inspirenet 2.0

INnovative health Services & Practice
Informed by Research & Evaluation Network

Mobilizing Knowledge to Improve Health Services
Tech-enabled KT Close to Care

Presentation to BC KT CoP
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A program of the
BC Nursing Research Initiative

A research and knowledge network funded by
Michael Smith Foundation
for Health Research 2009-2015

Working to

- Create & share health services research (HSR) knowledge
- Strengthen research & knowledge translation (KT) capacity
- Facilitate innovation in delivery of health services

Overview

- History & Background
- KT Action Plan
- KT Initiatives Description
- Evaluation Activities
- Lessons Learned
- Supplemental Resources

InspireNet: History

- Original mandate: ↑ nurses' research capacity
- Cross-cutting theme: interprofessional
- Geographic dispersion = 'virtual' platform
- Network operations:
  - Co-leaders Noreen Frisch (UVic); Grace Mickelson (PHSA)
  - 1.2 FTE staff
  - Distributed leadership: voluntary
  - Annual budget $200-250K

InspireNet: At 5 Years

Network of 47 teams
- **Knowledge translation = 11**
- **Research/evaluation = 29**
- **Coordination = 7**

>3,600 members
- **Health sector = 64%**
- **Education sector = 24%**
- **Other = 12%**
  - *'KT Close to Care'*

Primarily virtual network connected through e-platform:
Web 2.0 site + **webconferencing**

KT Activities

- Formation of the
  Knowledge to Action (KTA) Team
  Co-Leaders: Grace Mickelson (PHSA) & Anastasia Mallidou (UVic)
  - KT Strategy Planning Meeting, 2011
    - Led to the 3 year *KT Action Plan*
      - Led to expanded KT initiatives

KT Action Plan

Outlined existing KT initiatives using CIHR framework

InspireNet Activity	Synthesis	Dissemination	Exchange	Application
Database of members • Finding mentor/mentee opportunities through the database • Finding researchers with specific research interests • Finding clinicians with specific research interests		√	√	
Database of grey literature		√	√	
Database of research projects		√	√	
Blog on website • Inviting senior health authority executives, Ministry staff, and others to contribute to InspireNet's blog		√		
Members Discussion Board on website		√	√	
'Share your Ideas' link on website to connect practicing nurses' ideas with researchers			√	
Biweekly e-News		√		
Annual fall conference & networking event		√	√	
Liaising with Nurse Research Facilitators (NRF)			√	
Use of social media to share: 1) newly emerging evidence and 2) conference opportunities for members to submit abstracts: Twitter and Facebook		√	√	

KT Action Plan

Articulated 4 broad goals with objectives, set at the planning meeting

Goal #1: Develop KT skills

Goal #2: Optimize the website as a key vehicle for KT

Goal #3: Improve the number and quality of contacts and connections to facilitate KT

Goal #4: Remove structural barriers/improve incentives & be the 'go to' place for nursing health services KT

KT Action Plan
http://www.inspirenet.ca/document/kt-action-plan-2011-2014-0

KT Initiatives: *Website*

- **Web 2.0 website**
  - Powered by Drupal v 6; *Organic Groups* for teams; Lucene for search engine
  - Contracted developer for site + database integration
  - Databases: Members, Research interests, Projects & Grey lit
  - Allows all members to contribute content
  - Teams: discrete password protected spaces (eCoPs)
  - Fresh content

Total pageviews: ~500,000

www.inspirenet.ca

KT Initiatives: *eNews*

- **Electronic newsletter**
  - Highlights freshly curated website content: funding, research skills, resources, conferences, new research articles, announcements, etc.
  - Distributed biweekly; archived on site
  - MailChimp; Integrated with website & members' database
  - Website hits increase immediately following

Total newsletters: 130

http://www.inspirenet.ca/Enews-Archive
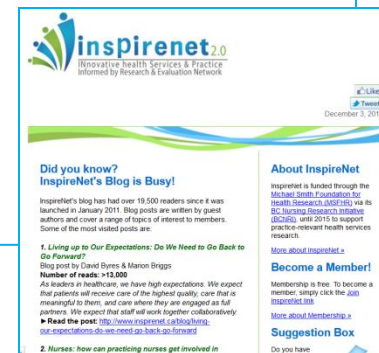
KT Initiatives: *Teams*

3 Types of Teams

1. **Action Teams**
   - Topic-specific 'mini-networks'
   - Open to all InspireNet members

2. **Closed Teams**
   - Research teams
   - Open to team only

3. **Coordinating Teams**
   - Coordinate the work of other teams/network (e.g. evaluation, communications, conference planning)

http://www.inspirenet.ca/Existing-Action-Teams
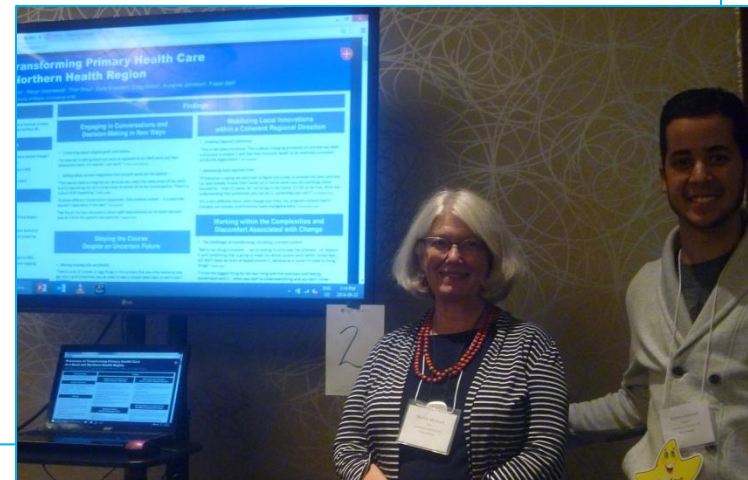
KT Initiatives: *Teams*

eCoPs

- Password protected; only team members access
- Discussions, webinar details/recordings, wikis, document sharing

Used by teams in different ways

- **Action Teams**
  - Networking, Pro D
- **Closed Teams**
  - Research project development/dissemination

Total Action Teams: 11
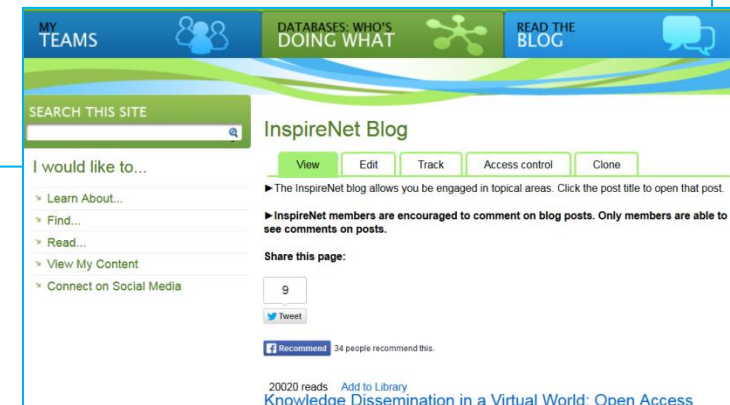**Total Closed Teams: 29**
Total eCoPs: 79

KT Initiatives: *Blog*

- Available on the open internet

- Posts written by invited members on issues related to HSR / KT

- Comments can be made and viewed by InspireNet members only

Total blog reads: ~20,000
http://www.inspirenet.ca/blog

KT Initiatives: *E-Posters*

- Annual members conference
  - Call for abstracts; peer-reviewed
  - Dissemination of research & eval projects
- Present an 'e-Poster' at conference (synchronous); archived on website (asynchronous)
- Webinars afterward; archived

Highly valued (evaluations)

Total ePosters: 62

http://www.inspirenet.ca/e-Posters-Overview

KT Initiatives: *Social Media*

- **Twitter & Facebook** used for social media channels (Hootsuite for aggregation)
- Goals:
    - Knowledge dissemination
    - Recruiting study participants
    - Curating fresh web content
- Hashtags #bchc | #cdnhealth | #health #research

Total Twitter followers ~1,450 | *@InspireNetBC*
Facebook Likes ~125 | *InspireNet*

KT Initiatives: *Ideas Incubator*

- **Clinicians**: complete webform with question/ research idea
- **InspireNet**: posts to public webpage with link to submitter's database profile
- **Researchers**: alerted via eNews

http://www.inspirenet.ca/Ideas_Incubator

*KT Initiatives: **Webinars***

- 3 types:
  - **Action Teams**:
    - topic-specific
  - **Lunch & Learn**:
    - KT topics
  - **Virtual Podium**:
    - member-presented content (knowledge dissemination)

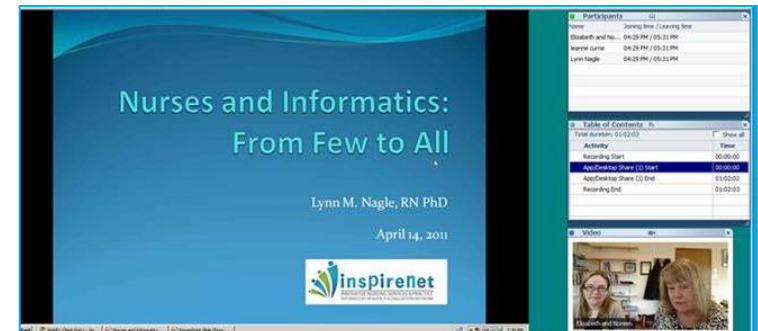*Highest rated initiative (surveys/interviews)*

KT Initiatives: *Webinars*

- **Total # webinars: 134**

- **Total *synchronous* (in real time) participants >2,000**

- **Total *asynchronous* participants (recording viewing) >12,000**

- **6:1 Relationship**

Report available: http://www.inspirenet.ca/publications

Support for
Integrated & End-of-Grant KT

Integrated KT

- Website & Database: finding collaborators/grey lit; recruiting study participants
- Social Media: recruiting study participants
- Teams: collaborating
- eNews: recruiting study participants
- Ideas Incubator: bringing clinicians' questions to researchers

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End of grant KT: knowledge dissemination

- Webinars
- Social Media
- E-Posters
- Blog
- Teams
- eNews

How do we evaluate all of this?

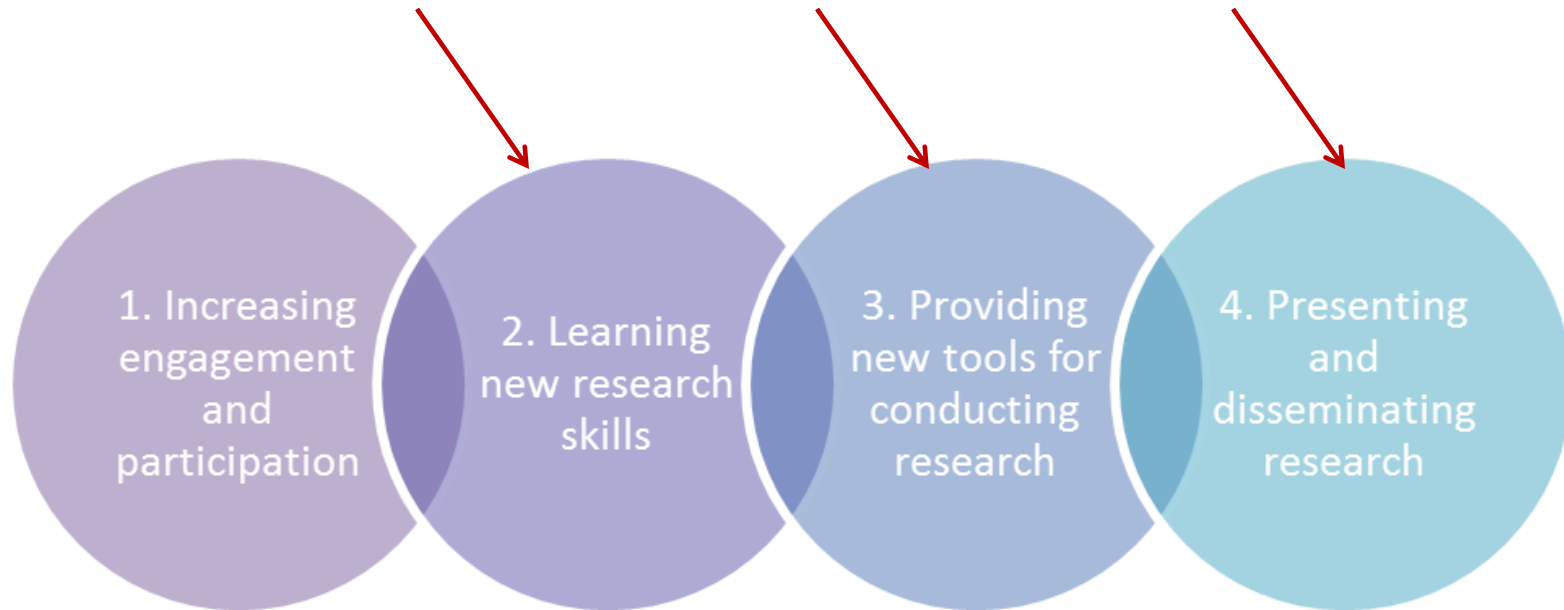**Reports available: http://www.inspirenet.ca/publications**

Latest Evaluation:
Emerging Themes & KT

1. Increasing engagement and participation

2. Learning new research skills

3. Providing new tools for conducting research

4. Presenting and disseminating research

Evaluation: Illustrated Value-add
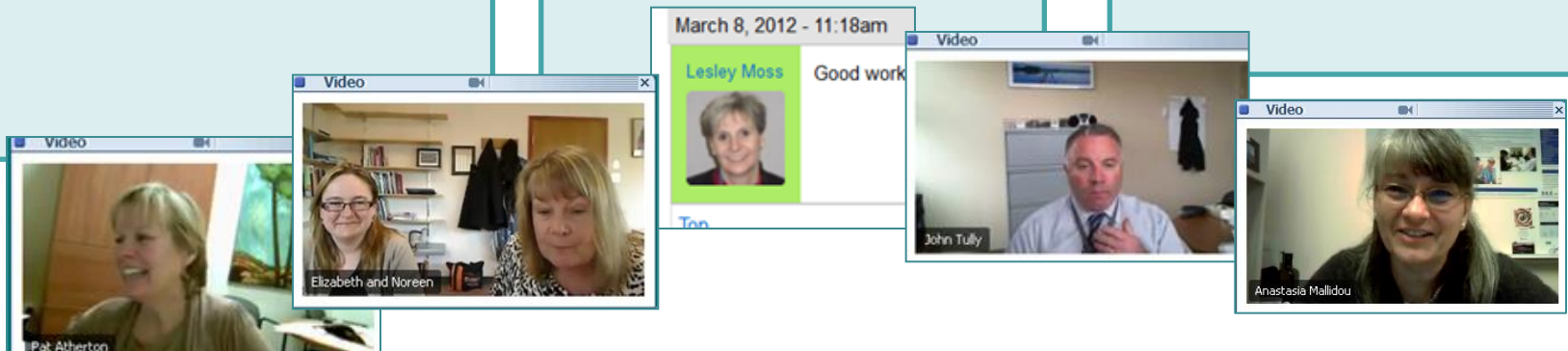
Increased Membership

- Membership increases as InspireNet demonstrates value; exceeds expectations

Funding

- Funding extended based on illustrated value-add

Future

- Potential partnerships being explored; sustainability planning crucial early on

What do our members think?

- *It was InspireNet that 'Inspired' me to return to...a master's program.*
- *Through InspireNet I have learned how to participate in an online research community.*
- *[My Action Team] brings everyone to my doorstep.*
- *...eliminates barriers such as cost and geography...to provide opportunities for individuals from across the province to connect and learn.*
- *I have been in psychiatric nursing for over 40 years and see this as the new era and direction of nursing in the future.*
- *I am thrilled to build a community of practice that will allow me to assist frontline staff.*

Key Lessons Learned: Supporting Roles

Network manager: critical role #1

- **Manage** the e-platform, related vendors, staff recruitment/training

- **Build** the e-platform and 'curate' members, content, social media

- **Support** teams' start-up and training to work in virtual environment; trouble-shoot

- **Collaborate with leaders** to advance the virtual network

Key Lessons Learned: Supporting Roles

Facilitation: critical role #2

Leaders of virtual teams develop the team's mandate, welcome new members & drive content/activities.

Leadership requires individuals with:

- **interest** to learn how to work and lead virtually
- **time** to take on this work

Key Lessons Learned: Online Social Networks

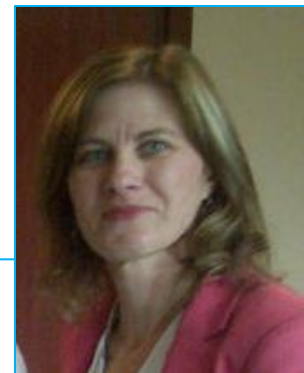- ***1-9-90 rule**** applies to online health social networks:
  - 1% super users
  - 9% contributors
  - 90% readers/learners or 'lurkers'
  - Very important to support super users and contributors
- Virtual platform is not enough – support is required

*Google "1% Rule" for the Wikipedia entry

Key Lessons Learned: Community Management

Community Management

Emerging discipline – unique role for managing online communities

Want to learn more about this? Try Googling

- Rich Millington, FeverBee
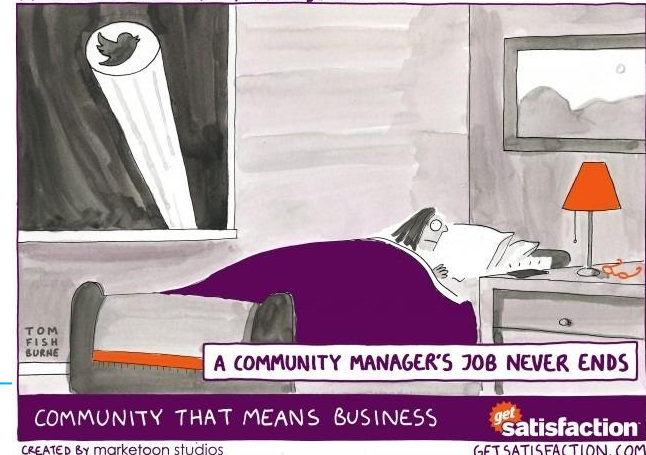
- http://thecommunitymanager.com/

And follow

- #cmgr

Adventures in Community Management
A COMMUNITY MANAGER'S JOB NEVER ENDS
COMMUNITY THAT MEANS BUSINESS
TOM FISH BURNE
CREATED BY marketoon studios
get satisfaction
GETSATISFACTION.COM

Key Lessons Learned:
Virtual Work Environment

It takes time
- Participants noted that it took longer than expected to get members comfortable using the technology.

It can be done
- Once started, using technology can be used effectively and with ease. It is becoming the way of doing business.

It has a snowball effect
- Participants noted that once members start to use the platform for one thing, they use it for other things as well.

Lessons Learned:
More Information

► Publications

Frisch N, Atherton P, Borycki E, Mickelson G, Cordeiro J, Novak Lauscher H, Black A

Growing a Professional Network to Over 3000 Members in Less Than 4 Years: Evaluation of InspireNet, British Columbia's Virtual Nursing Health Services Research Network

J Med Internet Res 2014;16(2):e49

URL: http://www.jmir.org/2014/2/e49/

►Posters

If you build it, will they come? Lessons from a virtual health services research network

presented at *eHITS 2014*, Vancouver

Using the Social Web to Engage Front Line Practitioners in Research and Quality Improvement: A Virtual Network's Experience

presented at *Quality Forum 2014*, Vancouver

►Conference Proceedings

Use of social media and Web 2.0 technologies to increase knowledge and skills of British Columbia Nurses

presented at *Nursing Informatics*, 2012, Montreal

► Reports & Presentations

available online: http://www.inspirenet.ca/publications & http://www.inspirenet.ca/Presentations

Small Sample
of Online Resources*

Clinicians' expectations of Web 2.0 as a mechanism for knowledge transfer of stroke best practices
http://www.ncbi.nlm.nih.gov/pubmed/23195753

Community Management That Works: How to Build and Sustain a Thriving Online Health Community
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3713910/

Improving integrated care: modelling the performance of an online community of practice
http://www.ncbi.nlm.nih.gov/pubmed/24648835

Pain Research Forum: application of scientific social media frameworks in neuroscience.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3949323/

Social Learning strategies
http://c4lpt.co.uk/resources/social-learning-handbook/social-learning-strategies/

The 1% Rule in Four Digital Health Social Networks: An Observational Study
http://www.jmir.org/2014/2/e33/

Use of communities of practice in business and health care sectors: A systematic review
http://www.implementationscience.com/content/4/1/27

Virtual Users Support Forum: Do Community Members Really Want to Help You?
http://online.liebertpub.com/doi/abs/10.1089/cyber.2012.0412

* Hyperlinks to resource/article where attribution & authorship can be located. Many more available: contact patherton@inspirenet.ca

Questions?

Visit www.inspirenet.ca

for details.