Evidence to Care

Supporting knowledge translation at Holland Bloorview Kids Rehabilitation Hospital

Shauna Kingsnorth, Christine Provvidenza, Julia Schippke, & Ashleigh Townley
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Holland Bloorview
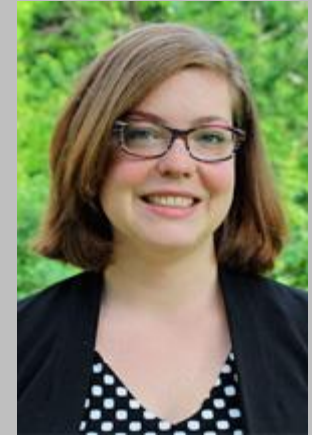Kids Rehabilitation Hospital

The Evidence to Care Team

Shauna Kingsnorth, *Evidence to Care Lead*

Christine Provvidenza, *Knowledge Translation Specialist*

Julia Schippke, *Knowledge Broker*

Ashleigh Townley, *Knowledge Broker*

Holland Bloorview Kids Rehabilitation Hospital

- **Largest** children's rehabilitation hospital in Canada
- **Vision**: Create a world of possibility for kids with disability
- Teaching hospital fully affiliated with the University of Toronto
- Onsite Bloorview Research Institute
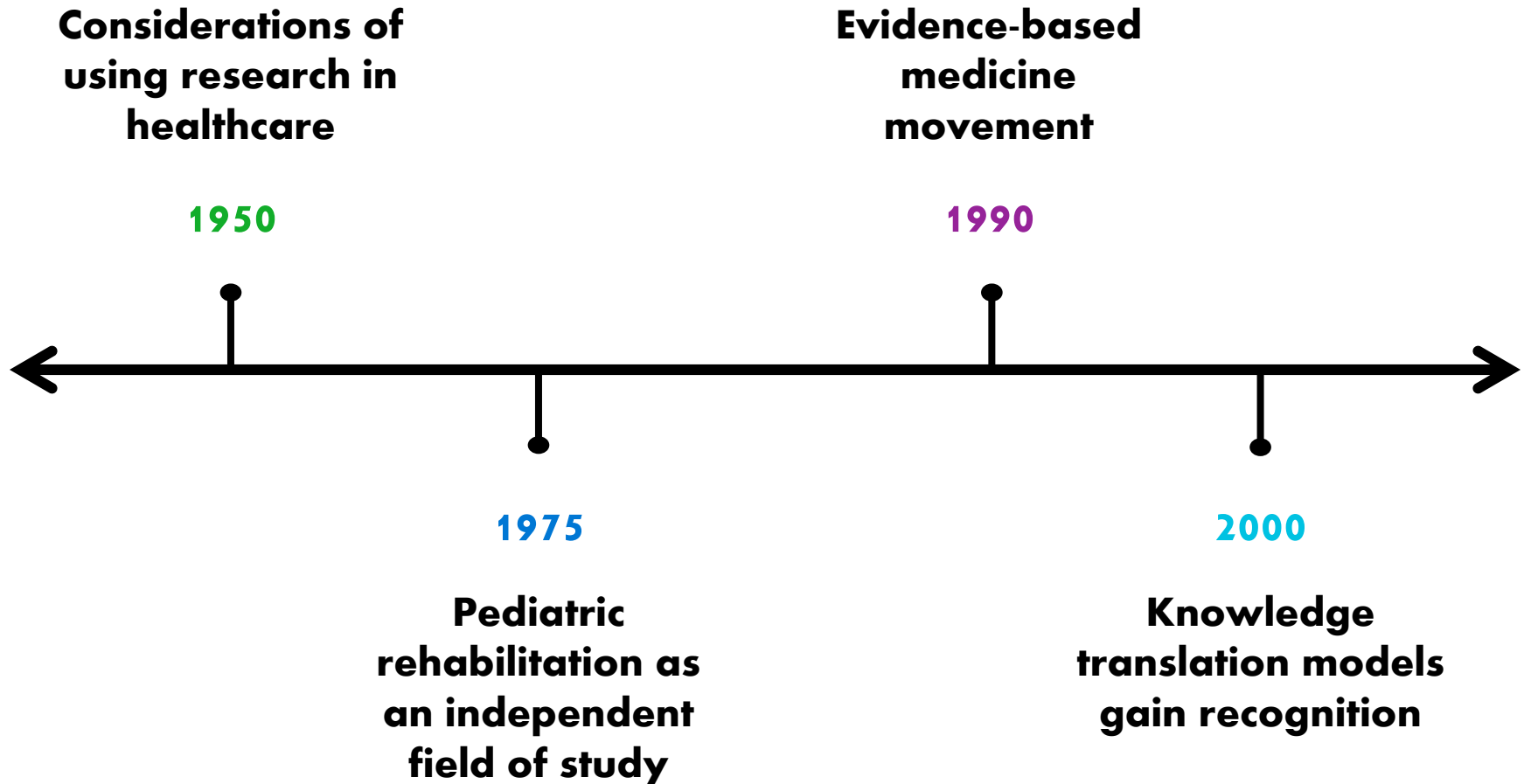- Teaching and Learning Institute

Evidence-informed best practice

Evidence-informed care is an expectation of all health care professionals in leading academic health sciences centres around the world; however ensuring that it happens consistently is not easily achieved.

Research in childhood disability

Considerations of using research in healthcare

Evidence-based medicine movement

1950

1990

1975

2000

Pediatric rehabilitation as an independent field of study

Knowledge translation models gain recognition

ECFAA: Legislating evidence-informed care

The *Excellent Care for All Act* (*ECFAA*), which came into law in June of 2010, puts Ontario patients first and helps define quality for the health care sector, by reinforcing shared responsibility for quality of care, building and supporting boards' capability to oversee the delivery of high quality of care, and ensuring health care organizations make information on their commitment to quality publicly available.

Establishing Evidence to Care

Excellent Care For All Act (ECFAA)

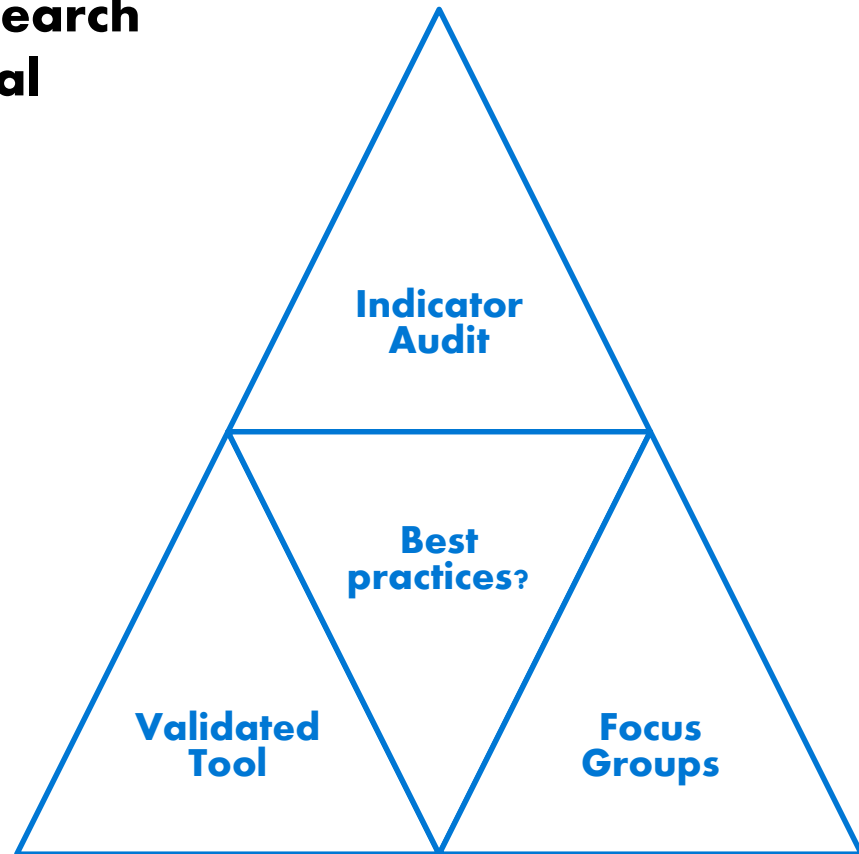**Health Quality Ontario (HQO)**

Evidence informed best practice

Our vision is to promote the best available research evidence to inform care in childhood disability.

Discovering evidence use at Holland Bloorview

- **To what extent is current research evidence being used in clinical practice?**

Indicator Audit

Best practices?

Validated Tool

Focus Groups

How evidence friendly are we?

- **Solid understanding of evidence-informed best practice**

- **Strong appreciation of value and need**

- **Very positive attitudes**

- **Pockets of KT excellence**

- **Research Librarian fundamental for direct access**

- **Conference attendance key learning vehicle**

- **Collaborative research partnerships not optimized**

- **No systematic organizational push/pull processes**

Looking to the KT literature

- **Reviewed the evidence for definitions, models and frameworks**
- **Looked to other organizational KT models to develop ours**
- **Took our context of childhood disability into account**

"...the transfer of knowledge is a time-consuming and skill-intensive process"

(Grimshaw et al. 2012, p.3)

Enablers at the hospital

- **Success contingent on inter-professional cooperation**

- **Partnerships and key enablers for success**
  - **Academic health science centre**
  - **Commitment to research**
  - **Collaborative structures**
  - **Senior management engagement**
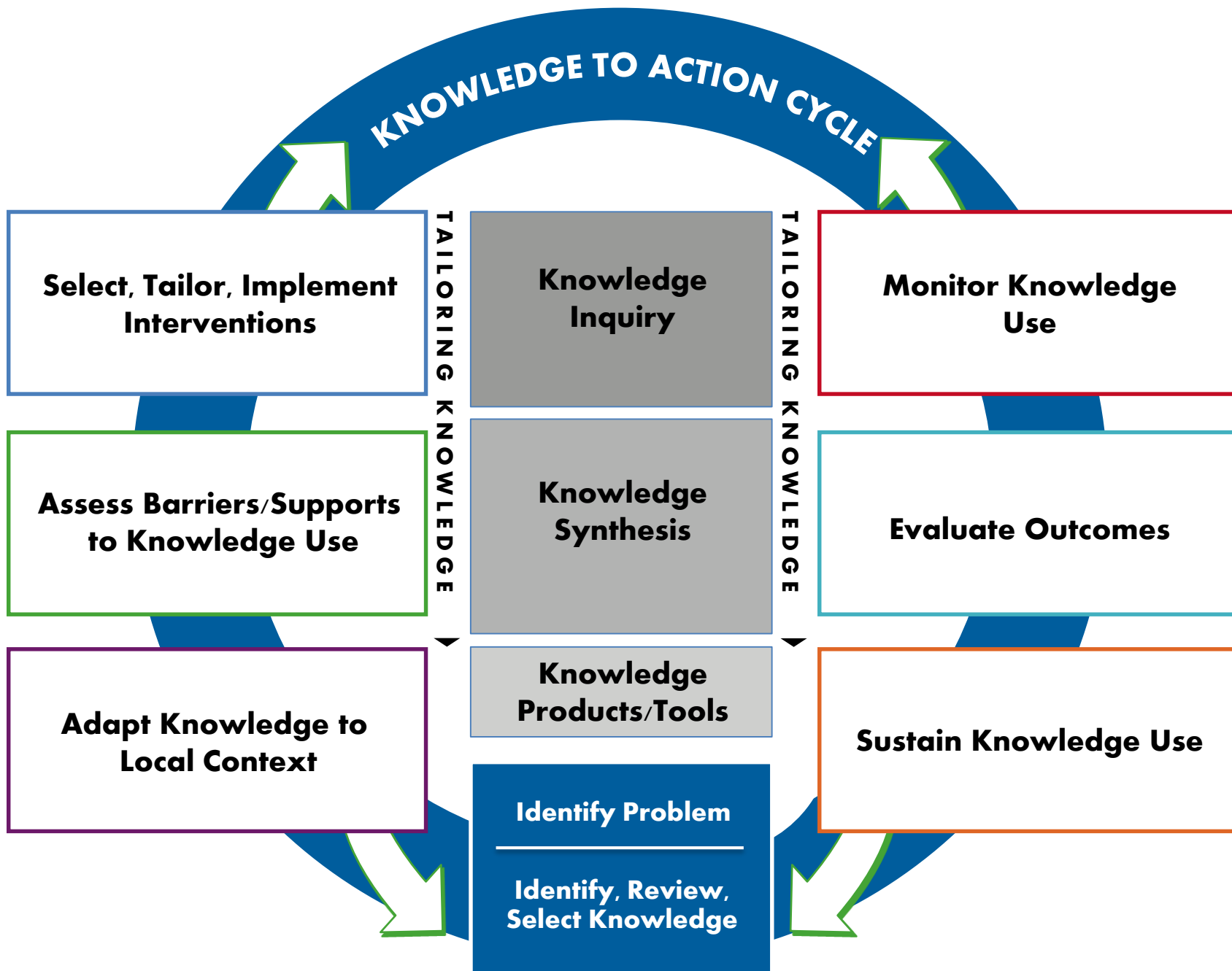 - **Change champions**
  - **Expertise**

Defining KT at Holland Bloorview

"The collaborative and systematic review, assessment, identification, aggregation, and practical application of high-quality disability and rehabilitation research by key stakeholders (i.e., consumers, researchers, practitioners, and policymakers) for the purpose of improving the lives of individuals with disabilities."

(NCDDR, 2005)

KNOWLEDGE TO ACTION CYCLE

Select, Tailor, Implement Interventions		Knowledge Inquiry		Monitor Knowledge Use
Assess Barriers/Supports to Knowledge Use	T A I L O R I N G K N O W L E D G E	Knowledge Synthesis	T A I L O R I N G K N O W L E D G E	Evaluate Outcomes
Adapt Knowledge to Local Context		Knowledge Products/Tools		Sustain Knowledge Use

Identify Problem

Identify, Review, Select Knowledge

Inspire our people

- Develop a strategy that enhances staff's ability to use evidence
- Create opportunities for researchers and clinicians (and families where possible) to work together to solve issues using evidence
- Promote evidence use in all programs throughout the organization

Transform care

- Identify, appraise and communicate research evidence
- Develop and implement clinical practice guidelines
- Evaluate changes in care related to evidence use

Accelerate knowledge

- Provide expertise in best practices in the field of knowledge translation
- Hold events that promote and showcase using evidence to enhance care
- Support BRI grant requests through suggesting creative knowledge translation strategies

Lead the system

- Identify gaps in evidence-informed best practice in childhood disability
- Generate systematic reviews and clinical practice guidelines to meet our needs
- Raise Holland Bloorview's knowledge translation profile

VISION
Promoting the best available evidence to inform care in childhood disability

Our resources

Organizational partners	EtC Steering Committee	Core Staff	Associates
Teaching & Learning Institute	Hospital CEO	EtC Lead	Collaborative Practice Leaders
Bloorview Research Institute	VPs	Knowledge Brokers(2)	Research Librarian
	Senior Directors	Knowledge Translation Specialist (1)	Scientists & Clinicians
	Directors	Administrative Assistant	Communications & Public Affairs
	EtC Lead	Research Assistant	Family & Youth Leaders

Holland Bloorview
Kids Rehabilitation Hospital Foundation

Ontario
Ministry of
HEALTH AND
LONG-TERM CARE

Evidence to Care: Core activities

- **Proactively support organizational priorities, quality committee & ECFAA deliverables**

- **Position Holland Bloorview as a 'go to' hub for evidence based best practices**

- **Build organizational KT capacity**

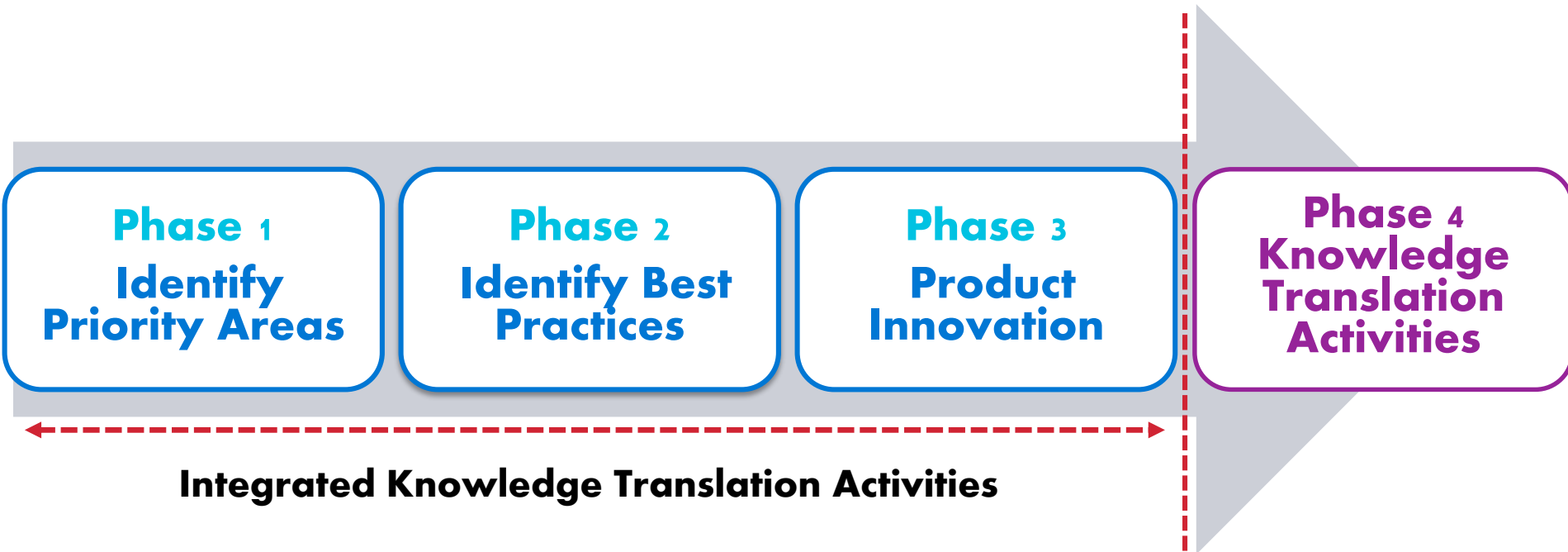- **Support scale and spread of the KT discipline**

Evidence to Care in action:

How we select our projects

1. **Significant clinical issue?**

2. **Enhance quality of care?**

3. **Evidence to translate?**

4. **Right organization?**

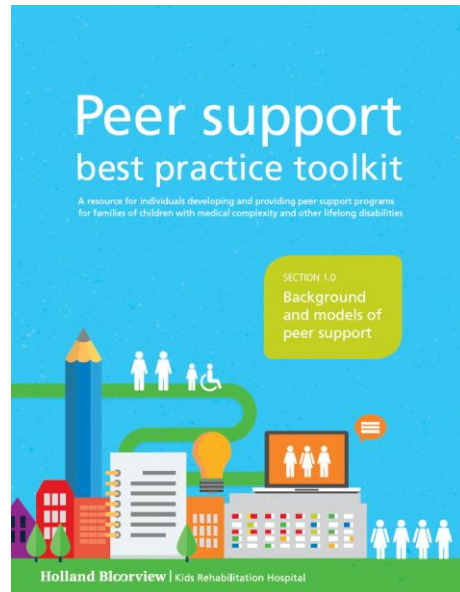5. **Leadership?**

6. **Resources?**

Evidence to Care in action:

Project planning

Phase 1
Identify Priority Areas

Phase 2
Identify Best Practices

Phase 3
Product Innovation

Phase 4
Knowledge Translation Activities

Integrated Knowledge Translation Activities

Demonstration projects

Peer Support Best Practice Toolkit

Chronic Pain Assessment Toolbox for Children with Disabilities

Peer Support Toolkit:

Identify priority area

- **Ministry of Health and Long-Term Care (MOHLTC) partnership**

- **Gap:**
  - **Children with medical complexity (CMC): group characterized by multiple and prolonged hospitalizations, frequent medical errors, complex care coordination, extraordinary stress on caregivers**
  - **Tremendous need to ensure best practices widely adopted**

- **Peer support for families of CMC**
  - **Priority area identified through number of priority setting activities**

Peer Support Toolkit:
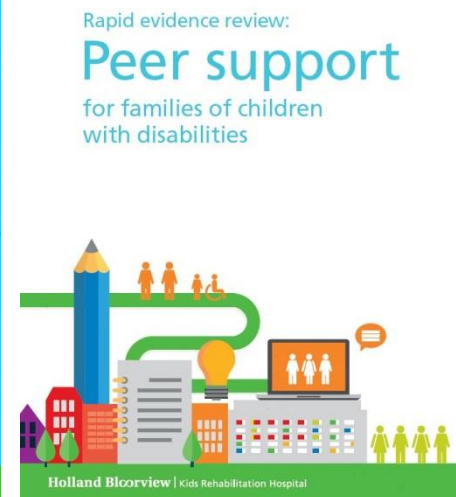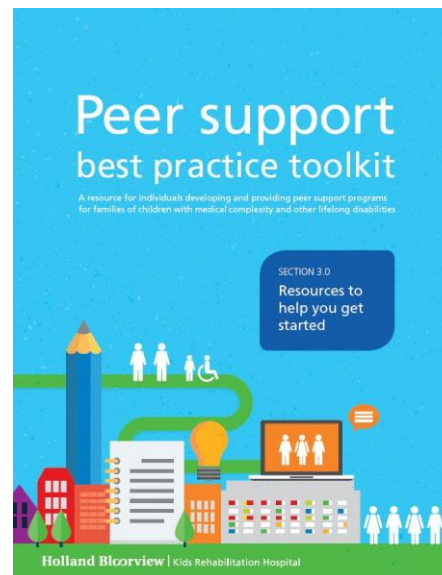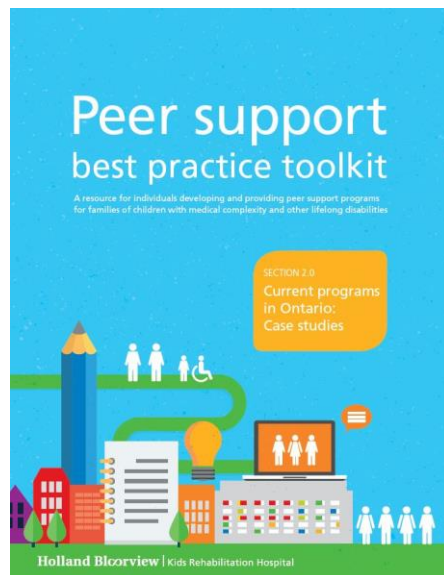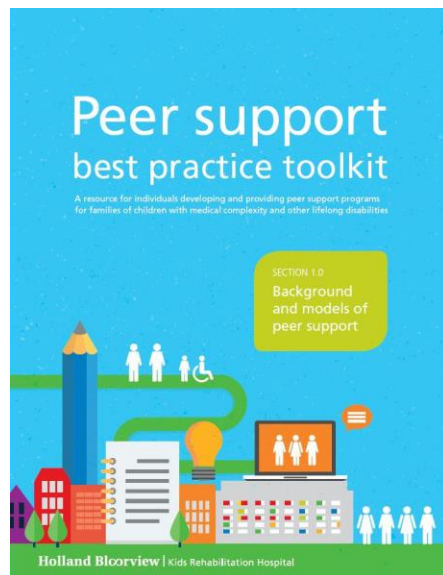
Identify best practices

- **Rapid evidence review**
  - **Purpose: identify 'review-level' articles on topic of peer support for families of children with medical complexity and other lifelong disabilities**

- **Stakeholder engagement**
  - **Focus groups, working group, steering committee**

"If we require a strong evidence base before doing anything, and there isn't an evidence base, then we don't end up doing anything. Where data isn't that available, we are relying on experts. In this case, they were consultative with a range of experts…" - Funder
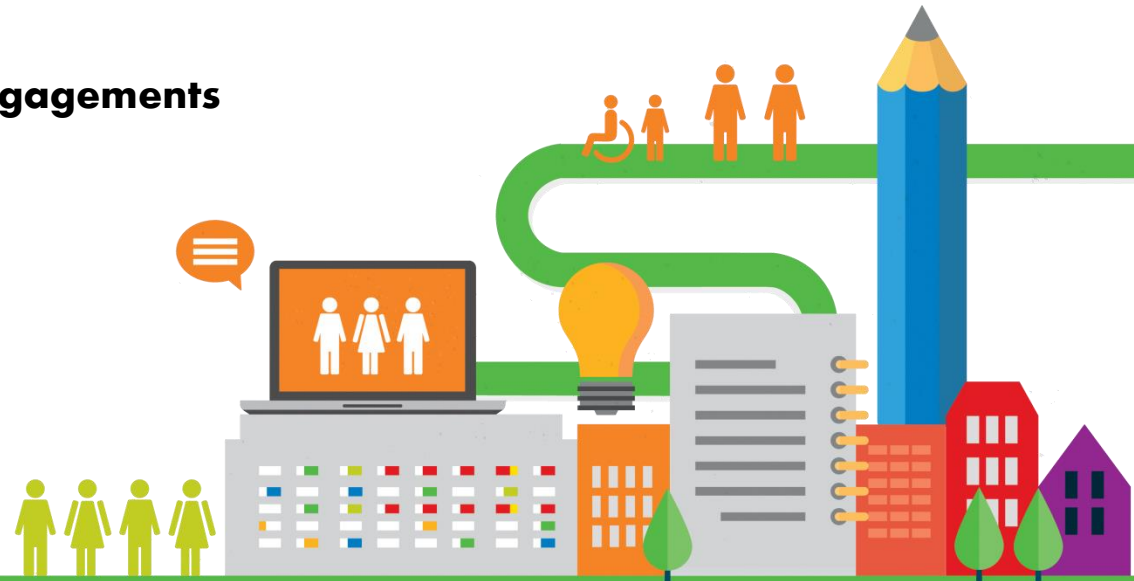
Peer Support Toolkit:

Product innovation

Peer Support Toolkit:

Knowledge translation activities

- **Completed 'Knowledge Funnel' of Knowledge to Action Cycle**

- **Multipronged KT dissemination strategy will include:**
  - **Peer support champions**
  - **Targeted letter campaign**
  - **Social media**
  - **Conferences and speaking engagements**
  - **Networking**
  - **Family leaders**

Chronic Pain Toolbox:

Identify priority area

- **Call for ideas:**
  - Science to practice gaps at Holland Bloorview

- **Gap:**
  - Children with cerebral palsy (CP): Chronic pain is under-recognized and under-treated among children with cerebral palsy
  - Pain cannot be effectively managed without a proper pain assessment

- **Pain Assessment at Holland Bloorview:**
  - Pain assessment in the absence of a direct complaint is not standardized
  - Clinicians do not have the right tools to guide their practice
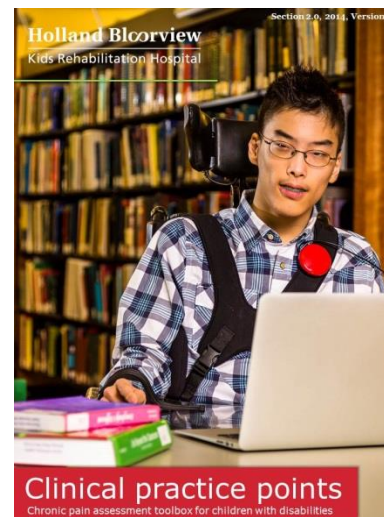
Chronic Pain Toolbox:

Identify best practices

- **Development of the Toolbox** (ADAPTE Framework)

- **Structured review of clinical practice guidelines** (AGREE II Tool)

- **Development of clinical practice points for disability context**

- **Systematic review of pediatric chronic pain tools**

- **Expert critique & consensus**

Chronic Pain Toolbox:

Product innovation

Toolbox background
Chronic pain assessment toolbox for children with disabilities
Holland Bloorview
Kids Rehabilitation Hospital
Section 1.0, 2014, Version 1

Pediatric chronic pain assessment tools
Chronic pain assessment toolbox for children with disabilities
Holland Bloorview
Kids Rehabilitation Hospital
Section 3.0, 2014, Version 1

Holland Bloorview
Kids Rehabilitation Hospital
Section 2.0, 2014, Version 1
Clinical practice points
Chronic pain assessment toolbox for children with disabilities

Implementation supports manual
Chronic pain assessment toolbox for children with disabilities
Holland Bloorview
Kids Rehabilitation Hospital
Section 4.0, 2014, Version 1

Download the Toolbox at:
www.hollandbloorview.ca/toolbox

Chronic Pain Toolbox:

Knowledge translation activities

- **Completed a full Knowledge to Action Cycle**

- **Implementation divided into two phases**

- **Multipronged KT strategy included:**
  - **Pain champions**
  - **Tailor toolbox**
  - **Education campaign**
  - **Huddles**
  - **Documentation**
  - **Audit & feedback**
  - **Social media**
  - **Direct mail campaign**

I talked about pain today

Evidence to Care: Other activities

- **Research Curriculum**

- **KT Consultations**

- **Committee membership**

- **Signature events**

- **KT infusion with:**

  - **HR Interview Questions**

  - **Scientist Review**

  - **Annual Reporting**

  - **Grant application process**

What we've learned so far

In practice – the EtC model

- **It's messy**

- **It takes time**

- **You don't always get to every step**

- **Listen to your funder**

- **Buy-in is critical**

- **Stay focused**

What we've learned so far

Evaluation – the EtC model

- **Deliberate approach to product development, aligned with known best practices in KT**

  - Rigorous but flexible and pragmatic, ensuring that the best available evidence is identified and used

- **Learning focused, always trying to improve and do things differently based on what has been learned**

- **Quality and professionalism of EtC's work is engendering the trust and respect of stakeholders within Holland Bloorview and across the broader system**

> **"...seems to me they can take $1 and turn it into $10 worth of effort."**
>
> **- Funder**

What we've learned so far

Evaluation - strengths

- **Particular areas of strength include:**
  - **Extensive stakeholder engagement throughout projects**
  - **Thorough and rigorous processes to ensure that the product is based on the most credible evidence available**
  - **Ensure alignment with organizational priorities and external system**
  - **Maintain a pragmatic focus**

"One reason why it was so successful was the trueness in sticking to [an] integrated KT approach, and involving different users and producers from beginning to end throughout the process."

- EtC Developer

What we've learned so far

Evaluation - improvements

- **Areas for improvement include:**
  - Address sustainability earlier in the KTA cycle
  - Diversify external push strategy by including product ambassadors and partners
  - Ensure products are flexible and implemented in alignment with clinical workflow
  - Include a broad mix of implementation supports
  - Engage clinicians early and include intensive supports
  - Clarify roles and responsibilities of external stakeholders

What's next for Evidence to Care?