

RTNA Conference
November 21-23, 2010
Marriott Edmonton at River Cree Resort

innovate
influence
integrate



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FOR MEDICAL RESEARCH Endowment Fund



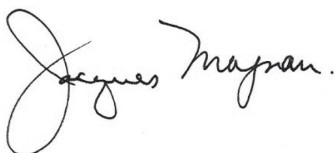
Welcome!

Welcome to **Innovate Influence Integrate**, the RTNA 2010 conference!

The Health Research Transfer Network of Alberta (RTNA) is a province-wide network, supported by Alberta Innovates – Health Solutions. The RTNA undertakes activities to strengthen the transfer of knowledge between researchers, practitioners, patients, and policy makers. Through networking, interactive meeting functions, workshops and this conference, the RTNA provides a rich forum for encouraging and enhancing professional expertise in knowledge transfer.

In the past year, the Alberta Heritage Foundation for Medical Research changed to become Alberta Innovates – Health Solutions. As an organization, and indeed throughout the health system in Canada, we are all being held more accountable for using the best available evidence to inform decisions and measure the impact of the research we fund. Researchers are expected to understand and respond to the needs of decision makers in their research and to mobilize their research findings into policy, practice and innovative products. This conference helps to do just that. It focuses our attention on the issues and challenges of knowledge transfer and helps us develop the skills and competencies needed to practice it most effectively.

This is one of only a few conferences in Canada devoted to the subject of knowledge transfer and I think you won't find a better opportunity to share and expand your knowledge in this area. The conference offers top-notch speakers, sessions, and workshops that give you a sound return on your investment. Our thanks to the Conference Planning Committee for putting together the program and to our sponsors for their support in making this conference possible.



Jacques Magnan, PhD

Chief Executive Officer



Funded by the ALBERTA HERITAGE FOUNDATION
FOR MEDICAL RESEARCH Endowment Fund

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Your Host

This conference is hosted by **Alberta Innovates – Health Solutions and the Health Research Transfer Network of Alberta**



Accreditation



Canadian College of
Health Service Executives
Collège canadien des
directeurs de services de santé

Attendance at this program entitles certified Canadian College of Health Services Executives members (CHE / FCCHSE) to 4.75 Category II credits toward their maintenance of certification requirement.

Conference Overview

Innovate, Influence, Integrate

Knowledge Transfer (KT) is about wanting to make a difference and do things better by ensuring that research is relevant, accessible and used to support decisions.

Whether you're a researcher, part of a research team, a health care practitioner, manager, knowledge broker, or a science entrepreneur, you are part of the KT process. That process describes how new knowledge (innovate) moves between the producers and potential users (influence) and ultimately results in changes in policy and practice (integrate).

The 2010 RTNA conference incorporates leading practices in KT and brings together researchers, practitioners, policy makers, and KT specialists. It is interactive and encourages relationship building across disciplines; it acknowledges the complexity of decision making; it uses storytelling and other effective means of moving knowledge; and it provides an opportunity to learn about KT from experts and from each other. Be prepared to be challenged and energized as we innovate, influence, and integrate.

Objectives

By attending this conference, you will:

1. Understand the most up-to-date knowledge on KT theory, tools and techniques.
2. Improve your communication skills through clarity of language, and practice techniques that help bridge communications gaps between stakeholders.
3. Be able to strengthen cross disciplinary relationships through structured and unstructured networking.

Planning Committee

Chair: Donna Angus, Manager, Knowledge Transfer Initiatives, Alberta Innovates – Health Solutions

Kelly Arbeau, Research Health Informatics, University of Alberta

Carol Campbell, Administrative Assistant, Alberta Innovates – Health Solutions

Daniel Grigat, Project Coordinator, Knowledge Transfer Initiatives, Alberta Innovates – Health Solutions

Doug Hill, Clinical Engineer, Glenrose Rehabilitation Hospital

Elaine Hyshka, PhD Student, School of Public Health, University of Alberta

Christine Jensen-Ross, Knowledge Management Consultant, Alberta Health Services

Monika Keelan, Associate Professor, Laboratory Medicine and Pathology, University of Alberta

Linda Lazaruk, Leader, Allied Health Operations, Edmonton Zone, Alberta Health Services

Shirley Leew, Research Facilitation, Alberta Health Services

Zahra Nurani, Knowledge Management Consultant, Alberta Health Services

Lynn Olenek, Manager, Intergovernmental Programs, Alberta health and Wellness

Ryan Perry, Knowledge Translation Specialist, Mazankowski Alberta Heart Institute

Lynn Otteson, Project Manager, BUKSA Strategic Conference Services

Program at-a-Glance

Sunday, November 21, 2010

13:30 – 18:30	Registration	Foyer
14:00 – 16:30	Knowledge Management: Learning As We Go, Sharing What We Know <i>Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services</i>	River Cree 1
17:00 – 18:30	Reception	Foyer
18:30 – 19:30	Navigating the Policy Environment <i>Susan Williams, Assistant Deputy Minister, Health Policy and Service Standards Division, Alberta Health and Wellness</i>	Enoch Ballroom DEF

Monday, November 22, 2010

07:30 – 17:00	Registration	Foyer
07:30 – 08:30	Breakfast	Enoch Ballroom DEF
08:30 – 08:45	Welcome and Opening Remarks <i>Jacques Magnan, Chief Executive Officer, Alberta Innovates – Health Solutions</i>	Enoch Ballroom DEF
08:45 – 10:00	Yes We Did: Strategic Insights on Social Media from the Campaign that Changed History <i>Rahaf Harfoush, Associate Director, Technology Pioneers, World Economic Forum</i>	Enoch Ballroom DEF
10:00 – 10:30	Networking and Refreshment Break	Foyer
10:30 – 11:45	Concurrent Learning Sessions: Round 1	River Cree Ballroom 1,2,3,4
11:45 – 13:15	Lunch with the Experts	Enoch Ballroom DEF
13:15 – 14:30	Concurrent Learning Sessions: Round 2	River Cree Ballroom 1,2,3,4
14:30 – 15:00	Networking and Refreshment Break	Foyer
15:00 – 16:00	Knowledge Synthesis for Evidence-Informed Decision Making <i>Lisa Hartling, Director, Alberta Research Centre for Health Evidence, University of Alberta</i>	Enoch Ballroom DEF
16:00 – 17:00	Networking and Refreshment Break	Foyer
17:00 – 19:00	Dinner & Entertainment by Science Comedian Brian Malow	Enoch Ballroom DEF

Tuesday, November 23, 2010

07:30 – 16:30	Registration	Foyer
07:30 – 08:30	Breakfast Roundtables	Enoch Ballroom DEF
08:30 – 08:45	Recap of Day One Sessions <i>Steven Lewis, President, Access Consulting</i>	Enoch Ballroom DEF
08:45 – 10:15	Connecting People, Information and Practice: Making Knowledge Work in Alberta Health Services <i>Robyn Blackadar, Vice President, Leading Practices & Innovation, Alberta Health Services</i> <i>Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services</i> <i>Carol Connolly, Director, Knowledge Facilitation & Exchange, Alberta Health Services</i>	Enoch Ballroom DEF
10:15 – 10:45	Networking and Refreshment Break	Foyer
10:45 – 12:00	Abstract Presentations: Round 1	River Cree Ballroom 1,2,3,4
12:00 – 13:00	Lunch	Enoch Ballroom DEF
13:00 – 14:15	Abstract Presentations: Round 2	River Cree Ballroom 1,2,3
14:15 – 14:45	Networking and Refreshment Break	Foyer
14:45 – 16:15	When Best Evidence Isn't Enough: The Case of Vancouver's Safer Injection Site <i>Dr. Thomas Kerr, Co-Director, Urban Health Research Initiative, B.C. Centre for Excellence in HIV/AIDS ; Assistant Professor, Department of Medicine, University of British Columbia</i>	Enoch Ballroom DEF
16:15 – 16:30	Closing Remarks <i>Steven Lewis, President, Access Consulting</i>	Enoch Ballroom DEF

Detailed Program

Sunday, November 21, 2010

13:30 – 18:30	Registration	Foyer
14:00 – 16:30	Knowledge Management: Learning As We Go, Sharing What We Know <i>Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services</i> Join Cathie Scott, Chris Jenson-Ross and Chris Carruthers in this interactive pre-conference workshop. Participants will share their knowledge and expertise while gaining practical ideas and tools to jump-start knowledge management connections.	River Cree 1
17:00 – 18:30	Reception	Foyer
18:30 – 19:30	Navigating the Policy Environment Session Chair: Steven Lewis, President, Access Consulting <i>Susan Williams, Assistant Deputy Minister, Health Policy and Service Standards Division, Alberta Health and Wellness</i> Our newest provincial strategy – Alberta’s Health Research and Innovation Strategy – will guide health research investments and decision-making in the province over the next 10 years. Susan Williams, Assistant Deputy Minister, Health Policy and Service Standards, will discuss how the strategy will foster closer ties between Alberta’s research community and key decision makers in government and the health system. Key themes will include knowledge exchange networks for policy and practice improvement, the value of multi-disciplinary research teams, strengthening research literacy and efforts to achieve a “cultural shift” on the part of decision makers.	Enoch Ballroom DEF

Monday, November 22, 2010

Moderator – Steven Lewis, President, Access Consulting

07:30 – 17:00	Registration	Foyer
07:30 – 08:30	Breakfast	Enoch Ballroom DEF
08:30 – 08:45	Welcome and Opening Remarks <i>Jacques Magnan, Chief Executive Officer, Alberta Innovates – Health Solutions</i> <i>Steven Lewis, President, Access Consulting</i>	Enoch Ballroom DEF
08:45 – 10:00	Yes We Did: Strategic Insights on Social Media from the Campaign that Changed History <i>Rahaf Harfoush, Associate Director, Technology Pioneers, World Economic Forum</i> Hope. Action. Change. In this multimedia talk, Rahaf Harfoush provides an insider’s look at Barack Obama’s all-encompassing – and, yes, historic – social media campaign. Obama’s near-flawless use of online media will be studied by branding and communication specialists for years to come. In terms of strategy, how do you plan, roll out, and grow a campaign that gets noticed, that goes viral, that people make their own, but which always comes back, time and again, to your message? Jam-packed with ideas, anecdotes and the hopeful spirit that animated Obama’s campaign, Harfoush tells us what she and other members on the team did. With brilliant use of everything from YouTube to Facebook to text messages to the iPhone to the billion emails they sent out, they covered every base. But, she tells us, social media is a means to an end -- a tool to enable strategy. From this, Harfoush unveils six lessons that any organization can take away and apply to their own needs.	Enoch Ballroom DEF
10:00 – 10:30	Networking and Refreshment Break	Foyer

Detailed Program

Monday, November 22, 2010 (continued)

10:30 –11:45 **Concurrent Learning Sessions: Round 1**

1. A Conversation with Ian Graham

River Cree 1

Session Chair: Donna Angus, Manager, Knowledge Transfer Initiatives, Alberta Innovates – Health Solutions
Ian Graham, Vice President Knowledge Translation and Public Outreach, Canadian Institutes of Health Research

At the RTNA 2009 conference, a Master Class on KT began a conversation that many participants asked to continue. Ian Graham, Vice President of Knowledge Translation at CIHR, a KT researcher, and one of the presenters in that Master Class, will be answering questions and facilitating discussion on KT issues you are interested in. Do you want to know how to get your KT research funded? Is there a specific aspect of your KT project that has you stumped? What should you put in your KT plan? This is a great opportunity to get some expert advice, share your knowledge, and have a sounding board for your project. This is a conversation so come prepared to engage.

2. An Introduction to Technology Commercialization

River Cree 2

Session Chair: Elaine Hyshka, PhD Student, School of Public Health, University of Alberta
Randall Yatscoff, Executive Vice President, Business Development, TEC Edmonton
Joanna Preston, TEC Transfer Manager, TEC Edmonton

So you have a notion that your research might have some commercial potential but how do you go about identifying, assessing and pursuing that notion? This concurrent session will explore the wide variety of possibilities for commercialization and discuss intellectual property considerations, how to verify uniqueness, explore market opportunity, evaluate technical feasibility, and develop a business opportunity strategy.

3. Transfer, Exchange, Engagement? Knowledge Translation in a Complex World

River Cree 3

Session Chair: Steven Lewis, President, Access Consulting
Sarah Bowen, Associate Professor, School of Public Health, University of Alberta

We have come to expect that practitioners and planners use evidence in their work, and that researchers attend to the 'knowledge to action' gap. In this session, we will explore the implications of various conceptualizations of "knowledge translation" and, using practical examples, illustrate both the limitations of many knowledge transfer initiatives, and the potential of 'engagement' to promote innovation and knowledge integration in a complex world.

4. Evaluating KT Research and Projects

River Cree 4

Session Chair: Lynn Olenek, Manager, Intergovernmental Programs, Alberta Health and Wellness
Maureen Dobbins, Associate Professor, School of Nursing, McMaster University

Funding agencies, organizations and the public are all asking for proof that research is having an impact. The same is true for KT research or KT projects. But there are significant challenges. This concurrent session will look at approaches to evaluation of KT research or projects and how we can resolve some of the issues around attribution versus contribution.

11:45 –13:15 **Lunch with the Experts (See pages 12 and 13 for Table Topics) Enoch Ballroom DEF**

13:15 –14:30 **Concurrent Learning Sessions: Round 2**

1. Conversation with Ian Graham

River Cree 1

Session Chair: Donna Angus, Manager, Knowledge Transfer Initiatives, Alberta Innovates – Health Solutions
Ian Graham, Vice President Knowledge Translation and Public Outreach, Canadian Institutes of Health Research

At the RTNA 2009 conference, a Master Class on KT began a conversation that many participants asked to continue. Ian Graham, Vice President of Knowledge Translation at CIHR, a KT researcher, and one of the presenters in that Master Class, will be answering questions and facilitating discussion on KT issues you are interested in. Do you want to know how to get your KT research funded? Is there a specific aspect of your KT project that has you stumped? What should you put in your KT plan? This is a great opportunity to get some expert advice, share your knowledge, and have a sounding board for your project. This is a conversation so come prepared to engage.

Detailed Program

Monday, November 22, 2010 (continued)

13:15 – 14:30 **Concurrent Learning Sessions: Round 2** (continued)

2. An Introduction to Technology Commercialization

River Cree 2

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14:30 – 15:00 **Networking and Refreshment Break**

Foyer

15:00 – 16:00 **Knowledge Synthesis for Evidence-Informed Decision Making**

Enoch Ballroom DEF

Lisa Hartling, Director, Alberta Research Centre for Health Evidence, University of Alberta

This session will describe what knowledge synthesis is, discuss different types of knowledge synthesis, and highlight its importance and value in decision-making. Practical examples will be provided of how knowledge synthesis has been performed and incorporated into decision-making. A new CIHR-funded network called "Knowledge Synthesis Canada" will be introduced, highlighting their work to develop an international systematic review protocol registry.

16:00 – 17:00 **Networking and Refreshment Break**

Foyer

17:00 – 19:00 **Dinner**

Enoch Ballroom DEF

18:30 – 19:00 **Entertainment by Science Comedian Brian Malow**

Enoch Ballroom DEF

Brian Malow is Earth's Premier Science Comedian (self-proclaimed) and a Science Correspondent for Time Magazine's website. He has shared his unique brand of comedy with audiences ranging from the National Association of Science Writers to The Late Late Show with Craig Ferguson.

Detailed Program

Tuesday, November 23, 2010

- 07:30 – 16:30 **Registration** **Foyer**
- 07:30 – 08:30 **Breakfast Roundtables** **Enoch Ballroom DEF**
Topics will be posted on each breakfast table and at the Registration Desk.
Please sit at any table of interest to you and there will be a facilitator to get the conversations started. Sign-up is not required.
- 08:30 – 08:45 **Recap of Day One Sessions** **Enoch Ballroom DEF**
Steven Lewis, President, Access Consulting
- 08:45 – 10:15 **Connecting People, Information and Practice:
Making Knowledge Work in Alberta Health Services** **Enoch Ballroom DEF**
Robyn Blackadar, Vice President, Leading Practices & Innovation, Alberta Health Services
Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services
Carol Connolly, Director, Knowledge Facilitation & Exchange, Alberta Health Services
The Panel will highlight the practical application of a Knowledge Management (KM) framework in Alberta Health Services. During this session we will discuss strategies to connect people to people, people to information and people to practice.
- 10:15 – 10:45 **Networking and Refreshment Break** **Foyer**
- 10:45 – 12:00 **Abstract Presentations: Round 1**
1. **Building Capacity for KT** **River Cree 1**
Session Chair: Ryan Perry, Knowledge Translation Specialist, Mazankowski Alberta Heart Institute
- Building Capacity in Knowledge Translation: Characteristics of Knowledge Translation Practitioners in Canada**
 Melanie Barwick PhD, Hospital for Sick Children / University of Toronto
- Building Research Capacity and Knowledge Translation through Educational Workshops**
 Heather Scarlett-Ferguson BSP, MDE, RPh, Alberta Health Services
- Knowledge Translation in Action: Building Organizational Capacity for Evidence Use**
 Serena Humphries MSc, University of Alberta
- Building Capacity through Knowledge Products**
 Melissa Schock, Alberta Health Services
2. **Technology: Products & Facilities** **River Cree 2**
Session Chair: Daniel Grigat, Project Coordinator, Knowledge Transfer Initiatives, Alberta Innovates – Health Solutions
- Development of 3D Gait Analysis for use in a Clinical Setting**
 Reed Ferber PhD, The Running Injury Clinic
- Introducing Innovative Technology into a Traditional Rehabilitation Setting**
 Jim Raso MSc, Glenrose Rehabilitation Hospital, Alberta Health Services
- Relieving the Pressure: A Collaboration in Pressure Ulcer Prevention**
 Jill de Grood MA, Ward of the 21st Century
- Evidence Based Decisions for an Innovative South Health Campus**
 Tracy Wasylyak RN, South Health Campus (SHC) Project

Detailed Program

Tuesday, November 23, 2010 (continued)

10:45 –12:00 **Abstract Presentations: Round 1** (continued)

3. The Power of Relationships

River Cree 3

Session Chair: Linda Lazaruk, Leader, Allied Health Operations, Edmonton Zone, Alberta Health Services

What Does Knowledge Brokering Look Like? An Evaluation of Brokering in Public Health

Kara DeCorby RN, McMaster University

Reflections on Knowledge Brokering within a Multidisciplinary Research Team

Robin Urquhart MSc, Cancer Outcomes Research Program, Cancer Care Nova Scotia

Jurisdictional Context Specific Knowledge Utilization: A Successful CADTH Journey

Gabrielle Zimmermann PhD, Canadian Agency for Drugs and Technologies in Health

Teamwork Doesn't Mean Joined at the Hip: Translating the Concept of Collaboration into Practice

Jana Lait MA, Alberta Health Services

4. KT Projects

River Cree 4

Session Chair: Steven Lewis, President, Access Consulting

A Systematic Review of KT Strategies: Promoting the Uptake of Research in Child Health Settings

Shannon Scott RN, PhD, Faculties of Nursing and Medicine and Dentistry, University of Alberta

The Continuing Care Health Service Standards Desktop Project

Ron Schlegelmilch MSc, Centre for Health Evidence

Gillian Spivak BA, Alberta Health and Wellness

Integrating Population Health Research into Policy and Practice

Emily Maddocks, Canadian Institute for Health Information

Building Common Agendas to Increase Cancer Screening: A Collaborative Model for Knowledge-Exchange and Quality Improvement

Chelsea Kirkby, BA MPH, Echo: Improving Women's Health in Ontario

12:00 –13:00

Lunch

Enoch Ballroom DEF

13:00 –14:00

Abstract Presentations: Round 2

1. Communicating Through Technology

River Cree 1

Session Chair: Ryan Perry, Knowledge Translation Specialist, Mazankowski Alberta Heart Institute

Online Technology: Central to Information Management and Knowledge Transfer

Anita Hamilton MOT, PhD (C), Deakin University, Australia

Short and Sweet: Humour in Science Communication

Rheanna Sand, Science in Seconds

Sharing Occupational Therapy Knowledge Through a Global Virtual Exchange

Susan Burwash MSc(OT), Occupational Therapy Department, University of Alberta

A Place for Story in Healthcare: The Use of Digital Storytelling in Alberta Health Services to Support a Quality Health System

V. Nadine Gall, Alberta Health Services

Detailed Program

Tuesday, November 23, 2010 (continued)

- 13:00 –14:00 **Abstract Presentations: Round 2** (continued)
2. **KT Theory into Practice** **River Cree 2**
Session Chair: Kelly Arbeau, Research Health Informatics, University of Alberta
- Putting Research to Work: Developing a Cross-Sectoral Knowledge Translation Plan**
 Maria Mayan PhD, University of Alberta
- Acting on Evidence: “Knowledge Translation, Meet Cultural Historical Activity Theory”**
 Brettany Johnson B.Ed, MLIS, University of Alberta
- Diversity and Disparity: Our Struggle with Tangible KT**
 Bejoy Thomas PhD, University of Calgary & Alberta Health Services - Cancer Care
- Process Analysis as Learning and Dissemination Tools for a Developmental Project**
 Kelly Wiens MSc, BScN, RN, CCRP, University of Alberta
3. **KT Projects** **River Cree 3**
Session Chair: Linda Lazaruk, Leader, Allied Health Operations, Edmonton Zone, Alberta Health Services
- Alberta Infection Prevention & Control Stop Bad Bugs**
 Carol Blair and Dominika Warchol, Carol Blair and Associates Inc.
- Connecting, Sharing and Informing: Women’s Contributions to Mental Health and Addictions Policy in Ontario**
 Chelsea Kirkby BA, MPH, Echo: Improving Women’s Health in Ontario
- Understanding What Influences the Development of a Pediatric Gastroenteritis Clinical Pathway**
 Chentel Cunningham RN, BScN, MN student, University of Alberta
- Travelling Conversations: Sharing a Draft Framework for Improving Women’s Health in Ontario**
 Chelsea Kirkby BA, MPH, Echo: Improving Women’s Health in Ontario
- 14:00 –14:30 **Networking and Refreshment Break** **Foyer**
- 14:30 –16:00 **When Best Evidence Isn’t Enough: The Case of Vancouver’s Safer Injection Site** **Enoch Ballroom DEF**
Dr. Thomas Kerr, Co-Director, Urban Health Research Initiative, B.C. Centre for Excellence in HIV/AIDS ; Assistant Professor, Department of Medicine, University of British Columbia
- Insite, North America’s first supervised injection site for injection drug users opened in Vancouver’s Downtown Eastside in 2003, and has since been subjected to rigorous scientific evaluation. This presentation will include a summary of the evaluation findings to date, as well as a discussion of the how knowledge gained from this evaluation has been translated. The presentation will conclude with a discussion of how this evaluation has been politicized by a range of stakeholders.
- 16:00 –16:15 **Closing Remarks** **Enoch Ballroom DEF**
Steven Lewis, President, Access Consulting

Lunch with the Experts

Table 1 Refining your KT Plan

Melanie Barwick, Scientific Director, Knowledge Transfer, The Hospital for Sick Children

Stuck on your KT plan? Don't know where to start? Share your best ideas and your worst frustrations with KT expert Dr. Melanie Barwick. Topics for discussion will be generated by participants. Possible questions include: Who should I share my research with? Where can I find KT planning tools? What should I budget for in my KT plan? What KT strategies are right for my project?

Table 2 Understanding the Information Needs of Decision Makers

Maureen Dobbins, Associate Professor, School of Nursing, McMaster University

This session will focus on understanding decision makers and the best strategies for promoting evidence-informed policies. Specific issues for discussion will be generated by the interests and experiences of participants. Possible questions include: What barriers to evidence-informed decision making do decision makers experience? What activities do they undertake to promote research use? Are relationships and collaboration decisive factors?

Table 3 KT Theory and Practice

Ian Graham, Vice President Knowledge Translation and Public Outreach, Canadian Institutes of Health Research

Come and enjoy an informal lunch and discussion with KT expert Dr. Ian Graham. Topics for discussion will be generated by participant interest. Possible questions include: What are the leading planned action theories and models in knowledge translation? What are the determinants of the use of research in clinical practice? How can we evaluate the uptake and impact of clinical practice guidelines? How can we optimize the adoption of decision-support tools?

Table 4 Managing the Research/Policy Maker Interface

Steven Lewis, President, Access Consulting

This session will focus on how to make interactions between researchers and policy makers more effective. The specific issues to be discussed will be largely generated by those who attend. Some possible topics include understanding each others' environments; reasonable vs. unreasonable expectations; strategies for navigating outside one's usual environment; and effective communication.

Table 5 Grappling with the Big Picture: Organization-Wide KT

Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services

The capacity to innovate and share knowledge is not well developed within health systems. This discussion will highlight common principles and lessons that can be applied when implementing an organization-wide approach to integrated knowledge. Specific issues for discussion will be generated by the interests and experiences of the participants. Possible questions for discussion are: How can we create spaces for knowledge utilization? What strategies have been shown to be successful in promoting use of different sources of evidence into practice? What does knowledge management look like within Alberta Health Services now and what will it look like in the future?

Table 6 Closing the Gap Between Basic Biomedical Discovery and Clinical Utility

Ryan Perry, Knowledge Translation Specialist, Mazankowski Alberta Heart Institute

Growth of biological knowledge has been exponential resulting from the development of molecular genetics, modern cell biology and the global "omics" approach to understand disease (e.g. genomics, proteomics, lipidomics and metabolomics). As our understanding of human biology has grown, very little of this knowledge has been effectively translated into applications for the treatment of disease. The median translation lag time for a significant research discovery to realize clinical utility is 24 years! What kind of innovative KT methods and/or strategies are needed to close this bench-to-bedside gap? Better access to information? Better communication strategies? Improved data mining? Systematic analysis of basic biomedical data?

Lunch with the Experts (continued)

Table 7 Nurturing CoPs Beyond the Honeymoon

Zahra Nurani, Project Manager, Alberta Health Services

More and more organizations are recognizing that it is the relationships between people that make the workplace more enjoyable, more innovative and more productive. Communities of Practice (CoPs) have emerged as an opportunity to connect, share resources, tell stories, leverage insights, showcase our work, and solve everyday practice issues. But how do you keep members energized and leaders engaged in your CoP? How do you integrate the organization's priorities with the members' priorities? Bring your questions, challenges and ideas to lunch so we can brainstorm solutions together and discover ways to nurture our CoPs beyond the honeymoon.

Table 8 Measuring the Impact of Health Research

Kathryn Graham, Director, Performance Management, Alberta Innovates – Health Solutions

Throughout the world there is a growing emphasis on measuring the impact of health research and the taxpayer dollars that finance it. What impact are these investments making upon the health, economy, and societal well being of citizens? Specific issues for discussion will be generated by the interests and experiences of participants. Possible questions for discussion are: what are the major issues in measuring the impact of research? What can we learn from the leading research and evaluation models/frameworks? In what direction is measuring research impact moving? How does Canada compare to what is happening internationally?

Table 9 Ethics in KT

Linda Barrett-Smith, Manager, Research Ethics Initiatives, Alberta Innovates – Health Solutions

Reflection and discussion with others about ethical considerations can only enhance your KT work, whether your focus is research, education, policy or practice. At this lunch table you will have a dialogue about a range of possible topics across the KT process based on the interests of the attendees. Potential discussion questions: What relationships and values do you pay attention to in your KT work? What do you do to integrate ethics in planning your KT work? What ethical issues or challenges have you faced in your KT work, for example, about the knowledge itself or the context for its application? What leading practices or frameworks assist you to manage ethical issues that arise in your KT work?

Table 10 Communicating Your Research: The Cocktail Party Version

Karen Thomas, Media Specialist, Alberta Innovates – Health Solutions

This session will focus on how to describe your research or project in a concise, compelling format. Participants are welcome to bring along a one-page summary of their work for feedback and brainstorming. Topics for discussion include: challenges you face in crafting a cocktail party synopsis, common pitfalls to avoid in the telling of technical stories, getting to the essence of your work, how to tailor your message for various audiences, using powerful metaphors and the active voice, and, why do I need a cocktail party version of my work anyway? We will roll up our sleeves in this session and have some fun.

Table 11 Everything You Wanted to Know About Web 2.0 (But Were Afraid to Ask)

Damen Cole, Manager, Information Technology, Alberta Innovates – Health Solutions

What is Web 2.0? Should my organization be on Twitter? Is Facebook for personal or professional use? What are the barriers to using Social Media? Bring your questions for IT expert Damen Cole, and learn from the experiences of your peers.

Conference Speakers

Steven Lewis (Moderator), President, Access Consulting



Steven Lewis is a health policy and research consultant based in Saskatoon, and Adjunct Professor of Health Policy at the University of Calgary and Simon Fraser University (where he was Visiting Scholar from January to April 2007). Prior to resuming a full-time consulting practice he headed a health research granting agency and spent seven years as Chief Executive Officer of the Health Services Utilization and Research Commission in Saskatchewan. He has served on various boards and committees, including the Governing Council of the Canadian Institutes of Health Research, the Saskatchewan Health Quality Council, the Health Council of Canada, and the editorial boards of several journals, including the recently launched Open Medicine. He is widely published on topics such as reforming and strengthening medicare, improving health care quality, primary health care, regionalization, and the management of wait times.

Dr. Sarah Bowen, Associate Professor, School of Public Health, University of Alberta



Sarah Bowen currently holds a position as Associate Professor with the School of Public Health at the University of Alberta, where she teaches Engaged Scholarship and is Leader of the Leadership, Health Management and Policy stream. Dr. Bowen received her PhD in Community Health Sciences at the University of Manitoba following a career in community health program development and health management. Before joining the Department of Public Health Sciences in October 2008, she was the founding Director of the Research and Evaluation Unit at the Winnipeg Regional Health Authority, a 13 person multi-disciplinary unit with the purpose of promoting and facilitating use of evidence in policy, planning and practice.

Her research interests are in the areas of strategies for promoting evidence-informed policy and practice, collaborative (researcher/knowledge user) research and evaluation strategies, patient/community engagement, and organizational cultural responsiveness. She has been Principal Investigator on two CIHR knowledge translation research initiatives. From Evidence to Action (co-PI Dr. Patricia Martens) explored organizational barriers to using evidence in planning and decision making in regional health authorities; From Interpreting to Integrating Marginalized Evidence identified strategies for moving evidence of concern to marginalized and culturally diverse populations into health planning and decision making.

Dr. Maureen Dobbins, Associate Professor, School of Nursing, McMaster University



Maureen Dobbins is an Associate Professor in the School of Nursing at McMaster University. Currently, she is career scientist of the Ontario Ministry of Health and Long-Term Care. Her research efforts have sought to understand knowledge transfer and uptake- and evidence-informed decision making among public health decision makers in Canada. Studies have included: identification of barriers and facilitators to research utilization; understanding the information needs of public health decision makers at the local, provincial and federal level; evaluating the use of systematic reviews in provincial policies; exploring where research evidence fits into the decision-making process; evaluating the impact of knowledge transfer strategies, and exploring knowledge brokering in public health units in Ontario. On March 10, 2005 she launched the web site www.health-evidence.ca. This registry houses all reviews evaluating the effectiveness of public health and health promotion interventions published since 1985. The value of this registry is that it meets the need for a single source of high quality effectiveness evidence in public health/health promotion, a need clearly articulated by Canadian public health decision makers.

Robyn Blackadar, Vice President, Leading Practices & Innovation, Alberta Health Services

Biography not available at time of printing.

Carol Connolly, Director, Knowledge Facilitation & Exchange, Alberta Health Services

Biography not available at time of printing.

Conference Speakers

Dr. Ian Graham, Vice President Knowledge Translation and Public Outreach, Canadian Institutes of Health Research



Ian Graham is Vice-President of the Knowledge Translation and Public Outreach Portfolio at Canadian Institutes of Health Research (CIHR). At CIHR, he is responsible for knowledge translation, partnerships and citizen engagement, communication and public outreach, and pan-institute affairs and initiatives. Dr. Graham is on leave from his position as Associate Professor in the School of Nursing, University of Ottawa and Senior Social Scientist in the Clinical Epidemiology Program of the Ottawa Hospital Research Institute. He holds cross-appointments in the Departments of Medicine and Epidemiology & Community Medicine and is an adjunct associate professor in the School of Nursing at Queen's University, Kingston, Ontario. His research has largely focused on knowledge translation (the process of research use) and conducting applied research on strategies to increase implementation of research findings and evidence-based practice. He has also advanced KT science through two planned action models, the Ottawa Model of Research Use and more recently the Knowledge to Action Model, as well as the Practice Guideline Evaluation and Adaptation Cycle. Specific research projects have related to the adaptation, implementation, and quality appraisal of clinical practice guidelines, as well as the uptake of guidelines and decision support tools by practitioners. He has published over 200 peer reviewed papers. He is co-editor of *Knowledge Translation in Health Care* published by Wiley-Blackwell (2009).

Rahaf Harfoush, Associate Director, Technology Pioneers, World Economic Forum



Rahaf Harfoush is a social media strategist on the rise. Her interest in technology's impact on governance, education and the workplace began as an analyst at Don Tapscott's thinktank, where she published whitepapers on topics including the Net Generation and women and the web. Harfoush helps organizations build effective online strategies that create meaningful conversation with their employees, consumers and the general public.

She recently accepted the position of Associate Director of the Global Redesign Initiative at the World Economic Forum in Geneva. In this role, she will co-lead the development of the Forum's online community platform. Prior to this, Ms. Harfoush spent three months with the Obama New Media team in Chicago. An active member of Toronto's technology community, she is involved with associations like The Movement, an organization of people committed to collaborating on projects for social good, and The Overlap, a community that combines cross-disciplinary expertise to tackle the challenges of sustainable innovation.

In love with the written word, Ms. Harfoush is the author of *Yes We Did*, a book about the grassroots groundswell inspired by the Obama campaign. She is the Research Coordinator to the critically acclaimed *Wikinomics: How Mass Collaboration Changes Everything* and a contributor on both *Grown Up Digital: How the Net Generation is Changing your World* and *Everything I Needed to Know About Business I Learned from a Canadian*.

Dr. Lisa Hartling, Director, Alberta Research Centre for Health Evidence, University of Alberta

Lisa Hartling is Director of the Alberta Research Centre for Health Evidence and Director of the University of Alberta Evidence-Based Practice Centre. Both of these entities are housed in the Department of Pediatrics at the University of Alberta where she is also an Assistant Professor.

Dr. Hartling has been involved in evidence synthesis for the last 10 years and has been involved in conducting numerous systematic reviews and technology assessments, as well as methodological research around issues in evidence synthesis.

Dr. Hartling is a systematic reviewer with seven Cochrane Review Groups and is a member of the Cochrane Bias Methods Group and is Co-Coordinator of the Cochrane Child Health Field. She is particularly interested in risk of bias in randomized controlled trials and its impact on evidence synthesis and decision-making. She is actively involved in a new international initiative called StaR Child Health whose mission is to improve the design, conduct and reporting of randomized trials to ensure a valid and relevant evidence base for decision making in child health.

Picture
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Available

Conference Speakers

Dr. Thomas Kerr, Co-Director, Urban Health Research Initiative, B.C. Centre for Excellence in HIV/AIDS; Assistant Professor, Department of Medicine, University of British Columbia



Thomas Kerr is the Co-Director of the Urban Health Research Initiative at the British Columbia Centre for Excellence in HIV/AIDS, Assistant Professor in the Department of Medicine at the University of British Columbia (Division of AIDS), as well as a Michael Smith Foundation for Health Research Scholar. In his role at the British Columbia Centre for Excellence in HIV/AIDS. He is a principal investigator of several large cohort studies involving people who inject drugs and individuals living with HIV/AIDS, including the Vancouver Injection Drug Users Study (VIDUS). His primary research interests are HIV/AIDS, injection drug use, health policy and service evaluation, and community-based research methods. A key focus of his work has been the scientific evaluation of Insite, North America's first safe injecting facility, and his research in this area has contributed significantly to academic, public, and government discussion, both nationally and internationally.

Dr. Kerr has published over 230 scientific papers in international peer-reviewed journals. He has received local and national awards for his contribution to public health, including the National Knowledge Translation Award from the Canadian Institutes of Health Research for his efforts to promote scientific discussion on the links between drug policy and HIV/AIDS.

Joanna Preston, TEC Transfer Manager, TEC Edmonton



Joanna Preston joined the University of Alberta Industry Liaison Office (a precursor to TEC Edmonton) in September, 1999. In her current role as Manager of the Health Sciences Technology Transfer team, she oversees the provision of intellectual property management and commercialization services to local inventors in the health sciences area. Prior to beginning her career in technology commercialization, she worked in the bio-manufacturing industry, first with a private Alberta firm and later with the Alberta Research Council. Ms. Preston is a member of the Association of University Technology Managers (AUTM) and the Licensing Executive Society (LES).

Dr. Cathie Scott, Executive Director, Knowledge Management, Alberta Health Services



Cathie Scott currently works in the Knowledge Management Department within Alberta Health Services, leading research, evaluation and knowledge utilization initiatives. She holds adjunct appointments with the departments of Community Health Sciences and Sociology at the University of Calgary, and formerly was a faculty member of SEARCH Canada. Her research and practice experience has emphasized the role of effective partnerships and collaboration on the provision of quality care.

Susan Williams, Assistant Deputy Minister, Health Policy and Service Standards Division, Alberta Health and Wellness



Susan Williams is Assistant Deputy Minister (ADM) of Health Policy and Service Standards Division with Alberta Health and Wellness. She is responsible for strategic health policy and program direction in pharmaceuticals, medical, clinical and research; Aboriginal health, blood, tissue and organ programs; health system quality improvement and accountability; and she works with federal/provincial/territorial health departments on current and emerging health-related intergovernmental initiatives.

Susan has over 26 years experience in the Alberta government including Assistant Deputy Minister of Workforce Supports with Employment and Immigration, Acting ADM of International Trade and Regional Development with Economic Development, and Senior Strategic Policy and Finance positions within Alberta Treasury.

Dr. Randall Yatscoff Executive Vice President, Business Development, TEC Edmonton



During Randall Yatscoff's 10-year tenure with Isotechnika, he was part of an executive team that raised close to two hundred million dollars through various equity financings. The company began as a spin-off company from the University of Alberta. Prior to joining Isotechnika in 1996, He spent 16 years in academic appointments at the University of Western Ontario, University of Manitoba, and the University of Alberta. He retains a position as Adjunct Professor in the Faculty of Medicine at the University of Alberta. He has over 200 publications in peer-reviewed journals and holds more than 20 patents. He sits as a board member for a number of companies and non-profit organizations.

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Abstracts

1. Building Capacity in Knowledge Translation: Characteristics of Knowledge Translation Practitioners in Canada

Melanie Barwick PhD, Hospital for Sick Children / University of Toronto

Sarah Bovaird MPH, Hospital for Sick Children

Kelly McMillen BPHE, BA, MBA, Hospital for Sick Children

Context

The last five years has seen a steady rise in knowledge translation research and community activities to leverage scientific innovations and close the research to practice gap. There has also been growth in the application of knowledge translation across the four pillars of science: basic, clinical, health services, and population health. The main funding bodies have developed strategic directions pertaining to knowledge translation, as have government, public, volunteer, and health sector organizations.

The time from discovery to application is still too long and could be shortened with improved KT knowledge, strategies and resources, and development of the KT practitioner workforce. Canada does not have a professional development program for the KT profession, and with ongoing growth in KT jobs within the health care sector and beyond, there is need to fill. As a prelude to the development of a national professional development course for KT practitioners, a survey of KT practitioner backgrounds, job responsibilities, and professional development needs was conducted. This presentation summarizes the results of the Canadian KT Practitioner Survey 2010.

Hypothesis

KM practitioners have professional educational needs that are not currently being addressed.

Research methodology

A web-based survey was available to respondents from February 12th until March 17th, 2010 and was distributed through networks, list serves and fanned out to known KT professionals and subsequently, to their networks and contacts in the field. SurveyMonkey™ was the web based application used.

Results

One hundred and thirty KT professionals from across Canada (Ontario, Alberta, Quebec, British Columbia, Saskatchewan) completed the survey. Respondents are from the health sector (27%), non profit or volunteer sector (22%), government (22%), university/academic sector (19%), research division (institute) of a health organization (6%), independent research organization (5%) and other (12%). The majority of KT professional respondents are female (86%), and between the ages of 25 to 44 years of age (62%). Those older than 45 years comprise 19% of the sample. Other results will cover KT backgrounds and training, job responsibilities, and professional development needs.

2. Sharing Occupational Therapy Knowledge Through a Global Virtual Exchange

Susan Burwash MSc(OT), Occupational Therapy Department, University of Alberta

Anita Hamilton MOCcThy, Department of Occupational Therapy, University of Alberta

Context

While occupational therapy (OT) is taught and practiced in over 50 countries, the numbers of practitioners working in many of these countries is small and resources for professional education and ongoing professional development scarce.

KT initiative

Following a successful workshop about online technologies at the World Federation of Occupational Therapy (WFOT) Congress in May 2010, it became clear that there was both a need and a desire to extend the reach of OT professional knowledge transfer beyond the formal structure of conferences. Given that the WFOT Congress occurs only once every four years, a group of participants decided to create an opportunity for individuals who are unable to attend conferences so that they may share information with their global colleagues more easily and frequently. The result was the Global Virtual Exchange - a free 24-hour online conference - designed to meet those two KT concerns. This concept was already successfully occurring within an international mid-wifery group.

Results of the initiative

Six therapists from New Zealand, Canada, the U.K. and the U.S. met regularly online from June to October, 2010. In that time they organized the 24-hour online conference which will take place on October 27, 2010. More than two dozen speakers from seven countries will share knowledge related to OT research and practice. The Global Virtual Exchange will use Elluminate to connect speakers and participants discussing diverse topics such as using virtual worlds, transition planning for young adults with disabilities, adapted climbing equipment, theory development, disaster response, social media use after brain injury, OT in the military and the transformative potential of dance. The Global Virtual Exchange is being promoted using both traditional methods (press releases, e-mail, notices in journals) and social media such as Facebook and Twitter.

Key messages/lessons learned

Work lean, harness appropriate technologies, tap into people's passions, use well-connected people and multiply their effectiveness through social media, don't consider failure as an option, recycling is good (give conference presentations a second life), have fun.

Abstracts

3. Understanding What Influences the Development of a Pediatric Gastroenteritis Clinical Pathway

Chentel Cunningham RN, BScN, MN student, University of Alberta

Shannon Scott RN, PhD, Faculty of Nursing, University of Alberta

Melissa Postestio MSc, PhD Candidate, Alberta Children's Hospital

David Johnson MD, Alberta Children's Hospital

Context

Clinical practice guidelines (CPGs) and clinical pathways (CPs) are widely known by health professionals as an effective way of translating evidence in to clinical practice. Early CPG development processes were unsystematic and opinion-based. However, in the last decade, the development stage of both pathways and guidelines has improved and become more systematic.

Despite these advances, the current evidence highlights that even with expert opinion and stakeholder participation during the development process, variability still exists in the clinical pathway development process (Pagliari & Grimshaw, 2002). Currently, there are only a few published studies that examine guideline development processes. These studies have been completed in adult populations and have highlighted several social influences to the CPG development processes, such as status and group conformity. Additionally, there are no published studies examining the development of clinical pathways as well as no studies conducted in pediatric populations. The purpose of this research is to determine what factors shape the development of a clinical pathway for pediatric gastroenteritis.

Research methods

Content analysis was used to analyze previously collected raw meeting transcripts (n=17) and field notes. NVivo 8 was used to manage the analytic process. Analysis was triangulated with another independent individual. As well, an experienced qualitative researcher supervised the analytic process and was consistently debriefed on the new developments unfolding during the process.

Results

Preliminary results are suggestive that: 1) status within the development group, and 2) a lack of published pediatric literature were among the major determinants shaping the recommendation process in multidisciplinary clinical pathway group. The results of this project will describe how a pathway development group utilized, appraised, and incorporated the current evidence to develop a new pathway for pediatric gastroenteritis.

4. Relieving the Pressure: A Collaboration in Pressure Ulcer Prevention

Jill de Good MA, Ward of the 21st Century

Shandra Kimpton MSc, Ward of the 21st Century

Mona Motamedi MSc, Alberta Health Services

Elise Teteris MA, Ward of the 21st Century

Pressure ulcers are a significant concern to Canadian Health Care institutions. XSENSOR Technology Corporation has developed a novel technology that may assist with pressure ulcer prevention by allowing health care providers to visually identify an area of persistent pressure on a patient's body, thereby enabling them to strategically shift a patient to provide effective relief of that pressure. In 2007, the Ward of the 21st Century (W21C) partnered with XSENSOR to assist in the design and testing of this technology. The W21C is a research and innovation initiative created to respond to the urgent need for innovation in health care. The main objectives of the initiative with XSENSOR were to evaluate a new Intelligent Turn Management System and to assess the impact of the technology on practices around the prevention of pressure ulcers by providing health care providers with a visual tool to assist in patient shifting. This project entailed focus groups, 1-1 meetings with clinicians, W21C leads and managers, usability testing, heuristic evaluations for iterative technology development, and concluded with a pilot and natural history study.

The project illustrated success in a number of areas. First, throughout the research, XSENSOR gained extensive amounts of feedback from end-users as well as data from real patients in a clinical setting. The knowledge translation relationship between W21C and XSENSOR facilitated a rich knowledge exchange that an industry partner would otherwise have difficulty obtaining. Second, the project illustrates the key relationships that can develop between a research team and industry partners. With a wide breadth of knowledge stemming from the W21C team, we were able to engage with XSENSOR on a productive and successful project.

This relationship has developed into a successful partnership that will continue to develop throughout additional phases of research. Further, as a result of the rich results gained through the project, XSENSOR was able to design a new prototype of the technology, which will again be tested with the assistance of W21C. Finally, our initiative has put us one step closer to our ultimate goal of decreasing the occurrence of pressure ulcers within our healthcare system.

Abstracts

5. What Does Knowledge Brokering Look Like? An Evaluation of Brokering in Public Health

Maureen Dobbins RN, PhD, McMaster University

Kara DeCorby MSc, McMaster University

Paula Robeson RN, MScN, McMaster University

Sue Fernane RN, BScN, Region of Peel Public Health

This presentation involves an innovative approach to promoting Evidence-Informed Decision Making (EIDM) at the individual and organizational levels in a public health setting, with strategies that may be transferable to other organizations. This presenter will explore, through pictures accompanied by a narrative, the story of how a knowledge broker working collaboratively with public health decision makers was able to facilitate EIDM at an Ontario public health unit. Following a one-year knowledge brokering intervention, individual interviews were conducted in December 2009 with program specialists, managers, health promotion officers, the divisional director, and the knowledge broker, with the goal of understanding perceptions of progress, challenges, and facilitators of EIDM. Program specialists and their direct manager assessed their division's capacity for EIDM using the Canadian Health Services Research Foundation self-assessment tool. Interviews and group discussion were audio-taped, and data analyzed were used in generating a preliminary report for which participants provided feedback. Evaluation of brokering in the Ontario public health context suggests that the mentorship and skill development provided by brokering facilitated individual learning and team development; enabled the identification of organizational barriers and promoted intra-organizational knowledgesharing. Key findings, based in consensus on the final report, will be highlighted, including the impact, essential qualities of a broker and components of a brokering intervention, as well as recommendations for future brokering interventions.

6. Development of 3D Gait Analysis for Use in a Clinical Setting

Reed Ferber PhD, The Running Injury Clinic; University of Calgary

Kent Bates, The Running Injury Clinic

Context

Running is one of the most common activities for Canadians but overuse injuries commonly occur. In many cases, a clinician performs some form of gait analysis to better understand how underlying running mechanics are related to the injury. However, an analysis is usually performed either visually or using a single video camera 2D approach. Our research shows that the ability of the clinician to accurately measure the complexities of movement are often inaccurate. Thus, through our research, we have developed an accurate and commercially available method for 3D gait analysis.

KT Initiative

We have successfully developed a 6-camera, 3D system with custom software, training and installation for an individual clinic: the Gait Analysis System. This System will allow the clinician to perform a clinical 3D gait analysis and receive an auto-generated report and treatment recommendations for their patients. The data collected from each clinic will be used for our clinical research and development of new products that will allow us to expand our research and improve our KT potential.

Results of Initiative

Our first System was installed at The Downtown Sports Clinic in Calgary on March 2010. Our second installation will be with Banff Sports Medicine in June 2010 and our third will be Parkway Physiotherapy in Victoria BC in July 2010. Currently we are in negotiations with 3 other clinicians across different cities in Western Canada regarding the installation of a third and fourth System for October 2010. Our goal is to have 500 Systems installed world-wide within the next 5 years.

Key messages

We have successfully brought a technology product to the market with our Gait Analysis System. Based on four years of research and development, financial support from Alberta Innovates: Health Solutions and Technology Futures, our goal is to improve health care and health innovation.

Abstracts

7. A Place for Story in Healthcare: The Use of Digital Storytelling in Alberta Health Services to Support a Quality Health System

V. Nadine Gall, Alberta Health Services

Todd Wolansky, Alberta Health Services

Michelle Spencer, Alberta Health Services

Mark Moland, Alberta Health Services

Context

Narrative is an effective method to improve quality in health service delivery. Digital storytelling (DST) is one use of narrative that supports practice improvement initiatives. Often evaluation results and the identification of best practices, alone, are not enough to support practice change. DST can be the driver that allows this knowledge to change practice. Consequently, Alberta Health Services' Knowledge Management Department (KMD) is exploring the use of DST as a method of knowledge transfer.

Description of the KT initiative and Purpose

The KMD is studying this by working with groups across the province who have been involved in practice improvement initiatives in children's developmental screening and follow-up services. Current practice dictates screening at school age, but evidence shows that intervening at an earlier stage leads to better outcomes for children and families. To supplement existing evidence, DST was used to capture and share family and staff experiences with early intervention programs. The purpose of this project is to determine the impact of DST on facilitating practice change.

Results

By giving families and staff an opportunity to share their experiences, the digital stories provided an important source of qualitative evidence. This has added meaningful information and context to existing research & evaluation. The digital stories contributed to:

- Understanding client and staff experiences.
- Learning from promising practices and evaluation.
- Promoting dialogue and knowledge sharing.
- Overcoming resistance to change.
- Improving client and staff engagement.

Additionally, the stories will be used as a catalyst for discussion during an upcoming provincial forum of clinical and policy leaders in childhood development. The focus will be on sustaining and spreading the practice improvements realized through these projects.

Key messages

1. DST is a promising method for engaging clients and staff in service improvement.
2. DST helps facilitate dialogue and knowledge transfer.
3. Storytelling provides a unique means to capture and convey client, staff and organizational knowledge.

8. Online technology: Central to information management and knowledge transfer

Anita Hamilton MOT, PhD (C), Deakin University, Australia

Jo Coldwell PhD, Deakin University, Australia

Annemieke Craig PhD, Deakin University, Australia

Context

Knowledge is the cornerstone of best practice in today's knowledge based economy (Liyanage, Elhag, Ballal,& Li, 2009). As a PhD student, I am investigating the topic "Exploring the role of online technology in information management and knowledge transfer in occupational therapy". Hypothesis: Occupational therapists, like many other health care professionals, have difficulty finding time to undertake ongoing professional development, therefore strategic approaches to information literacy and knowledge translation are essential. Online technologies present an exciting new avenue for information management and knowledge transfer, while also offering a low cost alternative to attending professional development courses.

Research methodology

Before jumping on the online technology bandwagon, we need to understand the level of use of these technologies in the occupational therapy profession and discover the existing barriers to accessing online technologies. The research project will be completed in two phases. In phase one, I will survey current occupational therapy students, educators and practitioners about current use of online technologies. In phase two, I will use a Delphi study to develop a framework of best practice to introduce online technology for ongoing professional development.

Results

In this presentation I will describe a model that I have developed while undertaking my PhD studies. This model illustrates how online technologies are integral to the information management and knowledge transfer cycle. I will present to the audience a range of ways that online technology can be used to enhance professional development for health care practitioners. I will also present the known barriers that health care practitioners face in trying to access and master online technologies for professional development.

Abstracts

9. Knowledge Translation in Action: Building Organizational Capacity for Evidence Use

Serena Humphries MSc, University of Alberta

Sarah Bowen PhD, University of Alberta

Tanis Hampe MSc, Northern Health

Derrick Larsen PhD, Regina Qu'Appelle Health Region

Context

Health system leaders recognize the importance of using evidence to inform program planning. While barriers to evidence use have been well documented, there is little knowledge about how organizations can support evidence informed processes. This presentation reports on research evaluating Phase 1 of an integrated planning, implementation and evaluation strategy to build organizational capacity to use evidence throughout the planning cycle. It describes the process of identifying needs, planning and evaluating custom designed workshops at the two pilot sites: Regina Qu'Appelle (implementation of early intervention for CKD), and Northern Health (evaluation of integration of addictions/mental health services with primary care).

Hypotheses

Objectives of the research were to identify (1) organizational needs to support evidence use in program planning; (2) effective strategies in promoting evidence use; and (3) common barriers to evidence use within health care organizations.

Research methodology

Phase 1 activities included (1) identifying organizational needs related to evidence use; (2) planning and facilitating workshops on evidence use and program evaluation; and (3) follow-up activities to support the development of specific program evaluations. A developmental evaluation approach was used, which integrated organizational development and evaluation activities. Projects were used as teaching cases, with researchers providing real time support and consultation. The process was evaluated using mixed methods, including learning assessments, surveys and participant observation.

Results

Similar capacity building needs were identified in both regions, despite the differences in focus and stage between the two projects. Custom designed workshops were very positively evaluated, with results indicating that they helped participants to think about evidence and evaluation in new ways. Barriers to evidence use reported in the literature (e.g. staff turnover, workload, and internal communication) were confirmed. Small gaps in support and resources resulted in non-urgent activities (e.g. evaluation) being neglected. Phase 1 activities highlighted staff interest in, and commitment to, using evidence in planning and evaluation. Further research is needed to explore transferability of findings on staff education and support needs to other settings.

10. Acting on Evidence: "Knowledge Translation, Meet Cultural Historical Activity Theory"

Brettany Johnson BEd, MLIS, University of Alberta

Context

Contemporary perspectives on the process of knowledge translation acknowledge that this dialogic process involves a "complex system of interactions among researchers and and users" (CIHR, 2008). These interactions are characterized by a number of contextual factors, including the policies, practices and priorities that guide individual and organizational stakeholders, as well as the intermediary tools and resources that inform and support action. Effective knowledge translation, or more specifically, evidence-informed decision-making, is most often characterized as change in practice or policy. My doctoral research suggests that our conception of knowledge translation can be expanded by highlighting the individual and collective processes of learning that form the basis for practice change within the workplace.

Methodology

The presentation is theory-based. Cultural Historical Activity Theory (CHAT) will be discussed in terms of its descriptive, analytical and methodological potential as a research framework applicable for examining individual and collective learning in processes of knowledge translation.

Results

Described as "the best kept secret of academia" (Engestrom, 1993), CHAT serves as both a conceptual framework and an analytical tool. It has garnered interest from researchers in the field of workplace learning, who value its emphasis on the socio-cultural-historical context of learning and activity, its attention to the role of conflict or tension in processes of organizational change, as well as the ways in which learning is mediated by artifacts (material tools and resources). Its value to the field of knowledge translation lies in its ability to identify and pursue lines of inquiry related to an organization's historical and cultural contexts of learning; the role and influence of formal and informal workplace norms and their effects on learning; and its attention to the impacts of interaction with everyday tools and resources. CHAT provides a useful lens by which we can form a deeper understanding of the organizational contexts in which knowledge-translation activities occur.

Abstracts

11. Travelling Conversations: Sharing a Draft Framework for Improving Women's Health in Ontario

Simone Kaptein PhD, Echo: Improving Women's Health in Ontario

Shelley Cleverly MSc, Echo: Improving Women's Health in Ontario

Pat Campbell MBA, Echo: Improving Women's Health in Ontario

Context

Ontario women are diverse. Inequities in health and health care have been identified through the Project for an Ontario Women's Health Evidence-Based Report (POWER Study). An Ontario women's health improvement framework calls for significant progress through addressing health-care quality and health equity.

KT initiative

In the summer of 2010, Echo partnered with several community organizations across Ontario to share a draft framework for improving women's health in Ontario. A one-day 'conversation' was held in each community with various stakeholders, including women leaders and service providers. In total, approximately 200 women attended the events. The day included a discussion of the state of women's health in Ontario; an introduction to sex and gender-based analysis; presentation and guided discussion on the targeted priority areas for improvement in women's health; a Women's Health Research Café; and a discussion about moving forward in the community on the women's health framework. All discussions were documented and synthesized in policy briefs (Echo Advances) created and tailored to each specific community. Each community received and validated their reports.

Results of the initiative

The primary outcomes include the dissemination of the women's health framework and community stakeholders' feedback that will strengthen the document. Partnerships were made with new organizations, and may lead to increased women's health leadership opportunities in the community and the province. Networking at the events by Echo and partners, as well as among the attendees, may also help create a women's health network and/or community of practice. Participants identified an array of ideas for local action related to four priority areas (access, integration, improving life circumstances and accountability) toward advancing women's health and are highlighted in the Echo Advances.

Key messages/lessons learned

1. Participants are passionate about health and keenly aware of the need for improvement in women's health.
2. Community events and partnership initiatives are vital for engaging citizens, raising awareness, and facilitating local adoption of evidence-based frameworks for action to improve population health.

12. Connecting, Sharing and Informing: Women's Contributions to Mental Health and Addictions Policy in Ontario

Chelsea Kirkby BA, MPH, Echo:

Improving Women's Health in Ontario

Leigh Hayden PhD, Echo:

Improving Women's Health in Ontario

Shelley Cleverly MSc, Echo:

Improving Women's Health in Ontario

Context

Gender is a social determinant of health, and efforts to improve policy, programs and health outcomes in mental health and addictions require a gender lens. Mental Health and Addictions is a priority area for Echo: Improving Women's Health in Ontario because women experience mental health and addictions differently than men, at different rates, and they respond differently to treatment.

Description of the KT Initiative

In the fall of 2009 Echo partnered with community organizations to hold six roundtable consultations across Ontario to present the Ministry of Health and Long-Term Care's draft mental health and addictions policy. Echo learned from women about how the policy could be strengthened to address needs specific to women. The participants included: care providers, consumer/survivors, patient advocates, and policy makers, and represented a diversity of populations across the province. Echo worked with its partners to analyze and validate the data collected from each roundtable consultation.

Results of the initiative

With the recommendations developed through the consultation process, Echo created a number of reports that highlight the unique needs that emerged from each consultation as well as a cross-provincial report that reflects common recommendations from across Ontario. Dissemination of these reports is currently underway with the intent to both inform the Ontario government in their efforts to improve the mental health and addictions system and to engage women in Ontario to share the results with their communities.

Key messages/Lessons learned

This process underscored the reality that women have specific mental health needs. Engaging women in policy development ensures that these needs can be incorporated into the development of a health and social system that is gender-sensitive and responsive to both women and men. Women across the province are excited to contribute to the mental health and addictions policy development and implementation in Ontario to ensure that mental health and addictions services are responsive and inclusive.

Abstracts

13. Teamwork Doesn't Mean Joined at the Hip: Translating the Concept of Collaboration into Practice

Jana Lait MA, Alberta Health Services

Context

Researchers and decision makers largely agree that collaborative practice is important in healthcare, but the abstractness of the concept can be a barrier to bringing it into practice. How do we bring clarity on collaborative practice to healthcare providers? Part of our research project funded by Alberta Health & Wellness involved moving providers to a collaborative practice model. We found that many providers had misconceptions of what collaboration meant. For instance, some understood collaboration to mean that they should do all their patient care tasks together as a group.

Description of the KT initiative

We used simulation to determine staff understanding of collaboration. We observed teams of an RN, an LPN and an HCA do "table top" simulations in which we gave them a realistic patient assignment. These simulations led us to reconsider the KT needs for staff around collaborative practice and to wonder if the term "collaborative practice" is even useful. We are now using an approach that focuses on the competencies of the professions and on the Canadian Interprofessional Health Collaborative's interprofessional competencies. Using the competencies that relate to collaborative practice should act as a bridge to help clarify what collaborative practice looks like.

Results of the initiative

Simulation is allowing us to determine what the knowledge gaps are for practitioners in collaborative practice. For example, after the simulation exercise, an RN participant told us she became more aware of her leadership role in her team, but feels "bossy" telling others her expectations of them. Gaining insights like this clarifies our KT areas of focus. Now that we have identified the KT barriers, our next step is to work with educators from practice and from educational institutions to design simulations that will address the required competencies.

Key lessons learned

- Simulation can promote learning about abstract concepts, not just about concrete clinical skills.
- In KT, providers are more than "knowledge users." They don't just use knowledge; they play a role in creating knowledge and in determining knowledge needs.

14. Integrating Population Health Research into Policy and Practice

Emily Maddocks, Canadian Institute for Health Information

Andrew Taylor, Canadian Institute for Health Information

Kelly Hogan, Canadian Institute for Health Information

Catherine Fraser, Canadian Institute for Health Information

Context

Findings from a Canadian Population Health Initiative (CPHI)-funded population health intervention research project were integrated into policy and practice at both local and provincial levels. CPHI is now conducting a case study, examining how the findings from that research project were successfully transferred to practitioners and decision makers.

Hypothesis

Beyond the findings of the research project, there is much to learn about the experience of conducting research. A case study method can tell the story of successful knowledge transfer from a particular case of population health intervention research.

Methodology

A case study method was used to uncover the processes and activities that enabled successful knowledge transfer. This study extends previous work on factors that influence research use. Analyses of semi-structured interviews with key informants – from research, health promotion practice, and health and education policy contexts – and content analysis of academic and grey literature highlight the contextual factors that shaped and enabled the transfer of research knowledge.

Results

Findings highlight the importance of relationship building and early engagement between researchers and research users. Such relationships help to establish a stake in the outcomes of the project and a sense of ownership and accountability for both parties. Successful relationship building also sets the context for future collaboration.

This case study showcases the experiences of researchers and decision makers who were part of effective knowledge transfer. We expect that the results of the case study will encourage relationship building between researchers and research users. CPHI will be hosting a policy dialogue with researchers, decision makers and practitioners and will use the findings of the case study to inform those discussions and activities.

Abstracts

15. Putting Research to Work: Developing a Cross-Sectoral Knowledge Translation Plan

Maria Mayan PhD, University of Alberta

Cheryl Gagnier BSW, City of Edmonton, Community Services

Sanchia Lo MSc, University of Alberta

Jane Drummond PhD, University of Alberta

Context

Knowledge translation that promotes positive health outcomes for low-income families is a critical challenge for communities and governments across the country. Three issues underlie this challenge. First, the social determinants of health (SDOH) interact in complex ways and powerfully influence the health of low-income families. Second, services for low-income families typically operate at all system levels (e.g., community, municipal, regional, provincial, federal) and are organized by sector (e.g., health, education, employment, immigration, children's services, justice), but effective delivery of services is severely hampered by minimal collaboration among levels and across sectors. Third, in this fragmented environment, policies and practices that are supported with evidence from research are difficult to implement and timely applications often are missed (Ward, House, & Hamer, 2009)

The Putting Research to Work (PRW) partnership acknowledged that the first step to begin addressing these challenges is to develop a knowledge translation (KT) plan that is appropriate for cross-sectoral KT. The PRW partnership emerged from Families First Edmonton (FFE), a 10-year-old, research partnership made up of 15 partners that is generating evidence in three critical areas: SDOH, service delivery and cross-sectoral collaboration. Because of the power of and interest in these data, the research team has already been flooded with requests from current partners and others for data analyses to assist in organization and system planning. PRW partners view the current situation as an exceptional opportunity to "put the FFE data to work" and thus, spent the last year developing a comprehensive KT plan that balances the needs, interests, and constraints of funders, decision-makers, service providers, community leaders, and researchers in their efforts to enhance the well-being of low-income families.

Research question

What processes and structures are important in the development of a cross-sectoral KT plan?

Research method

Data were collected through interviews with partner decision-makers and researchers, document analysis, and participant observation. These data were content-analyzed.

Results and Lessons Learned

A comprehensive KT plan was developed to enable flow of KT activity and uptake of research findings within and across multiple sectors. Elements of the plan include a governance structure, communications plan, proposed KT products, and knowledge brokers. This KT plan will be transferable to a variety of settings where governments and communities are partnering to bring about program and policy changes for promoting the well-being of low-income families. Learning from the development process includes:

- Traditional power is replaced by earned power;
- Faith in researchers and data value is no longer enough to move research into action;
- Partners need to have research products usable for specific audiences and purposes;
- Partners need to maintain a delicate balance between momentum and patience.

Abstracts

16. Building Common Agendas to Increase Cancer Screening: A Collaborative Model for Knowledge-Exchange and Quality Improvement

Nadia Minian PhD, Echo: Improving Women's Health in Ontario

Shelley Cleverly MSc, Echo: Improving Women's Health in Ontario

Pat Campbell MBA, Echo: Improving Women's Health in Ontario

Context

Evidence is accumulating that the transfer of research findings into practice is often a slow and random process. It is estimated that cancer outcomes could be improved by 30% with optimum application of what is currently known. Recent findings point out that despite many years of improvement, colorectal, cervical and breast cancer screening remain below the provincial targets. Given these findings, Echo: Improving Women's Health in Ontario (Echo) is partnering with a diverse group of stakeholders in a multi-pronged approach to increase cancer screening for Ontario women.

KT Initiative

In December 2009, Echo and South Riverdale Community Health Centre hosted a consultation event with 80 Ontarians to discuss what equitable cancer screening should look like. Participants indicated a need to increase demand and access to cancer screening services across Ontario. Based on these findings, Echo is partnering with four organizations across the province to champion pilot demonstration projects designed to increase access to and/or awareness of cancer screening for marginalized women. Each of these demonstration projects will be evaluated, to show the effectiveness and appropriateness of practice models for diverse marginalized populations. Echo is also partnering with a community-based organization to organize events that will generate cross-site learning, engage policy makers and support the spread of innovation across the province.

Key messages

In this presentation, we will share our model which aims to: enhance knowledge exchange among practitioners, policy makers and researchers, and facilitate the uptake and application of the knowledge in the practice setting/ community.

17. Alberta Infection Prevention & Control Stop Bad Bugs

Lynn Olenek RN, Government Affairs, Alberta Health and Wellness

Carol Blair, Carol Blair and Associates Inc.

Dominika Warchol, Carol Blair and Associates Inc.

Justin Cenaiko, Alberta Health and Wellness

Context

The lack of consistent formal training in infection prevention and control (IPC) coupled with the health vulnerability of older residents and the lack of professional staff oversight in Supportive Living (SL) settings was identified as a high risk situation for the spread of infection, including influenza and other contagious illnesses.

Objective

To minimize the risk of infections by improving IPC knowledge and practices in frontline staff in SL settings across Alberta as per CHICA-Canada (Community and Hospital Infection Control Association – Canada) core competencies.

Initiative

Development of an infection prevention and control training program by Alberta Health and Wellness for all frontline staff and their supervisors in SL settings, based on a needs assessment and best practices in IPC and adult training. The training program included:

- Print materials that were modified from existing resources to suit the target audience and included booklets, a PowerPoint, and detailed binders.
- Workshops that were conducted on-site to maximize attendance and reduce operator staffing expenses. To maximize information retention, workshops were designed to encourage interaction and discussion. The workshops were conducted by trainers recruited for their knowledge and experienced in IPC and training.
- Website that encouraged knowledge sustainability by providing up-to-date information and digital versions of print materials.

Abstracts

Results

Nearly 4,000 staff have been trained in 280 workshops to date. Attendees indicated their expectations have been met (3.66 of 4), and highly rate: workshop implementation (3.57 of 4), materials provided (3.64 of 4), demonstrations (3.61 of 4) and discussions (3.65 of 4).

Lessons Learned

Importance of:

- Assuring up-to-date information through comprehensive research and validation by an IPC expert.
- Providing training using multiple learning channels and materials that were professionally developed and edited to ensure suitability to the audience.
- Dynamic three-hour training sessions consisting of pertinent 20-30 minute information and experiential segments.
- Competent trainers who were well orientated with ongoing backup support.
- Organized logistical workshop coordination and ongoing contact with SL operators.
- Ongoing evaluation of what was or wasn't working and making adjustments as required.
- Inclusion of supervisors in the training sessions to reinforce supervisory role modeling.

18. The Continuing Care Health Service Standards Desktop Project

*Lynn Olenek RN, Government Affairs,
Alberta Health and Wellness,*

Ron Schlegelmilch MSc, Centre for Health Evidence

*Gillian Spivak BA, Alberta Health and Wellness,
Government of Alberta*

The Continuing Care Health Service Standards underwent a revision in 2006 and are currently being revised in 2010 to ensure they are flexible to client needs and reflect changing best practices. The revisions and the rationale behind them needed to be disseminated to continuing care health care workers across the province in order assist integrating the Standards into practice.

Under a grant with the Alberta Health and Wellness, SEARCH Canada developed an interactive computer desktop and a staff education/training program for the continuing care health service standards. The Continuing Care Desktop was developed as a mechanism to educate continuing care staff on the standards and serve as a structure for continuous quality improvement in continuing care throughout Alberta. This education/training program targeted all of Alberta's approximately 20,000 to 25,000 continuing care staff, including RNs, LPNs, HCA's, other aide staff, therapy staff, pharmacists and medical directors.

In 2009, Alberta Health Services evaluated the desktop and found that there were 23,000 registered users, the majority of which were Health Care Aides (47%) and Registered Nurses (31%). It was determined that 5% of users accessed the desktop at least once a day, 29% accessed it once a week and 31% used it once a month. The majority of users (70%) thought the desktop was easy to use and 75% of users indicated the desktop was valuable to their work. The above statistics indicate that the Desktop, along with the training, contributed to a better understanding of the Standards and better application of best practices related to the Standards.

The desktop has proven to be a valuable resource in educating health care staff on the revisions of the CCHSS as well as educating and orienting new staff. The desktop is available province wide and allows health care workers in isolated or rural communities to connect to best practices and quality improvement activities. The desktop's high user rate indicates that health care workers have a desire for continual learning and value it's impact on their day to day activities.

Abstracts

19. Introducing Innovative Technology into a Traditional Rehabilitation Setting

Jim Raso MSc, Glenrose Rehabilitation Hospital - Alberta Health Services

Isabel Henderson, Glenrose Rehabilitation Hospital - Alberta Health Services

Darrell Goertzen, Glenrose Rehabilitation Hospital - Alberta Health Services

Gary Faulkner, Glenrose Rehabilitation Hospital - Alberta Health Services

Technology is often the only means persons with physical or cognitive impairments have to overcome limitations imposed by a disability. Over the past several years, we have increased our understanding that neuroplasticity can be used to improve function. Training that is intense, repetitive and engaging can lead to significant improvements. At the same time there has been a revolutionary change in technology; the world has moved from an analog world to digital. Computers are much more powerful; communication networks are pervasive, many now are wireless; sensors and actuators are inexpensive and readily available and social media has changed the fundamental nature of how knowledge is shared. We undertook a review of how these developments might affect delivery of rehabilitation services and how we should respond to those changes.

Starting in 2007 and continuing in 2008, we reviewed the literature, interviewed community members, technology and clinical service leaders and hosted seminars to determine what the likely impact of the neuroplasticity theories and changing technology will be on rehabilitation. Four technology areas were identified that were deemed to have a major impact: virtual rehabilitation, robotics, cognitive learning and telerehabilitation. They will affect multiple age groups and clinical populations, enable patient engagement in therapy regardless of level of impairment and will provide objective measures of change.

As a result of this review, a central space in the Glenrose Rehabilitation Hospital was renovated to be a technology hub and a process was developed to identify and implement innovative technology.

The process to identify how technology will affect rehabilitation began with discussions with staff. Developing and implementing a plan for new and innovative technology relies on a continuing conversation with clinicians. This was not only necessary at the onset but is a continuous need to address concerns about validity, implementation, job loss, and space.

20. Short and Sweet: Humour in Science Communication

Rheanna Sand, Science in Seconds

Brittany Trogen, Science in Seconds

Torah Kachur, Science in Seconds

Communicating scientific research to the general public is a potentially daunting task. Traditional and web-based media are awash in inaccurate, inconclusive, and contradictory reports. Science in Seconds (SiS) is a website that provides evidence-based, scientifically accurate material in short, digestible videos and blogs. The material is a blend of science and humour, conveying complex science in plain language, and using analogies that relate it to day-to-day life. Ever mindful of maintaining scientific accuracy, SiS has been approved by the NatureBlogs Network and maintains close ties with the University of Alberta. By combining hard science with entertaining and engaging media, SiS is overcoming barriers to communication between the producers and potential users of research.

Abstracts

21. Building Research Capacity and Knowledge Translation through Educational Workshops

Heather Scarlett-Ferguson BSP, MDE, RPh, Alberta Health Services

The complex mental health needs of seniors and persons with disabilities can be served by building caregiver capacity to provide appropriate, accessible, and coordinated services using best evidence and practice-relevant research. A Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities (CRGI) was developed in 2008 with the Ministry of Seniors and Community Supports and Alberta Health Services, Addiction and Mental Health. Part of the funding focuses on the disbursement of grants to researchers and service providers to conduct collaborative, practical, and innovative research and evaluation projects. To help facilitate this, capacity building workshops were developed and delivered across Alberta to improve the capacity of service providers and community agencies to develop research proposals and apply for funding. The first round was held in September, 2009 and a second in May and June, 2010.

Workshops were created to increase knowledge in three areas: 1) background information on the CRGI and the three levels of funding available for research and evaluation projects; 2) proposal writing tips and techniques; and 3) relevant ethics screening for research, evaluation, and quality improvement projects. The workshops were offered across Alberta in various rural and urban locations, with no cost to participants. Case studies were used as examples, which allowed for interaction among participants and presenters. Participants were asked to complete a survey to evaluate the workshops.

After the first round of workshops, changes were made in format and length of the workshops in response to the evaluations. In the first evaluation, all participants who responded were satisfied with the workshop and all but one gained confidence in applying for grants. Participants expressed the desire for more case discussion time at the workshops and wanted case studies to reflect the non-profit sector. In the second evaluation, all participants rated all aspects of the workshops as either good or very good, with all but one stating they gained confidence in applying for grants.

Researchers and service providers are enthusiastic about the opportunity to work collaboratively and advance research to enhance and promote the mental wellbeing of seniors and persons with disabilities.

22. Building Capacity Through Knowledge Products

Melissa Schock, Alberta Health Services

Context

With the increasing pressures of today's society, individuals are experiencing higher levels of mental health issues; including stress, anxiety, and depression. As such, mental health has become an important information topic within the Alberta population. With an abundance of information available on mental health, it is difficult for health promotion and chronic disease prevention practitioners to differentiate quality sources of information to find consistent, evidence-based messages targeted and applicable to their work.

Description

The mission of the Alberta Healthy Living Network (AHLN) was to promote health and prevent chronic disease in Alberta. To achieve this goal, evidence-based resources were produced to assist practitioners in their work. With respect to the mental health issue, the AHLN undertook an initiative with the objective of developing Integrated Mental Health Common Messages (integrated with healthy eating, active living and tobacco-free lifestyle). An additional tool, the Best Practices Framework for Developing and Disseminating Common Messages was developed as a part of this initiative to guide the development of clear, consistent, evidence-based messages. The process for developing this document included evidence-based information gathering, expert review, and focus group testing.

Results

Following endorsement, a dissemination plan was created and enacted. This included posting the common messages on the AHLN website and affiliated member websites, dissemination through other online sources, presentations to respective organizations, and utilization of the common messages at community health events. Feedback was very positive, and reinforced the value and reliability of both of the resources.

Lessons learned

- Common messages are useful knowledge products, which allow practitioners to transfer knowledge more effectively with the public
- The information used in the development of common messages must be evidence-based
- Focus groups are a necessary part in the development process to ensure the messages resonate with practitioners
- Utilizing the Best Practices Framework for Developing and Disseminating Common Messages was vital in ensuring a systematic approach was used in developing a well constructed resource.

Abstracts

23. A Systematic Review of KT Strategies: Promoting the Uptake of Research in Child Health Settings

Shannon Scott RN, PhD, University of Alberta

*Deborah Olmstead Masters of Nursing Student,
Faculty of Nursing, University of Alberta*

*Jane Fryer Masters of Nursing Student,
Faculty of Nursing, University of Alberta*

Context

Effective strategies that assist evidence-based decision-making for health care professionals are crucial to ensure high quality patient care and outcomes. Previous systematic reviews have explored knowledge translation strategies in relation to various professional groups often with a uni-discipline focus. A systematic review of knowledge translation strategies specific to the unique features of a clinical context, such as in child health settings, has not been done. The purpose of this systematic review is to assess the evidence on interventions aimed at putting research into practice with a focus on child health environments.

Research Question

What is the evidence for interventions in child health aimed at incorporating research into pediatric health professionals' clinical practice?

Methods

First, 13 databases were accessed as well as dissertations and manual searching of key child health journals. Randomized controlled trials, controlled clinical trials and controlled before- and after-studies were included, irrespective of professional grouping, but limited to child health settings. Methodological quality of included studies was assessed using a validated checklist. Three reviewers independently assessed the quality of included studies. Study outcome data was aggregated and analyzed according to the type of knowledge translation intervention strategy(ies) based upon the EPOC (Cochrane Collaboration) intervention framework.

Findings

Initial screening of 1535 full text articles resulted in 17 studies meeting the inclusion criteria [RCT n=9; CCT n=2; CBA n=6]. Interventions used included: 1) educational interventions, 2) clinical pathways, 3) one-on-one coaching, 4) interactive training workshops, and 5) quality improvement programs with audit and feedback. Sixteen of the 17 studies reported statistically significant results to support measurable outcomes of the interventions. Follow up was reported in 11 of the 17 studies, with intervention sustainability not reported in any of the studies.

24. Diversity and Disparity: Our Struggle with Tangible KT

*Bejoy Thomas PhD, University of Calgary &
Alberta Health Services - Cancer Care*

*Shannon Goff BA, Canadian Partnership Against Cancer &
Alberta Health Services - Cancer Care*

*Linda Carlson PhD, University of Calgary &
Alberta Health Services - Cancer Care*

*Barry Bultz PhD, University of Calgary &
Alberta Health Services - Cancer Care*

Diversity by itself is a very broad term. However the least assessed area - at least in Canada - is that of patient ethnicity. Several factors have influenced this: the complexity of defining ethnicity in a cultural mosaic, and more importantly - the indelible characteristic of Canadian health care - the right of 'access' to health services. In our work on ethnic diversity in cancer patients, disparity in outcomes seems to be more of a function of lack of utilization. All patients have access to all resources in the cancer centre; however the onus is put on the patient to use the existing resources, and herein lies the gap. For example, those that 'drop-in' to a drop-in fatigue class are generally white middle aged women, with high education and income. This skew in uptake is not the fault of the resource; rather the problem lies in our inability to package (adapt the process and adjust) it to the populations we serve, be them visible minorities, men, young adults, etc.

Our research also identified that the visible minority cancer population is consistently predisposed to greater symptom burden irrespective of their position in their cancer journey (diagnosis, treatment, follow-up).

Abstracts

25. Reflections on Knowledge Brokering within a Multidisciplinary Research Team

Robin Urquhart MSc, Cancer Outcomes Research Program, Cancer Care Nova Scotia

Geoffrey Porter MD, Department of Surgery, Dalhousie University

Eva Grunfeld MD, Dphil, Ontario Institute for Cancer Research and Cancer Care Ontario

Context

Decision-maker involvement can improve the quality and relevancy of research and facilitate the transfer and use of findings. Team ACCESS is a multidisciplinary team of researchers and decision-makers (clinicians, managers, policy-makers) studying access to quality colorectal cancer (CRC) services across the care continuum. To help achieve its knowledge translation (KT) objectives, the team created a knowledge broker (KB) position to support decision-makers' use of findings towards improving access to quality CRC care.

Description of the KT initiative

A KB was hired in July, 2007 to undertake two primary tasks: (i) facilitate ongoing communication amongst team members throughout the five-year initiative and (ii) develop and maintain collaborations between researchers and decision-makers to establish partnerships for the transfer and use of research findings. The KB is trained in health research, teaching, and journalism. A formal mixed-methods evaluation of the KB role is ongoing to improve our understanding of how KBs can support multidisciplinary research teams as well as the integration of evidence into local practice.

Results of the initiative

The KB's primary functions have included: sustaining team members' engagement and active involvement; harnessing members' expertise (methodological, clinical, managerial) and sharing it amongst team members; developing and maintaining communication tools for team and external communications; and establishing collaborations between team members and other stakeholders working in cancer care. Two outcomes arising from the KB position are notable: 1) the nature of the KB position has facilitated an integrated KT approach to research conduct and 2) numerous collaborations have been established with local, provincial and national stakeholders, resulting in tangible 'wins' for both researchers and decision-makers.

Key messages/lessons learned

To date, four lessons have been learned: 1) the process of knowledge brokering requires protected time and resources; 2) the position requires considerable flexibility and will likely change depending on the research, clinical, and organizational contexts; 3) the position has supported integrated KT to an extent impractical without it; and 4) a KB can reduce some of the challenges associated with the lack of familiarity between the researchers' and decision-makers' work environments.

26. Evidence Based Decisions for an Innovative South Health Campus

Tracy Wasylak RN, South Health Campus (SHC) Project Shandra Kimpton, Ward of the 21st Century (W21C)

Jeff Caird, Ward of the 21st Century (W21C)

Ted Braun, South Health Campus, Alberta Health Services

The South Health Campus (SHC), scheduled to open in 2011, is an academic tertiary healthcare centre that provides a unique opportunity to improve the quality and safety of care through evidence-based design. To achieve this end, a partnership was created between SHC, the Ward of the 21st Century (W21C), and the University of Calgary (U of C) to translate human factors knowledge into the facility design. In order to collect evidence for the new facility, "mock-up rooms" were built for outpatient exam, emergency department, acute care, and intensive care. In each room a series of scenarios were simulated involving healthcare providers, patients, and family members. Evaluation focused on the design and functioning of the rooms, and several hundred recommendations were made regarding access, communication, visibility, and usability. The authors conclude that this initiative created a unique knowledge translation opportunity to improve patient safety and architectural usability through evidence-based design.

Abstracts

27. Process Analysis as Learning and Dissemination Tools for a Developmental Project

Kelly Wiens MSc, BScN, RN, CCRP, University of Alberta

Context

The Early Childhood Mapping Project (ECMap) is an initiative launched by Alberta Education to provide information about the factors that may influence children's development, and to enhance community capacity to use these data to both monitor early child development and to create effective community based responses. This project is led by the University of Alberta's Community University Partnership (CUP). The ECMap Project Team as a learning organization is committed to tracking processes of the project with the primary goals of continuous improvement and knowledge sharing.

Initiative description

Complex projects involve unknowns, uncertainty, lack of agreement, or all three. There is no textbook that describes how best to move forward that is applicable to most situations. A process analysis framework is in development (as a living document) to ensure that processes are identified, tracked, monitored, in order to systematically examine the data they produce and meaningfully inform future actions. A second goal is to promote knowledge sharing internally and externally towards sustainability of good ideas and useful models or principles.

Understanding the usefulness of moving implicit (tacit) knowledge to an explicit form is a particular goal of the process analysis. Tacit knowledge is embedded in human capital. Effective transfer of tacit knowledge requires personal contact and trust. Using reflective practice as a key tool to reflect IN action (thinking on our feet) and reflect ON action (looking back), we will help test assumptions and theories against what is occurring in real time.

Results

Successful process analysis is evidenced by activity capture, documentation, analysis, and dissemination. A primary function of the process tracking plan for the ECMap project is to cultivate post-project sustainability, particularly at the community level. Towards building continued external capacity, the information gathered will be presented in a "user-friendly" manner and will differ depending on the user.

Key messages

The process analysis data will be used to inform project planning and decision making, while also creating a portfolio of resources that can be used by social planning groups at the community level, the provincial level, and the national level beyond the life of the project.

28. Jurisdictional Context Specific Knowledge Utilization: A Successful CADTH Journey

Gabrielle Zimmermann PhD, Canadian Agency for Drugs and Technologies in Health (CADTH)

Brendalynn Ens RN, MN, CCN(C), Canadian Agency for Drugs and Technologies in Health (CADTH)

D. Ann Vosilla RN, ASCFS (Honours), Canadian Agency for Drugs and Technologies in Health (CADTH)

Donna Champagne BN, MPA, Canadian Agency for Drugs and Technologies in Health (CADTH)

Context

Production of high-quality evidence and well-documented reviews of evidence are of no benefit to Canada's health providers until the knowledge has been sufficiently shared to be useful and actionable. The Canadian Agency for Drugs and Technologies in Health (CADTH) noted that evidence-informed decision making and decision-maker informed research in health requires a transfer of knowledge to the user in a way that is appropriate to differing contexts. A Liaison Team was implemented to provide local context to CADTH and link health service providers in mobilizing the knowledge that is produced.

Description of KT Initiative& Objective

Providing the right information at the right time to the right person is imperative in an economically constrained health system. In order to meet the unique diversity in each Western province, Liaison Officers have strategized individual frameworks for knowledge dissemination and exchange.

Results

Methods of knowledge dissemination were captured on various identifiable decision-maker levels; macro, meso and micro. Results of various customized examples from Manitoba, SK, AB and BC will be highlighted in this casebook study to demonstrate dissemination, uptake and impact.

Key messages/lessons learned

1. What works in one jurisdiction may not work in another. Customizing knowledge translation to each audience is imperative if impact is to be maximized. One of the most important factors in the role of knowledge brokers is providing knowledge that is relevant and needed by stakeholders. We can only understand those needs through dialogue.
2. Successes such as creating connections, minimizing duplication and maximizing opportunities originate from local engagement of diverse stakeholders and bringing these diverse groups together.
3. Larger jurisdictions such as BC and AB include engagement of numerous contacts. We have found that feasibility planning to meet specific local needs is an important and challenging approach to consider..

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