

CLAHRC BITE

The Role of Embedded Research in Quality Improvement

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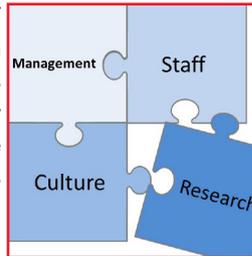
CLAHRC researchers identify benefits of embedded research and lessons for success in healthcare and other sectors

Use of researchers “embedded” within an external organisation is increasing but there has been little investigation of the characteristics of this approach, its potential and barriers and enablers to success.

Background

Embedded research is an approach where researchers work within and are affiliated to, for example, a health care organisation. This process sees researchers “immerse” themselves within an organisation to gain an understanding of the pressures and problems faced at

Researchers “embedded” in an organisation work in partnership with staff producing knowledge that is collected and created ‘on the ground’, through daily interaction and negotiation with staff and service users. This offers the potential to ensure research is more closely aligned with the needs of an organisation, and, ultimately, end-users of services.



This partnership approach also offers a method of embedding research in an organisation’s systems and processes - informing standards, policies and procedures - and building research capacity.

Research and Quality Improvement (QI)

NHS organisations are expected to have Quality Improvement (QI) strategies in place, and resources and staff to drive these forward. Research evidence has an increasing role in facilitating improvements in healthcare quality, by “mobilising” knowledge generated by research into active use by staff.

Features of the embedded researcher...

- Usually affiliated to an academic institution as well as an organisation outside of academia, thus working in a state of “*in-between-ness*”
- Develops long-term relationships with staff and is seen as “*part of the team*”
- Generates knowledge with local teams (co-produced) which responds to the needs of the host organisation



The embedded research approach is an emerging trend within and beyond healthcare, but, to our knowledge, there are no published reviews of the characteristics of this approach, its potential role and the challenges it might face.

Approach

CLAHRC researchers based at a large NHS hospital trust - the Embedded Research Team (ERT) - conducted a narrative review of the literature to explore the role embedded researchers might play in improvement efforts in healthcare. They examined publications focusing on embedded research approaches, both within and outside healthcare.

Lessons for embedded researchers within and outside healthcare

- Consider the experiences and points of view of different staff groups and other stakeholders within an organisation
- Researchers should be reflective - on their own position as an individual and as part of the organisational landscape
- Agree clear guidelines between embedded researchers and an organisation from the beginning to manage expectations
- Schedule regular meetings with clinical teams and management groups to provide feedback and updates on progress
- Maintain links with academic institutions to preserve a “critical perspective” and continue to ask questions of an organisation

CLAHRC North Thames and the Embedded Researcher Model

We have embraced this model, with investigators “embedded” in both NHS and Public Health settings. Through work with our partners CLAHRC researchers are producing outputs that are both accessible and useful to staff who need to use the results - increasing the probability that research evidence will be translated into practice. An example is our work with **Haringey Council** where we are evaluating the impact of co-locating welfare advice “hubs” in General Practice. We also work with managers and clinicians at **North East London Foundation Health Trust**, mapping and modelling patient flows between services to develop community health services outcome data.

The interdisciplinary **Embedded Research Team (ERT) at University College London Hospitals (UCLH) NHS Foundation Trust** is funded by UCLH to conduct research projects.

It includes both qualitative and operational researchers, alongside health economists. The ERT works closely with staff and management to develop, implement and evaluate research to tackle challenges facing UCLH.



Projects include a rapid appraisal of the uclh@home scheme; co-designing a scoring model for a ward accreditation scheme (and a process evaluation of that scheme); evaluating a novel perioperative medicine pathway, and; an analysis of emergency department crowding.

Conclusions

Embedded research can facilitate the co-production of knowledge and may lead to the incorporation of research into changes in practice. However, this approach involves challenges in terms of maintaining a researcher’s links to multiple organisations, relationship building and sharing of results.

There are clear benefits to an organisation when the model is used effectively, leading to research which is focused appropriately on an organisation’s needs, staff who are sufficiently engaged to feel “ownership” of research, and findings that are translated into changes in practice. This can therefore make improvement interventions sustainable over time.

Read the full paper

The Role of Embedded Research in Quality Improvement: A Narrative Review

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<http://qualitysafety.bmj.com/content/early/2016/04/29/>



More about our embedded research

UCLH ERT homepage: www.ucl.ac.uk/dahr/research-pages/UCLERT

Haringey Welfare Hubs Evaluation;

www.clahrc-norththames.nihr.ac.uk/haringey-welfare-hubs/

Developing community health services outcome data;

www.clahrc-norththames.nihr.ac.uk/service-users-outcomes-and-experience/

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