Knowledge Transfer & Exchange in Action

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Knowledge Transfer & Exchange in Action

- Terms

- Theory

- Facilitation Strategies

- Case study – an example of KTE in action

Terms – work in pairs to:

- Write down as many terms as you can that relate to knowledge transfer and exchange
- Consider what all these terms mean and how they differ

Terms

many definitions exist for knowledge transfer and exchange terms

- Knowledge
- Knowledge Translation
- Knowledge Transfer
- Knowledge Exchange
- Integrated Knowledge Translation
- End of Grant Knowledge Translation
- Knowledge Mobilization
- Knowledge Diffusion

Knowledge:
Information in action (Dubois and Wilkerson 2008)
Explicit (available in written form or oral history - research and data)
Tacit (information that is not written down - practice and experience)
Potential (knowledge buried in data that is collected but not yet used)

Integrated Knowledge Translation:
Approach that involves knowledge users in the research process itself. Researchers and knowledge users work together to identify questions, decide on methodology, interpret and disseminate findings (CIHR 2005)

KTE Theory

- Theoretical models or frameworks attempt to explore and explain the determinants, processes and results of KTE – Jacobson, 2007
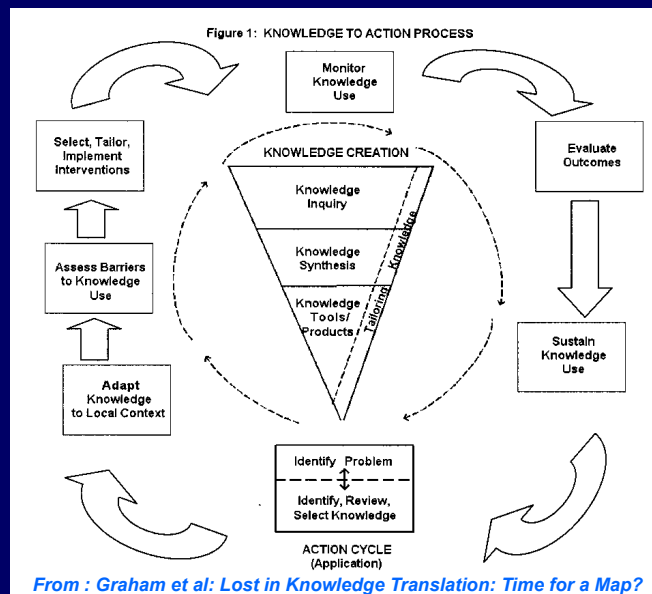
PARiHS Framework
Promoting Action on Research Implementation in Health Services

Successful KT is a result of the interplay between three key factors:

- *evidence* is clear and relevant to the local context
- the local *context* possesses the characteristics of a learning organization
- process of enabling *facilitation* is used to help practice members understand, accept, apply, and sustain new knowledge

3

Knowledge Exchange Dimensions			
Evidence	**Context**	**Facilitation**	**Results**
How is evidence viewed, and what evidence is valued, by SHRTN leaders?	*Is a supportive context/ culture evident in SHRTN's governance, and in local implementation teams?*	*What mechanisms are used for facilitating interaction and exchange within the network?*	*Awareness and perceptions of SHRTN.*
What type of evidence is being sought and used through CoPs?	*What is the context/culture of the SHRTN Community of Practice?*	*What style of facilitation is used within the CoP? Do knowledge brokers provide effective facilitation?*	*Linkage and knowledge exchange activity.* *Impact on behaviours and outcomes for seniors and caregivers.*
How is evidence shared by Co P members integrated within the practice setting?	*What is the context/culture of the practice setting?*	*What style of facilitation occurs within the practice setting?*	

*(Left axis: **Network Dimensions** — Network-wide, Network component, Implementation site)*

The Knowledge to Action Framework

*From : Graham et al: Lost in Knowledge Translation: Time for a Map?*

4

The Knowledge to Action Framework

- Conceptualizes the relationship between knowledge creation and action, with each concept comprised of ideal phases or categories (CIHR website, 2009)
- Milestones are required to bridge the knowledge to action gap
- Knowledge creation "funnel" – knowledge needs to be increasingly distilled before it is ready for application
- Action cycle – leads to the implementation or application of knowledge

Network Analysis Theory

- A guide on how individuals and groups build collaborative advantage for knowledge exchange, and ultimately practice change (Horgan 2009)
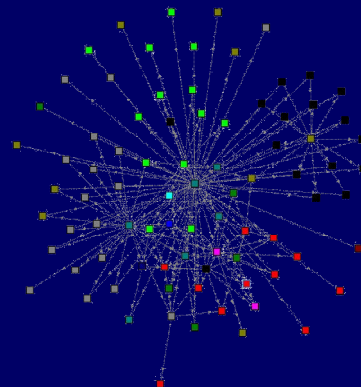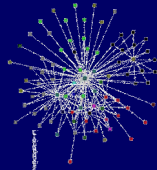
Network Analysis Theory

Connecting to the key sources of knowledge and exchange.

Being creative in how we implement best practices in the field & how we get and exchange knowledge.

Infrastructure

Infrastructure

What tangibles (human & material) need to be put in place to ensure that KTE is approached strategically (not on an intermittent / sporadic basis).
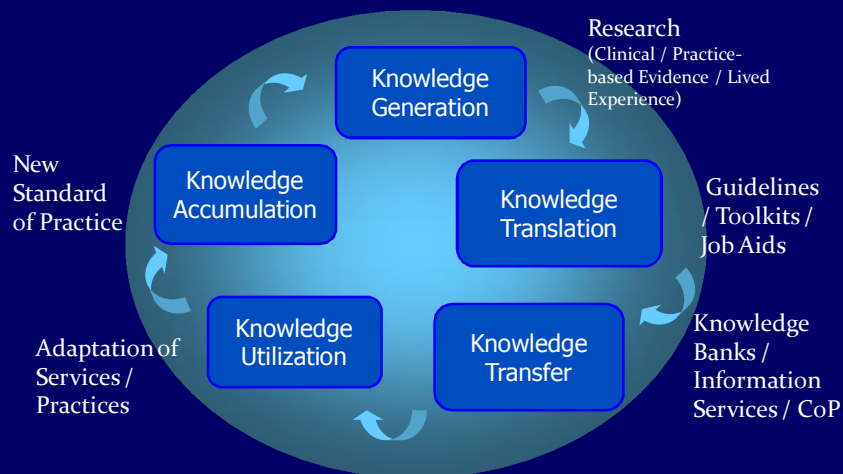
Leading the way forward together – facilitating an interactive and parallel leadership structure.

Maximizing knowledge, resources and reach through partnership and achieving critical mass.

Knowledge Transfer Cycle
a non linear approach that can be used in conjunction with the PARiHS Framework

Research
(Clinical / Practice-based Evidence / Lived Experience)

Knowledge Generation

Knowledge Accumulation

New Standard of Practice

Knowledge Translation

Guidelines / Toolkits / Job Aids

Knowledge Utilization

Adaptation of Services / Practices

Knowledge Transfer

Knowledge Banks / Information Services / CoP

6

Facilitation Strategies

- Working in small groups of 4
- Discuss and list the facilitation strategies that you have used

Facilitation Strategies

Facilitation refers to any activity which makes easy the knowledge exchange tasks of caregivers, researchers and policy-makers

- Working in groups of 4
- Discuss and list the facilitation strategies that you have used or observed – how effective where they?

Facilitators used in KTE

- Networks and networking
- Knowledge exchange platforms (in person and on-line such as Communities of Practice, interactive resource centres, user friendly websites)
- Performance Improvement
- Quality Improvement
- Knowledge brokers, boundary spanners
- Information specialists with outreach philosophy
- Free and easy access to information sources (e.g. toll free telephone)
- Train the trainer
- Relationship building – local SHRTN implementation teams
- Organizational commitment to research (St. Elizabeth Health Care)
- Policy linkages
- Senior management engagement, change champions

CHSRF Five Principles of Knowledge Exchange **(J Lomas JASP Conference Montreal Oct/06)**

- Knowledge transfer and exchange is a ***contact sport*** and ***team game***
- ***Written materials***, in whatever form, are not enough to consistently transfer knowledge
- Knowledge transfer is about ***coordinating three 'teams'***: those who create the knowledge, those who disseminate it, and those who can use it
- The best form of knowledge transfer is ***co-production*** of the research
- It is as important to ***equip decision-makers*** and ***caregivers*** with the tools to find and use research as it is to help researchers (and others) to communicate it

SHRTN Collaborative

a network of networks, including:

- SHRTN Knowledge Exchange (SHRTN)
- Alzheimer Knowledge Exchange (AKE)
- Ontario Research Coalition (ORC)

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SHRTN Collaborative Partners

SHRTN KE	AKE	ORC
SHRTN Knowledge Exchange	**Alzheimer Knowledge Exchange**	**Ontario Research Coalition**

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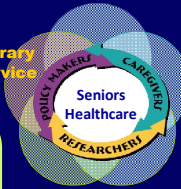AKEontario.org
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SHRTN Knowledge Exchange

Seniors Healthcare

Providing Free Access to Evidence - SHRTN Library Service

Library services delivered by five seniors' health information specialists working out of partner library sites in Ottawa, Guelph, Toronto, Hamilton and Kingston.

Over past 3 years, overall demand for our services grew by 26%

|		
Information requests	13,520/yr	**up 50%**
Outreach visits to caregivers	125/yr	**up 6%**
People reached	17,500/yr	**up 14%**
Current Awareness	150/yr	**up 113%**

Impact - Clients tell us:

>91% are highly satisfied with the service

>86% find the service highly valuable

"Used different clinical approach based on evidence from literature"

"Articles provided references to support development of practice guidelines"

"I used I information to help design patient specific care plan, review effectiveness and develop care model and philosophy"

"Service is fantastic- especially for those of us without access to a university library!!"

Future Plans
• Continue to provide free library services to paid caregivers across Ontario
• Review service to other clients groups / explore fee for service model
• Find new partner sites and funding sources to expand across Province

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SHRTN Knowledge Exchange

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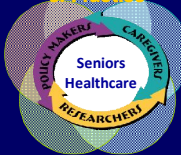
Supporting SHRTN Members in Communities of Practice (CoPs)

A CoP is a group of people who make a commitment to advance the field of practice by sharing knowledge with anyone engaged in similar work. SHRTN CoPs are:

- Comprehensive in scope: CoP #s and topics vary from year to year (from 10 – 19)
- Built a strong foundation of knowledge and relationships:
  8,000 + members up 140%
- Reached many people, in many places across Ontario: 650 meetings / knowledge transfer events > 10,000 participants
- Leveraged the skills and abilities of trained KTE experts including 6 knowledge brokers, 6 information specialists and 1 resources/events coordinator

CoP Topics for 2010-12

• Aging and Developmental Disabilities	Communicative Access and Aphasia
• Continence Care	Diabetes
• Falls Prevention *	Hospice and Palliative Care (EoL)
• Medication Safety *	Nutrition *
• Oral Health	Wound Care *
• Mental Health Addictions and Behavioural Issues – 1st SHRTN Collaborative CoP)	

* new topics this year

Future Plans
■ Continue to enhance knowledge exchange opportunities for members
■ Enhance alignment of topics with MOHLTC and LHIN priorities
■ Support provincial QI initiatives such as Residents First

Impact
- Case studies demonstrate links between SHRTN activities and the quality of care and quality of life in LTC homes and cost savings across the continuum of care.

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SHRTN Knowledge Exchange

Provincial Stewardship -
SHRTN Board of Directors

Provides strategic overview and direction and develop strategic partnerships the leverage resources to achieve mutual goals

Strategic Partnerships

- Alzheimer Knowledge Exchange and the Alzheimer Society of Ontario
- Canadian Research Network for Care in the Community
- Caregiver associations (OCSA, OAHNSS, OLTCA, OACCAC, OHCA)
- Library partners (Baycrest, Hamilton Health Science Centre, St Joseph Health Care (Guelph), Bruyère Continuing Care, Providence Care (Kingston)
- Local, Provincial and Federal governments
- National Initiative for the Care of the Elderly (NICE)
- Ontario Research Coalition and their seven research institutes
- Ontario Home Care Research and Knowledge Exchange Chair
- Ontario Interdisciplinary Council on Aging and Health
- Regional Geriatric Programs (RGPs)

Impact

- Partnerships facilitate the leveraging of resources and knowledge to inform the direction, growth and development of SHRTN

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Provincial Stewardship
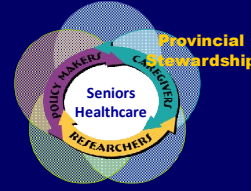
Future Plan
- Review Board membership
- Enhance existing partnerships and develop new strategic partnerships with focus on LHINs and potential library partners

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SHRTN Knowledge Exchange

Supporting Local Leaders -
## Local Implementation Teams (LITs)

Engage early adopters, local leaders and networks in local regions to advise, set local priorities and direct SHRTN activities

Existing LITs:
- Waterloo Wellington LIT through WW Geriatric Service Network
- Hamilton Niagara Haldimand Brant LIT through GAIN
- South East LIT through South East Ontario Aging with Co-morbidities Network
- Champlain LIT with the Champlain Education and Resources   Collaborative
- Mississauga, Halton and Central West LHINs through Metamorphosis
- North West LIT

Impact

- Creating linkages for problem solving and information sharing
- Improving relationships with LHINs
- Facilitating changes, influencing policy and practice and providing direction and guidance in a local context
- Leveraging Aging at Home funds to support SHRTN activities (e.g. Communicative Access and Aphasia CoP; Blood Pressure CoP)

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Local Leadership
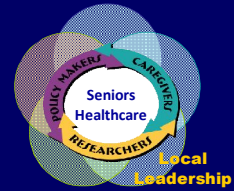
Future Plan
- Continue to enhance relationships with LHINs to encourage ownership of Information Specialists and LITs
- Expand reach of LITs to cover all parts of province

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11

SHRTN Knowledge Exchange

Working with Researchers to Enhance Collaboration

SHRTN works to engage and support researchers and their work across the continuum of care and to contribute to the body of KTE knowledge. To date SHRTN has:
- ➤500 researchers listed as members of CoPs
- >20 letters of support for research proposals for CIHR, CURA, SSHRC, MOHLTC, SEHC Care to Know Centre, WSIB, Change Foundation

Impact
- Facilitated discussion and dialogue on research gaps
- Contributed to research questions and provided input on research agenda
- Translated findings and facilitated uptake
- Disseminated research findings

Seniors Healthcare

Research Collaboration
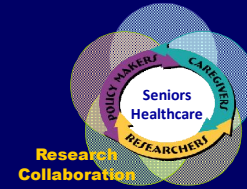
Future Plan
- Work with ORC to identify gaps in evidence
- Translate evidence, facilitate knowledge exchange and participate in research

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Alzheimer Knowledge Exchange (AKE)

The AKE Today

Objective	Actions/Examples	Impact
Support the learning needs of people seeking practice change	• Nurturing the development of CoPs (e.g. PRC CoP) • Providing Knowledge Broker services • Providing library services • Improving access to information (online and in-person knowledge dissemination) • Collecting, organizing and sharing KTE and dementia related resources	Continuous quality improvement and evidence-informed decision making in dementia care
Develop and nurture innovations in dementia care	• Aging at Home Innovation Showcase Series • Behavioural Support System Project • Ontario Dementia Network	Models for an integrated system of support for persons with dementia and their care providers
Build strategic partnerships with key stakeholders	• AKE Steering Committee • Networking the Networks Collaboration	Provincial and national collaborations that have advanced dementia and KTE innovation

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Alzheimer Knowledge Exchange (AKE)

The AKE Tomorrow

In addition to maintaining our current level and scope of activity, in 2010-2013 the AKE will focus on the following.

Project Priorities

- Behavioural Support System Project
- Primary Care and Early Diagnosis
- Supporting the Family Caregivers

Growth Priorities

- Reach more people and more places by strengthening local and regional partnerships to impact provincial change (people e.g., front-line caregivers; places e.g., hospitals and acute care)

- Mobilize promising learning and development and knowledge transfer and exchange practices to help the individual, organization and system learn more efficiently and use learning as a tool for change

- Strengthen the relationships with the person via knowledge sharing and innovation support regarding patient education, self management strategies, health promotion, chronic disease prevention

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Alzheimer Knowledge Exchange (AKE)
Across Canada

The MOHLTC continued investment in the AKE has lead to the leveraging of knowledge and experiences on a national scale. Through this support, the AKE is mentoring and modeling knowledge transfer best practice on several national projects and collaborations - some of which are highlighted below.

National Projects

- Canadian Behavioural Support System Project
- Seniors' Mental Health and Dementia: Accelerating Knowledge Transfer and Exchange
  - a Canadian Networking-the-Networks Initiative
- Alzheimer Disease and Related Dementia Prevention and Promotion Forum

National Collaborators

- Canadian Coalition for Senior's Mental Health
- Canadian Dementia Knowledge Translation Network*
- Alzheimer Society of Canada
- Mental Health Commission of Canada
- Public Health Agency of Canada

*The AKE is the means through with the MOHLTC has provided support to this CIHR-funded knowledge translation network

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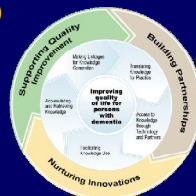
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Ontario Research Coalition of Research Institutes/Centres on Health and Aging (ORC)

ORC ONTARIO RESEARCH COALITION

Brings together seven key research institutes/centres in Ontario to work more closely with the Ontario Ministry of Health and Long-Term Care and the health organizations it supports:

Aging, Rehabilitation and Geriatric Care Centre
Lawson Health Research Institute, at the University of Western Ontario
Centre for Education and Research on Aging and Health
at Lakehead University
Centre for Studies in Aging and Health
at Providence Care and Queen's University
Élisabeth Bruyère Research Institute
a partnership of Bruyère Continuing Care and the University of Ottawa
Kunin-Lunenfeld Applied Research Unit Aging
at the Baycrest Centre and the University of Toronto
R. Samuel McLaughlin Centre on Gerontological Research and Education
at McMaster University
Schlegel-UW Research Institute for Aging
affiliated with the University of Waterloo

Promote researcher collaboration / Increase research capacity / Access research funding / **Ontario Research Coalition**

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Priorities, Impacts and Future Plans

ORC ONTARIO RESEARCH COALITION

Increase Ontario's capacity to conduct research

- Early Researcher Program – 20 students supported in 2008 to 2010

Improve Ontario's competitiveness to access more funding

- Seed funding to prepare research proposals on priority topics in Ontario

Promote interaction among researchers across institutes/centres

- Sponsor regular ORC Symposia for students, researchers, caregivers, and policy-makers

Promote researcher collaboration / Increase research capacity / Access research funding / **Ontario Research Coalition**

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What difference do we make?

"I appreciate receiving the reading list. It inspires me and widens my horizons."

"The [AKE] Design and Dementia Community of Practice exemplifies the important and necessary process of knowledge synthesis and translation into practical tools to inform program and policy. This community of practice is composed of researchers, design experts, experts in dementia, and those in touch with the realities of Long Term Care. Together, we are bringing together the research evidence, regulatory requirements, and needs of those with dementia to create a toolkit that is practical and enables change that improves quality of life for those with dementia living in Long Term Care"

Being part of the Oral Health CoP - you feel like you're part of something bigger, helping to keep alive the whole idea of oral care.

The SHRTN Library Service has been phenomenal. As a person operating from a rural situation without access to library resources, I can't say enough about how helpful and essential it is.

Every time we get together I learn more about what is going on in our community. There is no other venue for us to talk about gerontology research, or things in planning stages and then have researchers talk with front-line staff, or find out about a presentation, or get invited to a launch for a new palliative care project with lots of best practices. It's really useful to be part of this Local Implementation Team – I learn and share with others.

"Through a comprehensive library service, the support of knowledge brokers, and the nurturing of local implementation teams, SHRTN is emerging as a driving force in assisting homes to become acquainted with innovative practices and to put them into action."

The CoP , University of Waterloo, and OCSA partnered to support the adoption of the interRAI CHA by interested agencies. 13 of 14 LHINs are now using or in the process of adopting the interRAI CHA as a standardized assessment tool.

The Diabetes CoP delivered a six-week education series with 180 participants from LTC, acute care hospitals, supportive housing and community health centres across northwestern Ontario. The participants included PSWs, dietary staff, RNs, and RPNs. Diabetes knowledge increased from 43% to 62%

I am not alone in my gratitude for your librarian services. At the last OPADD provincial meeting there were several people who mentioned they had found your help to be excellent.