Welcome to KU 14

The 14th annual Knowledge Utilization (KU), June 25-27 2014, at the Quality Spa and Resort Dalecarlia in Tällberg, Sweden.

Lars Wallin, Ankie Eldh, and Åsa Bruhn
Knowledge Implementation & Patient Safety, Dalarna University

HÖGSKOLAN DALARNA

KIPS
Knowledge Implementation & Patient Safety

KU14 Programme

Wednesday 25th June

12.00-13.00	**Lunch**
13.00	**Opening and Welcome**
13.30–16.30	**Process Evaluation** in implementation research – a critical perspective. ○ Introduction to Process Evaluation – a generic view / Chris Burton ○ Experiences from studies in Canada, Vietnam, and UK / Susan Slaughter, Lisa Cranley, Leif Eriksson, Jo Rycroft-Malone and Chris Burton ○ Two rounds of discussions in small groups on issues raised in the introductions
17.00–18.30	**Poster Session** A walking tour where presenters will introduce their work in 5 minutes each: G Abdullah, A Bergström, C Buckley, E Dogherty, A Ehrenberg, W Gifford, T Mekki, H Mortenius, M Neher, A Omarian, E Snelgrove Clarke, D Stacey, D Wolstenholme, J Yamada, L Yoder
19.30	**Dinner** Open air barbeque overlooking the lake Siljan

Thursday 26th June

09.00-09.45	**Wrap up Process Evaluation**
10.00-12.00	S**trategic Communication** in planning, performing, and reporting KT studies. This session will start with an hour of inspiration - Strategic Communication from both theoretical and practical perspectives: ○ Catrin Johansson, Professor in Organisational Communication at the Mid-Sweden University ○ Kristy Delisle, Communication Advisor ○ Christina Kennedy, Editor in Chief of Dagens Medicin (a weekly for the Scandinavian health care industry) (all attending via video link) In break out sessions, we will then explore communication in different phases of implementation study processes.
12.00-13.00	**Lunch**

13.00-15.00	**Strategic Communication –** continuing small group dialogues facilitated by participants and circulating 'facilitators' (Ankie Eldh, Helena Mortenius, and Tracey Bucknall), who will collate the major issues and experiences for the all-together wrap-up, at 14.00-15.00.
15.00-16.00	**Networking** (and possibilities to revisit the posters)
16.00-17.00	Introduction to **Open Space**. We will be using Open Space Technology to identify present and future aspects of implementation science, for example to initiate new collaborative projects, solve particular issues in implementation projects, or explore aspects of implementation needing attention. All participants are invited to introduce a topic, and during the morning session 27th June take the lead on a group discussion on that topic.
19.00	**Dinner** with entertainment

Friday 27th June

9.00-11.30	**Open Space Sessions** on the issues raised on June 26th
11.30-12.00	**Closing and announcing KU15**
12.00-13.00	**Lunch**

If any queries regarding the programme, contact Lars Wallin (+46-70-1916490), Ankie Eldh (+46-73-2701697), or Åsa Bruhn (+46-70-1918608).

If any queries regarding the hotel or your stay, contact Anneli Oscarsson at Dalecarlia (+46-707465453).

HÖGSKOLAN DALARNA

KIPS
Knowledge Implementation & Patient Safety

KU14 Attendees

Name	Nationality	Name	Nationality
Abdullah, Ghada	CAN	Marshall, Andrea	AUS
Anderson, Christine	USA	Mekki, Tone Elin	NOR
Bergström, Anna	SWE	Mortenius, Helena	SWE
Boström, Anne-Marie	SWE	Neher, Margit	SWE
Bruhn, Åsa	SWE	Nessen, Thomas	SWE
Buckley, Catherine	IRE	Ogbolu, Yolanda	USA
Bucknall, Tracey	AUS	Omairan, Aisha	UK
Burton, Christopher	UK	Profetto-McGrath, Joanna	CAN
Carlfjord, Siw	SWE	Regan, Mary	USA
Cranley, Lisa	CAN	Rycroft-Malone, Joanne	UK
Dogherty, Elizabeth	CAN	Sales, Anne	USA
Duong, Duc	VIE	Saletti, Anja	SWE
Ehrenberg, Anna	SWE	Sketris, Ingrid	CAN
Eldh, Ankie	SWE	Slaughter, Susan	CAN
Elf, Marie	SWE	Snelgrove Clarke, Erna	CAN
Erichsen Andersson, Annette	SWE	Stacey, Dawn	CAN
Eriksson, Leif	SWE	Stevens, Bonnie	CAN
Forsman, Henrietta	SWE	Strandberg, Elisabeth	SWE
Fossum, Marianne	NOR	Svantesson, Susanne	SWE
Fridh, Ulla	SWE	Thorsteinsson, Hrund	ISL
Gillespie, Brigid	AUS	Tistad, Malin	SWE
Gifford, Wendy	CAN	Titler, Marita	USA
Godfrey, Christina	CAN	Van der Zijjp, Teatske	NED
Graham, Ian	CAN	Wallin, Lars	SWE
Graverholt, Birgitte	NOR	Weeks, Susan	USA
Harrison, Margret	CAN	Wessman, Christina	SWE
Hutchinson, Alison	AUS	Wilkinson, Joyce	UK
Hälleberg Nyman, Maria	SWE	Williams, Lynne	UK
Kenny, Deborah	USA	Wolstenholme, Daniel	UK
Kjellin, Therese	SWE	Yamada, Janet	CAN
Kristensen, Hanne	DEN	Yoder, Linda	USA
Langley, Joseph	UK	Yost, Jennifer	CAN
Lind, Susanne	SWE	Åberg, Anna Cristina	SWE
Lygum Voldbjerg, Siri	NOR		

KU14 Poster Session

Number	Submitted by	Title
1	Abdullah, G.	Understanding Mentoring as a Knowledge Translation Intervention for Implementing Nursing Practice Guidelines.
2	Bergström, A.	The Context Assessment for Community Health tool - investigating why what works where in low- and middle-income settings.
3	Buckley, C.	Working in a Storied Way: Changing Practice Through Narrative Inquiry.
4	Dogherty, E.	"CHANGES" - Facilitation in the Real World.
5	Ehrenberg, A.	Electronic reminders as an implementation strategy for the uptake of clinical practice guidelines for PVC.
6	Gerrish, K.	Tinkering and tailoring: understanding the trajectory of complex innovations in healthcare settings.
7	Gifford, W.	Arts based knowledge translation: understanding First Nations, Inuit and Métis women's experiences with cancer.
8	Mekki, T.	Creative Hermeneutic Knowledge Co- Production' model.
9	Mortenius, H.	Strategic communication as a bridge…
10	Neher, M.	Learning-opportunities in rheumatology practice-a qualitative study.
11	Omarian, A.	Nurses' perceptions of evidence-based practice in Neonatal Intensive Care Unit (NICU) in Saudi Arabia.
12	Snelgrove Clarke, E.	Distinguishing Fidelity Evidence Based Innovation versus Implementation Strategy.
13	Stacey, D.	Perceived factors influencing nurses' use of evidence-informed protocols for remote cancer treatment-related symptom management.
14	Wolstenholme, D.	Better Services by Design: an innovative methodology for knowledge mobilisation.
15	Yamada, J.	Sustaining Pain Management Practices in Hospitalized Infants.
16	Yoder, L.	The Beatles Guide to Staff Nurses Approach to Knowledge Use.

Understanding Mentoring as a Knowledge Translation Intervention for Implementing Nursing Practice Guidelines: A Qualitative Study

Ghadah Abdullah[1] RN (Saudi Arabia), MSc, Kathryn Higuchi[2] RN, PhD, Jenny Ploeg[3] RN, PhD, Dawn Stacey[4] RN, PhD

[1] Ghadah Abdullah, PhD Candidate, School of Nursing, Faculty of Health Sciences, University of Ottawa, Nursing Best Practice Research Centre, Ottawa, ON, Canada;
[2] Kathryn Higuchi, Associate Professor, School of Nursing, Faculty of Health Sciences, University of Ottawa, Nursing Best Practice Research Centre, Ottawa, ON, Canada;
[3]Jenny Ploeg, Professor, School of Nursing, Faculty of Health of Sciences, McMaster University; Scientific Director, Aging, Community and Health Research Unit, Hamilton, ON, Canada;
[4]Dawn Stacey, Associate Professor, School of Nursing, Faculty of Health Sciences, University of Ottawa; Scientist, Ottawa Hospital Research Institute, Ottawa, ON, Canada.

Aim:
To explore the use of mentoring for implementing nursing practice guidelines. Specific objectives are to: 1) examine characteristics of the mentor and fellow; and 2) explore mentoring strategies used to help fellows meet their learning needs.

Methods:
An interpretive description qualitative study was conducted. Eligible participants were fellows and primary mentors who participated in the Registered Nurses' Association of Ontario's Best Practice Guideline (RNAO BPG) Implementation/Knowledge Transfer fellowship, and other key stakeholders who had a minimum of six months' experience developing and/or managing the fellowship program. The BPG fellowship aims to develop nurses' knowledge, skills and expertise with respect to implementing BPGs and increase capacity in the nursing profession for evidence-based practice. Participants for this study were interviewed using a semi-structured interview guide. Thematic analysis was used.

Findings:
Sixteen interviews were conducted with fellows (n=6), mentors (n=6), and other key stakeholders (n=4). Key characteristics of mentors were being encouraging, being both process and task oriented, and sharing expertise. Key characteristics of fellows were being committed, being self-directed, and having some expertise. Fellow-mentor relationship characteristics included having mutual respect and being co-located. Mentoring strategies involved four steps: 1) select mentor/fellow; 2) create a learning plan; 3) use strategies tailored to learning needs, build networks, guide and coach, and use learning/teaching strategies; and 4) maintain connections.

Conclusion:
This study identified key components to understanding mentoring programs aimed at supporting the uptake of clinical practice guidelines in nursing. Personal, professional and relational characteristics influenced mentor-fellow interactions within the context of guideline implementation. Mentoring involved four key steps designed to meet fellows' learning needs. Findings will be useful for guiding fellow/mentor selection and relationships in clinical practice settings and for validating mentoring behaviours within a larger study.

The Context Assessment for Community Health tool - investigating why what works where in low- and middle-income settings.

Anna Bergström 1, Duong M. Duc 1, 2*, Sarah Skeen 3*, Mark Tomlinson 3, Janet Squires 4, 5, Dinh P. Hoa 2, 6, Carina Källestål 1, Lars-Åke Persson 1, Jesmin Pervin 7, Stefan Peterson 1, 8, 9, Nguyen T. Nga 6, Anisur Rahman 7, Katarina Selling 1, Peter Waiswa 8, 9, Elmer Zelaya 10, Petter Gustavsson 11, Carole Estabrooks 12 and Lars Wallin13, 14.

1. International Maternal and Child Health, Department of Women's and Children's Health, Uppsala University, Sweden. 2. Hanoi School of Public Health, Hanoi, Vietnam. 3. Department of Psychology, Stellenbosch University, South Africa. 4. Ottawa Hospital Research Institute, Canada. 5. School of Nursing, Faculty of Health Sciences, University of Ottawa, Canada. 6. Research Institute for Child Health, national Hospital of Paediatrics, Vietnam. 7. Matlab Health Research Centre, PHSD ICDDR,B, Bangladesh. 8. Department of Public Health Sciences, Karolinska Institutet, Sweden. 9. School of Public Health, Makerere University College of Health Sciences, Uganda. 10. Fundacion Coordinación de Hermanamientos e Iniciativas de Cooperación CHICA, León, Nicaragua. 11. Department of Clinical neuroscience, Karolinska Institutet, Sweden. 12. Faculty of Nursing, University of Alberta, Canada. 13. School of Health and Social Studies, Dalarna University, Sweden. 14. Department of Neurobiology, Care Sciences and Society, Division of Nursing, Karolinska Institutet, Sweden

BACKGROUND:
The gap between what is known and what is practiced results in patients not benefitting from advances in healthcare and unnecessary costs for clients and health systems. The Promoting Action on Research Implementation in Health Services (PARIHS) framework posits three elements influencing successful implementation of new knowledge (1) *evidence*, (2) *context* in terms of coping with change, and (3) *facilitation* needed to ensure change. A strong context is considered key to warrant an environment receptive to change. Tools for systematic mapping of aspects of context influencing implementation of new knowledge has been developed for and are being used in high-income settings.

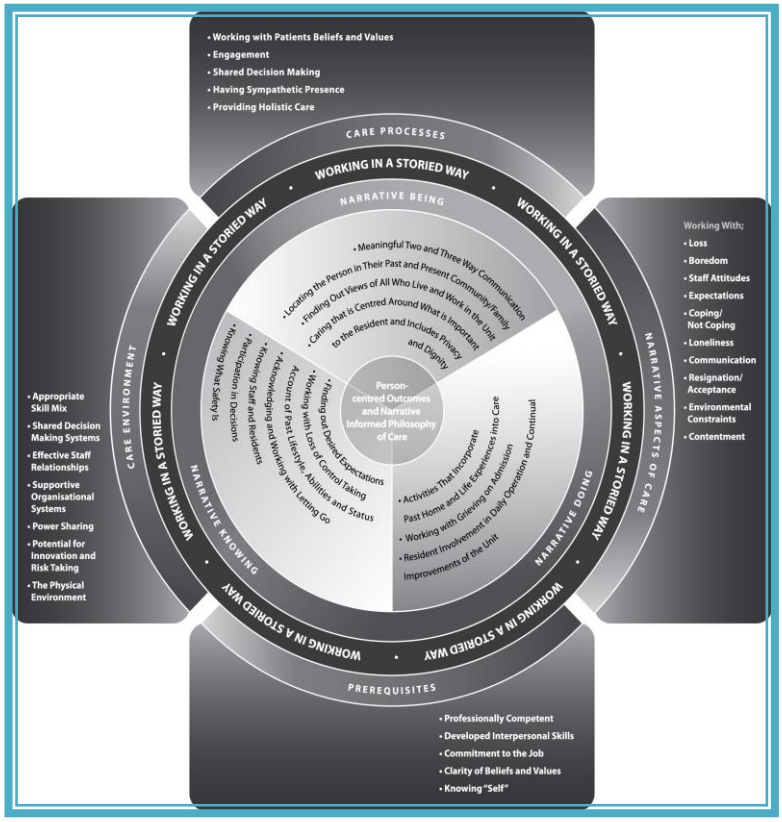
METHODS:
The development of the Context Assessment for Community health (COACH) tool departed from the PARIHS framework. Earlier no tools for systematic assessment of context were available for low- and middle-income settings. The development of the COACH tool was undertaken in Bangladesh, Vietnam, Uganda, South Africa and Nicaragua in six phases; (1) Defining dimensions and draft tool development, (2) Content validity amongst in-country expert panels, (3) Content validity amongst international experts, (4) Response process, (5) Translation and (6) Evaluation of psychometric properties amongst 690 health-workers in the five settings. The tool has been validated for use amongst physicians, nurse/midwives and community health workers.

RESULTS:
The COACH tool has 49 items and measures the following eight aspects of context: Leadership, Work culture, Monitoring services for action, Sources of information, Resources, Community engagement, Commitment to work and Informal payment.

CONCLUSION:
We foresee that the tool can be applied to; (1) address and act on locally identified shortcomings of the health system to increase effectiveness for health system strengthening, (2) guide planning and promote adaptation of interventions to the local context in low-income settings and (3) evaluate, understand and compare process and outcome indicators of healthcare interventions.

Working in a Storied Way: Changing Practice Through Narrative Inquiry.

Catherine Buckley RGN, BSc, MSc, PGCert. Narrative, PhD candidate Queen Margaret University, Edinburgh.



Narrative is a method by which people make sense of their lives and in this way gain a better perspective of themselves and allow others an insight into the intention, meaning, coherence and understanding ascribed to their lives. In the period 2009-2013 a collaborative action research study, using emancipatory practice development approaches, was conducted in a residential care setting for older adults in the Republic of Ireland.

The study was underpinned by philosophies of narrative, person-centred care and practice development. Using collaborative focus groups with staff and narratives gathered from older adults, a framework of narrative practice was developed. The study explored the implementation of the framework of narrative practice using work-based learning approaches to identify culture and outline areas for improvement and change. In work-based learning groups facilitated by the researcher and the ward managers, staff identified their current culture and practices and creatively identified areas where a narrative approach to care could improve the lives of the older adults in their care.

In this Show and Tell I will critically engage with people to discuss the processes involved in the development of the methodological framework, how the implementation of the framework took place, some of the challenges and benefits that were encountered and provide an account of the overall evaluation of the study. I will use a creative narrative medium to demonstrate and highlight the processes used in this study. Using the framework above and the song "Change is Gonna Come" as guidance, I hope to show how narrative and narrative approaches can help practitioners translate knowledge gained from the stories of residents into practice and organisational change.

“CHANGES” - Facilitation in the Real World - A Case Study of Guideline Implementation in Nursing

Elizabeth J. Dogherty, RN, PhD. University of Alberta, Canada.

Background:
Facilitation continues to gain interest as an intervention to enhance evidence uptake and involves helping practitioners identify what is needed to change and how to incorporate evidence into practice. The aim of this study was to describe facilitation activities over time in a guideline implementation involving front-line nurses. An additional objective was to examine the facilitation required surrounding key events that occurred during the guideline implementation process.

Methods:
We conducted an in-depth, descriptive case study of a naturally occurring guideline implementation process using case audit and semistructured interview methods. Facilitators assisted groups and we specifically examined these individuals’ roles. An audit tool was developed based on the literature outlining 54 discrete facilitation activities and was used to examine the facilitation contained in documents provided by the organization (e.g., meeting minutes, field notes, etc.). Semistructured interviews with facilitators and key stakeholders were conducted (*n* = 14). Data were analyzed through content analysis.

Results:
There was evidence of all 54 facilitation activities being undertaken during the course of the study. Eighteen pivotal events were identified, many of which were associated with staffing and leadership change within the organization. These events prompted facilitators to regroup and adjust individuals’ roles and responsibilities related to implementation. Interview participants identified a range of requisite knowledge and skills required for facilitation, including credibility and previous guideline implementation experience.

Conclusions:
The findings support what is described in the literature about facilitation as a *role* and *process* in evidence implementation. In following, but not prescribing implementation strategies, this study provides insight into the facilitation deemed necessary, or at least helpful to groups, in the circumstance that specific events occur during implementation. Some of these events may be common or generic thus, future research should evaluate the facilitation surrounding these events in more detail.

Electronic reminders as an implementation strategy for the uptake of clinical practice guidelines for peripheral venous catheters in paediatric care – a cluster randomized study

Anna Ehrenberg, professor [1], Ulrika Förberg, PhD student [1, 2], Maria Unbeck [3], PhD, Eva Johansson, Associate professor[4], Britt-Marie Ygge [2], PhD, Max Petzold, Professor [5, 6], Lars Wallin, Professor [1, 4]

[1] School of Health and Social Studies, Dalarna University, Falun, Sweden; [2] Department of Women's and Children's Health, Karolinska Institutet, Stockholm, Sweden; [3] Department of Clinical Sciences, Danderyd Hospital, Karolinska Institutet, Division of Orthopaedics, Stockholm, Sweden; [4] Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden; [5] Centre for Applied Biostatistics, Department of Medicine, Sahlgrenska Academy, University of Gothenburg, Sweden; [6] ICHAR, Karolinska Institutet, Stockholm, Sweden

Abstract

A cluster randomised controlled study was conducted at 12 inpatient units at a paediatric university hospital. The aim was to investigate the effects of an implementation strategy in the format of electronic reminders for a clinical practice guideline on peripheral venous catheters (PVCs) in paediatric care.

Introduction

Health care professionals are increasingly being challenged by demands for providing more health care while having access to fewer resources. One approach to meet these conflicting demands is to consistently make the best possible use of available research knowledge. Promising means to address the under-use of evidence-based knowledge is the development and implementation of clinical practice guidelines [1]. Studies have shown that physicians can improve their clinical decisions through electronic reminders [2], but more knowledge is needed on how reminders can be used as an implementation strategy to support RNs and effect patients' outcomes.

Method

The reminders were introduced in the electronic patient record (EPR) at the intervention units in January 2010. Areas included were choice of PVC, hygiene when inserting PVCs, maintenance of dressing, and daily site inspections. Primary outcome variables, documented signs and symptoms of PVC related complications at removal, were measured by retrieval of data from the EPR. Secondary outcome, RNs adherence to the PVC guideline was based on self reported data from a questionnaire. Based on a power analysis 1213 PVCs were needed in each group (intervention/control) before and after the intervention. Patients with PVCs were included, whereas each PVC was counted as one case. The sample for patients at baseline was 909 in the intervention group and 901 in the control group and at follow-up were 900 patients in the intervention group and 889 in the control group. Nurses working at any of the 12 units in 2009 and/or 2011 were included and received a questionnaire. The final sample for RNs consisted of 212 RNs (65% response rate) at baseline and 208 RNs (72% response rate) during follow-up.

The results show no significant effects of the intervention on signs and symptoms of PVC related complications, or on the RNs adherence to the PVC guideline.

References

1. Shojania K, Grimshaw J. Evidence-based quality improvement: the state of the science. Health Affairs 2005: 24: 138-150.
2. Grimshaw J, Thomas R, MacLennan G et al. Effectiveness and efficiency of guideline dissemination and implementation strategies. Health Technology Assessment 2004; 8(6): 1-72.

Tinkering and tailoring: understanding the trajectory of complex innovations in healthcare settings

Kate Gerrish, Dan Wolstenholme
(Translating Knowledge into Action theme, NIHR CLAHRC Yorkshire and Humber, United Kingdom)

Evidence-informed innovations have uncertain trajectories in healthcare settings. A specified set of practices may be described, and implementation encouraged, but how those practices are actually delivered may change over time. Uptake may be variable: for various reasons, the innovative practices may be intermittently or partially carried out. Along the way the innovation will interact with agents and contexts that influence its trajectory.

This poster presents a framework for understanding the trajectory of complex innovations derived from a study examining four knowledge translation projects undertaken by NIHR CLAHRC South Yorkshire.

The framework identifies two distinct processes:
Tailoring: where some agents (e.g. knowledge brokers, local change agents) take a deliberate role in purposively shaping the innovation.

Tinkering: with the passage of time, the details of the way the innovation is delivered may change. These deliberate, yet subtle, iterations may occur as more evidence becomes available, or to achieve a better 'fit' of the innovation to its local context.

Moreover, while some aspects of context form a passive set of constraints, others may interact dynamically with the innovation, either constraining its trajectory or potentiating its effects. Understanding and unpacking these complex trajectories, and teasing out the influencing nature of key agents such as knowledge brokers and local leaders, provides insights into implementation strategies for evidence-informed innovations in complex care environments.

The framework identifies how innovations and knowledge translation strategies evolve over time as tinkering and tailoring occurs along a trajectory from initial inception, set-up, active implementation and subsequent sustainability phases.

Arts based knowledge translation: understanding First Nations, Inuit and Métis women's experiences with cancer

Wendy Gifford (presenter), Roanne Thomas, Jennifer Poudrier, Ryan Hamilton, Tracy Scott, Doris Warner, Tricia Morrison, Chad Hammond.

Titles and affiliations of authors:

- Wendy Gifford, RN, PhD, University of Ottawa School of Nursing Faculty of Health Sciences & Associate Research Saint Elizabeth Health Care, Ontario, Canada
- Roanne Thomas, PhD, University of Ottawa School of Rehabilitation Sciences, Ontario, Canada
- Jennifer Poudrier, PhD, Department of Sociology University of Saskatchewan, Saskatchewan, Canada
- Ryan Hamilton, PhD, Department of Psychology University of New Brunswick, New Brunswick, Canada
- Tracy Scott RN, MN, First Nations, Inuit and Metis Program, Saint Elizabeth Health Care, Ontario, Canada
- Doris Warner, First Nations, Inuit and Metis Program, Saint Elizabeth Health Care, Ontario, Canada
- Tricia Morrison, PhD, OT Reg. (Ont.), University of Ottawa School of Rehabilitation Sciences, Ontario, Canada
- Chad Hammond, PhD, University of Ottawa School of Rehabilitation Sciences, Ontario, Canada

Background:
As health care providers increasingly recognize cancer as a complex phenomenon, it is critical to incorporate diverse perspectives and ways of sharing knowledge in meaningful and culturally appropriate ways. Little is known about the meaning cancer has for First Nations, Inuit and Métis (FNIM) women in Canada. Arts-based methods of knowledge translation offer innovative approaches that expand the possibilities of addressing the complexities of KT, while fostering opportunities for participants to express their experiences and engaging health professionals to critically reflect upon research findings.

Objectives:
This poster presentation illustrates an arts-based method of data collection as part of a KT strategy that aims to understand First Nations, Inuit and Métis women's experiences with cancer in Canada. Our new multi-site interdisciplinary study is designed to describe the psycho-social experiences of First Nations, Inuit and Métis women using photography and journaling. This research builds on a completed photovoice pilot study in which 12 First Nations and Métis women described the meaning of breast cancer survivorship via photography, interviews, and a sharing circle.

Methods:
A qualitative, participatory research design is being conducted using photography and journaling activities to document the experiences of each participant, representing a culturally appropriate approach essential for research with First Nations, Inuit and Métis people. A final video will be produced and publically screened from the activities.

Results:
To date, story journal guides were developed with an advisory panel of First Nations, Inuit and Métis stakeholders, and a model of photographs and texts has been assembled to guide data collection. These will be shared in the poster presentation, which will be accompanied by music chosen by a FNIM research liaison.

Conclusion:
Our arts-based KT strategy utilizes creative methods that can critically inform culturally appropriate ways of knowing and health care practices for First Nations, Inuit and Métis women.

Creative Hermeneutic Knowledge Co-Production model

Tone Elin Mekki, førstelektor/ PhD kandidat, Senter för omsorgsforskning Vest, Høgskolen i Bergen.

Our study upscaled and retested a previous intervention finding significant reduction in restraint and use of psychotropic drugs in residents living with dementia. Using the Promoting Action on Research Implementation in Health Services (PARIHS) prospectively, a cluster randomized controlled trial, participatory action research and ethnography have been used to evaluate the effectiveness of a standardized educational intervention consisting of 2 day staff education and 1 hour monthly coaching during 6 months in two rounds (12 x 2 NHs).

In addition, we studied promoting and hindering implementation factors. Acting as co-researchers, four teams à two facilitators wrote reflection notes and participated in focus group reflections on how contextual factors in the nursing homes influenced their education and coaching performance.

This 'poster' will present the 'Creative Hermeneutic Knowledge Co- Production' model I devloped to ensure rigour and transparency, including the underlying paradigmatic and epistmological assumptions and the potential worth in co-creating inferences and knowledge in mixed methods research. I will also present a brief summary of our findings supporting the main elements in PARIHS. However, our findings indicate that within 'context', the sub-element of leadership trumphs the 'evaluation' and 'culture' element, and support recent suggestions of including the role of 'individuals' as a fourth element to the framework (Rycroft-Malone, Seers et al. 2013)

Rycroft-Malone, J., K. Seers, J. Chandler, C. A. Hawkes, N. Crichton, C. Allen, I. Bullock and L. Strunin (2013). "The role of evidence, context, and facilitation in an implementation trial: implications for the development of the PARIHS framework." Implementation Science 8(1): 28.

Strategic communication as a bridge…..

Helena Mortenius, FoU-handledare, Med. dr., Region Halland.

Implementation of R&D

Health care today is faced with the challenge of bridging the gap between the theoretical world and the practical clinical setting. Strategic communication is one way to create and disseminate knowledge of and interest in research and development (R&D) as a bridge towards new thinking and willingness to change work practices, for the benefit of patients.

Strategic communication as a science

Strategic communication is generally defined as the purposeful use of communication by an organization to fulfill its mission. It is a relatively new science and is interdisciplinary with application areas in sociology, pedagogic, psychology and political science, and builds on several theories in these fields. The communication targets are to create interest and influence attitudes as well as promote or prevent decisions leading to action. Using this science in an interdisciplinary manner to enrich implementation research in health care is unique in its kind.

Longitudinal interventional study

A staff's cohort started at 1997. The study had a longitudinal design aimed at influencing the attitude to a science-promoting platform. The study population comprised all primary care staffs in Region Halland in the south west of Sweden (N=1,276). The measurements took place 7 and 12 years after the start of the intervention.

Contributing to a significant change over time

Strategic communication contributed to almost all primary care staff gaining knowledge of R&D, more than half of whom became interested in the subject. More than half of the primary care staff members developing new thoughts and ideas and a third of them had changed or intended to change their work practices (7 year follow-up). This positive attitude increased over time and every second staff member exhibited an intention to engage in R&D at the 12 year follow-up. The organisational culture emerged as an important factor.

Learning-opportunities in rheumatology practice-a qualitative study.

Margit Neher, PhD, Linköping University.

Background:

As rheumatology practice is becoming more complex, there is a growing need to go beyond formal training to develop new skills and competencies. Calls for evidence-based practice not only challenges practitioners´ research-literacy, but also make demands on their clinical expertise, e g in shared decision-making with more informed patients. While human resource management traditionally focuses on formal education, modern theories about learning in the workplace propose that learning at work is informal, dominated by learning through experience and interactions.

Aims:

to explore what perceptions professionals working in specialized rheumatology have about their learning opportunities and about what learning activities they use in their practice.

Methods:

36 practitioners of different professions working in specialist rheumatology were interviewed using a semi-structured interview guide. The data were analysed using conventional qualitative content analysis, with a directive approach, using a typology of formal and informal learning.

Results:

The analysis confirms workplace learning theories: interaction with others in the workplace, in most part with professional peers, provided opportunities for learning through consultations, pharmacological outreach visits and informal meetings concerning patients and treatments. On a smaller scale, opportunities for formal learning in the shape of conferences and courses were also perceived as significant for learning. Limitations for informal learning were organisational in nature, often pertaining to leadership and other work-unit characteristics, while limitations for formal learning were the perceived lack of availability of formal continuing education and financial cutbacks in health care. Perceived patient needs and good relationships in the workplace were perceived as facilitating for informal learning.

Conclusions:

the study confirmed that informal workplace learning is an important part of learning in clinical rheumatology. Further studies are needed to clarify in which ways informal and formal learning in the rheumatology clinic may be supported.

Nurses' perceptions of evidence-based practice in Neonatal Intensive Care Unit (NICU) in Saudi Arabia

Aisha Omarian, PhD, School of Nursing and Midwifery, Queen's University Belfast, Northern Ireland.

Aim:
To gain a deeper understanding of how nurses working in Neonatal Intensive Care Units (NICU) conceptualise evidence based practice (EBP) and their experiences of putting into practice.

Background:
EBP has been defined as "The integration of the best research evidence with clinical expertise and patient values" (Sackett, et al. 2000) Nurses play an essential role in any health care system. For the last two decades, researchers have explored to what degree nurses use research findings in practice, but there are many variations depending on the nurse's educational level and the practice setting culture. Recently, the field of EBP has turned from a focus on synthesizing and accurately translates the evidence to focus on implementation of the recommendations of the evidence (Bauer, 2002). The literature review in Saudi identified two studies that have been conducted to investigate nurses' attitudes and the barriers to implementing EBP into their practice; one in general hospital and one in an eye hospital. While both had small sample sizes and are therefore hard to generalise, the findings are similar to those reported for GPs. In addition, no literature was found that explores this subject in critical care units, particularly in NICU.

The proposed study will use a mix method design with purposive sampling. Data will be collected using questionnaire and focus group discussions. Descriptive and inferential statistics will be used to analysis the quantitative data. Thematic analysis or constant comparative will be used to analysis the qualitative narrative data.

Outcomes
1. To conceptualize nurses beliefs regarding how EBP can improve the quality of care and patient safety.
2. To highlight the barriers to evidence-based practice.
3. To promote nurses ability to assess research in relation to practice.
4. To identify educational courses which may increase nurse's knowledge and skills in EBP
5. To provide descriptive research that can be used as a baseline assessment for strategic planning efforts to move organisations toward evidence-based practice using Kangaroo mother Care as a case study.

Distinguishing Fidelity Evidence Based Innovation versus Implementation Strategy: A Scoping Review

Erna Snelgrove Clarke, Dalhousie University , Halifax, Canada.

Background (*not discussing what is happening*)
Assessing the fidelity of implementation is a critical component to evaluating evidence-based innovations and implementation processes. Rarely are fidelity to both the evidence-based clinical innovation and the implementation-strategy reported. Our poster purpose is to present systematic literature assessment and to raise awareness for assessing and reporting fidelity to the evidence-based innovation *and* fidelity to implementation strategy. Scoping review objectives include:

- Identifying conceptual frameworks guiding research in the selected articles
- Describing innovations & implementation strategies monitoring and measuring fidelity
- Documenting approaches taken to monitor/measure fidelity of the evidence-based innovations and/or the implementation strategies
- Documenting the reported details of: a) fidelity to an innovation, b) fidelity to an implementation strategy and c) fidelity to both

Methods (*struggling to overcome challenges*)
A 6-stage methodological framework for scoping studies guided our work (Levac et al., 2010) and supported out purpose to understand to what extent implementation and innovation fidelities were being distinguished from each other and were assessed, and to identify upon which frameworks authors relied. Three authors independently reviewed selected articles. We identified all journals in the EPOC review (N = 337) and chose all articles (N = 128) from the top three cited journals. Authors then met in pairs to conduct interrater reliability checks and to discuss review inclusion details.

Results (*coming to grips*)
We will report preliminary findings. All articles were reviewed and 50 were excluded. They did not include an implementation strategy for health professional behaviour change or were duplicates. We will identify some exemplary articles that included extensive description of both the fidelity to the innovation and the fidelity to the implementation strategy or fidelity to the strategy alone.

Perceived factors influencing nurses' use of evidence-informed protocols for remote cancer treatment-related symptom management: A mixed methods study for "*Breaking Down Barriers*"

Dawn Stacey[1], Meg Carley[2], Barbara Ballantyne[3], Myriam Skrutkowski[4], Angela Whynot[5] for the Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Team[6]

1. Dawn Stacey, RN, PhD School of Nursing, University of Ottawa and Ottawa Hospital Research Institute, Ottawa, Ontario
2. Meg Carley, BSc, Ottawa Hospital Research Institute, Ottawa, Ontario
3. Barb Ballantyne, RN, BNSc, MScN, CON(C), Health Sciences North, Sudbury, Ontario
4. Myriam Skrutkowski, RN, M.Sc., CON(C), McGill University Health Centre, Montreal, Quebec
5. Angela Whynot, RN, BScN, CON(C), Capital Health, Halifax, Nova Scotia
6. Pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) Team, School of Nursing, University of Ottawa and Ottawa Hospital Research Institute

Purpose

To assess factors perceived to influence nurses' use of evidence-informed protocols when providing remote symptom management for oncology patients and identify interventions for "*Breaking Down Barriers*".

Methods

A mixed methods descriptive study was guided by the Knowledge-to-Action Framework. Five focus groups and 6 interviews including role-play with a protocol (n=34), and survey (n=78) were conducted with nurses working in three ambulatory oncology programs within different Canadian provinces. Data was triangulated using thematic analysis guided by the Ottawa Model of Research Use.

Results

Over 90% of nurses provide telephone support during regular hours and 88% use paper-based documentation. Symptom protocols are used by 50%, 39% and 3% nurses at each site respectively. Over 85% rated the protocols positively for content and format; however 20% indicated too complex to use. Protocol level facilitators were standardized comprehensive approach, consistent with distress screening, and evidence-based. Protocol level barriers were too long, not for symptom clusters, and inadequate space for documenting. Nurses indicated the need to enhance their knowledge (73%) and skills (58%) in using protocols but felt confident in their ability (82%). Nurses identified access to resources and performance feedback could enhance protocol use. Other nurse level barriers were unaware of protocols and feeling tied to a script. Organizational factors were easy to try before adopting into the program (47%), and likely to be used by colleagues (46%). Other barriers included communication challenges with patients, lack of electronic charting, and unclear direction to use them. Suggestions to increase use included providing easy access and having similar resources for patients. Some nurses stated no barriers.

Conclusions

Several barriers and facilitators were perceived to influence the use of COSTaRS protocols in nursing practice. Interventions are needed for "*Breaking Down Barriers*" such as continuing education on using protocols, clear organizational mandate, and integration with nursing documentation.

Better Services by Design: an innovative methodology for knowledge mobilization

Daniel Wolstenholme, Art and Design Research Centre, Sheffield Hallam University, UK.

Better Services by Design (BSBD) (www.bsbd.org.uk) is an innovative research and implementation approach developed by the User-centred Healthcare Design (UCHD) theme in the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for South Yorkshire, UK. BSBD uniquely brings the theory and practice of design into healthcare service innovation by delivering a structured approach to encourage and support teams to work with all stakeholders to co-design, co-produce practical ideas for change and knowledge mobilisation.

The approach is informed by three principles:

> Designing for people not patients. Understanding people's lived experiences, not just as service-users but human beings with feelings and wider goals;
> Designing with people. Producing sustainable change by working with service users and providers to include their specialist knowledge and give them a strong voice in how services should change;
> Designing for innovation. Through prototyping and other creative activities stakeholders are facilitated to explore broader possibilities, focus on solutions and deal with complex problems.

The approach has proved successful in dealing with the challenging context of health and wellbeing, through using an integrated approach to knowledge mobilisation, thereby "sustaining the meaningful engagement of participating knowledge users throughout the research process" in KU (CIHR 2012).

This poster will present the process undertaken by the public health team in Doncaster Metropolitan City Council (UK) in developing an intervention to promote physical exercise. This public health led project involved Doncaster Rovers Football Club, local interest groups and the metropolitan council. Reflections from the team was that BSBD was uniquely successful in dealing with multiple stakeholders' agendas by using on a solution-based approach and created a safe environment to allow a 'playful' exploration of alternative futures, whilst bringing together the tacit knowledge of the various stakeholders with knowledge from national policy and the local context.

References: *Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches*, CIHR. 2012 © Her Majesty the Queen in Right of Canada

Sustaining Pain Management Practices in Hospitalized Infants

Janet Yamada, RN, PhD, Bonnie Stevens, RN, PhD, Souraya Sidani, RN, PhD, Judy Watt-Watson, RN, PhD

Background and Objective
The Evidence-based Practice for Improving Quality (EPIQ) strategy (Lee et al., 2009) is a multifaceted tailored knowledge translation (KT) intervention that was used to promote improved pain practices (i.e., documentation of sucrose orders and administration) for procedural pain in infants hospitalized in the Neonatal Intensive Care Unit (NICU). The intervention was implemented over a 12 months. Health professional facilitators in the NICU implemented KT strategies (e.g., reminders, audit and feedback) to promote sucrose practices. EPIQ was effective in improving the documentation of sucrose orders ($p=0.002$) and sucrose administration ($p=0.004$). However, the sustainability of these improved practices was unknown. The objective of this study was to determine whether the improvements achieved during the EPIQ intervention implementation could be sustained at 6 and 12 months post-intervention.

Methods
In this descriptive case study, patient chart reviews were conducted at 6 months and 12 months post EPIQ implementation to determine the sustainability of improved documentation of sucrose ordering and administration practices in the NICU. Thirty patient charts were reviewed at each time point. Logistic regression was used to model the probability of the selected practice change based on time.

Results
At 6 and 12 months post EPIQ implementation, documentation of sucrose ordering remained elevated compared to baseline. This association was only statistically significant at 12 months post intervention (OR: 3.43 95% CI: 1.12 to 10.47). There was a 4.5 and 9.0 fold increase in the odds of documenting the administration of sucrose at 6 and 12 months post EPIQ implementation compared to baseline ($p=0.037$ and $p=0.002$ respectively).

Conclusions
Improved sucrose administration practices achieved during the EPIQ intervention were sustained up to 12 months post intervention implementation. Further evaluation of the factors that influence the sustainability of sucrose practice improvements including an examination of contextual factors is warranted.

Acknowledgements: Supported by the Canadian Institutes of Health Research (CIHR) (CTP-79854 and MOP-86605) and a CIHR Fellowship.

The Beatles Guide to Staff Nurses Approach to Knowledge Use

Linda H. Yoder PhD, MBA, RN, AOCN, FAAN & D. Curk McFall MSN, RN
The University of Texas at Austin School of Nursing

Purpose:
The purposes of this study were to determine: (1) registered nurses (RNs) use of research findings in their practice within an acute care hospital system in the United States,
(2) what types of knowledge RNs used in their practice, and (3) what factors enhanced or hindered research utilization (RU) by the RNs.

Methods:
A cross-sectional, descriptive, on-line survey design was used. Approval for the study was obtained from the health system's institutional review board. This study took place in a 10 hospital health system located in a U. S. metropolitan city. All RNs received an email invitation to participate in the survey, which was available on the organizational intranet for eight weeks. The survey consisted of 54-items grouped into five sections; 2900 registered nurses were invited to participate; 1112 nurses provided usable surveys, for a response rate of 38%. The focus of this presentation is the 794 staff nurses who responded to the survey.

Results:
Most of the nurses (88%; n = 695) were females whose highest level of education was a baccalaureate degree (49%; n = 380) and who had been RNs for at least 10 years (50%; n = 387). The knowledge the nurses reported they relied on most for their practice came from their personal experience with patients, policies, and procedures, physician colleagues, and nursing peers. The nurses' attitudes about knowledge use were positive overall, but they expected unit based educators, clinical nurses specialists, and nurses in non-bedside care roles to collect and synthesize the research for them.

Conclusion:
Due to unit or hospital-based cultures and barriers, staff nurses often continue to want others, such as masters prepared nurses, to read and synthesize the evidence and convince them of the benefit to patients before they will adopt new evidence-based practices.

KU14 Group session, Strategic Communication

Name	Country	Break-out group	Room
Ankie Eldh	SWE	Facilitator	-
Helena Mortenius	SWE	Facilitator	-
Tracey Bucknall	AUS	Facilitator	-
Marshall, Andrea	AUS	1	Hjortnäs
Sketris, Ingrid	CAN	1	¨
Thorsteinsson, Hrund	ISL	1	¨
van der Zijjp, Teatske	NED	1	¨
Boström, Anne-Marie	SWE	1	¨
Carlfjord, Siw	SWE	1	¨
Anderson, Christine	USA	1	¨
Hutchinson, Alison	AUS	2	Hjortnäs
Godfrey, Christina	CAN	2	¨
Kristensen, Hanne	DEN	2	¨
Graverholt, Birgitte	NOR	2	¨
Ehrenberg, Anna	SWE	2	¨
Eriksson, Leif	SWE	2	¨
Omairan, Aisha	UK	2	¨
Kenny, Deborah	USA	2	¨
Gillespie, Brigid	AUS	3	Hjortnäs
Gifford, Wendy	CAN	3	¨
Fossum, Marianne	NOR	3	¨
Elf, Marie	SWE	3	¨
Erichsen Andersson, Annette	SWE	3	¨
Burton, Chris	UK	3	¨
Yoder, Linda	USA	3	¨
Slaughter, Susan	CAN	4	Hjortnäs
Stevens, Bonnie	CAN	4	¨
Lygum Voldbjerg, Siri	NOR	4	¨
Hälleberg Nyman, Maria	SWE	4	¨
Wessman, Christina	SWE	4	¨
Wolstenholme, Daniel	UK	4	¨
Titler, Marita	USA	4	¨
Harrison, Margaret	CAN	5	Bergsäng
Stacey, Dawn	CAN	5	¨
Mekki ,Tone	NOR	5	¨
Lind, Susanne	SWE	5	¨
Strandberg, Elisabeth	SWE	5	¨
Rycroft-Malone, Jo	UK	5	¨

Regan, Mary	USA	5	¨
Cranley, Lisa	CAN	6	Laknäs
Doherty, Elizabeth	CAN	6	¨
Buckley, Cathrine	IRE	6	¨
Bruhn, Åsa	SWE	6	¨
Forsman, Henrietta	SWE	6	¨
Svantesson, Susanne	SWE	6	¨
Langley, Joseph	UK	6	¨
Profetto-McGrath, Joanna	CAN	7	Sunnanäng
Snelgrove, Erna	CAN	7	¨
Kjellin, Therese	SWE	7	¨
Saletti, Anja	SWE	7	¨
Wallin, Lars	SWE	7	¨
Wilkinson, Joyce	UK	7	¨
Ogbolu, Yolanda	USA	7	¨
Abdullah, Ghada	CAN	8	Boda
Yost, Jennifer	CAN	8	¨
Bergström, Anna	SWE	8	¨
Nessen, Thomas	SWE	8	¨
Åberg, Anna Cristina	SWE	8	¨
Williams, Lynne	UK	8	¨
Weeks, Susan	USA	8	¨
Graham, Ian	CAN	9	Lefflers salong
Yamada, Janet	CAN	9	¨
Fridh, Ulla	SWE	9	¨
Neher, Margit	SWE	9	¨
Tistad, Malin	SWE	9	¨
Sales, Anne	USA	9	¨
Duong, Duc	VIE	9	¨