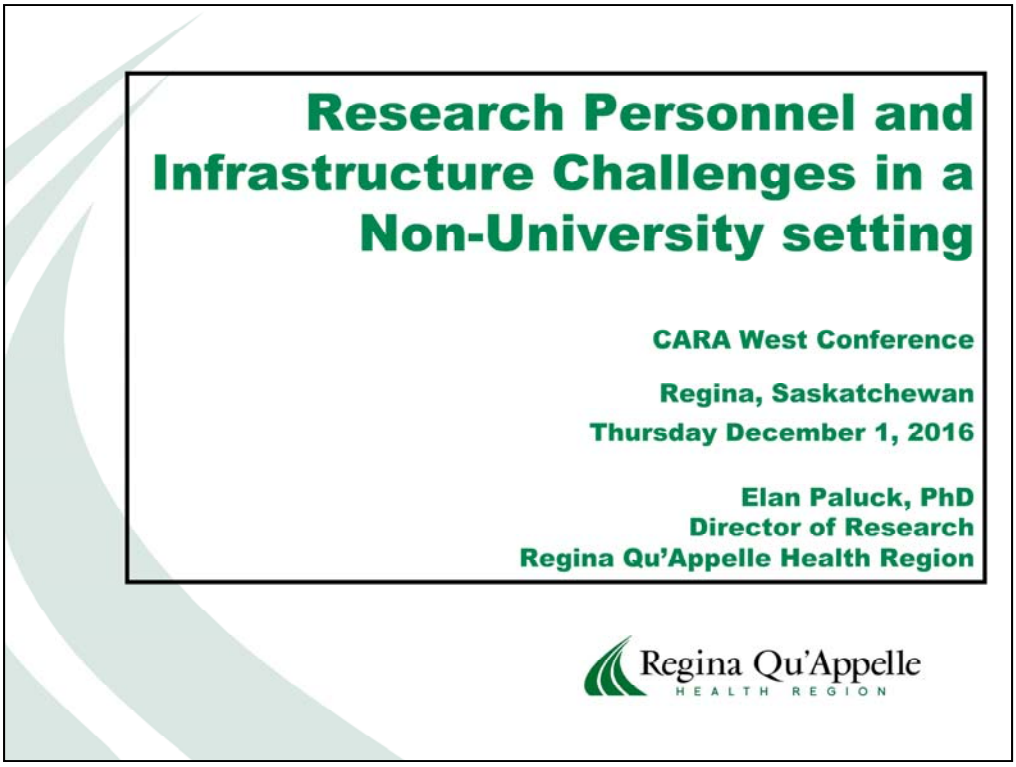
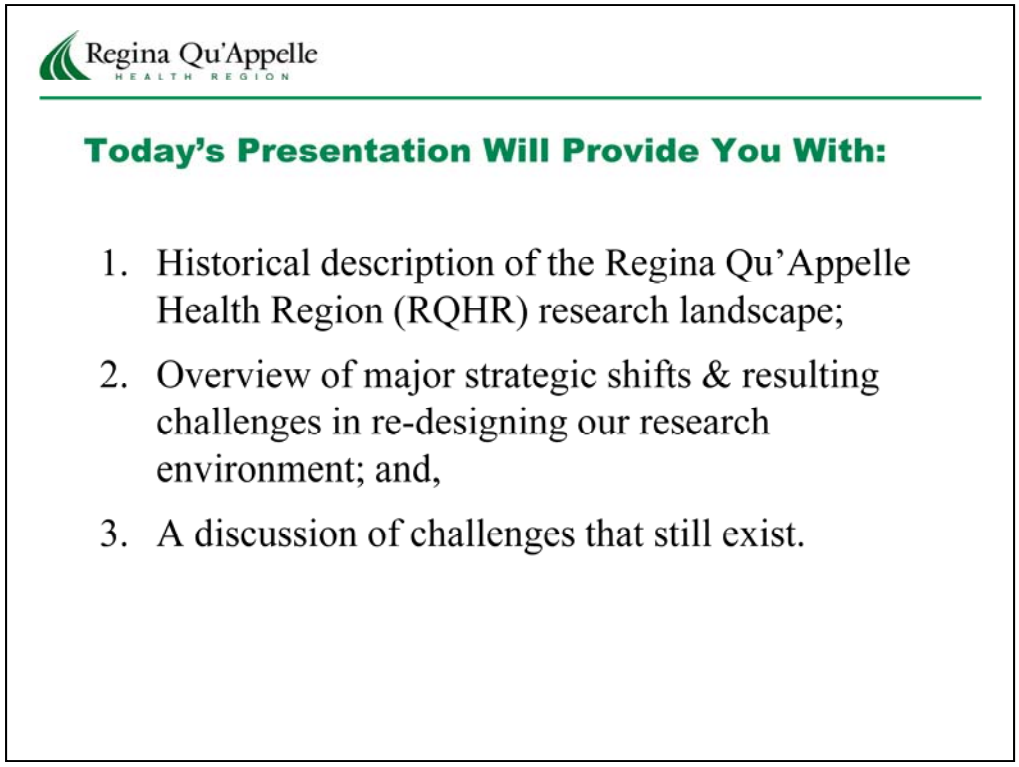


Good afternoon, and thank you for allowing me the opportunity to speak on something that is very near and dear to my heart –building an infrastructure for research in a non-academic setting.

I have been with the Regina Qu'Appelle Health Region for 14 years, and during this time I have seen a lot of changes – but the changes we have orchestrated in the past 5-6 years is what I am going to speak on today. It was at that time that we became the Regina Campus for the College of Medicine which ultimately, renewed or re-invigorated our organizational commitment to knowledge, teaching and research.



Today's session outlines the trials and tribulations associated from moving from a traditional patient-care organization to that of an academic health sciences research centre.

Disclaimer/Conflict of Interest

- RQHR is my employer
- My primary role has been to build the research infrastructure necessary to become an Academic Health Sciences Centre of Research Excellence.
- I am an eternal optimist. The opinions expressed today may not reflect those of the health region and/or those who share a research relationship with the region

In the interest of professionalism, scholarly integrity and conflict of interest policies, I must disclose my biases. I am employed by the Health Region, and my primary role over the past 5 years has been to build the infrastructure necessary to become an Academic Health Sciences Centre of Research Excellence, so I may be inclined to report more so on our successes and less on our failures. However, I think it is less about the potential for bias --- I am an eternal optimist and my view and opinion is just that – it may not reflect the opinions of the RQHR or my colleagues.

Regina Qu'Appelle HEALTH REGION

Champions & Contributors

- Dr. Derrick Larsen, *Ex. Dir., Research & Health Information Systems*
- Carol Klassen, *V.P., Knowledge & Technology Services*
- RQHR Research Department *(past & present members)*
- RQHR Research Steering Committee *(est. 2014)*
- RQHR Research Advisory Committee *(est. 2014)*

Finally - It is important to acknowledge the champions and contributors to the journey we have been on. Where we are now is the result of a lot of people over the years. Sometimes the results look “immediate” but just like life, we couldn’t be where we are today, without the going through the paths of the past.

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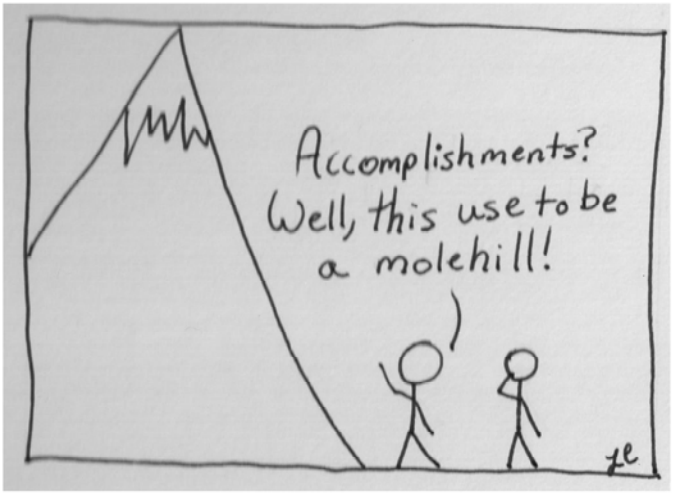
Alternate Titles:

"Growing Research in a Non-University Setting – The Art of Making a Mountain Out of a Molehill"



In preparing for today, I agonized over the perfect title – one that would accurately sum up our journey as health region destined to become an academic health sciences centre of excellence. A few ideas that we tossed around included….

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Alternate Title #2:

"*Growing Research in a Non-University Setting: How to Make a Silk Purse from a Sow's Ear*"

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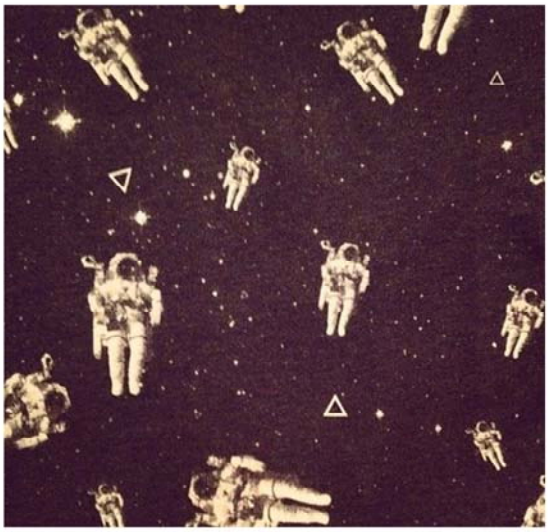
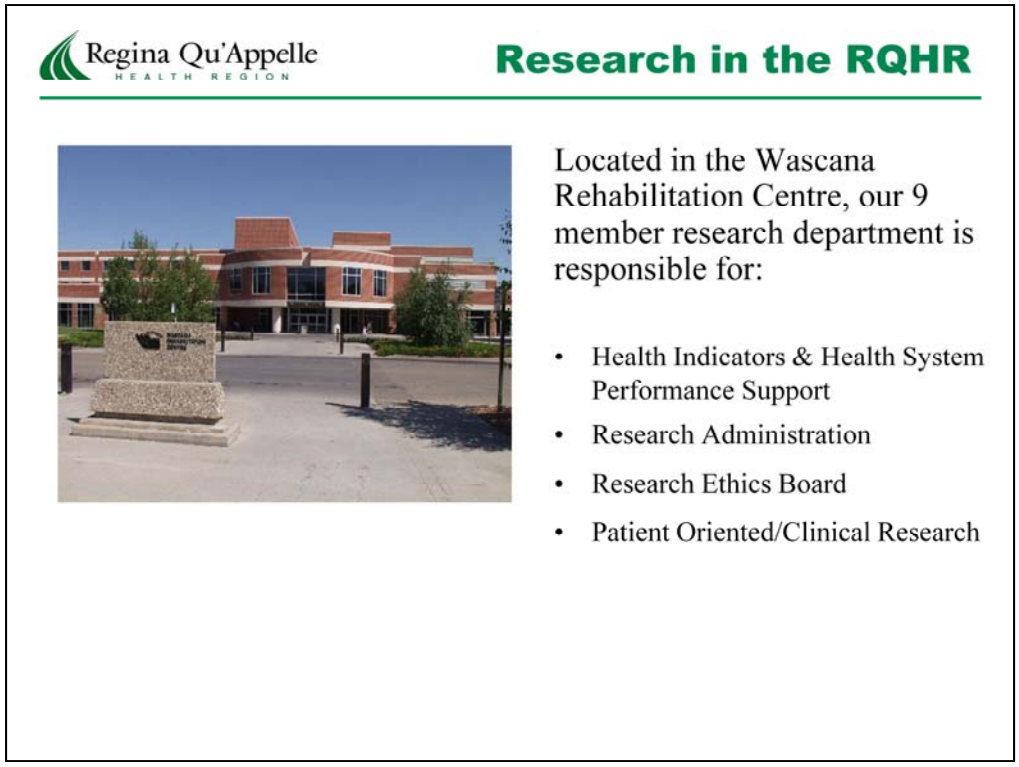
Alternate Titles....A Personal Favourite

"Boldly Going Where No Regional Health Authority in Saskatchewan Has Gone Before – The Journey Toward Becoming an Academic Health Sciences Centre of Research Excellence"



This ultimately was our final choice – but alas, it was too late - I was told that my presentation title must remain as "Research Personnel and Infrastructure Challenges in a Non-University Setting"….but I think you know where I was going!



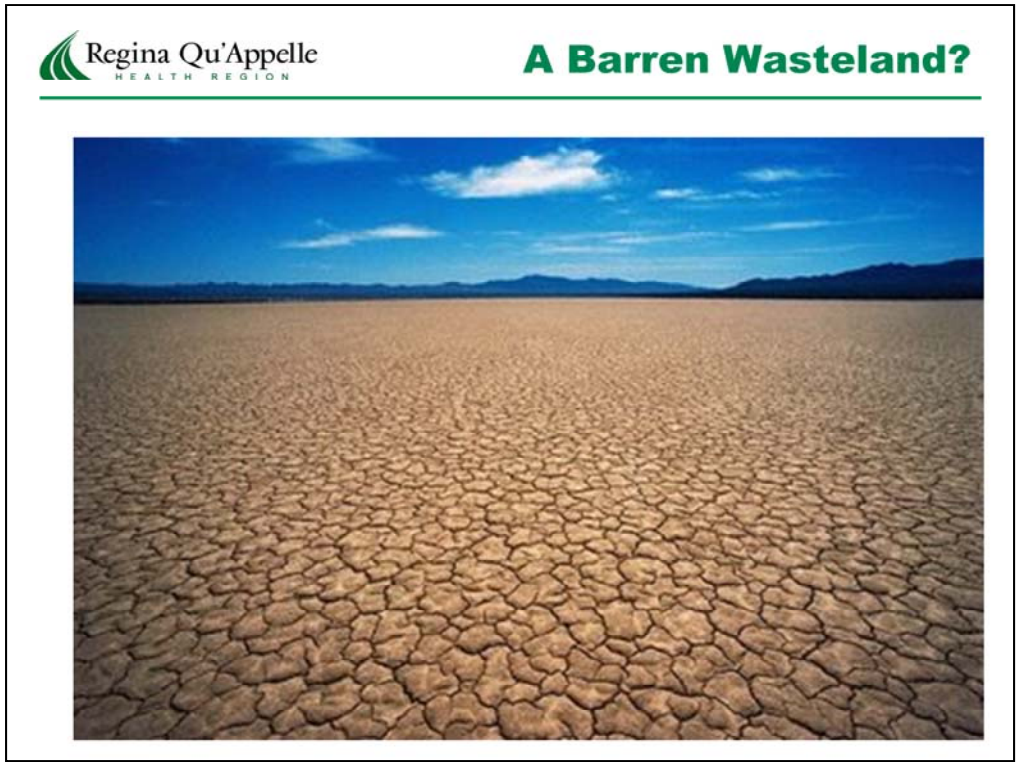
The current staffing complement consists of a Director, 5 PhD prepared scientists and 3 Master's prepared analysts. Collectively we look after four primary areas for the Health Region:

1) Collection and reporting of health indicators and Health system perfomrance

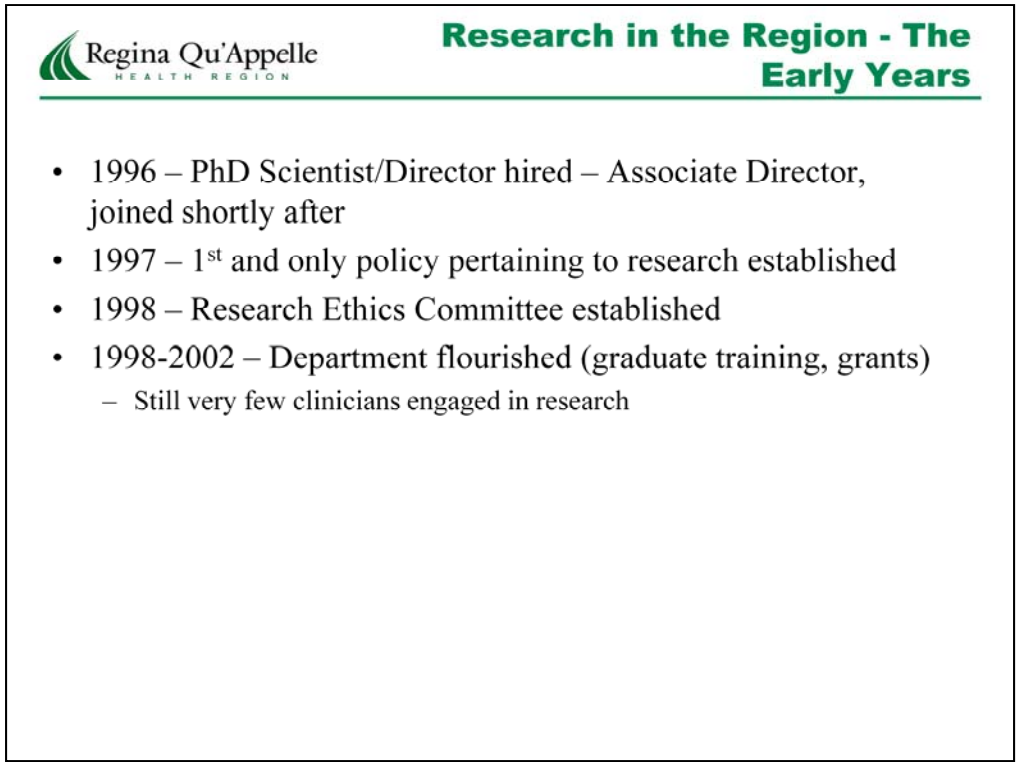
2) Research administration which includes the negotiation of clinical trial agreements, data sharing agreements, and operational approvals and administration of research accounts

3) The RQHR has had its own REB since 1997, and this Board is approved by the Ministry of Health for the purposes of Section 29 HIPA.

4) Our staff researchers support and initiate patient oriented and clinical research that supports the Region's strategic priorities.



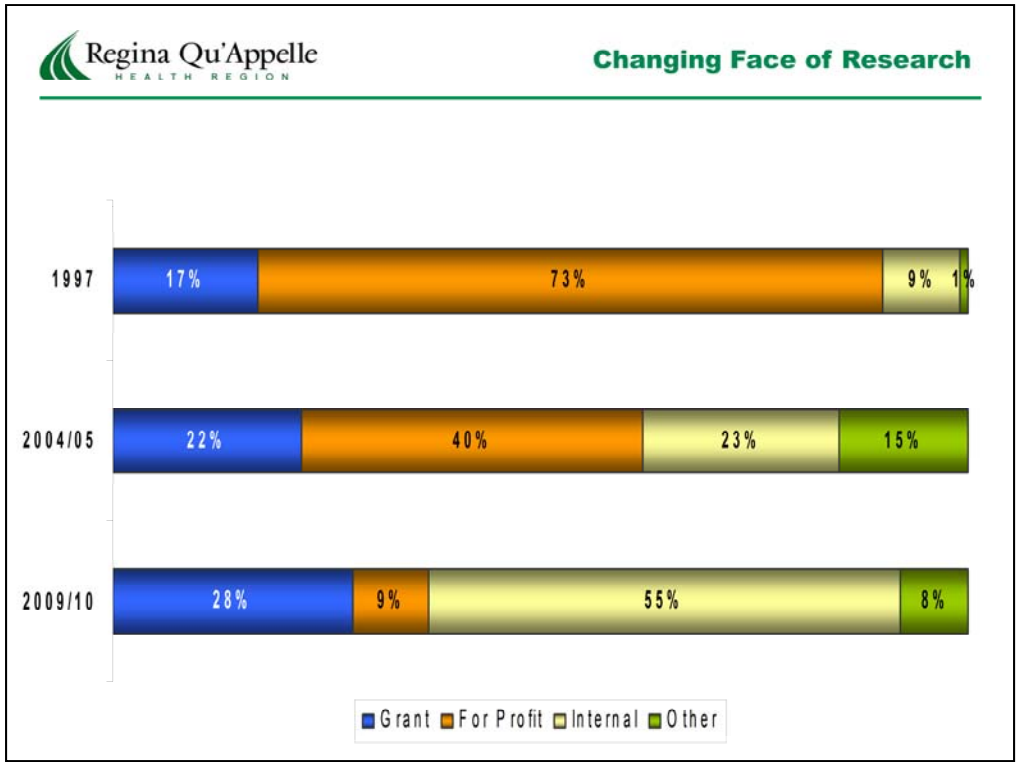
The preceding array of “alternate titles” give the impression that the Regina Qu’Appelle Health Region was a bit of a research wasteland—and that there was absolutely nothing to build upon in terms of an infrastructure. Not so…the Region has supported a research department through good and bad economic times since 1997…I imagine there were many times it would have been easy to close research operations down. But they didn’t. Over the past 20 years, the research department of the Regina Qu’Appelle Health Region (RQHR) has had adapted to shifting strategic priorities amidst a constant threat of elimination due to fiscal constraints.



In the beginning the Health District hired one researcher. He established a research policy for the, at the time, Regina Health District – "All research requires the approval of the Research Ethics Committee", which in turn lead to the establishment of the RQHR Research Ethics Committee.

A second researcher was hired shortly after..and then a 3rd..the dept quickly developed some momentum and built a strong relationship with the U of R psychology dept which had a supply of keen graduate students looking for opportunities to gain research experience.

At that time, there was no clear vision or mission



As you can see from this old figure, in 1997, the vast majority of research- 73% worth - was clinical trial research sponsored by for profit companies. Aside from the 1-2 researchers in the research department, the primary activity was for profit research being conducted by a handful of physicians. With no overhead policy in place and no perceived benefits to grwoing the industry sponsored research, a conscious decision was made to begin changing the research landscape in the Region. I will speak to this later, but by 2009/10 greater balance was achieved - albeit at the Region's expense as now almost half of the research activity was being internally funded by the health region.

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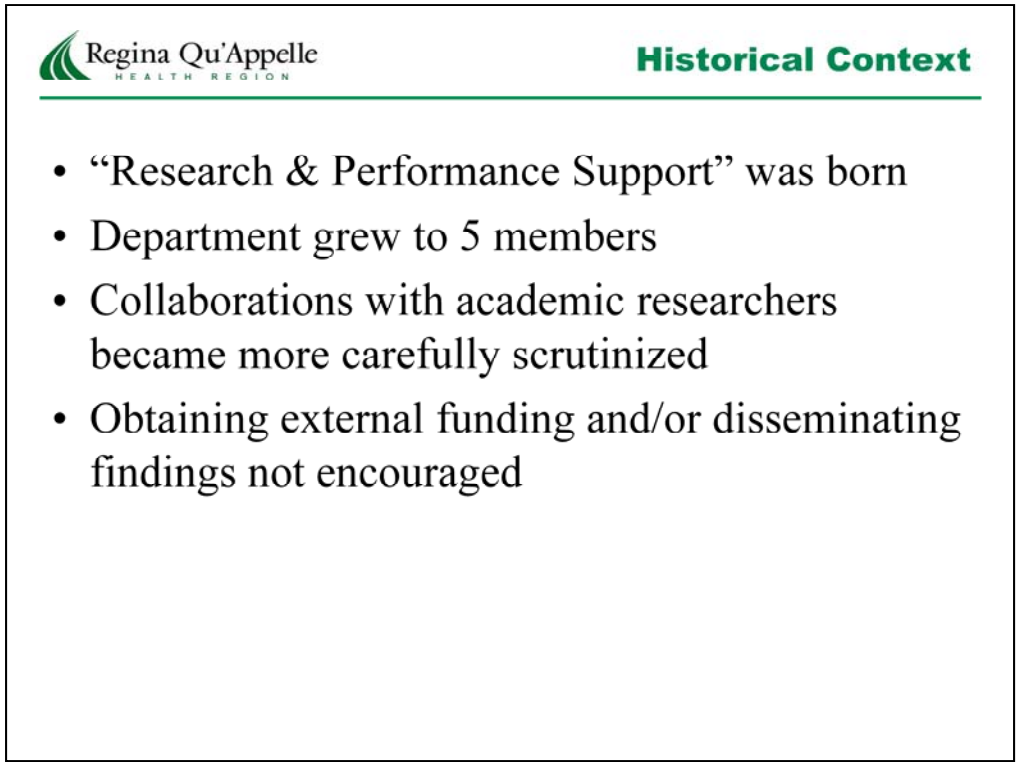
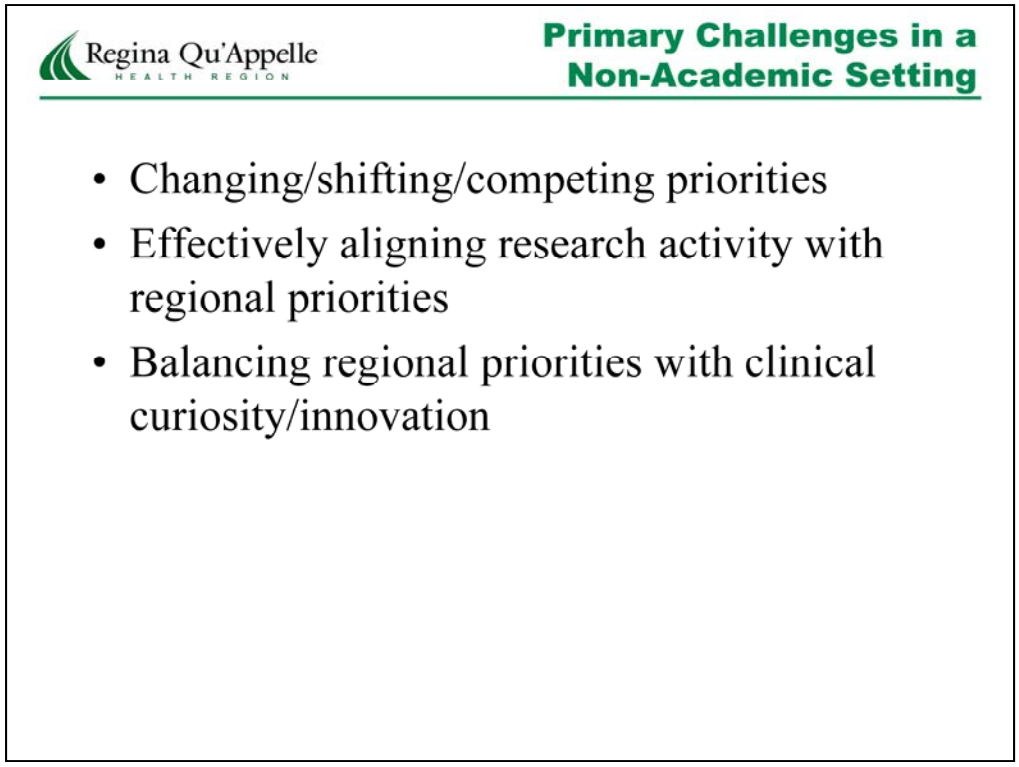
Historical Context

- Partnerships with academic researchers began to grow.
- Many partnerships with academia were not mutually beneficial
- The health region became a data repository
- Parachute researchers
- Rarely received feedback when results were available

At the same time, that "research" as an activity began to take off, and the gaining acceptance that "research is good", the Region unknowingly became a data repository for academic researchers. Request after request came in from academic researchers wanting to "partner" with the Region. Unfortunately, there was – more often than not – no reward upon investment. The researchers went home, published their results, and rarely provided feedback to the Region. This left a sour taste in the Region's leadership, and as such, the pendulum began to swing. The Region wanted to support research that made a difference – that made an impact- and that aligned with their priorities.



Those two combinations lead to a shift in philosophy- the Region wanted research being done that supported the Region's priorities and facilitated decision making – as such, the department was re-named and provided additional resources. Collaborations with external/academic researchers were minimized and for the department, applying for grant money and/or publishing research results were not encouraged. Essentially, the research pendulum swung 180 degrees from academic research dept to performance support department.



Fast forward to 2011/12….Regina Qu'Appelle Health Region is the new campus for the College of Medicine. We are now obligated to ensure the medical undergraduates and residents are provided an opportunity to participate in a research project, and to do so, the Ministry provides us with 3 FTE positions to support the College of Medicine needs. This transition poses all sorts of challenges: the health care system is in a state of flux – Lean is in- and is consuming a great deal of energy. The health region's leadership expects that the research will be aligned with health system priorities. Clinical researchers, however, are not necessarily interested in Lean, or other system priorities. They have clinical questions they want to explore….and those more often than not, do NOT align with Regional priorities. Essentially – we have two "bosses" – and we need to find a way to satisfy the needs of each.

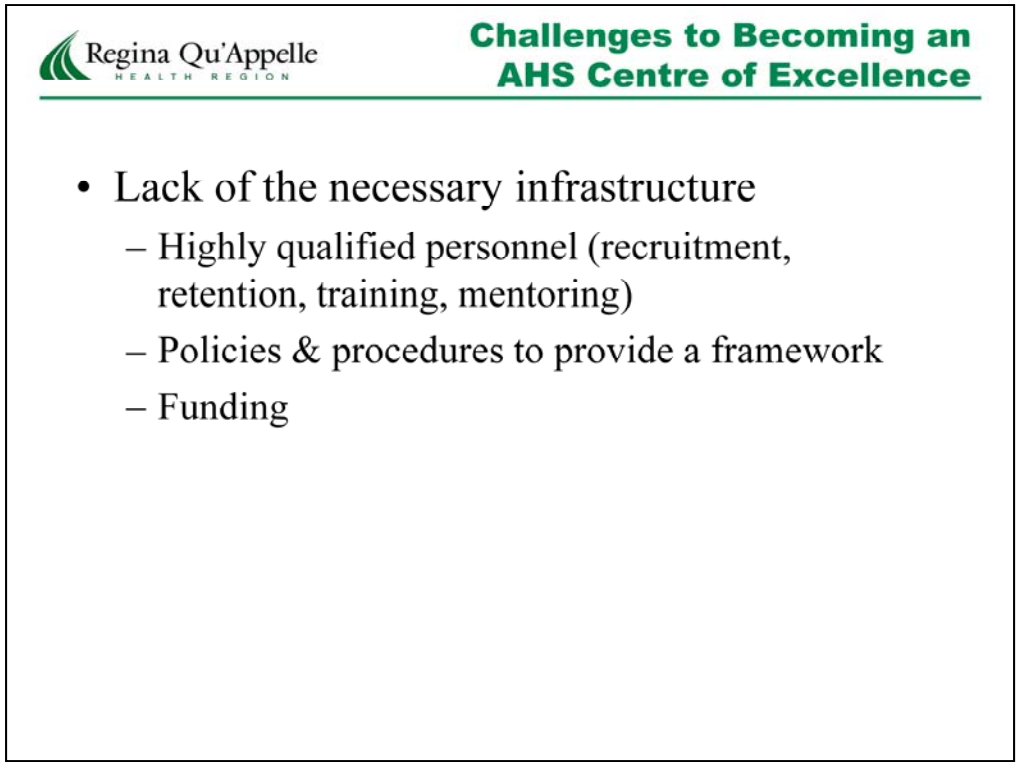
A Research Steering Committee and a Research Advisory Committee are formed, and a strategy is developed and it is articulated that we (RQHR) desire to become an Academic Health Sciences Centre of excellence. Our goals are not much different than any other setting!

1.Partnerships – internal – external – engage leadership

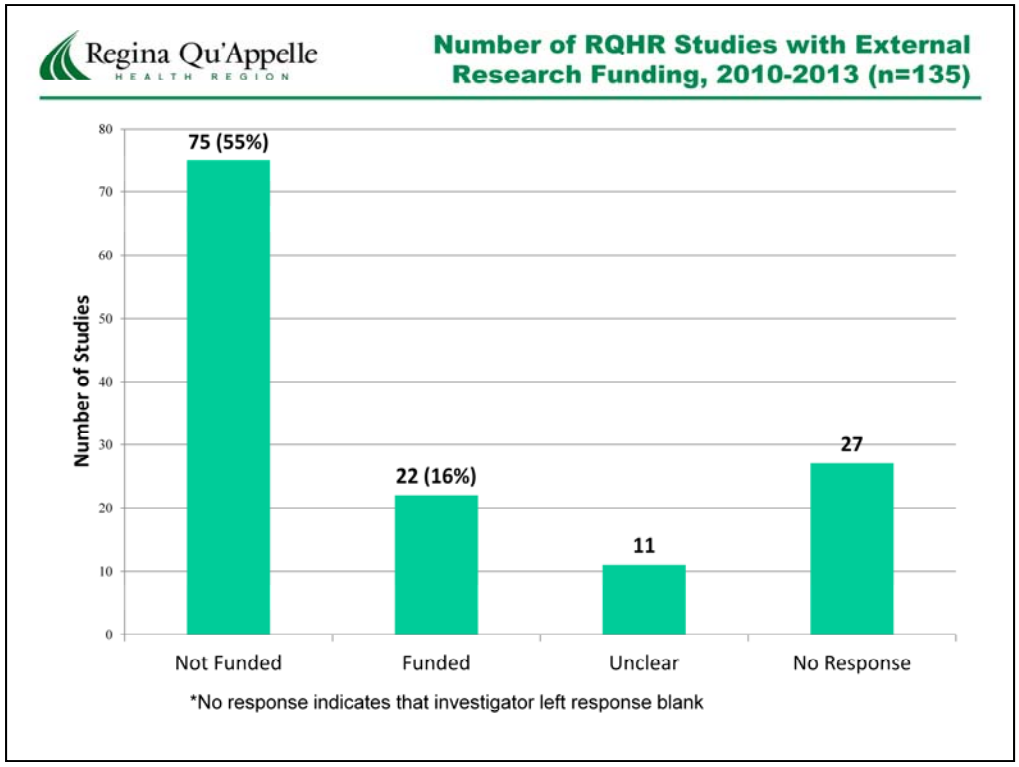
2.Funding

3.Communicate findings

4.Make an impact- make a difference for our patients!



To achieve these goals, requires infrastructure….and that is not something we had….and in fact, our previous set of circumstances had put us at a disadvantage.



Not emphasizing the need to apply for research dollars was effective – here we are as martyrs absorbing the cost of 75% of the research going on.

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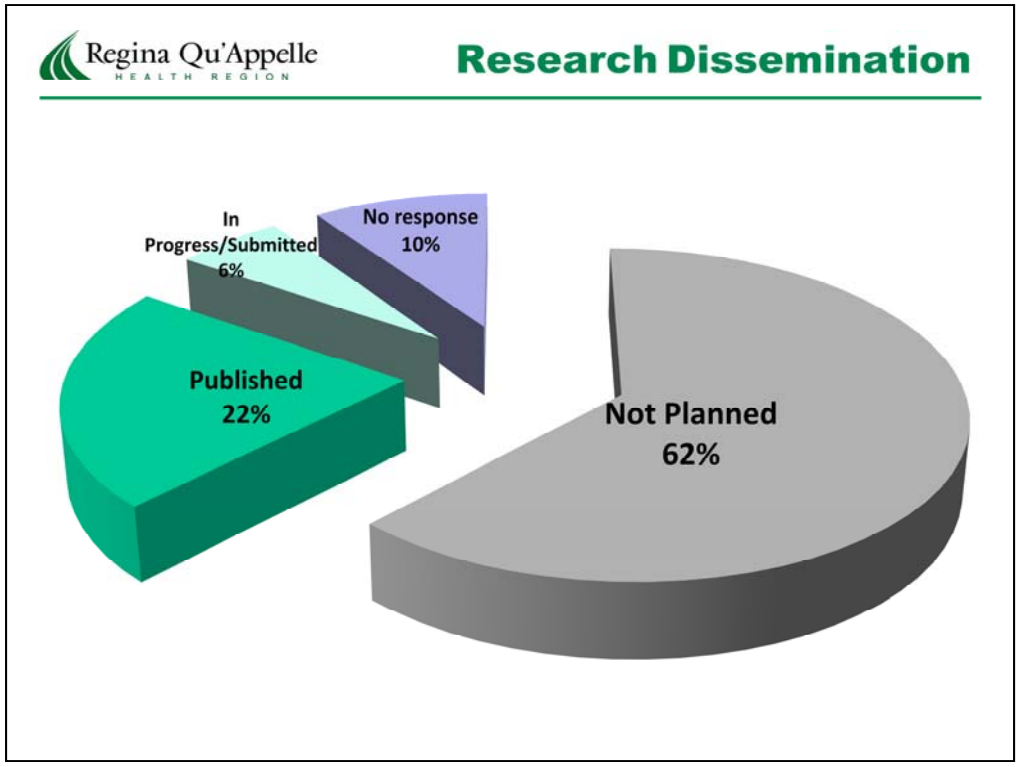

Equally effective was the de-emphasis on research disemination – only 22% of the research we engaged in was being shared!

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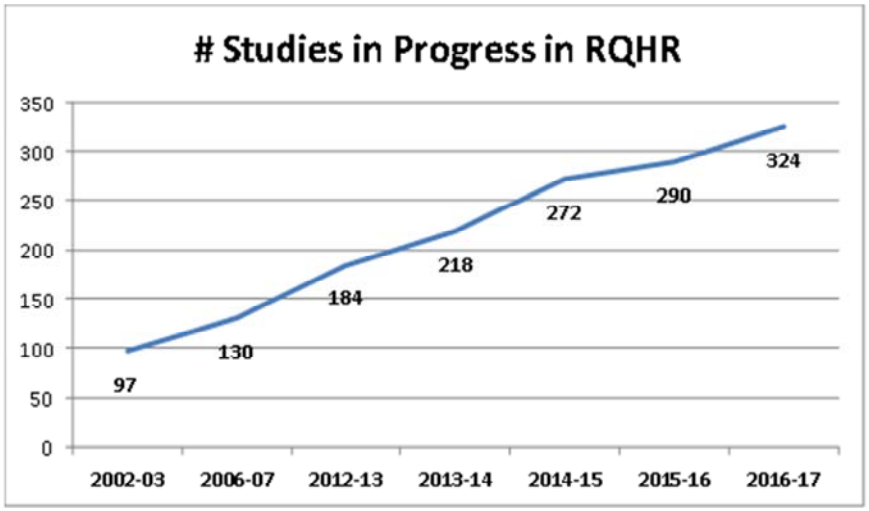
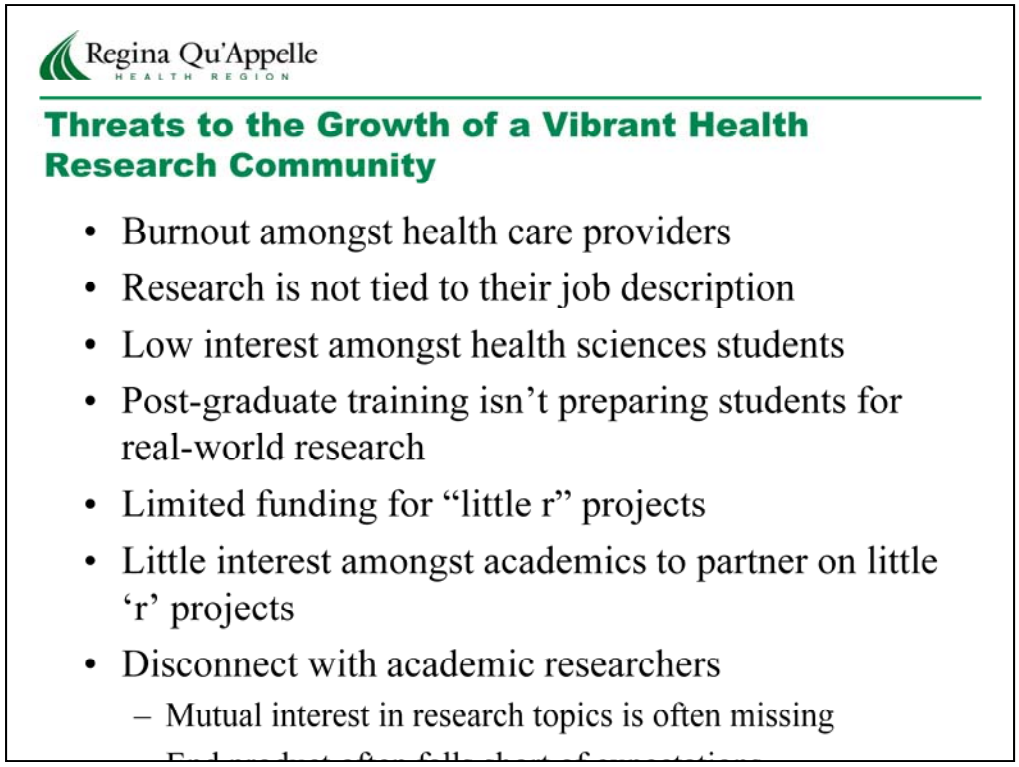
Research Activity



While the number of medical learners and residents has doubled since 2011/12, so too has the volume of research. In 2011/12 (not shown on this graph) there were 159 studies underway – and this number doubled over the last 5 years. As of yesterday, there were 324 studies underway. Of these, 73 (22%) have external Pis….the remaining 78% are led by a RQHR affiliated researcher. The number of clinician – supervisors has NOT increased….and that is something that the research department cannot fill in for.



Aside from burnout of the physicians, some of the other challenges we faced were …

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Strengths to Build On

- Proximity to the University of Regina and First Nations University
- Clinical and research knowledge within some of the Faculties
- New funding opportunities

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Strategies to Address the Challenges

- Scientist:Clinician dyads
  - Currently 8 Researchers in our department – each one has 3-4 clinical areas of responsibility
  - We are not "facilitators" – we work with clinicians as co-investigators – each contributing their unique knowledge & skills
- Increased funding opportunities & increased emphasis on securing external $$
  - MOU for funding from SHRF; CIHR recognition in process
  - 6 successful peer reviewed grants in the past 2 yrs

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Summary

- While numerous challenges exist, it is possible to build a research community in a non-academic setting
- The nature of the community-based setting determines what that community will look like – it will, by necessity, be different than those in academic settings

Regina Qu'Appelle HEALTH REGION

- Are we an "Academic Health Science Sciences Centre of Excellence"?
  - Not yet….but we are on our way!