

Evaluation of the Researching Important Clinical Questions to Improve Health Outcomes (RICH) Program: Summary of key findings

Background

The Researching Important Clinical Questions to Improve Health Outcomes (RICH) Program was an initiative developed by the Hunter New England Central Coast Mid North Coast Research Hub (the forerunner of NSW Regional Health Partners) to help increase the involvement of clinicians in institutional research.

The RICH Program initiative was designed to support research-active or research-interested clinicians who were motivated to address clinical challenges, but lacked research knowledge and capacity to progress their ideas. It was specifically designed to promote the co-production of service-led research that leveraged the academic research skills and capacity of the University of Newcastle (UoN) and the Hunter Medical Research Institute (HMRI).

Approximately 429 clinicians from the three Local Health Districts (Hunter New England, Central Coast and Mid North Coast) attended a skills-based workshop to refine a proposed clinical question and develop a small research project. Thirteen workshops were held between 2015 and 2018, each facilitated by an experienced health service research manager or health services-researcher: 32 projects were subsequently presented, 19 of which received grants ranging from \$2,000 to \$25,000.

Process

While there is considerable evidence that health care is better and research is more likely to be applied when the decision makers and users are involved in the research, there is little evidence of successful models or interventions, and limited evaluations of similar capacity building programs.

A formal evaluation of the RICH Program was therefore commissioned by the NSW RHP with the specific purpose of determining:

- the value of the RICH Program to partner organisations
- the effectiveness of the projects completed through the RICH Program
- the extent to which RICH Program has led to improved research skills
- a sustainable model of delivery for RICH Workshops

The evaluation, undertaken by HMRI, comprised a document analysis (n=83), qualitative semi-structured interviews (n=11), and an economic analysis. The document analysis encompassed participant surveys from the first six workshops held in the HNELHD. The interview participants included research participants, health service research managers and academics/technical experts involved in the program. The qualitative and quantitative data obtained from this mixed methods approach was triangulated as appropriate to answer the above questions.

Findings

Value of the RICH Program to partner organisations

The majority of respondents found the workshops process valuable and useful, with 85% agreeing or strongly agreeing that they felt more informed on how to work with research staff to conduct translational research. The five participants interviewed would recommend the RICH Program to colleagues and most respondents assessed their overall rating of the workshops as informative, easy to understand, appropriate to their role and appropriate for the audience. Some stakeholders,

however, were more qualified in their support and identified issues with the resourcing of the program and the lack of a clear process following the workshop.

Overall, the program appears to have been effective at increasing awareness and collaboration between health services and was valued as a way of engaging academic researchers with clinical services and the real-world health problems being addressed. Further, the academic experts providing support in research design or health economics learnt more about the health sector; an important outcome not considered in the original proposal.

Effectiveness of the completed projects

The RICH Program was effective in demonstrating and developing high-level leadership skills including expert facilitation, content knowledge and awareness of the health service and research environment, although the desire and ability to guide the research ideas varied by institution.

As at August 2019, only five of the 19 projects funded had been completed, however, the status and outcomes of all projects could not be confirmed at the time of the evaluation. It is likely that further outputs and outcomes will be delivered by the on-going projects.

RICH project outputs included educational resources, staff training, primary data collection, project reports, conference presentations and journal manuscripts. At least six of the participants applied for grants to conduct subsequent research on their projects and one project received a HNELHD High Value Health Care Award.

Some significant outcomes were also achieved including changes in models of care and in clinical leadership roles and responsibilities, resolution of technology issues, improved health service utilisation and enhanced collaboration with key stakeholders. Equally important, the RICH program research reduced the probability of one intervention being implemented that could potentially worsen health outcomes and/or consume additional resources for no productive benefit.

The outcomes, however, have been modest overall. This has been attributed to unrealistic expectations of participants' research capacity & capability, inadequate funding of academic and research support and ambiguity around the goals and purpose of the program.

The effectiveness of the RICH Program in increasing clinical research skills

The RICH Program was successful in developing participants' knowledge of the research process and the majority of participants found the experience, particularly the workshop, challenging but rewarding. However, some participants felt abandoned after the workshop, without a nominated contact for ongoing information or support.

For early stage researchers, engagement with the library and learning about evidence synthesis was particularly valued. Participants receiving funding were also introduced to the organisational processes required to access health service data, and the challenges of recruitment. Research managers were cautious of the extent of research capability developed and noted that the rigid structure of the workshops did not allow for participants' different research experience and research maturity. There is no data to show if the skills learned in the RICH Program have translated to improved health service outcomes over the medium to long term.

The sustainability of the RICH model of delivery

The RICH Program was at face value a low cost intervention providing approximately \$200,000 in grant funding. The full cost of the program, however, is estimated at \$436,630 (AUD 2018) with the majority (53%) being the opportunity (donated) costs of health service personnel, academic and

technical experts' time and venue provision. The grant funding was generally used to give the clinicians time to conduct the research.

The Workshops were labour intensive and not funded. Academic and research experts' donated their time to this program, foregoing personal leisure time or redirecting their time from other activities. The program administrators within the different institutions also found the program to be demanding of their time. The program's heavy reliance on time donated by health service personnel and academic/technical experts is not sustainable. It may also explain the lack of ongoing mentoring and support which is considered crucial for such a program.

The majority of the direct health service outputs and outcomes realised to date have been achieved by a few successful projects and participants, consistent with much medical and health research.

Recommendations

While the RICH Program was well-received and valued by the majority of participants, the outcomes were modest and the dependence on donated time is not sustainable. For any future RICH-type Programs, the following changes are recommended:

- The appointment of a project coordinator to coordinate the program from the initial application process through to workshop co-ordination and the post-workshop follow-up process.
- Clarification of the objectives and expected outcomes of the program, clearly communicated to participants and stakeholders.
- Alignment of objectives and expected outcomes with organisational priorities, existing and emerging research initiatives, the availability of specialist input and the experience and research maturity of the participants.
- Pre-workshop training for potential participants in key skills areas such as the principles of research, statistical study design and health economics.
- Clear and consistent reporting requirements and governance framework for any funded projects
- Tailored training/workshops to match the experience and research maturity of the participants
- Ongoing mentoring from experienced health and medical researchers and technical experts for the duration of the program
- Adequate funding for all components of the program