Background Paper - Research Strategic Planning and Establishing Local Research Priorities

Version 1.0 Mar 2015
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1. Executive Summary

The Mid North Coast Health Research Collaborative (MNCRHC) was established to address the health and service delivery concerns specific to the communities of the Mid North Coast. The development of a research strategic plan and the establishment of research priorities will offer a vision of integrating research into the organisations for the future and describe how it will achieve its goals and objectives.

This paper provides evidence to support the decision making process in order to establish the research priorities and the most appropriate and relevant features that should be included in a research strategic plan for the MNCHRC.

The approach employed to identify potential research priorities and inclusions of a research strategic plan consisted of a number of strategies:

- Undertaking an audit of research activity and capacity within the Mid North Coast Local Health District to understand the current situation and provide a baseline on which to measure performance
- Identification of Stakeholders, their purpose and role to promote a sense of ownership, inclusion and gain and understanding of perspective
- An examination of State and National Health & Research Agendas to provide a broader context in consideration of the development of local priorities and initiatives.
- A survey of MNCLHD staff with open and closed questions regarding priorities, barriers to research and potential initiatives to address these. This was investigated further with discussions at the Senior Managers Forum and MNCHRC Advisory Council.

1. Aboriginal Health
2. Aged care and ageing
3. Community engagement
4. Healthy behaviours and environments
5. Integrated care and chronic disease management
6. Maternal and child health
7. Mental health and drug and alcohol
8. Specialty disease management
9. Translational/implementation research and eHealth
10. Workforce focus research

The strategic initiatives identified by the survey rated the most include:

1. Research Translation
2. Funding
3. Encourage new researchers
4. Research Leadership

This document provides a detailed Action Plan to ensure transparency of resources, output and timelines. The final Research Strategic Plan will be evaluated through performance measures for each initiative and both documents will be reviewed annually to ensure relevancy.
2. Background and Purpose

The Mid North Coast Health Research Collaborative (MNCHRC) will seek to address the health and service delivery concerns specific to the communities of the Mid North Coast. The development of a research strategic plan and the establishment of research priorities will offer a vision of integrating research into the organisation for the future and describe how it will achieve its goals and objectives. Identifying local priorities for research are important for the following reasons:

1. It will set the MNCHRC and MNCLHD apart from other organisations,
2. It assists researchers and policymakers to effectively target research that has the greatest potential local public health benefit (Viergever, 2010, Ranson, 2009),
3. By aligning local priorities with national and state priorities it maximises funding opportunities (Ranson, 2009) and impacts on investments (Viergever, 2010),
4. Enables the organisation to focus their efforts on certain healthcare issues whether it is disease- or system-oriented, and
5. Contributes to the harmonisation of national and global health research agendas

Although the purpose and advantages of setting research priorities is evident, the process by which those priorities are defined pose a larger, more complex problem at all levels i.e. locally, state-wide, nationally and globally (Ranson, 2009, Viergever, 2010, Setting*, 2000). There are many published methods of establishing research priorities, however there is no agreement on what might constitute best practice or the use of one existing approach to accommodate a variety of contextual characteristics (Viergever, 2010).

Furthermore, increasing the complexity of these issues locally is that the MNCHRC involves more than one organisation. The goals, individual governance mechanisms and available resources of all partners need to be taken into consideration.

The purpose of this paper is to provide supportive material to assist in the establishment of a set of priorities for research and the development of a research strategic plan for the MNCHRC.
3. Methodology

The approach used to establish the research priorities for the MNCHRC has been adapted from Viergever (2010). At time of writing, preparatory work has only been completed and therefore can only be commented upon. Work to follow is described in Section 8 - Action Plan.

<table>
<thead>
<tr>
<th>Preparatory Work - Completed</th>
</tr>
</thead>
</table>

## 1. Context

**Resources**
- Public healthcare systems of the Mid North Coast (MNCLHD, Aboriginal Medical Services (3), North Coast Medicare Local): patients, access to clinical expertise, clinician/researchers identified
- Universities: academics with research experience, students
- Limited funding: amount yet to be determined

**Focus**
- To develop and conduct high quality research to benefit the Mid North Coast Community
- Address financial and service delivery challenges in healthcare
- Build a culture of research on the Mid North Coast (within healthcare and universities)
- Use research to attract, recruit and retain highly skilled clinician/researchers/academics
- Additional source of funding to organisations

## 2. Inclusiveness

Identification of stakeholders, their purpose and role.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Purpose</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid North Coast Local Health District</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GB and SET</td>
<td>MNCHRC partner</td>
<td>Provide opinion, evidence and determination of identifying the process, setting priorities and oversee the development and endorsement of research strategic plan</td>
</tr>
<tr>
<td>Senior Management</td>
<td>Managers – staff and resource knowledge and awareness. Awareness of ‘coal face’ issues</td>
<td>Provide opinion and evidence – may be in the form of infection control reports, workforce issues etc</td>
</tr>
<tr>
<td>Researchers</td>
<td>Awareness of ‘coal face’ issues. Personal understanding of barriers and enablers</td>
<td>Provide opinion and evidence – personal experiences</td>
</tr>
</tbody>
</table>
### Research Governance Officer
- **Understanding of researcher needs** – gaps in skills and knowledge
- **Resource implications**
  - **Provide opinion and evidence** – reports of Site Specific Assessment submissions

### MNCLHD Staff (general)
- **Including staff who are not already involved in research** will attract an additional perspective of research
- **May stimulate staff interest in pursuing research activities**
  - **Provide opinion**

### Manager, Research Operations
- **MNCLHD Research Office Manager**
- **Provide administrative support to MNCHRC**
  - **Provide opinion and evidence of research priority setting, criteria and strategic plan development.**
  - **Responsible for drafting documents for review by MNCHRC and GB/SET**

### MNCHRC Partners – each will be expected to seek consultation from the appropriate personnel in their organisations and report to the Advisory Council

<table>
<thead>
<tr>
<th>Universities</th>
<th>MNCHRC partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research methodology expertise</td>
</tr>
<tr>
<td></td>
<td>Make the future workforce ‘research-ready’</td>
</tr>
<tr>
<td></td>
<td>Student assistance in research</td>
</tr>
<tr>
<td></td>
<td>Student-led research projects</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aboriginal Medical Services</th>
<th>MNCHRC partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Access to Indigenous population and data</td>
</tr>
<tr>
<td></td>
<td>Indigenous issue expertise</td>
</tr>
<tr>
<td></td>
<td>Research opportunities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>North Coast Medicare Local</th>
<th>MNCHRC partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Involvement of primary healthcare providers</td>
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<tr>
<td></td>
<td>Primary healthcare expertise</td>
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<tr>
<td></td>
<td>Research opportunities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community</th>
<th>MNCHRC partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brings social and community perspective to research</td>
</tr>
<tr>
<td></td>
<td>Balance from professional ideology</td>
</tr>
<tr>
<td></td>
<td>Community interests</td>
</tr>
</tbody>
</table>

### 3. Information Gathering

- **The Mid North Coast Health Research Collaborative** is a partnership of:
  - Mid North Coast Local Health District
  - Durri Aboriginal Medical Corporation Service
  - Werin Aboriginal Corporation
  - Galambila Aboriginal Medical Service
  - North Coast Medicare Local
  - Rural Clinical School, University of NSW
  - University of Newcastle
  - Charles Sturt University
  - Southern Cross University

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**Translating Research into Better Regional Healthcare**

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**FINAL Background Paper - Research Priorities and Strategic Planning Methodology Mar 2015.docx**
An audit of research capacity was undertaken early 2013. A summary of the findings may be found in Section 4 – Research Capacity Audit.

Research activity undertaken across the MNCLHD is collected by the Research Office with data presented in Section 5 – Research Activity.

A Research Planning survey was distributed to MNCLHD staff in November, 2014 for input and views for research strategic planning and priority setting. The results and feedback from the Senior Managers’ Forum are available in Section 6 – Research Planning Survey & Senior Managers’ Forum.

A review of the National and State Health and Research agenda is tabulated in Section 7 – State and National Health & Research Agenda.

A review of the literature was undertaken and methods of establishing research priorities reviewed. A summary of the complexity is mentioned in the ‘Background’ section of this document.

4. Implementation of Research Priorities

Once the research priorities are selected, the following activities will be performed:

1. Inclusion of research priorities within the Research Strategic Plan
2. Communication to all stakeholders via the methods described in the (MNCHRC) Communications and Engagement Plan 2012 – 2016
3. Investigation and determination of funding availability for projects identified as a priority area
   a. Development of a process to determine funding eligibility of projects e.g. criteria for a competitive funding process
4. Research Capacity Audit

The ‘Audit Research Capacity Tool’ developed by Cooke (2005) and adapted for Australian Healthcare Organisations by Prof Susan Nancarrow (Southern Cross University) was used to review the research capacity of the MNCLHD in April 2013.

Overall, the major finding of the audit within the MNCLHD was that the organisation lacked Research Capacity Development (RCD). RCD is ‘a process of individual and institutional development which leads to higher levels of skills and greater ability to perform useful research’ (Trostle, 1992). Of equal noting is that the MNCLHD did not have suitable arrangements in place to fully identify all research-related interests within its organisation.

Table 1 summarises the results of the audit findings and strategies implemented to date to address the identified issues.

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
<th>Findings</th>
<th>Strategies Implemented (within and external to the Research Initiative Project)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Development</td>
<td>The development of appropriate skills and confidence, through training and creating opportunities to apply skills</td>
<td>No formal processes of: Research education, Identifying MNCLHD employee Research Masters or PhD candidates, Encouragement of Higher Degrees in Research, Research Mentorship Program</td>
<td>- Research Interest Groups, - Research Education Sessions, - Formal database developed of Researchers, Mentors/Supervisors, Projects, Research Masters/PhD, grants, HETI Rural Research Capacity Building candidates, Publications/Conferences</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Includes structures and processes that are set up to enable the smooth and effective running of research projects and research related activity</td>
<td>No Research Strategic Plan, Absence of Research Support Staff, No formalised central point of contact for the collection and dissemination of research-related information, Funding uncertainty, No formal mentoring program for research, No Research Director</td>
<td>- Establishment of Research Office (generic email, intranet/internet site, collection and distribution of information), - Establishment of Mid North Coast Health Research Collaborative (MNCHRC) ○ “Brokerage” service to link clinicians and academics, ○ Advisory Council to support research strategic direction</td>
</tr>
<tr>
<td>Close to Practice</td>
<td>The capacity to generate new research</td>
<td>No formalised process of disseminating local</td>
<td>- Research Interest Groups</td>
</tr>
<tr>
<td>Principle</td>
<td>Description</td>
<td>Findings</td>
<td>Strategies Implemented (within and external to the Research Initiative Project)</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Linkages, Partnerships &amp; Collaboration</td>
<td>Knowledge that is relevant to service users and practice concerns; and improves the health of individuals</td>
<td>Research projects, their findings, implementation and impact.</td>
<td>MNCHRC</td>
</tr>
</tbody>
</table>
| Dissemination               | Structures and functions that support people to work together to improve knowledge transfer, innovation, a research process or output | - Collaborations with universities / research networks / research centres were at an individual or departmental level  
- No research framework for collaboration (policies and procedures) | MNCLHD Health Services Development and Innovation Committee (HSCID)          |
| Leadership                  | The dissemination of research in peer reviewed publications and through conference presentations to academic and practice communities. Dissemination to, and impact on, practice and on health communities | - No organisational process to disseminate research findings, publications etc. ‘Celebration’ of research achievements were at a departmental level only | An internet site of MNCLHD employee citations is linked from the intranet [http://int.mnclhd.health.nsw.gov.au/chief-executive/research-initiative-project/celebrating-mnclhd-employees/] and the internet site [http://mnclhd.health.nsw.gov.au/about/cancer-clinical-trials/research/promoting-culture-research/]  
- Nursing and Midwifery Research Symposium (MNCLHD/SCU) 2014  
- Research Interest Groups | MNCHRC                                                                          |
| Leadership                  | The process of influencing group activities towards the achievement of goals. A research leader will foster an environment where research productivity is increased and staff are motivated to engage more fully in research | - No formal research leadership program within the organisation.  
- Research undertaken in the MNCLHD is largely based on personal motivation and interest rather than institutional or departmental requirements. | Research Interest Groups  
- MNCHRC                                                                         |
| Research Culture            | Research and researchers are seen to be valued and supported through recognition and management support | - Research is not part of the mission statement of the MNCLHD, however is recognised in the organisation’s strategic plan | Research Interest Groups  
- Health Services Development and Innovation Committee |
<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
<th>Findings</th>
<th>Strategies Implemented (within and external to the Research Initiative Project)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable Research Activity</td>
<td>Includes research driven by researchers from within the organisation and also where the organisation collaborates in or hosts research led by others. Continuity and sustainability of newly acquired skills and structures to undertake research. Planned approaches to securing funding and year-on-year commitment to research strategy</td>
<td>- Management support for research is conflicted with time available of core duties</td>
<td>- Internet links to funding sites including University Grants pages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No formal mechanisms are in place to link with external funding calls</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Lack of skills in grant application writing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No formal mechanism for research funding by LHD</td>
<td></td>
</tr>
</tbody>
</table>
5. Research Activity

Data in the following tables is provided by the MNCLHD Research Office database. Information received from the MNCLHD Research Governance Office is fed into this database. This database was developed in 2014, and it is therefore acknowledged that data preceding this year may be incomplete.

Criteria:
- Projects with Human Research Ethics Committee approval
- ‘MNCLHD-Specific Research’ is categorised as projects that are either developed by an MNCLHD employee or developed externally specifically for the MNCLHD.

Table 2 All Research Projects by Year and Profession

<table>
<thead>
<tr>
<th>Profession of Principal Investigator</th>
<th>Year submitted to Research Governance Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Administrative Management</td>
<td></td>
</tr>
<tr>
<td>Allied Health</td>
<td>1</td>
</tr>
<tr>
<td>Doctor</td>
<td>16</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>4</td>
</tr>
<tr>
<td>University Academic (external to MNCLHD)</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Table 3 MNCLHD-Specific Research Project by Year and Profession

<table>
<thead>
<tr>
<th>Profession of Principal Investigator</th>
<th>Year submitted to Research Governance Office</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Administrative Management</td>
<td>2</td>
</tr>
<tr>
<td>Allied Health</td>
<td>4</td>
</tr>
<tr>
<td>Doctor</td>
<td>4</td>
</tr>
<tr>
<td>Nursing &amp; Midwifery</td>
<td>4</td>
</tr>
<tr>
<td>University Academic</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>
6. Research Planning Survey & Senior Managers’ Forum

A Research Planning Survey was distributed to the MNCLHD for staff input to establishing research priorities and strategic planning initiatives. The results of the survey were presented at the MNCLHD Senior Managers’ Forum (SMF) with the opportunity for further discussion.

A total of 63 surveys were received for analysis from a variety of healthcare professionals (Figure 1).

![Figure 1 Number of Surveys received by Profession](image)

Respondents were asked to rate the organisational and personal barriers to developing and conducting research within the MNCLHD. The most common barriers were:

**Personal Barriers**
- Funding for research resources and time
- Time available in core hours to conduct research
- Lack of Research Guidance i.e. mentor
- Lack of knowledge / skills / confidence

**Organisational Barriers**
- Funding
- Lack of opportunity of additional hours to conduct research
- Procedure required to bring in changed models of care are too cumbersome
- Support (Management and Peers)

Survey participants were also given the opportunity to enter additional personal and organisational barriers perceived. These are listed in Appendix 1 – Survey Responses.
A. Establishing Research Priorities

Within the survey, respondents were asked to rate the importance of a number of priorities listed as well as given the opportunity to enter their own. Figure 2 illustrates the sum of the weighted ratings of the priorities listed. Responses indicating a “Neutral” priority have been removed.

Additional priorities entered into the survey form are listed in Appendix 1 – Survey Responses.

Figure 2 Sum of weighted importance of listed Research Priorities

The six priorities rating the highest according to survey respondents are as follows:

1. Workforce Issues – Implementation of Best Practice
2. Workforce Issues – Cultural Changes
3. Population Focus – Lifestyle (e.g. Smoking, nutrition, etc.)
4. Population Focus – Aboriginal Health
5. Community-Based Health Service Integration – Patient Management
6. Community-Based Health Service Integration – Avoidable Admissions

Participants of the SMF were asked the following questions relating to research priorities:

1. How many research priorities should we have?
2. Of those listed, are these the right priorities for the MNCLHD? If not, what is missing?
3. Three research questions relating to the priority areas (listed or new).

Feedback received from the participants to the above questions includes:

- There was no consensus on the ideal number of research priorities. The range varied from 2 to “… the more the better”.
- Participants raised the importance of aligning the research priorities to the needs of the local area and strategic direction of the MNCLHD.
- Suggested research questions include:
  - Impact of obesity on health outcomes in rural/regional health services?
  - What are the factors that determine representation to hospital?
  - Best practice in collaborative care planning - what is the gold standard?
  - Quality of irrigated effluent from domestic on-site sewage treatment systems (potential impact on health of rural residents)
  - Cultural changes - Aging population α Aging workforce?
  - How do Aboriginal communities see their role in health improvement?
  - Why is it so difficult to implement evidence based practice?
  - How restructure effects workforce?
  - How continued change effects workforce?
B. Addendum to Research Priorities

Following discussions at the March 2015 Advisory Council and further review it was decided to align the research priorities into categories that relate naturally e.g. Workforce: Absenteeism/Sick Leave, Cultural Changes and Organisational Change and those that correlate with the MNCLHD organisational structure. The revised priorities are therefore:

<table>
<thead>
<tr>
<th>Original Priorities</th>
<th>Revised Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health</td>
<td>Aboriginal Health</td>
</tr>
<tr>
<td>Aged Care</td>
<td>Aged care &amp; ageing</td>
</tr>
<tr>
<td>Aging</td>
<td></td>
</tr>
<tr>
<td>Community Engagement</td>
<td>Community Engagement</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Healthy behaviours &amp; environments</td>
</tr>
<tr>
<td>Healthy Built Environments</td>
<td></td>
</tr>
<tr>
<td>Patient management</td>
<td>Integrated care &amp; chronic disease management</td>
</tr>
<tr>
<td>Avoidable Admissions</td>
<td></td>
</tr>
<tr>
<td>Unplanned Readmissions</td>
<td></td>
</tr>
<tr>
<td>Childhood Health</td>
<td>Maternal &amp; Child Health</td>
</tr>
<tr>
<td>Immunisation</td>
<td></td>
</tr>
<tr>
<td>Maternal Health</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Mental Health and Drug &amp; Alcohol</td>
</tr>
<tr>
<td>Drug &amp; Alcohol</td>
<td></td>
</tr>
<tr>
<td>HIV / Sexual Health</td>
<td>Specialty Disease management</td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>HBV &amp; HCV</td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td></td>
</tr>
<tr>
<td>Disease Focus</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Best Practice Implementation</td>
<td>Translational/implementation research &amp; eHealth</td>
</tr>
<tr>
<td>eHealth</td>
<td></td>
</tr>
<tr>
<td>Cultural Changes</td>
<td>Workforce focus research</td>
</tr>
<tr>
<td>Organisational. Change</td>
<td></td>
</tr>
<tr>
<td>Absenteeism/Sick Leave</td>
<td></td>
</tr>
</tbody>
</table>
C. Research Strategic Planning

The development of a research strategic plan will provide a ‘roadmap’ of the path of the organisation for the future of research.

A draft strategic plan has been developed with those initiatives listed in the survey for staff opinion. Survey respondents were also given the option to enter additional initiatives detailed in Appendix 1 – Survey Responses. Figure 3 illustrates the staff importance of the strategic initiatives within the draft plan.

Figure 3 Sum of weighted strategic initiatives

Participants of the SMF provided feedback to the following questions with respect to research strategic planning:

1. What is missing from this list of strategic initiatives to promote and foster a culture of research within the MNCLHD?
   i. Sustainability, collaboration – engaged workforce
   ii. Prevention, Infrastructure
   iii. Evaluation
   iv. Practical mentoring

2. List performance measures that you would like to see achieved by the MNCHRC for the following time periods:
   a. 12 months
i. More publications
ii. Guidelines/education on how to do research in MNCLHD (user friendly)
iii. Roadmap (implementation of recommendations)
iv. Comprehensive on-line repository of all active research involvement
v. Number of projects commence and compared to period before project launch
vi. Look at existing research project and implement some/all of (??) learnings/outcomes
vii. Funding attracted / milestone measures on a program plan (Implementation)

b. 3 years
   i. Higher Research Degree LHD/University link
   ii. Engagement of current programs with support
   iii. Percentage of research findings that were implemented
   iv. Number of times published / peer reviewed / funding attracted

c. 5 years
   i. Structured level of support
   ii. Encouragement of staff to do PhDs
   iii. Has the findings been implemented into clinical practice - has it made a difference?
   iv. Number of times published / peer reviewed / funding attracted / invitations/citations / patient outcomes / capacity building - established scholarships

Additional comment:

• Would be good if collaborative could have a mentorship mechanism to support staff to write up for publication, case studies, models of great service, etc. Particularly those services where statistics are not central to the service, activity, science. We can't publish if we aren't supported to develop and write the publication. If this existed, the MNCLHD may have more publications and may lead to more research questions....
7. State and National Health & Research Agenda

The primary purpose of any health and research agenda is to improve the health of the population. A review of national, state and local health plans has been undertaken to provide a broader context in consideration of the development of local priorities.

Key: NSW Plans – Directions are denoted numerically (i.e 1, 2, 3 etc), Strategies alphabetically (i.e. A, B, C etc)

<table>
<thead>
<tr>
<th>National Health Priority Areas ¹</th>
<th>NHMRC Strategic Plan 2013-2015 ²</th>
<th>NSW Rural Health Plan: Towards 2021 ³</th>
<th>NSW State Plan: Towards 2021 ⁴</th>
<th>NSW Aboriginal Health Plan 2013-2023 ⁵</th>
<th>MNCLHD Strategic Plan 2012-2016 ⁶</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Diabetes Mellitus</td>
<td>5. Work with partners – States and Territories, health bodies, health industries and community and consumers groups</td>
<td>B. Strengthen rural health infrastructure, research and innovation</td>
<td>B. Supporting and harnessing research and innovation</td>
<td>5. Providing culturally safe work environments and health services</td>
<td>5. Finance and Management</td>
</tr>
<tr>
<td>7. Arthritis and Musculoskeletal Conditions</td>
<td></td>
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<td>8. Obesity</td>
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<td>9. Dementia</td>
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8. Action Plan

Key:  AC – Advisory Council of MNCHRC; MRO – Manager, Research Operations

<table>
<thead>
<tr>
<th>TASK</th>
<th>ACTION</th>
<th>RESOURCES</th>
<th>TARGET AUDIENCE</th>
<th>RESPONSIBILITY</th>
<th>OUTPUT</th>
<th>DUE DATE FOR COMPLETION</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Research Planning and Priorities Documents</strong></td>
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<tr>
<td></td>
<td>1.1 Review of this paper and the draft Research Strategic Plan to the Advisory Council for review and comment</td>
<td>This paper Draft Research Strategic Plan v0.91</td>
<td>AC</td>
<td>MRO</td>
<td>AC Comments and amendments</td>
<td>January 2015</td>
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<tr>
<td></td>
<td>1.2 Develop ‘Research Priorities Paper’</td>
<td></td>
<td></td>
<td>MRO</td>
<td>Research Priorities Draft V0.1</td>
<td>February 2015</td>
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<td></td>
<td>1.3 Incorporate AC comments and amendments to Draft Research Strategic Plan</td>
<td>Draft Research Strategic Plan v0.91</td>
<td></td>
<td>MRO</td>
<td>Draft Research Strategic Plan v0.92</td>
<td>February 2015</td>
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<tr>
<td></td>
<td>1.4 MNCLHD Review of Research Priorities Draft and Draft Research Strategic Plan v0.92</td>
<td>Research Priorities Draft V0.1 Draft Research Strategic Plan v0.92 MNCLHD Policy distribution procedure</td>
<td>MNCLHD Staff</td>
<td>MRO</td>
<td>MNCLHD Comments</td>
<td>March 2015</td>
</tr>
<tr>
<td></td>
<td>1.5 Review MNCLHD Comments and amend documents as required</td>
<td>Research Priorities Draft V0.1 MNCLHD Comments Draft Research Strategic Plan v0.92</td>
<td></td>
<td>MRO</td>
<td>Research Priorities Draft V0.2 Draft Research Strategic Plan v0.93</td>
<td>March 2015</td>
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<tr>
<td></td>
<td>1.6 Advisory Council final review of draft documents - Research Priorities and Research Strategic Plan to be submitted for final review and recommendation of endorsement to the MNCLHD Governing Board</td>
<td>Research Priorities Draft v0.2 Draft Research Strategic Plan v0.93</td>
<td>AC</td>
<td>MRO</td>
<td>Research Priorities Final V1.0 Final Research Strategic Plan v1.0</td>
<td>March 2015</td>
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<td>2</td>
<td><strong>Seek MNCLHD Governing Board Endorsement of Documents</strong></td>
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<tr>
<td>2.1</td>
<td>Document process of setting research priorities, developing the criteria and developing the research strategic plan</td>
<td>Paper documenting methodology to setting research priorities</td>
<td>MNCLHD Governing Board</td>
<td>MRO</td>
<td>Process paper</td>
<td>April 2015</td>
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<tr>
<td>TASK</td>
<td>ACTION</td>
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<td>TARGET AUDIENCE</td>
<td>RESPONSIBILITY</td>
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<td>2.2</td>
<td>Submit to the Governing Board for request for endorsement</td>
<td>Process paper Research Priorities Final v1.0 Research Strategic Plan Final v1.0</td>
<td>MNCLHD Governing Board</td>
<td>MRO</td>
<td>Endorsement of Research Priorities and Research Strategic Plan</td>
<td>April 2015</td>
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<td>3</td>
<td>IMPLEMENTATION</td>
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<tr>
<td>3.1</td>
<td>Promotion</td>
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<td>3.1.1</td>
<td>Promote milestone for MNCHRC locally</td>
<td>According to the Communications and Engagement Plan</td>
<td>MNCHRC Organisations</td>
<td>MRO and MNCLHD Media &amp; Communications Manager</td>
<td></td>
<td>April 2015</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Promote milestone for MNCHRC publicly</td>
<td>According to the Communications and Engagement Plan</td>
<td>Public</td>
<td>MRO and MNCLHD Media &amp; Communications Manager</td>
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<td>April 2015</td>
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<td>3.2</td>
<td>Funding</td>
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<td>3.2.1</td>
<td>Investigation and determination of funding availability for projects identified as a priority area</td>
<td>Research Funds</td>
<td>AC</td>
<td>MRO</td>
<td>Development of a process to determine funding eligibility of projects e.g. criteria for a competitive funding process</td>
<td>May 2015</td>
</tr>
</tbody>
</table>
9. Monitoring

Both the Research Strategic Plan and Research Priorities will be reviewed annually by the Advisory Council of the MNCHRC from the time of endorsement. This is to ensure that both documents are relevant to the current political agenda, resources availability and health status situation of the MNC communities. The process of priority setting will also be reviewed annually to increase the quality and acceptability of the process (Viergever, 2010).

The Research Strategic Plan will be evaluated through the development of an Operational Plan detailing performance measures for each initiative on the whole and against each priority. Measures such as research activity, funding applied for and obtained, output (publications and conference presentations) will be included, however are outside the scope of this paper.
## 10. Risk Management

### Table 4 Risk Management Strategies

<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategies for Mitigation</th>
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</thead>
<tbody>
<tr>
<td><strong>Research Priorities</strong></td>
<td><strong>Rejection of Priorities by staff of MNCHRC</strong>&lt;br&gt;• Support of GB and Senior Executive to advocate and provide continued commitment (Greenhalgh, 2004)&lt;br&gt;• Involving the stakeholders at all levels within the organisation (MNCLHD) at all stages of the process of priority setting should increase the acceptability of the priorities (Clyde-Smith, 2014).&lt;br&gt;• Transparency of the process through communication channels (eg training, published on intranet/internet) to setting the priorities should increase the credibility and thus the acceptability of the final result (Viergever, 2010, Greenhalgh, 2004)&lt;br&gt;• Allowing feedback mechanism of the priorities and method of setting priorities through all stages of the process (Greenhalgh, 2004).</td>
</tr>
<tr>
<td><strong>Priorities too narrow/broad, not relevant to the local area</strong></td>
<td>• Involvement of stakeholders from all levels of the organisations.&lt;br&gt;• Iterations of process ie. Questionnaire, SMF, Advisory Council, submit to MNCLHD for consultation, Advisory Council</td>
</tr>
<tr>
<td><strong>Research Strategic Plan</strong></td>
<td><strong>Inadequate resources for implementation</strong>&lt;br&gt;• By ensuring that top level management, including GB and CE are involved in the process of development and review, the resources available are deemed appropriate</td>
</tr>
<tr>
<td><strong>Operational Risks</strong></td>
<td><strong>Conflicts within MNCLHD</strong>&lt;br&gt;• Transparency of process of setting priorities&lt;br&gt;• Feedback mechanism&lt;br&gt;• Ensure all professions have an equal ‘voice’&lt;br&gt;• Resolved at Advisory Council</td>
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<td></td>
<td><strong>Conflicts within MNCHRC</strong>&lt;br&gt;• Feedback mechanism&lt;br&gt;• Discussion groups&lt;br&gt;• Will be asked to put forward their case and discussed at next Advisory Council meeting&lt;br&gt;• Consensus vote</td>
</tr>
<tr>
<td></td>
<td><strong>Withdrawal of partner(s) from the MNCHRC</strong>&lt;br&gt;• Withdrawal of one or more partners from the MNCHRC will be dealt with according to the Advisory Council Terms of Reference</td>
</tr>
</tbody>
</table>
The Research Planning Survey allowed respondents to enter additional items and comments with respect to Barriers to Research, Strategic Planning and Priority Setting. These are described below.

A. Additional Priorities Recorded on Survey

- **Workforce Issues**
  - Attraction & retention of staff in rural areas
  - Staff mix
  - Staff skill esp student nurse
  - Pride in workplace
  - Financial pressure to employ less experienced staff
  - Accountability

- **Community-Based Health Service Integration**
  - Clinics
  - Support systems
  - Developmental delays and disorders
  - Health focus/prevent disease
  - Mental Health/D&A
  - Criteria Led Discharge
  - Collaborative Care planning
  - Diabetes
  - Renal-Pre Dialysis
  - Clinics
  - Support systems
  - Impact of stigma and discrimination on patient/client experience and health outcomes

- **Specialty**
  - Geriatrics
  - Dementia
  - Paediatric screening
  - Social supports
  - Rehabilitation
  - Community Support for discharged persons
  - Viral Hepatitis Advanced Liver Disease
  - Paeds / development
  - Neurology
  - Sexual Health
  - Liver Disease
  - Infection
  - Obstetrics
  - Child protection
  - Cannabis Specific Illnesses
  - Metamphetamine Abuse
  - Rehabilitation
  - Palliative care (not just oncology)
  - Allied Health
  - Paediatric screening Social supports
  - Paediatrics
  - Emergency Care
  - Carer Program
  - Aged care
  - Stroke
  - Accessible environments
  - Social determinants
  - Child wellbeing
  - Depression & Anxiety Focus
  - Trauma
  - Carer Support
  - Orthogeriatrics

- **Population Health**
  - Language - health & ESL

B. Comments - Priorities Recorded on Survey

- Disease focus- depends on area of clinical interest/expertise continuum of care- dependent on phase of patient care and can do research in that phase e.g. treatment, prevention (primary or...
secondary) healthy environments- preventative programs, community/patient empowerment programs

- Rehabilitation and perceived quality of life and physical and functional outcomes.
- Very concerned about the obsession with "managing" - which seems always to be a euphemism for reducing - sick leave. I understand there is ample EVIDENCE to indicate that pressuring / coercing people to continue to attend work when they are not well is harmful to individuals, the community (particularly frail or immunocompromised patients) and the LHD.
- I really feel kids are considered 2nd class citizens by politicians - primarily because they can't vote! We are named the 'health' department - yet we seem to spend a disproportionate amount of money on 'illness' (i.e. tertiary end of care) rather than prevention / early intervention - This will sound callous - but an example such as cancer works well. 'Cancer' (note big 'C') is a very emotive word and will attract endless funding for projects + research + really nice big buildings. Yet preventative programmes targeting preschool aged kids that attract very little attention (say communication or behavioural programmes or school readiness or literacy programmes - anything with a big flow on effect) would have an overall bigger effect than treating a 90 year old smoker with end stage cancer.
- It can be frustrating to see, read or hear about research that is carried out on a particular subject repeatedly, yet doesn't seem to achieve any change or improvement. Maybe the question should be asked before time, money and effort is put in 'Are we flogging a dead horse?'
- Disease focus should also incorporate sponsor / collaborative group studies' use of medicines in the clinical setting.

C. Additional Strategic Initiatives Recorded on Survey

- Realistic research options - i.e. not bogged down by excessive bureaucratic processes
- Realistic adjustment of workloads to allow clinicians/educators to carry out research
- Focus on research with direct clinical application
- NOT "reinventing the wheel" - if it's been proven elsewhere, it doesn't need to be proven again here."
- Supporting young researchers
- Providing back fill to support researchers
- Developing relationships with Universities
- Developing relationships with Professional bodies e.g. Australian Association of Social work
- Developing an independent research branch of NSW health
- Supporting researchers to publish their research
- Develop a peer reviewed journal for NSW Health researchers
- Translating current practice into research using information technology i.e. measuring what we do already without fuss
- Quality projects/ qualitative research
- Academic support for statistics
- Assistance/streamline to navigate ethics approval
- Time
- Integrated in Position Descriptions
- Structure support to enable research in practice
D. Comments - Strategic Initiatives Recorded on Survey

NB. Some words/phrases have been omitted to ensure anonymity of respondents

- Also need workshops on navigating the ethics process, writing for publication, resources to conduct research i.e. voice recorders and laptops that have the function to copy the voice recordings and transcribe them etc.
- Research is important and I think it leads to improvements in patient care and outcomes but it involves a lot of work which can be very difficult when support is no available.
- Should be easier to do research, however lots of barriers (time main concern)
- I work in Rehabilitation Unit and have designed an excel program to collect data relevant to care delivery and rehabilitation within a MDT and quality of life outcomes. I would like to be involved in quality of life outcomes for middle age to older people.
- I feel non metropolitan areas are typically considered poor employment options for those wishing to pursue research - which is really rather sad.
- The difficulty is to find time in the work setting to do research and get appropriate funding for it.
- Support mentor needs to be actively involved and understand our business
- Departmental recognition of the need for support for selecting local research topics and undertaking research projects and a platform for sharing findings would encourage participation.
- Even when research is part of your role it is crowded out in practice. The organisation needs to actively support to allow space with workloads, role expectations, quarantined hours, admin staff or such like.
- In the current research study that I am undertaking as part of a team, the initiation of this project was through a grant, which had been applied for by one of the department’s Attending Medical Officers. The application for this grant was made without prior consultation with potential members of the project team who would undertake the study.
  In hindsight, I was too quick to offer to lead the project team. Whilst the project has merit as it may lead to processes in the patient-centeredness of services provided by the department, prior discussion with those who may have interest in this area could have led to a better way of achieving the study aims.
  During the early phase of this study, the same doctor strongly encouraged the project team to apply for another grant. This application was successful.
  Because of these grants, I felt obligated to see the study through to completion. Otherwise if I had known the hours that I would have to put in - mainly unpaid so there is minimal impact on my work role, I would have withdrawn from participation in the study.
  In addition, I feel I am personally suited to either undertaking research individually rather than in a team.
  Getting HREC and SSA Governance Officer approval for this study has been protracted and a source of frustration.
E. Additional Personal Barriers Recorded on Survey

- the 'personal benefit' question is a tad difficult to answer ~ primarily because it's multifaceted i.e. 'personal benefit' could refer to happy smiley personal satisfaction / monetary remuneration / professional grading / career progression etc. - I still rated it high
- I believe any research we do should have results and recommendations that are provided back to the people/cohort and community that were involved. That the research is aimed at finding ways to improve health outcomes, not aimed at someone getting a masters or PhD
- I very much see the value of research; however I do question some of the topics that are researched as to how they can help to improve care for our patients!
- "I have ideas, but developing the idea into a scientific question requires assistance from a team of specialists including statisticians, medical officers / specialists in the field and overview from an independent group, (not single people in each field).
- The best studies with the most valid result are a group effort with independent data monitoring committees.
- For this reason, getting a group working toward a single study may be difficult."
- My response to 'Lack of personal benefit from conducting research' and 'Don't see the value of research' have been shaped by the current study in which I am involved.
- I have no interest in personal or professional benefit that relate to seeing my name as an author in publications on research. My interest is pragmatic in undertaking research or utilising research findings that will be of benefit to the patients / families with whom I am involved as an oncology nurse.
- funding and permission /reduced clinical duties( secondment /backfill/additional time) is primary barrier
- Needs to be in staff’s position description and performance managed for action research.

F. Additional Organisational Barriers Recorded on Survey

- Implementation of evidence-based change in MNCLHD is strictly top-down - changes which are claimed to be "evidence-based" are announced / imposed by state- or LHD- level authorities, but "bottom-up" initiatives from clinicians within the LHD are frequently dismissed and/or discouraged.
- In today’s busy and financially constrained environment, research is often the last thing on health care workers’ agenda. It is also extremely difficult to gain support from managers to enable this and most research is done without managerial knowledge and in my own time.
- Change may be difficult not from management but from co-workers.
- access to other organizations eg PC4, Cancer Institute, ACI etc, not sure where to put this as above unable to conduct formal research with current clinical load
- There aren’t enough hours in the day! Some people are prepared to put in the extra time to conduct research however it’s frustrating when not supported by colleagues and management.
- Ethics, governance approvals slow then staff lose interest
12. References


