

## LESSONS LEARNED FROM ESTABLISHING A RESEARCH AND EVALUATION UNIT FOR A REGIONAL HEALTH AUTHORITY

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**Abstract:** The Canadian health care establishment changed rapidly during the 1990s as several provinces adopted regionalization to reduce costs and improve the efficiency and effectiveness of health service delivery. In Winnipeg, Manitoba, the Winnipeg Community and Long Term Care Authority (WCA) is one of two such local health authorities. The WCA established a Research and Evaluation Unit (REU) to support the effective monitoring and evaluation of dozens of WCA programs and services. Regional health authorities face several challenges with respect to how to evaluate their diverse programs and services. Using the WCA for illustrative purposes, this practice note provides suggestions for addressing these challenges.

**Résumé:** Le système canadien des soins de santé a évolué rapidement pendant les années 1990 au fur et à mesure que plusieurs provinces ont adopté le concept de régionalisation pour réduire les coûts et améliorer l'efficacité et l'efficacités de la prestation des services de santé. Winnipeg Community and Long Term Care Authority (WCA), au Manitoba, est un de deux offices régionaux de la santé locaux. WCA a mis sur pied un unité de recherche et d'évaluation pour faire le suivi et l'évaluation des douzaines de programmes et de services offerts par l'office WCA. Les offices régionaux de la santé doivent faire face à de multiples défis relatives à l'évaluation d'une gamme de programmes et de services diversifiés. À la lumière de l'expérience de l'office WCA, cette note sur la recherche et les méthodes offre des recommandations sur les façons de relever ces défis.

The dawn of regionalized health care began in Manitoba in the late 1990s. In Winnipeg, two health authorities were formed: the Winnipeg Community and Long Term Care Authority (WCA) and the Winnipeg Hospital Authority (WHA). The former authority opened its doors in April 1998 and is mandated to plan and execute the delivery of non-hospital-based health services in the areas of public health, mental health, long term care, and home care. The WCA has over 9,500 direct and indirect (e.g., service-purchase agreements) service staff serving the city of Winnipeg. A commitment to fostering healthy communities is described in its vision, mission, and values statements.

## VISION, MISSION, AND VALUES OF THE WCA

*Vision* - There will be healthy communities in Winnipeg.

*Mission* - To promote and protect health, prevent disease and injury, monitor and assess community health needs, and provide equitably accessible non-acute care services and programs that are delivered effectively and in compliance with prescribed standards.

### *Values*

- A high respect for individuals
- A strong focus on compassionate care
- Co-operation and collaboration for the benefit of the community
- Dedication to innovation and continuous improvement
- Open and honest communication
- A focus on evidence-based decision making
- Sensitivity to the cultural and spiritual values of its communities

## GOALS OF THE RESEARCH AND EVALUATION UNIT

The Research and Evaluation Unit (REU) was established at the WCA in September, 1998. At a time when newly formed regional health authorities are organizing their own evaluation and research functions, this practice note will draw attention to timely issues.

The goals for the REU for its first year of operations are:

1. Develop and maintain an infrastructure to co-ordinate and support research and evaluation projects.
2. Provide research and evaluation expertise and consultation to health care professionals and portfolios within the WCA.
3. Facilitate and conduct research and evaluation projects to promote high quality, cost effective, evidence-based health care.
4. Establish collaborative relationships with stakeholders from academic institutions and other research and community groups.
5. Promote the value and visibility of research and evaluation within the WCA and beyond.

The question of which functions would be most appropriate for the REU was the first step in the goal identification process. The range of possible functions are discussed briefly below and summarized as questions for consideration.

#### EVALUATION AND RESEARCH DEPARTMENTS: QUESTIONS FOR CONSIDERATION

1. How broadly or narrowly should we define the scope of our functions?
2. Will we engage in evaluation functions of a general planning nature or restrict our involvement to evaluation research?
3. Will we set the agenda for our functions or take the lead from our service portfolios?
4. What funds can we use to pay for our projects? Do we have a sufficient dedicated budget?
5. To what extent do we expect our service portfolios to pay for projects?
6. How much time will we dedicate to preparing grant applications to fund our projects?

7. Do we have sufficient manpower for all our projects? If not, where is the most likely source of personnel?
8. Do we have access to or dedicated funds to hire biostatistical consultants, epidemiologists, data entry clerks, transcriptionists, or other professional experts?
9. Do we want to direct all of our projects or do we want to facilitate others to take a lead role?
10. To what extent do we wish to establish contractual agreements with external agencies to conduct our projects?
11. Do we have a sufficient access policy for any type of researcher who wants to conduct research with the clients we serve?
12. Do we have procedures or policies in place to ensure that our activities are consistent with ethical and other professional guidelines?
13. What are our goals? What do we plan to accomplish?

## EVALUATION RESEARCH VS. PLANNING

One of the more challenging issues facing the REU in its early days was the identification of the scope of evaluation responsibilities and their associated activities. Evaluation functions cover a broad spectrum from scientifically controlled research studies to focus groups and needs assessments to program reviews for strategic planning purposes, and so on. The primary function of the REU is to conduct research and evaluation projects in priority areas identified by the clinical service portfolios. The REU meets the evaluation needs of WCA health service providers both directly (by carrying out evaluation projects) and indirectly (by providing consultation, assistance, capacity building, and evaluation training). Due to resource constraints, the REU decided against performing policy and planning functions. This delineation of evaluation activities was important in reducing the number of requests for evaluation services that originated from the clinical service portfolios and avoiding duplication of these functions with the policy and planning staff hired by the portfolios to assist their directors with strategic planning.

## PORTFOLIO VS. REU-GENERATED PRIORITIES

The success of the REU, in part, is attributed to the perception of the REU as serving the research and evaluation needs of the service portfolios. It was important not to be perceived as evaluating the portfolios themselves or directing the portfolios toward a particular avenue of program evaluation or research. This was accomplished by meeting with each portfolio to establish research and evaluation priorities. The REU would subsequently lend guidance and expertise to see these newly identified initiatives to fruition.

## SOURCES OF FUNDING

Budget concerns arose soon after the REU was formed, and three potential sources of funds were identified. First, the REU has an annual budget that covers salaries, office supplies, professional development, and so on. As the REU began to work on projects, the question was raised as to the extent to which the budgets of the service portfolios, i.e., the second source of funds, should be used to pay for these projects (rather than the REU budget). The REU budget was considered insufficient to pay for all the costs to be incurred for all the new research and evaluation initiatives. Although not formally resolved, the portfolios have assumed responsibility for most of the expenses of projects and have been encouraged to build funding for evaluation and research purposes into their annual budgets. This acknowledgement of responsibility appears to have followed a realization of the value and necessity of evaluation and research activities in building quality assurance across the portfolios.

The third source of funds for evaluation and research projects is research grants. Evaluation bodies in regional health authorities need to determine whether applying for research funds is an efficient use of time. Research grants can certainly provide ample funds and can lend academic prestige to the evaluation and research department. However, research grants take a significant amount of salaried time to prepare, and many hours may be required to complete the detailed examination of the research literature, the development of a research design, and the determination of appropriate research methods. Furthermore, research grants have historically low success rates. Realistically, the likelihood of successfully being awarded a research grant is less than 50%. In deciding whether to pursue research grant funds, regional health authorities should balance the likelihood of successfully receiving a research grant with the time and labour costs to be incurred in preparing the application.

## PERSONNEL

Personnel concerns are not mutually exclusive from budget considerations, but pose some unique challenges. When staffing an evaluation or research project, the REU has four possible sources of personnel to consider. First, one of the REU directors or their research associates may devote time to projects. Second, the REU has dedicated funds to hire staff for short-term contracts. These funds, for example, may be used to hire statistical consultants or epidemiologists. Third, staff from the service portfolios may assume or share responsibility for projects and may invest several hours in the project accordingly. The REU has greatly benefited from working with portfolio staff dedicated to particular projects. By serving as facilitators and consultants for these staff, the REU staff has more time to devote to other initiatives. The importance of this point is underscored by the fact that the current demand for REU staff exceeds available supply. Fourth, the REU has considered the possibility of establishing contracts with external research firms. This would be accomplished by issuing a request for proposals from all interested agencies external to the WCA. Although attractive in terms of the hours of time this alternative would save REU staff, this alternative would reduce the amount of control that the REU has over the execution of the research in question. In deciding whether to contract services, regional health authorities need to thoroughly take inventory of the skills and expertise of the staff they have available to conduct research and evaluation activities.

## GRANTING RESEARCH ACCESS

The REU recently formalized a research access policy for both internal and external projects for which researchers want to sample WCA clients. The WCA Research Review Committee reviews proposals for resource implications and feasibility, evidence of scientific merit, compliance with legislation pertaining to personal health information, and evidence of ethical approval for research involving human subjects. Any investigator who desires access to clients for research purposes must provide the REU with confirmation of ethics approval from an accredited Research Ethics Board. The WCA also requires researchers to sign a Pledge of Confidentiality with respect to information about the WCA and its clients that is obtained in the course of conducting the study. The WCA has received several requests to gain access to its clients for research purposes, primarily from university students working on graduate degrees and

faculty at the University of Manitoba. To ensure consistency and fairness in the granting of access, we recommend that regional health authorities develop a research access policy.

## CONCLUSION

The success of a unit dedicated to research and evaluation functions rests to a large degree on whether the unit can effectively serve the needs of the programs and services for which it was designed to evaluate and conduct research. The likelihood of accomplishing this aim is enhanced by having a clear set of attainable goals that are consistent with the corporate vision, mission, and values. We have also found it invaluable to foster strong collaborative relationships and partnerships with a variety of university and community stakeholder groups. During its inaugural year, the research and evaluation unit at the WCA has encountered several operational challenges that may be familiar to other regional health authorities. By sharing these challenges with the broader evaluation and research audience, we hope to facilitate the productive evaluation efforts of regional health authorities across Canada.

