Annual Conference 2015: Enabling Collaborative Innovation

ENABLING
COLLABORATIVE
INNOVATION
ANNUAL CONFERENCE 2015

Keynote Address

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How can academics help practitioners?

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On average it takes 17 years to get clinical research into practice

QUESTION

How long does it take to get Health Services Research into practice?

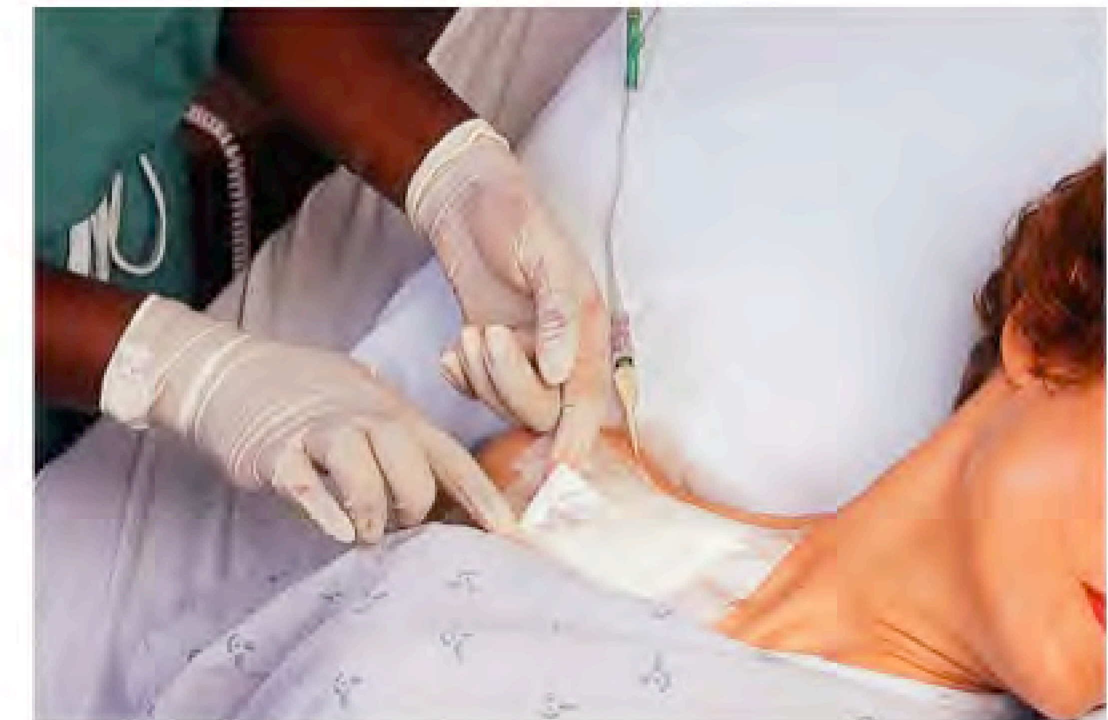
We know how to design and implement effective improvement interventions

The NEW ENGLAND JOURNAL of MEDICINE

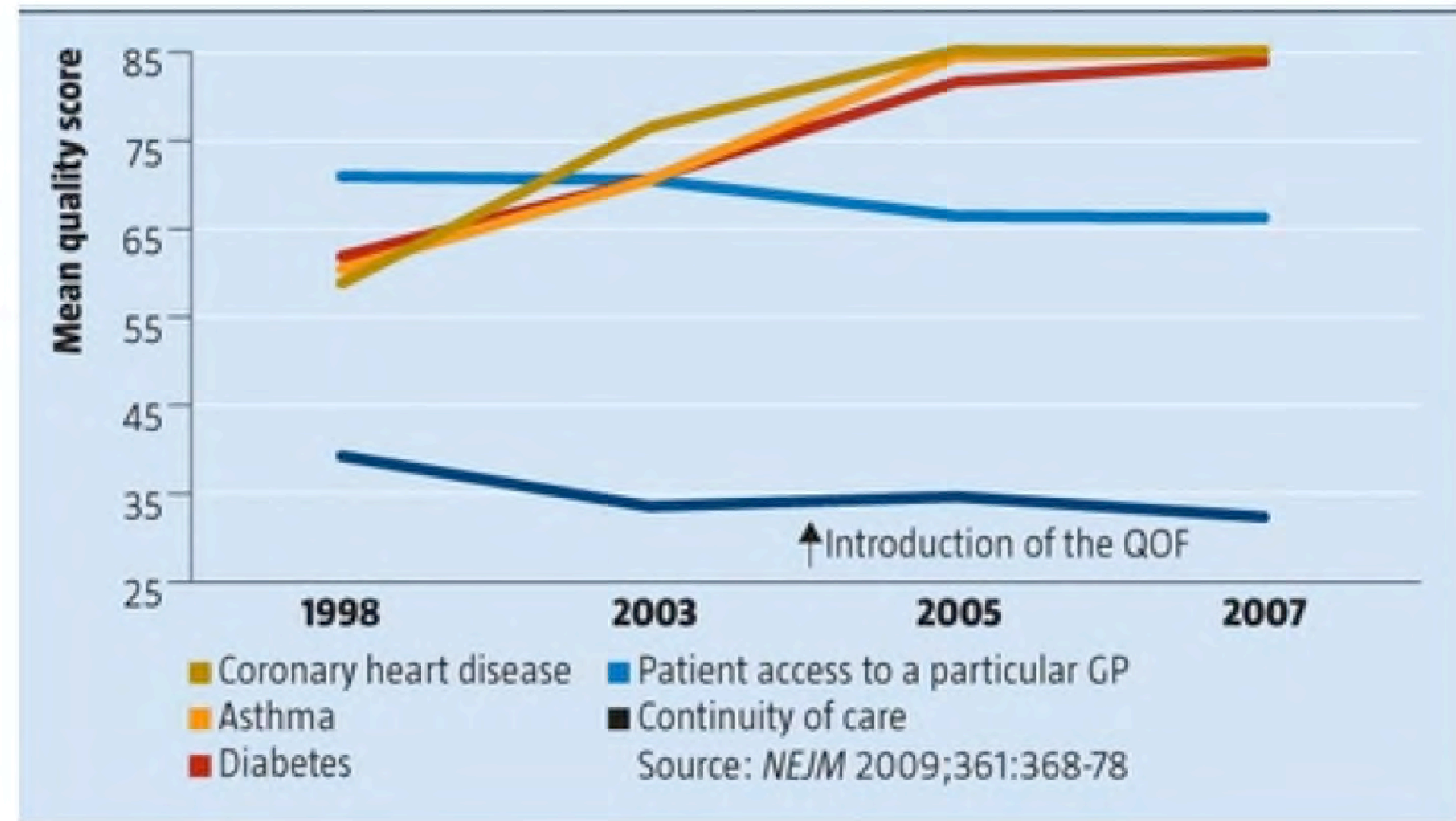
ESTABLISHED IN 1812 DECEMBER 28, 2006 VOL. 355 NO. 26

An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU

Peter Pronovost, M.D., Ph.D., Dale Needham, M.D., Ph.D., Sean Berenholtz, M.D., David Sinopoli, M.P.H., M.B.A., Haitao Chu, M.D., Ph.D., Sara Cosgrove, M.D., Bryan Sexton, Ph.D., Robert Hyzy, M.D., Robert Welsh, M.D., Gary Roth, M.D., Joseph Bander, M.D., John Kepros, M.D., and Christine Goeschel, R.N., M.P.A.



We know that all efforts to improve have unintended consequences



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ANSWER

almost for ever…….

2. A MIRACLE OCCURS

3. Everything gets better

"we could be a little more explicit here at step two"

Knowledge exchange

Knowledge transfer

Innovation spread

Knowledge uptake

Knowledge diffusion

Knowledge mobilisation

Impact

Knowledge translation

Communities of interest

Knowledge linkage

Knowledge diffusion

Organisational learning

Getting Research into Practice

Research utilisation

Getting evidence into practice

Problem	Nature of evidence	Nature of decision process	Solution
Knowledge transfer	A product	One-off event	Improved dissemination of evidence to users ('Push') or demand for evidence from users ('Pull')
Knowledge production	A process	Iterative social process	Work together to define, refine, generate and implement evidence ('Co-creation')

Adapted from Canadian Health Services Research Foundation, 2003

The training of researchers makes it hard for them to relinquish control and embrace community diagnosis and local knowledge……They are taught to consider themselves and the knowledge they have learnt as superior….Training instils in researchers notions of 'objectivity' and of the 'purity' of science which numbs them to the political realities of life in the real world

Cornwall, 1995

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Participatory research

"No research without action, no action without research"
Kurt Lewin 1890 - 1947

"Evidence-based practice needs practice-based evidence"
Larry Green, 1974

- Collaboration across a range of relevant stakeholders
- Desire to solve practical problems
- Focus on initiating change through reflection, greater understanding and shared learning
- Willingness to find common ground through negotiation, compromise and a focus on agency
- Oriented to the epistemology of pragmatism

BMJ Quality & Safety

The international journal of healthcare improvement

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BMJ Qual Saf doi:10.1136/bmjqs-2013-002779

Viewpoint

Moving improvement research closer to practice: the Researcher-in-Residence model

Martin Marshall[1,2], Christina Pagel[3], Catherine French[4], Martin Utley[5], Dominique Allwood[2], Naomi Fulop[6], Catherine Pope[7], Victoria Banks[8], Allan Goldmann[9]

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The Researcher-in-Residence Model

Marshall et al.,

BMJ Quality and Safety, 2014

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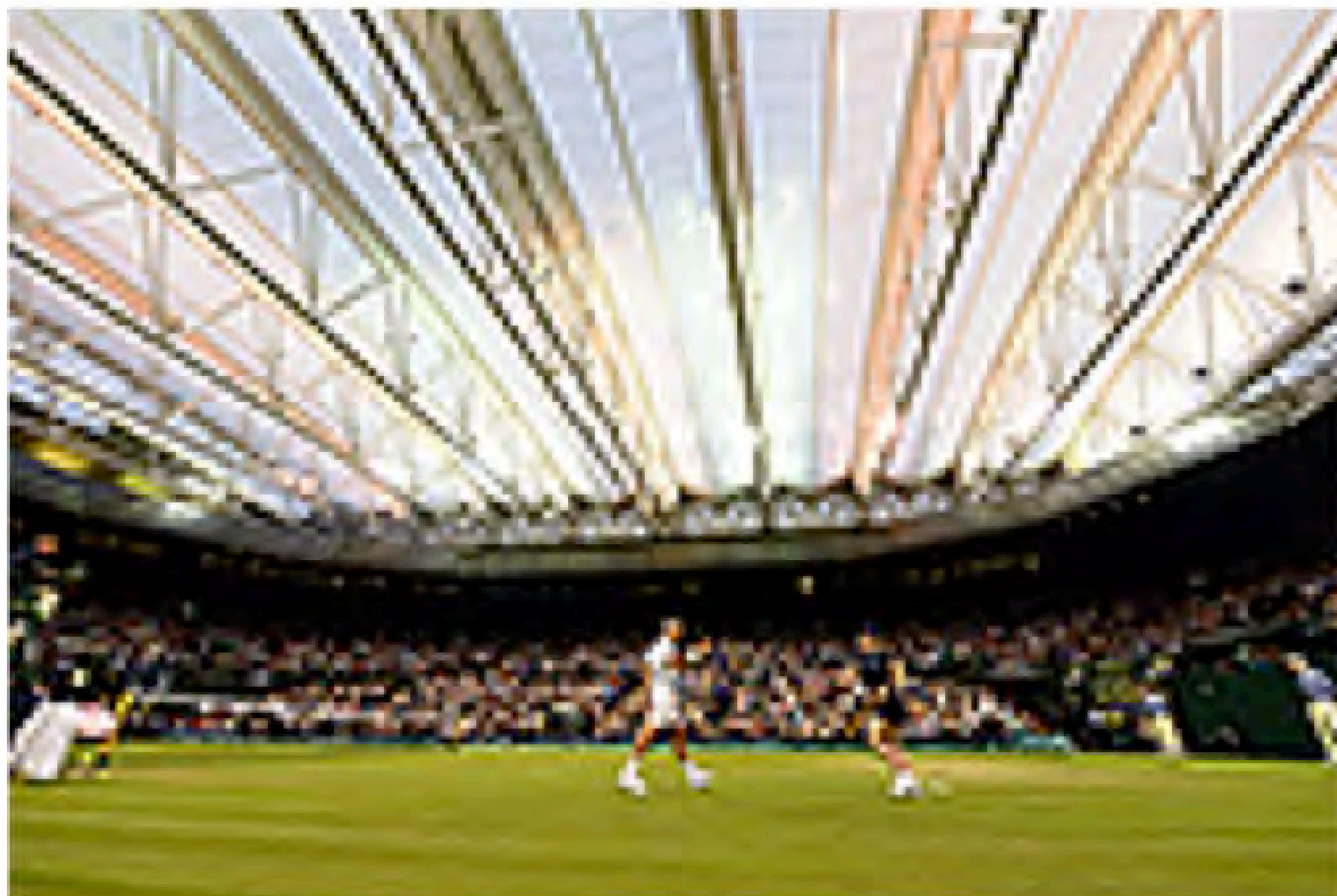
Origins of the in-residence model

Barnsley FC
Poet-in-residence



All England Tennis Club
Artist-in-residence

British Library
Innovator-in-residence

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Defining features of the in-residence model

1. The researcher is a core member of an operational team
2. They are explicit about their expert contribution to the team:
   - the evidence base
   - theories of change
   - evaluation, both formal and informal
   - use of data
3. Their focus is on negotiation and compromise of their expertise rather than imposition – 'a meeting of experts'

Examples of the model being used by UCLPartners

Anthropologist-in-residence at UCLH
developing a clinical leadership strategy

Social Scientist in-Residence in Essex care homes
helping to reduce safety incidents in care homes using improvement science methods

Examples of the model being used by UCLPartners

Operational researcher-in-residence at Great Ormond Street Hospital
improving flow through operating theatres

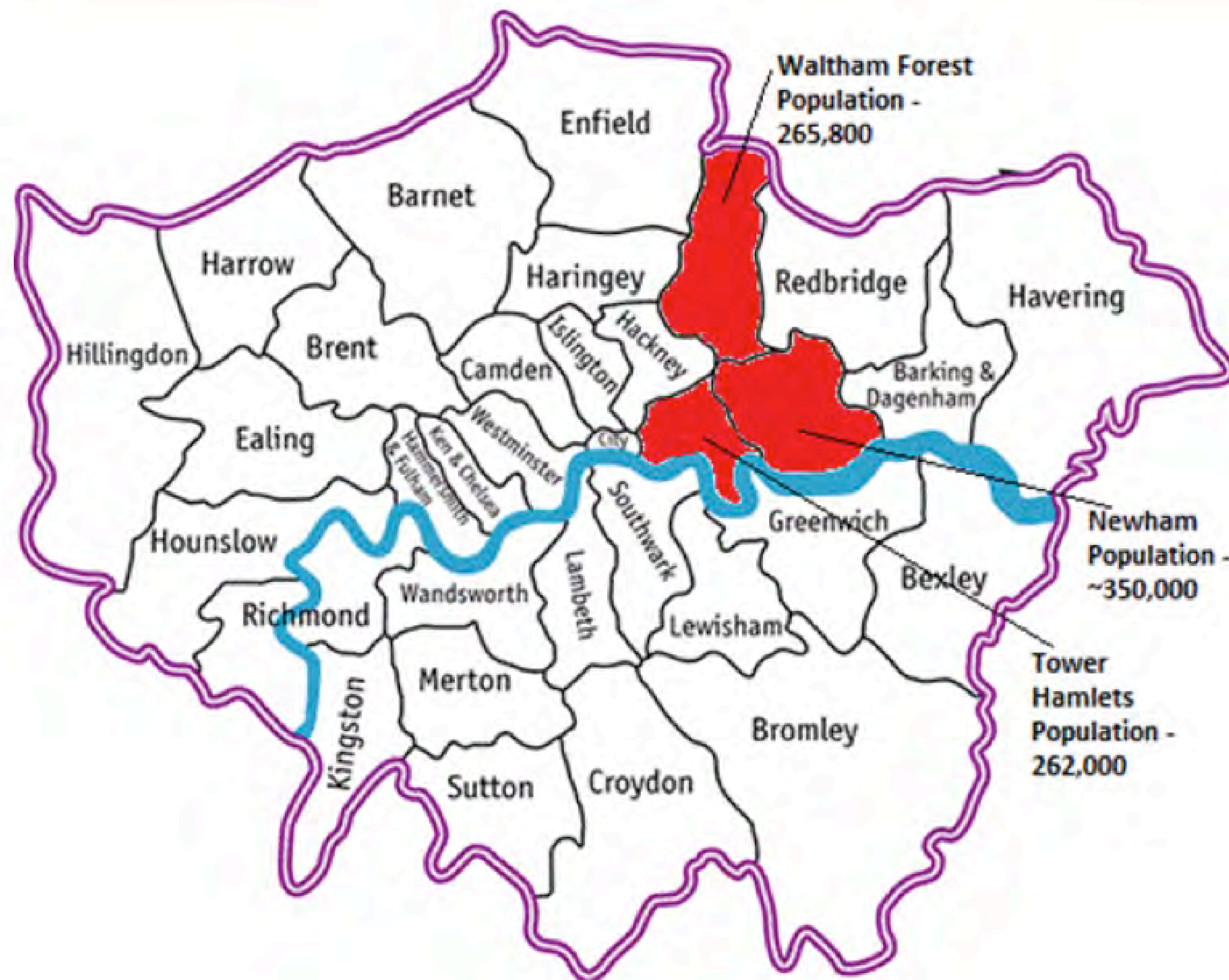
Political scientist- in- residence in Newham general practice
supporting the development of new network models of general practice

Examples of the model being used by UCLPartners

Health Services Researcher-in-Residence at Whittington Health
advising on the development of a quality improvement programme

Health Services Researcher-in-Residence in Islington community services
helping to redesign sexual health services in North London

Critical discourse analyst-in-residence in the Waltham Forest, East London and City (WELC) Integrated Care Pioneer Programme



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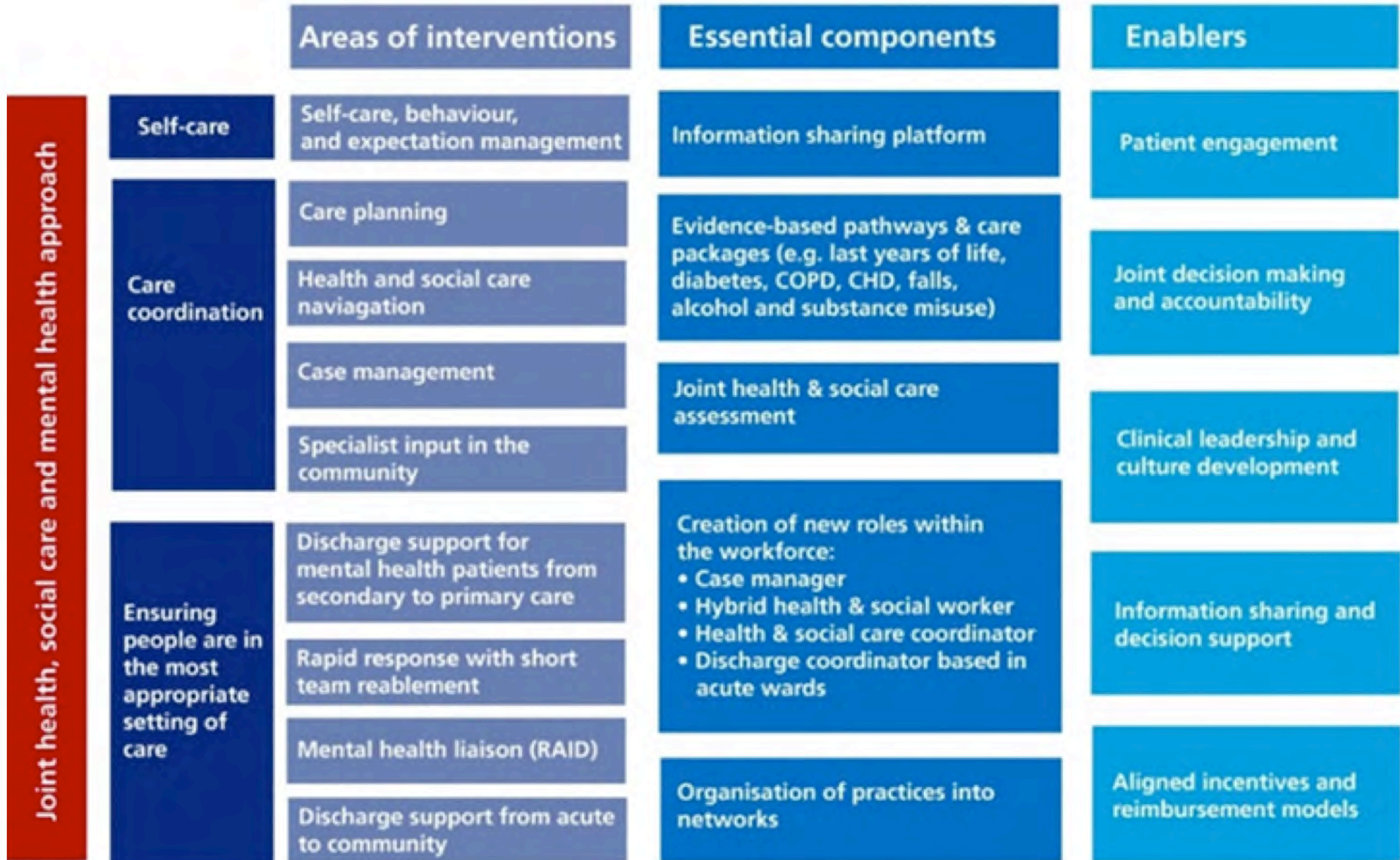
WELC programme structure



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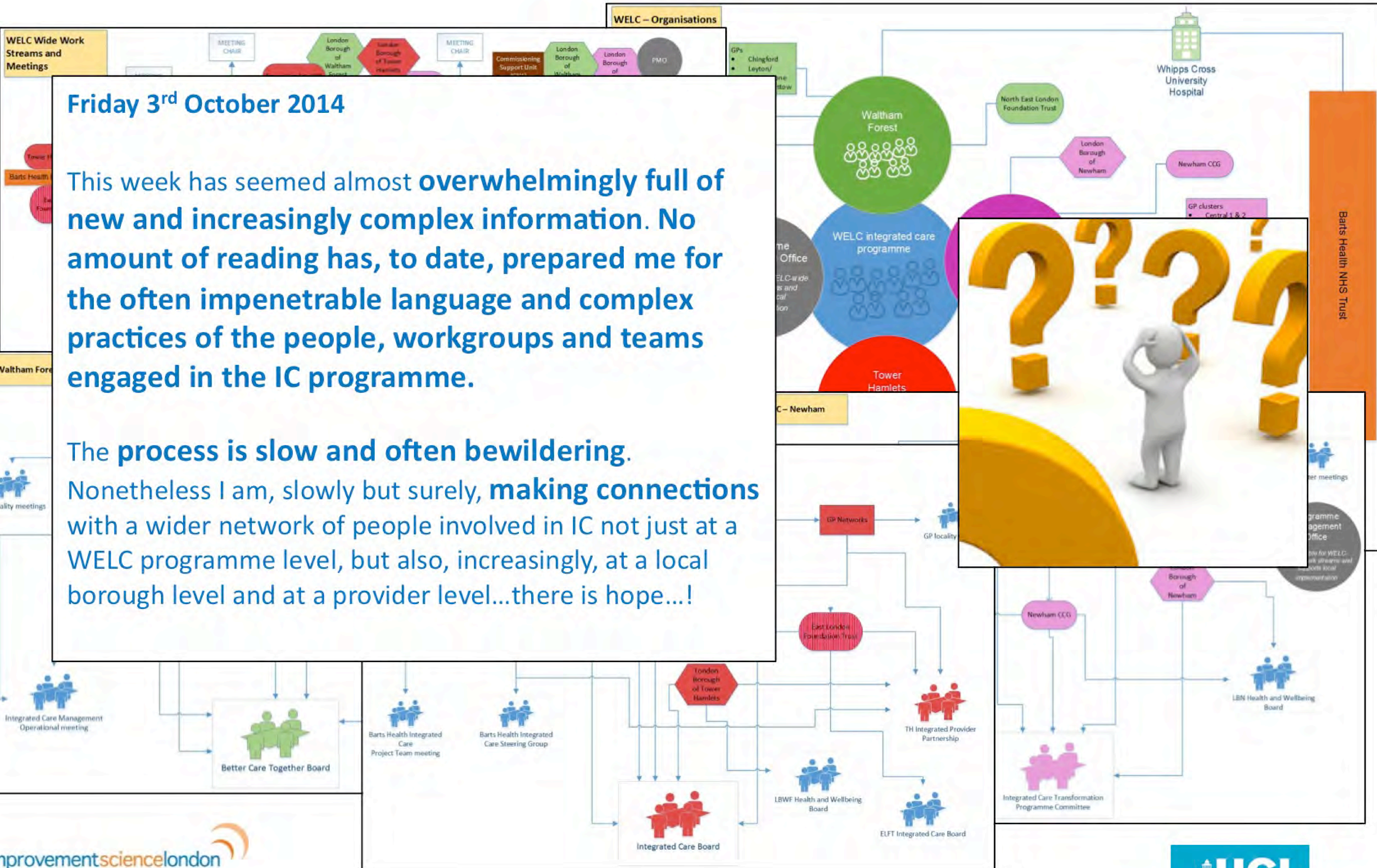
The role of the Researcher in Residence in WELC

"We want you to hold up a mirror to the implementation teams"

- Be a visible and accessible resource to the implementation teams
- Help stakeholders to understand the published evidence base for integrated care and to interpret it for the WELC context
- Evaluate the level of understanding and engagement of the stakeholders
- Examine the extent to which strategy and operational plans are implemented on the ground
- Compare and contrast implementation in the different partners across the programme
- Exploring the facilitators and barriers to implementation

Challenges: getting embedded and engaging with key stakeholders



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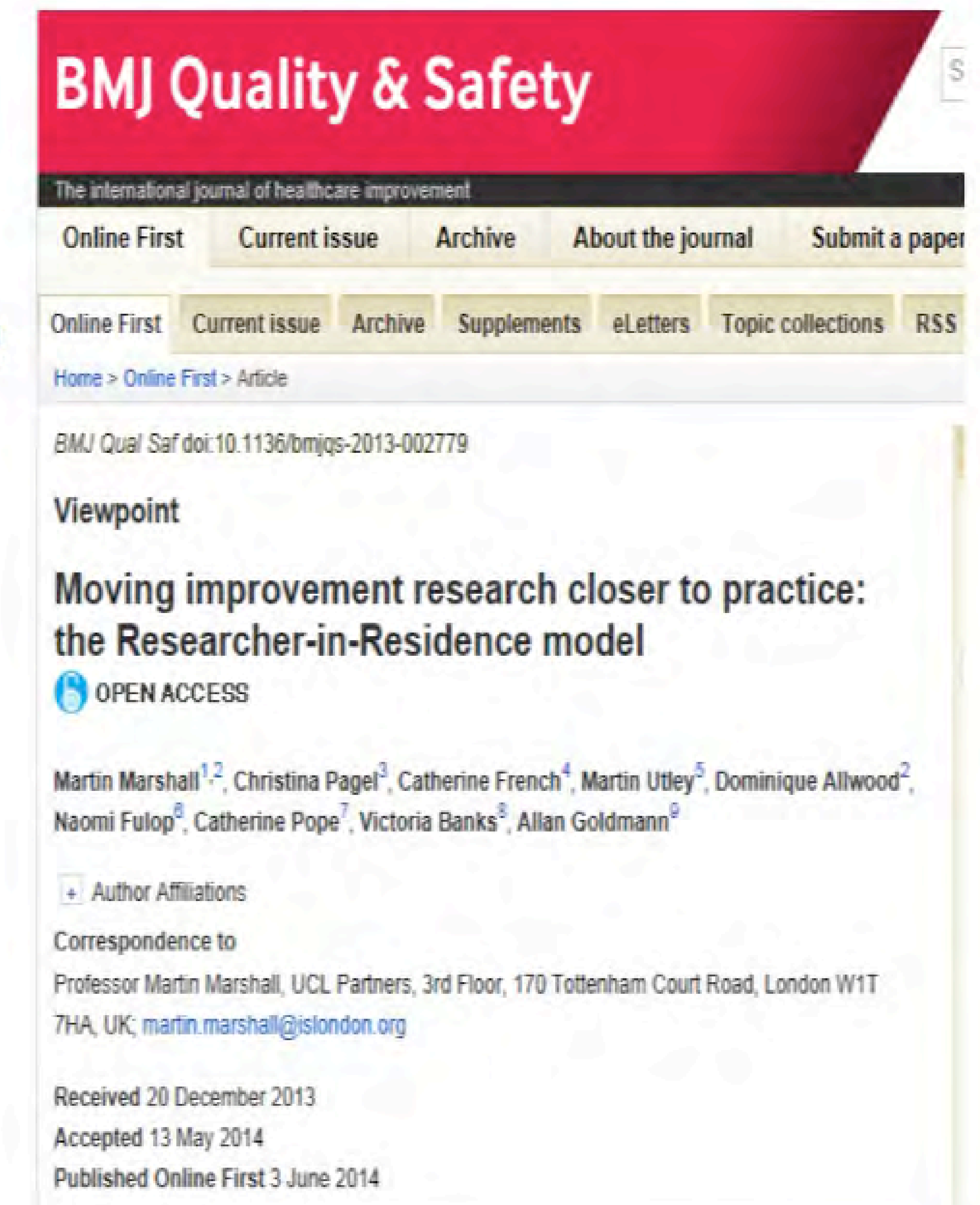
Emerging findings

So far: 75 interviews, 55+ hours observation, documentary analysis

- Staff across WELC are unified in their belief that integrated care is 'the right thing to do'
- Engagement with and understandings of integrated care are poor within the acute and primary care sectors
- Discontinuity caused by staff turnover in CCGs and in service delivery teams has had a negative effect on relationships within and between teams as well as between organisations
- Integrated care in WELC is described as being a 'person-centred' programme and yet patient and service user engagement and involvement in the planning and delivery stage has been inconsistent and often considered poor
- Multiple national policy initiatives have caused confusion amongst staff working to develop and deliver integrated care across WELC, e.g. AUA DES, New Models of Care Vanguards, Prime Ministers Challenge Fund, primary care co-commissioning

Early learning from across the projects

- The model seems attractive to commissioners and providers
- Some academics like the idea – particularly those at the beginning and end of their careers - but many have concerns
- The required skill-set is becoming clear: credibility; ability to listen and reflect; excellent communication skills; negotiation and influencing skills; resilience
- The current service environment is a challenging one in which to build relationships – takes time
- Balancing engagement and objectivity is hard
- There are ethical challenges – handling sensitive conversations, gaining ethics approval



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