

**HEALTH SERVICES AND POLICY RESEARCH SUPPORT NETWORK**

# **Building Research Capacity within the BC Health Authorities**

## **Appendices**



Michael Smith Foundation for  
**Health Research**

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# Appendices

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## Appendix A: Research Capacity Building Component Definitions, Terminology, and Acronyms

### Research Capacity Building Component Definitions

Definitions of the nine capacity building components of the HACB research capacity building framework.

Developing Skills (Providing Training)	<p>Activities aimed at developing appropriate knowledge, skills, and confidence in individuals through training opportunities, educational resources, or research support.</p> <p>Training may be self-guided or instructional and include skill-building workshops, drop-in clinics, professional development courses, events or mentoring.</p> <p>Educational resources may include written or online research or evaluation toolkits and guidelines, tutorials, templates and forms, or informative websites.</p> <p>Research support may include services and consultations for grant and funding opportunities, research or evaluation design and analysis, publication preparation, literature reviews and environmental scans, and identifying potential collaborators.</p> <p>All of these activities may target a wide variety of audiences, from staff, practitioners and researchers to managers and senior executives.</p>
Creating or Enhancing Infrastructure and Resources	<p>Activities or initiatives aimed at creating new, or strengthening existing organizational structures or operational policies that enable and support the running of research projects, research related activity, and uptake and application of research results.</p> <p>Organizational structures may include physical structure such as office space, equipment and supplies, and staff positions (dedicated research and administration departments or units, staff positions whose main purpose is to support research), and research dollars.</p> <p>Operational policies can include policies related to the conduct or support of research and its use, including organizational strategic plans, research strategies, ethics review policies, evaluation policies, and human resource strategies and practices that incorporate research as a critical role and/or provide dedicated research time to staff.</p>
Facilitating Close to Practice Mindsets	<p>Includes activities directed toward facilitating a research or evaluative perspective. This could involve creating opportunities for staff and practitioners to be actively involved in identifying useful research questions or developing research designs, reflecting critically on practice, applying local research findings, bringing research to decision-making, and supporting research-based quality improvement.</p>

Creating or Enhancing Linkages, Partnerships, and Collaborations

Includes activities aimed at developing new or improving existing linkages, collaborations, and partnerships that support people within and outside of the organization to work together in conducting research or sharing and improving knowledge translation and exchange. This active involvement of front-line staff with researchers can facilitate new research knowledge that is highly relevant to practice or policy concerns.

Examples include partnering with academic institutions on research projects; linking researchers across the province and country to collaborate on research projects; partnering with organizations to host conferences or events; establishing jointly funded research positions, inter-institutional collaboration agreements, or 'Memoranda of Understanding'; linking with academic institutions, government or other health authorities to share research knowledge; collaboration on research support or training; and promoting research capacity building.

Engaging in Knowledge Translation and Exchange

This includes the active sharing and synthesizing of knowledge and its application among those who create, use, and apply knowledge within or outside of the organization, to improve the health of individuals. Includes disseminating research findings through publications and presentations or other means.

The exchange and use of knowledge may target a variety of audiences through a wide range of mechanisms. Activities supporting knowledge translation and exchange may include networking among researchers, practitioners, staff, and decision-makers to share knowledge and best practices; hosting or attending research conferences and events to present on research activities and learn from others; facilitating interaction between researchers and decision-makers to share knowledge, encourage the use of research-based evidence in decision-making and prioritize ongoing and future research projects; and provide resources and support to key decision-makers to develop organizational research strategies and policies.

Addressing Sustainability

Sustainability refers to the ability of the program to maintain structures, functions, processes and productivity over time. This includes efforts to address the ongoing relevance and support of research and research capacity building as well as ongoing monitoring and evaluation, accountability mechanisms, opportunities for course corrections, and long-term strategic and financial planning. Processes, structures, and functions may be self-sustaining or resource dependent.

Self-sustaining processes, functions, and structures may require a one-time up-front investment of financial, human, or other resources. Examples may include establishment of permanent infrastructure, resources or policies, e.g., databases, change in organizational research culture, supportive leadership, human resource practices that allow for the development of research careers, organizational policies that integrate best practices for research conduct and use or self-directed training resources like toolkits.

Resource-dependent processes, functions, and structures require continual investment of financial, human, or other resources to continue to function and achieve their goals. They can be integrated into organizational operations with ongoing allocated resources. Examples may include research departments, office space, research funding, hands-on continuing education and skill development, mentoring, funding for knowledge translation and exchange, funding to collaborate with partners, and ongoing promotion of research.

If the need that the program was designed to address continues to exist beyond the time-limited funding period, initiatives must either create self-sustaining processes and resources or secure additional sources of funding for their resource-dependent functions.

Enhancing Leadership	<p>Includes activities undertaken to increase leadership to influence group and individual activities to achieve research goals and foster an environment where research productivity is increased and people are motivated to engage more fully in research and evidence-based practices.</p> <p>Leadership emanates from managerial support, executive positions dedicated to directing research, research leaders of professional groups, networks, or organizational units, research ‘champions’, and integration of research promotion into organizational documents and communications related to research.</p>
Creating or Enhancing Research Culture	<p>Includes activities directed toward increasing the perceived value of research by creating an environment where people are motivated to engage in research and knowledge translation and to incorporate and use research in their practice. Practice and policy decisions are based on the best available knowledge and research findings.</p> <p>A facilitative research culture may develop as an offshoot of capacity building activities, including increased leadership, supportive infrastructure, promotion of knowledge translation and exchange, increased research activity, creation of opportunities for staff to be actively involved in research and to apply skills; and forging of new research partnerships; however, there may also be activities that are specifically directed towards creating cultural change.</p>
Promoting and Engaging in Research Activity	<p>Activities aimed at creating opportunities to engage in research. Includes the strategic expansion of research activities in scale and scope that are driven by researchers and individuals from within the organization or through the collaboration or hosting of research led by others from outside of the organization. New and innovative approaches to research are implemented.</p>

## Acronyms

CIHR	Canadian Institutes of Health Research
FH	Fraser Health
FTE	full-time equivalent
HA(s)	health authority(ies)
HACB	Health Authority Capacity Building Program
HSDA(s)	Health service delivery area(s)
HSPRSN	Health Services and Policy Research Support Network
IH	Interior Health
KTE	knowledge translation and exchange
MOHS	BC Ministry of Health Services
MSFHR	Michael Smith Foundation for Health Research
NH	Northern Health
PHSA	Provincial Health Services Authority
RCB	research capacity building
SFU	Simon Fraser University
UBC	University of British Columbia
UNBC	University of Northern BC
UVic	University of Victoria
VCH	Vancouver Coastal Health
VIHA	Vancouver Island Health Authority

## Terminology

*Research capacity building:* Within the research capacity building or capacity development literature, there are several definitions of research capacity building. The Department of Health in the United Kingdom defines research capacity building as “a process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research.”<sup>1</sup> This definition views research capacity as the ability to produce research. In contrast, Bates et al. define it as “an ability of individuals, organizations, or systems to perform and utilize health research effectively, efficiently, and sustainability” and introduces the concept of research use as separate from research production.<sup>2</sup> Both definitions highlight that building capacity happens at multiple levels, individual, institutional, organizational or systemic. As this report revealed, the health authorities implemented activities to increase individual skills as well as institutional or organizational capacity and focused dually on the production and use of health research.

*Knowledge Translation (KT):* Knowledge translation is about turning knowledge into action: it enables evidence-based decision-making and practice. It involves a variety of mechanisms of actively sharing knowledge with those who use and apply knowledge. Knowledge translation is also known as knowledge sharing, transfer, exchange, dissemination, uptake, management, brokering, utilization and communications. In Canada, the Canadian Institutes for Health Research (CIHR) and the Canadian Health Services Research Foundation (CHSRF) offer two complimentary definitions. CIHR defines knowledge translation as “the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system.”<sup>3</sup> CHRSF defines knowledge exchange

<sup>1</sup> Trent Research and Support Unit, U.K. Available at: [www.trentdsu.org.uk/services\\_rescapacity.html](http://www.trentdsu.org.uk/services_rescapacity.html)  
Accessed November, 2008.

<sup>2</sup> Bates, I. et al. Evaluating Health Research Capacity Building: An Evidence-based Tool *PLoS Medicine* 2006, 3:8

<sup>3</sup> Canadian Institutes of Health Research. Available from their website, accessed November 25, 2008, at [www.cihr-irsc.gc.ca/e/29418.html](http://www.cihr-irsc.gc.ca/e/29418.html)

as “collaborative problem-solving between researchers and decision makers” and, more specifically, knowledge brokering as “link[ing] decision makers and researchers, facilitating their interaction so that they are able to better understand each other's goals and professional cultures, influence each other's work, forge new partnerships, and promote the use of research-based evidence in decision-making.”<sup>4</sup> These two definitions share much in common and reflect the work that was undertaken by the health authorities.

*Evidence-based practice:* Evidence-informed practice is the conscientious use of current best evidence in making decisions about patient care, management, and policy.<sup>5</sup> It involves setting priorities or making decisions that are based on, or informed by, evidence to improve and support health service planning, policy-making, management, and practice. ‘Evidence-based practice’ is the term used most frequently by the health authorities.

*Names of Organizations:* It should also be noted that since the inception of the HACB program, many official names of organizations and institutions in BC have changed. For example, the BC Ministry of Health became the Ministry of Health Services in 2008; the Okanagan University College became the University of British Columbia Okanagan in 2005; and the University-College of the Cariboo, became Thompson Rivers University in 2004. In this report, the current 2009 name is used.

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<sup>4</sup> Canadian Health Services Research Foundation. Available from their website, accessed November 25, 2008, at [http://www.chsrf.ca/brokering/index\\_e.php](http://www.chsrf.ca/brokering/index_e.php)

<sup>5</sup> Melnyk & Fineout-Overhold provide a comprehensive model of evidence that includes research, local data and information, professional knowledge/clinical experience, and patient experience, preference, and values. Adapted from Melnyk, B., and Fineout-Overhold, E. (2005). Evidence-based practice in Nursing & Healthcare. A Guide to Best Practice. New York: Lippincott Williams & Wilkins.

## Appendix B: List of Health Authority Capacity Building Initiatives

The following table lists the capacity building initiatives of each health authority across the program timeframe, as reported in the August 2009 HACB manager reports.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
<b>Northern Health</b>				
Research Development Support (Macroscopic initiatives): E.g., Development of the Northern Health Research Review Committee.	Northern Health's Research and Evaluation Department (RED) was instrumental in establishing and developing the Research Review Committee (RRC) - an infrastructure that reviews and monitors research activity in the health authority. This is an important service within Northern Health for ensuring that research activities comply with established ethical guidelines (e.g., the Tri-Council), as well as to assess the impact of research activity on the organization.	January 2006 to present	Academic researchers (local, provincial, national, and international). Researchers associated with Northern Health (e.g., staff). Community researchers.	The Research Review Committee meets monthly for 1.5 hours to review, the Regional Manager of the Research and Evaluation department sits as a non-voting member, the Administrative Assistant manages the committee, RED staff occasionally serve as reviewers of applications.
Research Development Support (Meso and Microscopic initiatives): E.g., Northern Cancer Control Research Strategy.	The RED supported the development of the Northern Cancer Control Research Strategy by co-facilitating community consultations designed to gather input and identify research priorities. The RED Manager participates on the research advisory for the Strategy. RED Coordinator provided research support in an international study of Cancer Survivorship.	Northern Cancer Control Research Strategy Community Consultations (October - December 2008). Cancer Transitions Study, January - June 2009.	Cancer patients and their families across northern BC. Researchers and research organizations with an interest in oncology. Health care workers. Northern communities in general.	Support for the Northern Cancer Control Research Strategy involved multi-site consultations and qualitative analysis. Cancer Transitions study involved ethics application, participation in 6 weekly sessions and presentations.
Decision Support (Macroscopic initiatives): The Research and Evaluation Department regularly supports the NH executive team regarding strategic, operational and clinical decisions.	The decision support initiatives may include conducting literature reviews or briefing notes for NH executives. Information gathered may be synthesized in order to permit an expedited analysis of large bodies of information. Decision support topics may generally involve evidence-based service configuration, resource allocation, policy implementation, change management, evidence-based nursing, etc.	January 2006 to present	Executive team and all levels of management at Northern Health.	Requests for decision support from the RED occur regularly. Literature reviews may be conducted over the course of several days to weeks, and culminate in the production of briefing notes or short reports.
Decision Support (Meso and microscopic initiatives): The RED regularly supports managers and service providers regarding operational and clinical decisions	For example, a Research and Evaluation Coordinator has assisted with the development of regional Decision Support Tools. The Coordinator has supported this project in terms of providing evidence and references that substantiates the tools being developed.	May 2009 to present	The Decision Support Tools initiative is associated with Front Line Leaders (i.e., nursing leadership). Other initiatives related to decision support are targeted towards NH clinicians and allied health practitioners.	The resources allocated to these activities vary according to the project.
Evaluation Support (Macroscopic and	For example, a Coordinator has assisted with the redesign of Primary	January 2006 to Present	The primary target population for	The RED regularly supports program

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
Mesoscopic Initiatives)	Health Care through evaluation of the Aboriginal Health Collaborative; another Coordinator is evaluating the recently developed Clinical Practice Guidelines for gerontology. Other programs that have been evaluated include: Physicians in Complex Care Facilities, Prenatal Registry Program, and the Mobile Needle Exchange Program.		program evaluation support in NH are the staff and management responsible for the program. Ultimately, findings from evaluations are used to develop NH programming, which benefits end users of the programs.	evaluations (at least one per month). This support could be continued for periods of several months to over one year.
Education Services (Macroscopic Initiatives): E.g., Research Days Conferences	The Research and Evaluation Department has organized and hosted professional research conferences for the past 3 years. Each year, the events are located in one of the three Health Service Delivery Areas in NH (i.e., Northern Interior, Northwest, and Northeast). Conference agendas include plenary sessions with invited high-calibre speakers on topics that reflect the interests and learning needs of participants. The conferences also include skill building workshops.	<ul style="list-style-type: none"> <li>• First Annual Conference (Prince George, BC). May 8-9, 2007.</li> <li>• Second Annual Conference (Terrace BC): April 21-23, 2008.</li> <li>• Third Annual Conference (Ft. St. John, BC): May 4-6.</li> </ul>	The intended audience for the NH Research Days conferences is NH staff (clinicians as well as managers). The conferences are also targeted toward academic researchers (to promote networking and partnerships), as well as community researchers and community health service organizations.	The conferences are annual events and typically involve 1-2 conference days, with skill building workshops encompassing the main plenary events. To date, there have been 3 conferences.
Education Services (Meso-level Initiative): Training Workshops	The Research and Evaluation Department delivers in-service training initiatives at the group/program level as well. This may involve the provision of research and/or evaluation consulting services to staff teams during strategic planning events, or closed-group skill-building workshops.	Development of the Evidence Informed Practice Training began in January 2009. The workshop was piloted at the 2009 Research Days,	The intended target population for this initiative is Northern Health staff and allied professionals.	The pilot event was one full day of training. In future, the RED plans to offer 2 full-day workshops, spaced over the course of one month. These workshops could be held quarterly (or more often depending on demand).
Education Services (Microscopic Initiative): Individual/small team consultations	The RED regularly provides consultation to individuals regarding activities associated with research and evaluation.	January 2006 to present	The intended target population for this initiative is Northern Health staff and allied professionals.	The RED provides internal consulting services to varying degrees several times per month. On average, the RED may provide brief consultations 10 times per month, and significant consultations 3 times per month.
Education Services: Research and Evaluation Website	The RED constructed and implemented a website as a resource to both internal NH staff, as well for individuals who are not associated with the organization. The website provides a plethora of resources and instructional materials, as well as a repository for research and evaluation initiatives for the purposes of knowledge translation and exchange. The website also serves as a link to the organization for research activities.	The RED website was developed between September 2008 and April 2009. The website was officially launched in May 2009.	The intended target population for this initiative is Northern Health staff, allied professionals, and academic or community researchers.	The website is increasingly accessed by NH staff as the profile of the department is continually raised. The RED frequently refers NH staff and others to the website. It is updated on a monthly basis by the RED administrative assistant.
Partnerships and Collaboration Activities	The RED develops and implements activities designed to engender research partnerships and	January 2006 to present	The intended target population for this initiative is Northern	Partnership and collaboration activities occur frequently in the

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	collaboration. These activities take a number of forms, from formal networking events (e.g., UNBC-NH Meet n' Greets), to ongoing linkages and collaborations with UNBC academic researchers, to liaising with the MSFHR Health of Population Networks.		Health staff, allied professionals, and academic or community researchers.	RED (approximately 5 partnering activities per month). Each activity can involve brief interactions, or engagement that lasts several hours in total.
<b>Interior Health</b>				
Research Skills Workshop Series	Research 101: The ABC's of Research, Research 201: Critically Evaluating Quantitative Research, Research 210: Critically Evaluating Qualitative Research, Searching for Literature, Program Evaluation, Plain Language Writing, and Understanding Statistics.	Workshops were offered quarterly from May 2007 to present in various regions of IH	Targeted senior decision-makers, program leads and managers, clinicians.	R101 - 18 offerings; R201 - 17 offerings; R210 - 2 offerings; Searching for Literature - 5 offerings; Evaluation - 4 offerings; Plain Language Writing - 2 offerings; Stats - 2 offerings.
Research Brown Bag Lunch Seminars	On an almost monthly basis we hosted either external or internal researchers to present on their work over the lunch hour. Guests brought their own lunches and the presentation was teleconferenced and in some cases web-conferenced as well.	Starting in June of 2006, an average 7 brown bag lunches/year plus the policy rounds up until current	All clinical and corporate staff within IH and any persons on our research contacts list.	6 in 2006, 9 in 2007, 6 in 2008, and 1 so far in 2009 - we also link in to the Ministry of Health Policy Rounds.
Literature Summaries and Syntheses	A comprehensive review of the literature surround the prevention of hospitalization and optimal care for the frail elderly in the community was completed in 2007, a second edition is under way. Another review with a mental health and addictions, with a focus on integrated care models, was done in 2006. Many smaller scale reviews have also been completed up to date.	November 2005 – present	Specific program leads and senior decision-makers.	At least 60 to date based on our inventory.
Annual Interior Health Research Conference	An annual research conference was organized and executed in each year of the HACB funding.	2006, 2007, 2008 and 2009	All clinical and corporate staff within IH and persons outside of IH who are research interested, academics, community researchers, etc.	4 conferences most were one day with an evening event the day before, in 2007 we offered a day of workshops in conjunction with the conference.
Researcher-Decision Maker Meet n' Greets	In each Health Service Area we sponsored an academic research/ health authority decision-maker meet and greet function in conjunction with one BCRRHRN Coffee and Chocolate event.	TCS - Dec 2007 KB - Jun 2007 OK - Feb 2009	Academic researchers, health authority, decision-makers.	3 Meet n' Greets (2 hours) - one in each general region of IH where there are major academic institutions interested in research collaboration.
Research Project Support - Grant Proposal Development and Facilitation of Partnerships	Assistance was given to help develop, write, edit, coordinate research project as well as the creation of key partnerships for grant proposal development - for example the RFs wrote LOIs for a physician/pharmacist collaborate grant, a grant to access the impact of NPs in practice with physicians in KB, multiple aboriginal health grants and multiple grants in the area of aging and frailty. RFs also edited several grant applications in	November 2005 to present	IH staff.	At least 38 to date based on the RF grant assistance inventory.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	multiple topic areas. For the recent large CIHR PHSI grant application the RFs played a key role in networking to build the research team and attract the U of A researchers to do research in IH.			
Research Project Support - Research Ethics Application	Assistance was given to individuals and groups applying for IH research ethics approval.	January 2006 to present	IH staff who have applied for IH REB approval.	Each consultation would vary in time commitment, editing would take on average 30 to 60 minutes and in some cases more intensive one-to-one assistance was given in person.
Development and Maintenance of IH Research Website	An IH Research website was designed, implemented and maintained.	January 2006 to present	Everyone inside and outside IH who want to participate in KT and/or health services research particularly within the IH region, but not exclusively.	1 website, approx 1 Hour per week to maintain.
Research Project Support - Survey Development	A large variety of IH staff and clinicians utilized the RFs for assistance for developing, finding and/or editing surveys for use in research and evaluation. Examples range from a survey designed to gather information from ED staff on the use of standing order for narcotics, to several patient and staff satisfaction surveys for various centres and programs around IH.	November 2005 – present	All IH employees engaging in survey utilization and/or development.	Upon request, on average 2/month, more than 45 to date, may take anywhere between 30 minutes and a few hours depending on the extent of help required.
Presentation of Interior Health Research Capacity Building Activities	Annually the results from the IH HACB initiative have been presented at local (within IH and at local academic institutions), provincial (MSFHR, HOPN Conferences), national (CAHSPR, RTNA) and international (Banff KT Summit invite only) meetings and conferences by the RFs.	November 2006 - May 2009	Researchers and decision-makers interested in research capacity building who attended said conferences.	Oral and poster presentations, Banff (1), CAHSPR (5), RTNA (2), 21 in total not including internal presentations within IH or at academic institutions.
Mentorship and/or Ongoing Support (i.e. Evidence Leader)	Almost daily the RFs receive requests for assistance in either using or doing research. In some cases where the project/issue is a high priority for IH the RFs have acted as mentors or evidence leaders to provide ongoing support to either working groups or individuals to support KT.	November 2005 – present	Mainly decision-makers and clinicians set with the task of developing, changing and/or implementing policies and/or practice guidelines/procedures.	Mentorship/support via email, meetings and in-person consultations ranging in total time from 2 hours to upwards of 25 hours, more than 20 cases to date.
Quality Improvement Initiatives - Assistance	Almost daily the RFs receive requests for assistance in either using or doing research. In almost all cases some assistance be it connections to other IH resources or resources outside of IH, the library, the evaluation department of the QI department has been given by the RFs or the RFs have given more detailed assistance and acted as mentors, educators or evidence leaders in providing support to either working groups or individuals	Fall 2005 – present	All IH employees requesting assistance/direction from the IH Research Department.	Can be as small as an email reply up to several hours of assistance, almost daily, 2 RFs on average X 5/week X 40 weeks X 3.5 years = approx 1400 requests.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	to support KT and uptake.			
<b>Fraser Health</b>				
Workshops and drop-in clinics	Workshops, drop-in clinics to provide skill building with opportunities for peer-discussion, & hands-on practice. See Education at RAD website at <a href="http://www.fraserhealth.ca/research">www.fraserhealth.ca/research</a> .	Sep 05 to present	New, novice & intermediate level researchers.	Workshops/clinics were 2 to 3 hours in length. Total # of workshops: 53.
Online Resource Development	Development of online research, evaluation and KT resources posted to RAD website at <a href="http://www.fraserhealth.ca/research">www.fraserhealth.ca/research</a> . See attached education calendar 08-09.	Sep 05 to present	All FH researchers & decision makers.	6 online research presentations from workshop series [n.b. all workshop presentations are available as PPTs]; KT Toolkit; and Guide to Conducting Program Evaluation in FH.
Research Support Consultations	Consultations for research development by Epidemiologist & Grant Facilitator [includes publication development].	Sep 05 to present	All FH researchers.	Consultations varied in duration from rapid response via email to several hour long meetings. Total # of consultations: 976.
Evaluation Support Consultations	Consultation for development of evaluation plans and/or evaluation components; policy analysis and business cases by Epidemiologist.	Aug 05 to present	FH decision-makers and FH health care practitioners / clinicians.	Consultations varied in length from very brief to several hours depending on the decision-makers' needs. Total # of consultations: 153.
KT Consultations	Consultation for Knowledge Transfer, e.g. manuscript preparation, public education, KT needs assessments, staff education, document development, transfer of recommendations to staff, annual report, and literature search.	Aug 08 to present	FH decision-makers and FH health care practitioners / clinicians.	Consultations varied in length.
Seed grants	Seed grant competitions conducted for new researchers. Epidemiologist and Grant Facilitator involved in designing competition, assessing inter-reviewer reliability of evaluations, research proposal development, and follow-up for reporting requirements.	Mar 08 to ongoing	FH new researchers.	Consultations varied according to need and included in calculation for research consultations.
Infrastructure – standardized procedures	Developed standard operating procedures and co-ordinate grant administration process with FH Finance and funding agencies. FH research-related policies reviewed for compliance with CIHR, resulting in MOU signed with CIHR and subsequently with MSFHR.	Mar 06 to Apr 2008	FH researchers.	This was a collaborative activity between RAD, FH Finance and review by CIHR.
Resource development	Development and Dissemination of: 1. Guide for Conducting Program Evaluation in FH; 2. Knowledge Transfer [KT] Toolkit; 3. Evaluation Registry; and 4. Preferred FH Research Agenda.	May 2008 to present	FH Researchers, Health care practitioners, Executive level decision makers, clinicians, other HA capacity building teams.	These activities were developed with the input of FH stakeholders and external stakeholders.
Evaluation planning	Develop of Evaluation Plans for 6 FH programs: Scheduling software/Burnaby; Cataract Surgery/Chilliwack; Nursing Support & Assessment Network and Fetal	Jan 09 to present	FH Program decision makers and Executive decision makers.	Evaluation Advisory Committee meetings held with all programs. Frequency of meetings variable.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	Alcohol Assessment/Prevention & Promotion; Program Management/FH wide.			
Research team development	Development of 6 sustainable research teams in Pharmacy, Rehabilitation, Mental Health & Addictions, Orthopaedics, Workplace Health, End of Life Care.	May 2009 to present	FH Researchers, Health care practitioners, clinicians, Researchers at partnering academic institutions and other external agencies.	Team building activities vary in length including prep time, telephone time for one on one consultation, team meetings, and debriefing.
Networking and KTE events	Researchers' Cafes	Aug 2005 to present	FH Researchers, Decision makers at all levels, Health care practitioners & clinicians, Academic researchers and partners.	Total # of Researchers' Cafes: 11.
	Research Week	Aug 2005 to present		Total # of Research Weeks: 4.
	Director's Forum	June 2008		1 Directors' Forum.
Presentations to decision makers	Invited Presentations to FH decision makers, requests for research resources from HA's, networks, universities, review of papers for presentation.	Aug 2005 to present	FH Researchers, Decision makers at all levels, Health care practitioners & clinicians, Academic researchers & partners, and HA's.	These activities varied in length from conducting a full day workshop for another HA to making a presentation to a FH Professional Practice Council on Communities of Inquiry, for example; approximately 30 such activities.

### Vancouver Island Health Authority

Research Advisory Committee (RAC)	A committee made up of higher level executives within VIHA. Their mandate was to help define the research portfolio and create a research framework for the organization.	April 2005 - June 2006	VIHA decision makers and Academic Collaborators from UVic.	The committee met four times over 1 year.
Collaborative Research Workshop Series (3 Workshops)	Done in collaboration with the University of Victoria Centre on Aging and BCNAR. These workshops focused on how to foster collaborative research. Workshop 1: Posing Health Research Questions for Evidence Based Practice. Workshop 2: Qualitative Research, what is the point? Workshop 3: Workshop on Collaborative research teams.	December 2005 to November 2006	Health care providers, University researchers and students, and members of the provincial health research networks funded by MSFHR.	<ul style="list-style-type: none"> <li>Workshop 1: One day workshop offered once.</li> <li>Workshop 2: One day workshop offered twice.</li> <li>Workshop 3: One day workshop offered once.</li> </ul>
COACH-NCR (UVic Centre on Aging, VIHA Continuing Health - Network for Collaborative Research).	VIHA and UVic developed COACH-NCR as a formal research collaboration, and signed a memorandum of understanding in October 2006, agreeing to collaborate on research projects being undertaken by the university's Centre on Aging and VIHA's Continuing Health Services (COACH), as well as to share personnel and research resources. The mandate of COACH-NCR is to promote and conduct basic and applied research throughout the lifespan.	October 2006 - present	Researchers within the HA and partnering academic institutions engaged in research on aging and lifespan.	Meetings have been on-going throughout the granting period, research projects have begun, resources have been shared between the HA and UVic.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
Research Help Desk Course and Summer Help Desk	A UVic/VIHA graduate student course with the purpose of making research evidence accessible to VIHA decision makers and practitioners, and to create opportunities for these individuals to provide input into new research projects directly related to the care that they provide, as well as providing valuable hands-on research experience to UVic graduate students. University Students were teamed up with a VIHA researcher to aid them with their research. Sponsored by CYHRNet and the UVic Knowledge Mobilization Unit. There is also a Summer student internship open to UVic students. It was open to more senior students of any discipline.	<ul style="list-style-type: none"> <li>• June 2007 - December 2008</li> <li>• January 2009 - August 2009</li> </ul>	New and experienced researchers within the HA, UVic graduate students, UVic academic support (two professors taught the course and provided guidance to the students and VIHA researchers.) UVic cooperative education coordinators assisted with the dissemination of the employment opportunity.	<ul style="list-style-type: none"> <li>• Fall university course (September - December duration) that was offered in both 2007 and 2008. Preparation for these initiatives began in June 2007 and on-going support lasted until December 2008, with peak RCB work occurring in June and July 2007 and 2008.</li> <li>• Summer internship from May 2009-August 2009. Preparation for this initiative began in January 2009 and on-going support will last until August 2009.</li> </ul>
Research Newsletter	A monthly e-newsletter that is distributed widely throughout VIHA and to external RCB contacts. The newsletter highlights research that is being conducted within the HA as well as offers research tips and advice and information about upcoming events that might be of interest researchers.	March 2006 to present	Researchers and interested practitioners and decision makers within the HA, researchers at partnering academic institutions, RCB offices at other HA's, contacts at HoPNs, and other interested individuals who have been added to the RCB distribution list.	Published monthly and archived on our website.
Funding Database	A database with workable web-links that is updated monthly and focuses on funding opportunities in health research.	March 2006 to present	Researchers practitioners and decision makers within the HA, researchers at partnering academic institutions, RCB offices at other HA's, contacts at HoPNs	Updated monthly.
Research Rounds	A monthly event that takes place the last Thursday of every month from 8-9am. Provides a forum for VIHA researchers to present their research or for presentations to be made that are of interest to the VIHA research community. All presentations are video linked throughout the HA when there is interest.	May 2008 to present	Researchers, practitioners, and decision makers within the HA, and researchers at partnering academic institutions and any other interested individuals.	One hour presentation with question period once a month. To date there have been a total of 10 research rounds.
Research Skills Toolkit	An online toolkit that will be available on the RCB public website. The toolkit will provide a basic, yet engaging, research how-to overview. It is meant to aid in formulating a research question and give them some ideas about methodology and data	January 2009-March 2010 (parts of the toolkit have been developed as time has allowed and more parts are still to be	Researchers, practitioners, and decision makers within the HA, and researchers at partnering academic	This online toolkit will be updated twice annually.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	collection. It will contain a glossary of research methodologies and terms.	developed).	institutions, RCB offices at other HA's.	
Framework for building research capacity at VIHA	A framework to direct the capacity building process at VIHA was developed from three models of research capacity building and the research and learning needs identified by the Capacity Building Survey. This was directed and approved by the RAC.	Complete in September 2006	Decision Makers, VIHA RCB.	One time project.
Research Use Week West	CHSRF hosted this event to provide decision makers with the skills and tools to use research evidence with an emphasis on rural and remote health care. Videotaping of all the presentations was arranged for by the CHSRF and the cost was split between Interior Health, Northern Health and VIHA. These video sessions could then be used for future workshops.	October 2006	Decision makers, and practitioners throughout BC, Alberta, and Yukon.	One time event.
Research Workshop Series	<ul style="list-style-type: none"> <li>• Workshop 1: Research Basics</li> <li>• Workshop 2: Internet Literature Searching in collaboration with BCRRHRN and VIHA library services.</li> <li>• Workshop 3: Grant Proposal Writing in collaboration with BCRRHRN, Northern Health, Interior Health, Fraser Health, and BCEOHRN.</li> <li>• Workshop 4: Research collaborating in collaboration with BCRRHRN.</li> <li>• Workshop 5: Research Ethics to provide a background on research ethics and to familiarize participants with research ethics within the HA</li> </ul> Parksville Research Day: A full day workshop event to give participants located outside of Victoria the opportunity to access the key aspects of all five of the Research Workshop series that were held in Victoria.	October of 2008 to present	Researchers, practitioners, and decision makers within the HA, researchers at partnering academic institutions, BCRRHRN members.	<ul style="list-style-type: none"> <li>• 1 Half Day workshop offered once a year, one completed to date.</li> <li>• 2 One hour workshop offered twice a year, two completed to date</li> <li>• 3 4 hour workshop offered once a year, one completed to date</li> <li>• 4 1 hour workshop offered once a year, one completed to date</li> <li>• 5 3 hour workshop offered once a year, one completed to date</li> <li>• P A full one day comprised of aspects of all 5 research skills workshops, held once</li> </ul>
SPSS access at libraries	The SPSS statistical software was installed on two VIHA library computers in the two major hospitals in Victoria.	December 2008	VIHA Researchers.	One time Project.
SPSS Workshop	A workshop focused on teaching the basics of how to use SPSS software for quantitative health research.	February 09	VIHA Researchers.	2 hour workshop.
UVic Summer Research Institute on Community Based Research and Evaluation	A 5 day course organized by the University of Victoria Centre for Community Health Promotion Research (CCHPR) which focused on hands on community based research and evaluation: Collaborative action for health & Social change. RCB sponsored up to 10 VIHA employees to attend annually.	July 2006, July-August 2008, August 2009	VIHA Researchers, practitioners and decision makers.	5 day course offered once or twice a year, four completed to date and there is one scheduled for August 2009.
Individual Consultations	RCB consultations with VIHA staff and clinicians. Assistance has included teaching research methodology, developing a research proposal,	April 2005 to present	VIHA Researchers, practitioners and decision makers.	Currently our research facilitator is consulting with an average of 8 individuals per month.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
	developing a RCT, developing a statistical analysis plan, coordinating research grant applications, etc.			
Researcher Calendar	A one year calendar which featured a different VIHA researcher for each month. Focused on promoting research culture and knowledge translation within the HA.	January 2008 to September 2008	Researchers within the HA and at partnering academic institutions, Health care practitioners, decision makers, Clinicians, other HA RCB offices.	One time Project.
Capacity Building Brochure	A brochure outlining what Health services and Policy Research is and information about the capacity building team was developed and is updated every few months.	May 2006 to present	Researchers within the HA and at partnering academic institutions, Health care practitioners, decision makers, Clinicians, other HA RCB offices.	Continuing project.
Capacity Building Website	A public webpage with which we promote RCB new events and initiatives. We also post all our consultation forms, newsletters and funding database.	March 2006 to present	Researchers within the HA and at partnering academic institutions, Health care practitioners, decision makers, Clinicians, other HA RCB offices, and HoPNs.	Continuing project that is updated biweekly.
Research and Evaluation Projects	<p>1. Implementation of Rehabilitation Guidelines - A survey of rehabilitation professionals was developed and distributed by a RCB Knowledge Broker to assess the level at which the best practice are being met.</p> <p>2. Aboriginal Health Research Initiative - A chart review to identify the presenting and co-morbid medical conditions of the Aboriginal people referred to the Aboriginal Liaison Nurse at Campbell River Hospital.</p>	<ul style="list-style-type: none"> <li>• March 2006 to December 2006</li> <li>• June 2006 - August 2006</li> </ul>	VIHA rehabilitation professionals, Health Care practitioners, and Clinicians	One time Projects.
Research Day	A full day conference that focused on highlighting research excellence and promoting research culture within our health authority. Researchers from the community, academic institutions, other HAs, and the HoPNs were also invited to attend to provide opportunities for networking and collaborations. This event was co-sponsored by BCRRHRN in 2008.	November 2008 to present	Researchers within the HA, and at partnering academic institutions, Health care practitioners, decision makers, interested individuals from other HA's, and the HoPNs.	One day conference held annually, one held to date. The second is planned for September 18, 2009.
RCB Sponsored Events	From time to time we are approached to help sponsor a research education event that is being put on by a VIHA department or a partnering academic institution. Sometimes we help with a cash donation, other times we provide handouts and promotional materials.	January 2007 to present	Researchers within the HA, Researchers at partnering academic institutions, Health care practitioners, decision makers, and Clinicians.	Sponsored the GIS workshop in February 2009, the research ethics education symposium day in May 2009 and the CPHRI conference in June 2009.

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
VIHA Health Research Database	A database/network that is designed to facilitate collaboration between health care professionals, researchers, educators, managers, librarians, and others interested in health care by connecting those with similar interests.	In the process of restructuring an older out-of-date database	Researchers within the HA, Researchers at partnering academic institutions, Health care practitioners, decision makers, and Clinicians.	Database will be updated annually.
Volunteer Coordination	Our office maintains a list of research projects that were not able to receive help from our Research Help Desk Courses or Summer Help Desk. This project allows us to match up a VIHA researcher with an interested University student to help move their research project forward.	May 2008 to present	VIHA researchers and academic students.	To date we have set up 3 volunteer opportunities.
<b>Vancouver Coastal Health</b>				
Program Evaluation 101 Course Series	Program evaluation theory and methodology (quantitative and qualitative) is presented.	September 2005 - March 2006; November 06 - May 2007; October 07 -May 2008; September 08-March 09	VCH managers and health care practitioners.	Six sections of the course were held monthly for seven to eight months per fiscal year from 2005 through March 2009; 33 teams of practitioners have completed the course to date.
Workshops	Using Online Surveys to Get the Answers You Need: Tools and Best Practices for Conducting Web Surveys  Surveys That Make a Difference: Survey Design and Questionnaire Development	May & June 2009	VCH managers and health care practitioners.	Each workshop a 3 hour workshop offered 3 times total.
Evaluation Consultations, including two longer relationships (e.g., more than 10 months)	Project leads were provided guidance in the use and development of program logic models, creation of surveys, and strategic considerations in maximizing the likelihood that evaluations will influence decisions. For example: Implementation of pilot online staff scheduling system for entire HA; and Implementation of new guidelines for new employee disability program.	May 2008 - present	Project managers.	As needed basis.
Evaluations	1. Evaluation Conducted for the VCH Surgical Robotics Pilot Program 2. Lower Mainland Innovation Fund & Integration (LMIIF) GI Services Review Program Evaluation of Strategic Partnership Efforts 3. Program Evaluation (Internal Innovation Program) 4. Program Analysis	November 2008 - August 2009	1. VCH Corp, VGH Surgeons and Operating Room nurses 2. VCH and Fraser Health health practitioners and Corporate staff 3. VCH managers	1. 2 evaluation reports delivered (Preliminary and 20 month review) 2. Ongoing, methods to be determined 3. One time 4. One time
Evaluation Course Program Evaluation	Independent contractor hired to evaluate the Program Evaluation Course. Course graduates and their supervisors were interviewed. The results of this report were shared with MSFHR in May 2009.	November 2008 through March 2009	Interviewed first two cohorts of VCH participants who completed the VCH Program Evaluation Course Series (2005/06 & 2006/07).	One time.
Decision maker	Consultation with senior managers to	November 2004		

Initiative Name	Brief Description	Timeframe	Target Population	Frequency/ Duration
support	support decision-making	through May 2007		
Consultations and collaboration with VCH researchers	Consultations and collaboration with VCH researchers	November 2004 through May 2007		
Partners in Community Health Research (PCHR)	Served on several advisory committees, as well as mentor 3-years for Health Services Research Cluster. Each group was funded for 1 year and included 2 university students, and 2 health care managers who designed and executed a joint cross-disciplinary project.	Jan 2005 to June 2008		<ul style="list-style-type: none"> <li>Meetings with student clusters were biweekly throughout the year</li> <li>Advisory Committee meetings were approximately monthly</li> </ul>
Participation in health services research activity and research planning	<ul style="list-style-type: none"> <li>Member, Governance Oversight committee for BC BioLibrary</li> <li>Decision-maker for BCATPR</li> <li>Team Member of technology assessment grant</li> </ul>	November 2006 ongoing		
Provincial Health Services Authority				
Self directed learning modules on hsd research	Web based modules for training in various aspects of health services research.	June 2006 - present	PHSA employees.	6 modules so far.
Government Policy Rounds/Meetings	<ul style="list-style-type: none"> <li>Policy rounds on research informed policy</li> <li>Health technology assessment policy meetings</li> </ul>	<ul style="list-style-type: none"> <li>February 2008</li> <li>June 2008</li> </ul>	Government decision-makers.	Once each.
Senior leader training sessions	Resource allocation and prioritization	January 2006 - June 2009	Senior Leaders PHSA.	2-3 per year.
Resident and fellow training sessions on health services research	Resident and fellow training sessions on health services research.	July 2006 - present	Residents and fellows.	Quarterly.
Researcher seminars	<ul style="list-style-type: none"> <li>drug safety program planning</li> <li>research informed policy</li> </ul>	Feb 2007 - June 2007	Researchers	3
Interprovincial and national researcher seminars	<ol style="list-style-type: none"> <li>National meetings on drug reimbursement issues with evidence development</li> <li>National chronic disease and children with disabilities research methods workshop</li> <li>Alberta and BC comparative effectiveness workshop</li> </ol>	<ol style="list-style-type: none"> <li>November 2007, May 2008, July 2008</li> <li>August 2007</li> <li>November 2008</li> </ol>	Researchers and managers.	<ol style="list-style-type: none"> <li>as needed</li> <li>once</li> <li>once</li> </ol>
Workshops on topics in health services research and evaluation	<ol style="list-style-type: none"> <li>pharmacoeconomics and outcomes research</li> <li>health technology assessment</li> <li>valuing health outcomes</li> </ol>	<ol style="list-style-type: none"> <li>Oct 2007</li> <li>Sept 2008</li> <li>April 2007</li> </ol>	Clinicians, researchers, managers, and senior leaders.	Once each.
Strategic research planning meetings with BC Health Authorities	<ol style="list-style-type: none"> <li>VIHA/PHSA planning symposium on shared research interests</li> <li>VCH,FH,VIHA,PHSA planning, prioritization, and research methods review</li> <li>NHA on Northern Child Health</li> </ol>	<ol style="list-style-type: none"> <li>Aug 2009</li> <li>January 2007, Dec 2007</li> <li>Jan 2006 - current</li> </ol>	Researchers, managers, clinicians, and HA leaders.	<ol style="list-style-type: none"> <li>once</li> <li>3</li> <li>10</li> </ol>
Research planning	<ol style="list-style-type: none"> <li>Mental health research planning session</li> <li>Circumpolar child health research skills planning</li> </ol>	<ol style="list-style-type: none"> <li>March 2008</li> <li>Jan 2009 - current</li> </ol>	Senior managers, clinicians, and researchers	<ol style="list-style-type: none"> <li>once</li> <li>4 meetings and 2 presentations</li> </ol>
imPROVE performance improvement	Week-long program at PHSA agencies.	Jan 2007 - present	Employees	> 40

## Appendix C: Significant Contributions to Capacity Building

On the HACB manager survey, those responsible for implementation of the capacity building activities in each health authority were asked: “In your opinion, which initiatives made the most significant contribution to increasing research capacity and why? Please provide illustrative examples if available.”

The following summarizes responses.

Health Authority	Activity or Initiative	Results
Interior Health	Workshop series on Research Skills Building Partnerships Knowledge translation	400 people attended. Enabled IH staff to learn about other work and collaborate on like projects. Increased their work satisfaction by being able to increase learning opportunities. 6 CIHR grant applications, 10 other funded projects. Decision support documents contain more research paper citations than prior to HACB initiative. The IH Research website is one of the most visited websites within IH, second to the “benefits page”.
Provincial Health Services Authority	Workshops and web based training modules Work with executive leaders group	Normal practice to include research-derived information in decision making in a wide range of activities.
Vancouver Island Health Authority	Research Help desk (and summer help desk)	The help desk pairs up HA researchers with graduate students from UVic. Between the two years it was offered, proposals from researchers more than doubled (16 in 2008) and number of student applications increased to 80.
Northern Health	Research and evaluation coordinator consultation and support Research days conferences and workshops Partnerships	Research days are now part of Northern’s education plan.
Fraser Health	All developing skills initiatives Creating or enhancing infrastructure and resources e.g., team support positions.	Were designed to reach as many interested prospective participants as possible. 16.3% of workshop participants request a follow up in 07/08 and 06/07.
Vancouver Coastal Health	Placing Director of collaborator in corporate office “Just in time” program evaluation course	Fostering a culture of research in which senior executives expect to see research evidence provided in business cases and in which they demand evidence for making critical planning decisions. This was not the case in late 2004, but is clearly the case now. Also having evaluation experts on staff allowed for support of specific evaluations outside of the class (“step into projects at the right time for them.”).

## Appendix D: Evidence Use Examples

The following is the response data from the RCB survey identifying examples of evidence use within the health authorities (excluding PHSA, who did not conduct the RCB survey). This is exact data and may include typos and errors and does include duplicate examples or more than one example per response.

From analysis of the examples, a minimum of 219 unique evidence use examples were given, with at least 28 examples provided by more than one respondent.

<b>Evidence use examples</b> (each row represents a unique survey respondent)
Research has said that course evaluation is better 2 weeks following an event, rather than immediately following an event. Evaluation of CCFL Education/training provided has moved from immediate evaluation using a hard copy form to an electronic evaluation 2 weeks after a session using Survey Monkey. Results are more reflective of actual thoughts and feelings of staff re: the education/training.
Patient handling techniques.
Peers and overhead lifts as a result of the WCB injuries and claims.
My use of research has been primarily in evaluation of ongoing or developing programs and quality improvement. The evidence gathered has provided a wealth of information that has been used to direct change. It has also highlighted the need for ongoing research after the program has been developed to make sure that the quality improvement process is a dynamic one.
New care delivery models Patient Care protocols.
Delirium Falls Mental Health Policy Lens.
Cardiac research has changed which and how medications are used post cardiac catheterization.
Discussions of on-going feedback and program changes in clinical units at RJH, related to previous research done on that unit OR research on a related/similar population.
Not yet but hoping to see changes with the integration of RAI/PARIS/CERNER in the Home & Community Care and Res Care sectors.
Gerontological person centered model of care.
In preparing guidelines for practice, we ensure there is evidence to support the practice.
Minkoff, concurrent disorders.
Cardiac related studies.
Fabulous example. There was a 3 yr longitudinal study conducted by Lucia Gamroth of UViC on the impact of Undergraduate Nurse Employment. The strength of that research was instrumental in the BC ministry of health services funding three years of UN employment sufficient for every nursing student in BC! Following a pilot project that benefitted just 25 UGN's in VIHA.
Hip protector research - we are now getting hip protectors into practice to prevent injury. Restraint reduction, mobility programs and other falls prevention strategies - based on numerous studies and evidence that these strategies reduce falls and injuries in the elderly.
Development of VIHA wide Breastfeeding Guidelines and Breastfeeding clinics.
Handwashing program & other Infection Control programs e.g., kiosks.
Development of newborn hearing screening program in VIHA south, and later in BC.
Planning for implementing cultural safety in mental health and addictions for all staff working with aboriginal people.
Delirium protocols.
ICU - HOB elevations, Diabetes guidelines.
The Mount Waddington Health Network resulted from a clear need for health improvements in the north Island where research of health status indicated poor or lower health status compared to the rest of VIHA.
Home Support.
Expansion of the Geriatric Outreach Service, Discussion/Action on the development of House Physicians for Complex Care, Fall Prevention Initiatives in Complex Care and Home Care clients in Community, housing/residential care directions.
Primary Health care.
Quality improvement methods such as LEAN and also some movement in using evidence from research in priority setting and resource allocation.
Patient Satisfaction survey work on a provincial level. Staff Immunization activities through a quality improvement project in NE. Surgical Site Infection best practices through SHCN in NE. Acute Myocardial Infarction best practices through SHCN in NE. Stroke/TIA best practices throughout NH. MRSA Collaborative through SHCN including hand hygiene, environmental cleaning practices. Quality Improvement Tools/Resources in the NE Staff Engagement Practices throughout NH.

## Evidence use examples

(each row represents a unique survey respondent)

Group Medical Appointment - Research conducted affirmed the benefits of GMAs.
Development of programs for the frail elderly; fall harm reduction with community clients and facility clients; justification of a service in an area where the service is not funded.
Changes in program for clients with CVA's looking at more ongoing group maintenance programs; with the frail elderly looking at balance group work to reduce incidences of falls; implementation of a falls harm reduction program in complex care; supporting the need for OT services on Haida Gwaii; implementing education programs for people with Arthritis.
Patient satisfaction with DIGMA's Telephone surveys, working towards AA.
Improved stroke care Improved cardiac care Improved obstetrical care.
Northern Health Connections - changed service schedules and expanded service to meet unmet demand.
We evaluated a best practice implementation of the A Million Messages child safety campaign within public health nursing in the NHA. It took us some time to find this program. We implemented it and evaluated our implementation and orientation strategy for public health nurses. We have made changes according to the results of our evaluation, both in the implementation strategy and in the program.
I use evidence on health related behaviours to support clients' behaviour change and share my findings in the research with my team. The biggest problem is finding the time to do the research.
Using lit review to change practice in clinic.
No longer giving antepartum mothers orange juice when unfavourable NST tracing; increasing rate of flu vaccines in staff; MI + Stroke/TIA protocols and ongoing modifications.
the research Ashley Stoppler did for her MBA and was looking at different home and community care services (there was going to be a research project/pilot project for expansion of ADC- but did not happen), the RAI data which is based on research - has not lead to fundamental change yet, but building the data depository, some of the research done for the IHN - integrated health network, some of the research Dawn Connelly did looking at the case management role - again some of the information had not been utilized in making operational or strategic decisions.
Client satisfaction surveys led to changes in service delivery that addressed client suggestions.
Changes in clinical practices regarding assessments based on Best practice lit review. Business proposals based on research findings in other countries.
In the management of symptoms for Palliative Care Patients.
Cross cultural palliative care.
Travel Health Project.
In Prince Rupert, a falls harm reduction program has been implemented in complex care through using a grant from the Rehab Advisory Council and then additional funding from NH Special Projects to establish sustainability of practice.
Our messages to clients change as we discover what is best practice or effective.
Computer technology and nurses attitudes.
Geriatric Best Practices.
LEAN Project in the NE related to CHCs.
The support for compression dressings as best practice.
For the last two years I have been the research preceptor for the UBC Dietetic Interns (Student Dietitians). Both research projects that they have done have contributed to how dietitians practice at PGRH.
Care of the patient with sepsis using the evidence for several studies to change how we identify and treat patients with sepsis.
CDST Care North Projects - Physician screening practices.
Research indicated that young children were still showing up at kindergarten vulnerable in one or more areas of development within our community. This led to Northern Health and the community early identification or screening clinics for 3 yr olds.
Changes in Youth clinic delivery, triage form, appointment times created, outreach to target pop.
Even the intention to evaluate our program has led to our rethinking our service delivery (both in rethinking our goals and objectives as well as how we deliver service) having listened to the program evaluation course presentations, there were several evaluations that led to changes in programming.
The Aboriginal Wellness Program evaluation was key to changing from a pilot project to a fully funded program within Vancouver Coastal Health.
Evaluation of dietitian workload and patient satisfaction which led to increase in funding. Outcome evaluation which affects model of care.
Purple crying info sessions back to sleep program.
Changes in discharge processes related to an evaluation.
COPD management. Gaps were noted in COPD management. Created a tool kit to improve care. Organized education seminars on COPD for staff.
The PURPLE crying/shaken Baby prevention program.

## Evidence use examples

(each row represents a unique survey respondent)

Medicine research done by psychiatrist. Voc/ed research done within VCMHS. UBC hospital mental health rehab program evaluation. Pressure study in extended care.
Skin Care Guideline.
LEAN project is research based Improving care conferences.
When a program evaluation was completed, and the data was used to make changes to the clinical program and operations.
Assessment for Fetal Alcohol Spectrum Disorder.
We stopped advising people to take Vitamin E after the big study came out.
Uptake of an educational program rollout related to perceived messaging as mandatory or not.
Restraint use, hypoglycemia protocol change, reprocessing of critical/semi-critical devices.
Chemical spill response equipment was based on research data. Spill of various chemicals (acids, bases, formalin, alcohol, etc.) were systematically done in an enclosed room. Vapour levels of each of the spills were measured at regular time intervals, where time 0 was the time of spills. The instrument data logged the concentration of the vapours in the air above the spill. From these measurements, we were able to determine the adequate amount of respiratory protection a person should wear to clean-up the spill (instead of relying on mathematical models to predict exposure).
Changes to mental health employment services in Burnaby were a direct result of research regarding the benefits of individualized 1:1 employment support for clients.
Research on Chickenpox immunity allowed us to accept positive history as criteria as opposed to doing lab serology.
In my role I assist teams in planning and evaluating QI projects. We conduct surveys to help evaluate the effectiveness of a team's planned course of action. We have made changes to our implementation strategies as a result.
Cardiac Services protocols ICU protocols.
Research conducted on patients with multiple chronic conditions and their associated healthcare costs have led to numerous new directions for the Primary and Community Network portfolio. One example: the identification that physicians need additional coordination support for highly co-morbid patients to coordinate their care and arrange for access to community services led to the development of a new role and service (care coordinator).
Evidence-based practice in nursing job description production challenging past beliefs about care and health fostering informed discussions with colleagues.
Fall prevention strategies have reduced the rate of falls and injuries due to falls. Small study at RMH on therapeutic surfaces identified improved outcomes with those individuals on pressure resistant mattress rather than using the more expensive rental mattresses. Gerontological study group evaluation on the whole was very positive, 6/7 participants passed the CNA exam, another session will be offered in Jan 2010 for nurses interested in getting CNA Certification in Gerontology. Staff Education Survey completed in 2008 identified learning needs and times for education sessions. Resulted in increased nursing attendance at various education events, met staff learning needs, and a variety of education strategies were used, e.g., poster presentations left on nursing unit. 2009 Education survey is currently underway.
Period of Purple Crying research led to province-wide postnatal parent education to reduce shaken baby syndrome. UBC Human Early Learning Partnership /Clyde Herzman research in determining vulnerability factors in school readiness through community mapping.
Research evidence has led to the development of many CPG's in our program and as well has affected program planning.
Hypertension in pregnancy research (originated at BC Women's) led us to develop preprinted orders and standardized guidelines for care across FHA. SOGC research re "dating" of pregnancy has led to significant reduction in inductions for post dates.
Nursing practices appear to be guided by research.
Rapid surgical recovery program at RCH.
Many of the critical care protocols in our ICU have been changed in part due to me being able to do critical appraisal of the relevant research and share the information with other members of the team.
Surgical Safety Collaborative to prevent infections.
In current role of KTE Coordinator, research evidence in continuing education was applied into a large Mental Health & Addictions professional development roll out i.e. Motivational Interviewing core competency (1100 registrations over 35 workshops).
Reprocessing requirements in satellite departments outside of SPDs.
Use of powders as additives to infant formula - policy not yet developed but under review due to emerging evidence. Revision of choice of growth charts for monitoring premature growth.
Patient safety related to surgical procedures, falls prevention, medication storage.
Worker Safety-ALERT program (use of AVB CCI and visual flagging of aggressive clients). Worker Safety-Working Alone program (implementing worker self risk assessment and call in). Worker Safety-Prevention and Management of Aggressive Behaviour Risk Assessment methodology.
Developing a program to identify pregnant women living with conditions of risk and to provide service during pregnancy.
Participation in research project initiated by UBC to look at a specific type of treatment of phonological disorders influenced the treatment of clients with this type of disorder.

## Evidence use examples

(each row represents a unique survey respondent)

systematic review of the evidence for Zyprexa IM led to the drug not being added to formulary and an emphasis on teaching clinicians to use other methods for restraining difficult mental health patients.
Use of research literature on effectiveness of hand gels for hand washing has resulted in implementation of multiple hand gel stations throughout the hospital.
I created some educational material for the Abbotsford Seniors Clinic in osteoporosis prevention, based upon evidence. Surgical safety - the application of evidence supported practices to decrease infections. One change that I have seen repeatedly that leads to long term sustained change based upon research evidence, is having Advance Practice Nurses such as Clinical Nurse Specialists involved and leading change. Examples of this include fall prevention in older adults, cardiac care, palliative care, elder friendly hospitals, etc.
Acute Care Capacity Initiative (ACCI).
I work with Safer Healthcare Now Initiatives (based on research evidence) in KGH. Participation in a most of these initiatives has accelerated improvements in patient safety e.g., AMI patient care, increased use of thrombopropylaxis, improvement in prophylactic antibiotic delivery for surgical patients, etc.
Using research evidence to guide our response to aggression and use of seclusion. Research constantly impacts upon medication use for complex clients.
Research completed on head lice before guidelines written, comprehensive school health model.
Introduction of new Immunization Programs (e.g., HPV).
Palliative Care / development of Hospices.
This was a very small research project based on anecdotal clinical experiences as part of an IH employee's Master's thesis.
My involvement has mainly been the utilization of small surveys to gather data internally to assist in decision making.
The current direction of IHA Dental Program, CHC and immunizations, and Early Hearing Program.
I shared the results of my published literature reviews with co-workers, as well as with local college students, and from their response to one article, I feel they are more aware of the unmet mental health needs of those aging with schizophrenia in a physical medicine environment, and are attempting to address these needs better. Another article prompted a request for permission to publish the information in a manual about schizophrenia that was developed in another province.
Revisions to Respiratory Protection Program (in progress), Chemical Management, and cauterization smoke plume exhaust.
Wound care practices - falls prevention programs (Safer Health Care Now initiative).
Changes to PHN practice guidelines.
The development of the Violence Intervention Program.
1. Decision on using a specific modality in practice; 2. Writing a funding proposal.
Introduction of social model of care (Eden Alternative) in residential care.
Research department assisted with literature review to develop recommendations for the Geriatric Program Redevelopment project. Research department assisted with literature review to allow me to make a recommendation to the Geriatric Medical Committee about use of bladder scanners in Residential Care.
Safety practices around sharps.
Patient Transport Office - incorporate use of Alternate Service Providers. Creation of new integrated paramedic position at Royal Inland Hospital New treatment management guidelines for mental health emergencies during patient transport.
The Parkview Program: Our Suicide Policy.
Revised rabies guidelines.
On going.
Safer healthcare now initiatives - consultation of infection control experts during construction of facilities - OH&S practices related to worker safety.
Effectiveness of routine home visits pre surgery for joint replacement patients.
4th Interior health conference and speaking to the geriatricians that were invited. The learning that we received was very worthwhile.
WH&S: Peer Leader course development.
I hope that we are consistently applying research to our programming decisions. Public Health core functions are a good example of how synthesized evidence is being used to direct programming activity.
Early Goal-Directed Therapy for the treatment of sepsis where the recent research evidence was used to change protocols and procedures for sepsis treatment. Geriatric services re-design was informed completely by a synthesis of the literature on optimal care for seniors.
Pharmacy Department - Reviewed BC Data on chronic conditions with high prevalence and impact in BC, and CMG data for IH. Developed blended education modules for priority disease states to increase knowledge, skills, abilities, competence, and confidence of pharmacists to intervene and resolve drug-related problems (DRPs) for priority patients. Developed key performance indicators (KPIs) to track "process outcomes" through DRP-Tracker performance indicator system.

## Evidence use examples

(each row represents a unique survey respondent)

I use research everyday in my practice. Two examples: models for assisting nurses in clinical decision making and research on how best to support teamwork and generational diversity in the workplace. Use of New Graduate nurse transition in the workplace.
Incident management policy is a direct uptake of latest research in human performance and risk management. Disclosure policy is evidence based, direct result of Disclosing Unanticipated Medical Outcomes (O'Donnell).
The Core Program reviews.
ICU Feeding Protocol.
Inter-facility Transport Ultrasound guidance of PICC placement, strategies for tobacco use reduction.
The hospitalist program, analysis of hysterectomy rates, surgical checklist trial, and case cart systems.
Power mobility, best practice for fall prevention, best practice for least restraint.
1. Summary of literature on impact of medical school coming to IH led to discussions around how to prepare for medical school (resources, staffing, space, collaboration opportunities, etc); document circulated outside of IH to interested/relevant parties. 2. Attendance at Research 201 workshop on critical evaluation has increased my use and understanding of academic research papers. They aren't quite as overwhelming to me anymore and I am able to talk to my colleagues at Journal Club about best practices and implementation within our department.
Falls prevention best practices, joint replacement best practices.
Change in physiotherapy treatment of respiratory patients, addition of SAIL program.
Only in my own practice in applying evidence based research to practice.
Selection of Emergency Department Software, use of Lean at IH.
SAIL & other Falls Prevention initiatives, approach to care in residential units (gentle care) Use of Inter Rai in HCC, palliative care - the IH guidelines are research based and I believe have improved the way we manage these patients.
I am really trying to emphasize the strength of the Nurse Family Partnership Model into IH practice for Home Visiting as it is the only RCT model for Home Visiting; it uses Nurses (which I was told is the workforce of focus). I would welcome support to communicate this effectively to the decision makers. I am also involved in Public Health Growth Monitoring practice standards with our Nutrition department, of using the World Health Organization growth charts as standard instead of the US Centre for Disease Control charts.
Currently working to change practice on infant growth measurement and basing it on evidence in the literature.
IHN/Seniors At Risk, falls prevention, MSIP.
Ventilator Associated Pneumonia decrease in MICU, KGH.
Being able to read journal articles.
Research grounds the ability to establishing best practice standards for quality improvement initiatives. As a member of the PPO office research is the basis of policy and clinical standards work.
Evaluation of Breastfeeding Centre and Prenatal Breastfeeding Class.
Data Quality reviews at residential facilities are now conducted using InterRAI data and comparing that data to IH norms, data from InterRAI tool has been used to justify extra funding for facilities.
Best practice in nursing care for wounds, heplock flushes, CPR, ACLS. Standards of practice changed with Canadian Blood Services across Canada. PPO uses research guided best practice to develop standardized policy and procedures Research has led to early intervention in case based scenarios i.e., stroke, MI, bleeds, trauma. New Graduate nurses are introduced to the work environment in a slower integration process than in the past to promote competency, confidence and retention for the facility. Research has led to many prevention strategies in falls, wounds, infection, immunizations, etc.
The IH Medication Manual for Parenteral Drugs is a direct result of a problem that was identified by staff nurses in practice. The online drug manual that we had at the time was not referenced, and the VGH manual was not accessible to front line nurses. The KGH modality for management of patients with obstructive sleep apnea (Capnography) is a result of critical patient incidents in the US. KGH is the first hospital in Western Canada to implement an OSA monitoring program for all postoperative patients with a history of OSA which includes continuous measurement of EtCO2 and SpO2 of these patients on all surgical wards. This modality is a result of a rigorous research process, including literature search, knowledge translation and implementation.
Provision of Plan B ECP rather than ovral, revision of Head lice guidelines, development of pregnancy counseling guidelines.
Core Functions in public health - evidence-based model programs are driving changes to programs in support of quality improvement. I couldn't estimate, however, the extent of the change.
School health.
BCCDC reviewed research on the cost-effectiveness of rabies prophylaxis for household bat exposures and found that it was very low cost-effectiveness. Consequently, prophylaxis recommendations have changed.
Advance Care Planning Project - Evidence that facilitating these conversations reduces burden of care and burden of decision making. Patient Safety Learning System Pilot - VCH, evidence/ data for adult abuse or neglect reports / response.
Evidence based decision making has become part of my everyday practice.
The research I completed for MA Leadership program. The recommendations of the research have been implemented in the

## Evidence use examples

(each row represents a unique survey respondent)

Workplace Health and Safety department.

## Appendix E: Capacity Building Partners

HACB managers were asked to list the research-related partnerships or collaborations that have been developed or strengthened as a result of the capacity building work. They were asked to define the purpose of the partnership as well as the results or outcomes. The results are summarized in the below table. The partnership purpose was categorized under the following four areas:

Collaborate	Collaborating recognizes that some partners have special expertise or unique capability in certain services or among certain populations and is characterized by an openness and willingness to enhance this capacity for mutual benefit. It involves sharing risks, responsibilities, and rewards. It also means possibly giving up one area of business in return for another. Example: The community clinic provides screening and prevention services and refers clients to the partner hospital for follow-up care. The hospital provides the community clinic with technical assistance in a new screening procedure, while the community clinic provides the hospital training in providing culturally competent care.
Cooperate	Cooperating entails a much higher level of organizational commitment, trust, and access to each other's turf. It is characterized by sharing resources and may involve written or legal agreements, such as memoranda of understanding or incorporation. Knowledge, staff, physical property, clients, money, and reputation are just some of the resources organizations may share. Example: The hospital and community clinic agree to share physical space and funding for pediatric services in order to expand the range and depth of services provided to their common clients.
Coordinate	Coordinating is the first big step towards actually working together and involves harmonizing operations or activities, often in order to make services more accessible and less redundant. Coordination requires more trust than networking and a greater organizational time commitment. It does not, however, require access to each other's turf. Example: The hospital and community clinic alter their schedules in order to expand the total hours of operation available for pediatric services in the community.
Network	Networking is the most basic and informal way for organizations to work together. Reflecting a minimal level of trust, limited time availability, and a reluctance to share turf, networking involves exchanging information and excludes working together on any activity or toward any goal beyond sharing information. Example: A hospital and a community clinic share information about their respective pediatric services.

Partner	Purpose of Partnership	Results or outcome
<b>Northern Health</b>		
University of Northern British Columbia	Collaborate	<ul style="list-style-type: none"> <li>• Planning toward a formal research partnership for research and quality improvement in the North</li> <li>• Beginning to establish a formal research institute</li> <li>• Harmonized research ethics review processes</li> <li>• Enhanced profile of research in Northern Health, enhanced profile of NH and its priorities with researchers at UNBC</li> </ul>
Other academic institutions	Network Coordinate Cooperate	Research development; for example the models of care project led by the University of Victoria, and the UBC Nursing Research development; for example the models of care project led by the University of Victoria, and the UBC Nursing Leadership Institute.
BC Ministry of Health Research Area (formerly the Strategic Policy & Research Branch)	Network	Information and resource sharing.
Other BC Health Authorities - Research departments - Research Ethics Boards	Network Coordinate	<ul style="list-style-type: none"> <li>• Information and resource sharing</li> <li>• Joint collaborative research grant on KT in rural health (IH &amp; NH)</li> </ul>
Health of Population	Network,	<ul style="list-style-type: none"> <li>• Research and KT events held in the North.</li> </ul>

Partner	Purpose of Partnership	Results or outcome
Research Networks	Cooperate, Cross promotion Involvement with seed grant funding proposals, RED and NH staff participation on oversight/advisory committees HoPN representatives presented at Research Days conferences	<ul style="list-style-type: none"> <li>• Research Days conferences were able to provide travel subsidies and be available to remote participants via WebEx.</li> <li>• Increased Network membership and increased profile of research and awareness of research and research opportunities in NH. NH staff learned about the Networks and many have joined Networks of interest to them.</li> </ul>
Rural and Northern Practice Research Program (UNBC-NH)	Collaborate	<ul style="list-style-type: none"> <li>• Knowledge to action working group</li> <li>• Harmonized ethics review process</li> <li>• 'Cheat sheet' for knowledge synthesis, translation and exchange</li> <li>• Environmental scans of UNBC &amp; NH research environments</li> <li>• Stimulated research activity in the North</li> <li>• Research support for northern research</li> </ul>
MSFHR	Network Cooperate NH executive and managers have participated on Services and Policy Research Support Network, BC Nursing Research Initiative) advisory and working groups	<ul style="list-style-type: none"> <li>• Funding to establish research capacity development in NH</li> <li>• Information and resource sharing with other health research organizations and health authorities through MSFHR-sponsored and coordinated events</li> </ul>
SEARCH Regina Qu'Appelle Health Region	Cooperate	<ul style="list-style-type: none"> <li>• Participation of Executive in SEARCH Western Canada initiative</li> <li>• Development and implementation of an evidence-use project that is a partnership between NH, SEARCH and Regina Qu'Appelle</li> </ul>
Canadian Health Services Research Foundation (CHSRF)	Cooperate	<ul style="list-style-type: none"> <li>• Successful Research Use Week event held in Prince George in 2006</li> <li>• Resource sharing</li> <li>• Successful NH staff EXTRA fellowship application in 2009</li> </ul>
Inter-regional Rural Research Network (IRREN)	Network	Information and resource sharing. Group of similar professionals available to answer questions; contribute to the development of research capacity in our northern health region.
BC Health Evaluation Community of Practice	Network	Information and resource sharing. Group of similar professionals available to answer questions; contribute to the development of research capacity in our northern health region.

## Interior Health

BC Health Authorities Northern Health, Fraser Health, Vancouver Island Health Authority, Vancouver Coastal Health Authority)	Network Cooperate Collaborate Coordinate	Sharing of skill building information and workshop materials (Research 101 and 201, Survey Design); BCRRHRN Collaborative Team Building grant for rural KT research activities; Regular/ongoing communication and informal working group; KTE Toolkit (FHA).
Health of Population Research Networks BCRRHRN, BCNAR, BCEOHRN, BCMH&ARN, NEARBC, DHRN, WHRN, CYHRN)	Network Cooperate Collaborate Coordinate	Many successful grants funded; Networking events (i.e., Coffee & Chocolate Seminars); Sharing of skills building workshop information (Grant Writing); Collaborative conference on Aging Research (Sept 2007); Research conference support; Travel grants (for RF travel and IH staff travel to conferences); Keynote presentations at annual conference.
Local Academic Institutions UBC-Okanagan, Thompson River University (TRU), Selkirk College, BC College of the Rockies, Okanagan College)	Network Cooperate Collaborate Coordinate	Several collaborative research teams have formed and acquired grant funding; Collaborative seminars (i.e. GIS and Health); Meet n' Greet events for researcher-practitioner networking; Regular information sharing; Collaborative seminars and workshops; Research Facilitator (#4) in place to promote collaborative research partnerships; Adjunct faculty positions; Guest lecture opportunities (SOCW, HLTH, HKIN, Nursing).
Other BC-based Academic Institutions UBC, University of Victoria, SFU)	Network Cooperate Collaborate Coordinate	Collaborative research teams have formed and acquired grant funding.
Canadian Academic Institutions outside of BC University of Alberta,	Network Cooperate Collaborate	Collaborative research teams; Keynote presentation at annual conference; IH serving as research study pilot site.

Partner	Purpose of Partnership	Results or outcome
McMaster University, McGill University)		
Academic Research Teams/Networks (Home & Community Care Research Network, BC Alliance on Telehealth Policy and Research)	Network Cooperate Collaborate	Collaborative conference on Aging Research (Sept 2007); Research seminars; Conference Support.
Provincial Agencies within BC (BC Cancer Agency, PHSA, Providence Health)	Network Cooperate Collaborate Coordinate	Collaborative research teams; Sharing of skills building workshops (Research 101 and 201); Regular information sharing.
Alberta Health Service Organizations (Calgary Health Region, SEARCH Canada)	Network Cooperate Collaborate Coordinate	Regular information sharing; Sharing of skills building workshops (Research 101 and 201, Understanding Statistics).
BC Ministry of Health	Network Cooperate Collaborate Coordinate	BC Health Authority; TE Workshop (2007); IH Research Advisory Committee; Policy Round Seminars.
<b>Fraser Health</b>		
BC Network for Aging Research	Cooperate – provides more formal mechanism to link BCNAR researchers with FH resources, and provide FH researchers' access to academic researchers.	BCNAR-FH MOU; The success of Dr. Sonia Singh's CIHR award was enhanced by the peer review conducted by Dr. Lynn Beattie, BCNAR.
Northern HA, Interior HA	Cooperate – HACB members participated on steering committee.	Development and dissemination of FH "Guide to Planning and Conducting Program Evaluations" to all HA's & MoH.
C2E2/VCHA	Cooperate – Dr. Bryan is a member of an Evaluation Steering Committee for the FH Cataract Surgery Evaluation and a member of the FH Orthopaedic Research Team.	Development of an Evaluation Plan for Cataract Surgery at Chilliwack General Hospital; Development of a LOI/research application.
Vancouver Foundation	Co-operate – provided \$50K funding to FH RAD. Report back to Vancouver Foundation on outcomes of research conducted.	Funding has been used to conduct 2 seed grant competitions – 2007-08 and 2009-10. Grant Facilitator coordinated review processes and pre-post award support. Epidemiologist involved in workshop for awardees and providing research design consultation.
UBC, SFU, UVic, Royal Roads, UNBC, University of the Fraser Valley, Trinity Western, McGill University,	Collaborate – to enable academic researchers to conduct research in FH; and to build FH research capacity by requiring a FH co-I to participate for each academic study; final research report is also submitted to RAD.	Research Collaboration Agreements with each university; Study sub-agreements developed for individual research studies.
VIHA, IH, NH, Arthritis Society	Collaborate – to strengthen the success of the Orthopaedic Research team in obtaining grant funding by conducting inter-HA research and broadening the depth of clinical research expertise	Minimum of 1 LOI/research application.

Partner	Purpose of Partnership	Results or outcome
	on the team.	
McGill University, UBC, MoH, UFV, VCHA	Collaborate – to strengthen the success of the End of Life Research team in obtaining grant funding by broadening the depth of theoretical expertise on the team.	Minimum of 1 LO1/research application.
UNBC, OHSAH	Collaborate – to strengthen the successes of the Disability Management Team in obtaining grant funding by broadening the depth of theoretical expertise on the team.	Minimum of 1 LO1/research application.
Department of Gerontology, SFU	Collaborate – to provide a funding to FH in order to participate in this national CIHR/CFI funded study and to provide the academic researchers with access to FH patients for collection of survey data and blood.	Data collection center built in FH for the purposes of recruiting patients into study and carrying out the study procedures.
IH, NIH and VIHA	Network – to provide information based on skill workshops already developed by FH RAD.	FH Epidemiologist has presented workshops for these 3 HA's during their Research Day events.

### Vancouver Island Health Authority

BC Rural and Remote Health Research Network (BCRRHRN) Prince George and Vancouver, BC	Network Cooperate Collaborate Coordinate	1) BCRRHRN sponsored travel costs for VIHA's Research Day 2008, which enabled researchers and VIHA employees located outside of Victoria to attend this event; 2) BCRRHRN co-sponsored the 2008/2009 VIHA research workshop series in Victoria as well as the VIHA Parksville Research Workshop Day; and 3) BCRRHRN organized and sponsored some teleconferencing meetings between VIHA, Interior Health, and Northern Health to facilitate the networking, coordination, cooperation, and collaboration of our different resources, plans and activities.
BC Environmental and Occupational Health Research Network	Coordinate Collaborate Cooperate	BCEOHRN facilitated the VIHA Grants Writing Workshop, and also sponsored the web-ex for the event, which allowed this workshop to be attended by people from Fraser Health, Interior Health, Northern Health, the BCEOHRN, and the BCRRHRN.
The BC Child and Youth Health Research Network (CYHRNet), and the University of Victoria (UVic) Knowledge Mobilization Unit.	Network Cooperate Collaborate	Fall Research Help Desk Course: a UVic/VIHA graduate student course offered in fall 2007 and 2008, with the purpose of making research evidence accessible to VIHA decision makers and practitioners, and to allow VIHA opportunities to partner and provide input into new research projects directly related to the care that they provide, as well as providing valuable hands-on research experience to UVic graduate students. It was a UVic graduate student course that was open to graduate students of any discipline.
University of Victoria Victoria BC	Network	Summer Help Desk Course: A Summer student internship open to UVic students with the purpose of making research evidence accessible to VIHA decision makers and practitioners, and to provide opportunities for VIHA to partner and provide input into new research projects directly related to the care that they provide, as well as providing valuable hands-on research experience to UVic students. It was open to senior students of any discipline.
UVic Centre for Community Health Promotion Research (CCHPR) Victoria, BC	Network	VIHA RCB sponsored VIHA employee attendance at CCHPR Summer Institutes 2006, 2008, 2009. This facilitated the running of these summer institutes, provided valuable learning experiences to VIHA clinicians and decision makers, and provided the other course participants with valuable health authority perspectives.

Partner	Purpose of Partnership	Results or outcome
COACH-NCR (UVic Centre on Aging, VIHA Continuing Health - Network for Collaborative Research). Victoria, BC	Network Cooperate Collaborate Coordinate	This initiative is being supported through the efforts of Continuing Health Services and R&AD at VIHA and the Centre on Aging at UVic. Under the agreement VIHA and UVic have committed to: co-operating in research endeavors, sharing academic materials and publications, and exchanging personnel for research and research-related activities.
Women's Health Research Network (WHRN) Victoria, BC	Network	The Research Capacity Building Coordinator is on the oversight committee of the WHRN.
Fraser Health Authority, Interior Health Authority, Northern Health Authority	Network Cooperate Collaborate Coordinate	Contact between VIHA and these other health authorities have been strengthened. The outcomes of these relationships include: the dissemination of information; the sharing of tools, resources and ideas; coordination of upcoming events; and collaboration on various events.
BC Network for Aging Research (BCNAR) Victoria, BC	Network Coordinate	BCNAR has coordinated materials and provided a HoPN presence at VIHAs Research Day so that interested participants could learn more about the HoPNs. BCNAR has also coordinated meetings between VIHA RCB and the HoPNs that are located at UVic for the purpose of the dissemination of information; the sharing of tools, resources and ideas; and the coordination of upcoming events.

### Vancouver Coastal Health

Evaluation Community of Practice	This is an informal group and there is no set purpose for the group. The VCH members choose to participate to network and exchange information and to cooperate and share resources.	Ongoing.
Connexus	Network Cooperate Collaborate Coordinate	Met regularly from January 2005 to about December 2005.
Partners for Community Health Research grant	Network Cooperate Collaborate Coordinate	Projects resulted in numerous evidence based projects that were targeted to serve the information needs of VCH decision makers and/or community partners.

### Provincial Health Services Authority

Northern Health Authority; UNBC	Develop research capacity and harmonize activities 2,4	Establishment of Northern Child Health Research Unit.
Canadian Agency for Drugs & Technologies in Health	Network Collaborate	Working more closely together on HTA and child health issues.
BC Academic Health Council	Network Collaborate Coordinate	Working together on establishing value-added networks.
Vancouver Island Health Authority; Royal Roads University	Network Cooperate Collaborate Coordinate	Coordinated planning in health services delivery research and knowledge transfer.
Institute of Health Economics, Edmonton	Network Cooperate Collaborate Coordinate	Working together on initiatives with BC and Alberta government to increase receptivity for research to inform policy.
Vancouver Coastal Health Research Institute	Network Cooperate Collaborate Coordinate	Working closely together on health technology assessment, health outcomes, and health economics research.
Ontario Health Technology Assessment Council	Network Cooperate	A partnership exchange of expertise, shared approach to HTA.
Li Ka Shing Institute for Knowledge & Innovation	Network Cooperate	A partnership exchange of knowledge participation in KT activities.

## Appendix F: Supportive Research Culture Dimensions

The RCB survey asked respondents to rate the following areas in two ways. First how effective their health authority is currently in the area, and second whether there has been any change in effectiveness over the past four years or so. For more information, refer to the RCB survey questions available in the appendices.

1. Providing training, education, and skill development opportunities in research
2. Supporting staff, managers, physicians and other individuals to participate in research
3. Assisting individuals in acquiring research grants and funding
4. Promoting and encouraging research activity and evidence-informed practice
5. Making research findings accessible (e.g., research presentations and events, literature reviews)
6. Using research findings to inform decisions around practice and service delivery
7. Promoting research-related networking opportunities within the Health Authority
8. Promoting research-related networking opportunities across Health Authorities, Universities and/or other external organizations
9. Facilitating the sharing of knowledge among researchers, decision-makers and practitioners (knowledge translation and exchange)
10. Providing leadership in setting research priorities
11. Communicating research priorities and opportunities internally
12. Establishing Human Resources policies and practices that support involvement in research activity

## Appendix G: RCB Survey Questions

The base template is shown, and areas that were adapted to each health authority are indicated in italics.

### Introduction and Definitions

*Each intro was adapted to reflect terminology used in each health authority (e.g., researcher, research facilitator, research vs. evaluation).*

1. Which of the following services or events have you participated in or accessed at (*health authority name*)? Please select all that apply.  
 *List of services and events adapted to each health authority*  
 I have not participated in or accessed any services or events described above **NOTE: if this choice was selected, the respondent would be skipped to question 6**
2. As a result of participating in or accessing the services identified on the previous page, do you feel that your research skills have improved?  
 Yes, my skills have greatly improved  
 Yes, slightly improved  
 No, I am at about the same skill level  
 No, I already had the skills I needed
3. Please **identify up to three skills** you have learned or improved upon and indicate how often you are able to use these skills (examples include: *examples adapted to each health authority* etc). The list order does not matter.  
Skill 1 (please specify) \_\_\_\_\_  
How often are you able to use 'Skill 1'?  
 Very often     Often     Occasionally     Rarely     Never     I don't know/Prefer not to say  
Skill 2 (please specify) \_\_\_\_\_  
How often are you able to use 'Skill 2'?  
 Very often     Often     Occasionally     Rarely     Never     I don't know/Prefer not to say  
Skill 3 (please specify) \_\_\_\_\_  
How often are you able to use 'Skill 3'?  
 Very often     Often     Occasionally     Rarely     Never     I don't know/Prefer not to say
4. Since participating in or accessing the research capacity building services you identified, have you become more involved in conducting and/or using research activities?  
 Yes, I am much more involved now  
 Yes, slightly more involved  
 No, about the same  
 No, I am less involved
5. As a result of participating in or accessing the research capacity building services you identified, do you feel that you have become more involved in using research evidence in your decisions or practice?  
 Yes, I am much more involved now  
 Yes, slightly more involved  
 No, about the same  
 No, I am less involved
6. Please rate your agreement with these statements:  
Scale:  
 Strongly agree     Agree     Disagree     Strongly disagree  
 I don't know/Prefer not to say     Not applicable
  - a. I feel well prepared to... undertake or contribute to research (*this option not included for VCH*)
  - b. I feel well prepared to... conduct an evaluation of a program or service
  - c. I feel well prepared to... use research evidence in my decisions and/or practice

7. If your role requires competence in the above activities, is there anything further that (*health authority name*) can do to help you feel more prepared in any of the above areas? Please select up to three (3) of the following answers. Reminder: for the purpose of this survey, the term 'research' also includes evaluation and quality improvement.
- Provide more training in conducting research
  - Provide more training in how to use research evidence in decisions or practice
  - Provide funding to attend courses, meetings, or conferences related to research
  - Provide more research support, for example, advice on research methodology or conducting analysis
  - Create more self-directed research resources
  - Provide more assistance with research proposal or grant application development
  - Allow more dedicated time (workload release) for conducting and/or applying research
  - Create more incentive for integrating research into existing practice
  - Dedicate a budget or more funding for research
  - Provide more mentoring support related to research
  - Provider better access to databases, journals and similar resources through the internet
  - Create more opportunities to hear about research findings
  - Communicate more clearly on research priorities
  - Ensure research is part of my job description
  - Help find research colleagues or partners within (*health authority name*)
  - Help find research colleagues or partners outside of (*health authority name*)
  - Nothing, (*health authority name*) already provides appropriate support
  - Other (please specify) \_\_\_\_\_
8. Have you connected with others to conduct and/or use research?
- Yes, within (*health authority name*) **NOTE: if this choice was selected, the respondent would be skipped to question 10**
  - Yes, outside of (*health authority name*)
  - Yes, within and outside of (*health authority name*)
  - No, I have not connected with others to conduct and/or use research **NOTE: if this choice was selected, the respondent would be skipped to question 10**
9. Who did you connect with outside of (*health authority name*)? Select all that apply:
- Researcher(s) at a University or College *within* BC
  - Researcher(s) at a University or College *outside* of BC
  - Researcher(s) at another BC Health Authority
  - Researcher(s) at a health service delivery organization *outside* of BC
  - Staff, manager, physician, nurse or other individuals at another BC Health Authority
  - Staff, manager, physician, nurse or other individuals at a health service delivery organization *outside* of BC
  - Community, non-governmental (NGO) or non-profit organization *within* BC
  - Community, non-governmental (NGO) or non-profit organization *outside* of BC
  - Private industry or private sector
  - Student(s)
  - Other (please specify) \_\_\_\_\_
10. Can you think of instances in which research evidence led to notable changes in programs, services or practice at (*health authority name*)?
- Yes, many
  - Yes, a few
  - No, one or two
  - No, None
  - I don't know/Prefer not to say
- Can you provide one or two examples? \_\_\_\_\_
11. Thinking about your experiences, consider the following areas and tell us, How effective you think (*health authority name*) is currently in each area
- Scale:  Effective       Somewhat effective       Ineffective       I don't know/Prefer not to say , and whether there has been any change in effectiveness over the past four years or so.

Scale:  It has improved  Stayed about the same  It is not as good as it was  I don't know/Prefer not to say

- a. Providing training, education, and skill development opportunities in research
- b. Supporting staff, managers, physicians and other individuals to participate in research
- c. Assisting individuals in acquiring research grants and funding
- d. Promoting and encouraging research activity and evidence-informed practice
- e. Making research findings accessible (e.g. research presentations and events, literature reviews)
- f. Using research findings to inform decisions around practice and service delivery.
- g. Promoting research-related networking opportunities within the Health Authority
- h. Promoting research-related networking opportunities across Health Authorities, Universities and/or other external organizations
- i. Facilitating the sharing of knowledge among researchers, decision-makers and practitioners (knowledge translation and exchange)
- j. Providing leadership in setting research priorities
- k. Communicating research priorities and opportunities internally
- l. Establishing Human Resources policies and practices that support involvement in research activity

12. Which best describes your primary role at your place of employment?

- Executive, Manager, or Director
- Physician or Clinician
- Nurse or Nurse Practitioner
- Allied Health Professional
- Researcher (includes academic researchers and community researchers)
- Research Support (for example, research assistant, research coordinator, research facilitator)
- Administration and/or Support Staff
- Educator or Trainer
- Student, Intern, or Trainee
- Other (please specify)\_\_\_\_\_

13. How long have you worked in this role? Number of years:\_\_\_\_\_

14. How many years have you been involved in conducting or using research and/or evaluation either within your current position or through previous work?

- No experience (new researcher or research user)
- Less than one year
- 1 – 2 years
- 3 – 5 years
- 6 – 10 years
- More than 10 years

15. Do you have any other comments on either the research capacity building work that is ongoing at (*health authority name*), or your ability to participate in research or use research evidence in your decision making or practice? (optional)\_\_\_\_\_

# Appendix H: HACB Manager Final Grant Report Template

HEALTH AUTHORITY: <MSFHR to insert name of HA for final template>

PERSON COMPLETING THIS REPORT: <Please enter name here>

## Instructions

The purpose of this report is to collect information on the capacity building efforts in each Health Authority under the HACB Program in order to document implementation and determine the impact of the program. Unless otherwise specified, this report covers the grant period from January 2005 to the end of July 2009.

This template references the MSFHR report “Health Authority Capacity Building Grants: A preliminary report on the first three years”. A copy of this report is available at [www.msfhr.org/reports/special\\_initiatives\\_reports](http://www.msfhr.org/reports/special_initiatives_reports)

In order to complete this template, you will need to review the following:

1. Results of the ‘Research Capacity Building Survey’,
2. Results of the Health Authority Executive and Manager Interviews, and
3. Health Authority administrative and internal evaluation data.

The template asks you to interpret and reflect on the survey and interview data and incorporate your own perspective in developing conclusions on your Health Authority’s capacity building work.

Within each section, insert additional rows to tables as necessary. If you need any assistance in using the template or any tables, please contact Erika Goldt at 604-778-6344. This report template was designed to collect information on the range of activities implemented across the Health Authorities. If a particular question, activity, outcome, or table cell is not applicable to the capacity building work at your Health Authority, please enter ‘NA’ (Not Applicable).

A glossary is provided as an appendix to this report. Please ensure you review the glossary and adhere to the definitions while completing this report. For the purpose of this report, the term ‘research’ also includes evaluation and quality improvement, unless otherwise indicated in the question, or differentiated in your response.

## 1. Context

### 1.1 Capacity Building Context

1.1.1 The following describes the context and research infrastructure at your Health Authority *prior* to the start of the HACB grant, as reported in “Health Authority Capacity Building Grants: A preliminary report on the first three years”. Please edit or amend as appropriate in order to fully describe the pre-grant context and infrastructure within your HA.

<<MSFHR to insert HA-specific ‘Context’ text here for final template>>

1.1.2 Please describe the following components prior to January 2005 (pre-grant) and their current state. Indicate where information is not available.

1. Component	2. Pre-Grant	3. Current
<b>a) Leadership:</b> Indicate the person(s) or unit(s) responsible for research and/or research support within the HA		
<b>b) Research Strategy:</b> Indicate whether there is an organizational research strategy at the HA and describe how it was developed		
<b>c) Research Priorities:</b> Indicate whether there are organizational research priorities and describe how they were developed		
<b>d) Research Policies:</b> Indicate whether there are any policies in place regarding evaluation of programs/services or the conduct of research		
<b>e) HR Policies:</b> Indicate whether there are policies on staff participation in research, research		

1. Component	2. Pre-Grant	3. Current
training, or research career planning.		
f) Other: Describe any additional research or research support components		

## 1.2 Goals of Capacity Building

The following describes the research capacity building goals at your Health Authority as reported in “Health Authority Capacity Building Grants: A preliminary report on the first three years”. Please confirm that this is an accurate representation of the goals at the time of the funding and indicate how these goals have changed over the course of the grant.

<<MSFHR to insert HA-specific ‘Goals’ text here for final template>>

## 2. Staff

### 2.1 Staffing

Using the following table, list the positions (staff or contractors) that have directly contributed to and/or carried out the research capacity building work. Please include past and current positions. If applicable, describe how positions changed or evolved over the course of the grant.

1. Job Title	2. Term of Position (e.g. Jun 05-ongoing, Mar 08-Jun 09)	3. FTE Equivalent (e.g. 0.5)	4. Role and Main Responsibilities	5. Source of funding: (HACB, HA, or Other - include approx. % of each)	6. Indicate changes to this position over the grant period (e.g. title, FTE, source of funding, role).	7. Will position continue when the HACB grant ends? If yes, indicate source of funding. If no, why not?

2.2 Are there any additional staff positions or roles that would have facilitated the capacity building work? Please explain.

2.3 Describe how the HACB-funded positions were integrated with other Departments, initiatives, or decision-making bodies within the health authority. Discuss any challenges and enablers surrounding integration.

## 3. Capacity Building Activities

### 3.1 Activities Table

Using the ‘Research Capacity Building Activities’ table provided in the attached Excel document, please list each capacity building initiative, event, or set of activities that has been implemented over the grant period. Further instructions are included within the table. Definitions are provided in the glossary in the appendix to this report.

### 3.2 Discussion of Activities

3.2.1 How have the initiatives and activities implemented changed over the course of the grant?

3.2.2 Were you able to achieve what you had planned in terms of *range of activities* (type of activities implemented) and *reach* (number and characteristics of participants, clients, or users)? If possible, discuss progress on achieving targets and present additional data to illustrate. Were there any planned activities that you were unable to implement within the grant period? Please explain.

3.2.3 In your opinion, which initiatives made the most significant contribution to increasing research capacity and why? Provide illustrative examples if available.

## 4. Capacity Building Outcomes

To complete this section, you will need to refer to the following data sources:

- Results of the ‘Research Capacity Building Survey’ (**RCB Survey**), which was completed by individuals who accessed or participated in capacity building services or activities. MSFHR will provide the results and data tables.
- Results of the Health Authority Executive and Manager Interviews, (**E/M Interviews**), which were conducted by MSFHR’s contractor. MSFHR will provide the results organized into headings that correspond to the outcome areas.
- Additional Health Authority administrative, internal evaluation data, and examples (**Other HA Data/Examples**). Please present any additional relevant data. Examples of these data, as reported by the Health Authorities, are available in Table 13 in the report “Health Authority Capacity Building Grants: A preliminary report on the first three years”. For data provided, please briefly indicate the source or collection method and/or response rate where applicable. Insert additional rows into the table as needed to report on Other HA data. Please use the initiative numbers from the activity table (section 3.1) if referring to specific initiatives.

### 4.1 RCB Survey and E/M Interviews Sample Size and Demographics

4.1.1 Complete the following table:

RCB Survey Respondents		
<i>Methods of respondent selection, distribution and/or recruitment</i>		<i>Number of respondents and response rate (if available, also include the % of the total population for the sampling size)</i>
Respondent Characteristics:		
<i>Table</i>	<i>Results to review</i>	<i>Interpretation/Conclusions/Reflections</i>
Role	%of responses for each answer choice	
Tenure	Average and range	
	% responses in each of these categories: >4 years (prior to grant period), 4 years, 3 years, 2 years, < 1 years	
Experience	% of responses for each answer choice	
	Other? (specify)	
Interview Respondents		
<i>Methods of respondent selection, distribution and/or recruitment</i>		<i>Number of respondents and response rate</i>

4.1.2 *Sample Limitations:*

Please discuss any limitations or concerns with the sample sizes or respondent characteristics that could influence the result

### 4.2 Outcome 1: Research and the importance of research is valued (culture)

4.2.1 *Indicators: perceptions of Health Authority effectiveness and change on aspects of a research and evaluation culture.* Complete the following table:

RCB Survey Data		
<i>Table</i>	<i>Results to review</i>	<i>Interpretations/Conclusions/Reflections</i>
Effective (12 items)	Average effectiveness score of each component. Note the most effective and least effective.	
	Total sum effectiveness score	
Changed (12 items)	Average change score for each component. Note most improved and least improved.	
	Other? (specify)	
Interview Responses		
<i>Review interview findings related to the importance and value of research and present interpretations/conclusions/ reflections</i>		

Other HA Data/Examples on the importance of research and evaluation	
Result /Examples	Source/Collection Method

#### 4.2.2 Discussion and Conclusions:

Considering the data presented above, as well as your own perspective and experiences, discuss whether there has been a change in the research and evaluation culture within the Health Authority. Please provide examples to illustrate your conclusions.

### 4.3 Outcome 2: Increased skills of staff to undertake and use research and evaluation.

4.3.1 Indicators: Improved skill, ability, and preparedness to undertake research, contribute to research, and use research.

Complete the following table:

RCB Survey Data		
Table	Results to review	Interpretations/Conclusions/Reflections
Activities	Frequency of participation in activities.	
	Percentage of respondents reporting participation in multiple activities (e.g., identified 1 activity; identified 2 activities; identified 3 activities; etc.)	
	Average number of activities identified by respondents	
Skills_improve	% of responses for each rating	
Skills_learned	Overall, the number of different skills reported	
	% of responses reporting 0, 1, 2, and 3 skills	
	Average number of skills reported by respondents	
	Frequency of skills identified	
Skills_use	For skills identified, the % of responses for each answer choice of 'use of skill' e.g. Literature reviews: 13% of responses. Of these, - Use very often 2% - Use often 80% - etc.	
	Across all reported skills, the % of responses for each answer choice for 'use of skill'	
Prepare_res	% of responses for each rating	
	Differences between participants (those who identified 1 or more activities in 'Activities'), and non-participants (those who did not identify any activities in 'Activities')	
Prepare_eval	% of responses for each rating	
	Differences between participants (those who identified 1 or more activities in 'Activities'), and non-participants (those who did not identify any activities in 'Activities')	
Prepare_use	% of responses for each rating	
	Differences between participants (those who identified 1 or more activities in 'Activities'), and non-participants (those who did not identify any activities in 'Activities')	
Other? (specify)		
Interview Responses		
Review interview findings related to Improved skill, ability, and preparedness and present interpretations/conclusions/ reflections		
Other HA Data/Examples related to skill acquisition and use		
Results/Examples	Source/Collection Method	

4.3.2 Indicators: Increased participation in research and evaluation; increased research activity Complete the following table:

RCB Survey		
Table	Results to review	Interpretations/Conclusions/Reflections
Involve_res	% of responses for each response category	
Other? (specify)		
<b>Interview Responses</b>		
Review interview findings related to increased participation and increased research activity and present interpretations/conclusions/ reflections		
<b>Other HA Data/Examples on increased participation in research and evaluation</b>		
<b>Results/Examples</b>		<b>Source/Collection Method</b>
<b>Other HA Data/Examples on increased research activity</b>		
<b>Results/Examples</b>		<b>Source/Collection Method</b>

#### 4.3.3 Discussion and Conclusions:

Considering the data presented above, as well as your own perspective and experiences, discuss:

- whether or not the skills of staff to undertake, understand, and apply (use) research and evaluation has been enhanced; and,
- whether research activity and participation in research has increased.

Please include examples to illustrate your conclusions.

#### 4.4 Outcome 3: Collaboration and partnerships with others have increased

4.4.1 *Results: Table of partners and collaborators* Using the following table, list the research-related partnerships or collaborations that have been developed or strengthened as a result of the research capacity building work. Include collaborations with other Health Authorities and with external organizations.

1. Name of partner organization and Location	2. Brief description of partner organization	3. New or existing (prior to HACB grant)	4. Describe the purpose of the partnership. Include one of the following: 1. Network -exchange information 2. Coordinate - harmonize activities 3. Cooperate - share resources 4. Collaborate - enhance partners' capacity See glossary for definitions	5. Results or outcomes of partnership	6. Would this partnership have been possible without the HACB grant or capacity building work?	7. Will this partnership continue beyond the HACB grant?

#### 4.4.2 Indicators: Increased interactions among research producers and users; increased collaborations

Complete the following table:

RCB Survey		
Table	Results to review	Interpretations/Conclusions/Reflections
Connect_who	% reporting internal connections.	
	Compare participants (those who identified 1 or more activities in 'Activities') with non-participants (those who did not identify any activities in 'Activities'),	
Connect_outside	% of responses for each answer choice	
	% of responses for each of these location categories: within BC, outside of	

	BC, unspecified	
	% of responses for each of these sector categories: University/College; health service delivery; community/NGO; private; other	
	% of responses in each of these categories: identified 1 connection; identified 2 connections; identified 3 connections; etc	
	List any identified 'other'	
Other? (specify)		
<b>Interview Responses</b>		
<i>Review interview findings related to increased interactions and collaborations and present interpretations/conclusions/reflections</i>		
<b>Other HA Data/Examples on partnerships and collaborations</b>		
<b>Results/Examples</b>		<b>Source/Collection Method</b>

#### 4.4.3 Discussion and Conclusions:

Considering the data presented above, as well as your perspective and experiences, discuss whether linkages, collaborations and partnerships have increased or been enhanced. Please include examples to illustrate your conclusions

#### 4.5 Outcome 4: Knowledge translation and exchange has been enhanced

4.5.1 Indicators: Increased or wider involvement in using research. Complete the following table:

<b>RCB Survey</b>		
<b>Table</b>	<b>Results to review</b>	<b>Interpretations/Conclusions/Reflections</b>
Involve_use	% of responses for each answer choice	
Other? (specify)		
<b>Interview Responses</b>		
<i>Review interview findings related to increased involvement in using research and present interpretations/conclusions/reflections</i>		
<b>Other HA Data/Examples on involvement in using research</b>		
<b>Results/Examples</b>		<b>Source/Collection Method</b>

4.5.2 Indicators: Greater use of research in decisions: research evidence leads to change. Complete the following table:

<b>RCB Survey</b>		
<b>Table</b>	<b>Results to review</b>	<b>Interpretations/Conclusions/Reflections</b>
Evid_use	% of responses for each answer choice	
Evid_example	Examples and themes	
Other? (specify)		
<b>Interview Responses</b>		
<i>Review interview findings related to research evidence leading to change and present interpretations/conclusions/reflections</i>		
<b>Other HA Data/Examples related to evidence leading to change</b>		
<b>Results/Examples</b>		<b>Source/Collection Method</b>

4.5.3 Indicators: *Increased dissemination of research findings; dissemination of research capacity building work.* If not already included as part of the initiatives in Section 3.1, complete the following table on dissemination:

Other HA Data/Examples on dissemination of research findings	
Results/Examples	Source/Collection Method
Other HA Data/Examples dissemination of research capacity building work	
Results/Examples	Source/Collection Method

4.5.4 Discussion and Conclusions:

Considering the data presented above, as well as your own perspective and experiences, please discuss whether or not KTE has increased. Please include examples to illustrate your conclusions.

4.6 Other Outcomes and/or Unanticipated Outcomes

Using results from the RCB Survey (may be mentioned in Tables ‘Comment’ and ‘Evid\_example’) and E/M Interviews, as well your own perspective, present any other outcomes that were achieved and provide illustrative examples.

## 5. Capacity Building Process

### 5.1 Enablers and Challenges

5.1.1 Please describe up to three challenges encountered in building research capacity in your health authority and how they were addressed. Illustrate with results from the E/M Interviews and your own experiences.

5.1.2 Describe up to three key enablers for the capacity building work in your health authority. Illustrate with the results from the E/M Interviews and your own experiences.

### 5.2 Value of the HACB Grant

5.2.1 Discuss how the HACB grant has benefited the health authority. Refer to any results from the E/M Interviews and RCB Survey (may be mentioned in Tables ‘Comment’ and ‘Evid\_example’), as well as your own perspective.

5.2.2 Overall, did your health authority meet its capacity building goals and objectives? Please explain and provide examples.

5.2.3 Do you believe the capacity building funding program was worthwhile? Refer to any results from the E/M Interviews as well as your own perspective.

## 6. Looking Ahead

6.1 Without the HSPRSN support, what will be needed to maintain the *current level* of capacity building work? Refer to any results from the E/M Interviews as well as your own perspective.

### 6.2 Continuing Needs

6.2.1 Indicator: *Needs reported by survey respondents.* Complete the following table:

RCB Survey		
Table	Results to review	Interpretation, conclusions, reflections
Need	Frequency of responses to each item	
	Consider differences between participants (those who identified 1 or more activities in ‘Activities’) and non-participants (those who did not identify any activities in ‘Activities’)	
Other? (specify)		

6.2.2 What are the future plans for research capacity building? What additional activities would you want to implement? Refer to any results from the E/M Interviews as well as your own perspective. Discuss what will be needed to achieve your goals.

**6.3 MSFHR’s Role**

6.3.1 What do you think is the best role for MSFHR in future research capacity building work both with Health Authorities and other organizations? Refer to any results from the E/M Interviews as well as your own perspective.

6.3.2 Please indicate your level of satisfaction with the following aspects of MSFHR throughout the grant period. Select (X) one rating for each aspect.

	Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied	N/A
a) Award initiation and orientation ( <i>first year only</i> )					
b) Ongoing monitoring and communication					
c) Reporting					
d) Other support/assistance					
e) Comments:					

**6.4 Final Comments**

Please include any other comments that will help illustrate the impact of the HACB grant on your organization.

**7. Financial Statement**

Submit a financial statement detailing the use of grant funds over the grant period from January 1, 2005 to June 30, 2009. Please detail per fiscal year. A final financial statement for the entire grant period will be requested at the end of the grant period (October, 2009).

# Appendix I: Executive/Manager Interview Guide

## Brief Introduction

The Michael Smith Foundation for Health Research, in conjunction with each BC Health Authority, is conducting an evaluation of the Health Authority Capacity Building Grant program of the Health Services and Policy Research Support Network. Each BC Health Authority received a grant in January 2005 to build capacity for health services and policy research and evaluation. The end date of the grant period is fall 2009, and MSFHR is conducting this evaluation to document implementation and determine the effectiveness of the program.

As part of the evaluation, MSFHR has contracted Kylie Hutchinson, an evaluator with over 20 year of experience, to conduct telephone interviews with executives and managers to explore how the capacity building efforts have had an impact on their organization. You were identified for this interview by the staff supporting research capacity building at your Health Authority. The interview should take approximately one hour of your time and your participation is entirely voluntary. While the final evaluation report will contain a list of all interview respondents, all responses to the interview questions will be grouped and reported in aggregate. Selected excerpts may be used in the final report with all identifying information removed. Your participation in this evaluation is greatly appreciated.

For the purpose of this interview, the term 'research' also includes evaluation and quality improvement and is defined as a systematic investigation through the gathering of data, information and facts to generate or increase knowledge and understanding.

## Questions for Executives/Directors/Managers

1. Please describe your current involvement with research (see above definition) at the Health Authority.
  - How long have you been with the HA in your current position?
2. Please describe your involvement with or knowledge of the research capacity building work that has been occurring over the HACB grant period, which was the past four years.
3. As a result of the research capacity building work, do you feel that research capacity has changed in the past four years or so?
  - If yes, how has it changed?
  - Is there more research taking place?
  - Have there been any changes in the way decision-makers at an executive/director/manager level apply research evidence to their decisions?
  - Have there been any changes in the research environment or culture of research?
4. Can you think of instances in which research evidence led to changes in programs, services, or practice? Please provide some examples.
5. How have relationships among researchers, practitioners and decision-makers changed over the past four years or so? Please provide a few examples.
6. How have relationships with external partners related to research changed over the past four years or so? Please provide a few examples.
7. Thinking about your experiences, how effective do you think the Health Authority is in each of the following areas?
  - Has there been any changes during the HACB grant period, which was the past four years?
    - a) Providing training, education, and skill development opportunities in research
    - b) Supporting staff, managers, physicians and other individuals to participate in research
    - c) Assisting individuals in acquiring research grants and funding
    - d) Promoting and encouraging research activity and evidence-informed practice
    - e) Making research findings accessible (e.g. research presentations and events, literature reviews)

- f) Using research findings to inform decisions around practice and service delivery
  - g) Promoting research-related networking opportunities within the Health Authority
  - h) Promoting research-related networking opportunities across Health Authorities, Universities and/or other external organizations
  - i) Facilitating the sharing of knowledge among researchers, decision-makers and practitioners (knowledge translation and exchange)
  - j) Providing leadership in setting research priorities
  - k) Communicating research priorities and opportunities internally
  - l) Establishing Human Resources policies and practices that support involvement in research activity
8. How has the research capacity building work benefited the Health Authority?  
- Were there any changes as a result of the research capacity building work that you didn't expect?
9. Do you think the capacity building funding program was worthwhile?  
- Would the research capacity building have been accomplished without the funding?  
- How could it be improved?
10. What are some of the challenges and threats to building research capacity in your Health Authority?
11. What do you think would be the best way for your Health Authority to continue to build research capacity?  
- What is needed in order to carry this out? What are the enablers to building research capacity?  
- Could you describe any plans to continue to support research capacity building in the future?
12. What do you think the best role for MSFHR would be in future research capacity building?