



Health

Hunter New England
Local Health District

HNELHD Information Session:

**2019 Clinical and Health Service Research
Fellowships**

2019 Improvement Grants

Prof John Wiggers

Wednesday 24th October 2018

11am – JHH Small Lecture Theatre





- HNELHD Clinical and Health Service Research Fellowships
 - Changes
 - Criteria

- HNELHD Improvement Grants
 - Changes
 - Criteria

Clinical and Health Service Research Fellowship



Hunter New England Local Health District

**Clinical and Health Services Research
Fellowship Scheme (CHSRFS)**

2019

Application Form

Fellowship Period: July 2019 - June 2022





- Objectives:
 - Build HNE clinical and health services research capability and leadership
 - Support high-quality clinically relevant research
 - Enhance a culture of research and evidence-based improvement in HNELHD



- **Changes:**
 - Name change: to include all health professionals
 - Focus on supporting translational research ie. knowledge generation regarding solutions that can directly impact patient/population health and/or system outcomes
 - Enhanced focus on HNELHD priority areas.
 - Enhanced emphasis on strategies to enhance translatability of the findings, including ‘co-production’ with stakeholders/end users



- **Timeline**

- Alignment with HNELHD financial year

- Applications Open - late Oct 2018

- Applications Close – 31 Jan 2019

- Interviews – 21/22 March 2019

- Notification of Successful applicants – 19th April 2019

- Fellowship Start – 1st July 2019



- **2019**

- Two Fellowships:

- *‘General’* – unspecified in terms of content/clinical discipline
- *Rural Oncology*: Cancer focus, located in New England area

Clinical and Health Service Research Fellowship



- Eligibility:
 - A HNE Healthcare Professional / Clinician who will either:
 - complete a research higher degree (PhD) **within** the period of fellowship, or
 - A Healthcare Professional/ Clinician who has completed a research higher degree (PhD, MD or equivalent) **within** the past 10 years and research track record, or
 - An experienced Healthcare Professional/ Clinician with a research track record.





- Selection Criteria:
 - Research Project 45%
 - Fellow 20%
 - Clinical/Research Environment 20%
 - Fellowship Plan 5%
 - Cultural Appropriateness 10%

Proposed Research Project



- Background – 15%
 - Describe
 - patient/health outcome to be improved (evidence)
 - existing procedure/model of care you are seeking to improve and the need for improvement (evidence)
 - what is the evidence that supports the improvement
 - likely benefit for Aboriginal people
 - how the research aligns to local or state research priorities
 - Key local stakeholders that have endorsed the research (clinicians, patients/consumers, managers, Aboriginal advice etc)



Proposed Research Project



- Research Methods – 30%
 - Aims and hypotheses
 - methods to assess effectiveness, acceptability stakeholders
 - strategies for implementing change in care delivery (if applicable)
 - Financial and economic impacts
 - Research design/conduct strategies to enhance translation



Research / Improvement Career Achievements



- Research/Improvement Career Achievements (10%)
 - Skills, experience, outputs
 - Leadership roles and peer recognition
 - Impact (translation) into policy and practice (local/state)



Future Research/Improvement Goals



- Research/Improvement career goals (10%)
 - What would you like to achieve
 - What strategies will you implement
 - What are your next steps





- Clinical Service Environment (10%)
 - Research/improvement track record of clinical department in which research will be conducted
 - Project development process whereby agreement for the research and its translation by stakeholders, if effective, was achieved ('co production')



- Research Environment (10%)
 - Research leadership and track record of research group in which the fellowship will be conducted
 - Track record of research group in supervision and mentoring
 - Project Governance Structure
 - including participation of key stakeholders

Fellowship Plan (5%)



- Annual key project milestones
 - Research processes and phases
 - Approvals, recruitment, data collection, intervention delivery, follow up data etc
 - Papers submitted, conferences, grants submitted etc
 - Reports
 - Professional Development Strategies
 - Training
 - Site visits



Cultural appropriateness (10%)



- Consideration of:
 - the need for the research for Aboriginal peoples
 - the potential for benefit for Aboriginal peoples
 - the appropriateness of the research methods for Aboriginal peoples
 - the engagement of Aboriginal peoples in the development, design, conduct and dissemination of the research



Budget



- Fellowship funds requested
 - Salary
 - Research costs
 - Research support
- Clinical/Research partner contribution
 - in-kind/cash



Endorsement prior to submission



- Applicant
- Research Supervisor
- HNE Management Accountant
- Service Manager
- General Manager
- Executive Director



HNELHD Improvement Grants



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Research Innovation Portal

Hunter New England Local Health District

Improvement Grants

2019_2020

Application Form

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**Improvement
Grants**

The HNE Health Improvement Grants (formerly known as the Innovation Scholarships) are intended to support projects aimed at implementing evidence-based high value healthcare to improve care, patient or system outcomes



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Objective



- Support the implementation of priority, evidence based improvements to care delivery, patient and/or system outcomes
 - ie. translation of research evidence into practice, not conduct of research to generate new evidence



- **Changes:**
 - Name change: formerly *Innovation Scholarships*
 - Exclusive focus on ‘translation’ of evidence into routine service delivery practice (not research)
 - Enhanced focus on HNELHD priority areas.
 - Enhanced focus on use of evidence-based ‘implementation’ strategies
 - Enhanced emphasis on strategies to enhance translatability of the improvement, including ‘co-production’ with stakeholders/end users

HNELHD Improvement Grants



- Eligibility:
 - A HNE Healthcare Professional / Clinician
- Timeline:
 - Alignment with HNELHD financial year
 - Applications Open - late Oct 2018
 - Applications Close – 15 March 2019
 - Review – March/April 2019
 - Recommendation to ELT – 6 May 2019
 - Notification of Successful applicants – 20th May 2019
 - Grant Period – 1st July 2019 – 30th June 2020



HNELHD Improvement Grants



- Selection Criteria:
 - Project 65%
 - Background 25%
 - Project Methods 40%
 - Clinical/Service Environment 20%
 - Project Plan 5%
 - Cultural Appropriateness 10%



Proposed Improvement Project



- Background (25%)
 - Describe
 - the patient/health outcome the project seeks to improve
 - the existing procedure/model of care to be improved and evidence of the 'evidence-practice gap' locally and across the LHD
 - Evidence that the proposed improvement will enhance patient/health outcome and/or care delivery, and is feasible from a financial/economic point of view
 - The evidence based implementation strategies that will be applied to ensure the improvement becomes routine practice
 - how the project aligns to local or state priorities



Proposed Improvement Project



- Project Methods (40%)
 - aims and hypotheses
 - Evaluation methods to assess if intended improvement has been achieved and is acceptable for patients/consumers/stakeholders
 - Assessment of financial and economic impacts and feasibility of implementation on a routine basis
 - Project design/delivery strategies to enhance translation



Clinical/Service Environment



- Clinical Service Environment (20%)
 - Improvement track record of clinical department in which the project will be conducted
 - Project development process whereby agreement for the project and its translation by stakeholders, if effective, was achieved ('co production')

Clinical/Service Environment



- Improvement track record of clinical department/s in which the project will occur
- Project development process whereby agreement for the project and its translation by stakeholders, if effective, was achieved ('co production')
- Governance Structure
 - Including key stakeholder participation
- Project Team
 - Ensure members with experience in different aspects of the project are included



Project Plan (5%)



- Key project milestones:
 - Project processes and phases
 - Approvals, recruitment, data collection, intervention delivery, follow up data
 - Project Reports



Cultural appropriateness (10%)



- Consideration of:
 - the need for the improvement for Aboriginal peoples
 - the potential for benefit for Aboriginal peoples
 - the appropriateness of the evaluation methods for Aboriginal peoples
 - the engagement of Aboriginal peoples in the development, design, conduct and dissemination of the project



Budget



- Funds requested
 - Salary
 - Project costs
 - Evaluation support
- Clinical partner contribution
 - in-kind/cash



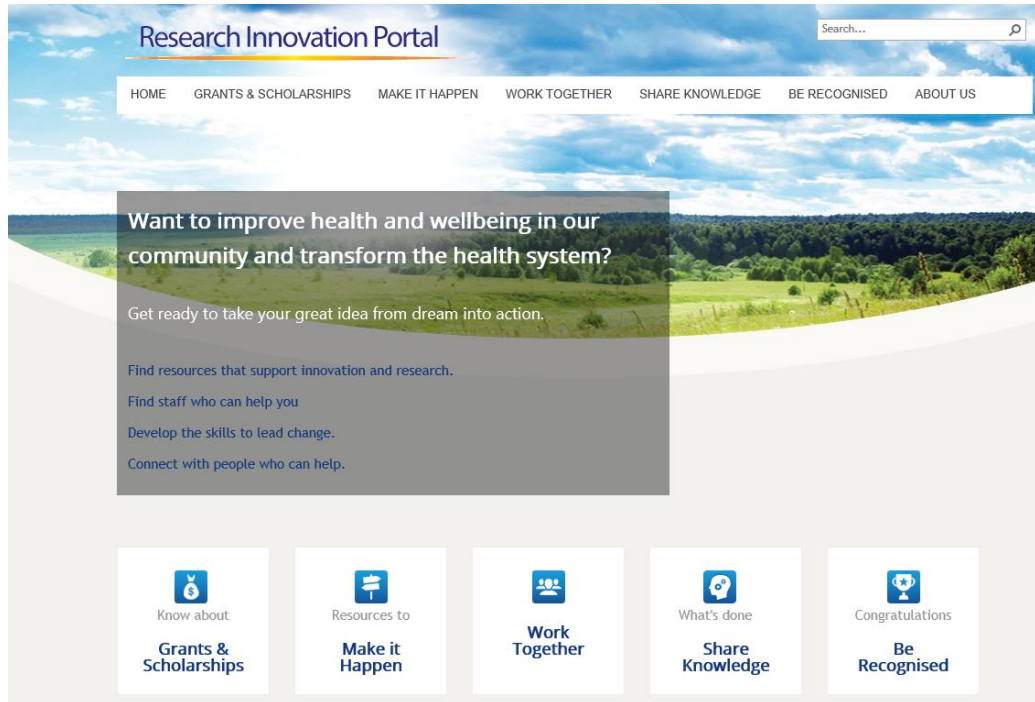


- Required prior to submission:
 - Applicant
 - Project Sponsor
 - HNE Management Accountant
 - Service Manager
 - General Manager
 - Executive Director

Research Innovation Portal



All information will be circulated via the RSDO email network, Research Innovation Portal and CE News from 29th October 2018



- <http://www.hnehealth.nsw.gov.au/working-together/Pages/Home.aspx>

