KTA Processes in SHRTN Collaborative Communities of Practice

- James Conklin, Bruyère Research Institute & Concordia University
- Anita Kothari, University of Western Ontario
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Agenda

- Study Background

- Design and Dementia CoP
  - Questions?

- Cross-Case Analysis
  - Questions?

knowledge to action

The "Knowledge-to-Action Processes in SHRTN Collaborative Communities of Practice" research program is supported by the Canadian Institutes of Health Research.

Knowledge-to-Action Processes in SHRTN Collaborative Communities of Practice

- Three year, multiple case study design

- Aims to increase our understanding of KTA processes mobilized through communities of practice (CoPs) working to improve the health of Ontario seniors

- CoPs are situated within the SHKN Collaborative, a network of networks in Ontario's seniors health sector

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Some Background on the Research Process

- The researcher observed CoP planning meetings

- Interviews were completed with the KB, CoP Leaders, non-frontline and frontline participants

- The KTE activity was observed

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Design & Dementia CoP:
1ˢᵗ Year Case Study Results

Dr. Paul Stolee, University of Waterloo

Jacobi Elliott, PhD (c), University of Waterloo

Introduction to the CoP

- Design and Dementia CoP is an AKE CoP

- Goal is to synthesize knowledge and in turn translate it into practical tools to inform program and policy within the areas of environmental design and dementia

- Primary outputs include toolkits that are practical and enable environmental change to improve quality of life for those living with dementia in LTC

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Analyzing the Data

- 9 Planning meetings were observed
- 13 interviews were conducted
- "Fireside Chat"

  – 2 researchers analyzed the information, searching for themes

    - E.g. knowledge, leadership, teamwork, core team, stakeholders
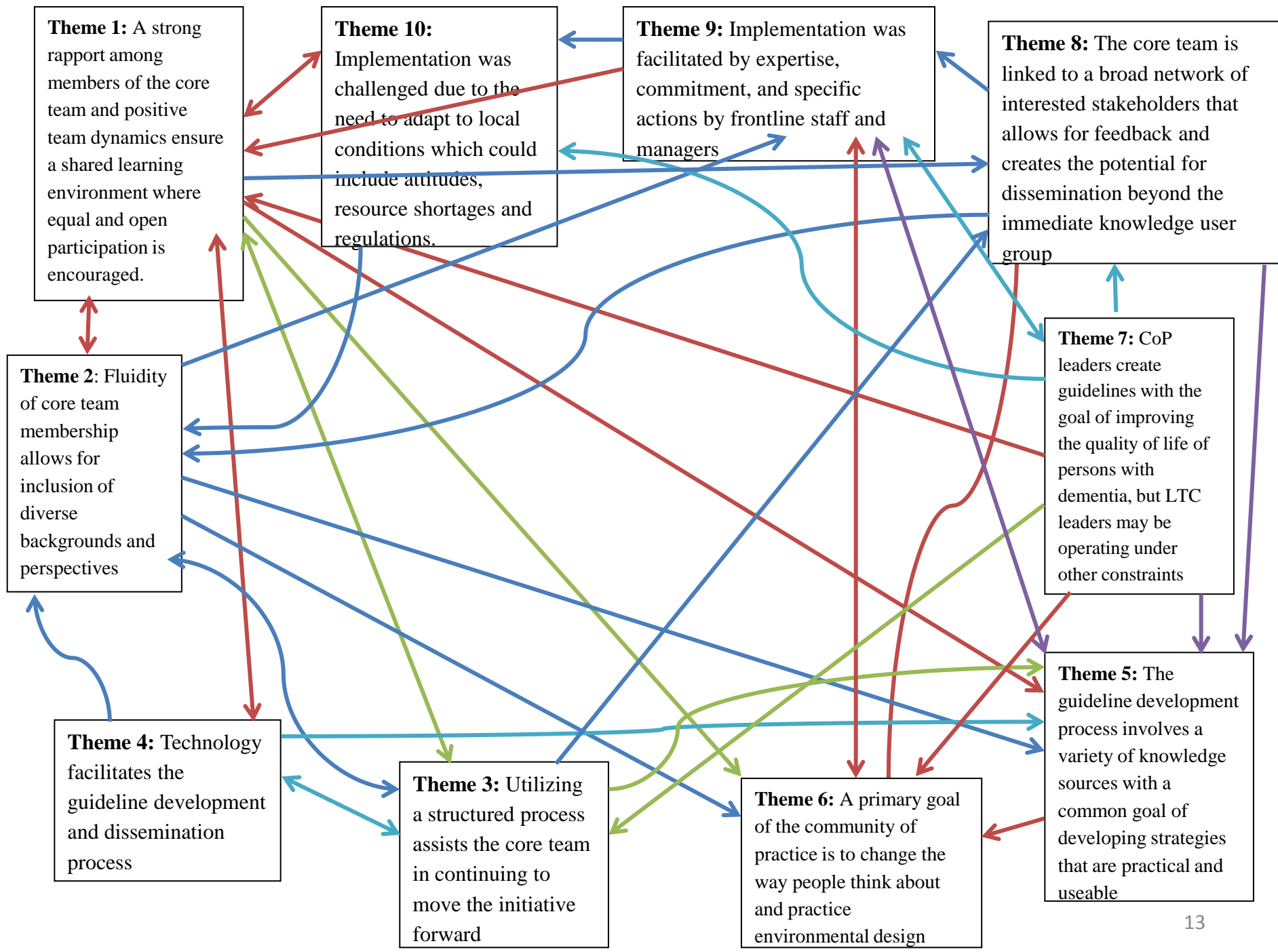
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Following the data analysis…

- All the data had been analyzed, and themes had been determined
  - **Theme examples:**
    - *strong rapport among team members*
    - *utilizing structured process*
    - *change the way people think*
    - *core team is linked with broad network*

- Created an interaction map

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Theme 1: A strong rapport among members of the core team and positive team dynamics ensure a shared learning environment where equal and open participation is encouraged.

Theme 10: Implementation was challenged due to the need to adapt to local conditions which could include attitudes, resource shortages and regulations.

Theme 9: Implementation was facilitated by expertise, commitment, and specific actions by frontline staff and managers

Theme 8: The core team is linked to a broad network of interested stakeholders that allows for feedback and creates the potential for dissemination beyond the immediate knowledge user group

Theme 7: CoP leaders create guidelines with the goal of improving the quality of life of persons with dementia, but LTC leaders may be operating under other constraints

Theme 2: Fluidity of core team membership allows for inclusion of diverse backgrounds and perspectives

Theme 4: Technology facilitates the guideline development and dissemination process

Theme 3: Utilizing a structured process assists the core team in continuing to move the initiative forward

Theme 6: A primary goal of the community of practice is to change the way people think about and practice environmental design

Theme 5: The guideline development process involves a variety of knowledge sources with a common goal of developing strategies that are practical and useable

13

The CoP

- The D&D CoP exhibited positive team dynamics and a supportive shared learning environment
  - Equal and open participation of members was encouraged

- D&D CoP primary goal was to create best practice guidelines for design in LTC use through the use of multiple knowledge sources.
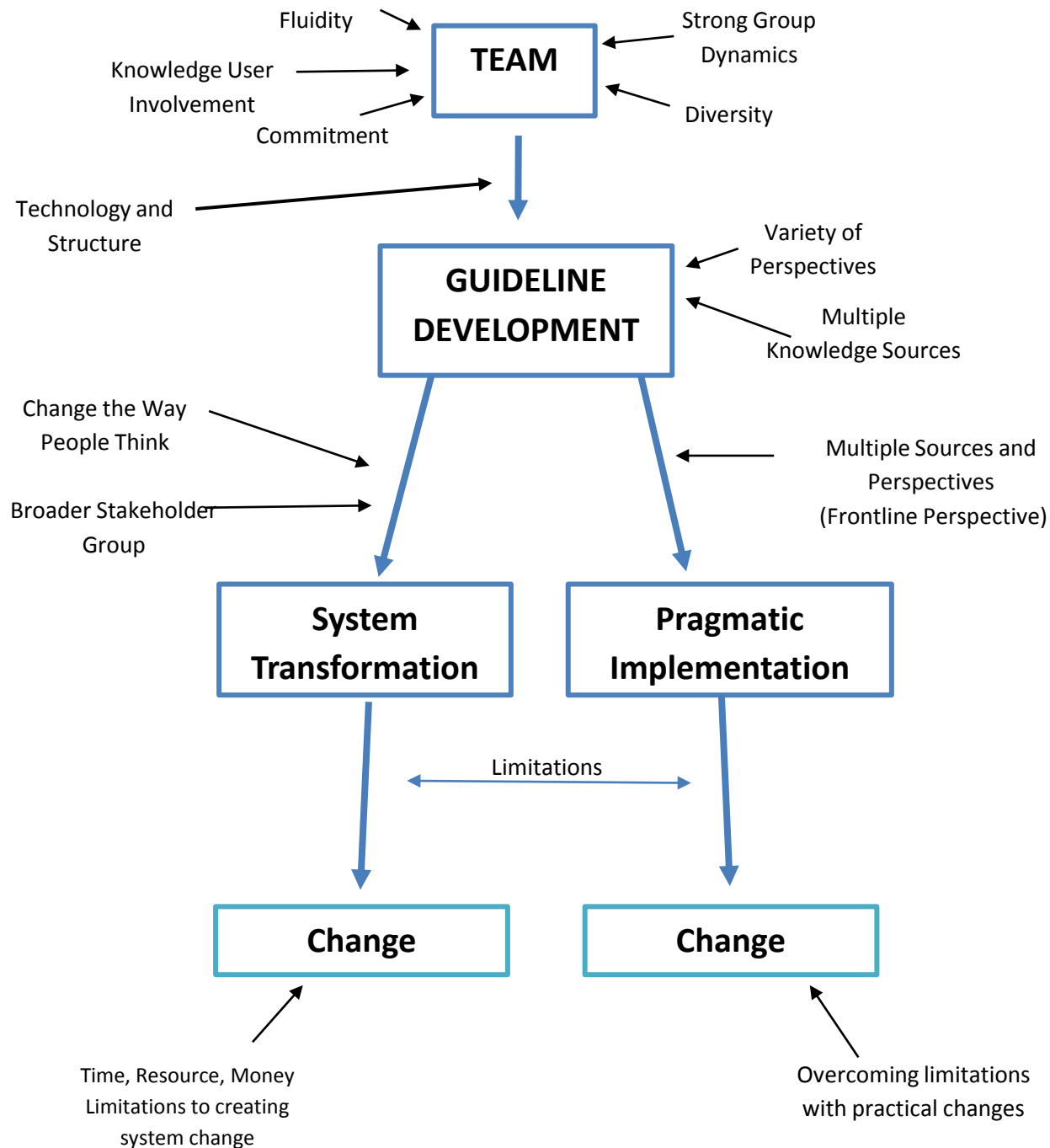 - Common goal of developing strategies that were practical and usable

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The CoP

- D&D CoP had the goal of changing the way people think about and practice environmental design
  - Recognized that in order to achieve optimal environmental design, they needed to change the way people think (e.g., bring the importance of good environmental design in LTC to the forefront of people's minds, before the shovel even hits the dirt)

Did this match your experience in the CoP?

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The Knowledge to Action Process in the D&D CoP

- From the data:
  - Collaborative Meetings and Webinar for disseminations

  - Creating the Webinar

  - Facilitation from the Frontline CoP Members
    - *What hindered getting knowledge into practice?*

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Fluidity → **TEAM** ← **Strong Group Dynamics**

Knowledge User Involvement → **TEAM**

Commitment → **TEAM** ← **Diversity**

Technology and Structure →

GUIDELINE DEVELOPMENT ← **Variety of Perspectives**

← **Multiple Knowledge Sources**

Change the Way People Think →

Broader Stakeholder Group →

← **Multiple Sources and Perspectives (Frontline Perspective)**

System Transformation

Pragmatic Implementation

← **Limitations** →

Change

Change

Time, Resource, Money Limitations to creating system change →

Overcoming limitations with practical changes →

D&D Lessons Learned?

- Transforming a human system includes transforming how people think and act. This can only happen by involving people.

- Although the team had a broad range of connections, they had trouble reaching people at higher levels (e.g. LTC management)

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Successful Team Dynamics

- Variety of perspectives

- Forms of Leadership in the Wayfinding Imitative
    - Initiator-contributor
    - Coordinator
    - Encourager
    - Information Givers

Did this match your experience of D&D CoP?

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Questions & Comments

?

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KTA Processes in SHRTN Collaborative Communities of Practice:
Findings from the first cross-case analysis

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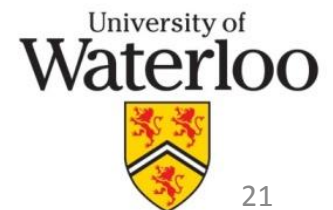
We will review…

- The cross-case methods

- Comparison of the case narratives

- Common themes across the cases

- Answers to our research questions

The cross-case methods

Cross-case analysis

- Based on the work of Robert Stake

- Careful comparison of the case narratives and themes

- Taking into consideration contextual differences

The case narratives

The three cases

- **Wayfinding** (which you have just heard about)

- **Behavioural Support Systems (BSS):** bring about change in care for people with dementia who exhibit responsive behaviours, by mobilizing interest and commitment among leaders throughout Ontario, using "local conversations"

- **Oral Health:** disseminate evidence-based and clinically relevant oral health information to care providers of frail older adults through webinars (that remain available for download)

Accomplishments and Constraints

- Wayfinding: Frontline practice change
  - Achieved its immediate goals, but was unable to bring about policy change

- BSS: System transformation
  - Achieved its immediate goals, which included the development of a new policy framework, but grassroots change was delayed

- Oral Health: Infrastructure and support
  - Achieved its immediate goals, but encountered the need to transform the culture of LTC

CoPs support a variety of KTA approaches

- The case studies illustrate the versatility of CoPs as KTA mechanisms

- The three CoPs used different strategies to identify innovations, translate evidence and help implement changes to improve care for seniors

- The CoPs emphasized the creation and implementation of processes (in addition to knowledge products) that bring people together in temporary social environments

The themes

These CoPs and their initiatives are operating within and are trying to change a complex system

- Recognized need for system-level change

- The difficulty of changing attitudes and cultures in LTC and in the broader health system

- Experimenting with a capacity-building approach to systems change.

- Considering how to leverage a network of stakeholders to bring about change and improvement

Tailoring the initiative to align with local needs

- The necessity of tailoring KTA processes and products to align with local needs and constraints.

- Developing a process to empower participants with the motivations and skills to change their frontline practices.

- Multi-faceted knowledge development process to tailor knowledge products and KTA events to the reality of LTC.

The CoP as a catalyst for action and change

- CoPs as contexts which can generate and support action directed toward change and improvement.

- Creation of a province-wide network of empowered participants.

- CoP as a social structure that allows members to focus on shared goals and get things done.

- Core leadership group forge a strong rapport and positive team dynamics that allow for the creation of an open and collaborative learning environment.

The research questions

The research questions

1. Knowledge-to-action processes:

   a) What KTA processes are initiated through the CoPs?

   b) How well do the three dimensions (evidence, context, and facilitation) proposed in the Promoting Action on Research Implementation in Health Services (PARIHS) framework describe the emergent patterns of knowledge flow?

   c) To what extent does KTA involve an interaction between explicit knowledge and tacit knowledge?

2. The role of human agents:

   a) What roles are evident among those who participate in these processes?

   b) How does the active involvement of knowledge users in the KTA process influence knowledge utilization?

   c) What factors support or hinder effective involvement in KTA processes?

Research questions

WHAT KTA PROCESSES ARE INITIATED THROUGH THE COPS?

KTA Processes: Wayfinding Case

- Develop guidelines for the design of LTC homes that would assist PWDs with wayfinding

- The CoP created space for collaboration, and made connections to a broader external network

- The need to reach LTC senior managers, opinion leaders, and frontline workers presented challenges

KTA Processes: BSS Case

- Little emphasis on a concrete deliverable (such as a guideline or curriculum or a learning event)

- Brought together large numbers of people in a series of facilitated conversations to share perspectives, set priorities, and consider solutions

- Policy impact brought unintended outcomes: delays at the grassroots level

KTA Processes: Oral Health Care

- Developed, delivered, and then archived seven brief webinars on various aspects of oral health care

- The CoP allowed for collective learning and problem solving

- The culture of LTC and the broader health system presented barriers

Research questions

TO WHAT EXTENT DOES KTA INVOLVE AN INTERACTION BETWEEN EXPLICIT KNOWLEDGE AND TACIT KNOWLEDGE?

KTA draws on tacit and research knowledge

- All initiatives used research evidence and evidence derived from clinical experience

- Only Case 1 attempted to access patient experience
  - Through a QI science Voice of the Consumer exercise, in which caregivers offered impressions of patient views.

Research questions

What roles are evident among those who participate in these processes?

The role of human agents

- **Leadership**:
  - In all of the first-year cases, leadership was seen as a shared process.
  - A small group (or one person) might be responsible for overall coordination, but the substantive work was open to a larger group.
  - Decisions were made after discussion involving numerous participants.

The role of human agents (cont.)

- **Innovators**: These CoPs were attempting to find and disseminate innovative solutions to challenging problems.

- **Champions**: Early adopters; thought leaders; people of integrity; well-connected in the worlds of policy and practice. Where champions are lacking, implementation struggles.

- **Coordinators**: Bringing organization and continuity.

- **Synthesizers** (of knowledge and perspectives): Important when perspectives of numerous stakeholders inform a discussion, or when a variety of knowledge sources are being synthesized.

How does the active involvement of knowledge users in the KTA process influence knowledge utilization?

Active involvement?

- Knowledge users were engaged in all of these case studies, though in different ways and to different degrees.

- BSS: included knowledge users from across the province, and empowered them to discuss the current situation and local improvements. KUs were essential, vital, integral.

- OH: knowledge users were on the core team, and were the target audience. KUs allowed tailoring the initiative to the needs of LTC homes.

- Wayfinding included KUs on the core team, along with people with expertise in policy development and implementation and architecture. KUs helped to assure quality and relevance of the guidelines.

Research questions

What factors support or hinder effective involvement in KTA processes?

Factors supporting involvement

- All cases: Networking and access to networks of experts and participants supported effective involvement.

- OH and D&D: members of the core leadership group were seen to be passionate about the work of the CoP.

- OH and D&D: characterized by a sense of fluidity and adaptability.

- MH and D&D: a spirit of collaboration.

- BSS: introduction and promotion of a new vocabulary or language for discussing PWDs and responsive behaviours.

Factors hindering involvement

- BSS & OH: a sense of discouragement or disempowerment

- BSS & OH: heavy workload of frontline staff

- BSS: barriers related to training and education

- D&D: difficulty reaching people at higher levels (changing the thinking of policy makers, changing the Long-Term Care Act)

What do you take from this?