Implementing a Continuous Quality Improvement Intervention in a Clinical and Transitional Research Network: Monitoring Governance to Enhance Stewardship

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The Great Plains IDeA Clinical and Translational Research Network

GP IDeA-CTR

A collaborative scientific consortium established in 2016 by the NIH (NIGMS) IDeA CTRnet Program

We are building an effective system and infrastructure to transform and advance clinical and translational research (CTR) across the northern great plains region (Nebraska, North Dakota, and South Dakota)

GP IDeA CTR

Tracking and Evaluation KCA

Aim 1	Aim 2	Aim 3
Assess the effectiveness of the GP IDeA-CTR governance.	Evaluate and provide formative feedback on GP IDeA-CTR short-term and long-term goals, implementation of program activities, and performance milestones.	Determine the effectiveness of the KCAs/Cores in providing resources and expertise across the region.

Collaborative Participatory Approach →

Clarify motivation to collaborate on evaluation	Foster meaningful relationships for evaluation	Monitor evaluation progress/quality
Promote participatory processes for evaluation		Develop shared understanding of program
Follow through to realize use	Respond to resource availability	Promote evaluative thinking

Why Governance?

Aim 1. Assess the effectiveness of the GP IDeA-CTR governance.

The ability of an organization to initiate and maintain infrastructure that is able to evolve and adapt to facilitate clinical and translational research.

Effective leadership and governance are essential to the success of scientific consortia (Cramer, Atwood, & Stoner, 2006b).

Consortium leadership plays a key role in the ability of the network to achieve goals that would not be attainable through individual institutional efforts (Falk-Krzesinski et al., 2011).

This presentation details a promising mixed methods CQI framework that is a useful method for leadership across research networks to identify structures and processes that facilitate or inhibit clinical and translational research activities.
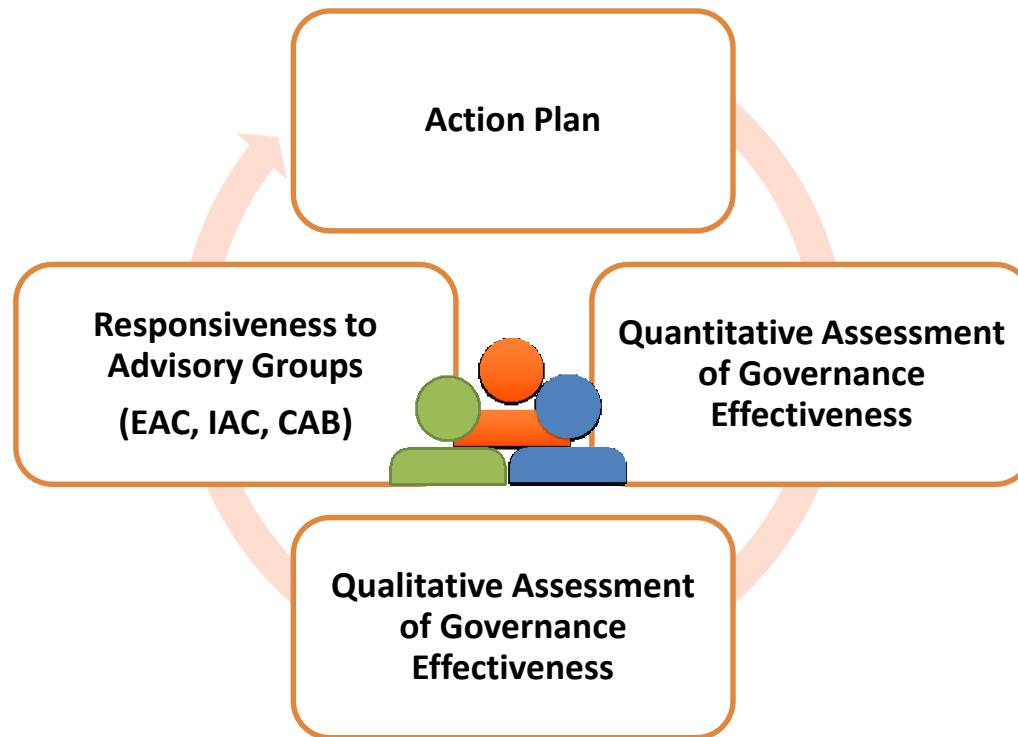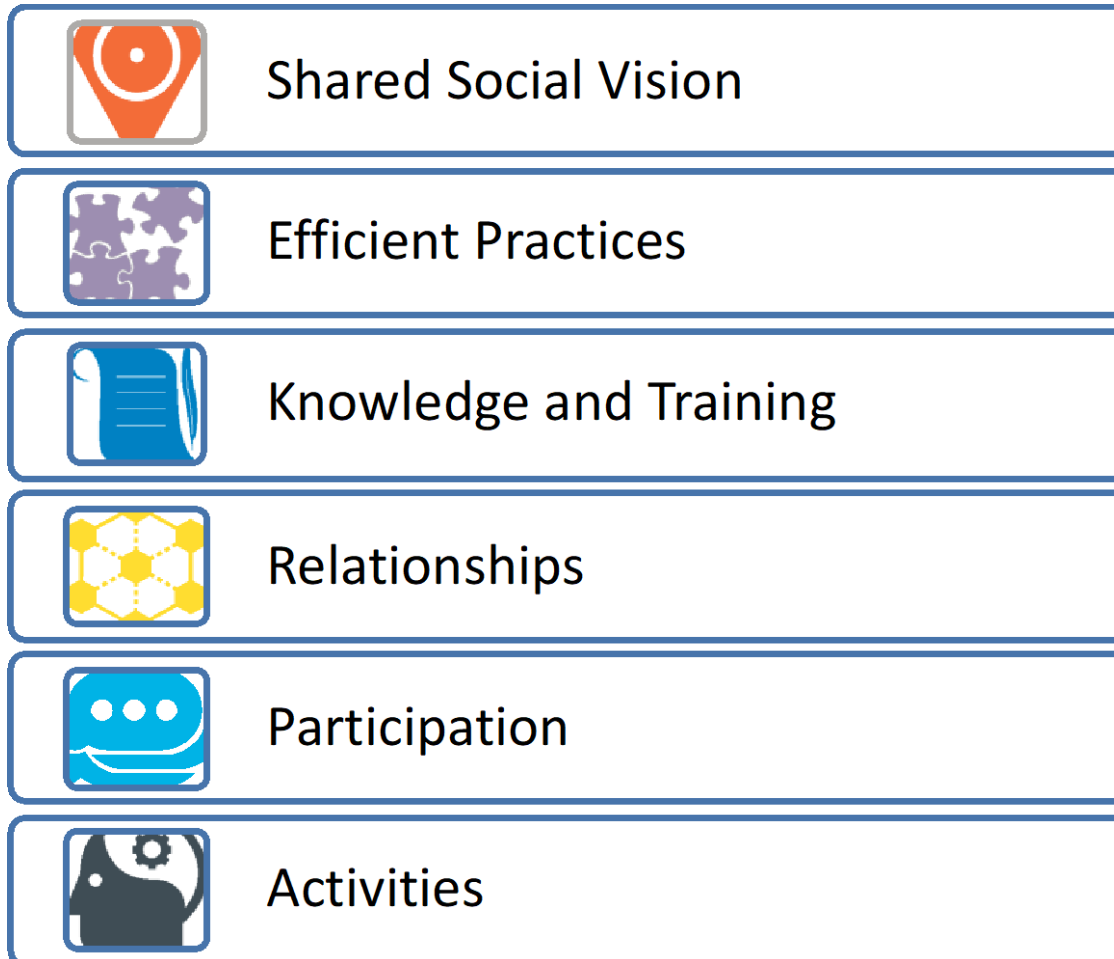
Great Plains IDeA CTR

Organizational Chart
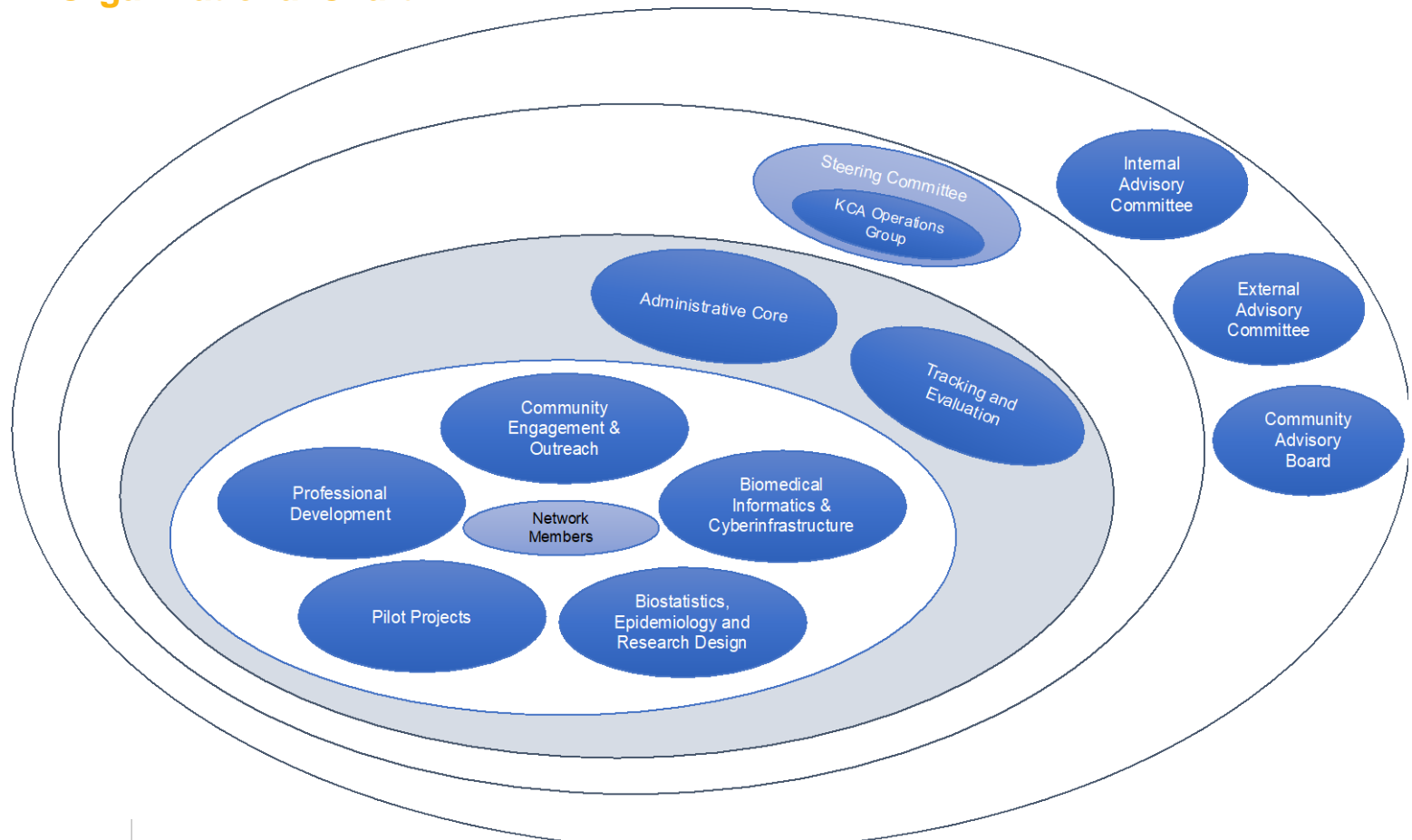
Monitoring Governance for Continuous Improvement

Action Plan

Responsiveness to Advisory Groups (EAC, IAC, CAB)

Quantitative Assessment of Governance Effectiveness

Qualitative Assessment of Governance Effectiveness

Shared Social Vision | Efficient Practices | Knowledge and Training | Relationships | Participation | Activities

Cramer, M., Atwood, J., & Stoner, J. (2006) Measuring community coalition effectiveness using the *ICE* instrument. *Public Health Nursing, 23*(1), 74-87.
*Cramer, M., Atwood, J., & Stoner, J. (2006). A conceptual model for understanding effective community coalitions. *Public Health Nursing, 23*(1), 67-73.

Internal Coalition Outcome Hierarchy

Shared Social Vision

Efficient Practices

Knowledge and Training

Relationships

Participation

Activities

Cramer, M. E., Atwood, J. R., & Stoner, J. A. (2006). A conceptual model for understanding effective coalitions involved in health promotion programing. *Public Health Nursing*, *23*(1), 67-73.

Phase 1
Quantitative Assessment of Governance Effectiveness

- Phase I assesses GP-CTR governance using the Internal Coalition Effectiveness (ICE©) Instrument to quantify organizational effectiveness across constructs of effective coalitions.

- There are also open-ended items inviting comments on Administrative KCA performance of their Aims.

- Participants include the Steering Committee and grant-funded faculty/staff.

Phase 2
Qualitative Assessment of Governance Effectiveness

THEMES OF EFFECTIVE COALITIONS[12] AND TEAMS[34]	POTENTIAL INTERVIEW QUESTIONS ON COALITIONS AND TEAM SCIENCE
LEADERSHIP **A. Leaders and Members each contribute to the success of the coalition.** • Each may have different perspectives on success that should be addressed. The constructs are social vision, Practices/Attitudes, Knowledge, Participants, Relations/Responses, and Activities. **H. Leadership (Chemers):** • Relationship development • Resource deployment • Image Management (i.e., Credibility) **I. Effective leadership and management skills** • There are a number of fundamental elements that, when tended to by the leader and participants of a team, put that group on a productive path and support the group's scientific goals" • "The main functions of leadership are to set direction, to align people, and to motivate and inspire them, while the main functions of management are to develop concrete plans for carrying out work, to allocate resources appropriately, to create an organizational structure and staffing plan, and to monitor results and to develop problem solving strategies when needed" (Enhancing the Effectiveness of Team Science, National Academies Press, 2015, p. 125).	1. Describe the process used to inspire and align the team toward achieving common objectives and composing a shared agenda of those activities. 2. How has the collaborative process been used to make decisions? How can a collaborative process be used to make decisions? 3. How does the GPCTR use quality improvement processes to identify what is working well and what things may need improvement? Can you provide an example? 4. What process does the GP-CTR use to assess the current state of knowledge, plan next steps, and readjust the vision when necessary? 5. How confident are you in the Network's commitment to its mission? 6. Tell me about the GP-CTR leadership's method of communication. a. Tell me about the leadership's method of communication to share the Network's vision. 7. We found from the ICE instrument that many felt a lot was accomplished this first year. Describe specific examples of major accomplishments this past year.
COMMUNICATION **M. Communicating and Learning each other's languages** • See Table 3, p. 773 • Periodic "check-ins" to discuss how things are going, what needs improvement (e.g., Quarterly Report Meetings)	1. How have expectations regarding your role, responsibilities, and contributions been communicated to you? How can expectations be better communicated to you regarding your role, responsibilities, and contributions? 2. What do you think of the current communication structures and venues for discussion and providing feedback? 3. How do you feel about the frequency of communication (e.g., too frequent, not frequent enough)? 4. Why do you think communication and dissemination were identified as strengths? What examples can you share with us?
TRUST **K. Trust among team members[5]** • Willingness to cede some of one's individual control or power over to the groups' goals • Evidence of respectful relations that are based on competency more than identify or calculus[6]	1. Establishing trust is critical in scientific teams and collaborations. Can you provide examples of how respectful relations between our multidisciplinary team members have been exemplified? Talk to us about the importance of respectful relations between team members...How are we doing and what can we do to build on that? 2. How would you feel about the group making a decision that you might not agree with?

Phase 3
Responsiveness to Advisory Groups

External Advisory Committee
Internal Advisory Committee
Community Advisory Board

Meeting Minutes reviewed to identify recommendations.

Report on the Status:
- 1= Enacted
- 2= In process/under active consideration
- Not Applicable

Phase 4
Action Planning

Interpret findings & craft recommendations for any barriers that were discovered

Action Steps
Responsible Person(s)
Timeline
Intended Outcomes & Measurements
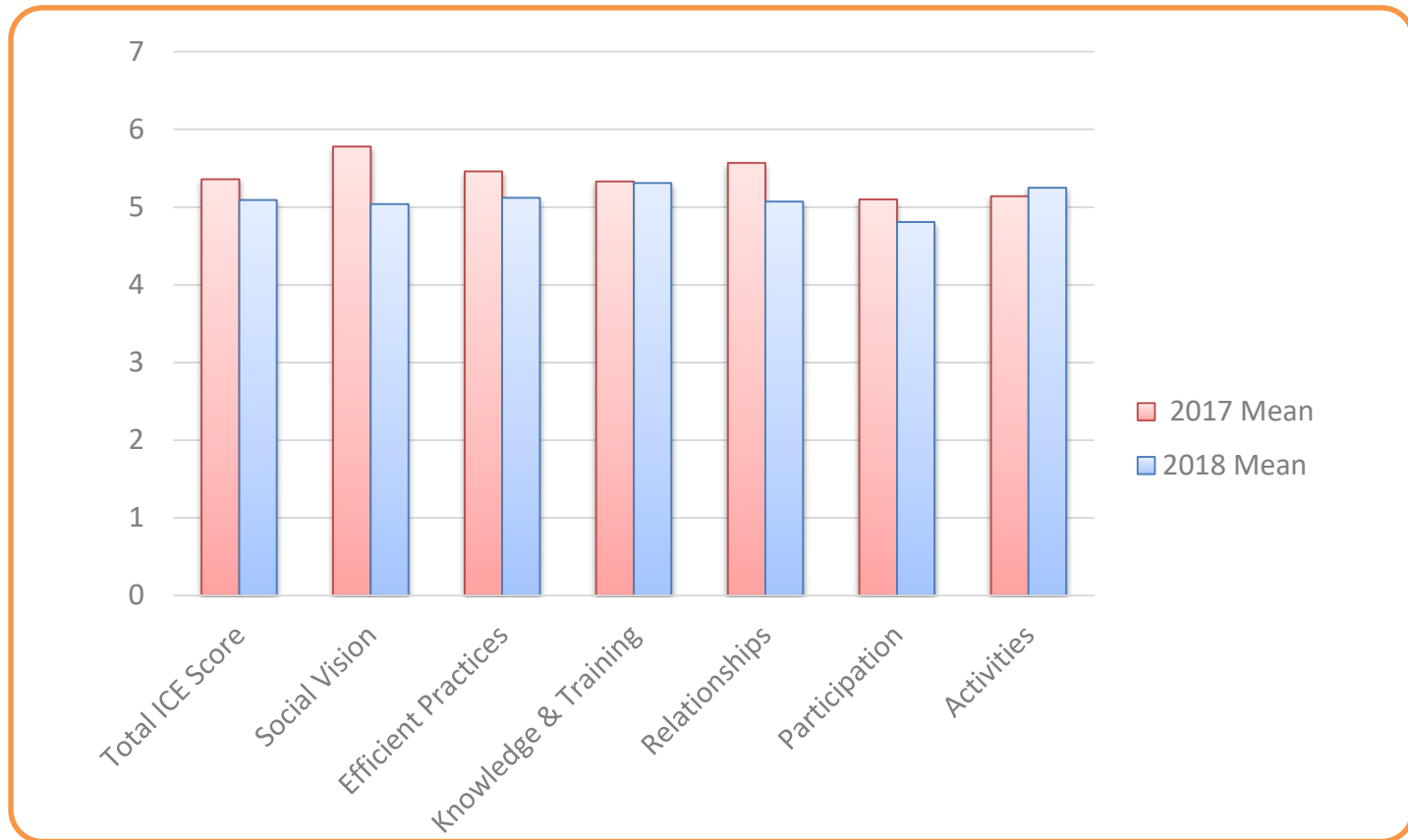Challenges/Constraints
Resources needed
Status
- 1= Enacted
- 2= In process/under active consideration
- Not Applicable

Phase 1: Findings

Quantitative Assessment of Governance Effectiveness

Phase 2: Findings

Qualitative Assessment of Governance Effectiveness

Strengths:
- Getting Organized and Establishing Structure
- Establishing Scholar and Pilot Programs
- Educational and Funding Opportunities
- Focusing on the Whole GP-CTR Region
- Creating the Website

Recommendations:
- Increase collaboration with partner institutions
- Increase mutual knowledge about the expertise, strengths and background of GP IDeA-CTR members across the Network
- Strive for greater transparency organizational operations
- Establish training and culture of team science
- Celebrate successes and accomplishments

Phase 3: Findings
Responsiveness to Advisory Groups

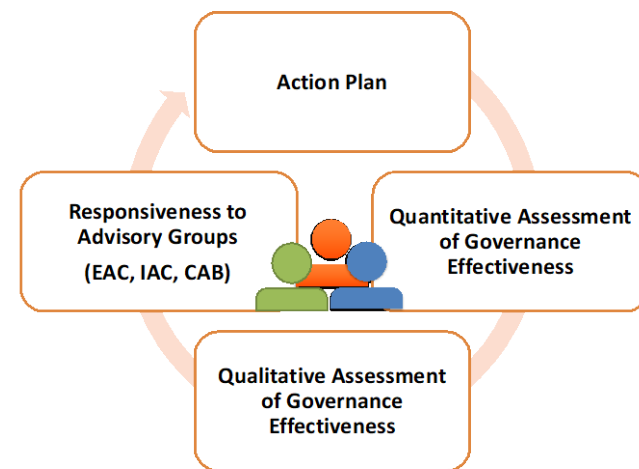| Issues & Specific KCA Recommendations	EAC SUGGESTIONS	ADMINISTRATIVE KCA RESPONSE	STATUS 1 = enacted 2 = in process or under consideration NA = not applicable
Defining CTR (7/11/17)	Avoid rigid boundaries for CTR that pigeonhole too much research as T0	Definition has been broadened and evidenced in review of pilot submissions	1
	Advance work at, and across different stages of the CTR spectrum	We work across all stages of CTR	2
	Encourage interactions between disparate investigators to facilitate CTR across all stages	COM/Howard Fox hosted interdisciplinary workshop, 2nd ASM focused on multidisciplinary teams	2
Strong Unfunded Applications (10/24/17)	Continue to work with unfunded applicants to improve their competitiveness	Implemented and conducted four research studios. This is an ongoing effort to understand best way to address these needs.	2
Creating a Learning Community (10/24/17)	Consider sending investigators to translational science conferences to build a learning community and cohort for CTR	- One CTR investigator presented at NISBRE. - Discussed membership with ACTS and working with UNMC leadership to obtain co-funding to join ACTS which will decrease conference attendance rates for CTR investigators across partner sites. - Tracking & Evaluation KCA presented at AEA conference as part of symposium within the CTR track.	2
	Enable CTR investigators to request committees to discuss research grants.	Research studio mechanism serves this purpose. All unfunded investigators are sent email offering use of research studio mechanism.	1

Phase 4: Findings
Action Plan

Action Steps to Address Recommendation	#	Responsible Person(s)	Timeline for Completion	Intended Outcomes & Measurement (e.g., # of registries disseminated)	Potential Challenges / Constraints	Resources Needed	Status 1 = Enacted 2 = In process or under consideration
1. "Roadshows" – site visits to specific institutions, colleges, departments along with Admin and CBR to	2	All CEO Personnel	Can begin immediately. Site visits scheduled for Jan. 2019 (UNO &	# of site visits & consults	Travel/scheduling; ensuring attendance of relevant personnel	Travel and/or accommodations when necessary	1
2. Develop plan with PD and Pilot Programs to increase communication efficiency when communicating IDeA-CTR information to academic and non-academic communities	2	Risto & Sean; PD KCA & Pilot Programs	Y3 Q3	Formulation and implementation of communication plan	Timing of activities; availability of investigators	GP CTR sponsored email service contract to automate communication plan	2
3. Initiate CEnR-style, CEnR Special Interest Group as a way to foster collaboration and increase awareness of available research resources	2	All CEO Personnel	FY 21, quarterly	# of SIGs hosted	Scheduling a communication; finding presenter; ensuring awareness and availability at partner sites	Tech/room scheduling. Funds for speaker fees & food/drink	1

Implications for Practice

Four phases of replicable, evidence-informed activities marked by close collaboration between researchers, practitioners, and other relevant stakeholders

- Research network members are looking for opportunities to contribute to the development of network vision, and are potential champions for communicating the significant scientific outcomes facilitated by the network broadly.

- Ongoing evaluation and process improvement, informs internal changes that will promote advancements in translational science across the network.

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