

Community Needs Driven Research Network

ISSUE

CNDRN

Overview

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Pilot Project for the Development of a Community Needs Driven Research Network for Continuing Care in Alberta

In 2012 Alberta Innovates Health Solutions provided money for the Institute for Continuing Care Education and Research (IC CER) to develop a Community Needs Driven Research Network (CNDRN) to find out from front-line staff what major issues they were facing. IC CER talked with staff across Alberta. The purpose of this research was to identify priority themes and issues for research to improve practice, from the perspective of front-line workers in the continuing care sector.

What did we want to find out?

At the end of our research we wanted to have a list of the issues front-line workers see as being most important. We chose to do this through focus groups and interviews, where front-line staff were invited from across central and southern Alberta to share and discuss what they believe are the gaps in knowledge and issues in practice that could benefit from further research and/or knowledge translation strategies. In addition, four community network events in Northern Alberta, previously conducted by IC CER, were included in the results.

How did we collect the data?

Seven focus groups and three interviews were held in five cities across the province: Edmonton, Calgary, Lethbridge, Medicine Hat and Red Deer. Sixty-nine front-line workers from nine cities/ towns of the province participated in the consultation process (see figure 1). Front-line staff from private, not-for-profit, and

AHS provider organizations participated in the sessions.



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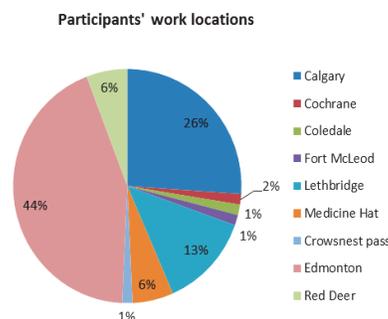


Figure 1

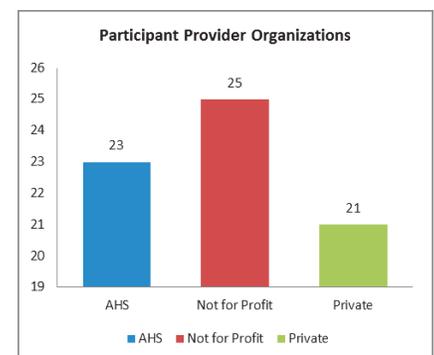


Figure 2

Who participated?

People who participated in this consultation process represented a wide range of disciplines, licensed and non-licensed professionals working in the continuing care sector. They included: administrators, directors of care, professional practice leads, educators, health care aides, Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, rehabilitation staff, recreation staff, doctors, and non-direct care staff (housekeeping, dining room).

Also, seventy-five participants took part in separate community networking events in Northern Alberta, including local health care providers, municipal representatives, local citizens, colleges, professional associations and Alberta government and health representatives.

What did we find out?

The top fourteen issues identified by participants in the CNDRN pilot project (including results from both the consultation process and the community networking events) are shown to the right. In addition to the top ten themes, four other themes emerged as being highly important in certain areas of the province.

What are we doing now?

This series of fact sheets highlight the fourteen issues and talk about what front-line workers told us. We will also be putting out a series of videos talking about the issues.

For more information check www.iccer.ca or follow us on twitter (@ICCER_AB), facebook (<http://tinyurl.com/oq7cz36>), and LinkedIn (<http://tinyurl.com/p9eabah>—Group) or (<http://tinyurl.com/oo6kjmd>—Company page).

Issues

1. Mental Health Related Issues
2. Education related issues
3. System Navigation and transition of care
4. Technology for adult learning and point of care
5. Role definition within the CC sector
6. Staff retention and recruitment
7. Working with families
8. Caregiving
9. Intercultural issues
10. Need for Recreation and Rehabilitation staff
11. Palliative Care, end of life and hospice
12. RAI Research
13. AHS Policy Inconsistencies
14. First Nations Issues