



Implementing FAIT

Framework to Assess the Impact of Translational health-research

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NHMRC CENTRE OF RESEARCH EXCELLENCE

Stroke Rehabilitation and Brain Recovery

Background: The Framework to Assess the Impact of Translational health-research (FAIT) is a framework designed to collect and report evidence of research translation and research impact.¹ FAIT is based on prospective data collection and is being implemented for the first time in an NHMRC Centre of Research Excellence (CRE) in Stroke Rehabilitation

Objective: Report on the implementation of FAIT as part of the CRE in Stroke Rehabilitation and Brain Recovery.

Method: A narrative outline of FAIT's prospective implementation process. FAIT was customised to reflect the CRE's research aims and activities, as well as the anticipated outcomes and translational impacts.

and Brain Recovery. The CRE spans basic, clinical and public health research.

The primary author is not an investigator with the CRE.

Lessons from the prospective implementation of FAIT

The CRE application was used to construct a draft 'program logic map'. Each workstream in the CRE was described from an impact measurement perspective. This early work contributed to scoping process, outcome and impact metrics for consideration by CRE researchers.

A program logic map provides the conceptual linkages between research aims, research activities, the products of those activities, who might be interested in those research products (end-users) and the nature of CRE APPLICATION The basis for determining metrics over 7 years ENGAGEMENT A critical step to explain and integrate CRE researchers into the impact measurement process. PROGRAM LOGIC MAP The map was based on the initial draft (above) and was used to illustrate the linkage between community need for the research (demand), to the research activities (supply), to the anticipated research outcomes

(products), to end-users & finally through to the expected impact Engagement with CRE researchers was an important component of implementation. Engagement involved explaining why the impact framework was being used. This explanation also included: how FAIT could (i) assist researchers to manage the CRE and (ii) provide evidence of research impact. Engagement was facilitated by face-toface, video conference and email discussions.

CRE researchers made the final

anticipated impacts. The map was finalised with the input of CRE researchers.

Process metrics reflect the research activities planned for the CRE over its fixed 5 year funding. Outcome metrics refer to the products that result from research activities. End-users are the people or groups who may be interested in using the research products. FAIT includes metrics to represent the identification & engagement of endusers. Impact metrics are based on the anticipated consequences of using the research products. DETERMINE METRICS FAIT supports customised metrics for processes & outcomes, as well for identifying relevant end-users. Metrics for impact are more generic & have been grouped under broad domains of anticipated benefit.

> TYPE OF METRICS Metrics for processes, outcomes, end-users and impact.

PROCESS OUTCOME METRICS **METRICS** reflect the research are the research activities to be 'products' that are a undertaken by the consequence of the **CRE.** These metrics research activities. are based on These include evidence that CRE traditional academic processes are being outcomes (papers, actioned They are

END-USERS include patient groups, policy makers, clinical groups & commercial entities. FAIT encourages identification and engagement with

IMPACT METRICS reflect the anticipated effect of using research products. FAIT uses generic domains of benefit as per the Payback approach.² selection of metrics - important for encouraging ownership of the final measures. Data for the metrics will be collected prospectively. This type of data collection framework distinguishes FAIT from many other impact measurement frameworks. It also supports continual assessment of the CRE's performance.

Process, outcome and end-user metrics were largely customised for the CRE. FAIT uses a hybrid of Buxton & Hanney's Payback approach² set within a performance measurement framework. FAIT will report benefit across a range of domains relevant to academics and the wider community.

actioned. mey are	grants etc.) as well		Within each domain.	
also a management	increased capacity	important factor to	metrics represent	
tool to support	(e.g. PhDs), &	help facilitate	the potential	
continuous quality	clinical products	research translation	consequences from	
improvement.	(e.g. clinical	& consequently,	the funded research	
	guidelines).	generate research	nrogram	
		impact.	program.	

Results & discussion: Prospective implementation of FAIT in the CRE for Stroke Rehabilitation is in progress (as at October 2015). Engagement with CRE researchers during FAIT's implementation was important to ensure FAIT's relevance to the research program and acceptance by CRE researchers. Prospective end-user engagement provided an opportunity to plan for the CRE's research products to be used by others. Researchers identified their potential end-users and these included patient and clinical bodies, as well as commercial entities. Impact metrics capture traditional

(continued) academic achievement (e.g. peer-reviewed papers, grants, collaborations etc.) and other flow-on impacts. These impacts include improved rehabilitation programs for stroke patients, better health and health-research policies in the field of stroke rehabilitation and a potential reduction in downstream costs for post-stroke patient care.

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1 Searles A, Doran C, Attia J, et al. An Approach to Defining and Measuring Research Translation and Research Impact. Under Editorial Review J Health Research Policy and Systems 2015.

2 Buxton M, Hanney S. How can payback from health services research be assessed? J Health Services & Research Policy 1996; 1(1): 35-43.