Support research proposals/activity:
 - Establish team protocols/develop teams/award first team applications
 - Provide seed money for pilot projects on BCNRI priorities
 - Support proposals to address practice-related issues in each health authority
 - Study the appropriate roles of nurses
 - Study the workplace health of nurses
 - Establish partnerships with existing projects that lead to quick wins
- Collaborate with schools of nursing/CRNBC to develop practice relevant research curricula
- Support nurses and novice researchers to develop proposals (mentorship, assistance to find research collaborators, information on navigating the process)

Figure 3: Emerging Themes – First year priorities

In looking back at the two sets of common themes, measures for success and first year priorities, the consistency across both sets provides those moving this initiative forward with a solid basis upon which to develop a Network Plan, recruit leadership, make initial decisions regarding resource allocation and develop performance measures.

Why *this* Research Network?

The combination of the articulated principles and the capacity challenges for nursing health services research brought the NRAC and MSFHR to the conclusion that a research network is one of the essential ways of advancing nursing health services research in this province. As one strategy for implementing the BCNRI and advancing its overarching goals, the Network will address capacity challenges by providing research infrastructure. This belief in the importance of infrastructure as being central to the overall success of the BCNRI was echoed in the town hall meetings. As the Research Network moves forward in 2009, these capacity challenges can thus be proactively addressed through the formation of the Network.

The proposed Nursing Health Services Research Network will complement and support several of the BCNRI strategies for capacity building, as identified by the NRAC (previously identified on page 8 and repeated here):

1. Develop the infrastructure to support communications, awareness building, data collection/analysis, and linkages among the practice and research communities
2. Provide infrastructure awards to develop research teams in priority areas, ready to apply for team funding from other programs
3. Provide seed funding to support practice relevant research activities/funding proposals
4. Build a provincial presence for nursing health services research
5. Implement "quick wins" to build support/credibility among stakeholders

The Nursing Health Services Research Network will particularly address Strategies #1 and 4. It is important to keep in mind that MSFHR funding for the Network will support building capacity; it will not fund research directly. This will be done through other approved BCNRI programs. The Network is central to the overall strategy of the BCNRI, however, for it will:

- Bring together the academic, practice and policy communities, providing leadership, linkage, critical mass and collaboration to advance nursing health services research in BC
- Serve as a mechanism for provincial planning and priority setting, facilitating capacity building and practice relevant research
- Maintain databases of membership, research expertise and research activity, thus building the inventory of talent and activity
- Create and maintain communications tools, including a website, to serve as the public face of BC nursing research and facilitate interactions, awareness and knowledge translation, exchange, and synthesis
- Position BC for inter-provincial, national and international collaboration and leadership

Strengths, Weaknesses Opportunities and Threats

A quick snapshot of the strengths, weaknesses, opportunities and threats (SWOT) within the BC nursing health services research arena shows the following:

Strengths:

- Keen interest within the practice and academic communities, both in BC and nationally, to significantly increase research activity focused on nursing health services
- Growing strength within BC's post-secondary institutions to provide the academic homes for this work, including the expansion of undergraduate and graduate programs that have research requirements
- Rising recognition within the nursing and other practice professions of the value, contribution and professional benefits of undertaking research
- Increasing understanding within government, Health Authorities and service deliverers of the importance of research in attaining health human resource objectives, as well as improving care, service and outcomes

Weaknesses:

- Widely dispersed constituency (geographically), with a broad spectrum of clinical, community and research environments, combined with significantly different social, economic, environmental and cultural populations and circumstances
- BC's supply of health services researchers is limited; capacity is even more limited with respect to researchers focused on nursing health services research
- Underdeveloped linkages between academic and practice constituencies
- Varied perceptions and awareness of research as an endeavour within the nursing profession, and in its relations with other health professions
- Lack of awareness/clarity regarding the roles and potential for research in care and service delivery by inter-professional teams
- Due to the recent time frame of this research, less experience in creating partnerships and obtaining research funding

Opportunities:

- Interest on the part of funders (research and health services) to bring nursing research into closer alignment with the broader health services research agenda

- Wider interest within the health research funding world on the perceived linkages between health human resources, effectiveness of service delivery and health outcomes
- New technologies that have rapidly increased the variety of ways in which to undertake and disseminate research
- The possibility of bringing together BC researchers with an interest in nursing health services research (i.e., identifying and consolidating existing strengths) to link them with practitioners to more effectively inform practice-relevant research activities and thereby enhance and accelerate KTES
- Through support of research and KTES, the potential to foster innovation and develop better ways to support and implement inter-professional care/service provision (recognizing nurses' roles in the context of the broader health services practice community)

Threats:

- Demographics of the nursing profession indicate a significant retirement bubble over the next 10 years that will impact the ability to provide human resources for nursing research, in addition to an anticipated nursing shortage overall
- A significantly altered economic climate will likely see most, if not all, forms of public funding for ongoing taxpayer supported services and research significantly constrained for the foreseeable future

The degree to which nurses are an essential backbone in the delivery of effective health services is beyond question. As we seek to better understand how to improve health outcomes through more effective health service delivery, the role and contribution of nursing health services research is becoming more critical to this wider understanding. Yet given that nursing health services research is a younger realm of research than some other areas of health and medical research, there is some catching up to do.

The Nursing Health Services Research Network has been endorsed as one of the key strategies for advancing the vision and goals of the BC Nursing Research Initiative. The next step forward is to develop a detailed Network Plan. MSFHR has many previous network development experiences from which to draw in creating this Plan. Like the development of many research networks, there are elements that are common to many and some that are unique to this one. The following section provides initial thoughts on the development of a formal Plan for a Nursing Health Services Research Network in BC.

Initial Thoughts for the Network Plan

While a detailed network plan is beyond the scope of this Report, the work to date provides MSFHR with an outline, provided here, that can be utilized in the development of a detailed plan during the first part of 2009. This outline includes identification of the six core components required for the development of *any* research network plan, along with the questions and criteria that must be addressed within such a plan. It then provides, within each of the six core areas, a few issues or questions that need to be addressed in the creation of *this* particular plan given the goals, strategies, principles and challenges of the BC Nursing Health Services Research Network.

Core Components of the Network Plan

1. **Purpose:** *A Plan must address* the question, why does this network exist? What are the goals it seeks to achieve? How will a particular area of research advance due to the creation and existence of this network?

This Plan: The BCNRI goals, research priorities, research principles and capacity building strategies have all been articulated and provide the overarching rationale for the BC Nursing Health Services Research Network. The network plan should transform these into enabling infrastructure that will support the initiative's comprehensive research plan.

2. **Leadership:** *A Plan must address* issues including what form(s) of leadership makes sense for this network, given its environment, its constituent strengths, and the research issues it will pursue. How concentrated or diffuse should leadership be? Is shared or concentrated leadership appropriate?

This Plan: The initial step for MSFHR is to appoint interim co-leaders and an interim leadership group (Task Force) to oversee the development of the Research Network plan. As part of developing the plan, the Task Force will identify co-leaders for the Network

3. **Stakeholders, Partners and Linkages:** *A Plan must address* the fact that most research networks are formed with the intention of being highly inclusive from the beginning – indeed, that is a central rationale for choosing the network approach. These elements are important not only for the network to be credible and relevant, but also to maximize its ability to add value for all stakeholders.

This Plan: There are many individuals, organizations and entities that the Network will need to work with and that can be identified in detail in the network plan. The Network Plan should include provision for developing and maintaining a provincial inventory of nursing health services research and a database of researchers, across disciplines. It should also include the development of a communications plan that is consistent with the overall purpose and objectives of the Network and the BCNRI overall.

4. **Governance and Accountability:** *A Plan must address* network governance. Governance refers to how an organization is managed, where authority and oversight lie, and how control

functions – such as decision making – are dispersed. In most research networks, authority for different kinds of decisions rests with different groups of people, and accountability measures ensure that these groups undertake their responsibilities appropriately.

This Plan: The network plan should include a proposed governance and accountability structure that will consider, make and monitor decisions. It should also include an evaluation plan for the network.

5. **Structure and Capacity:** *A Plan must address* structure and capacity. These factors play a critical role in providing opportunities to identify critical research questions and capacity building needs, to establish processes through which these can best be addressed, and to support effective communication and uptake of research findings. Structure and capacity include human resources, financial resources, and means and ways in which to accomplish the work.

This Plan ought to include a proposed staffing structure as well as operating and financial plans.

6. **Activities and Programs:** *A Plan must address* action – once the purpose, goals and strategies of a network are clear, activities and programs are launched that emanate from these.

This Plan should include a map of the activities and programs that the Network will undertake. These activities and programs are all driven by the goals of the Network and must be aligned with the internal and external realities in which the Network will operate. That is, the map of programs and activities needs to be consistent with the Network's purpose; leadership model; stakeholders, partners and linkages; governance and accountability models (including the evaluation framework: are we doing things that can be measured, and do we think we should be measuring them?); structure and capacity. For example, one of the key purposes of this Network is to build linkages within and across nursing practice and research, so activities and programs should be developed that will meet this goal – i.e., development of a database of researchers, creation of an inventory of current research activity, hosting workshops and conferences (both live and online), etc.

Developing the Nursing Health Services Research Network Plan

Development of the Nursing Health Services Research Network Plan will require two complementary skill sets: content and context knowledge of BC's nursing research and practice environment, and expertise in facilitation, planning and policy development.

Given the expertise that has now been gained through the work of the NRAC and the town hall meetings to date, it is recommended that MSFHR:

1. Strike a Task Force, comprised of those who are interested in the contributing to the network plan, with funding provided (a developmental grant) for travel, meetings and profession support to prepare the plan. It is suggested that the Task Force be comprised of ten members, evenly comprised of the nursing academic and practice communities, from across the various regions of the province, and co-chaired by two members, one from each of the two constituent groups.

2. Provide this report on the town hall results, along with a set of guidelines, to support the Task Force in development of a Research Network Plan
3. Carry out a focused and iterative process of approximately eight weeks (depending on the availability of the Task Force members), in which the Task Force, with professional supporting services, drafts, refines and finalizes a Network Plan for external formative review and approval by NRAC and the MSFHR Board of Directors in the spring of 2009.
4. Move forward with the Network Planning process as quickly as possible in 2009, in order to maintain the momentum of 2008.

Budget

The budgetary requirements for the development of a detailed Network Plan are estimated as follows:

1. Task Force Support – \$10,000.00 (Travel, videoconferencing, two Task Force meetings at up to \$5,000 per meeting³)
2. Consulting Services – \$20,000.00 (Up to 15 days of professional services at \$1,200.00 per day, plus travel, disbursements and GST)

Thus the total estimated budget required is approximately \$30,000.

Expected Outcomes and Deliverables

In requesting a plan for the BC Nursing Health Services Research Network, MSFHR can expect to receive a detailed plan for the development of the Network, addressing the six core component areas above.

This Plan should include:

- Specific deliverables and expected outcomes within each area
- Specified timelines and benchmarks
- Budgetary requirements (human resources, operating funds, program funds, etc.)
- Recommendations regarding leadership, staffing, housing of the Secretariat function, funding sources, and so on

³ Cost per meeting will depend upon where Task Force members live, how far they will travel to attend meetings, and how meetings are structured (in person vs. teleconference, etc.)

Appendices

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Appendix A: The Town Hall Sessions

This Appendix documents the details of participation and input provided at each of the individual town hall meetings.

Northern British Columbia

The first town hall session was held on October 23, 2008 at the Prince George Regional Hospital. Two NRAC members hosted this meeting: Martha McLeod, Associate Professor and Coordinator, Graduate Studies and Research, and Academic/Research Lead, Rural Acute Care Nursing Program, at the University of Northern BC, and Edna McLellan, Public Health Nursing Manager with Northern Health.

Twelve people participated in this town hall session from the University, Northern Health Authority, and the BC Rural and Remote Health Research Network, including UNBC health care research and nursing professors, NHA public health nursing management, professional practice strategy coordination, research and evaluation coordination, home and community care clinical leadership, and network management. Participants agreed on many of the challenges and opportunities for a nursing health services research network to thrive in the north.

Successful outcome measures

The indicators of success identified by Prince George participants fit into five categories: leadership, infrastructure, linkages and collaboration, capacity building, and practice relevant research.

<i>Network measures of success – North</i>
<p>LEADERSHIP</p> <ul style="list-style-type: none"> • Strong leadership in place to ensure the networking process evolves successfully • A co-leadership model with point people from practice and research accountable for ensuring representation from different areas • Governance and organizational structure facilitate interconnections locally, within health authorities, between health authorities, and provincially
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • A strategic plan for nursing health services research • An evaluation framework to create baseline measures (e.g., number of linkages created, outcomes of collaboration, increase in articles published, changes in clinical practice/outcomes) • Navigable, user friendly website and database with information on researchers, research, funding opportunities, clinicians, and an interactive mechanism for postings/feedback • Appropriate, adequate resources to support network activities

Table continues over

Network measures of success – North
<p>PRACTICE RELEVANT RESEARCH</p> <ul style="list-style-type: none">• Knowledge translation of network achievements/move existing knowledge into practice• Increased number of practice-driven research projects• Circularity between practice and research, so practice drives research and research informs practice, across sectors• Membership and research database reflect practice, with practicing nurses using the network
<p>LINKAGES & COLLABORATION</p> <ul style="list-style-type: none">• Linkages and collaboration:<ul style="list-style-type: none">○ Among practitioners, academics, researchers○ Interdisciplinary/inter-professional links with other health services○ Cross-network collaboration (combine efforts, coordinate conferences, be sensitive to regional needs)○ Links with national and international nursing research teams○ Cross-region nursing research teams established for each research priority○ Include nurses not employed by NHA such as aboriginal band nurses• Annual meeting to build cross-region connections (conference café, education, presentations, showcase projects)• Regular communication opportunities for nursing researchers (meetings, symposium networking events, workshops, webex sessions to present work)• Membership that spans the spectrum of professions (practitioners, academics, researchers, policy makers, government representatives, economists, geographers)• Nursing research liaison staff working with groups of practitioners, assisting with research projects across sectors, establishing relationships/partnerships with like organizations and other networks
<p>CAPACITY BUILDING</p> <ul style="list-style-type: none">• Marketed brand for nursing research so the network is recognized as an equal player and links with other networks• Seed funding/grants for research proposals• Travel, conference and team recognition awards• Research projects/teams proposed and in progress (CHSFR and SSHRC⁴)• Culture of practice-linked research to build both university and practice capacity for nursing research:<ul style="list-style-type: none">○ New ways to engage/mobilize graduate and undergraduate nursing students○ New practice-based graduate nursing program/PhD program○ List mentors in network on website/database○ Skill building workshops/research training (e.g., online credit programs)

Figure 4: Prince George – Network measures of success

⁴ See Appendix A: Glossary of acronyms

First year priorities

Three categories of priorities emerged for the first year of activities to move toward the Network measures of success: leadership, capacity/infrastructure, and communication.

<i>First Year Priorities – North</i>
<p>LEADERSHIP</p> <ul style="list-style-type: none"> • Identify leader/s committed to network building • Create a governance structure that aligns with research priorities (e.g., board of directors, inclusive steering/advisory group from practice, research, academia) • Develop a strategic plan with vision, mission, goals, actions, budget and timeline • Develop an evaluation plan • Identify top three priorities related to recruitment/retention
<p>CAPACITY/INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Develop the network membership with equal representation from across the continuum of practice areas (acute, public, residential, home, community care) • Hire network liaison staff (develop job description/work plan) • Develop the network website (record/post research presentations, have discussion boards, SharePoint) and database • Conduct an environmental scan • Develop a list of grants • Fund travel and replacement/release time for people to attend network events
<p>COMMUNICATION</p> <ul style="list-style-type: none"> • Brand the network (create a catchy name, produce posters/leaflets) • Develop a communications plan • Build the network's profile: <ul style="list-style-type: none"> ○ Organize a road show to hospitals and nursing schools to communicate the network vision and strategies ○ Organize a network meeting to build relationships in person and find out what people want from the network ○ Lead by example so members make the network affiliation part of their professional profile (e.g., get people to present their research using Webex) • Piggyback professional development sessions on existing forums • Use technology to reach those unable to travel (teleconferencing and Webex) • Hold working group sessions for each research priority, AGM, workshops

Figure 5: Prince George – First year priorities

Vancouver

MSFHR hosted the Vancouver town hall meeting at the MSFHR office on October 27, 2008. Three NRAC members attended and helped lead break out group discussions on the measures of success for a BC Nursing Health Services Research Network: Catherine Kidd, Regional Director, Worksafe and Wellness, Vancouver Coastal Health; Dr. Fay Warnock, Nurse Scientist, Children’s and Women’s Health Centre, and Assistant Professor, University of British Columbia; and Patricia Wejr, Senior Policy Analyst, BC Nurses’ Union.

In total, 16 people participated from academia, frontline nursing, two health authorities and the College of Registered Nurses of BC, including nursing leadership, adolescent psychiatric nursing, academic development and mental health services at PHSA, professional practice at VCH and Richmond Hospital, and the Schools of Nursing and Population and Public Health at UBC.

Successful outcome measures

Vancouver participants also identified five categories for network measures of success: infrastructure, linkages and partnerships, capacity building, practice relevance, and knowledge translation.

<i>Network measures of success – Vancouver</i>
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • A provincial strategy for nursing health research (identify five major areas of focus for collaborative research) • Database lists clinicians, policy makers and researchers’ areas of expertise; enables nurses/researchers to connect in areas of interest; provides regular outreach via e-alerts to at least a third of nurses in BC • Inventory of health services research/researchers in BC • Network website enables members to access clinical/research expertise and links members • Map showing nurses how to seek funding/knowledge to answer clinical questions • Evaluation measures: <ul style="list-style-type: none"> ○ Measure number of database hits to evaluate linkages ○ Examine the potential for geographic mapping to map/count the number of linkages between teams and geographic areas to measure productivity ○ Capture the number of partnerships as evidence of building research capacity ○ Measure how outcomes support best practices (technology, human resource planning, patient outcomes) ○ Measure how often clinical/research mentorship opportunities are created ○ Measure increase in grant applications to national funding agencies
<p>PRACTICE RELEVANCE (VALUE ADD)</p> <ul style="list-style-type: none"> • Clinical nurse specialists link with researchers and bring results back to the practice setting • Positive impact on nurses/patient outcomes • Awareness of the network at the Ministry of Health Services, so the network is valued, referenced and funded • Research is part of everyday clinical work • Elected officials can access expertise on the health impacts of proposed legislation

Table continues over

<i>Network measures of success – Vancouver</i>
<p>LINKAGES & PARTNERSHIPS</p> <ul style="list-style-type: none"> • Inter-provincial, national and international partnerships and teams • Linkages between practitioners and researchers, locally and inter-provincially, which build synergy and capacity • Cross-region research teams established • Strategic partnerships established for future funding proposals • Nurses across the continuum know how to connect with other nurses/researchers interested in examining clinical questions, guidelines, issues, research • Forum to bring health services researchers together
<p>CAPACITY BUILDING</p> <ul style="list-style-type: none"> • Membership represents academic researchers, practitioners, policy makers • Network liaison office established in each health authority • Graduate nurses, working nurses, policy/decision makers, elected officials and civil servants are aware of the Network and Nursing Research Initiative • Research teams/initiatives include clinicians/researchers from a number of sites • Funded research in priority areas/pilot projects applying evidence-based care delivery models • Education, access, guidance and time for nurses to get involved with research • Surveys and website hits measure stakeholder satisfaction/usage with the emerging network and website • Increased applications to national research funding agencies • Mentorship research program to develop new researchers’ skills/enable nurses to play a dual role between practice and academia • Sustainability through leveraging funds/external grants with network assistance
<p>KNOWLEDGE TRANSLATION</p> <ul style="list-style-type: none"> • Nurses at all levels access and share research knowledge • At least one research initiative results in policy implementation • Published articles as a result of network efforts

Figure 6: Vancouver – Network measures of success

First year priorities

In addition, participants at the Vancouver town hall identified four categories of first year priorities for the network: leadership, infrastructure, capacity, and communication (summarized in figure 8).

<i>First Year Priorities – Vancouver</i>
<p>LEADERSHIP</p> <ul style="list-style-type: none"> • Establish dedicated leadership • Develop a strategic plan with an advisory committee structure • Develop an evaluation plan: <ul style="list-style-type: none"> ○ Survey to ensure member concerns are reflected ○ Regularly evaluate process/plan to problem solve areas of concern

Table continues over

First Year Priorities – Vancouver

CAPACITY

- Provide seed money for pilot projects on BCNRI priorities
- Hold first call for research planning proposals to address practice related issues
- Hold team development workshops/support team research proposal development
- Have one joint academic/practice research initiative underway in each health authority
- Identify resources nurses need at the point of care to get involved in research, and teach nurses how to do/apply research
- Research studies to assess the:
 - Appropriate role of nurses (e.g., in public health, impact of nursing on clinical outcomes, nurse practitioners, nursing assistants)
 - Workplace health of nurses (impact of shift work; exposure to violence, chemicals, hazardous drugs)
 - Best deployment of nursing resources in health settings/relative to other professionals
- Engage schools of nursing/collaborate with CRNBC to:
 - Implement practice relevant research curricula
 - Identify competencies for undergrad, MSN, PhD levels
- Achieve quick wins to raise awareness

COMMUNICATION

- Raise the network's profile:
 - Promote/advertise what the network is/how to access
 - Produce a community development strategy to engage nursing practitioners, academia, researchers
 - Communicate to nurses via CRNBC website, journal, publications
 - Hold a forum to bring key stakeholders together to discuss the role/ value add of the network (BC Quality and Safety Council, BC Academic Health Council, etc.)
 - Annual conference to bring practitioners, academics, policy makers together
 - Support learning on how to work effectively in a network with shared goals to demonstrate the advantages of collaboration
 - Hold a high profile event that appeals to diverse nursing groups/use this opportunity to create team development sessions
 - Use interactive, web-based tools to inform and engage clinicians at the bedside/in the community who can't attend a forum
 - Communicate why networking is important to practice (helps nurses provide the very best care)
 - Showcase successful projects resulting from database links to bring attention to the network early on and to promote future links/projects

Table continues over

First Year Priorities – Vancouver**INFRASTRUCTURE**

- Hire administrative office and liaison staff/hold provincial meeting to establish standard procedures
- Create interactive website with useful content:
 - Include an environmental scan that captures health research and collaborations initiated/completed in the last three to five years
 - Produce a baseline of collaborations across academia, policy and practice to identify new nursing research teams and collaborations
 - Identify linkages in all domains so people know who to connect with
 - Include interactive opportunities for individuals to learn about projects and create teams, while balancing accessibility for all age groups and capacities
 - Demonstrate research relevance to learning and practice to attract student nurses before they graduate
 - Add links to the network website from health authority sites
 - Include grey literature so others can learn from what did not work, make adjustments, design better studies
- Create a database:
 - Populate the database with research/contacts/prospective partners to enable networking
 - Develop major topic areas for organizing the database
 - Design advanced ways to search the database (semantic search)
 - Be aware of language differences to enable people to find commonalities in various topic areas
 - Map linkages and provide accessibility at the point of care
 - Link clinicians trying to work out practice issues in priority areas with researchers identified through the database
 - Obtain stakeholder feedback on the system
 - Collect demographics and use to evaluate the need for ongoing data gathering
 - Link to broader literature generated outside BC (identify experts and opportunities to build on existing knowledge)

Figure 7: Vancouver – First year priorities**Fraser Valley**

The third town hall session was held on October 30, 2008 at Royal Columbian Hospital in New Westminister, and was hosted by NRAC member Barb Mildon, Chief Nurse Executive and Vice President, Professional Practice and Integration, Fraser Health.

Twelve people participated in the Fraser Valley meeting, representing hospice/palliative care, FHA research and nursing administration, public health, clinical education, nursing at Kwantlen Polytechnic University and the University of Victoria, the FHA InterRAI project, quality improvement, home care, Vancouver Coastal/Providence Health Care telehealth, and infection control.

Successful outcome measures

These participants identified four categories for indicators of success: infrastructure, connections and collaboration, capacity building, and practice relevant research.

Network measures of success – Fraser
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Website is relevant to frontline nurses and academics/facilitates literature and experience sharing (e.g., blogs/chat rooms to post practice questions/get answers) • Evaluation framework with measures of success for network awareness, use and outcomes: <ul style="list-style-type: none"> ○ Large membership from diverse fields, sectors, roles, positions ○ Number of website hits, registered users and chat room participation ○ Satisfaction survey to collect data on who’s registered in the network and using network resources ○ Return on investment based on the amount of funded research that developed from network linkages/interaction with network tools ○ Quality improvement projects resulting from network connections • Robust database listing researchers, practitioners (target of 25% of nurses and nursing students) and policy makers, all nursing research in BC, best practice guidelines, practice-based questions • Administrative support for the network
<p>CONNECTIONS & COLLABORATION</p> <ul style="list-style-type: none"> • Network liaison staff linking members, establishing communities of practice, and connecting with provincial BCNRI strategies • Effective connections that support liaisons between clinicians and researchers • Mentoring/partnerships created among people interested in research/who have research ideas, with researchers who can share resources and tools • Effective face-to-face contact with frontline workers • 10 linkages with other research groups focusing on health services (e.g., Interdisciplinary Research in Mathematical and Computational Sciences at Simon Fraser University, industrial engineering, computer sciences, organizational behaviour, business)
<p>CAPACITY BUILDING</p> <ul style="list-style-type: none"> • Diverse membership with practice, research, administration, statistical, knowledge translation and educational skills • Network profile builds visibility so researchers, academics and frontline nurses know about it, want to participate, connect through it, use it to develop/work on research questions • Research projects visible across a variety of settings, geographic locations and specialty areas • Network values frontline nurses, involves and improves their work with patients, and supports recruitment and retention
<p>PRACTICE RELEVANT RESEARCH</p> <ul style="list-style-type: none"> • Dissemination of research questions and outcomes to the practice level, supported by management • Success stories profiled in <i>Nursing BC</i>, as all nurses receive the magazine • Findings used in policy decisions

Figure 8: Fraser – Network measures of success

First year priorities

Fraser Valley participants identified three categories of first year priorities for the network: infrastructure, communication, and capacity.

First Year Priorities – Fraser
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Conduct an environmental scan of current research and researchers in BCNRI priority areas to provide a baseline and direction • Develop an evaluation plan with measures for assessing network accomplishments • Create a website to introduce frontline nurses to nursing inquiry and pique interest: <ul style="list-style-type: none"> ○ List network purpose, goals, membership, current information ○ Blogs/capacity to post research questions and answers ○ Share published/grey research ○ Links to health authorities/professional nursing associations and vice versa (including FHA research) ○ Explain how research can be used in practice ○ Post research success stories (e.g., recruitment/retention results) ○ Easy website registration to collect user data (e.g., research in progress, researchers, how people are connected) ○ Include database and add functionality over time, based on user feedback • Have network liaison person build links with health authorities
<p>CAPACITY</p> <ul style="list-style-type: none"> • Examine how workforce retirements/shortage impact ability to conduct research • Facilitate participation of the student nurse population to build enthusiasm and grow this resource for expanding evidence-based practice • Hold skill building workshops
<p>COMMUNICATION</p> <ul style="list-style-type: none"> • Develop/launch a communications strategy to raise awareness of the network: <ul style="list-style-type: none"> ○ Social marketing message to make research real for frontline nurses ○ Marketing that’s accessible to practitioners and academics ○ Inclusive, friendly language (e.g., use nursing inquiry as well as research) ○ Face-to-face interaction ○ Opportunities to dovetail network events with existing meetings, conferences and symposiums/existing communication vehicles the network can link with • Communicate with nurses who are not online through newsletters/have directors share information on the network and environmental scan • Hold focus groups with a variety of nurses in each health authority to find out what tools would be useful • Develop tool kit/how-to guide for initiating a research process • Launch the network with a road show to sites/units: <ul style="list-style-type: none"> ○ Take guide, hold one hour sessions, invite everyone to attend ○ Share examples of potential research to get people thinking about research questions • Initiate outreach activities like teleconferences and web seminars • Hold a tailored workshop for CNS group on moving research forward in their work

Figure 9: Fraser – First year priorities

Interior

NRAC member Tom Fulton, Leader of Professional Practice and Chief Nursing Officer for the Interior Health Authority, hosted the fourth town hall session on November 6, 2008, at the IHA office in Kelowna.

Fifteen people attended the Interior town hall meeting from IHA research administration and capacity building, the School of Nursing at the University of BC Okanagan, clinical resource nursing, home and community care, biomedical engineering, the BCNU, professional practice, library services, nursing education and palliative care.

Successful outcome measures

Participants at the Interior town hall meeting identified indicators of success in four categories: capacity building, collaboration and communication, infrastructure, and practice relevance. These are summarized in figure11 below.

<i>Network measures of success – Interior</i>
<p>CAPACITY BUILDING</p> <ul style="list-style-type: none">• International researchers want to be involved in the nursing research network in BC• Research representatives across BC provide leadership• Frontline nurses are excited about, aware of, and contribute to the network (conduct an online survey)• Nurse-led teams make local/provincial/national connections in strategic areas• Nursing research projects in acute, residential, community care/public health• AGM/meetings to increase visibility and share team work supported by the network• Increased research activity/grant applications/national grant funding• BC schools of nursing highlight research network activities and how new graduates can participate• More nurses in graduate and post doctoral programs to build capacity• Mentorship for students and nurses• Communication mechanism to link people who can supervise graduate programs/provide information on funding opportunities• Nursing students know how to access network resources• Scoping review to assess available research literature/identify indicators (research capacity development tool, author Jo Cooke/see www.phcris.org.au)

Table continues over

Network measures of success – Interior
<p>COLLABORATION & COMMUNICATION</p> <ul style="list-style-type: none"> • Quick wins by participating in existing research projects in early stages • At least one collaborative project completed with leaders in nursing health services research from other provinces • Research initiatives regularly discussed with staff/all levels of staff know how to access research and who to contact with a research question or idea • Strong, accessible linkages between IHA and universities, with employees doing graduate studies • Researchers communicate with each other and with other researchers across Canada/relationships established with other provincial research organizations • Monthly network update on each health authority intranet site • National profile with other provinces looking to BC
<p>PRACTICE RELEVANCE</p> <ul style="list-style-type: none"> • Findings used to enhance nursing work life, improve outcomes and save money • Research impacts practice in a positive way • Team members contribute to nursing research for the betterment of health care • Published work in recognized journals to build national/international profile and credibility
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Website raises research awareness: <ul style="list-style-type: none"> ○ Active chat rooms posting research ideas/questions/answers ○ Information on research funding opportunities/deadlines ○ Articles about current research • Database link on Internet used by members: <ul style="list-style-type: none"> ○ Lists researchers, practitioners, membership to enable connections ○ Access to existing research in published journal articles to compare/identify gaps • Evaluation measures: <ul style="list-style-type: none"> ○ Use and friendliness of website ○ Distribution of information ○ Connections established between nurses and health services researchers ○ Attendance/interest in meetings/annual conference ○ Number of peer reviewed publications

Figure 10: Interior – Network measures of success

First year priorities

Interior participants also identified three categories of first year priorities for the network: communication, capacity, and infrastructure.

First Year Priorities – Interior

COMMUNICATION

- Use a community development model to build support for the network/focus on member priorities
- Develop a communications plan/implement multiple communication activities:
 - Hold meetings to generate interest and bring people together to discuss their areas of interest and passion
 - Build awareness through promotions/advertising
 - Peer model relevance and benefits of research to frontline nurses
 - Employ creative communication/engagement processes using current technology (e.g., use Facebook to reach the younger generation)
 - Use the BCNU newsletter to publicize the network
- Hold education sessions and use Webex/online education methods
- Organize an education session for all health authority liaison staff to learn from HSPRSN and work together to develop direction

CAPACITY

- Identify network leaders and champions/profile across BC
 - Establish network working committee
 - Ensure balance in membership between practice and academia/engage nursing students with research network
 - Fill liaison position in each health authority/organize team building session
 - Have research representatives at IHA/university to introduce research to students
 - Conduct systematic review of research capacity building to determine what has worked in past (references include IHA analysis unit doing literature review of all health authority research; paper published on capacity development in scholarship)
 - Establish protocols for team membership/develop teams/award first round of team applications
 - Identify practice-driven research topics, at least one priority area, and people with research queries
 - Implement quick win project resulting in positive frontline impact to raise profile
 - Provide support for nurses in clinical settings and first time researchers to develop research funding proposals:
 - Mentorship/assistance to find research collaborators
 - Information on navigating the process (e.g., how to approach the health authority, the ethics committee process)
 - Seed money and work/time replacement funds
 - Establish partnerships with existing projects that lead to quick wins and yield outcomes in three to four years
- Establish one or two relationships with other researchers across Canada

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<i>First Year Priorities – Interior</i>
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Develop an interactive website/hire webmaster: <ul style="list-style-type: none"> ○ Include a chat room forum to put forward questions and develop connections ○ Include data being collected on people in IHA who are working on Masters/PhDs ○ Profile current research/success stories/models in BC with practice applications to encourage people to think about research possibilities and collaborating ○ Develop a webpage on Inside Net ○ Link to existing resources (e.g., UBC Nursing Leadership Institute website, which has a discussion forum and posts nursing projects/Registered Nurses’ Association of Ontario website, with information on the Centre for Professional Nursing Excellence) • Develop a network database: <ul style="list-style-type: none"> ○ List members, researchers, current research initiatives and areas of interest ○ Include email contacts so people can quickly link to the network/use password protection to support member connections while protecting privacy ○ Provide a clearing house for existing research in BC

Figure 11: Interior – First year priorities

Vancouver Island

The final town hall session was held on November 20, 2008 at Royal Jubilee Hospital in Victoria. NRAC Co-chair Dr. Lynn Stevenson, Chief of Professional Practice and Nursing at Vancouver Island Health Authority, hosted this meeting, and NRAC member Dr. Mary Ellen Purkis, Dean of the Faculty of Human and Social Development, University of Victoria, also attended.

Nineteen people participated from two universities and two health authorities, including the VIHA geriatric team and end of life program, RJH surgical ambulatory clinics and new Patient Care Centre project, UVIC, University Canada West’s nursing program, VIHA nursing education, VIHA and BCCA professional practice, PHSA forensic psychiatric services, Victoria Hospice research, and VGH health restoration.

Successful outcome measures

Vancouver Island town hall participants identified six categories of success indicators: leadership, knowledge translation, capacity building, practice relevance, infrastructure, and connections and communication.

<i>Network measures of success – Vancouver Island</i>
<p>LEADERSHIP</p> <ul style="list-style-type: none"> • Network leadership/team provides stability for nursing research to sustain commitment and culture change over time • A strategic plan for nursing research is in place

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Network measures of success – Vancouver Island

KNOWLEDGE TRANSLATION

- Research leads to outcomes that improve nursing practice (e.g., nurses practice good hand washing techniques that decrease the number of infections spread by health care professionals by 50% in one year)
- Nurses participate in knowledge translation/exchange so research is incorporated into practice
- Knowledge exchange and synthesis move research into practice more quickly
- Research is conducted, published and communicated in the health authority
- Health professionals know where to find information on past and current research
- Research teams publish nursing research projects

CAPACITY BUILDING

- Stable membership established/practitioners and academics connected with capacity to move research questions forward
- Research teams include frontline staff, managers, educators, university faculty and policy makers
- Health authority nursing leaders know about the network/at least five are members
- Safe staffing mixes and policies identified for several areas, with scope and practice issues standardized province-wide
- Mentoring for novice researchers and nurses with an interest in research/mechanisms for discussing ideas with others
- Research facilitated by the network includes:
 - At least one research collaboration between researchers and at least two health authorities
 - Ten seed grants (five team planning and three team start ups), five nationally funded research awards, and one nationally funded team award, all facilitated by the network (all teams include academics and practitioners)
 - Research teams examining nursing workforce/work life, nursing outcomes in practice, nursing and other professionals' contributions to care
 - Evaluating the impact of electronic health records/technology on nursing roles
 - A core research project linked to existing research initiatives/leveraged funding
- Strategies for developing the capacity to change practice, so nurses learn how to learn about/use new knowledge
- Health care students supported in clinical areas, resulting in well prepared graduates
- Capacity mapping of health professionals' current capacity to access and engage in research, capacity improvement target, steps to reach target
- An increase in nurses applying for graduate school

PRACTICE RELEVANCE

- Research questions are relevant to clinical activity and influence practice across settings
- Researchers/practitioners focus on strategies that improve patient outcomes (e.g., for vulnerable groups like seniors, street-involved, mental health populations)
- Nursing work life measures improve

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<i>Network measures of success – Vancouver Island</i>
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Website and database are up and running with: <ul style="list-style-type: none"> ○ 80% of research activity captured in the database ○ Research questions/chat rooms/discussion forums to link people interested in the same research areas • Evaluation measures: <ul style="list-style-type: none"> ○ Speakers list of members across the province who can speak about the BCNRI ○ Surveys to measure network connections with academia and practice settings ○ Research collaboration with health authorities ○ One research project implemented by frontline staff that changes practice ○ Student/instructor survey to assess placements ○ Number of nurses applying for graduate studies • Health authority liaisons connected to the network
<p>CONNECTIONS & COMMUNICATION</p> <ul style="list-style-type: none"> • People know about and use the network, including students, management, faculty and 75% of nurses • Nurses are engaged: they have access to network information, feel a sense of ownership toward the network, and are involved in network activities • Links/communication between academia, practice and community settings happen via the network • Health authority staff have increased knowledge of research activities in their organization/senior executive teams support nurses’ participation in the network • Inter-professional research teams cross-connecting • All post-secondary institutions offering health programs have network relationships

Figure 12: Vancouver Island – Network measures of success

First year priorities

Vancouver Island town hall participants also identified three categories of first year priorities for the network: infrastructure, capacity, and communication.

<i>First Year Priorities- Vancouver Island</i>
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Establish network tools to support business: leadership, administration, principles, operating standards, stakeholder list • Ensure nurses and other health professionals engage in strategic planning • Establish a network website with links to research projects, the Canadian Nurses Association, and Nurse One • Develop databases of ongoing research, research ideas, people looking for partners, research forums, and nurse contact information (role/institution) • Develop an evaluation plan: <ul style="list-style-type: none"> ○ Count hits to assess how many people are participating via the website ○ Survey members to assess whether they understand the purpose of the network/what members want to see researched

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<i>First Year Priorities- Vancouver Island</i>
<p>CAPACITY</p> <ul style="list-style-type: none">• Hold four networking forums in different regions, one in each priority research area, to bring people together to identify research ideas/form teams/start planning• Hold capacity building workshops in each health authority to develop ideas, form teams, craft grants• Identify champions to begin building capacity/succession planning (include champions within manager groups/mentoring opportunities for novice researchers)• Have the networking team identify people from academia, practice and government to comprise complementary teams• Initiate a project that demonstrates how research can be put into practice• Establish provincial, national and international partnerships/define relationships and expectations• Learn about networking to understand how networks can be effective:<ul style="list-style-type: none">○ Engage a consultant to provide background○ Connect with MSFHR health of population networks to discover overlapping interests• Build research connections for culturally safe care• Map network steps:<ul style="list-style-type: none">○ Hold focus groups with nursing clinicians to identify issues/priorities for care delivery, human resources, practice relevant education, quality and safety○ Conduct an environmental scan to identify gaps○ Link researchers working in these areas• Hire health authority liaison staff to build relationships with managers• Identify which health regions will participate in research projects
<p>COMMUNICATION</p> <ul style="list-style-type: none">• Build consensus about a common purpose so members understand what the network is designed to do and what is outside its scope• Develop/execute a communications plan to raise awareness:<ul style="list-style-type: none">○ Introduce the network to nurses/students with an online video/workshop○ Hold research forums in each health authority and provincially so nurses can meet and learn about the network/research○ Engage/educate frontline staff, unions and managers○ Advertise the network website provincially○ Produce a monthly or quarterly update on the network's progress/email to health authorities○ Ensure senior executives, managers and frontline staff at all levels in health authorities know about and support the network○ Establish contact with post-secondary institutions/health related programs/college newsletters/professional organizations○ Hold meetings/conferences or dovetail with other events

Figure 13: Vancouver Island – First year priorities

Appendix B: Glossary of acronyms

BCCA	BC Cancer Agency
BCNRI	BC Nursing Research Initiative
BCNU	British Columbia Nurses' Union
CAUSN	Canadian Association of University Schools of Nursing
CIHI	Canadian Institute for Health Information
CIHR	Canadian Institutes of Health Research
CHSRF	Canadian Health Services Research Foundation
CLPNBC	College of Licensed Practical Nurses of BC
CAN	Canadian Nurses Association
CRNBC	College of Registered Nurses of BC
CRPNBC	College of Registered Psychiatric Nurses of BC
FHA	Fraser Health Authority
FNIB	First Nations and Inuit Branch, Health Canada
HEU	Health Employees Union
HSPRSN	Health Services and Policy Review Support Network
IIHA	Interior Health Authority
InterRAI	A collaborative network of researchers in over 30 countries committed to improving health care for persons who are elderly, frail, or disabled, through the collection and interpretation of high quality data about the characteristics and outcomes of persons served across a variety of health and social services settings
KTES	Knowledge translation, exchange and synthesis
MFHR	Michael Smith Foundation for Health Research
NEXUS	UBC community of academic and clinical researchers and graduate students pursuing health behaviour research from a variety of disciplinary perspectives, including nursing, public health, women's and children's health, educational psychology, and geography
NHA	Northern Health Authority
NRAC	Nursing Research Advisory Council

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PHSA	Provincial Health Services Authority
SSHRC	Social Sciences and Humanities Research Council
UBC	University of British Columbia
UNBC	University of Northern BC
UVic	University of Victoria
VCH	Vancouver Coastal Health Authority
VIHA	Vancouver Island Health Authority

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