



Canadian Health Services Research **Foundation**  
**Fondation** canadienne de la recherche sur les services de santé

# Embedded Research and Evaluation within Health System Organizations

CASHPR 2009 – Calgary, Alberta  
May 13<sup>th</sup>, 2009

Susan Law, VP Research and Scientific Director

Making  
**Research**  
*Work*

Pour que la  
**recherche**  
*porte ses fruits*

# Overview

- Definitions
- A new concept - really?
- Perspectives
- Clear benefits but ... clear risks
- Critical attributes or minimum standards?
- Alternative models?

# Some wiki-definitions

- In computers, an embedded system is a special-purpose system in which the computer is completely encapsulated by the device it controls
- In linguistics, a subordinate clause is sometimes referred to as an embedded clause
- In building construction, it may refer to a means of providing support or reinforcement, such as structural steel items embedded in concrete
- In psychology, self-embedding is an activity in which one pushes items into one's own flesh in order to feel pain
- An embedded journalist is a journalist working within and under the control of one side's army in a military conflict

## A new concept – really?

- clinician-scientists; resident philosopher
- hospital-based process (re)engineering
- clinical research units/institutes
- population health research and public health units
- existing HSPR units within health system organizations
- e.g.:
- The Centre for Health Services Sciences (Sunnybrook, 2007) has 4 research platforms: [clinical studies resource centre](#); [knowledge translation](#); [hospital epidemiology](#); [patient safety and improvement research](#) .

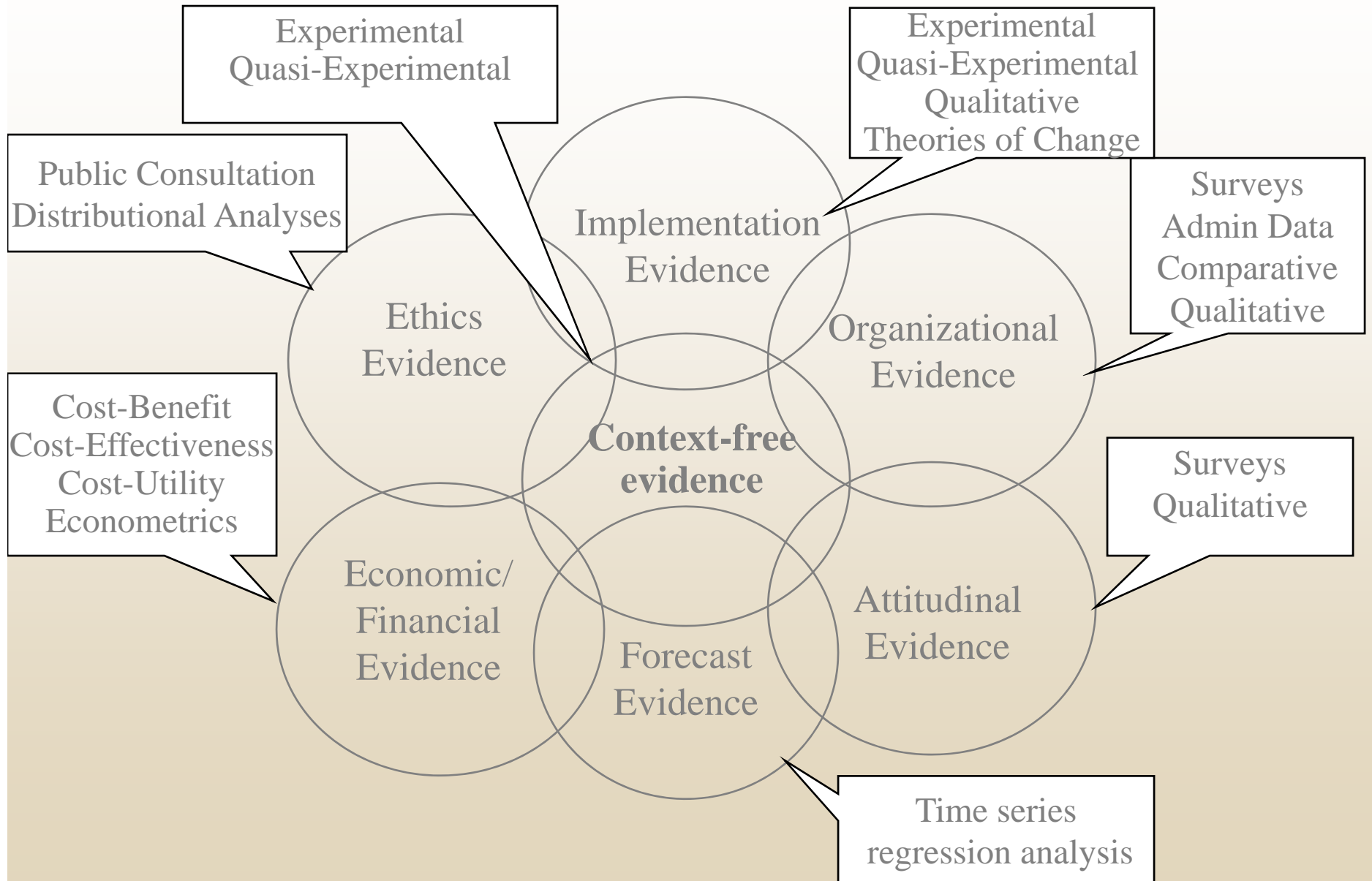
# Perspectives

- Funder
- Researcher
- Decision maker
- Board
- Patient
- University
- Colleagues/network

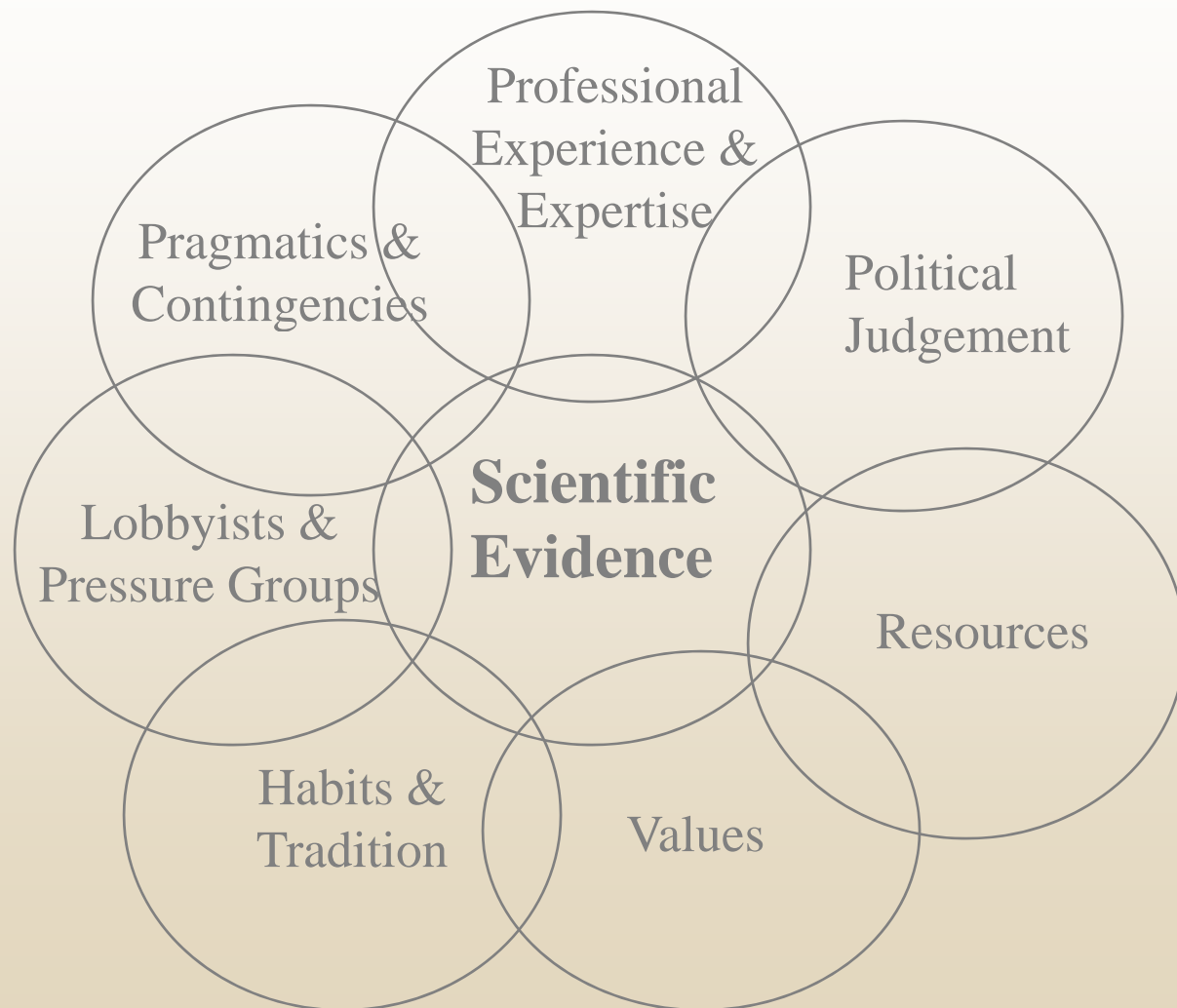
# Balance of benefits and risks?

- Clear benefits ... but
- Clear risks
  
- Trend or fad?

# Scientific evidence: Context-sensitive complements context-free



# Colloquial evidence informs scientific evidence



# Risks/challenges

- Due to:
  - Proximity to healthcare delivery
  - Distance from academy
  - Scale and context
- Risks at individual and organizational levels

# Types of risks

- Rigour – methods, generalizability, completion
- Conflicting objectives, priorities, timelines, performance metrics (opportunity costs and trade-offs)
- Relationships
- Intellectual property and freedom - independence
- Funding and accountability
- Commitment and turnover of DMs
- Capacity – defining, building and sustaining

## Possible solutions/min standards

- Maintain tensions – researcher/DM roles, paradigms (theoretical/practical)
- Protected time – writing and reflection
- ‘Contract’ between host organization and researcher
- ‘Contract’ between researcher and university
- Independent evaluation and review
- University-based mentor or advisory group
- Comparative work/study of like organizations/problems

## Conclusion ...

- *"... promising but complicated ..."*

*Chafe and Dobrow, 2008*

*Health services researchers working within health care organizations: the intriguing sound of three hands clapping." Healthcare Policy 4(2):37-45*

- ... needs more research ... alternative models?

Thank you/merci

susan.law@chsr.ca  
(613) 728-2238 ext.344  
[www.chsr.ca](http://www.chsr.ca)