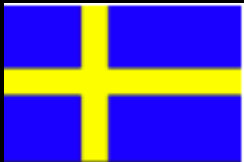# Research into Knowledge Translation:

Lessons from action case studies of 12 innovations in Swedish health care

Resources download from:

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The context

Managers and policy advisors all MDs

Largest medical University in N.Europe

Nobel prize for medicine

MMC focus : medical and management research into practice

Top medical researchers expert in RCT

Challenges doing translational research in medically dominated system

Concepts and communication

12 different implementations of knowledge to improve health care (2-15 yrs)

<u>1. Knowledge</u>: integrating health and social care will improve services to people with LTI and multiple needs

<u>Case:</u> implementing this K in integration of health and social care in Norrtalje

<u>2. Knowledge</u>: methods for coordinating care across health and social services for people with MH challenges

<u>Case</u>: implementing this K in coordinated care service in Sodertalje

<u>3. Knowledge</u>: methods for process redesign

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The research

12 research teams, role:

– study the implementation and results

- feed-back findings and analysis and reviews of similar research

  - to help implementation and build capacity to make greater use of research in the future

- provide knowledge of use to other implementers and contribute to theory

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Framework

Context (factors likely or proven to help and hinder implementation)

National context

Stockholm context

Facility context

Unit department or team context

Content	**Process** (implementation)	**Outcomes**
Intended change	Actions taken to make planned changes	Organisational consequences

Innovation = integrated purchasing and provider organisations created in 2006

Context factors help and hinder establishing the innovation

Planning

Actions:
Planning and pre-implementation

Establishment of macro integration structure

Result: Innovation content - the start of new organisation and financing structure (content)

>Further actions to create integration microstructures which would not have otherwise been created

Development of systems procedures and sub structure >>>>>>>>>>>

Results: Other consequences for organisation
2006   2007   2008   2009

Results: Consequences for personnel
2006   2007   2008   2009

Results: Consequences for patients/clients
2006   2007   2008   2009

2005   2006   2007   2008   2009   & predictions for 2010

Main lessons – summary 1

- Interventions are done to targets, implementation is through participation (co-creation)

- KT is a process not an event (sequence) - a non-linear system of action

- All KT is local (depends on conditions)

- All KT is innovative reinvention (adaption)

- Results success requires authenticity *and* adaption

Main lessons – summary 2

- Efficacy research requires controls

- Implementation research requires studying evolution in the setting;

- Implementation research provides knowledge for more effective management

Needed for cumulative research:

- Theory about context factors which help and hinder implementation at individual, team, facility and higher levels

- Reporting guidelines

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Distinguish these types of K

K *of* Efficacy

(what works)

Effective treatment

Effective ways of organising care

Effective policy for provider operations

Effective public health policies

K *for* effectiveness

(Implementation K (how to get what works into our local reality)

Effective interventions to ensure these treatment used

Effective interventions to change organisation

Effective policy formulation and implementation methods

Same as above

Future research – summary 4

- For real actions managers locally required to take
  - collect performance data and improve (reporting)
  - reduce costs of production
  - improve quality/safety
- Is there research which would make their actions more effective?
- Do they use it?
- Are their actions more or less effective?
- Same for policy problems, formulation and implementation (eg performance information to patients)

Recommended overviews

Nutley, S Walter, I Davies, H (2003) From Knowing to Doing A Framework for Understanding the Evidence-into-Practice Agenda Evaluation, Vol. 9, No. 2, 125-148

Sudsawad, P 2007 Knowledge Translation NDDR, University of Wisconsin-Madison

Øvretveit, J 2006 Knowledge Management and Good Practices A review of concepts and methods, Karolinska MMC Stockholm (from: http://homepage.mac.com/johnovr/FileSharing2.html)

What we have learned – research users need to know:

Did it work, somewhere?

What exactly was implemented?

What is similar and different to my setting - what was needed to help the implementation and what hinderances were absent which we may have in our setting

Where can I get help to decide how to adapt for our setting?

For this type of intervention, which theory of change is most relevant to understanding which situational factors help and hinder and which actions most likely to be successful?

Practical Issues

- Most practitioners (clinicians, managers and policy advisors)

- sceptical of the value of research to their challenges and every day work,

- under immediate work pressures,

- no support or culture which values using research.

- Difficult & time consuming to find relevant research and translate it into a local strategy.

Scientific Issues

- How to assess which aspects of the situation help and hinder implementation actions?

- Attributing intermediate and later results to the implementation actions.

- Where is the evidence that KT for managers is cost effective, compared to not using it or some alternative? (guideline implementation has been well researchered)

- Is the way KT is defined (systematic application of research) exclude tacit knowledge – and the main type of knowledge and ways this is passed on by clinician to junior and senior manager to junior?

- Improving data about use of knowledge beyond users reports.

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