



INSTITUTE FOR CONTINUING CARE EDUCATION & RESEARCH

An Evaluation

February 2016



Executive Summary

Background

The Institute for Continuing Care Education and Research (ICCER) is a collaborative network of post-secondary institutions and continuing care provider organizations in Alberta. It was established in 2008, with representation from four key partners. Since then it has grown and the network, at the time of the evaluation, included twelve organizations.

ICCER's mission is to improve continuing care in Alberta by encouraging research, translating knowledge into better practice, enhancing education, and informing policy.

The evaluation was carried out in late 2015 and early 2016. Representatives from member organizations, other continuing care providers, researchers, and staff in continuing care organizations were engaged and contributed in order to fully understand the value of ICCER, its major accomplishments to date, and how it reaches various audiences.

Evaluation questions, approach and methodology

Two overarching evaluation questions guided the evaluation:

1. What has ICCER accomplished over the past seven years?
2. What, if any, are the benefits of ICCER's accomplishments to its members and target audiences?

The evaluation approach was collaborative in nature involving ICCER staff, member organizations, and the external evaluator.

The methodology used mixed methods and multiple data sources to allow for data triangulation to ensure high confidence in the evaluation results. The multiple lines of evidence included secondary document review (n=47), electronic survey (n=99), telephone interviews (n=17), and a focus group.

Findings

The ICCER collaborative network has established a strong foundation upon which to build into the future. The seminal work done in the early years has led to sound practices and a clear vision. The active community consultation work is viewed as effective in reaching those in the continuing care sector.

ICCER has stayed true to its original vision of best care and quality of life for those serviced by the continuing care sector by:

- Working in collaboration with continuing care providers.
- Defining research needs based on the needs identified by continuing care stakeholders.
- Sharing the learnings (KT) with all its continuing care stakeholders.

All member organizations saw great value in being a member of ICCER. Through their membership, they have had an opportunity to become stronger learning organizations. The ICCER membership aligns with their own organizations' business plans and mandates.

It is a unique collaboration that brings together a variety of organizations and businesses all with a focus on ensuring that continuing care best practices are available and evident in service delivery. However, there is also concern that some key organizations are not members as of yet.

ICCER has created both local and provincial "sandboxes", structures that allow individuals and organizations to meet and engage around specific topics and explore how to work together in moving specific research and quality improvement projects forward. ICCER is a neutral host and organizer that creates the opportunity for connections to be made and meets the needs of various types of stakeholders such as post-secondary institutions, researchers, and providers.

ICCER has a rather low visibility among continuing care stakeholders. The benefits and value of ICCER membership are not well known in the continuing care sector, outside of the immediate members. These benefits need to be highlighted and actively shared and ICCER's successes should be tracked in a systematic way to provide evidence of value to potential future members and funders.

Since its inception, most of the day-to-day leadership has been provided by staff. To become more sustainable and to truly reflect the underpinning of the collaborative, member organizations would like to see more practical application of ownership by its own members.

ICCER has had limited impact so far on continuing care policy development. However, there are great opportunities for ICCER to provide the linkage (two-way-street) between ensuring that policy and accountability frameworks for continuing care are supported by sound and reliable research, while also acting as the agent to encourage research that informs and influences policy.

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1.0 Introduction

The Institute for Continuing Care Education and Research (IC CER) is a collaborative network of post-secondary institutions and continuing care provider organizations in Alberta. It was established in 2008, with representation from four key partners. Since then it has grown and the network, at the time of the evaluation, included twelve organizations.

IC CER's mission is to improve continuing care in Alberta by encouraging research, translating knowledge into better practice, enhancing education, and informing policy.

In 2015, IC CER's Steering Committee determined that an evaluation was desirable. It was an opportunity to i) capture the history and accomplishments of the network, ii) systematically assess how these accomplishments had benefitted its target audiences and the continuing care field as a whole, and iii) provide direction for future activities. The evaluation was carried out in late 2015 and early 2016 and was conducted by an external evaluator, BIM Larsson & Associates. The evaluation's main focus was to design a framework that allowed various perspectives to be captured. Representatives from member organizations, other continuing care providers, researchers, and staff in continuing care organizations were engaged and contributed in order to fully understand the value of IC CER, its major accomplishments to date, and how it reaches various audiences. An Evaluation Committee was established to support and guide the evaluation.

2.0 Methodology and participants' profiles

Two overarching evaluation questions guided the evaluation:

1. What has IC CER accomplished over the past seven years?
2. What, if any, are the benefits of IC CER's accomplishments to its members and target audiences?

The methodology used mixed methods and multiple data sources to allow for data triangulation to ensure high confidence in the evaluation results. The multiple lines of evidence included secondary document review, electronic survey, telephone interviews, and a focus group. An Areas of Inquiry Framework was developed to guide the work, see Appendix A.

Data collection was staggered, with secondary data being reviewed first to provide context, followed by primary data collection in late November and early December 2015. Once preliminary data collection was completed, a follow-up focus group was conducted in February 2016. The following table shows the response rate for each method:

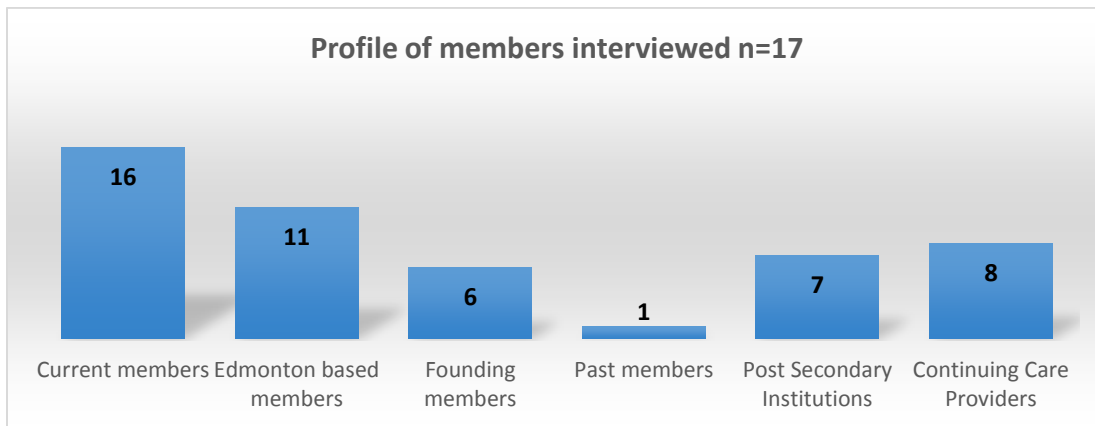
Table 1: Response Rate

Data Source	Population	Participation rate:
Representatives from Member Organizations (interview)	19	17 (90%)
Stakeholders (survey)	873	99 (11%)
Focus Group	-	5
Review of documented accomplishments	-	47

2.1 Profile of evaluation participants

At the time the evaluation began, ICCER had 12 member organizations. Representatives from all member organizations were invited to participate in a telephone interview. Some of the founding ICCER member organizations had had different individuals representing their organization over the past seven years. Since the evaluation focused on accomplishments over time, it was deemed important to connect with past representatives, as well as present representatives, and to hear their perspectives. The three remaining founding organizations have two representatives each on the ICCER Steering Committee and both were invited to participate. In total, 17 of the 19 identified individuals participated in an interview. ICCER staff took the lead in contacting the representatives and gaining their consent for participating. Figure 1 below provides a brief profile of respondents.

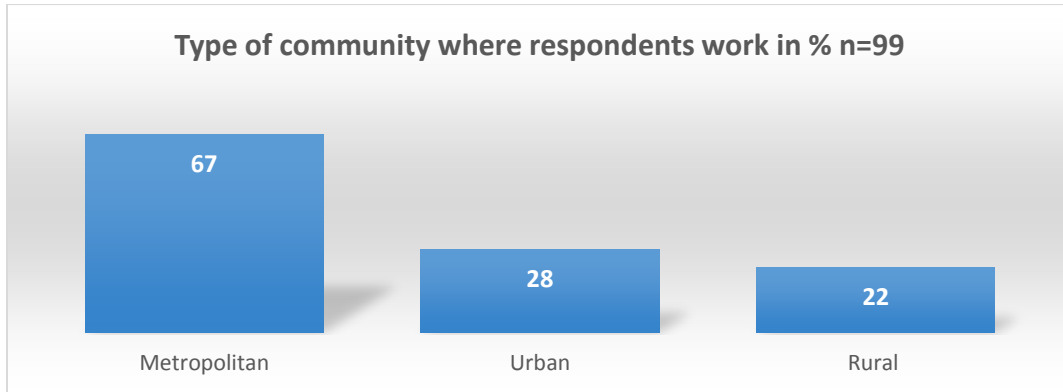
Figure 1: Telephone Interview Participants



ICCER maintains a database of individuals (n=893) who have been in contact with the collaborative network since its inception. An electronic survey was emailed to the total data base. The survey was open for two weeks, and everyone received a “friendly reminder” after one week. In total, 99 individuals completed the survey. Of these, 92% resided in Alberta, 3% in

Ontario, and the rest in British Columbia, Quebec, and New Brunswick and the majority (67%) worked in a metropolitan setting.¹

Figure 2: Electronic Survey Respondents²



A screening question was administered as part of the survey to ensure that all who provided feedback were familiar with ICCER and its work. Most of the survey respondents (92%) were aware of ICCER and completed the survey. Those who indicated they did not recall ICCER were thanked and exited the survey.

To understand respondents' perspectives, each respondent was asked to indicate their primary working role. Most respondents (80%) indicated they currently work in the continuing care sector and their role was most often in the administrative/management area (45%), consultant (15%), or best practice/quality lead (12%).

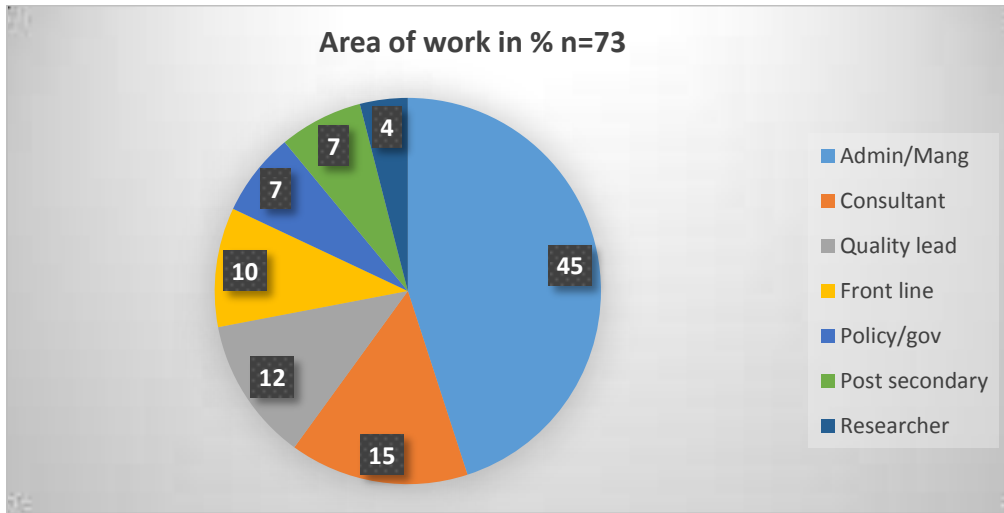
¹ Metropolitan: areas with densely populated core, with surrounding suburban areas and satellite communities.

Urban area: densely populated areas, (no satellite communities)

Rural: low population and low density

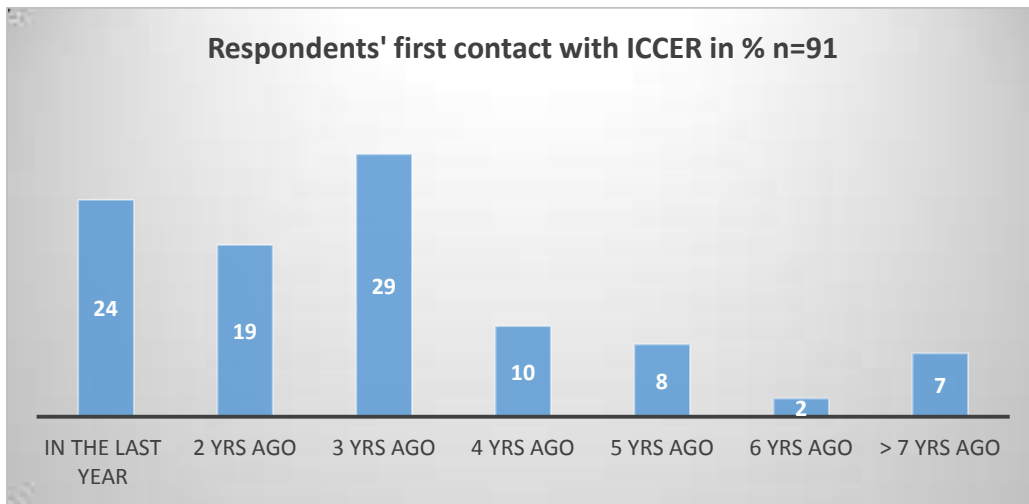
² Multiple response question

Figure 3: Survey Respondents' Role



As the evaluation was retrospective in nature, the length of connection each respondent had had with ICCER was of interest. Most respondents (56%) had been connected with ICCER for three years or more.

Figure 4: Time Since First Contact With ICCER



Focus Group Profile

Once primary and secondary data had been analyzed, a focus group was held to explore some of the findings in more depth. The focus group consisted of five individuals and had the following composition:

Location	<ul style="list-style-type: none"> • Edmonton location n=2 • Calgary location n=2 • Rural location n=1
Area of employment	<ul style="list-style-type: none"> • Member organizations n=2 • Alberta Health Services staff n=3

Secondary Sources

A review and summary of major accomplishments since October 1, 2008 until October, 2015 was conducted by ICCER staff. A total of 47 documents and activities were identified and included in the review. Highlights related to the following characteristics were captured:

- Title of activity/document
- Date
- Brief abstract
- Who participated in the work
- Outcomes
- Focus of accomplishment as related to strategic direction

3.0 Approach

As noted earlier, the evaluation approach was collaborative in nature involving ICCER staff, member organizations, and the external evaluator. The framework used is described in detail below and is based on the “Guiding Principles for Collaborative Approaches in Evaluation”³ as developed by Shulha et al.

Collaborative approaches in evaluation (CAE) involve systematically inviting and engaging stakeholders in program evaluation planning and implementation. Unlike “distanced” evaluation approaches, which reject stakeholder participation as evaluation team members, collaborative evaluation assumes that active, on-going engagement between evaluators and program staff result in stronger evaluation designs, enhanced data collection and analysis, and results that stakeholders understand and use.

The matrix below outlines the actions taken within the ICCER evaluation as they align with each of the guiding principles.

³ Lyn M. Shulha, Elizabeth Whitmore, J. Bradley Cousins, Nathalie Gilbert, and Hind al Hudib, American Journal of Evaluation, Published on line, Dec 18, 2015.

Table 2: Approach

Guiding Principles	What we did
Clarify motivation for collaboration	<p>The ICCER network is a collaborative initiative and the desire to evaluate its accomplishments using CAE aligned with ICCER’s overall philosophy and operation.</p> <p>The ICCER staff and the evaluator met to explore how a CAE could best be developed and implemented. These meetings fostered a shared understanding of the evaluation purpose and expectations. An Evaluation Committee was established that consisted of staff, representatives from member organizations, and the external evaluator.</p>
Foster meaningful relationships	<p>The success of the evaluation was based on two fundamental pillars; ICCER staff were the context and program experts and the evaluator brought the evaluation expertise. In open and transparent discussions the two areas were brought together and options for the evaluation were explored in a trusting and non-judgemental atmosphere.</p>
Develop a shared understanding of the program	<p>Mission, vision, strategic directions and guiding documents were shared, described, clarified and explained resulting in a shared understanding of the program logic and rationale. Based on this, two overarching evaluation questions were developed.</p>
Promotes appropriate participatory processes	<p>The evaluator designed an Area of Inquiry Framework that was shared, reviewed and agreed upon by the evaluation committee. This Framework outlined the population and methods for the data collection. The staff at ICCER took the lead in contacting and arranging for data collection. Draft tools were developed by the evaluator and these were shared with the committee that provided feedback and edits that reflected the need of ICCER.</p>
Monitor and respond to resource availability	<p>The collaborative evaluation was valued by ICCER and its members by ensuring that staff and evaluation committee members had the time and resources to carry out their involvement in a meaningful and successful way. A variety of ways for participating were used such as face-to-face meetings, conference calls and review of documentation electronically.</p>
Monitor evaluation progress and quality	<p>ICCER staff took the lead in communication with all potential stakeholders, describing the purpose and rationale for the evaluation and the value of stakeholders’ contributions. Monitoring of the</p>

	evaluation progress was ongoing. As unexpected events were introduced, ICCER staff and the evaluator informed one another. Data collection progress updates were provided on a regular basis. The motto was “no surprises” at the end of the evaluation.
Promote evaluative thinking	ICCER is founded on inquisitiveness and embraces the value of evidence. The evaluative thinking is one of the foundations upon which the organization is based. ICCER’s mandate is to promote evidence based best practice in continuing care. Both staff and the evaluation committee saw the evaluation as a process of further learning.
Follow through to realize use	Once data analysis had been completed, the evaluation committee jointly explored the findings and interpreted the results. This led to clarity in terms of next steps, and laid the foundation for the evaluation to become meaningful learnings for future actions.

4.0 Findings

4.1 What has ICCER accomplished over the past seven years?

The aim of the first overarching question was to gain a better understanding of what ICCER had accomplished since its inception 2008, to what degree these activities aligned with its vision, mission and strategic directions, as well as identify areas that had contributed to success and those that created challenges. Why organizations became members of the ICCER network was also explored.

4.1.1 ICCER Outputs 2008-2015

The secondary data review assessing ICCER's overall accomplishments since 2008 suggested that the type of activities undertaken by the network has shifted as the organization matured. As can be expected, the early years saw much of its foundational work focusing on "Shaping ICCER". These were the building blocks that member organizations were part of designing and forming to allow ICCER to carry out its mandate. There were two seminal accomplishments that created the direction for the future and which were often cited by interviewees, one was the work completed by ICCER for Dr. Tyrrell and Dr. Palmer in 2009, *Research Opportunities Related to Continuing Care in Alberta*, the second was the community consultation exploring areas of interest and need. In interviews, representatives from member organizations described these activities as the ones that created the direction (road map) for ICCER and continue to do so today. It was also noted that it was this work, carried out in true collaborative fashion with the stakeholders' staff, which has allowed ICCER to be successful.

When reviewing the quantity of accomplishments, the total number of accomplishments by year has increased substantially over time as the organization has matured and the internal structures were put in place. As accomplishments became more outward focused, both the quantity and type of activities became more diverse.

Figure 5: Documented Outputs

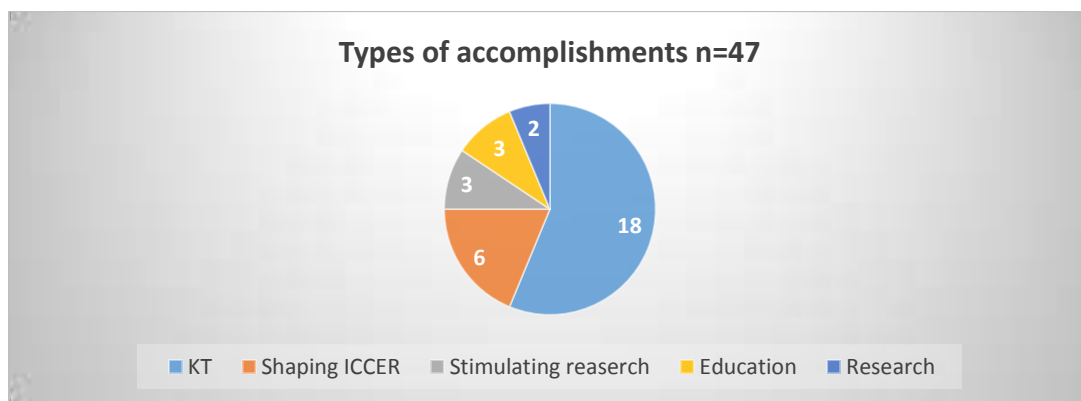


ICCER's strategic directions were formed in the first years as part of developing the foundation for the organization. In August 2014, they were reviewed and slightly revised and are now:

- Policy: Position ICCER to inform policy.
- Research: Stimulate research and its application in continuing care.
- Education: Foster innovation in education and training of care providers.
- Practice: Improve practice and quality of care based on evidence, and inform the continuing care research agenda based on identified needs.
- Knowledge Transfer/translation: Create opportunities to translate research findings into practice.

When aligning the documented accomplishments with the overall strategic directions, the most common area of work has been associated with "Knowledge transfer/translation".⁴ There are 18 documented accomplishments focusing on this strategic area. As was noted earlier, most of the "Shaping ICCER" accomplishments were carried out in the early years of ICCER development (2008-2013).

Figure 6: Alignment of Outputs with Strategic Direction



4.1.2 Member organizations and stakeholders' perspectives of accomplishments

In interviews, member organizations were asked to reflect on ICCER's accomplishments over the first seven years.

There were several specific accomplishments noted and described in various ways, but they all reflected the underpinning rational for ICCER's existence:

⁴ The review was conducted by ICCER staff. Multiple strategic directions were noted in three documents, each noted strategic direction was included in the assessment.

1. Uses a systematic process to ensure that research/ inquiries are done in collaboration with the service providers.
2. Activities are driven by stakeholders needs.
3. Findings are shared through knowledge translation to reach front-line staff.

“Success is implementing or undertaking research projects that would inform practice of members. Enhance the life of people. Educating our staff for better services.”

(Interview participant)

“Applied learning, having frontline staff take part in research and learning and improving best practice.”

(Interview participant)

Some respondents raised concerns that the ICCER network is not gaining recognition for its work and contributions to the field. According to respondents, one possible cause may be “the lack of branding” of ICCER. By not fully taking credit for the work, ICCER is not able to clearly show the full organizational benefits of ICCER membership, and fully tell the story of the benefits associated with membership, such as having access to the most recent knowledge and practices.

Members from post-secondary institutions noted that ICCER’s accomplishments lie in its ability to shape and inform future employees with the focus on greater understanding of the needs of the aging population. The establishment of the Interprofessional Health Team Development (IntD 410) Continuing Care stream at University of Alberta was mentioned as one such accomplishment.

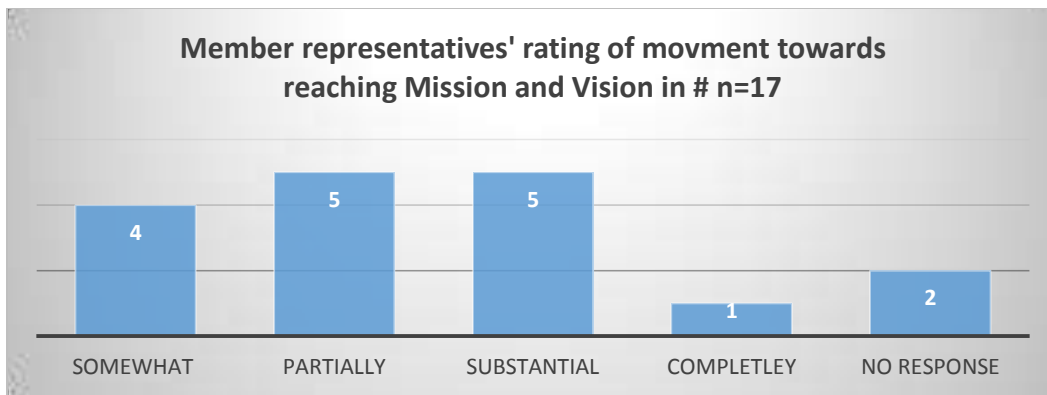
From external stakeholders’ perspectives, the greatest accomplishments were the collaboration that ICCER has created between various stakeholder groups and creating a place for connecting with other service providers in the field.

It should be noted that 50% of the external survey respondents either did not provide an answer (40%) or indicated they could not comment on ICCER’s accomplishments over the past seven years (10%).

4.1.3 Moving Towards Vision and Mission

In interviews respondents were asked to rate (on a scale from 1-5 where 1 is *not at all* and 5 is *completely*) to what degree ICCER had moved towards its stated Vision and Mission. Of the 17 respondents, two indicated they were not able to rate the progression as they were very new to the network. Of the remaining 15 respondents, the majority of respondents (66%) rated ICCER’s movement towards its Vision and Mission as ‘partially’ or ‘substantially’ completed.

Figure 7: Reaching Vision and Mission



When asked to provide a rationale for their rating the respondents identified four main areas that had influenced ICCER’s ability to reach its stated Vision and Mission.

Time to Develop as a Collaboration

As a collaborative, it has taken time to get the organization off the ground. Developing the fundamental structures took most of the time initially. According to respondents, it is an accomplishment on its own to get the network up and functioning considering the financial constraints and external organizational changes that took place during ICCER’s formative years. Interviewees stated that both the time and resources invested were needed to ensure that ICCER had solid pillars to build on in order to move forward and had a sound footing that supported further growth.

“Almost like giving birth - not easy to move at first and change and then learn to walk.”

(Interview participant)

Policy

Several respondents felt that the majority of ICCER’s impact was in the area of education, KT, and research, but that little or no work had been done in relation to impacting policy.

“Policy is a bit underdeveloped. We could do more.”

(Interview participant)

Respondents suggested that ICCER is in the unique position where they can work at two levels to influence policy development. ICCER can provide the linkage (two-way-street) between ensuring that policy and accountability frameworks for continuing care are supported by sound and reliable research, while also acting as the agent to encourage research that informs and influences policy.

Sustainability

Sustainability is a significant concern for many of the member organizations. The current Alberta Health operational grant is coming to an end in 2017 and the number of paying members is not sufficient to maintain the network. There is also a concern that until members take active ownership and engage in shared leadership of ICCER, the organization as a truly collaborative network will not be possible. Ownership will require organizations to take on the role of leading and supporting the organization in a meaningful way, rather than relying on the current staff to be the leaders. This, according to respondents, includes being the external face of ICCER, showcasing how all members contribute and work towards the same goal.

“Sustainable funding. If we get that, ICCER can focus on the work. The three year grants are not enough.”

(Interview participant)

“Need new partners and market the benefit. We have to be clear of what our benefits are. It is a vicious circle. Need a critical mass to get momentum. But how to get people to buy-in without evidence.”

(Interview participant)

Value and Worth

Members spoke about the future of ICCER and how the collaborative network must be able to clearly show the value and worth of membership. When asked how this can be done the respondents were not as clear. Several suggested that the public purse, such as Alberta Health or Alberta Health Services, has a responsibility to foster work that focuses on developing and implementing best practices in the continuing care sector.

“Where else would you have private, public, supported living sit down with education institutions and look at the bigger research questions and all the professional faculty?”

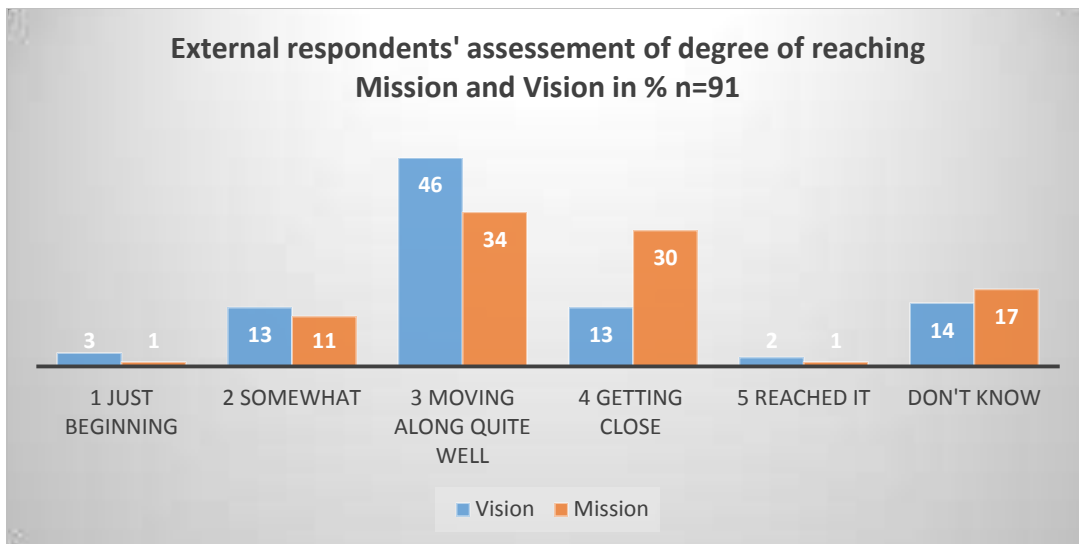
(Interview participant)

“Be clear about the value. Value – [we] see the research first hand –[then we] integrate [this] into education and programs.”

(Interview participant)

External survey respondents were also asked to what degree they felt that ICCER had moved towards accomplishing its Mission and Vision. The largest group felt that in both areas it was “moving along quite well” or was “getting close” both in terms of its Mission and Vision.

Figure 8: Accomplishing Mission and Vision



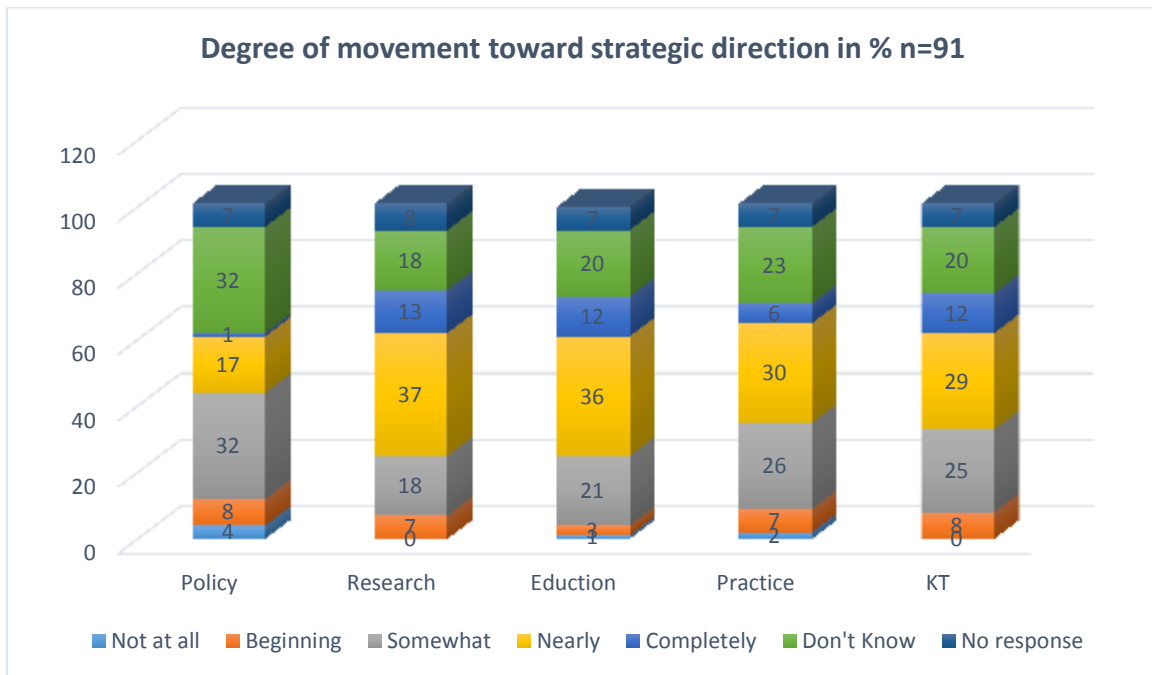
The next step was to ask external survey respondents to assess to what degree ICCER had moved towards its five components of the Strategic Directions⁵. Most respondents felt that ICCER was well on its way (rated 3-5 where 1 means *not at all* and 5 means *completely*) in most of the areas. The areas identified most frequently by respondents as having “nearly” or “completely” been reached were:

- Research strategy (nearly 37%, completely 13%)
- Education (nearly 36%, completely 12%)
- KT (nearly 29%, completely 12%)

The lowest rated area of accomplishment was the policy strategy where 17% rated it as “nearly”, and 1% as “completely” reached. Policy was also the area where respondents felt they were not in a position to comment. Every third person (32%) indicated “don’t know”.

⁵ Appendix C: Strategic Direction

Figure 9: Movement Towards Strategic Direction



4.2 What are the benefits of ICCER to its members and target audiences?

4.2.1 Why do organizations become members and what are the benefits?

To understand the role ICCER plays in the continuing care sector, member organizations were asked why they decided to become members, what potential value they saw, and how it aligned with their own organization’s values and purpose. All member organizations saw great value in being a member. They described in general terms how, through their membership, they had seen an opportunity to become a stronger learning organization. They described how they saw the ICCER membership aligning with their own organizations’ business plans and mandates. There were three main reasons for ICCER membership:

To Participate in and have Access to Research

Member organizations saw great potential value in becoming active participants in research. Many spoke about the need for sound research in continuing care, research that was shaped and formed by those providing service in this sector, and where the research was driven from within the sector by those who deliver day-to-day service. They spoke about having a mandate within their own organization to conduct and access research, but often did not have the resources to carry it out on their own.

“Main reason was we are not large enough to do research on our own. [Now] can link into quality research and participate and learn from these results.”

(Interview participant)

“Our Business Plan indicates that research is key to advance best practice in gerontology.”

(Interview participant)

“ICCER has identified research questions that are important to providers and users of care. No one else has ever targeted these groups for information.”

(Interview participant)

Representatives from post-secondary institutions also described a need and desire to become more active in research and to improve students’ educational experience by being closely connected to evolving research.

“Our academic plan speaks to excellence in teaching and learning. It should penetrate all areas we do. We have been accused of being takers of research – now we are part of it. [There is a] culture shift in colleges to engage in research. Even if it is not research at least scholarly activity.”

(Interview participant)

“Research needed to focus on what the providers and users thought was important in care.”

(Interview participant)

Be Part of Knowledge Transfer/Translation (KT):

Having access to evolving research leading to better practices at the front-line was noted by most of the members as another great potential benefit of the membership. They described how their membership had contributed to being able to access knowledge as it was developing and to have access to, and insight into, the type of research that was being conducted. They also described how their membership was directly tied to and guided by the ultimate outcome – better care and support for their continuing care clients.

“For clients to function as high as possible we need to expand our knowledge.”

(Interview participant)

“To give staff the tools to do their job better and understand how research can impact practice.”

(Interview participant)

“[Membership] informs our teaching. Build up excellence in students.”

(Interview participant)

Access to and Collaborating with Peers

Another benefit according to both members and non-members was the peer relationship and the learning that takes place when colleagues have an opportunity to gather and exchange ideas and learnings from each other. Several interviewees described how many of the natural learning opportunities that existed 8-10 years ago have disappeared or been replaced with other methods, and that direct learning from the field is becoming less and less prominent. The ICCER membership allowed this type of stimulation to occur again.

“Good to be connected to others in continuing care and to bring ideas back [to institution].”

(Interview participant)

“We really saw the value to bring educators, researchers, and providers together to look at how to best move continuing care forward.”

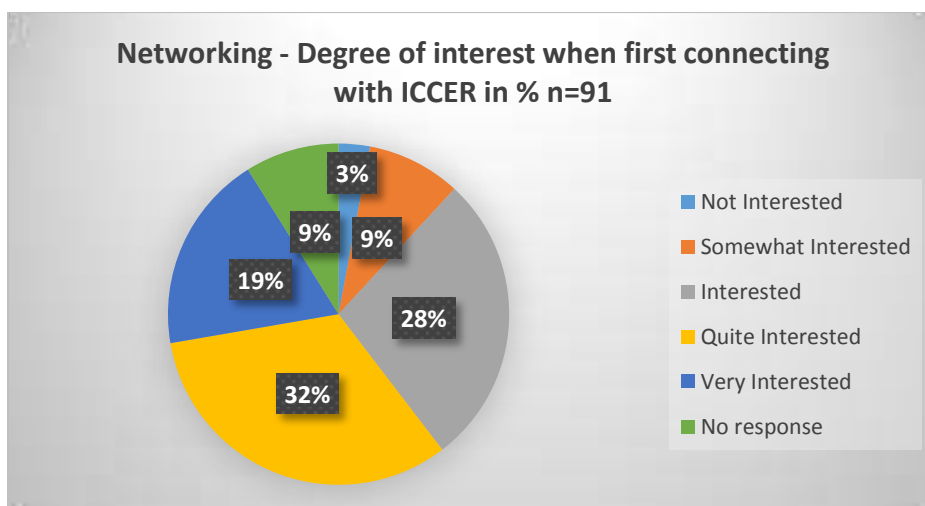
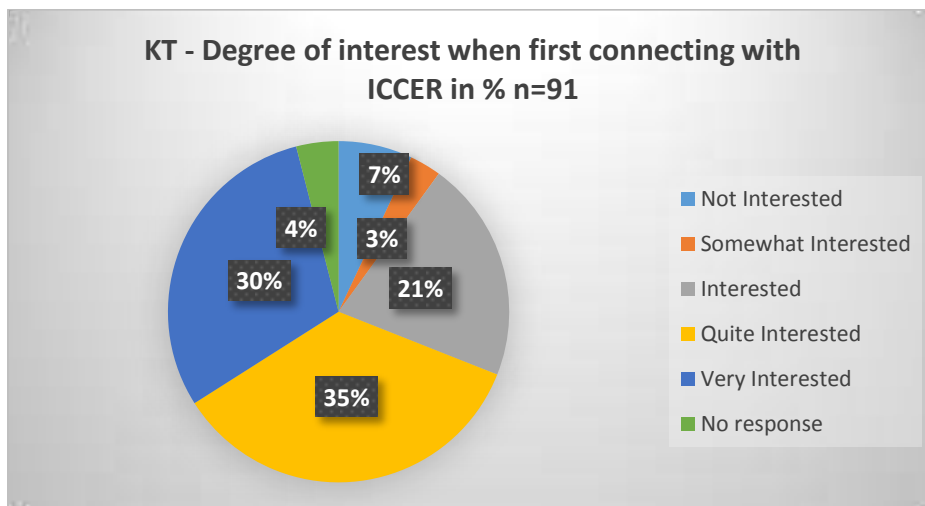
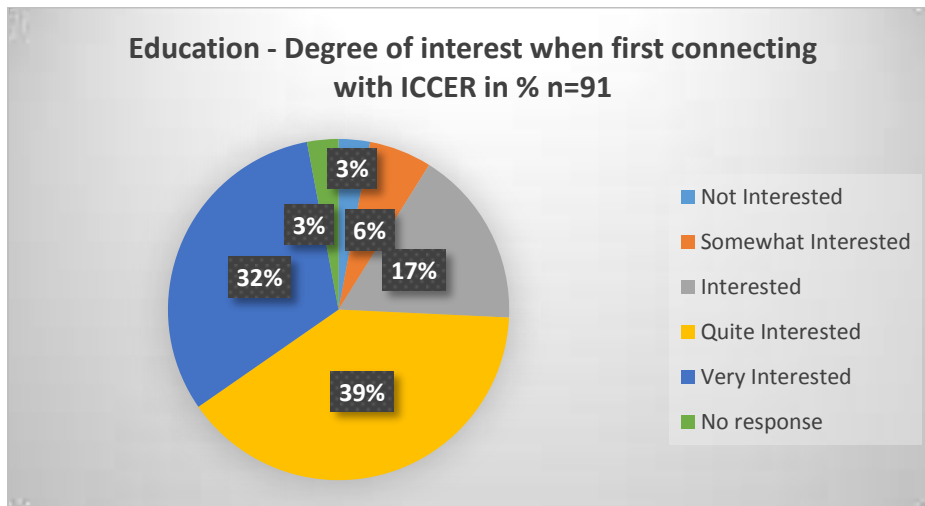
(Interview participant)

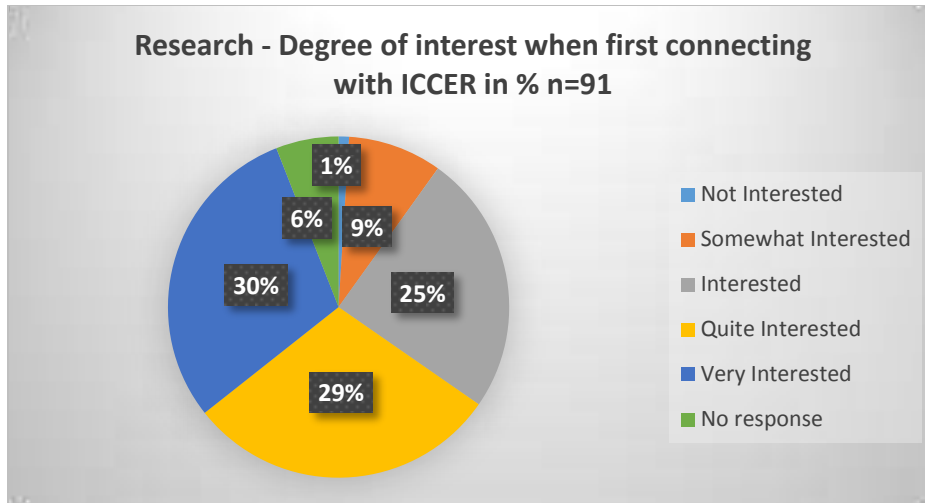
Respondents also spoke about ICCER’s ability to create both local and provincial “sandboxes”, a structure that allows individuals and organizations to meet and engage around specific topics and explore how to work together with others interested in moving research and quality improvement projects (QI) forward. ICCER is a neutral host and organizer that creates the opportunity for connections to be made and meets the needs of various types of stakeholders such as postsecondary institutions, researchers, and providers. The respondents described ICCER’s role as a catalyst for collaboration, linking people and organizations.

4.2.2 Why do stakeholders connect with ICCER and what are the benefits?

The most common reason external stakeholders made contact with ICCER was to access education. Close to three-quarters of respondents (71%) indicated that this was their prime entry point. The knowledge translation was of interest for 65% (quite or very) of respondents.

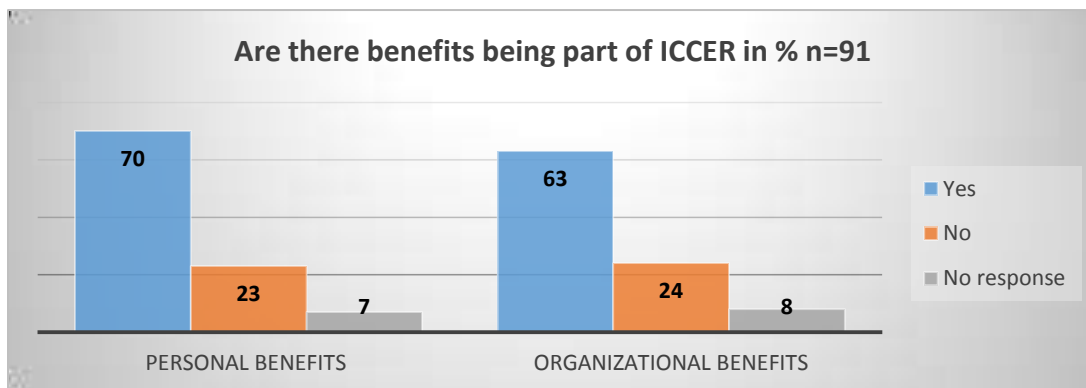
Figures 10-13: Area of interest and degree of interest when first connecting with ICCER





Of the total survey respondents, 70% indicated that they benefitted personally and 63% reported their organization benefitted from being part of the ICCER network.

Figure 14: Benefits Being Part of ICCER



When asked how much they benefitted both personally and as an organization the most frequent rating was “some benefits” (56% and 54% respectively).

When asked to provide some detail of type of benefit respondents indicated the benefits were related to learning (education, knowledge, and information) (53%) and being part of research (31%).

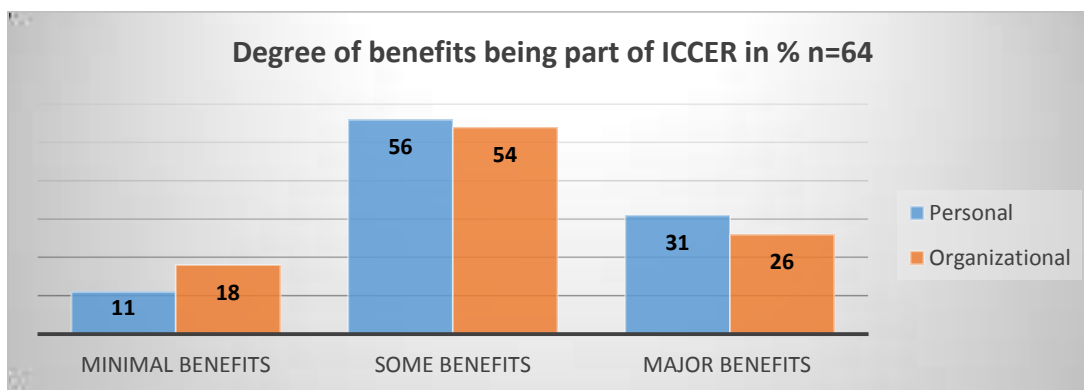
The 23% of respondents who did not personally benefit from ICCER membership stated the main reason as “not relevant to me” (19%) and “low awareness of ICCER” (14%). More than a third (34%) of the external survey respondents did not provide a specific answer.

Organizational benefits were very similar to the personal benefits. Close to half of the respondents (46%) indicated that the learning aspects (education, knowledge, and information)

were the greatest benefits and 32% identified research as the greatest benefit for the organizations.

Five percent of the respondents indicated that the organization had not benefitted, with “lack of clear focus” being the reason provided.

Figure 15: Degree of Benefits



4.3 What can ICCER do to move the continuing care agenda work forward?

The final area for exploration was related to ICCER’s role in moving the continuing care agenda forward in Alberta. Close to half of the external stakeholders (48%) did not respond. For those who provided suggestions, the two most common areas for moving forward were to “continue what they are currently doing” (14%) and to “increase the awareness and advocacy component in order to expand the reach of ICCER” (13%).

All interviewees from member organizations agreed that ICCER needs to continue to be the leader in collaboratively identifying the research needs, support the research activities, and assist in bringing the new knowledge to staff who provide front-line service delivery. But there was also recognition that there are many other initiatives in the province that may have portions of their agendas and mandates similar to ICCER. It was suggested that ICCER needs to clarify what unique contributions it brings to the continuing care field and how ICCER is positioned to work jointly with other initiatives and at the same time fill gaps that exist.

How to accomplish this is not as certain for most respondents, however, it means building on the model that already exists. Recognizing that the model is the right one, and strengthening the collaborative structure of ICCER to broaden its footprints across Alberta to ensure that ICCER’s network is not an organization as much as a collaboration with a range of partners that all have a stake in continuing care service delivery. Some specific areas identified were:

- Broadening the membership. Some of the noted suggestions were:
 - Post-secondary institutions from southern Alberta

- Professional organizations such as the Alberta Gerontological Nurses Association, and Alberta Association of Gerontology
- Other service providers such as Covenant Health's Network of Excellence in Seniors Health & Wellness
- Consider process for individual membership, such as researchers and gerontologists.

There were also questions raised regarding how to best collaborate and work with Alberta Health Services. Some suggested that there are multiple points of entry to the work AHS is doing within continuing care, and that the best approach is to work collaboratively with AHS but not encourage (request) membership.

- Practical application of ownership by representatives from member organizations, such as actively taking on ICCER roles and responsibilities that align with their own organization's area of focus. This may mean leading community sessions in their geographical area, recognizing ICCER membership when they do presentations, etc.
- Start to systematically capture the impact ICCER has at the front-line. Once the research and KT activities have been implemented, follow-ups should be conducted to capture the impact at front-line staff level. There was also the suggestion that a social network analysis be completed to fully understand the impact of the ICCER collaborative.
- Develop a stronger/ more visible profile in the target community. Take ownership for the various activities. Each member should ensure that they share with their stakeholders how the membership in ICCER contributes to the overall contribution as an organization.

5.0 Summary

The ICCER collaborative network has established a strong foundation upon which to build into the future. The seminal work done in the early years has led to sound practices and a clear vision. The active community consultation work is viewed as effective in reaching those in the continuing care sector.

ICCER has stayed true to its original vision of best care and quality of life for those serviced by the continuing care sector by:

- Working in collaboration with continuing care providers.
- Defining research needs based on the needs identified by continuing care stakeholders.
- Sharing the learnings (KT) with all its continuing care stakeholders.

All member organizations saw great value in being a member of ICCER. Through their membership, they have had an opportunity to become a stronger learning organization. The ICCER membership aligns with their own organizations' business plans and mandates.

It is a unique collaboration that brings together a variety of organizations and businesses all with a focus on ensuring that continuing care best practices are available and evident in service delivery. However, there is also concern that some key organizations are not members as of yet.

ICCER has created both local and provincial "sandboxes", structures that allow individuals and organizations to meet and engage around specific topics and explore how to work together in moving specific research and quality improvement projects forward. ICCER is a neutral host and organizer that creates the opportunity for connections to be made and meets the needs of various types of stakeholders such as post-secondary institutions, researchers, and providers.

ICCER has a rather low visibility among continuing care stakeholders. The benefits and value of ICCER membership is not well known in the continuing care sector, outside of the immediate members. These benefits need to be highlighted and actively shared and ICCER's successes tracked in a systematic way to provide evidence of value to potential future members and funders.

Since its inception, most of the day-to-day leadership has been provided by staff. To become more sustainable and to truly reflect the underpinning of the collaborative, member organizations would like to see more practical application of ownership by its own members.

ICCER has had limited impact so far on continuing care policy development. However, there are great opportunities for ICCER to provide the linkage (two-way-street) between ensuring that policy and accountability frameworks for continuing care are supported by sound and reliable research, while also acting as the agent to encourage research that informs and influences policy.

6.0 Areas to Consider

Sustainability

For ICCER to grow and to become more recognized and sustainable, the number and type of memberships needs to be expanded. This would also allow for a greater base of membership when negotiating for provincial operating funds.

Ownership and Leadership

Member organizations must become owners of ICCER. This should reflect a two-way approach: The contribution the organization can make to ICCER but also how ICCER can support and assist the member organization.

The internal resources, benefits and knowledge that can be shared among the members and assist the member organizations in growing and sharing as a collaborative.

ICCER should consider shifting its leadership foci – from staff to owners. What is reasonable and possible considering all other demands?

Value and Benefits

ICCER needs to systematically begin capturing the value and worth of all activities it is involved in. This will generate greater visibility as well as evidence of benefits and value of ICCER.

There are many organizations that cannot or currently do not see the value in becoming full members. ICCER may benefit from considering providing limited services or supports to these organizations (besides attending KT sessions).

Appendix A: Area of Inquiry

Areas of Inquiry

The areas of inquiry document are used to focus an evaluation. The two overarching questions guide the development of sub-questions, these are aimed at further exploring the over-arching questions and look at potential indicators. The actual instruments that will be used to collect the data will be the result of further refinement of each evaluation questions.

Overarching Questions 1: What has ICCER accomplished over the past eight years?			
Evaluation Questions	Indicators	Sources	Methods
What are the major ICCER accomplished over the past 8 years?	<ul style="list-style-type: none"> • Documented major milestones • Research grant supports provided • Key stakeholders/stakeholders assessment 	Documentation Key stakeholders Stakeholders	Secondary data review Key stakeholder interviews Stakeholder survey
To what degree do the activities link to the strategic goals?	<ul style="list-style-type: none"> • Major activities linked to 5 strategic direction 	Documentation	Secondary data review
Does ICCER reach its target audience?	<ul style="list-style-type: none"> • Type of target audience by activity. 	Documentation	Secondary data review
To what degree has ICCER met its vision, mission and strategic direction?	<ul style="list-style-type: none"> • Stakeholders' assessment (agreement) of V,M, and SD. 	Stakeholders Key stakeholders	Stakeholder survey Key stakeholder interviews
What have been the major challenges for success?	<ul style="list-style-type: none"> • Key stakeholders' assessment 	Key stakeholders	Key stakeholder interviews
What have been the most significant agents for success?	<ul style="list-style-type: none"> • Key stakeholders' assessment 	Key stakeholders	Key stakeholder interviews

Overarching Questions 2: What, if any, are the benefits of ICCER’s accomplishments to its members and target audiences?			
Evaluation Questions	Indicators	Sources	Methods
What, if any, are the benefits of being a member of ICCER?	<ul style="list-style-type: none"> • Member identification of benefits 	Key stakeholders	Key stakeholder interview
What, if any, are the benefits to the CC stakeholders?	<ul style="list-style-type: none"> • Stakeholders’ identification of benefits 	Stakeholders	Stakeholder survey
What aspect of the accomplishments has been the most significant/of greatest benefit?	<ul style="list-style-type: none"> • Key stakeholders and stakeholders identification of benefits 	Key stakeholders Stakeholders	Stakeholder survey Key stakeholder interviews
What professions/staff roles benefit from ICCER activities?	<ul style="list-style-type: none"> • Key stakeholders and stakeholders identification of roles/professions 	Key stakeholders Stakeholders	Stakeholder survey Key stakeholder interviews

Key stakeholders: Representatives from current member organizations

Stakeholders: Broader group of target audiences including CC organizations, researchers, funders, Alberta Health, educational institutions, etc. The stakeholders will be identified and access through ICCER’s contact data base.

Appendix B: Tools

Phone Interview Questions

Representatives from member organization

Introduction: Thank you for agreeing to participate in this phone interview. Did the email provide you with sufficient information about the work we are doing or do you have any questions before we start?

Profile:

1. Type of organization, length of membership (original or new)

Alignment and benefit

2. Why did your organization decide to become a member of ICCER? (needs, relevance,)
3. What is the alignment between what your organization is trying to do and ICCER's direction (vision and mission, strategy,)
4. What has been the most beneficial part of being a member? Why?
5. What impact does ICCER membership have on your own organization? (Supports, barriers, reach)
6. What professions or staff position benefit the most from ICCER work?

Accomplishments

7. How would you define success for ICCER?
8. From your perspective – what has been the major accomplishments of ICCER over the past 7 years? (most significant, change over time)
9. How well does the strategic direction of ICCER support your organization's strategic direction?
10. If you had to rate (on a scale from 1-5 where 1 is not at all and 5 is completely) to what degree ICCER has moved towards its stated Vision and Mission how would you rate it?

Supportive and challenging structures:

10. As a member organization, what has been ICCER's major challenges to reach its goals since inception?
11. What has been the significant agent for success? (how did that play out, control over agent)
12. Any additional comments or thoughts?

ICCER Stakeholder Survey

Introduction: You received this surveys since you have had contact with ICEER over the last few years. The survey is anonymous and confidential and takes approximately 8-10 minutes to complete. The purpose of the survey is to understand how ICCER contributes to the continuing care system. The survey consists of both closed and open questions. By completing the survey you provide implied consent. If you have any questions or need further information about the survey you can contact Birgitta Larsson at birgitta@bimlarsson.ca. If you require further information regarding the ICCER Network please contact Emily Dymchuk at emily@iccer.ca.

Preliminary questions

1. Where do you live (Province scroll down)
2. What is your setting: Cosmopolitan (Large city), other urban, rural (single option)

Are you aware of ICCER – yes no (stop)

About you

3. When you first connected with ICCER what were you interested in? (Likert 1-5 1= not interested, 5= very interested)

- 3.a) Networking
- 3.b) Research
- 3.c) Education
- 3.e) Knowledge translation

4. When did you first connect with ICCER? In the last year, 2 yrs. ago, 3 yrs. ago, etc (up to 7 – single option)

5. Do you currently work in the continuing care system or related area? Yes (if yes go on to 5.a) No – go to 6

5.a) What is your role? (front line worker, administrator/management, policy/government, educator, researcher, consultant, family member - single option)

ICCER Vision, Mission, Strategies

6. Are you familiar with ICCER's ? For each yes, go on to 7a)

Vision yes, no

Mission yes, no

Strategies yes, no

7.a) on a scale from 1-5 (where 1 is not at all and 5 is completely) to what degree has ICCER accomplished its (single option)

Vision

Mission

Strategies

Benefits

8. Are there any benefits to you being part of the ICCER network? Yes (go to a and b below) no (why not - open ended)

8.a) Can you please tell us the degree of benefit ICCER has provided to you (minimal benefit, some benefit, major benefit? – single option)

8.b) How has it benefitted you? (Open ended)

9. Are there any benefits to your organization being part of the ICCER network? Yes (go to a and b below) , No (why not – open ended)

9.a) Can you please tell us the degree of the benefit ICCER has provided to your organization (minimal benefit, some benefit, major benefit? – single option)

9.b) What type of benefits has your organization experienced (open ended)

10. In a few words – what has been ICCER's greatest accomplishment – (open).

**Appendix C:
ICCER Vision, Mission and Strategic Directions**

Vision

ICCER will be a network of providers, researchers, educators, and learners collaborating to inform the best care and quality of life for those served by the continuing care system.

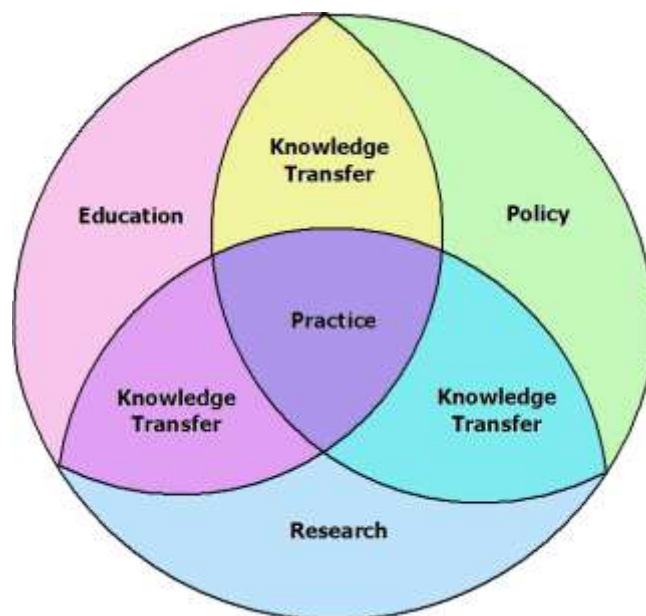
Mission

ICCER will improve continuing care in Alberta by encouraging research, translating knowledge into better practice, enhancing education, and informing policy.

Strategic Directions

The strategic directions focus on our five strategic areas:

- **Policy** – Position ICCER to inform policy
- **Research** – Stimulate research and its application in continuing care
- **Education** – Foster innovation in education and training of care providers
- **Practice** – Improve practice and quality of care based on evidence, and inform the continuing care research agenda based on identified needs
- **Knowledge Transfer/translation** – Create opportunities to translate research findings into practice



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