



University of Stavanger

Research strategy, 2018-2022

SHARE – Centre for Resilience in Healthcare
Forskningscenter for Kvalitet og Sikkerhet i Helsetjenesten



Norwegian Air Ambulance
Foundation

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Background

SHARE Centre for Resilience in Healthcare (Forskningssenter for Kvalitet og Sikkerhet i Helsetjenesten) was approved by the Board of the University of Stavanger (UiS) on 09.03.2017 as one of eight research centres at UiS. The history of SHARE begins with the establishment of a research group on patient safety in 2008, followed by the approval of a research programme on quality and safety in healthcare systems in 2011, re-approved in 2014. The current research strategy is based on the UiS strategy (2017-2020) and the Faculty of Health Sciences strategy (2018-2020).

Partners and resources

SHARE currently engages more than 40 researchers across the three partners UiS (23 researchers), the Norwegian University of Science and Technology in Gjøvik (NTNU Gjøvik, 10 researchers), and the Norwegian Air Ambulance Foundation (SNLA, four researchers). In addition, seven PhD students from different institutions across the country are affiliated with SHARE.

Vision

SHARE will become an internationally recognized research centre by reforming the quality and safety of current healthcare systems (micro, meso, macro level) using a new and comprehensive resilience in Healthcare (RiH) framework.

Motto

Knowledge is most valuable when it is shared generously.

SHARE researchers share ideas, analyses and results with one another within the research community and across the wider population of patients, stakeholders and society as a whole.





Strategic priorities

SHARE's vision of reforming the quality and safety of current healthcare systems will develop within six strategic research priorities:

1) Patient and stakeholder involvement (PSI)

SHARE will integrate patients, carers, citizens and other major stakeholders (e.g. patient organizations, regulatory authorities, policy makers) as equal partners in the theoretical, methodological and practical activities in the centre. Co-researchers and co-design are major elements of this priority. The goals are to document the impact of PSI on research activities in SHARE, and to investigate the drivers for and impacts of PSI on quality and safety research and practice.

2) Collaborative learning

SHARE will design, implement and evaluate context-specific and practice-aligned learning interventions (e.g. education, training, simulation, shared decision-making, meeting arenas, webinars, e-dialogue forums). The goal is to translate research into practice by engaging a wide diversity of stakeholders in a range of collaborative activities and contexts. The development of resilience laboratories and innovative learning resources are major elements of this priority.

3) Resilience in the emergency chain

SHARE will conduct empirical studies in the emergency chain involving actors from pre-hospital critical care, emergency departments, and intensive care. The emergency chain setting creates uncertain and unpredictable work conditions affecting the capacity to provide healthcare quality. The goal is to map patient flow patterns, investigate resilience characteristics, and develop complex resilience interventions in different emergency chain processes.

4) Resilience in the continuity chain

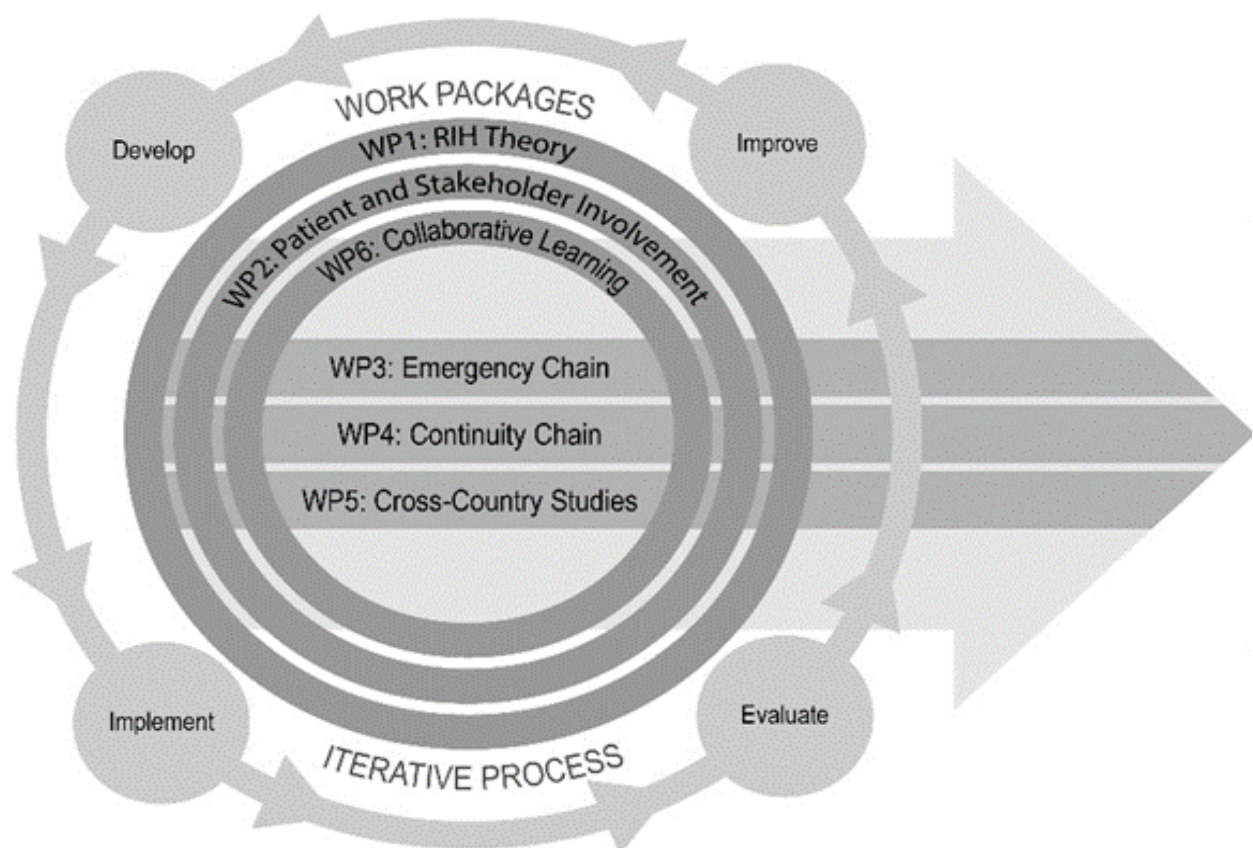
SHARE will conduct empirical studies in the continuity chain involving transitional interfaces and patient encounters across time, healthcare providers and system levels. Patient-centeredness, patient safety and efficiency within and between healthcare providers such as nursing homes, homecare, general practitioners, ambulatory care and hospital are major elements of this priority. The goal is to investigate resilience characteristics relevant to the continuity chain and to develop effective integrated interventions.

5) *International comparative studies*

SHARE will conduct cross-country comparative studies of quality and safety in emergency chains and continuity chains in high-income and low-income settings. The goal is to investigate under which conditions quality and safety in healthcare is produced in different countries in order to arrive at a common context-sensitive resilience in healthcare (RiH) framework. A RiH case study database with practical tools and strategies for stakeholders in different settings are major elements of this priority.

6) *Resilience in healthcare (RiH) theoretical framework and indicators*

SHARE will develop an integrated theoretical framework for resilience in healthcare based on systematic theoretical and empirical evidence. Scoping reviews, meta-narrative synthesis, and comparative analysis of empirical data will develop and validate the RiH framework. The framework will build on individual psychological theory (micro), organizational theory (meso) and societal theory (macro) together with comprehensive analytical syntheses of empirical studies of the emergency chain and the continuity chain. The development of empirical and analytical contributors to resilience potentials at the micro, meso and macro levels, involving patients and stakeholders in collaborative processes is a major element of this priority.



Objectives and work tasks

Objectives with associated work tasks emerging from the six strategic research areas:

<i>Objective</i>	<i>Selected work tasks</i>
Develop a PSI strategy for use in SHARE research activities	<ul style="list-style-type: none"> • Systematic use of co-researchers • Stakeholder analysis
Describe and document the impact of PSI on quality and safety in healthcare	<ul style="list-style-type: none"> • PSI literature review • Use of participatory action research and co-design in empirical studies
Design empirically-based collaborative learning interventions for use in SHARE research activities	<ul style="list-style-type: none"> • Context-specific and practice-aligned intervention design/implementation • Develop a collaborative learning framework
Engage a range of stakeholders in collaborative learning activities to form and translate research into practice	<ul style="list-style-type: none"> • Use of collaborative learning tools and innovations • Establish resilience laboratories
Develop novel research methods to systematically assess resilience characteristics and effectiveness of complex interventions	<ul style="list-style-type: none"> • Develop resilience indicators and measures • Mixed-methods design and evaluation
Develop conceptual models of, and complex interventions for resilience in emergency chain and continuity chain processes	<ul style="list-style-type: none"> • Map patient flow patterns • Intervention bundles design
Conduct cross-country comparative studies	<ul style="list-style-type: none"> • Common protocol development • Within- and across-case analyses • Resilience case study database • Practical tools and strategies for stakeholders
Establish an integrative theoretical RiH framework	<ul style="list-style-type: none"> • Scoping reviews • Analytical synthesis of empirical data • Complex intervention design

Organization and infrastructure

To be able to fulfil the priorities, objectives and work tasks outlined in the research strategy the following organizational and infrastructure issues are vital for the success of the SHARE centre:

- An active SHARE Board consisting of members from the centre partners and from external institutions.
- A Scientific Advisory Board composed of international members in the forefront of quality and safety research, and patient and stakeholder thought leaders.
- A competent SHARE management team consisting of research coordinators, centre director, and resources for web-editor and financial administration.
- A stable level of externally funded research projects.
- Experienced theme leads within the six strategic priorities.
- Committed PhD supervisory teams with international co-supervisors and international mentoring support for post doctoral scholars.
- A structured researcher mobility plan organized by a dedicated mobility committee.
- Joint office location for SHARE researchers at UiS campus including available office space for SHARE partners and visiting scholars.

Dissemination

Following up on the SHARE motto, a dedicated dissemination strategy will focus on sharing scientific knowledge, information and results through a public relations programme conducted through centre activities. Vital elements of the dissemination strategy will be scientific publication, participation at national and international conferences, an active and updated website (www.uis.no/share), annual newsletters, media focus, social media, etc. SHARE will organize annual open patient and stakeholder seminars and research seminars to develop capacity to support continuing scholarship and implementation science. Sufficient funding through the SHARE and Toppforsk budgets will secure the dissemination activities over the strategy period.



SHARE

Resilience in Healthcare