

Transfer of knowledge

Collaborating with staff for knowledge based care

Ways to Implement New Knowledge

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Concepts

- Bridging research and practice
- Knowledge translation
- Implementation (of evidence based practice)
- Scholarship of practice
- Applying research in practice

How do you implement ?

- What is the approach when you want to translate knowledge
(or implement new knowledge) ?



PAR

... Research in Occupational Therapy

lor • Yolanda Suarez-Balcazar • Kirsty Forsyth • Gary Kielhofner

ches to research have been
ors to address a number of
ng

practice are isolated from practice settings
practitioners (Peloquin & Abreu, 1996; Thor

Ultimately, the difficulties of
applying research in practice
can be linked to the fact that
practitioners ordinarily have
little influence over what gets
studied and how it is studied.

2001). As a result
may not be an
important circum
and constraints
the practitioners
expected to
search (Higg
2001). Even
ducting ap
studies in
therapy, a
largely

• Hammel Einlayson

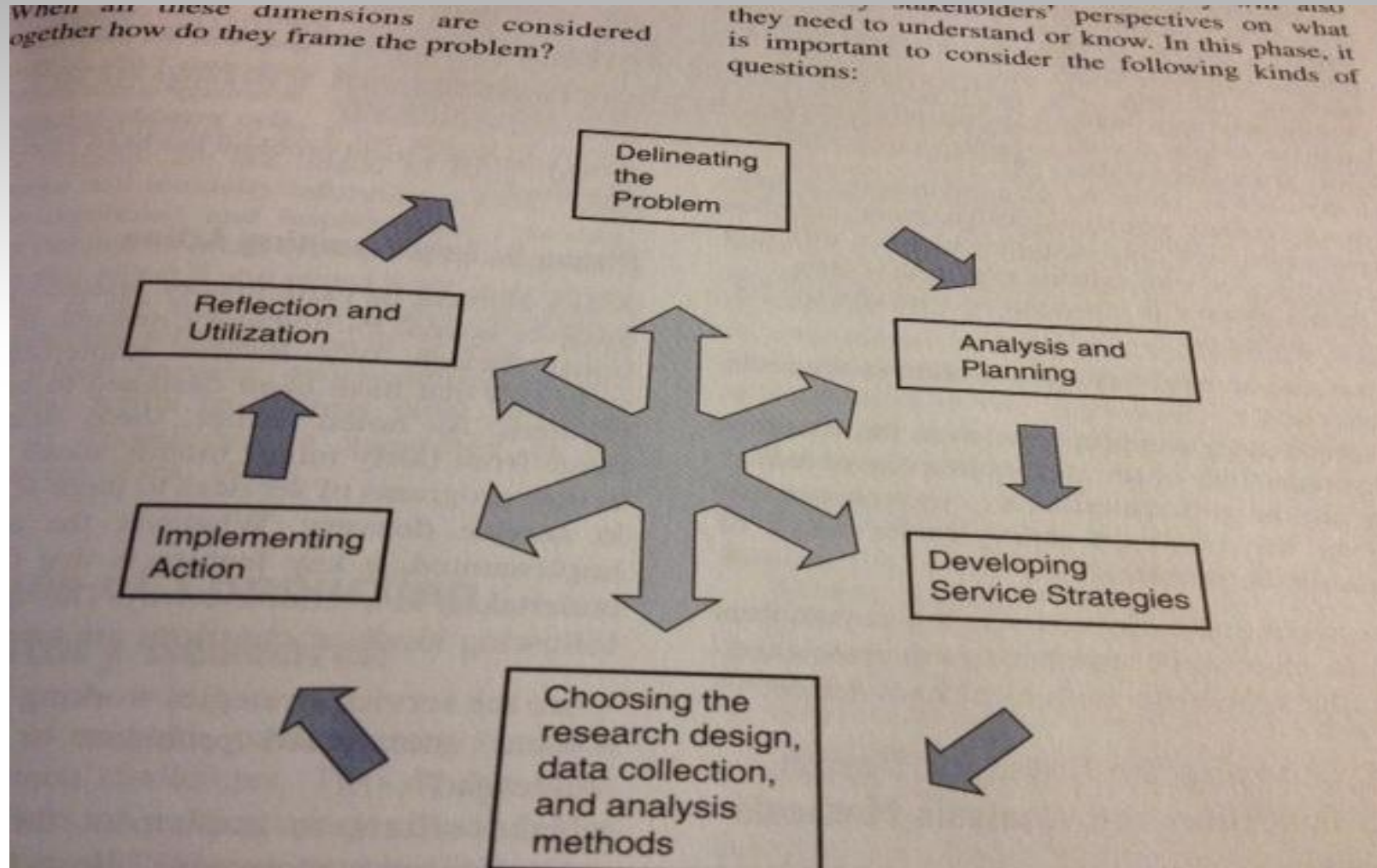
executed the research, with prac

**Research approach =
traditional study of outcome
by applying quantitative
measures**

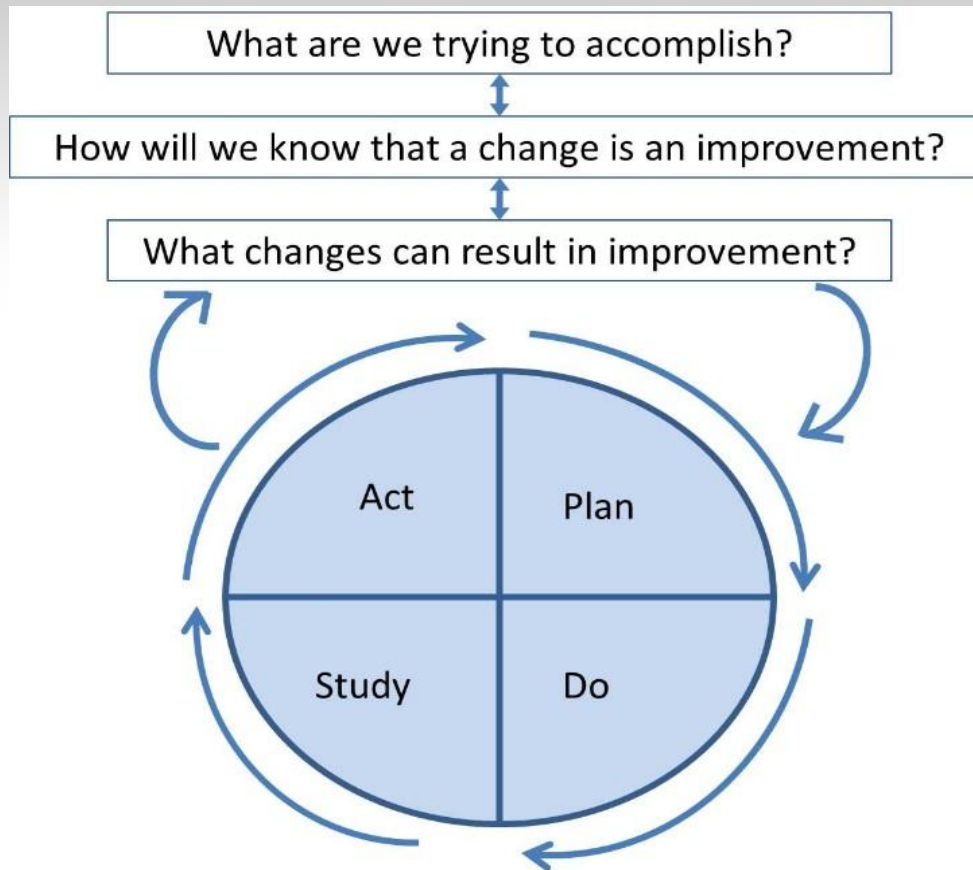
**Implementation approach
= applying an participatory
approach**



Action models



The Improvement Model (PDSA)



Stureby – The knowledge based nursing home

Included in the concept of knowledge based are the following ambitions

1. To have a structure for continued knowledge exchange
2. For staff to be able to search, value and implement already produced knowledge
3. For staff to be able to generate new knowledge

Goal:

Action research model implementation of the *National guidelines for Dementia Care*

Outcome research: Impact on Stress of conscience and psychosocial health in staff



National guidelines – for the care of persons with a dementia disease

- Person centered care
- Small-scale environments
- Physical environments
- Caring climate
- Person continuity
- Activity and rest
- Education
- Support to informal caregivers

Actionresearch as a philosophical foundation and a structure for the improvement work

The actionsresearch process used emcompasses a cyclic process with the following steps:

- I. Delineation of challenges/problems– To adjust to guidelines
- II. Choosing areas for improvement – In literature + own ideas
- III. Design of an intervention and assessment– Mutual action
- IV. Engaging in action – measure, act and reflect
- V. Gathering data – Mutual revised action
- VI. Re-choosing areas for implementation – New plan for action



Taylor RR, Braveman B & Hammel J (2004) Developing and evaluating community based services through participatory action research; two case examples. *Am J Occup Ther.* 58(1), 73-82.

The knowledge seminars

- I. Delineation of challenges/problems - Using a revised SWOT analysis. Possibilities to reflect. Formulate mutual problem /improvement area.
- II. Choosing areas for improvement & make a plan for the improvement work. Formulate search words. Perform knowledge search. Different sources. Value content critically.
- III. Design of an intervention and of the pre- and post- intervention assessment
How to document measure results?



IV. Engaging in action – measure, act and reflect

V. Gathering data – Mutual revised action

VI. Re-choosing areas for implementation –

New plan for action or new area to develop

173:3

KI SAM PROSEKT 173:3

UTVECKLINGSSOMRÅDE:

MATSITUATIONEN

MOTIVERING:

Det är väldigt oroligt vid måltiderna för boende och även personal.

KUNSKAP:

Internet (Demenscentrum), Socialstyrelsens nationella riktlinjer, egna erfarenheter



RESULTAT/ÅTGÄRDER

- Placerar de boende vid bordet
- innan maten / samhörighet / kemi
- Undviker stress
- Ingen diskning/diskmaskin under måltiderna

Step V & VI also included going more public: with reflection and revision through Knowledge sharing and spreading

- Poster presentation
- Mutual large-group seminars
- Spreading knowledge to other units

Lead to:

- Study visits between units
- Invitations of other "experts" from other units as inspiration

Poster exhibition up on display over time as inspiration, but also information to visitors.



Dementia at home - project



Applying the model in a home care context

How do change happen? What are the drivers and hinders of change?

What is important and worth knowing in the context?

DISCUSSION

What are the models/ideas that:

- researchers/faculty can apply when implementing and supporting change (and EBP)
- care staff can apply when supervise/coach other staff members
- Care staff can use when educating/coaching family members

Research suggest

- Create a mutual vision (and a culture where measurable follow-ups of goals are natural.)
- Establish a start and an ending that are well founded and clear to all involved (incl plans for the future)
- Create a sustainable structure for dialogue and reflection
- Work person centered (see all in the organisation as unique persons)

What is suggested to reach a sustainable change?

- The development work should be well-founded in – and relevant for the staff in the organisation
- The process should be run by participants. (Which means the leaders need to have faith in the ability of staff members)
- Enthusiasm and empowerment from all leaders is necessary
- Also the leaders need to be flexible and possess a will to change – and to introduce a new work structure
- Acceptance towards working according to a process-modell

Publications

- Edvardsson, D, Sandman PO, Borell L, (2014). Implementing national guidelines for person-centered care of people with dementia in residential aged care: effects on perceived person-centeredness, staff strain, and stress of conscience. *International Psychogeriatrics*
- Vikstrom, S et al. (2014) A model for implementing guidelines for person-centered care in a nursing home setting. *International Psychogeriatrics*



Thank you for participating!

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