

Gold Coast Health Emergency Department Research Strategic Plan 2018-2022

Gold Coast Hospital and Health Service
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Gold Coast Health Emergency Department Research Strategic Plan: 2018-2022

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Contents

Contents	iii
Figures	iii
Tables.....	iii
1. Introduction.....	1
1.1. Overarching goals of Emergency Department research.....	1
1.2. Vision of Emergency Department research	1
1.3. Seven Pillars of Emergency Department research.....	1
1.4. Emergency Department research team.....	2
1.5. Document purpose	3
2. Overarching Departmental Initiatives: 2018-2022	4
2.1. Initiative One: Create stability within human resourcing to support the research program.....	4
2.2. Initiative Two: Build and streamline research infrastructure.....	5
2.3. Initiative Three: Create and market a brand name for GCHHS ED research.....	5
2.4. Initiative Four: Grow a relevant and impacting research culture within GCHHS ED.....	6
2.5. Initiative Five: Develop, strengthen and sustain external partnerships	6

Figures

Figure 1. The seven pillars of Gold Coast Health Emergency Research.....	2
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Tables

Table 1. ED research pillar teams, with identified leads.....	2
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1. Introduction

With the growing volume, interest and capacity in undertaking research within Gold Coast Health's Emergency Departments (EDs), the Emergency Department Collaborative Research Group (EDCRG) was established in 2017 to function as the strategic advisory committee for ED research. Terms of reference for EDCRG were approved, which included four departmental goals for ED research:

1.1. Overarching goals of Emergency Department research

- Organise ED research
- Build and streamline research capacity
- Promote excellence, relevance and impact of research
- Develop, strengthen and sustain research partnerships

1.2. Vision of Emergency Department research

Our vision is to embed research in clinical practice and education and inform new guidelines and policies

1.3. Seven Pillars of Emergency Department research

Seven pillars of ED research have been clearly defined (Figure 1), with associated pillar leads and team members (Table 1). In the last term of 2017, each pillar lead was asked to prepare a five-year plan for their area. These plans, and the EDCRG terms of reference document, provide the foundation for this five-year plan. It was agreed upon that the plan be a working document, updated annually.

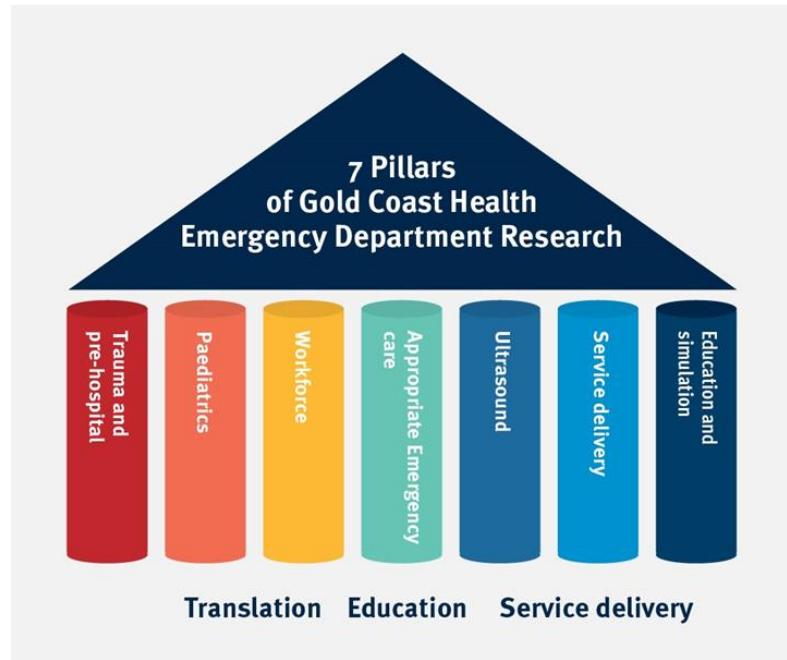


Figure 1. The seven pillars of Gold Coast Health Emergency Research

1.4. Emergency Department research team

Table 1. ED research pillar teams, with identified leads

Pillar/priority	Lead	Team
Trauma + pre-hospital	DC	JWi, MW, LW, KD, Trauma team
Paediatrics	SG	JCro, CB, RH, MK, PS, NG
Service Delivery	JC	AS, JR, KE, NA, KM, JPB, RY, CD, YLH
Workforce	JC	JR, LE
Appropriate Emergency Care	GK	KM, AS, HE, JR, MC, Research Registrar
Ultrasound and diagnostics	SW	AAJ, PS, Ultrasound registrar, AS
Translational simulation	VB	SIM service, SIM Fellow, NA

DC: Don Campbell, JW: James Winearls, MW: Martin Wullschleger, LW: Liz Wake, KD: Kate Dale, SG: Shane George, GK: Gerben Keijzers, AS: Amy Sweeny, KM: Katya May, SW: Stuart Watkins, JC: Julia Crilly, JWa: Jasmine Wadham, JB: Victoria Brazil, AAJ: Amy Archer-Jones, JCro: Joanna Cronin, CB: Christa

Bell; RH: Riku Haataja;, KE: Katie East, JPB: Josea Polong-Brown; NA: Nemat Alsaba, KM: Katya May, MC: Mercedes Carrington, HE: Hugo Evison, JR: Jamie Ranse, PS: Peter Snelling, MS: Michael Summers, YLH: Ya-Ling (Rebecca) Huang, LE: Lizi Elder, CD: Catherine Delaney, MK: Megan King, NG: Nathan Goddard.

ED Research Support team members: RD: Rachael Dunning, DG: David Green, PM: Petrina Matijevic; BS: Brittany Skelsey, ER: Elicia Rake.

1.5. Document purpose

The ***purpose of this document*** is to provide a framework for the advancement of GCHHS ED research as a whole, and for the progressive development of research programs within each of the seven ED research pillars.

2. Overarching Departmental Initiatives: 2018-2022

2.1. Initiative One: Create stability within human resourcing to support the research program

- A. Continue the permanent research roles already established, including FACEMs with protected research time (GK, SG, SW, DC, VB), research registrar (0.5 FTE ED, Trauma Research Coordinator (1.0 FTE), joint appointments of ED Nursing Professor (JC) and 1.0 FTE Research Fellow (JR), and four x 0.5 FTE ED fellows.
- B. Create permanency for current temporary and proposed new positions
 - Appoint to the 0.7 FTE permanent CN research nurse position
 - Create a director of ED research role (1.0 FTE NG08 permanent, 0.5 FTE MO3)
 - Make Nurse Researcher – Research Development Manager role (NG07) permanent
 - Create a Nurse Researcher role (0.5 FTE NG07) - Research Manager permanent within Paeds research
 - Continue a 0.6 FTE admin support role (permanent) to support administrative duties of ED research.
 - Create a 1.0 FTE health economist/statistician position, to be shared across IACS research
- C. Improve ease of appointments to temporary research roles
- D. Establish a governance process to employ research staff (internally and externally)
- E. Develop a casual/ temporary/ contract researcher pool
- F. Develop a roster for research staff to promote and support recruitment into existing studies (especially studies that require clinical staff engagement)
- G. Develop a “media role” responsible for updating any internal and external communication platforms (e.g. newsletter, web page, twitter stream)
- H. Continue and structure the integration of clinical students (MD, RN, Allied Health) into the research programs of ED.

How will we measure success:

new positions created. # positions changed from temporary to permanent, Establishment of casual research pool. # students actively participating in research.

2.2. Initiative Two: Build and streamline research infrastructure

- A. Develop a strategic funding plan (to include acquisition of (matched) funding via universities/IACS/SERTA/ other
- B. Review progress with the 5 year research plan (this document) annually at the EDCRG meeting
- C. Develop common processes and commonly accessible resources to assist with literature reviews, grant applications and manuscript editing and submission
- D. Develop resources to assist with epidemiological services, including study design and data analysis.
- E. Develop an intranet platform for easier sharing of protocols, study forms, etc. Train new staff on where to find common resources.
- F. Develop a vetting process for new research projects, including EDCRG appraisal of all new research projects, and confirmation that this research will be aligned with current divisional, institutional, state and national priorities. Identify projects for formal endorsement by ED Board (senior management).
- G. Engage with the GCHHS ED/Divisional/Executive/Board to ensure growing capacity of research personnel is met with growing capacity for research space/infrastructure, e.g. dedicated space in GCUH and at the Gold Coast Health & Knowledge Precinct.

How will we measure success:

Funding/business plan(s) developed, Strategic Plan reviewed annually, intranet platform created and accessed by members from each pillar, statistician/ health economist reasonably available when needed.

2.3. Initiative Three: Create and market a brand name for GCHHS ED research

- A. Establish mechanisms for communicating ED research-related information across the Division (and more broadly)
- B. Improve use of (social) media for dissemination
- C. Work with Digital Engagement Team to ensure currency of internet web page (bit.ly/gcedresearch) where ED research pillars, research interests, opportunities and researchers are described and promoted.
- D. Routinely include bit.ly/gcedresearch in presentations provided by EDCRG members
- E. Increase the reach of the ED Research Newsletter

How will we measure success:

Tweets, Twitter followers, web page hits, # collaborations and/or opportunities identified through web contacts.

2.4. Initiative Four: Grow a relevant and impacting research culture within GCHHS ED

- A. Communicate internally and externally how GCHHS ED research program is congruent with and contributes to local, State, National and International research priorities
- B. Encourage Pillar Leads and other suitable clinicians to supervise students with research and quality improvement projects.
- C. Pillar leads and research staff to apply for academic title with a partner university
- D. Encourage clinicians to pursue masters/HDR
- E. Support, encourage and mentor temporary research positions
- F. Encourage all staff enrolling and consenting participants, and all research staff to complete Good Clinical Practice course/ certificate (commensurate with role)
- G. Encourage research and non-research staff to do the STAR Learning on Line package, EBP courses and any beginner's research lectures and opportunities
- H. Support and supervise willing clinicians in submitting grant applications, conference abstracts, peer-review papers, introductions to networks, reviewing grants for funding bodies, and/or to be a peer reviewer for health journals
- I. Support and advocate for research responsibilities in all clinical and leadership role descriptions and performance appraisal process
- J. Include research findings in local education events (such as grand rounds and community forums)

How will we measure success:

Number of ED clinicians involved in supervising students on research/quality projects; Number of ED clinicians undertaking a research-related activity (e.g. concept brief, protocol, abstract submission, peer-review, attendance at a research course or lecture); Number of local, national and international presentations.

2.5. Initiative Five: Develop, strengthen and sustain external partnerships

- A. Share ideas to improve linkages with universities
- B. Identify opportunities to partner with commercial entities
- C. Identify opportunities to partner with community
- D. Foster a collaborative relationship with the media to support translation of evidence into practice
- E. Identify ways to integrate GCHSS into a national and international network of ED researchers.

How will we measure success:

Maintain and build upon existing working relationship with collaborating partners/agencies
Increased number of collaborating partners/agencies
Presentations at forums other than Queensland Health

