



# Vancouver Coastal Health Research Institute

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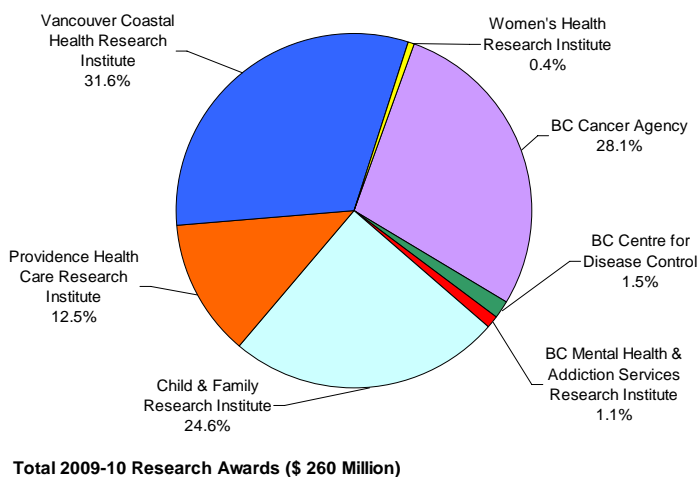
## Strategic Plan 2011

March 31, 2011

## VCH RESEARCH INSTITUTE AND BC HEALTH RESEARCH AT A GLANCE

### VCH RESEARCH INSTITUTE

As the research arm of Vancouver Coastal Health Authority and a health partner of the University of British Columbia, Vancouver Coastal Health Research Institute (VCHRI) comprises over **1500 personnel engaged in research in 7 research centres, 12 research programs**, and many evolving research areas. The focus is on discovery and translational research that directly impacts health outcomes. With annual research revenue between \$80 – 100 million, VCHRI is a **major player in BC's Health Research Industry**.



### HEALTH AND ECONOMIC IMPACTS OF HEALTH RESEARCH IN BC

#### *New Treatments for British Columbians*

Research infrastructure enables both home grown discoveries and the ability to participate in global clinical trials. As a result, British Columbians have access to cutting edge treatment that would otherwise not be available, and faster translation to new gold standards of treatment options.

#### *Impact on Supply and Demand of Health Services*

Clinical, bench, and health systems research lead to impact on both the supply (reduction in treatment times, improvements in screening, reduction in readmission, better health outcomes) and the demand side (reducing the need for services such as hip fractures, occurrence of disease, and hospital readmission) of health resources.

#### *Economic Punch and Brain Gain*

The research enterprise in BC is a magnet for funding dollars from across Canada and around the globe. Dollars that flow in bring leading research clinicians and scientists from around the world, and with them trainees, lab technicians, new technology, and the ability to educate a new generation of BC knowledge leaders.

There are over 3,000 personnel employed in health research in BC. For every 100 health research jobs that are directly funded there are another 46 – 80 jobs created elsewhere.

In 2009/10 BC's major teaching & research hospitals and affiliated research institutes received over \$260,000 million in research funds of which the majority was received from sources outside BC including granting organizations, industry and private donors.

### ***Commercialization and Biotechnology Company Spinoffs***

BC has a well developed clinical trial capability providing patients with access to new drugs. There were \$25 million in annual gross revenues from clinical trials in 2009/10.

There are approximately 80 companies and over 50 are spin-off companies from the research at Vancouver General Hospital (VGH), St. Paul's Hospital, UBC Hospital (UBCH), Children's Hospital, BC Cancer Agency and UBC.

### **SUMMARY**

- Innovation and new treatment options for all British Columbians.
- Diversification of the economy and economic gain through new jobs and technology transfer, and a new generation of knowledge and innovation leaders.
- Providing the best care to BC residents in their home province.
- Delivering care with value added knowledge translation.

# **VCH RESEARCH INSTITUTE STRATEGIC PLAN 2011**

## **EXECUTIVE SUMMARY**

### ***Introduction***

The purpose of this Strategic Plan 2011 is to identify VCHRI's goals, and the activities required to achieve these goals, for the next 5 to 10 years. Through one-to-one interviews, three consultation sessions, an online survey, and interviews with four other research institutes this Strategic Plan was developed.

VCHRI is one of Canada's top funded health research institutes receiving approximately \$80 - 100 million annually in research funding. It is the research arm of Vancouver Coastal Health (VCH) and a health partner of the University of British Columbia (UBC). It is a large and diverse organization that aims to support research activity amongst multidisciplinary health care professionals. VCHRI includes BC's largest academic and teaching health sciences centres - Vancouver General Hospital, UBC Hospital, GF Strong Rehabilitation Centre, as well as community hospitals and health centres on the North Shore, Richmond, the Sea-to-Sky Highway, Sunshine Coast, Bella Bella, Bella Coola, the Central Coast and the surrounding areas. VCHRI has seven major research centres, twelve research programs and many evolving research areas. To house this research VCHRI oversees approximately 248,000 square feet (net) of research space within VCH.

### ***Support of Research throughout VCH***

VCHRI provides a wide range of in-house research services ranging from grant signing to clinical research support, to award and education programs, and in-house communications and public affairs served in partnership with VCH and UBC. As well as providing these research services VCHRI has been proactive with establishing research buildings, recruitment of scientists and personnel, and supporting the development of provincial research networks such as the BC Clinical Research Infrastructure Network. In addition, VCHRI provides onsite research support across VCH in Richmond, Coastal (North Shore/Coast Garibaldi) and Vancouver (community services), through two Assistant Research Directors who promote and facilitate research and assist individual clinician-researchers. Research within VCH takes place in each of the stages of patient care both within acute care settings and the community enabling the translation of research results into clinical practice

### ***Results of the Strategic Plan Consultation Process***

During the consultation process a number of VCHRI's strengths, weaknesses, opportunities and threats were identified. The strengths included: increased influence on health practices; more success internationally with seven major research centres; increased research space with new buildings such as ICORD, Vancouver Prostate Centre, Centre for Hip Health & Mobility, and Brain Research Centre; and more training programs. The weaknesses identified included lack of researcher involvement, not a wide spread understanding of VCHRI, fragmentation of research, and lack of political and government understanding of the value of research. However, there were many opportunities including: more involvement in research, increased funding with coordinated efforts, the ability of VCHRI to be an international leader in translational research, and to be a leading training centre. The main threats are seen to be a lack of coordination that reduces opportunities, limited research space, and competition from other jurisdictions. The Strategic Plan was developed from the input received during the consultation process.

## **VCHRI Strategic Plan 2011**

### ***Grand Goal***

By 2016 VCHRI will be recognized provincially, nationally and internationally for its leadership in translational research and training.

### ***Internal Goals***

The internal VCHRI goals are to: increase the involvement of the VCH research community in VCHRI's operations; increase the transparency of VCHRI operations; increase internal and external communication; increase coordination of external relations; and enhance the research culture within VCH including transdisciplinary involvement in research.

### ***New VCHRI Working Structure***

In order to maximize its effectiveness, reach its grand goal, and achieve its internal goals VCHRI needs a new working structure that is effective, increases the involvement in decision-making, increases transparency of its operations, and increases communication both internally and externally. In addition, the new structure should also promote cross pollination, integration and collaboration with other BC Health Research Institutes. Therefore, the VCHRI Council, External Advisory Group and four Working Groups will be established. The Council and Working Groups will be responsible for the implementation of the Strategic Plan 2011: Action Plan.

The **VCHRI Council** will be the decision-making body that leads VCHRI to achieve its goals through inclusive, transparent, accountable, and collaborative activities. The **External Advisory Group** will assist to position VCHRI provincially, nationally and internationally over the next five and ten years.

The **Financial Oversight and Business Development Working Group** has four main responsibilities. First, it will determine the most appropriate methods to provide transparency of the VCHRI budget process. Second, it will increase the size of the budget by working with the Hospital Foundations, other agencies and the private sector to identify creative funding activities such as naming opportunities and disease specific initiatives. Third, it will work to increase business development locally, nationally and internationally. Fourth, it will work with the Research Infrastructure Working Group to ensure best use of financial resources in the management of new and existing research facilities.

The **Knowledge Exchange and Communications Working Group's** mandate is threefold. First, it will be responsible for determining and implementing an overall coordinated, comprehensive and well developed plan for internal and external communications to engage internal personnel, government and the public. Second, it will be the liaison between government and the VCH research community to promote the value of research. Third, it will work with researchers and clinicians to create a knowledge exchange strategy.

The **Research Infrastructure Working Group** has four main functions. First, it will plan the structure, design, function, usage, and naming of the new building to replace the existing Research Pavilion. Second, it will ensure the maximum use of existing research space. Third, assist with securing space for new research programs. Fourth, it will develop and implement a shared resources strategy that includes, but is not limited to, facilities and equipment (includes imaging), grant development support, IT support, statistical and methodological support, databases and access, research dissemination, financial management and animal care support.

The **Research Training and Career Development Working Group** is responsible to identify the requirements for new research training programs and maximize the value of existing programs by promoting collaboration of research education across all Research Centres.

### ***Next Steps***

The following next steps include establishing the new structure and implementation of the Action Plan.

- |          |   |
|----------|---|
| April 15 | Invite individuals to join VCHRI Council<br>Develop guiding principles and terms of reference   |
| May 20   | Invite individuals to join VCHRI Working Groups   |
| June 30  | Complete the first meetings of the VCHRI Council and each of the Working Groups.<br>Begin implementation of Strategic Plan: Action Items. |

# VCHRI STRATEGIC PLAN 2011

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## 1. INTRODUCTION

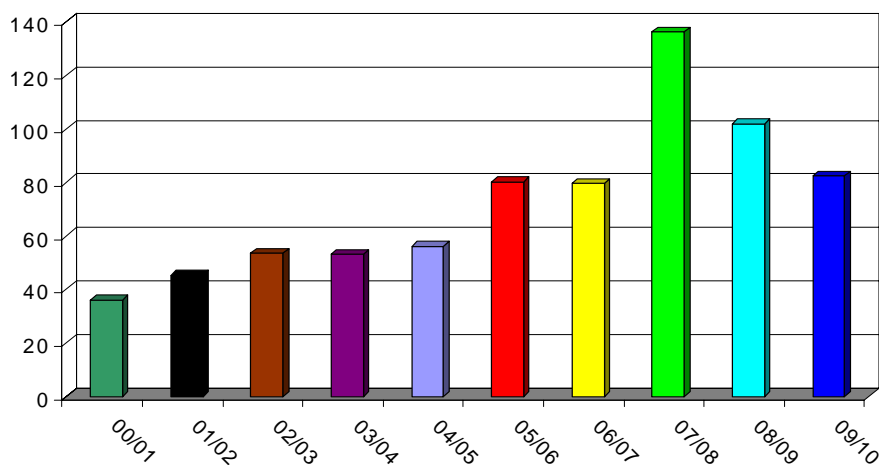
The purpose of VCHRI's Strategic Plan 2011 is to identify its goals, and the activities required to achieve these goals, for the next 5 to 10 years. This document discusses the methodology to develop the plan, the VCHRI current state, and the results of the one-on-one consultation process, the three consultation sessions, online survey and the interviews with other research institutes. It presents the Strategic Plan that includes the Vision, Mission, Values, Grand Goal and Internal Goals. In order to meet these goals a new working structure is presented that is based on the input received from the consultation process. This document concludes with a brief overview of next steps. Appendices include a detailed action plan to assist in the implementation of the new structure, the expanded VCHRI values, participants in one-on-one interviews, information on the VCHRI education programs and awards programs and detailed results from the online survey.

## 2. METHODOLOGY OF THE STRATEGIC PLAN DEVELOPMENT

The planning for the Strategic Plan development began in mid-November 2010 with the goal to have an extensive consultation process. As a result, by mid-February 2011 a Draft Strategic Plan was developed through an extensive consultation process including approximately fifty one-on-one interviews, an Advisory Committee meeting, and a review of available information on the VCHRI developments over the past 10 years. To complete the Strategic Plan further consultation was done during a Consultation Session on February 23<sup>rd</sup> followed by a Town Hall meeting on March 8<sup>th</sup>. In addition, an online survey was completed February 18<sup>th</sup> to obtain direct input from individual researchers, managers and professional practice leaders; 134 individuals responded to this survey. Finally, interviews with four research institutes in other jurisdictions (Canada, United States, Australia) were conducted. This Final Strategic Plan document is a compilation of all the input received from these various consultations.

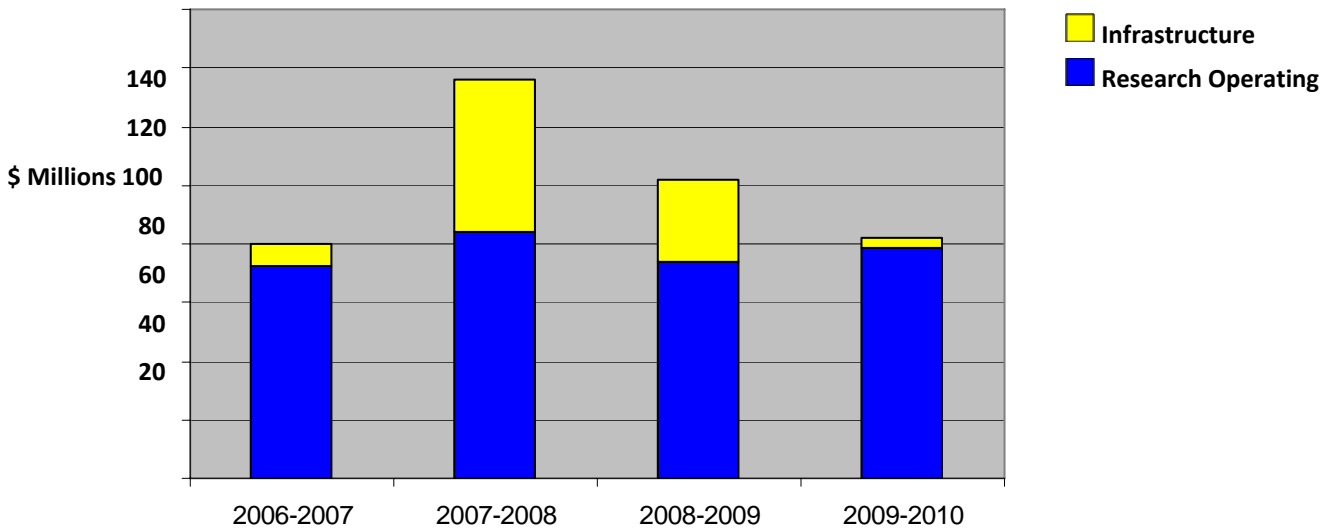
## 3. VCHRI OVERVIEW 2011 – Current State

VCHRI is one of Canada's top funded health research institutes receiving approximately \$80 - 100 million annually in research funding. The following graph indicates the substantial growth in research funding from 2000/01 to 2009/10 (in millions of dollars).





While the amount of research dollars spiked in 2007/08 and 2008/09 and then dropped in 2009/10, this increase is due to a substantial investment in infrastructure from CFI and BC Knowledge Development Fund as indicated in the following graph.



VCHRI is the research arm of Vancouver Coastal Health, health partner of the University of British Columbia, and a research institute in the UBC Faculty of Medicine. It is a large and diverse organization that aims to support research activity amongst multidisciplinary health care professionals. VCHRI includes BC's largest academic and teaching health sciences centres - Vancouver General Hospital, UBC Hospital, GF Strong Rehabilitation Centre, as well as community hospitals and health centres on the North Shore, Richmond, the Sea-to-Sky Highway, Sunshine Coast, Bella Bella, Bella Coola, the Central Coast and the surrounding areas. VCHRI's major research centres, programs and evolving research areas include, but are not limited to, the following:

**Research Centres**

- Brain Research Centre
- ICORD: International Collaboration on Repair (spinal cord) Discoveries
- Centre for Clinical Epidemiology & Evaluation (C2E2)
- Centre for Hip Health & Mobility
- Centre for Respiratory, Cardiology & Critical Care Medicine
- Immunity and Infection Research Centre (Transplantation & Infectious Diseases)
- Vancouver Prostate Centre

**Research Programs**

- Anaesthesiology
- Burn & Wound Healing
- Centre for Menstrual Cycle and Ovulation Research (CeMCOR)
- Centre for Rural Health Research
- Diabetes & Islet Cell Transplantation
- Emergency Medicine
- Hematology – Bone Marrow Transplantation
- Macular Degeneration
- Ovarian Cancer Research (OvCaRe)

- Radiology – imaging
- Rehabilitation
- Skin Sciences

#### ***Evolving Research Areas***

- Interdisciplinary: Nursing, Physiotherapy, Occupational Therapy, Respiratory Therapy
- Lions Gate Hospital and Coastal – Neurology, Mental Health, Emergency, Community
- Richmond – Mental Health
- Vancouver - community health services

VCHRI oversees approximately 248,000 square feet (net) of research space within VCH as shown in the following table.

#### **VCHRI RESEARCH FACILITIES / SPACE WITHIN VANCOUVER COASTAL HEALTH \***

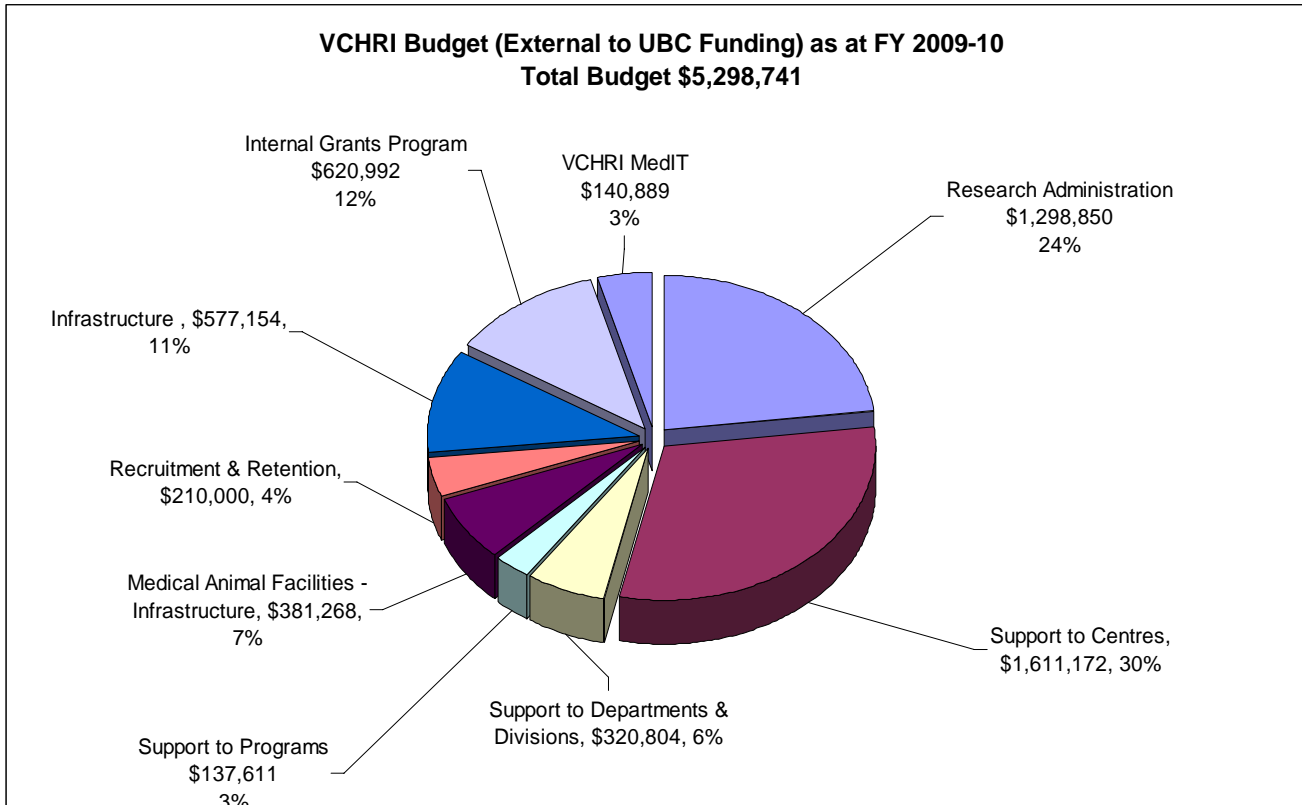
| <b>Buildings</b>   | <b>Net Sq. Feet</b> | <b>Net Sq. Metres</b> |
|--|---------------------|-----------------------|
| <b>Detwiller Pavilion (UBCH)</b>   | 24,517              | 2,278                 |
| <b>External Lease on Broadway and Granville</b>  | 2,378               | 221                   |
| <b>Echelon</b>   | 1,834               | 170                   |
| <b>Eye Care Centre</b>   | 8,112               | 754                   |
| <b>GF Strong Site</b>  | 2,932               | 272                   |
| <b>GLDHCC</b>  | 2,372               | 220                   |
| <b>Heather Pavilion</b>  | 14,584              | 1,355                 |
| <b>ICORD</b>   | 21,192              | 1,969                 |
| <b>Jack Bell Research Centre</b>   | 43,628              | 4,053                 |
| <b>JPN3 - VCHRI leased space</b>   | 1,066               | 99                    |
| <b>JPN - Other</b>   | 5,980               | 556                   |
| <b>Koerner Pavilion - Brain Research Centre (UBCH)</b>   | 35,604              | 3,308                 |
| <b>Koerner Pavilion - Other floors (UBCH)</b>  | 33,415              | 3,104                 |
| <b>Purdy Pavilion (UBCH)</b>   | 5,215               | 484                   |
| <b>Skin Care Centre</b>  | 922                 | 86                    |
| <b>VGH Research Pavilion</b>   | 35,031              | 3,254                 |
| <b>Willow Chest Centre</b>   | 9,445               | 877                   |
| <b>Total:</b>  | <b>248,227</b>      | <b>23,061</b>         |
| <b>Sources: FOM Academic Space Inventory and individual lease agreements      Last Updated: Jan 21, 2011</b> |                     |                       |

\* **Please note:** Space is calculated on Net Square Feet (in the past it was calculated using gross square feet).

### VCHRI Financial Overview

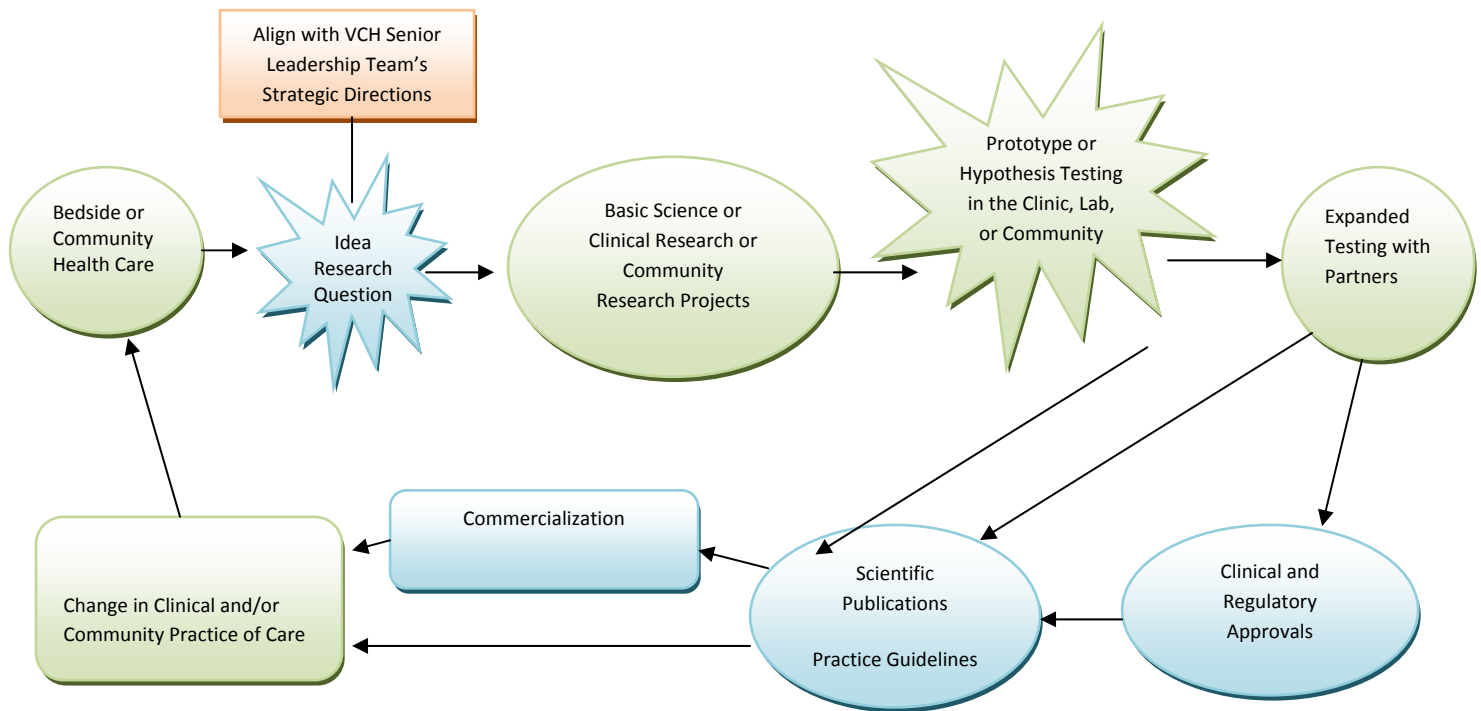
VCHRI receives budget support from a number of sources including an operating budget from VCH, support for the awards programs from VGH & UBC Hospital Foundation, a proportion of the Indirect Costs Program (ICP) from the Federal Government (negotiated through UBC), as well as a proportion of the overheads from clinical trials and industry contracts.

The following diagram show a summary of the distribution of the budget and support of research and administrative activities



## ***Ubiquitous Nature of VCH's Research***

Research within VCH takes place in each of the stages of patient care enabling the translation of research results into clinical practice as shown by the diagram below. The green shaded symbols indicate areas with direct patient contact.



## ***Support of Research throughout VCH***

VCHRI provides a wide range of in-house research services listed below. As well as providing these research services VCHRI has been proactive with establishing research buildings, recruitment of scientists and supporting the development of provincial research networks such as BC CRIN (Clinical Research Infrastructure Network). In addition, VCHRI provides onsite research support across VCH in Richmond, Coastal (North Shore/Coast Garibaldi) and Vancouver (community services), through two Assistant Research Directors who promote and facilitate research and assist individual clinician-researchers.

VCHRI provides the following research services:

- Research contract review
- Grant review and writing expertise
- Grant signing on site through the Office of Research Services
- Post-award research account set-up
- Research education programs – See Appendix E for a list of courses
- Internal funding competitions: operating grants and salary awards – See Appendix F Current Competitions
- Study design, analysis, data management (Centre for Clinical Epidemiology and Evaluation – C2E2)
- Clinical Trials contract management
- Clinical trials support (Clinical Research Unit – CRU)
- Communications/Public Affairs, including outreach to Ministry of Health Public Affairs Bureau

#### 4. OUTCOME OF THE CONSULTATION PROCESS

The following SWOT analysis is a compilation of the input received during the one-to-one interviews, the Ad Hoc Advisory Committee meeting held on January 26, 2011 and the consultation sessions held on February 23 and March 8, 2011.

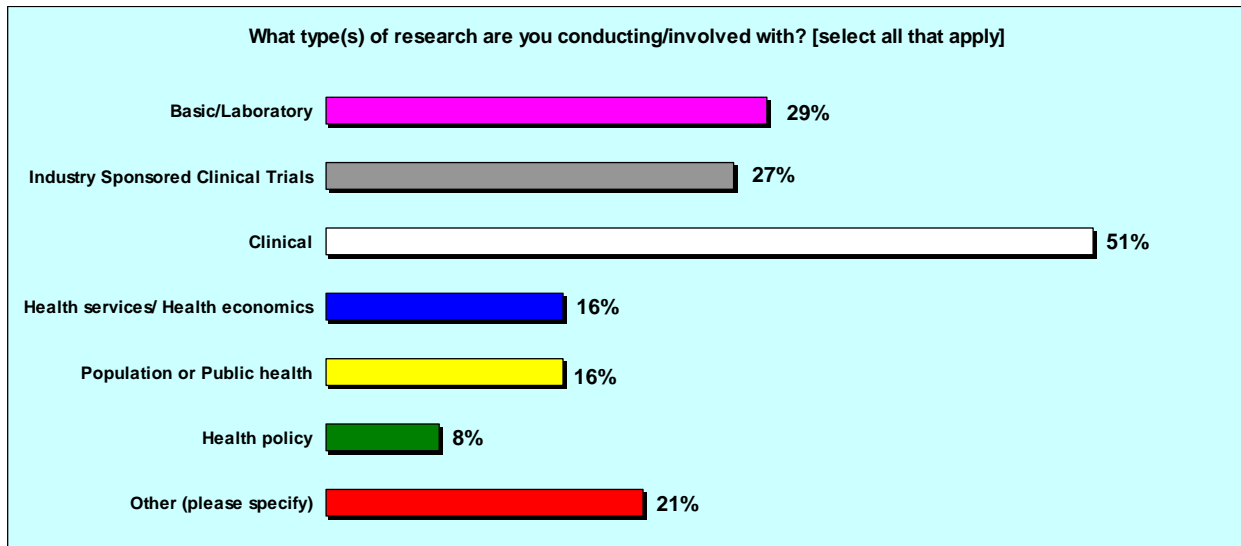
##### 4.1 VCHRI SWOT Analysis (From information gathered from one-on-one interviews and consultation sessions.)

| STRENGTHS   | WEAKNESSES   |
|---|--|
| <p><b>General:</b> More successful internationally with areas of excellence including Prostate, Hip Health, ICORD, Brain Research, C2E2, Respiratory, also more spin-offs and increased influence on health practices.</p> <p><b>Research Space:</b> Substantial success with new research buildings ICORD, Prostate, Hip Health, Brain Research Centre and business case for research space at LGH.</p> <p><b>Research Administration Services:</b> VCHRI research support services.</p> <p><b>Financial Management /Support:</b> There has been support for Centres, Programs, Scholar program, and recruitment. There is an evolving strong relationship with VGH &amp; UBC Hospital Foundation and LGH Foundation.</p> <p><b>Internal Research Culture:</b> A substantial increase in research over past 10 years with an emphasis of innovation into practice in both traditional and not-traditional areas. There is a good track record of developing products and clinical practice improvements from research.</p> <p><b>Provincial Research Environment:</b> Research initiatives such as Rural Health reach into the community. VCH has an entrepreneurial environment that should be maintained and protected. Strong collaborative and integrated environment are evolving with BCCRIN (BC Clinical Research Network).</p> <p><b>Training Programs:</b> Substantial support for research training of graduate students, post docs, residents and mentored Clinician Researchers.</p> | <p><b>General:</b> VCHRI not seen to support and represent Allied Health areas and research needs to be translated and promoted. Branding is very important and needs to be clarified and then promoted.</p> <p><b>Research Space:</b> Need for replacement of research pavilion at VGH and plan for additional space in the future.</p> <p><b>Research Administration Services:</b> Lack of awareness of VCHRI services throughout VCH</p> <p><b>Financial Management / Support:</b> There is not enough transparency in how the VCHRI funds are spent, and who gets what and how distributed. Extensive growth in past 10 years, now need sustainable budgets for operating support, administrative and core research programs. VCHRI should be more active in fundraising, taking a larger role in reaching out to donors to support research and encourage less competition amongst Foundations.</p> <p><b>Internal Research Culture:</b> Research is variable pending interests of individual health professionals. Often fragmentation of research within VCH and less research by allied health professionals. Lack of public promotion of research that has been translated into practice and impact of research on economy, quality of life, population of BC.</p> <p><b>Provincial Research Environment:</b> Lack of clarification of political support for research and fragmentation of research institutes and Health Authorities.</p> <p><b>Training Programs:</b> Potential losses of the MSFHR personnel support programs.</p> |
| OPPORTUNITIES   | THREATS  |
| <p><b>Research Space:</b> Opportunity to replace VGH Research Pavilion with available land.</p> <p><b>Research Administration Services:</b> Increase utilization of VCHRI services and evaluate the need for new services such as streamlining clinical access and ethics process.</p> <p><b>Financial Management/Support:</b> Alignment with Hospital and other Foundations for joint funding strategies and identification of opportunities. Evaluate alternative sources of funding for academic physicians.</p> <p><b>Internal Research Culture:</b> Potential to increase interest and involvement in research via promotion of existing research, research services and resources, supporting new research, encouraging research clusters, increase financial support. Communication methods could be more effective by a multi-pronged approach to keep everyone updated.</p> <p><b>Provincial Research Environment:</b> Coordinated provincial research environment leads to potential national and international research opportunities. Develop common platforms and shared resources for imaging, data, etc. Promote common economic benefits of research to government.</p> <p><b>Training Programs:</b> Potential to maximize training and education programs and train/support experienced clinicians by offering joint programs with other Research Institutes. Gateway to the Pacific Rim /India/China could increase research activities and be a key training centre.</p>       | <p><b>Research Space:</b> Building Occupancy Costs (BOC) issue is unresolved. The big Centres are well positioned with space at this time, smaller research interests are very lacking in space. Others are doing well with limited space at this time, but expect it will be an issue in the future. Financing new space construction is a challenge.</p> <p><b>Research Administration Services:</b> Underutilization of existing research administration services.</p> <p><b>Financial Management/Support:</b> Competition from other Hospital Foundations for limited resources.</p> <p><b>Internal Research Culture:</b> Fragmentation of research could lead to loss of opportunities and less research productivity within all areas of VCH including both the clinical and community environments.</p> <p><b>Provincial Research Environment:</b> Lack of coordination leads to loss of opportunities to present research environment to bureaucratic and political leaders leading to loss of political support. BC is competing with other jurisdictions for recruitment of researchers, scientists, clinicians therefore we need to have a system to support recruitment and then longer term funding including initial start up research, space, BOC, protected academic time, etc.</p> <p><b>Training Programs:</b> Competition from other research jurisdictions.</p>  |

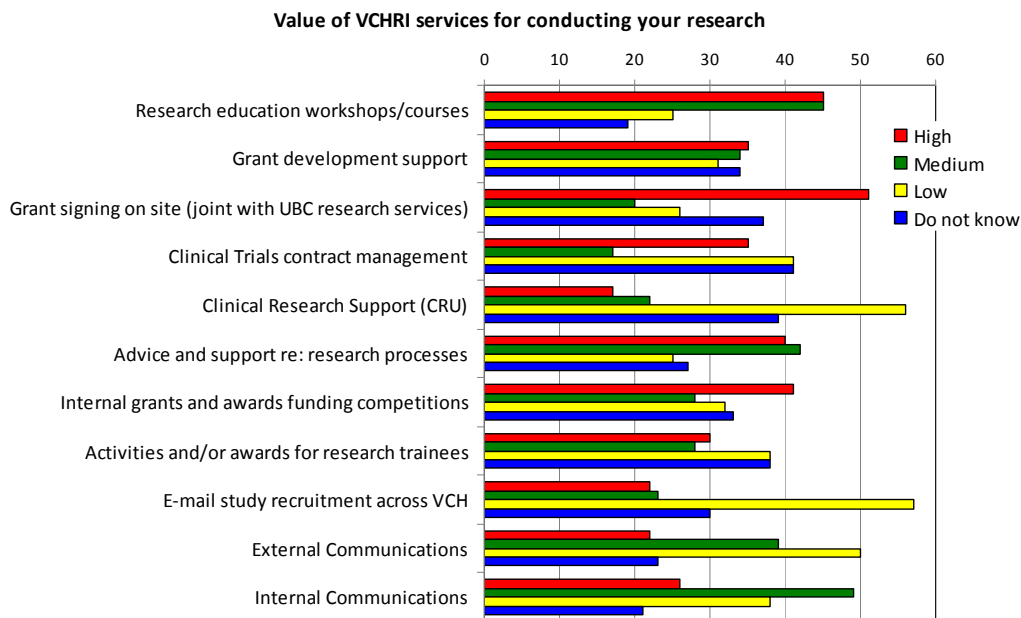
## 4.2 Internal Online Survey

The online survey was conducted in early February 2011. Individuals from a wide range of research and practice groups throughout VCH were asked to participate. There were 134 respondents. Following are four graphs that indicate some of the responses. More detailed results are found in Appendix G.

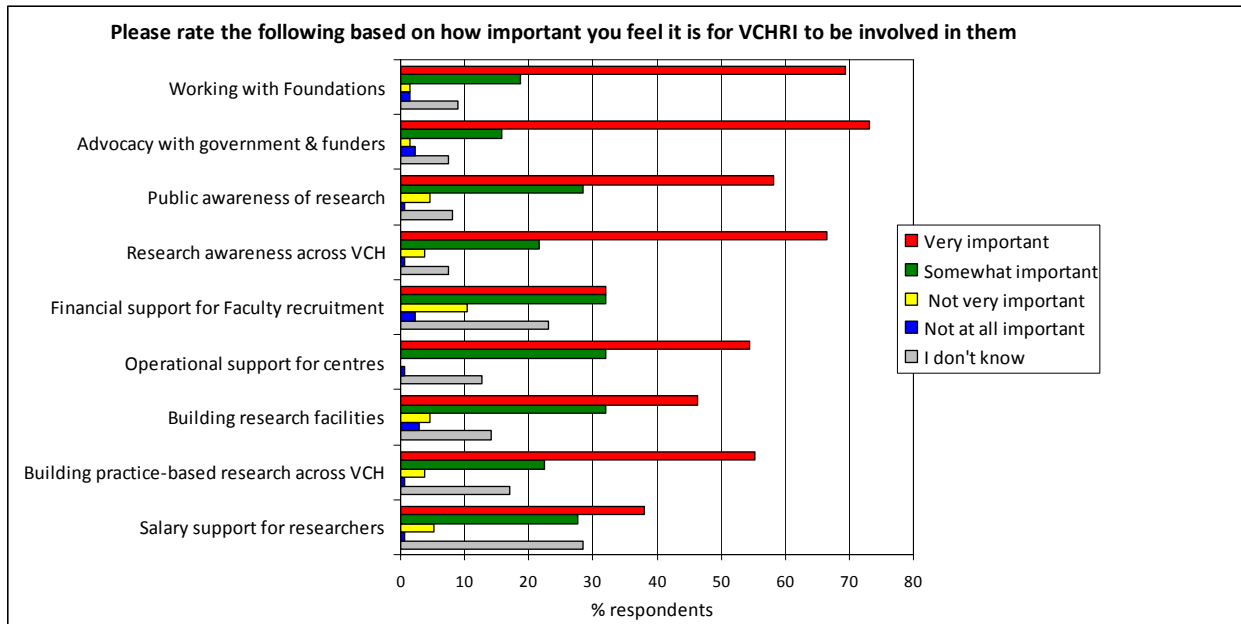
The survey asked the respondents to indicate the main type of research they conducted. As indicated by the following graph the majority of respondents were involved with clinical research followed by basic and industry sponsored research.



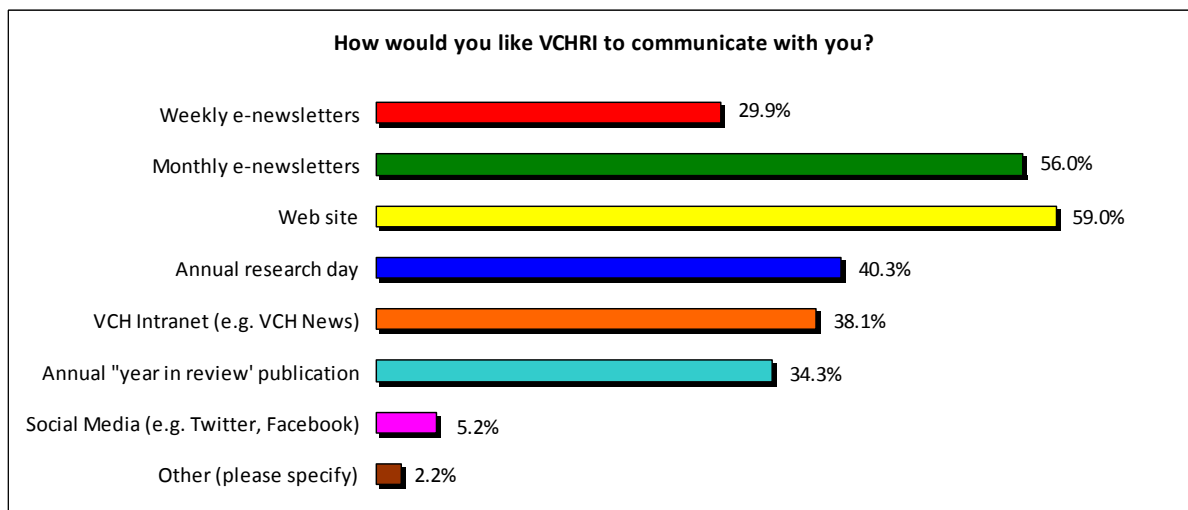
Researchers were asked to indicate the value they derived from the services provided by VCHRI. The four top services were: grant signing on VCH sites, research education and workshops, advice and support for research projects, and internal grants and awards.



As shown by the following graph researchers indicated that the majority of the activities the VCHRI undertakes are very important especially its advocacy role with government and its work with Foundations.



Some of the input from the one-on-one interviews pointed to the need for VCHRI to have a variety of methods of both internal and external communication. The following graph indicated the desire for the website, monthly newsletters and an annual research day to be considered as the top communication methods.



The information derived from this survey will be used by the Council and Working Groups during the implementation of the Strategic Plan.

The next section discusses the information received from the interviews with Research Institutes in Seattle, Washington, Queensland, Australia, Ottawa and Toronto.

#### 4.3 Consultation with Research Institutes in Other Jurisdictions

| Research Institute   | Description   | Key Success Factors  | Unique Features   | Obstacles  |
|--|---|--|---|--|
| <p>Fred Hutchinson Cancer Research Center<br/>Seattle, Washington</p> <p>Dr. Myra Tanita<br/>Executive VP &amp; Chief Operating Officer</p> <p>Annual Revenue ~\$400 million (80% grants/20% donations, investments, etc.)</p> <p>Does not get Washington State support. Grants come from National Gov't</p> | <p>Free standing research institute established in 1975. 3,000 staff including 200 faculty and 2,800 trainees, post docs, grad students and administration. Three Nobel winners.</p> <p>Started with focus on Cancer, now includes Infectious Diseases (HIV), autoimmune diseases and global health.</p> <p>Centralized fundraising.</p>  | <p>Attract and retain leading scientists who are mission driven, want to make a contribution to the world.</p> <p>Board of Trustees oversees Center's affairs.</p> <p>Extensive Board of Ambassadors provides a wide range of external support and internal advice when requested.</p>   | <p>Relationship with the University of Washington, Seattle Cancer Care Alliance, Seattle Children's Hospital.</p> <p>Does joint fundraising with University and Hospital</p> <p>Extensive shared resources creates community among scientists</p> <p>Scientists do not have tenure, their productivity is reviewed every 5-10 years</p>                                     | <p>Many senior scientists are nearing retirement over the next 5-10 years therefore concern to recruit leading scientists. Competition from other jurisdictions.</p> <p>Financial concerns based on recent US economy issues</p>   |
| <p>Ottawa Hospital Research Institute, Ottawa, Ontario</p> <p>Dr. Duncan Stewart<br/>CEO &amp; Scientific Director<br/>VP Research Ottawa Hosp.<br/>Prof of Medicine, University of Ottawa</p> <p>Annual Revenue ~\$104 million (81% grants/19% donations, indirect costs, investment, U of Ottawa)</p>      | <p>Close working relationship with Ottawa Hospital and the University of Ottawa.</p> <p>1,500 health professionals, scientists, trainees and support staff. Six priority research programs</p> <p>Administrative structure cuts across all research programs to provide support</p>   | <p>Good balance between clinical, basic, and translational research.</p> <p>Enabling infrastructure with strong relationship with Ottawa Hospital.</p> <p>Board of directors adds value by bringing expertise, business insights and linkages to the community.</p>  | <p>Fundraising is done with the Hospital and is closely aligned.</p> <p>Tied operations with Hospital to enable efficiencies and linkages to both organizations.</p> <p>Offers core activities to support research such as research design, regulatory, ethics, management.</p> <p>Leadership takes a broad view and willingness to take risks with a focus on success.</p> | <p>Put extensive effort into Federal Government relations with disappointing results. Provincially more effective as close relations with former Hospital CEO and Premier.</p> <p>Financially in a relatively good position to maintain current activities, but need further funding to expand programs.</p> |
| <p>Queensland Institute for Medical Research (QIMR)<br/>Queensland, Australia</p> <p>Dr. Frank Gannon<br/>Director &amp; CEO</p> <p>Annual Revenue ~\$30 million (80% grants/20% donations)</p>  | <p>Established in 1945, 51 research groups and laboratories, 1,200 scientists, trainees, health professionals and admin. staff</p> <p>Six research programs: cancer &amp; cell biology, genetics &amp; pop health, immunology, infectious disease, mental health, joint programs</p> <p>Admin Structure includes: Council, Trust, Executive, Advisory Comte, Corp Services, Scientific Services, External Relat. &amp; Research Division Heads.</p> | <p>Construction of new \$180 million, 13 floor research centre to enhance existing research space.</p> <p>Good people have been recruited that enable a good sense of practical outcomes in research.</p>  | <p>Close working relationship with University of Queensland</p> <p>Queensland government is investing heavily in health research.</p> <p>Core funding from Department of Health.</p>  | <p>Focusing on getting a balance on spending on infrastructure, operations and research. With new building increased costs.</p> <p>Shift from basic to more applied, translational research needs to happen.</p> <p>Many researchers are getting ready to retire therefore will need to recruit</p>          |
| <p>St. Michael's Hospital (SMH)<br/>Toronto, Ontario</p> <p>Dr. Arthur Slutsky<br/>Vice President, Research</p> <p>Annual Revenue ~\$50 million<br/>In external grants.</p> <p>SMHF working to raise \$140 million to support Li Ka Shing Knowledge Institute including the Keenan Research Centre</p>       | <p>Diffuse research programs existed in 8 different sites until 1999 when strong support of SMH Board and VP Research recruited to develop research.</p> <p>Research and Education Sub Committee of the Board with direct reporting to President.</p> <p>In 2000 a donation of \$13 million lead Keenan Research Centre establishment and the first endowed chair. Now 12 chairs.</p>   | <p>Li Ka Shing donation in 2006 of \$25 million (\$10 m for new building and \$15 m for training programs). Nine stories and \$128 m.</p> <p>Research focus into key areas: Organ Dysfunction, Inner City Health, Global Health and Knowledge Translation.</p> <p>Operate Applied Health Research Centre to support researchers.</p> | <p>Focus on knowledge translation with research close to the bedside.</p> <p>New Li Ka Sing Knowledge Institute of SMH will focus on creating a nationally and internationally recognized training niche for students/future scientists in research</p> <p>New building is an open concept to encourage collaboration and sharing of resources.</p>                         | <p>Very competitive environment in Ontario for donor funds. More cooperation would likely lead to more success overall.</p> <p>Concern that many research programs are for inner city that does not have a large donor base.</p>   |

Taking into account the input received from the consultation process the following strategic plan is put forward.

## 5. VCHRI STRATEGIC PLAN 2011



## **5.1 Key Items that Stay the Same**

**VISION:** Healthier Lives through Discovery

**MISSION:** Research at VCHRI leads and excels in the generation of health knowledge through discovery, education, application and evaluation.

**VALUES:** These statements about our values are intended to guide our decision-making as we work to realize our Research Vision and Mission. See Appendix B for the further description of these values.

- We value relevance
- We value synergy and teamwork
- We value excellence
- We value high ethical standards and scholarly integrity
- We value research exchanged into clinical practice

## **5.2 Key Items for Change**

### **GRAND GOAL:**

By 2016 VCHRI will be recognized provincially, nationally and internationally for its leadership in translational research and training.

### **INTERNAL GOALS**

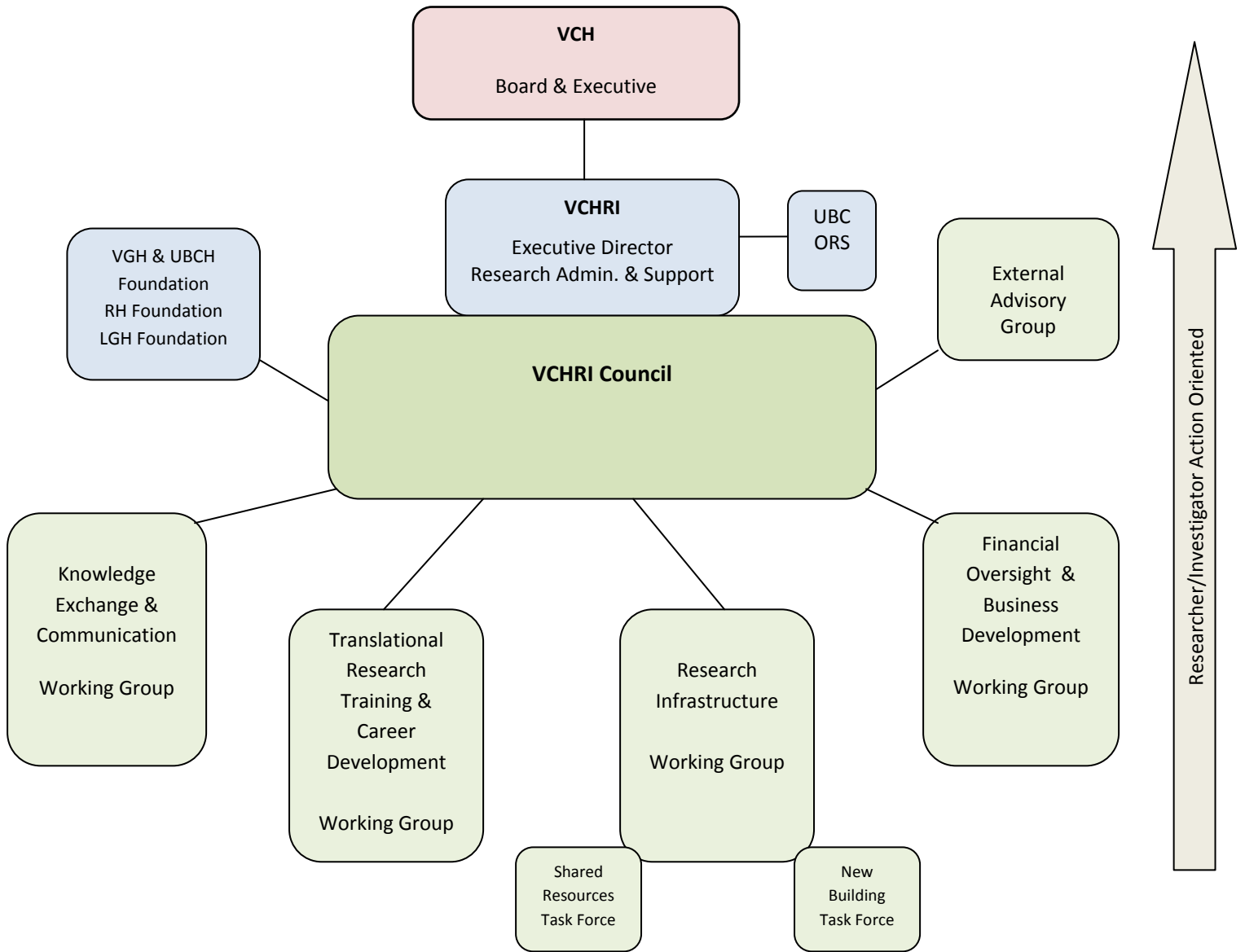
- Increase involvement of the VCH research community in VCHRI's operations
- Increase the transparency of VCHRI operations
- Increase internal and external communication
- Increase coordinated external relations
- Increase the research culture within VCH
- Enhance transdisciplinary involvement in research

### **WORKING STRUCTURE**

In order to maximize its effectiveness, reach its grand goal, and achieve the internal goals VCHRI needs a new working structure that is effective, increases the involvement in decision-making, increases transparency of its operations, and increases communication both internally and externally. In addition, the new structure should also promote cross pollination, integration and collaboration with other BC Health Research Institutes and BCCRIN.

A VCHRI Council, External Advisory Group and four Working Groups will be established. The Council and Working Groups will be responsible for development of strategies and activities for Financial Oversight and Business Development; Communication and Knowledge Exchange; Translational Research Training and Career Development; and Research Infrastructure. It is expected that meetings of these committees will be kept to a maximum of 2-3 per year. In addition, in order to position VCHRI internationally, an External Advisory Group will be established that provides direction for VCHRI's international positioning every two to three years. The VCHRI Council and its Working Groups are described briefly below. Their specific activities are found in Appendix A: Strategic Plan Action Plan.

## **VCHRI's New Working Structure**



## **VCHRI COUNCIL**

### Mandate:

The mandate of the VCHRI Council is to lead VCHRI to achieve its goals through inclusive, transparent, accountable, and collaborative activities.

### Guiding Principles:

- a. **The activities of the VCHRI Council and its Working Groups are driven “bottom up”** i.e. through the identified needs of the VCHRI community of researchers and their associated Centres, Programs, and/or research interests.
- b. The VCHRI Council will strive to be interactive and responsive to the changes in health care delivery systems, changing technologies and new and evolving science for basic science, clinical, community and translational research activities.
- c. The VCHRI Council will collaborate with research entities outside of VCHRI such as other Research Institutes, Health Authorities, granting agencies and provincial, national and international research initiatives.

### Membership:

To be determined, but should include researchers, VCH administration, government and business representatives.

### Priorities

- Create a translational research culture throughout VCH
- Achieve optimal outcomes of the Working Groups
- Internal and External Outcome Evaluation
- Decision-making
- Advocacy with the public and government
- Advocacy for knowledge exchange

## **VCHRI EXTERNAL ADVISORY GROUP**

### Mandate

A VCHRI grand goal is to have internationally leading research in ten areas within the next ten years. To achieve this goal it will need to position itself amongst the leading international translational research centres and regularly evaluate its progress. This Group will assist to position VCHRI provincially, nationally and internationally.

## **WORKING GROUPS**

The mandate of each of the Working Groups is briefly outlined below. See Appendix A: Action Plan for a list of Goals and Actions as identified during consultation process these goals and actions are expected to be refined and prioritized for implementation by each Working Group. Membership of the Working Groups would include, but are not limited to, members of the VCHRI Council, individuals with specific area expertise, VCHRI Research Services managers, and others as determined by each Working Group according to its requirements.

## **FINANCIAL OVERSIGHT AND BUSINESS DEVELOPMENT WORKING GROUP**

### Mandate

This Working Group has four main responsibilities. First, it will determine the most appropriate methods to provide transparency of the VCHRI budget process. Second, it will increase the size of the budget by working with the Hospital Foundations, other agencies and the private sector to identify creative funding activities such as naming opportunities and disease specific initiatives. Third, it will work to increase business development locally, nationally and internationally. Fourth, it will work with the Research Infrastructure Working Group to ensure best use of financial resources in the management of new and existing research facilities.

### Priorities

- Transparency of VCHRI budget
- Increase funding for research
- Increase national and international profile for business development
- Identify business development opportunities
- Ensure financial effective of existing and new research facilities.

## **KNOWLEDGE EXCHANGE AND COMMUNICATIONS WORKING GROUP**

### Mandate

This Working Group's mandate is threefold. First, it will be responsible for determining and implementing an overall coordinated, comprehensive and well developed plan for internal and external communications to engage internal personnel, government and the public. Second, it will be the liaison between government and the VCH research community to promote the value of research. Third, it will work with researchers and clinicians to create a knowledge translation strategy.

### Priorities

- Reach all audiences including VCH internal, public, donors, private sector, education institutions
- Develop a strategy for knowledge exchange
- Liaison with government and the VCH research community

## **RESEARCH INFRASTRUCTURE WORKING GROUP**

### Mandate

This Working Group has four main functions. First, it will plan the structure, design, function, usage, and naming of the new building to replace the existing Research Pavilion. Second, it will ensure the maximum use of existing research space. Third, assist with securing space for new research programs. Fourth, it will develop and implement a shared resources strategy that includes, but are not limited to, facilities and equipment (includes imaging, grant development support, IT support, statistical and methodological support, databases and access, research dissemination, financial management and animal care support).

### Priorities

- Develop a strategy to replace outdated research facilities
- Develop strategy to increase research space and equipment
- Maximize use of all research space
- Develop and implement a shared resources strategy

**TRANSLATIONALRESEARCH TRAINING & CAREER DEVELOPMENT WORKING GROUP**

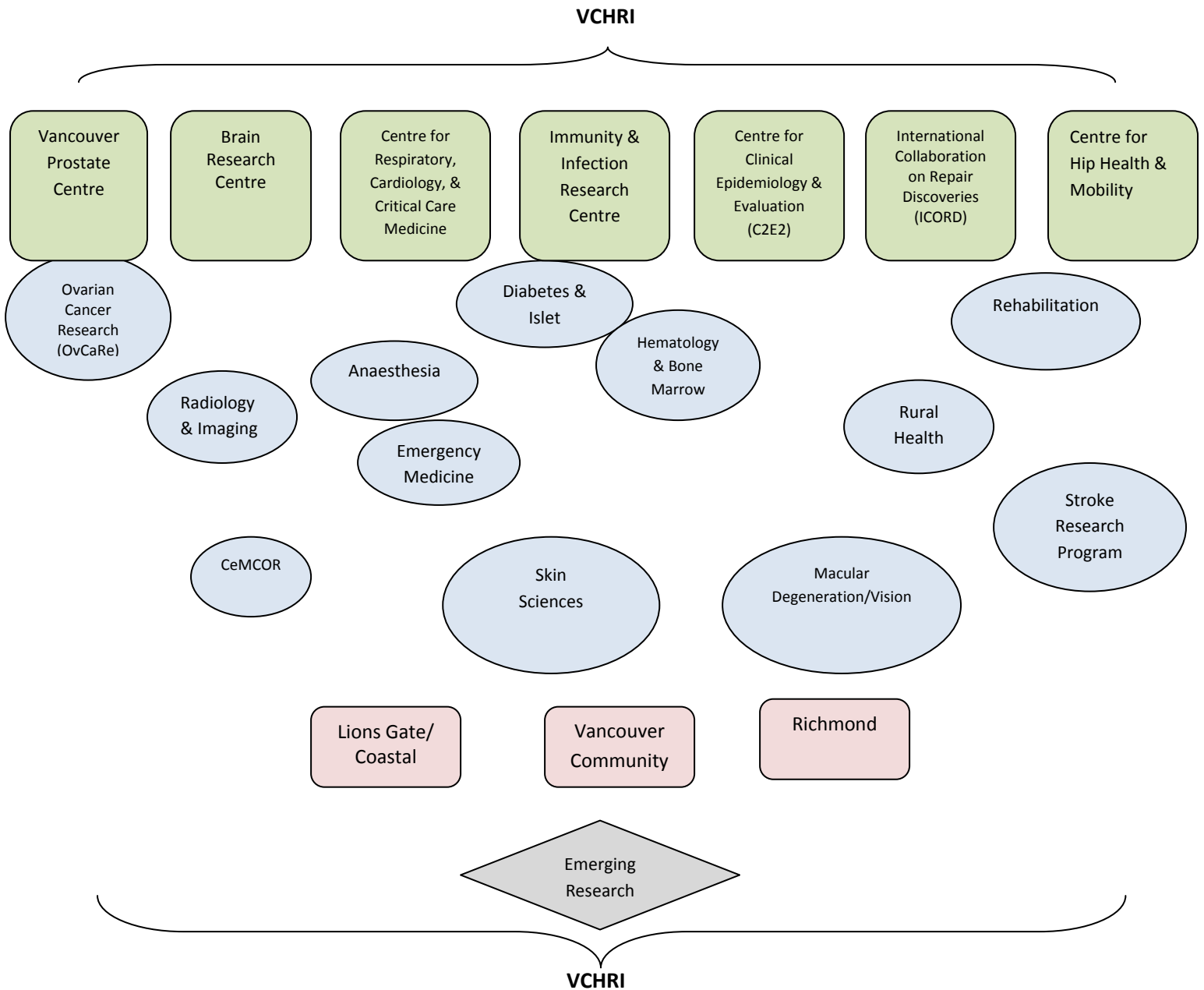
**Mandate**

The Research Training and Career Development Working Group will be responsible to identify the requirements for new research training programs and maximize the value of existing programs by promoting collaboration of research education across all Research Centres.

**Priorities**

- Position VCH to be recognized internationally as an International Centre for Translational Research Training for each stage of the translational research process.
- Promote career development through mentoring and other supports

**5.3 Overall Scope of VCHRI**



## **6.0 RISKS AND MITIGATION STRATEGIES**

VCHRI faces a number of risks with the implementation of this strategic plan as identified below. Mitigation strategies are suggested, however further exploration of risks and mitigation strategies will be completed by the VCHRI Council.

### **Grand Goal Risks**

Risk #1: VCHRI becomes too diluted and diffuse and therefore is not able to meet its Grand Goal (Goals??).

Mitigation Strategy: Create a balance between supporting major research initiatives and orphan research areas.

Risk #2: Lack of funding limits research initiatives.

Mitigation Strategy: Ensure robust business development and communications.

### **Administrative Risks**

Risk #1: New structure becomes cumbersome and ineffective.

Mitigation Strategy: Ensure clear guiding principles, goals, expectations of the VCHRI Council and Working Groups.

Risk #2: Inability to achieve committed membership for the VCHRI Council and its Working Groups.

Mitigation Strategy: Consider a limited term for members and ensure efficient decision-making that are results oriented.

## **7. EVALUATION OF OUTCOMES**

During the consultation process the following criteria were suggested to determine the value of research to health care. Once established the VCHRI Council will develop the outcome evaluation matrix.

- Research Income
- Publications – Impact Factor
- Changes in Practice Guidelines
- Number and level of researchers
- Teaching
- Research facilities
- Sustainability of Research
- Succession planning
- Centres/programs built on more than one leadership person
- Research outcomes: medical, health, translational
- Coastal HSDA Research Advisory draft vision statement: Our vision is to support excellence in research-informed health care, leading to enhanced outcomes and an engaged staff by fostering a culture of innovation, creativity and new learning.
- Benchmarking per service departments for research and accountability

## **8. NEXT STEPS**

The following next steps include establishing the new structure and implementation of the Action Plan.

|          |   |
|----------|---|
| April 15 | Invite individuals to join VCHRI Council<br>Develop guiding principles and terms of reference   |
| May 20   | Invite individuals to join VCHRI Working Groups   |
| June 30  | Complete the first meetings of the VCHRI Council and each of the Working Groups.<br>Begin implementation of Strategic Plan: Action Items. |

**APPENDICES**

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## **Appendix A: VCHRI Strategic Plan – Action Plan 2011**

### **Grand Goal**

By 2016 VCHRI will be recognized provincially, nationally and internationally for its leadership in translational research and training.

### **Internal VCHRI Goals**

- Increase involvement of researchers in VCHRI
- Increase transparency of VCHRI operations
- Increase internal and external communication
- Increase coordinated external relations
- Increase the research culture within VCH
- Enhance transdisciplinary involvement in research

## VCHRI – COUNCIL

Effective, participatory and decision-making

Membership: internal and external (researchers, clinicians, administration, government, industry, research centres and programs)

Meetings: 2 – 3 annually

| GOALS  | ACTIONS  |
|--|--|
| Create a translational research culture throughout VCH | Determine specific programs to enhance collaboration between clinicians, researchers and basic scientists to create a focused hospital/community translational research environment  |
|  | Set research priorities to create a balance between major players, evolving groups and research interests, encourage research clusters   |
|  | Provide ongoing awareness of VCHRI administrative research services and VCH research activities  |
|  | Promote translational research through joint collaborations with VGH/UBCH, Community, Coastal, Richmond, GF Strong, Rural Health and encourage the use of existing platforms such as Centre for Drug Research and Development, Genomics, Bioinformatics, Statistics, Animal Facilities, etc.   |
|  | Promote joint research projects and initiatives between provincial research institutes and organizations (UBC, GenomeBC, MSFHR) to increase success with national and international grants such as: provincial ethics committee, coordinated government relations, investments in shared platforms, shared accountability metrics and scale of productivity, provincially coordinated system of access to patient information, tissue, blood, etc. |
|  | Evaluate methods to support clinicians such as: protected time, research in job descriptions, CASC   |
| Achieve optimal outcomes of the Working Groups         | Provide direction and maintain overall decision-making for Finance and Business Development, Communications and Knowledge Exchange, Translational Research Training and Career Development and Research Infrastructure subcommittees   |
| Internal and External Outcome Evaluation               | Develop an outcome evaluation metric for annual review of VCHR and manage the External Advisory Committee  |
| Coordinated government relations strategy              | Maintain a continuous strategy to educate and inform politicians and bureaucracy of the value of research. Develop a multipronged approach to all levels of government that could include: presentations to MLAs/MPs, tours, annual MLA education day, MLA contact program, regular policy input, etc.   |
|  | Target all levels of government for funding: City of Vancouver, Provincial Government (Ministries of Health, Science & Universities, Innovation & Industry, Advanced Training) and federal government (and participate in Federal research initiatives.)   |
| Develop a Strategy for Knowledge Exchange              | Be an advocate for ongoing knowledge translation.  |

## EXTERNAL ADVISORY GROUP

Meetings: Every 2-3 years

| GOALS  | ACTIONS   |
|--|---|
| Position VCHRI in BC, Canada and internationally | Council to establish membership and terms of reference<br><br>Identify methods and actions to position VCHRI's research provincially, nationally and internationally. |
|  | Annual review of progress by Group  |

## FINANCIAL OVERSIGHT & BUSINESS DEVELOPMENT WORKING GROUP

Meetings: 2-3 annually

| GOALS  | ACTIONS  |
|--|--|
| Transparency of VCHRI budget   | Determine effective methods for achieving transparency of the budget process and the funding formula.  |
| Increase funding for research  | Develop close working relationships with Hospital Foundations to increase funding through naming and other philanthropic opportunities<br>Establish and maintain close working relationships with external funding organizations                   |
|  | Evaluate joint fundraising with other Research Institutes for specific research initiatives such as BCCRIN.  |
| Increase national and international profile for business development   | Reposition VCHRI website for maximum appeal to key audiences<br><br>Produce brief 6-8 page annual report, both paper and website versions for distribution to national/international audiences.<br>Evaluate opportunities for business development |
| Ensure existing and new research facilities are financially effective. | Develop a financial plan for research facilities.  |

## KNOWLEDGE EXCHANGE AND COMMUNICATIONS WORKING GROUP

Meetings: 2-3 annually

| GOALS  | ACTIONS   |
|--|---|
| Reach all audiences including VCH internal, public, donors, educational institutes, private sector | Use specific tools to promote and market VCHRI including website, bulletins, social media, press releases, newspaper series, social networking, TV show, etc.<br>Evaluate branding of VCHRI vs. VCHR; Centres and Programs; VCH and UBC |
|  | Incorporate non-institution representatives and advocates e.g. Rick Hansen, Volunteer Boards<br>Provide ongoing awareness of VCHRI administrative research services and VCH research activities   |
| Be a liaison with all levels of government.  | Liaison between government and the VCH research community by providing ongoing information to government on research at VCH and specific research successes.  |
| Knowledge exchange strategy  | Develop a strategy to communication knowledge exchange.   |

## RESEARCH INFRASTRUCTURE WORKING GROUP

Meetings 2 – 3 annually

| GOALS   | ACTIONS  |
|---|--|
| Replacement of outdated facilities research facilities. | Prepare a strategy for the replacement of the Research Pavilion, and other outdated research facilities and evaluate advantages/disadvantages of a multiuse facility, biotech industry component, public/private partnership.<br>Evaluate the use of the new building, eg. disease focused or group together subgroups for example basic, preclinical and clinical to encourage collaborations in translational research |
| Increase overall research space                         | Prepare a strategy for more research space.  |
| Maximize use of all research space                      | Establish guidelines for the use and allocation of existing and new research space.  |
| Promote shared resources                                | Develop and implement a shared research resources strategy that includes, but are not limited to, facilities and equipment (includes imaging, grant development support, IT support, statistical and methodological support, databases and access, research dissemination, financial management and animal care support.   |

## TRANSLATIONAL RESEARCH TRAINING AND CAREER DEVELOPMENT WORKING GROUP

Meetings 2 – 3 annually

| GOALS   | ACTIONS   |
|---|---|
| To be recognized internationally as an International Centre for Translational Research Training | <p>Target, recruit, train and provide ongoing support to ensure long term successful retention. Promote fellowship scholar programs and increase training for students, fellows, etc. Explore mentorship programs and joint hires/shared programs with other Health Research Institutes.</p> <p>Evaluate the feasibility of providing coordinated joint education/training programs across all Research Institutes enabling participants to access education at any site.</p> |
|   | <p>Evaluate programs / training for managers, staff, etc, consider expansion of Hip Health education programs such as Leadership training, Academic Career Training, Strategy, Negotiation, Communication, Interdisciplinary, Coordination, Research Impact Evaluation.</p> <p>Assess the need for additional translational research education and training programs.</p>   |
| Promote career development  | Assess the need for increased mentoring programs and other supports   |

## **Appendix B: Expansion of VCHRI Values**

We value relevance - Therefore we:

- Hold ourselves accountable to society
- Aim for significance to people and their needs
- Consider the implications and effectiveness of results
- Engage in discussion about ethical issues

We value synergy and teamwork - Therefore we:

- Promote collaborative and interdisciplinary research, collegiality and mentoring
- Encourage creativity and the free flow of ideas
- Conduct research that adds value through combining basic and applied approaches
- Foster mutual respect, encouragement and support
- Share information and recognize achievement

We value excellence - Therefore we:

- Measure our performance against external criteria
- Evaluate our work through peer review processes
- Use performance indicators for benchmarking
- Expect high levels of competence

We value high ethical standards and scholarly integrity - Therefore we:

- Require adherence to national and international policies governing the conduct of research
- Educate and inform the research community about ethical issues
- Are committed to truthfulness, accuracy and rigour in methodology and reporting

We value research exchanged into clinical practice

## **Appendix C: Strategic Plan Development: List of Participants**

**Dr. Robert McMaster**, Executive Director, VCHRI  
**Ms Kerri Abramson**, Coordinator, Research Education, VCHRI  
**Dr. Michael Barnett**, Head, Division of Hematology  
**Dr. Oscar Benavente**, Research Director, Cerebrovascular Health & Stroke  
**Dr. Bernie Bressler**, Former Executive Director, VCHRI  
**Dr. Stirling Bryan**, Director, Centre for Clinical Epidemiology & Evaluation  
**Dr. Alison Buchan**, [now former] Executive Associate Dean, Research & International, UBC Faculty of Medicine  
**Ms Lisa Carver**, Sr. Regional Communications Leader, VCHRI  
**Dr. Max Cynader**, Director, Brain Research Centre  
**Ms Karen Donaldson**, Manager, Facilities and Administration, VCHRI  
**Dr. Connie Eaves**, VP Research, BC Cancer Agency  
**Dr. Janice Eng**, Scientist, Rehab Research Lab, GF Strong  
**Dr. Tamara English**, Research Grant Development Advisor, VCHRI  
**Ms Connie Feschuk**, Manager, VCHRI Clinical Research Unit  
**Dr. Mark FitzGerald**, Division of Respiratory Medicine and Director UBC Centre for Lung Health  
**Dr. John Fleetham**, Director, Centre for Respiratory & Critical Care Medicine  
**Dr. Jan Friedman**, Acting Executive Director, Child and Family Research Institute  
**Dr. Martin Gleave**, Director, Vancouver Prostate Centre  
**Dr. Larry Goldenberg**, Head, Department of Urologic Sciences  
**Dr. Kevin Gregory-Evans**, Professor, Ophthalmology & Visual Sciences  
**Dr. Stefan Gryzbowski**, Co-Director, Centre for Rural Health Research  
**Dr. Cynthia Hamilton**, Assistant Director, VCHRI, VCH-Coastal  
**Dr. David Huntsman**, Professor, Pathology & Laboratory Medicine, Leader OvCaRe  
**Dr. Jude Kornelsen** Co-Director, Centre for Rural Health Research  
**Dr. Yvonne Lefebvre**, VP Research & Academic Affairs, Providence Health Care, President, PHC Research Institute  
**Dr. Harvey Lui**, Head, Dermatology and Skin Science  
**Dr. George Mackie**, Interim, Executive Associate Dean, Research & International, UBC Faculty of Medicine  
**Ms Stephania Manusha**, Regional Manager, Clinical Trials Administration, VCH  
**Dr. Heather McKay**, Director, Centre for Hip Health and Mobility  
**Ms Natalie Meixner**, Senior VP Fundraising and Marketing, VGH & UBC Hospital Foundation  
**Dr. Mark Meloche**, Department of Surgery  
**Dr. Grady Meneilly**, Head, Department of Medicine  
**Dr. Dianne Miller**, Gynaecologic Oncologist, Leader OvCaRe, Gynaecology Research  
**Dr. Robert Molday**, Professor, Biochemistry & Molecular Biology  
**Dr. Val Munroe**, Director, VCH-Vancouver (Community)  
**Dr. Patrick O'Connor**, VP Medicine, Quality & Safety, VCH  
**Ms Susan O'Neil**, Asst. Manager, Research Admin., Office of Res. Services, UBC/VCHRI  
**Dr. David Ostrow**, CEO, VCH  
**Dr. Tom Oxland**, Interim Director, ICORD  
**Dr. Jerilynn Prior**, Director, Centre for Menstrual & Ovulation Research  
**Dr. Monica Redekopp**, Director, Professional Practice, Nursing & Allied Health, VCH-Richmond  
**Dr. Neil Reiner**, Acting Director, Immunity & Infection Research Centre  
**Dr. Ingrid Sochting**, Chief Psychologist, Out Patient Mental Health Services, Richmond  
**Dr. Jon Stoessl**, Director, Pacific Parkinson's Research Centre  
**Ms Patricia Tait**, Manager, HR, Policy and Planning, VCHRI  
**Dr. Andrea Townson**, Head, UBC Division of Physical Medicine & Rehabilitation, GF Strong site  
**Dr. Garth Warnock**, Head, Department of Surgery  
**Ms Joanne Waxman**, Director, Strategic Initiatives and Campaigns, VGH & UBC Hospital Foundation  
**Ms Sameera Wazir**, Manager, Research Admin., Office of Res. Services, UBC/VCHRI  
**Ms Erika Yep**, Manager, Finance, VCHRI

**APPENDIX D: EXPANDED SWOT ANALYSIS (Information Gathered from Interviews and Consultation Sessions)**

| STRENGTHS   | WEAKNESSES  |
|---|---|
| <p><b>General</b></p> <ul style="list-style-type: none"> <li>- More successful internationally, more spin-offs, and increased influence on health practices.</li> <li>- Advancement of areas of excellence including Prostate, Hip Health, ICORD, Brain Research, C2E2, Respiratory</li> <li>- Patient Cohorts and clinical data</li> <li>- Biobanking, human imaging</li> <li>- Clinical trials – conducting &amp; training</li> <li>- Largest multidisciplinary research &amp; training institute in BC</li> </ul> <p><b>Research Space</b></p> <ul style="list-style-type: none"> <li>- Substantial success with new research buildings</li> <li>- Allocation of space for Brain Research Centre at UBC, business case for research space at LGH.</li> </ul> <p><b>Research Administration Services</b></p> <ul style="list-style-type: none"> <li>- VCHRI research support services</li> </ul> <p><b>Financial Management /Support</b></p> <ul style="list-style-type: none"> <li>- Scholar program, support for recruitment</li> <li>- Support for Centres, Programs</li> <li>- Evolving strong relationship with VGH &amp; UBCH Foundation and LGH Foundation</li> <li>- VGH &amp; UBCH Foundation has been very supportive of Research</li> </ul> <p><b>Internal Research Culture</b></p> <ul style="list-style-type: none"> <li>- A substantial increase in research over past 10 years</li> <li>- Emphasis of innovation into practice in both traditional and not-traditional areas</li> <li>- Increased integration of research and teaching into clinical care</li> <li>- Good track record of developing products and clinical practice improvements from research, more will be required in the future, established platform is an asset</li> </ul> <p><b>Provincial Research Environment</b></p> <ul style="list-style-type: none"> <li>- Substantial growth in research in past decade</li> <li>- Research initiatives such as Rural Health reach far into the community</li> <li>- Supportive environment for those that show initiative</li> <li>- Enterprenurial environment that should be maintained and protected</li> <li>- Strong collaborative and integrated environment</li> <li>- BCCRIN (BC Clinical Research Network)</li> </ul> <p><b>Training Programs</b></p> <ul style="list-style-type: none"> <li>- Substantial support for research training of graduate students, post docs, residents and mentored Clinician Researchers.</li> </ul> | <p><b>General</b></p> <ul style="list-style-type: none"> <li>- Not a wide spread clear understanding of VCHRI role and activities</li> <li>- Concern that VCHRI is not respected on the senior leadership team</li> <li>- Not seen to be closely linked to the Foundation</li> <li>- Not seen to support and represent Allied Health areas</li> <li>- Relevance to clinical, research, government, senior leadership is not clear</li> <li>- Knowledge translation is very needed priority, should have knowledge brokers and translation across VCH and then promotion</li> <li>- Branding is very important and needs to be clarified and then promoted</li> </ul> <p><b>Research Space</b></p> <ul style="list-style-type: none"> <li>- Additional research space required at VGH, LGH, UBC, Richmond</li> <li>- Need for replacement of research pavilion at VGH</li> </ul> <p><b>Research Administration Services</b></p> <ul style="list-style-type: none"> <li>- Lack of awareness of VCHRI services throughout VCH</li> </ul> <p><b>Financial Management / Support</b></p> <ul style="list-style-type: none"> <li>- There is not enough transparency in how the VCHRI funds are spent, and who gets what and how distributed</li> <li>- Not enough support vis-à-vis research requirements and for recruitment of key researchers</li> <li>- Extensive growth in past 10 years, now need sustainable budgets</li> <li>- Lack of funds for operating support, administrative and core research programs</li> <li>- VCHRI should be more active in fundraising, taking a larger role in reaching out to donors to support research</li> <li>- Competition between VCH Foundations and other foundations PHC, Children’s, BCCA</li> </ul> <p><b>Internal Research Culture</b></p> <ul style="list-style-type: none"> <li>- Research is variable pending interests of individual health professionals</li> <li>- Fragmentation of research within VCH</li> <li>- Less research by nurses, PT/OT, allied health professionals needs to be more focus on these areas to increase research projects and involvement in these areas</li> <li>- Need to replace the present current culture that actively resists innovation.</li> <li>- Culture is within VCH and UBCH not strong other areas, although building in LGH and GF Strong. <ul style="list-style-type: none"> <li>- Lack of a broader picture of research that engages a wider audience</li> </ul> </li> <li>- Support for clinician scientists role is not strong</li> <li>- Lack of public promotion of research that has been translated into practice and impact of research on economy, quality of life, population of BC</li> </ul> <p><b>Provincial Research Environment</b></p> <ul style="list-style-type: none"> <li>- Lack of clarification of political support for research</li> <li>- Fragmentation amongst research institutes and Health Authorities leading to less political clarity of issues and directions and less success with national research granting agencies</li> </ul> <p><b>Training Programs</b></p> <ul style="list-style-type: none"> <li>- Potential loss of the MSFHR personnel support programs</li> </ul> |



| OPPORTUNITIES  | THREATS  |
|--|--|
| <p><b>Research Space</b></p> <ul style="list-style-type: none"> <li>- Opportunity to replace VGH Research Pavilion</li> <li>- Land available for research</li> </ul> <p><b>Research Administration Services</b></p> <ul style="list-style-type: none"> <li>- Increase utilization of VCHRI services and evaluate the need for new services</li> <li>- Customer service – clinical access and ethics process streamlining</li> </ul> <p><b>Financial Management/Support</b></p> <ul style="list-style-type: none"> <li>- Alignment with Hospital and other Foundations for joint funding strategies and identification of opportunities</li> <li>- CALI Funding and naming opportunities</li> <li>- Alternative sources of funding for academic physicians</li> </ul> <p><b>Internal Research Culture</b></p> <ul style="list-style-type: none"> <li>- Potential to increase interest and involvement in research via promotion of existing research, research services and resources, supporting new research, encouraging research clusters, increase financial support</li> <li>- Success has been built on the Champions, need a succession plan for the Centres and also a structure that will enable sustainability in the long term.</li> <li>- Communication methods could be more effective by a multipronged approach to keep everyone updated.</li> <li>- Communicate opportunities directly to division heads so they can identify 2-3 people to participate in training, education, etc.</li> <li>- Centre research seminar series to highlight activities</li> <li>- Goal would be to develop an understanding and knowledge to identify interests and overlaps that don't exist at this time</li> <li>- New opportunities for research in areas such as aging population, focused research, new applications for existing technologies, drugs, methods</li> <li>- Research should be part of job description of all clinicians and closely linked to all clinical activity</li> <li>- Important to identify key priority areas that should be developed in terms of research programs and then assist with recruitment, space, research funding, etc.</li> </ul> <p><b>Provincial Research Environment</b></p> <ul style="list-style-type: none"> <li>- History of success in province with coordination of efforts (establishment of the MSFHR)</li> <li>- Changing political leadership and election in 2012 presents opportunities to promote research</li> <li>- Coordinated provincial research environment leads to potential national and international research opportunities</li> <li>- City wide journal clubs may help to get people to collaborate and increase integration</li> <li>- Need to support major areas of excellence, but also support evolving areas that could become major areas in the future.</li> <li>- Develop common platforms for imaging, data, etc.</li> <li>- Common economic benefits of research to government</li> </ul> <p><b>Training Programs</b></p> <ul style="list-style-type: none"> <li>- Ability to attract the best and brightest</li> <li>- Potential to maximize training and education programs and train/support experienced clinicians by offering joint programs with other Research Institutes.</li> <li>- Gateway to the Pacific Rim /India/China could increase research activities and be a key training centre.</li> </ul> | <p><b>Research Space</b></p> <ul style="list-style-type: none"> <li>- Building Occupancy Costs (BOC) issue is unresolved</li> <li>- The big Centres are well positioned with space at this time, smaller research interests are very lacking in space. Others are doing well with limited space at this time, but expect it will be an issue in the future.</li> <li>- Financing new space construction is a challenge</li> </ul> <p><b>Research Administration Services</b></p> <ul style="list-style-type: none"> <li>- Underutilization of existing research administration services</li> </ul> <p><b>Financial Management/Support</b></p> <ul style="list-style-type: none"> <li>- Competition from other Hospital Foundations for limited resources.</li> <li>- BC does not have academic practice plans</li> </ul> <p><b>Internal Research Culture</b></p> <ul style="list-style-type: none"> <li>- Fragmentation of research could lead to loss of opportunities and less research productivity within all areas of VCH including both the clinical and community environments.</li> <li>- Failure to communicate to physicians and multidisciplinary the importance of research, it should be built into job descriptions</li> <li>- There should be a Research Committee of the VCH Board</li> </ul> <p><b>Provincial Research Environment</b></p> <ul style="list-style-type: none"> <li>- Lack of coordination leads to loss of opportunities to present research environment to bureaucratic and political leaders leading to loss of political support</li> <li>- Present political environment is not conducive to a research and knowledge based economy, no grounding in the benefits of research</li> <li>- BC is becoming less competitive nationally and internationally</li> <li>- BC is competing with other jurisdictions for recruitment of researchers, scientists, clinicians therefore we need to have a system to support for recruitment and then longer term funding including initial \$ to support research, space, BOC, protected academic time, etc.</li> </ul> <p><b>Training Programs</b></p> <ul style="list-style-type: none"> <li>- Competition from other research jurisdictions</li> <li>- Duplication of training and education programs by lack of coordinated efforts along Research Institutes.</li> </ul> |

## APPENDIX E: VCHRI RESEARCH EDUCATION PROGRAM

Kerri Abramson, Coordinator, Research Education [kerri.abramson@vch.ca](mailto:kerri.abramson@vch.ca)

The Research Education Program (REP) started in 1999 with the objective to promote and enhance research capacity at the Vancouver Hospital and Health Sciences Centre, now called Vancouver General Hospital. Since that time, the REP has evolved to include three different streams of educational opportunities across the Vancouver Coastal Health region; 1) VCH Staff -open to all; 2) VCH Research Personnel; and 3) VCHRI Trainees. The overall purpose remains the same – to enhance research capacity across Vancouver Coastal Health.

### **Stream One: VCH Staff – Open to all**

The goal of stream one is to introduce research concepts across VCH. The REP provides ‘how-to’ seminars (such as grantscrafting 101), introductory level literature reading for statistical concepts, as well as interactive ethics seminars. During 2008-2009, the REP offered at no charge to attendees, ten education sessions and two inservices. The descriptions of each session can be found in Appendix 1. The education program attendance and absence numbers are shown in Figure 1. The number of education sessions offered by category was:

- Ethics: 1
- Grantscrafting: 1
- Statistics: 4
- Survey Methodology/Design: 5
- Making Posters (inservice): 1
- Stata (inservice): 1

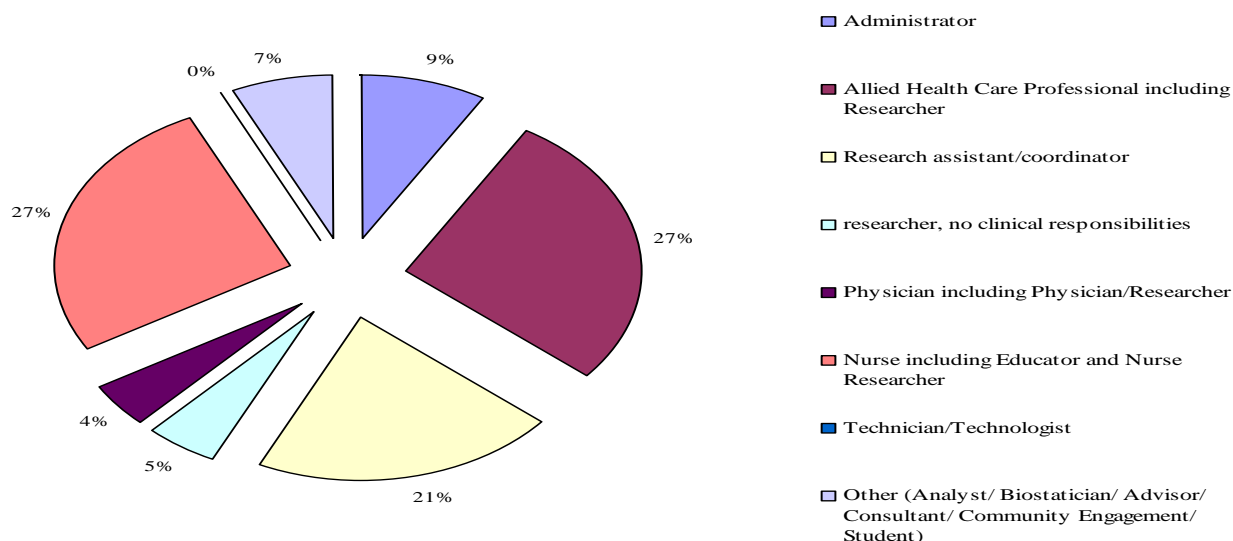
All of our education sessions are evaluated by the attendees. The table below summarizes all the responses for pace; material covered; presenter styles; and overall satisfaction. Our education sessions continually (over several years) receive positive feedback.

Table 1: Evaluation summary

| <i>Criteria</i>      | <i>Responses</i> |           |          |             |      |
|----------------------|------------------|-----------|----------|-------------|------|
|                      | About Right      | Too Fast  | Too Slow | No Response |      |
| Pace                 | 123              | 4         | 3        | 1           |      |
|                      | Excellent        | Very Good | Good     | Adequate    | Poor |
| Material covered     | 42               | 56        | 30       | 5           | 0    |
| Presenter styles     | 62               | 57        | 21       | 3           | 0    |
| Overall satisfaction | 48               | 64        | 34       | 4           | 0    |

Demographic information of all attendees is displayed in the following pie chart:

## Demographic Information of Attendees



The 2009-2010 plan includes:

- Offering the same core set of courses as evaluations are favorable and registration is strong
- Increasing the frequency of popular courses (including survey methodology, statistics) although this must be weighed against speaker burnout
- Developing new education sessions
  - Informed Consent
    - 'How-to' obtain consent
  - Clinical Research Ethics Board courses
    - Ethics of Research
    - Top 10 areas in need of improvement on ethics applications
  - Methodology
    - Qualitative Research Design & Methodology
    - Quantitative Research Design & Methodology
    - Survey Methodology
  - Statistic courses
    - Basic, Intermediate

### ***Stream Two: VCH Research Personnel***

The goal of stream two is to support the clinical research community from principal investigators to research coordinators. VCHRI acts as a central resource providing networking opportunities, education, and communication across the VCH research community. The REP plays a key role in providing these resources by bringing in expertise for education sessions, offering opportunities for personnel to network, as well as communicating relevant information in a timely manner, and collaborating with others across the lower mainland.

- Clinical Trials Symposium  
The Coordinator, VCHRI REP and the Regional Manager, Clinical Trials Administration, postponed this year's symposium until October 2009.
- Transporting Dangerous Goods (TDG) certification courses  
VCHRI REP offered one full day and one refresher TDG certification courses. The TDG courses were offered on a cost-recovery basis and were well-attended (see Fig 1). This course is offered every other year as certification is valid for two years.
- Clinical Trials Communicator  
The Coordinator, VCHRI REP collaborates with Regional Manager, Clinical Trials Administration, to produce and distribute the 'Clinical Trials Communicator' – an e-newsletter targeted at VCH Research Staff (see

Appendix 2 for latest edition). It has been extremely well received. The current distribution list contains ~200 people.

- Clinical Research Professional Development (CRPD) Team

The Coordinator, VCHRI REP chairs the CRPD Team with representatives from CFRI, PHCRI, UBC ORS; and the Fraser Health Research Administration and Development office. The purpose of the CRPD team is to develop, implement, promote and evaluate a clinical research curriculum that supports professional development of clinical research coordinators and research staff across the Lower Mainland's teaching hospitals' research institutes. During the 2008-2009 year, the CRPD program offered four workshops on a cost-recovery basis.

The 2009-2010 plan includes:

- New 'Lunch n Learn' discussion forums
  - Informed consent
  - Recruitment
  - Budgeting
  - Ethics
  - Using surveys (development, online use)
- 2<sup>nd</sup> annual Clinical Trials Symposium
  - October 2009
- CRPD Team
  - Four workshops in 2009-2010
  - Develop and implement an evaluation plan for the curriculum
- Clinical Trials Communicator
  - Continue with issues every other month

### ***Stream Three: VCHRI Trainees***

The goal of stream three is to engage trainees, including masters and PhD students, as well as post-doctoral fellows, in VCHRI. The REP plays a key role in engaging trainees in VCHRI by communicating relevant information, collaborating with the post-doc professional development team, and hosting an event during UBC's Celebrate Research Week to showcase their research, reward their efforts, and provides a networking opportunity.

- Post-Doctoral Fellow Professional Development Series Team (PDF Team)

The VCHRI REP Coordinator is a member of the PDF Team which includes delegates from UBC Faculty of Medicine, CFRI, iCAPTURE, as well as a post-doc trainee.

*Goal: to expose post-doctoral fellows (and grad students) to specific professional areas to help transition from trainee to junior researcher.*

This series offers four ½ day events (see Appendix 5 for one agenda) throughout the school year focusing on the transition from trainee to junior researcher as well as a full day Career Day targeted to graduate students.

Topics covered this year:

Your First Faculty Position: Getting There and Managing the First 5 Years!

Taking Ownership of Your Postdoc

Creating and Managing Your Research Budget

Survival Skills for Post Docs: The People Side of Achieving Success

- Trainee News

An e-newsletter containing valuable trainee information is sent every other month during the academic year (see Appendix 6 for latest edition)

- Event @ VCHRI as part of UBC Celebrate Research Week

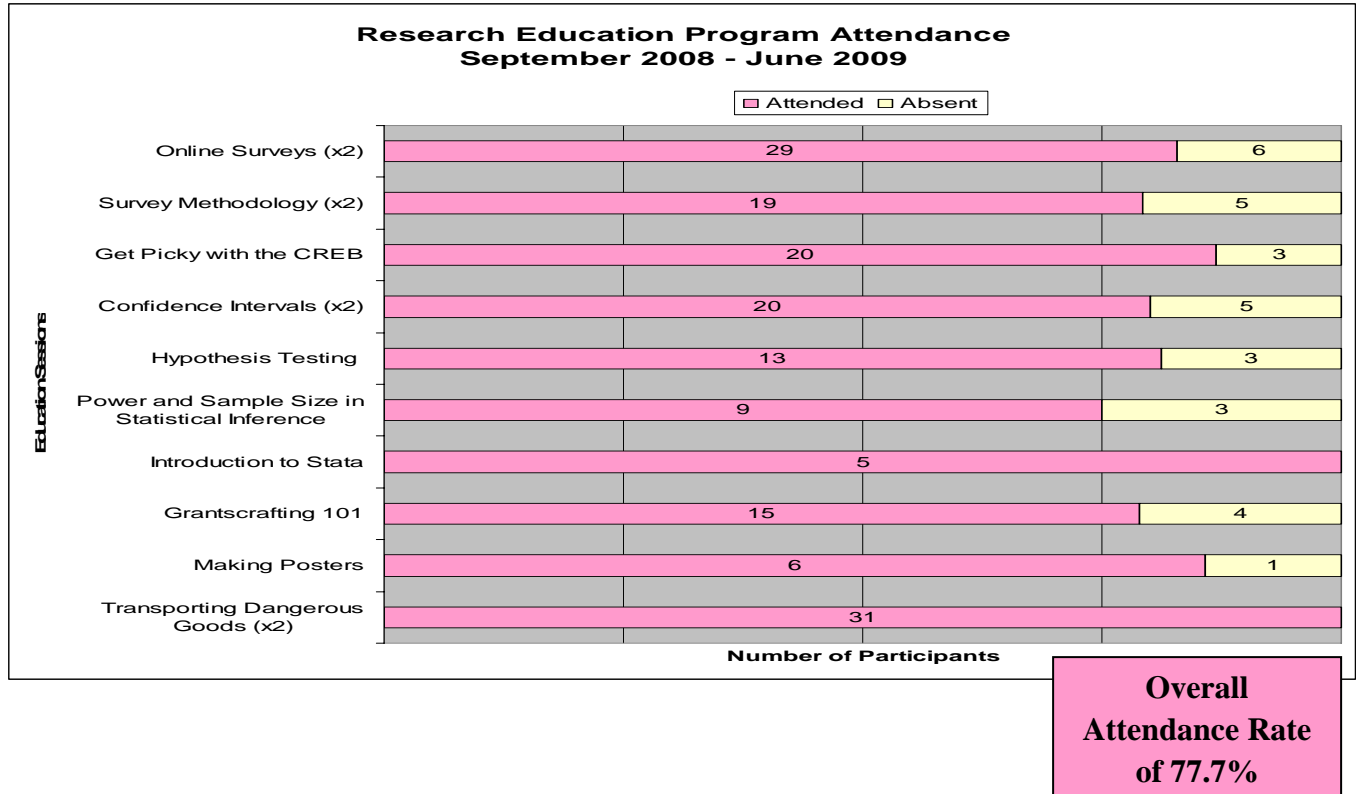
During a lunch event to recognize the hard work and dedication of all VCHRI trainees, four outstanding trainees were presented with awards. Reza Jalili won the VCHRI Top Graduating Doctoral Student award; Claudia Chavez-Munoz, Emily McWalter, and Babak Shadgan won the three VCHRI Rising Star awards. Four students were also recognized for their posters; Sesath Hewapathirane, Megan Himmel, Taryn Klarnar, and Elaine Kingwell.

The guest speaker was Lisa Johnson, environment reporter for CBC. She presented 'Storytelling for Scientists. A guide for talking to the media'.

The 2009-2010 plan includes:

- Continuation of PDF series
- Bi-monthly publication of the Trainee News
- Event @ VCHRI during UBC Celebrate Research Week

**Figure: Research Education Program Attendance**



## APPENDIX F: VCHRI GRANTS & AWARDS PROGRAMS OVERVIEW

### VCHRI Team Grants

- Team Grants support research teams from across VCH to conduct collaborative applied health research directly relevant to current health care opportunities/challenges at VCH.
- This competition is funded by VCHRI, VGH & UBC Hospital Foundation and other partners\* and provides grants up to \$30,000 for one year projects.

\* In 2008 - North Shore Health Research Foundation and in 2011 - Richmond Hospital Foundation

### 2010 Winners

PI: Dr. Peter Black, Urologist and researcher, Vancouver Prostate Centre, VCHRI; UBC Dept of Urologic Sciences

Co-PI: Dr. Lindsay Machan, Radiologist, UBCH; Dept of Radiology, UBC

Project Title: Antiseptic cleansing of the rectum to reduce infectious complication from transrectal prostate biopsy

PI: Dr. Ingrid Sochting - Chief Psychologist, Richmond Mental Health Outpatient Services; Dept of Psychiatry, UBC

Co-PI: Dr. Mark Lau, Dept of Psychiatry, UBC

Project Title: Predicting patients at risk for prematurely ending group treatment for depression and anxiety

PI: Dr. Rosalind Irving - Mental Health Therapist, North Shore Community Psychiatric Services

Co-PI: Dr. Erin Michalak, Mood Disorders Centre, VCHRI; Dept of Psychiatry, UBC

Project Title: Constructing recovery narratives in people with bipolar disorder: Exploring potential impacts.

### Clinician Scientist Awards: Mentored Clinician Scientist (MCS)

- These awards are \$50,000 per year for two years, renewable for a third year based on productivity and funding availability. As well, \$20,000 in start-up funds is provided by the award holder's academic department.
- They promote translational health research and support clinician scientists at the beginning of their research careers.
- The Clinician Scientist Awards competition is primarily funded through the VGH & UBC Hospital Foundation's Adopt a Young Scientist Program. It is open to clinicians working at VGH, UBCH and GF Strong Rehabilitation Centre.
- A 2010 award winner from Lions Gate Hospital was funded through the Lions Gate Hospital Foundation.

### 2010 Winners

PI: Dr. Donald Griesdale, Dept of Anesthesia at VGH; Centre for Respiratory and Critical Care Medicine, VCHRI; UBC Dept. of Anesthesiology, Pharmacology and Therapeutics

Mentor: Dr. Peter Choi, Centre for Respiratory and Critical Care Medicine, VCHRI; UBC Dept. of Anesthesiology, Pharmacology and Therapeutics

Title: Randomized Controlled Trial to Evaluate the Efficacy of Video-laryngoscopy vs. Direct Laryngoscopy for Endotracheal Intubation in the Critically Ill Patients (VICI)

PI: Dr. Gary Andolfatto, Emergency Dept. at LGH: Emergency Medicine Research Program, VCHRI, UBC Dept. of Emergency Medicine

Mentor: Dr. Riyad Abu-Laban, Emergency Medicine Research Program, VCHRI, UBC Dept. of Emergency Medicine

Title: A prospective, randomized double-blind trial to evaluate ketamine-propofol combination vs. propofol alone for procedural sedation and analgesia in the emergency department.

### **The Ajaib (Jab) and Nirmal (Munni) Sidhoo Charities Fund: Trainee Travel Grants for International Scientific Conferences**

- Through VGH & UBC Hospital Foundation, this is a donor-supported travel grant competition for trainees in urology or diabetes at VGH/UBCH
- 3 competitions/year up to \$3000 per grant
- 9 grants awarded to January 2011

### **September 2010 Winners**

*Mr. Ryan Hartwell:* Masters trainee with Dr. Aziz Ghahary, Director of the British Columbia Professional Firefighters' Burn and Wound Healing Laboratory & member of the UBC Dept. of Surgery

*Ms. Elham Hosseini-Beheshti:* PhD candidate with Dr. Emma Guns, member of the Vancouver Prostate Centre and the UBC Dept. of Urologic Sciences

## Appendix G: VCHRI On-Line Survey Results February 2011

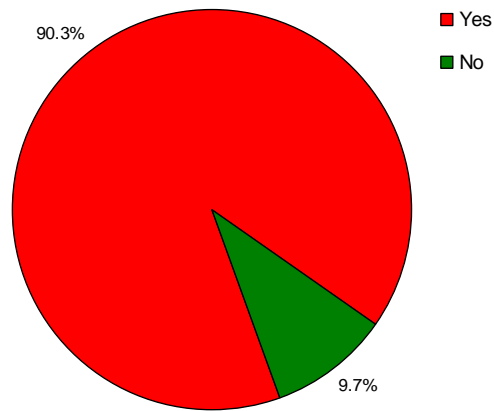
This appendix contains a snapshot of the results from the on-line survey titled *VCH Research Institute Stakeholder survey*. The results analysis includes answers from all respondents who took the survey in the 11 day period from Monday, February 07, 2011 to Friday, February 18, 2011. 134 completed responses were received to the survey during this time.

**Survey:** VCH Research Institute stakeholder survey

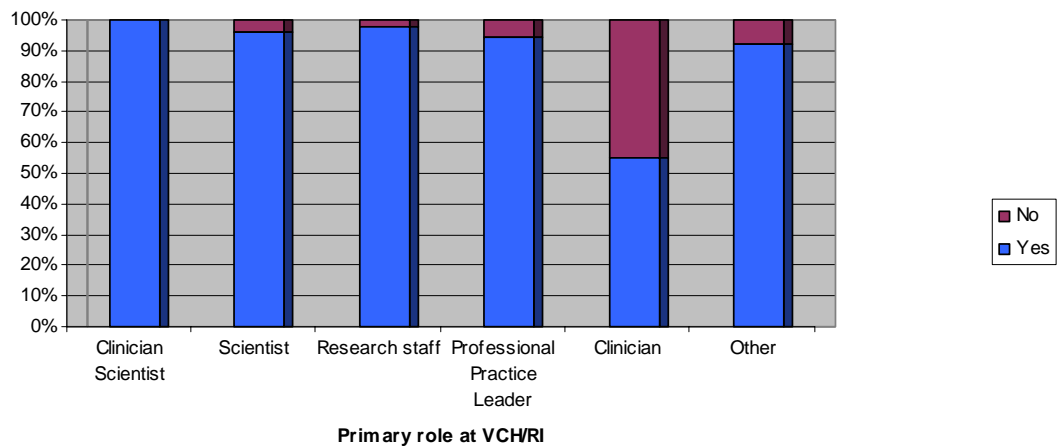
**Responses Received:** 134

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Have you heard of the VCH Research Institute (or VCHRI)?

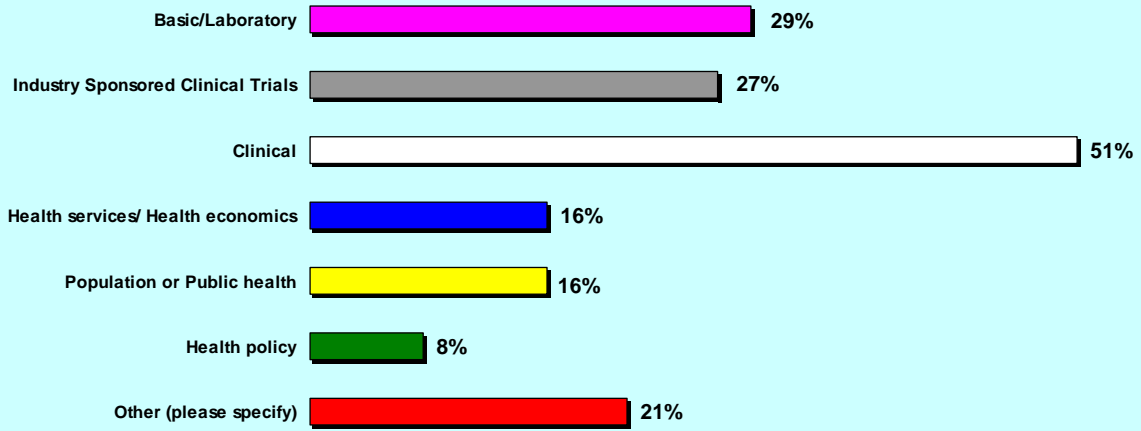


Heard of VCHRI by Primary Role at VCH/RI

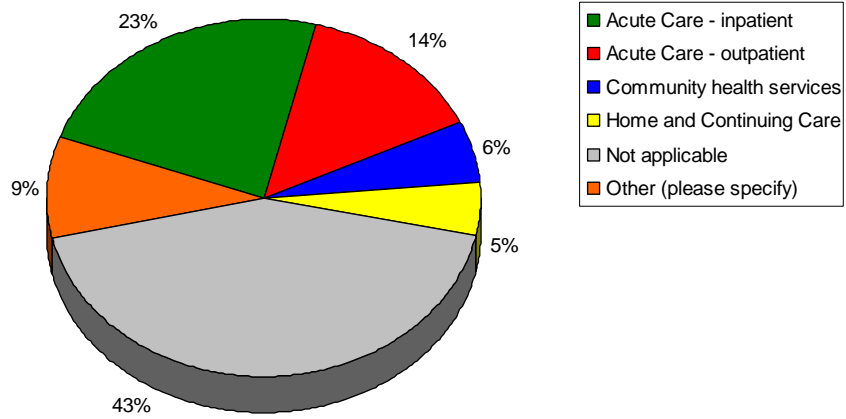




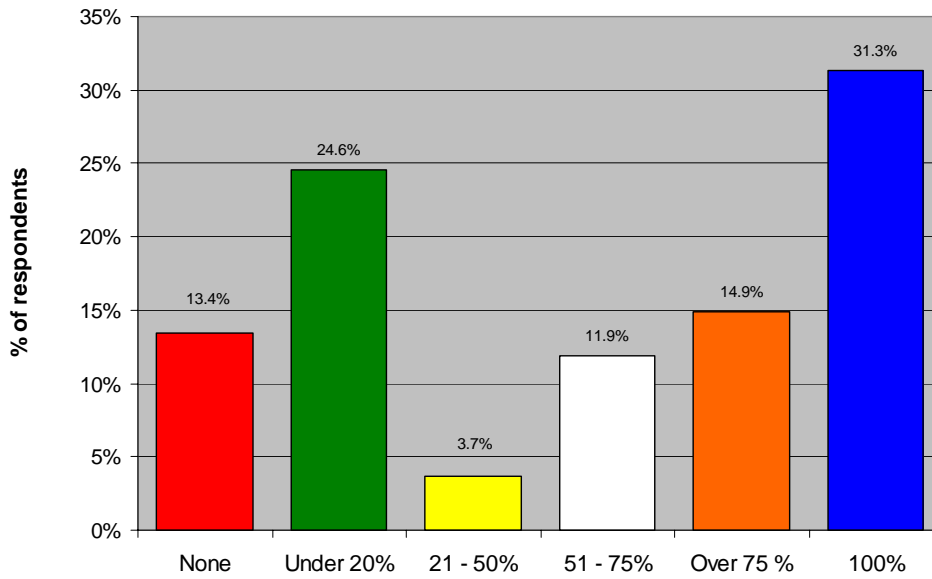
What type(s) of research are you conducting/involved with? [select all that apply]



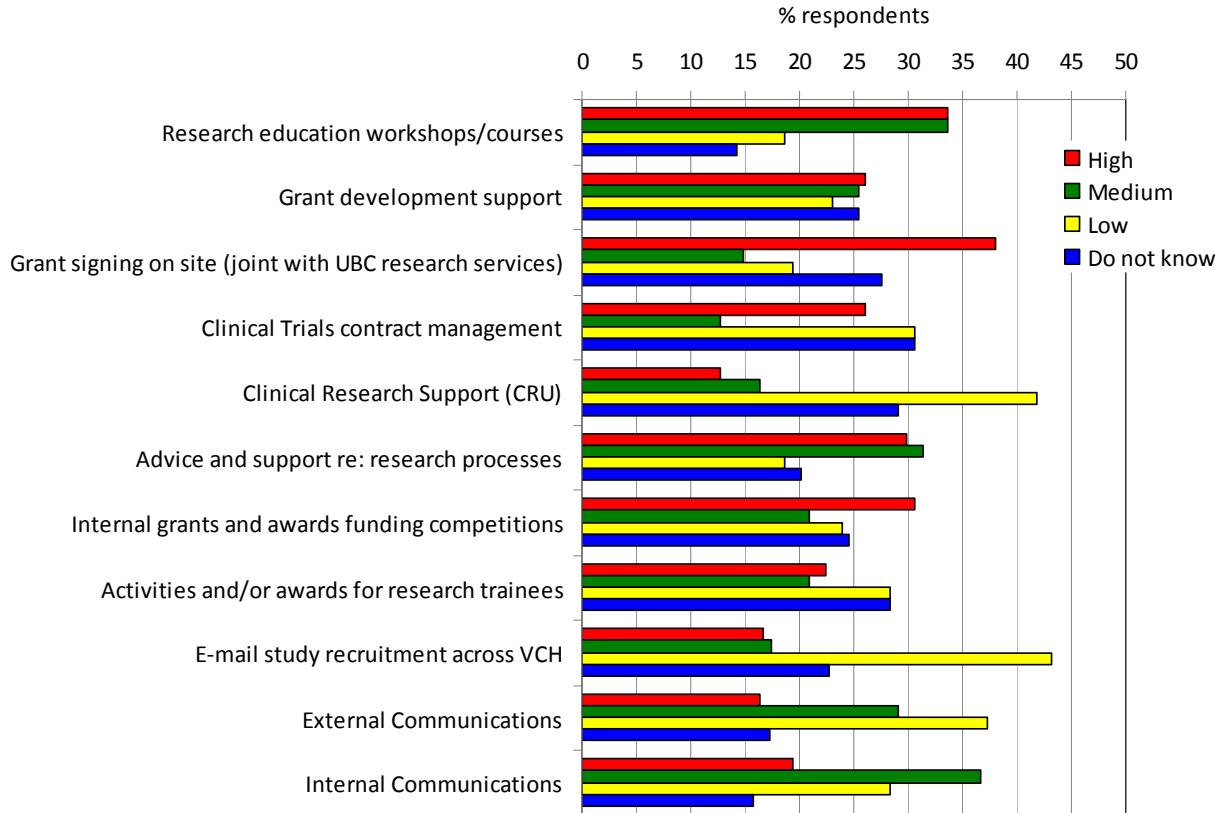
If you are a clinician/Professional Practice Leader, what areas do you work in?

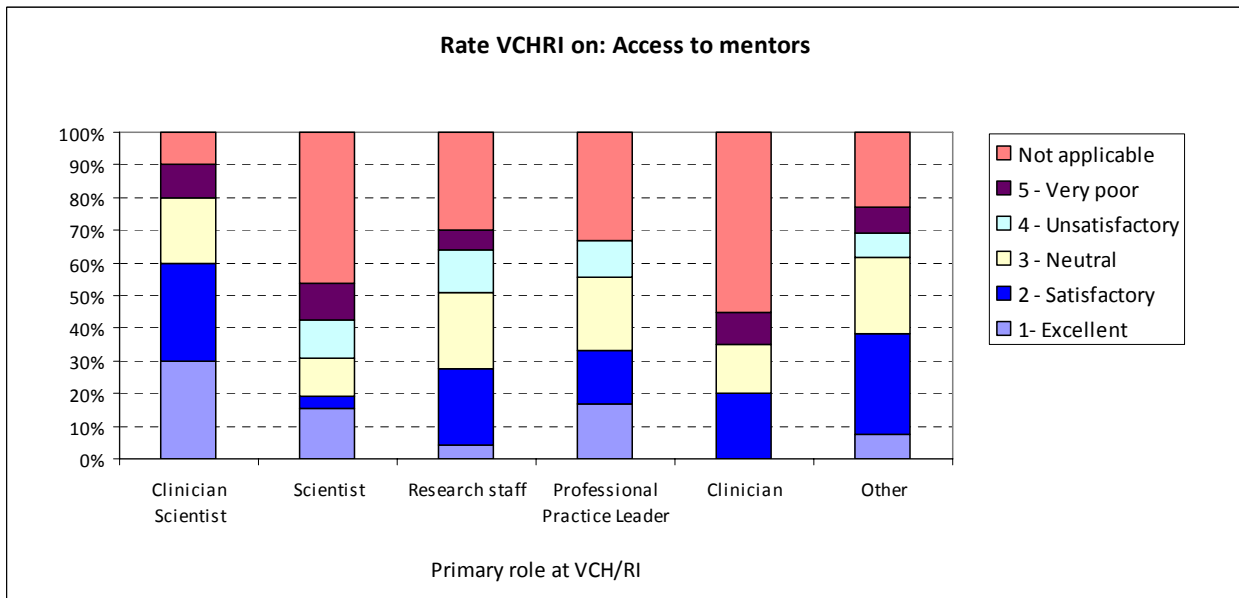
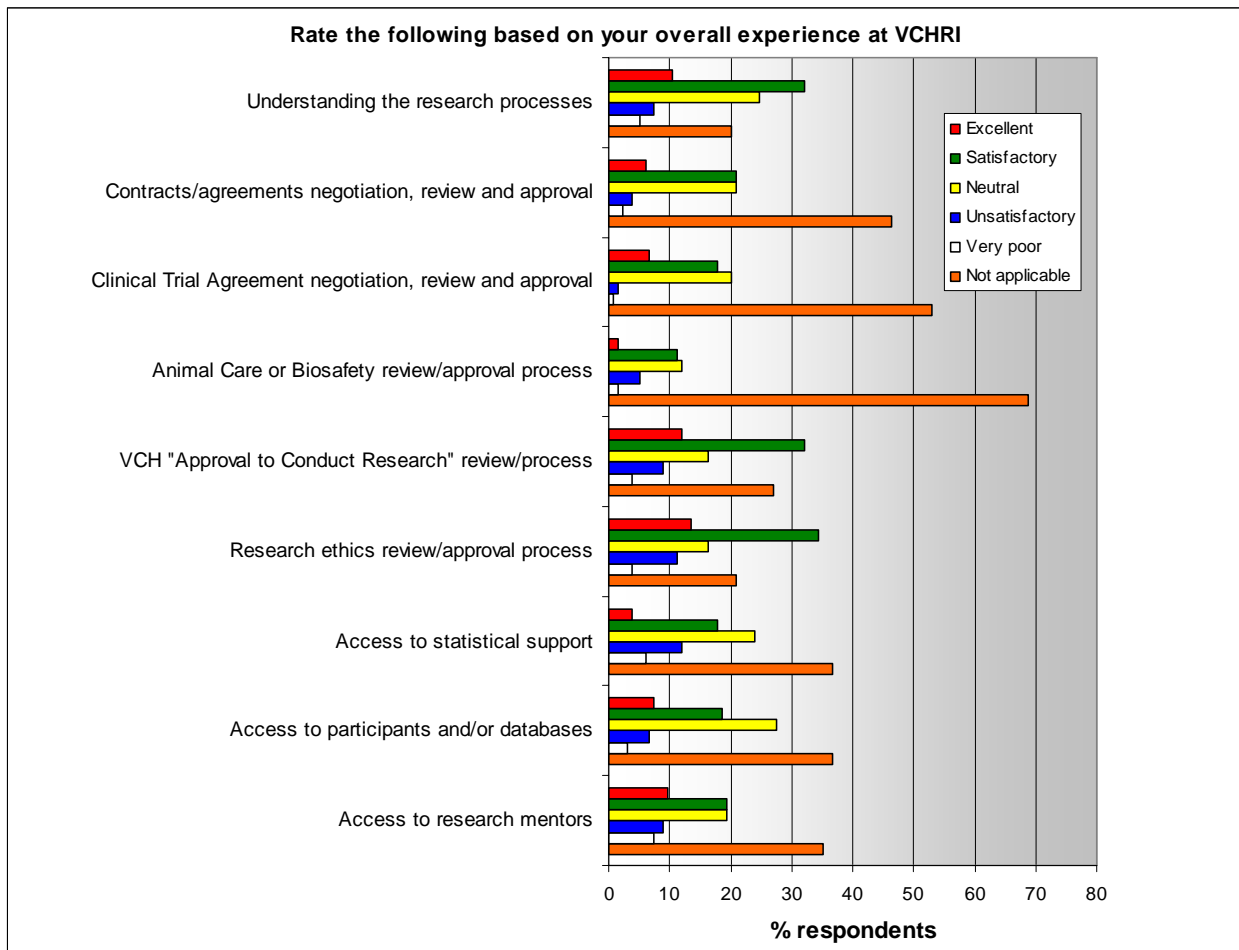


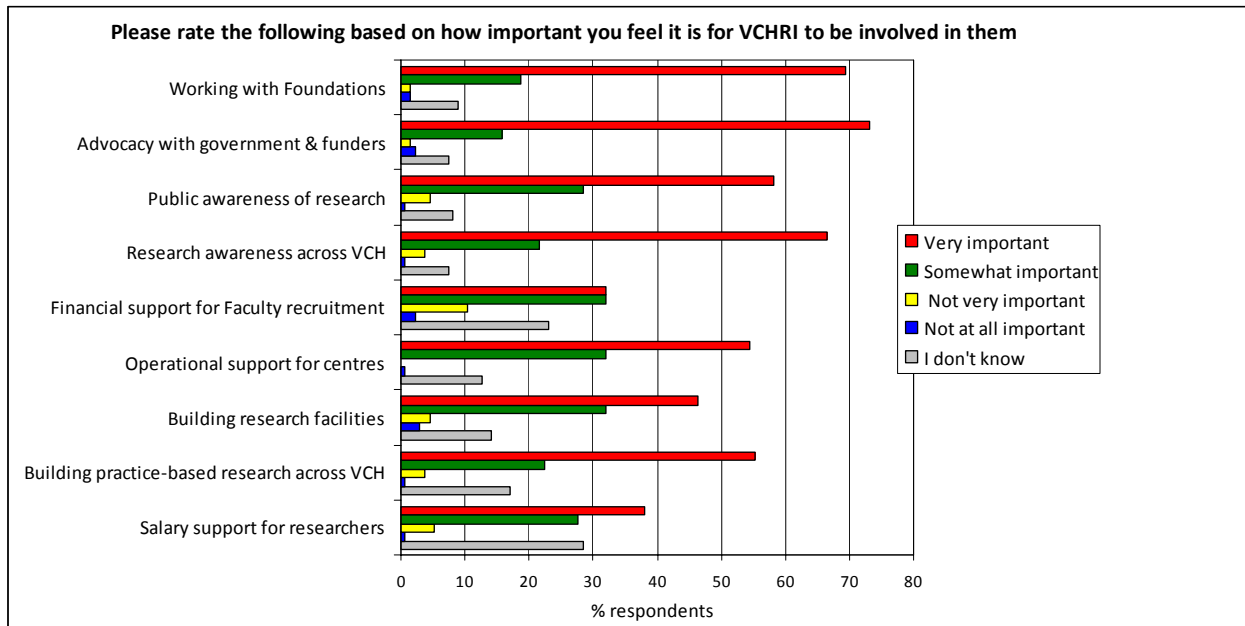
**% of time spent on research (average/month) at VCHRI**



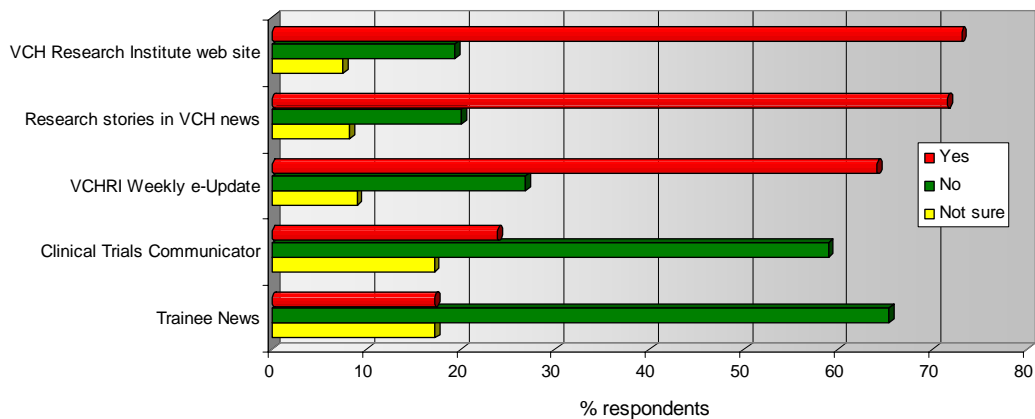
**Value of VCHRI services for conducting your research**







**Are you familiar with the following VCHRI communication tools/methods?**



**How would you like VCHRI to communicate with you?**

