

# Health Services and Policy Research Support Network (HSPRSN)

## Investigative Teams Program

### Evaluation Plan

#### 1.0 Overview of Program

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The HSPRSN Investigative Teams program has funded five research teams to undertake translational research in health practice, systems or policy. Funding began in October 2005 and is scheduled to end September 30, 2009. The teams are composed of researchers and decision-makers from health service or policy organizations. The research foci of the five teams include:

- Mental health;
- Home and community care;
- Intensive care unit patient safety;
- Chronic disease management through telehealth; and
- Health human resources issues in rural and northern practice.

Investigative teams were required to submit yearly progress reports. Information contained in the reports may be used to answer some of the evaluation questions.

#### 2.0 Purpose of Evaluation

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The HSPRSN staff has requested a process and outcome evaluation to learn about team functioning, program effectiveness and impact. The evaluation questions of interest generated by HSPRSN staff are presented below along with the proposed data collection strategy.

Table 1: Evaluation Questions and Data Collection Methods

Evaluation Questions		Data Collection Method		
		Team Member Survey	Team Lead Final Report	Document Review
P R O C E S S	1. How well did the teams function?	✓		
	2. How were funds spent?		✓	
	3. How did the teams engage members? (Did members feel adequately engaged?)	✓	✓	
	4. How were research questions generated and prioritized?	✓	✓	
	5. What major problems/challenges were experienced and how were they resolved?	✓		
	6. What mechanisms were used to build research capacity?		✓	
	7. What research projects were undertaken?		✓	
	8. What were the advantages and disadvantages of implementing this type	✓		

Evaluation Questions		Data Collection Method		
		Team Member Survey	Team Lead Final Report	Document Review
	of funding mechanism?			
	9. Was this a good mechanism for translational research?	✓		
OUTCOMES	10. How many partnerships were developed, with whom, for what purpose, and what did they achieve?		✓	
	11. Was research capacity increased?	✓		
	12. Were there any impacts on practice, health systems or policy?	✓		
	13. Were there any additional uses of the research findings or unintended impacts?			
	14. How was the research disseminated?	✓	✓	
	15. What other KTE took place?	✓	✓	
	16. How many grant applications were submitted and funded?	✓	✓	
	17. What additional funding was received?		✓	

### 3.0 Methodology

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As the table above shows, there will be two main data collection methods. First, a team member survey will be developed and administered by MSFHR and completed by all team members, including team leads. It will collect information on team functioning, perceptions of the program, adequacy of engagement, skills or knowledge acquired, challenges experienced, and impacts on practice, health system management or policy. MSFHR will develop and pilot test the survey in July, and administer via Survey Monkey in September over a two week period from September 8 to 18, 2009.

The second data collection method will involve team leads submitting a final team report based on a template developed by MSFHR. The template will collect information on team engagement strategies and activities undertaken (research, networking, capacity building, and KTE). The final reports are expected to be submitted to MSFHR in early September. Draft templates will be distributed to team leads in July.

A document review involving an analysis of annual reports will supplement the data collected through the survey and team lead report.

## 4.0 Timeline

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The final report will be presented to the HSPRSN Steering Council at the end of October. In order to meet this timeframe, tool development must be completed by the end of July and data collection must be completed by mid-September. As Table 2 below shows, the development and review of data collection tools will be completed by the end of July. All team members will be asked to complete an on-line survey in September and team leads will be asked to submit final reports at the end of August. This will allow the MSFHR to produce a summary report of the accomplishments of all teams and the overall impact and perceptions of the program in October.

Table 2: Timeline for Evaluation Milestones

Task	Completion Date	Responsibility
1. Final approval of evaluation plan	By June 6	HSPRSN staff and Steering Council
2. Development and review of final report template	By July 31	MSFHR to develop template HSPRSN staff and team leads to review
3. Development and review of team member survey	By July 31	MSFHR to develop HSPRSN staff and Team Leads to review
4. Submission of team final report	By September 4	Team Leads
5. Administration of team member survey	By September 18	MSFHR
6. Development and review of IT summary report	By October 30	MSFHR
7. Submission to HSPRSN Steering Council	By October 30	HSPRSN staff

## 5.0 Expert Review

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In keeping with the MSFHR evaluation policy and best practices for internally lead evaluations, the MSFHR will engage two experts in the fields of collaborative research teams and evaluation. These experts will review the evaluation plan, data collection instruments, and the final report.

## 6.0 Challenges and Limitations

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The main limitation of the evaluation is the lack of a comparison group. This will prevent the determination of the relative effectiveness of this program as a mechanism for enabling translational research. While data will be collected on the outcomes of interest (partnerships, research activity, knowledge translation and exchange, and knowledge use), it will not be possible to gauge how well the program contributed to these outcomes vis-à-vis other types of translational research initiatives, e.g., it

will not be possible to determine whether this program enabled more or different types of partnerships than other types of translational or non- translational programs, whether the research produced was more “usable” than other types of research funding, or whether knowledge sharing and knowledge use were more easily facilitated by this type of initiative. Some comparisons may be able to be made through a review of relevant literature. It should also be pointed out that it is beyond the scope of the present evaluation to undertake any cost effectiveness or cost-benefit analysis.

There are also limitations related to each of the main data collection methodologies. The largest challenge facing the team member survey will be obtaining responses from all team members. The survey will be administered at the beginning of September, which may negatively affect the response rate as it coincides with the start of the new school year. Best practices in survey administration will be followed in order to maximize the response rate. The existence of the survey will be communicated well in advance of the release of the survey, multiple reminders through the administration period will be sent, and electronic administration will be used to enable respondents to complete the survey over multiple time periods.

The largest challenge that will influence the team lead final report is the availability and accuracy of information. As the evaluation parameters were not developed at the beginning of the program, teams may not have collected the data required to complete the team lead final report. While each team has submitted an annual progress report, it may not have collected the data that is currently being requested. The accuracy of the data will depend on the record keeping procedures of each team, which cannot be scrutinized or verified. In order to facilitate reporting, teams will have the opportunity to review the draft report template and will be provided with approximately one month to submit their report.