



RR-CLaN
Rural Research Collaborative Learning Network

**Knowledge translation:
Applying the Knowledge to Action Framework**

Wednesday 3rd April 2024, 3:00-4:00pm (NSW) 2:00-3:00pm (QLD)

Seminar presented by:
Professor Sharon Mickan
International leader on research and education focussed on translating research evidence, implementing organisational improvement and innovation, and building clinicians' research capacity and engagement.




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Collaborative partnership:








NHMRC accredited Research Translation Centre supporting Townsville, Cairns and Hinterland, Mackay, North West, and Torres and Cape Hospital and Health Service



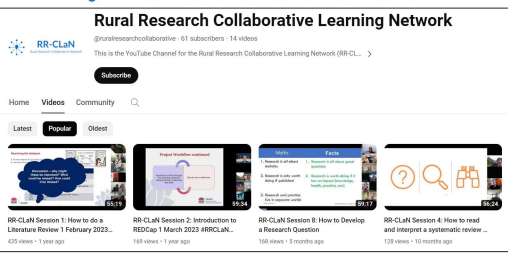
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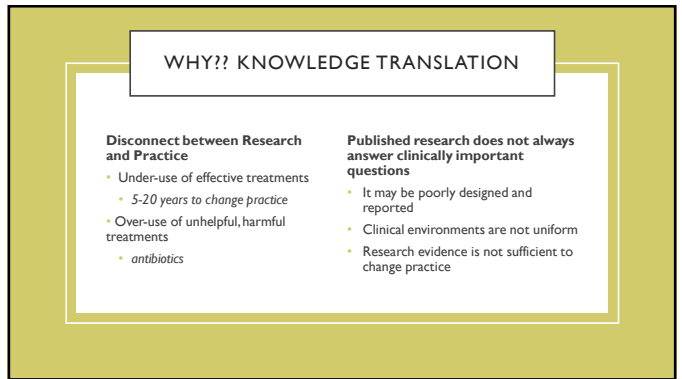
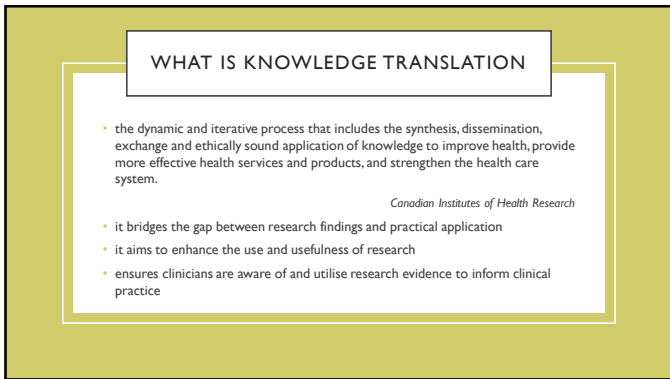
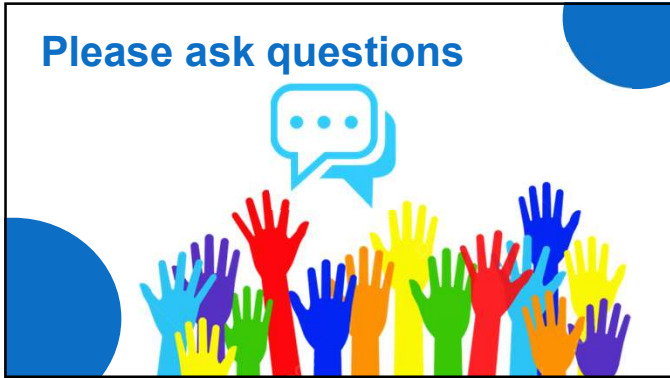
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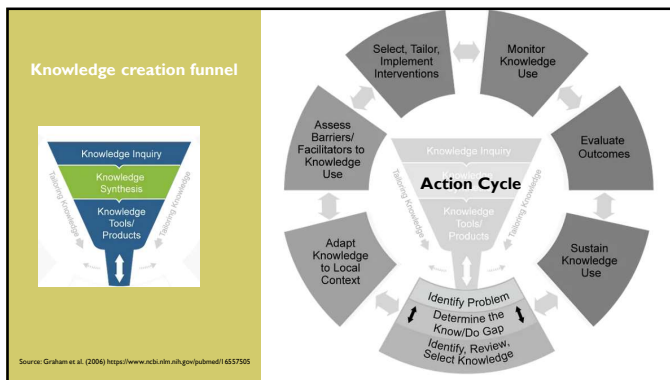
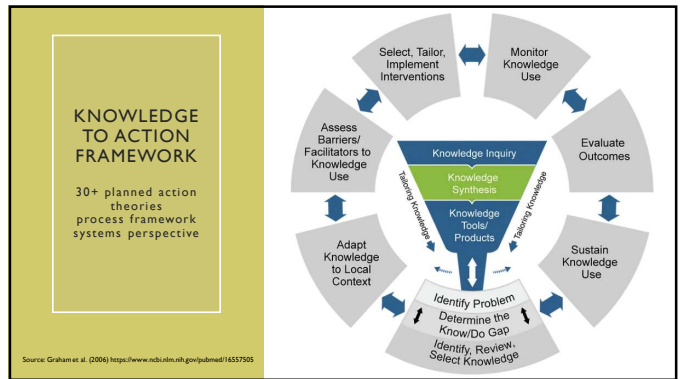
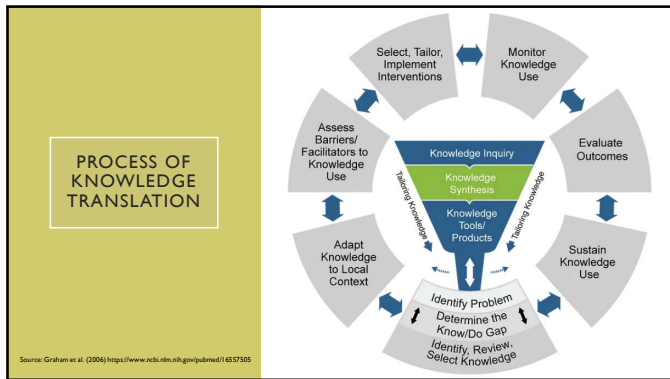


RECORDING



Keep your microphone on mute during the session





Safe Prescribing Scenario

Implement PILOT
Co-Supervision: Pharmacist + junior doctor

ACTION RESEARCH:
Interviews with junior doctors, pharmacists, consultants
Workshops to promote interprofessional supervision

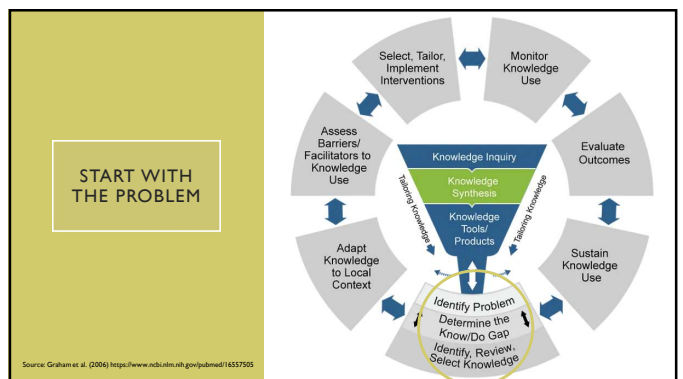
EVIDENCE:
Junior doctors learn through supervision
Interprofessional supervision can be effective

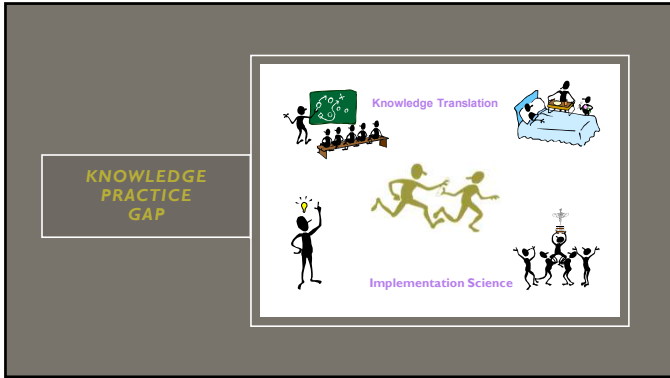
PROBLEM: 1 in 10 junior doctor's prescription contains an error
REALITY: pharmacists helping junior doctors

EVALUATION:
Self-report questionnaires & interviews
Positive learning + time + supportive environment = Change in roles and expectations

SUSTAINABILITY:
7 pharmacists co-supervising junior doctors

Noble & Billeit, 2017





Summarise highest quality research evidence you can find

- Is the research evidence clear
- Are there current practice guidelines?

Describe what is currently happening in local practice

- Have you access to any audit/ routinely collected measurements?
- What would you like to be able to collect?

What is your knowledge practice gap?

Malnutrition contributes to an increase in morbidity, length of hospital stay, mortality, and health spending.

Early identification is fundamental to provide adequate nutritional support.

Seron-Arbeloa et al., 2022
doi: 10.3390/nu14122392

Describe what is currently happening in local practice

- Malnutrition screening?
- Independent living/ eating assessment?
- Accessibility to food?
- Nutritional supplements?

An example of a knowledge practice gap?

Malnutrition contributes to an increase in morbidity, length of hospital stay, mortality, and health spending.

Early identification is fundamental to provide adequate nutritional support.

Seron-Arbeloa et al., 2022
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Use chat to suggest some knowledge practice gaps in your local workplace around the problem of malnutrition

Describe what is currently happening in local practice

- Malnutrition screening?
- Independent living / eating assessment?
- Accessibility to food?
- Nutritional supplements?

An example of a knowledge practice gap?

STRATEGIES TO CLARIFY THE KNOWLEDGE PRACTICE GAP

Summarise research evidence (KNOWLEDGE)

- Revisit EBP steps
- Can you ask a librarian to help you?

Need high quality research evidence to proceed

- Background situation
- Implementation strategies

Describe what is currently happening in local PRACTICE

- Look for automatically collected data
- Conduct audit
- Document process

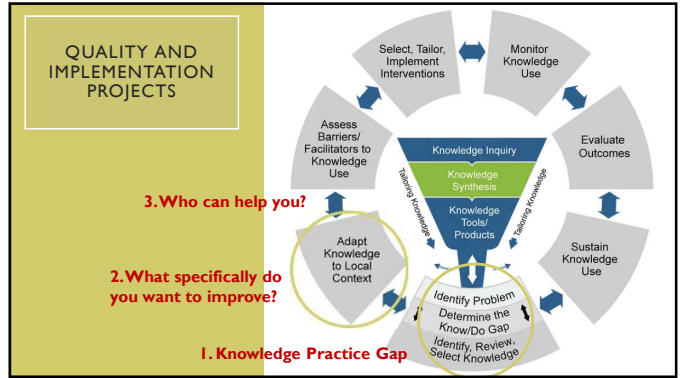
Ask stakeholders for help

THE KNOWLEDGE PART OF THE MALNUTRITION PROBLEM

| | |
|------------------|---|
| Summarise | Summarise research evidence (KNOWLEDGE) |
| Look | Look for clinical guidelines relevant to your workplace |
| Look | Look for systematic reviews to understand the problem (prevalence), interventions, outcomes |
| Clarify | Clarify background information about current best practice (models of care) |

THE PRACTICE PART OF THE MALNUTRITION PROBLEM

| | |
|------------------|---|
| Summarise | Describe what is currently happening in local PRACTICE |
| Look | Look for automatically collected data in your workplace |
| Ask | Conduct audit about key aspects of current practice |
| Clarify | Document current process, model of care |

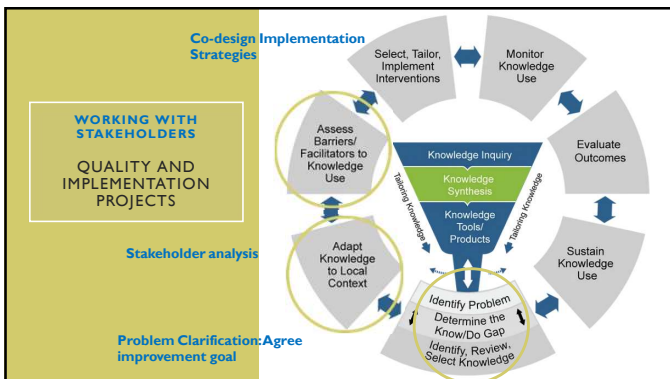


WHO ARE STAKEHOLDERS?

- Stakeholders are individuals or groups who have an interest or concern in a particular issue, system, or organisation.
- They are likely to be impacted by any proposed change
- They can be involved in the process of synthesising, exchanging, and applying knowledge to drive positive outcomes

ENGAGING WITH STAKEHOLDERS?

- ✓ Clarify the problem / particular knowledge practice gap
- ✓ Analyse power, interest and readiness for change
- ✓ Understand individual barriers and facilitators for specific improvement
- ✓ Ask for support, resources
- ✓ Co-design implementation strategies
- ✓ Monitor and evaluate outcomes



Worksheet: Clarify your Knowledge Practice Gap


Describe the situation where you think there might be a 'problem'

| | |
|--|---|
| <p>1. Summarise highest quality research evidence you can find</p> <p>Are there clinical guidelines?</p> <p>Are there systematic reviews?</p> <p>Is current best practice clear?</p> | <p>2. Describe what is currently happening in local practice</p> <p>What data is automatically collected?</p> <p>Can you audit key aspects of practice?</p> <p>What is the local model of care?</p> |
| 3. Summarise Know/Do Gap: your local knowledge practice gap | |
| 4. Adapt knowledge to local context: What do you want to improve? | |
| 5. Who can help you? Identify key stakeholders | |
| Power to support change | Interest/readiness for change |
| Barriers for specific improvement | Facilitators for specific improvement |

REVIEW

Can you explain to a friend of family member

- Purpose of knowledge translation?
- Process of knowledge translation?
- Strategies to identify the 'problem'?
- Steps to get started for quality improvement or implementation projects ?



EASIER: Evaluating the use of clinical decision Aids In the Emergency department

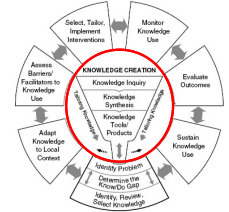
Dr Zoe Michaleff

EASIER example – identifying the knowledge-practice gap

KNOWLEDGE:

- Clinical decision aids (CDA) = Valid and reliable ✓
- Recommended for use RANCR, practice guidelines
- Potential benefits for patients, clinicians and service

- CDA underutilised in practice



EASIER example – defining the knowledge-practice gap

KNOWLEDGE:

- Clinical decision aids (CDA) = Valid and reliable ✓
- Recommended for use RANCR, practice guidelines
- Potential benefits for patients, clinicians and service

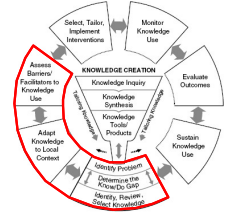
- CDA underutilised in practice

PRACTICE:

- Stakeholder engagement
- Parallel project – CT ordering patterns

Local context: GAPS

- Who is using CDAs
- What clinical decision aids are used by health professionals - varied
- When and How clinical decision aids are integrated into the workflow
- Whether clinicians are documenting use of these CDAs



EASIER example – defining the knowledge-practice gap

KNOWLEDGE:

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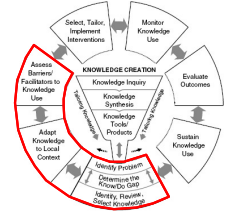
PRACTICE:

Local context:

- Who is using CDAs
- What clinical decision aids are used by health professionals - varied
- When and How clinical decision aids are integrated into the workflow
- Whether clinicians are documenting use of these CDAs

Defining the Knowledge-practice gap:

Aim: To determine healthcare professional's knowledge, use and documented adherence of CDAs in the Emergency Department at GCHHS.



EASIER example – defining the knowledge-practice gap

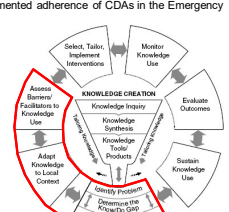
Defining the Knowledge-practice gap:

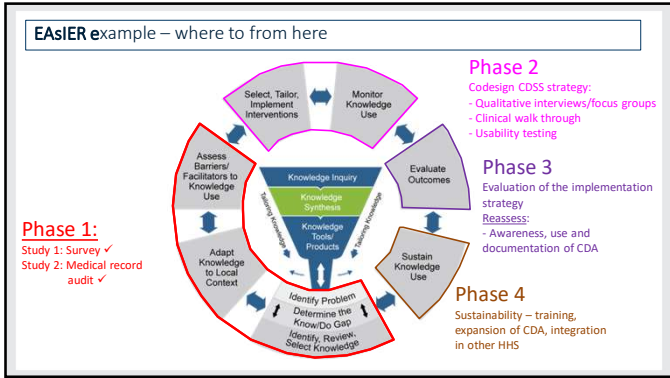
Aim: To determine healthcare professional's knowledge, use and documented adherence of CDAs in the Emergency Department at GCHHS.

Phase 1: Mixed methods

Study 1: Survey

Study 2: Medical record audit





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Finding and using data for health research: an overview

Wednesday 1st May 2024, 3:00-4:00pm

Seminar presented by:
Dan Barry, Data Analyst
 Northern NSW LHD

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Thank you for attending!

How did we do?

We would appreciate if you could take a couple of minutes to complete the evaluation survey