Dr. Karen Benzies

Dr. Benzies is a Professor, Faculty of Nursing and Director, Social Innovation, University of Calgary. She designs, evaluates, and mobilizes effective interventions to improve parental health and child development, and increase health system sustainability.

In your perspective what do you think the future holds for the nursing profession in Alberta and for student nurses?

First, let me clarify that nurses have many levels of qualification to practice in Alberta. When young people ask me about a potential career in nursing, I tell them about the incredibly diverse opportunities for Registered Nurses (RNs). Many are surprised that these opportunities extend beyond the bedside in a hospital, and include informatics, program development, research, quality improvement, and patient and family engagement.

Although stressors such as COVID have challenged healthcare providers in all disciplines, nurses may be particularly sensitive to these stressors because they must balance constant change with their desire to provide responsive patient and family centered care.

How can frontline nurses best support health innovation in Alberta?

RNs who embrace the idea that AHS is a Learning Health System will be more comfortable with a culture of innovation. However, this culture needs to include advocacy and support for RNs with ideas about how improve care. For example, the AHS Research Challenge connects healthcare providers from across disciplines to university researchers to examine innovative processes to improve quality of care and outcomes for many patient populations.

Nurses who want to deepen their understanding of innovation can take a UCalgary certificate in Healthcare Innovation and Design, which exposes nursing graduate students from across Canada to innovation processes aligned with the AHS Innovation Pipeline.

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What has your experience been like as a co-lead for a successful PRIHS grant (Alberta Family Integrated Care [FICare])?

The PRIHS grant for Alberta FICare was awarded in 2015, at a time when SCN structure and processes were being developed and refined, and the MNCY SCN was just being formalized.

As a co-lead on this grant, I was focused on traditional operationalization of a clinical trial at the same time as iterating the intervention based on feedback from parents of critically ill babies in the neonatal intensive care unit (NICU) and healthcare providers.

The Alberta FICare team had limited interaction with the MNCY SCN until we demonstrated a reduction in NICU length of stay (LOS) and were invited to apply for a Health Innovation Implementation and Spread (HIIS) grant. It was then, I came to understand the power of the SCNs to support innovation to improve outcomes for Albertans. With this partnership, we scaled and spread Alberta FICare to all 14 NICUs during COVID and alongside the roll out of Connect Care with continued demonstration of reduction in NICU LOS and significantly fewer emergency department visits and readmissions.

With continued positive results in the 'real world' and AHS operational funding, we transitioned Alberta FICare from the University of Calgary research to the MNCY SCN for oversight of two positions to sustain it.

While PRIHS provided funding to evaluate Alberta FICare, it was the structures and processes of the AHS Innovation Pipeline and ability for UCalgary researchers to work in partnership with the SCN that contributed to the provincial success and sustainability of Alberta FICare. They say it takes between 17 and 21 years for positive results from a clinical trial to be adopted into practice; for Alberta FICare, we cut that timeline to 7 years.

Social innovation, much like broader innovation in healthcare, involves influencing organizations and policies beyond the reach of what is solely within their control. How do you see the SCNs and others (e.g., researchers, universities, community partners) influencing/innovating in this 'grey' space?

UCalgary and the research-intensive universities in Alberta have embraced the idea of social innovation. As Director of the Social Innovation Initiative (Office of the Vice President, Research at UCalgary and also a scientist working across all faculties and disciplines, we knew there was confusion about what social innovation meant for post-secondary educational institutions in Canada. Our first step was to define social innovation. From our new definition (manuscript in progress), we understand social innovation as an inclusive term that includes community/citizen engagement, social enterprise, and partnerships to co-create solutions that are more effective, efficient, and sustainable.

Having worked with health and social services agencies in Alberta for over 20 years, I know that well-intentioned researchers, including me, often do not fully understand the depth of a research challenge or feasible solution. Rather than traditional approaches to community engagement where the researcher reaches out to community for a letter of support and request to access data, social innovation at UCalgary 'reverse engineered' this process where the community, including initiatives within AHS, present their challenges that need solutions.

The Social Innovation Initiative is the 'missing middle' between enthusiastic universities who value social innovation and community agencies with deep knowledge of health and social challenges. Returning to our example of Alberta FICare, to me, it seems SCNs are the 'missing middle' to launching and supporting health innovation ideas along the AHS Innovation Pipeline to improve patient and health care provider experiences, population outcomes, and manage costs. The success of Alberta FICare was underpinned by our sustained research partnership and the MNCY SCN commitment to a learning health system.

How do you think the SCNs are influencing competition for research funding?

There are many reasons and ways to conduct research. Researchers who want their research to matter over time should consider sustainability of effective interventions as they are designing their research (Alberta Strategy for Patient-Oriented Research SUPPORT Unit (AbSPORU) presentation; manuscript in progress). Consideration of sustainability includes alignment of proposed research with funder strategic priorities (e.g., Canadian Institutes of Health Research (CIHR); Alberta Innovates (AI); foundations), enduring partnerships, iterative user-centred co-design, embedded governance, and other structure and process inflection points.

Aligned with the 'reverse engineered' approach to social innovation that we are taking at UCalgary, to me, innovation partnerships between the SCNs and university researchers will make research matter over the long term because SCNs are keenly aware of and support specific areas that require research to test innovations in the Alberta context. Furthermore, researchers are protected from competing clinical priorities (e.g., Connect Care rollout, COVID shut downs), have unique methodological expertise, and access to students who want experiential learning.

In summary, for research with clinical relevance, yes, SCNs are influencing competition for research funding, but in a positive way to improve patient and healthcare provider experiences, population outcomes, and health system sustainability.