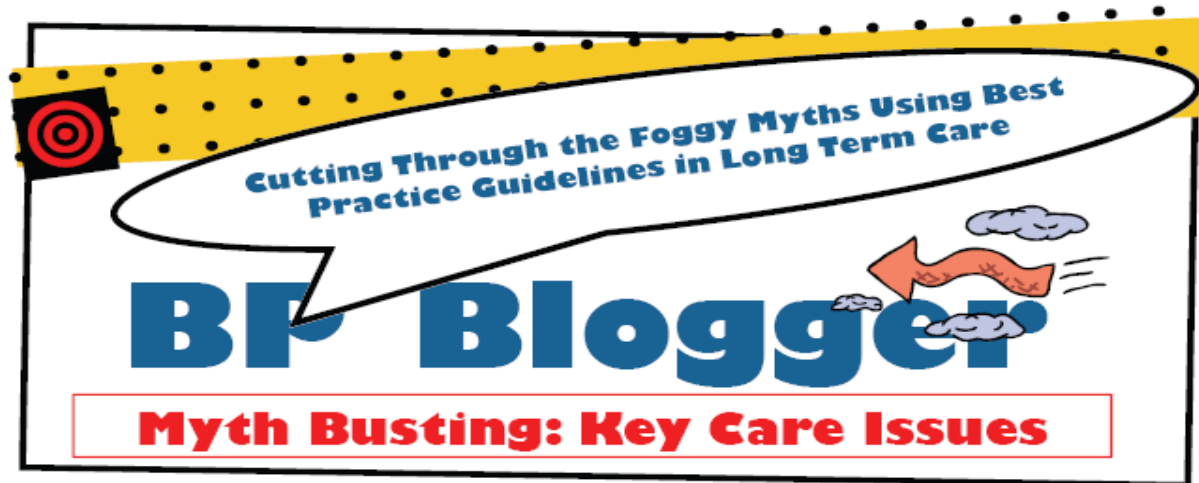


Myth-Busting Newsletter:

A strategy to transfer the knowledge from evidence-based guidelines to practitioner changes at the bedside in long-term care



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Limited Use of Research & Guidelines

Evidence-based practice has evolved as a dominant theme of practice, policy, management and education within health services across the developed world and a critical component of health care including long-term care.

What do we know?

- **30-40%** of patients do not receive care according to current scientific evidence
- **20-25%** of care provided is not needed or potentially harmful
- Research is one of the **least frequent** sources of information used by nurses to guide practice yet **91% of nurses** agreed that nursing research is necessary but only 15% read it
- **1/3 of the time** health care providers do not even follow even uncontroversial, evidence-based recommendations

(Cretin, 2001; Estabrooks, 1998 ; Grol and Grimshaw, 2003; Pape 2003; Wright et al., 1996)



Barriers

Reading, understanding and managing these large amounts of information, literature and research products are difficult for most long-term care organizations and their staff.

- Confronted with numerous, sometimes differing, contradictory guidelines
- Academic, unable to 'transfer' info or achieve desired clinical direction
- Lack the skills, knowledge and motivation to use the research products
- Do not believe in or are not allowed to use research findings
- Plus, in the long-term care sector:
 - Fewer resources such as libraries, computers, experts
 - Weak /no information management or critical appraisal skills
 - Paraprofessionals, English as a second language
 - Small and isolated homes
 - Limited decision-making or authority to make change

(Brazil et al., 2004; Buonocore, 2004; Graham et al., 2002; McCaughan, 2002; Pape, 2003; Royle et al., 2002)



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Is There a Gap ?

Considerable investment has been made in an **infrastructure** to increase the likelihood of care being delivered base on evidence that works



Guidelines are an effective and efficient method of accessing summary recommendations for clinical care based on the most recent research evidence **suppose to reduce the gap** between the research evidence and clinical practice



Printed materials alone can result in a moderate change of practitioner behaviour and improve patient outcomes



Guidelines are necessary but don't seem to be enough in terms of providing a paradigm shift of long-term care sector consistently using research evidence in day-to-day care



YES

(Grimshaw et al, 2004; Pape 2003; Rycroft-Malone, 2005)



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Managing Knowledge is a Challenge

What makes **managing knowledge a challenge** is that it is not an object that can be stored, owned and moved around (document).

So how do we make it reside in the skills, understanding and relationships of staff as well as their work tools and processes?



Knowledge is much more a **living process** than a static body of information

So how do we make it feel real, current and applicable to their work?



Knowledge is **changing** at an accelerating pace.

So how do we value what staff know and help them accommodate new information, new inventions, and new problems?



Identify the staff who **need this knowledge** for their work.

We need to explore - how to connect them - with that knowledge.

(Wenger, McDermott and Snyder, 2002)



What is the Value Proposition ?

New information and new technologies require us to adopt new perspectives, master new communication and relationship skills with LTC organizations and staff

- develop relationships that understand and focus on their needs in their context

Staff must view it as something that is “of value”

- Change the nature** of the value proposition > Research is valued, guidelines are “assistive tools”
- Identify **value propositions** that need to exist between the research/guidelines and practice worlds
- View** the relative importance (research >hands-off versus practice >hands on)
- Only the recipient can assess the relative value

Look at it from their perspective and present them with **solutions that exactly fit with their needs**

- Choreograph the translation of knowledge



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Create a Content Experience

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Why would they want to read it? Another newsletter?

Narrowcast the information , target and connect with frontline staff

- Compelling and motivating to read
- Trendy: title, myth-busting concept
- Bite-size pieces of information that are useable
- Applicable to their direct care situations and their topics
- Comfortable , emotive > feel good
- Credible - Latest > use current research and guidelines
- Readable > common language
- Quick > 1 page/2-sided



How are Innovations Accepted in Health Care?

Different innovations spread and get adopted at different rates. In health care innovations have adoption characteristics very similar to those studied in the wider literature and that their attributes are primarily adopters' perceptions.

For health care organizations – best compliance for guideline use:

- Recommendations are compatible with clinician values
- Doesn't require major changes to established routines
- Different professional groups perceive the attributes of "innovations" differently
- Simple innovations
- Have clear advantage over what they are intended to replace
- Are easy to use and experimented with on a limited basis
- Impact is observable
- **NOTE:** If no relative advantage is perceived, the potential adopter may not explore any of the other attributes of the innovation

(Franklin, 2005; Greenhalgh et al., 2005; Rogers, 2003)



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Why the Overwhelming Acceptance?

Success or failure is dependent on the **inherent characteristics of the innovation**, the environment in which it is created, the infrastructure that allows it to flourish, the characteristics of potential adopters and their perception of the innovation itself.

*It's the **adopter's perception of the value proposition** that counts, not the innovation itself*

Why are they reading it?

- **Relative advantage** - convenient, it works, the information is there
- **Risk** - low, not risk takers in LTC, fits with LTC but has geriatric scope
- **Image** - enhancing > using research information, evidence made simple

(Franklin, 2005; Greenhalgh et al., 2005; Rogers, 2003)



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Why the Overwhelming Acceptance?

Why are they reading it?

- **Complexity** - it's simple > cognitive psychologists tell us about the limited capacity of humans to handle complex information and maintain attention
 - **Interpretation** - requires no critical appraisal skills, assess validity
 - **Capability** - knowledge needed to use it – low – “stands alone”
 - **Implementation** - is simple
 - **Barriers** – few barriers in the system to its use
- **Similarity/differentiation** – feels like research evidence but different than guidelines, manageable bits of information, readable, narrative style helps to relay the facts
- **Compatibility** – it fits > consistent with their values and existing practices, not asking to change practices dramatically
 - **Standards** – doesn't challenge practice standards, may cause some self reflection, examine practices for improvements



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Why the Overwhelming Acceptance?

Why are they reading it?

- **Reinvention /trialability** – information can be modified in the process of adoption and implementation
 - **Divisibility** – it’s not “all or nothing”, can trial single copies and then decide to use others, can use some of the information
 - **Discretion** - can still make choices, not restrictive
 - **Interoperability** - it interacts with other research products – can use it with guidelines
- **Cost/benefits** - no effort for user –can simply hand-out, provides latest information, use as education resource
 - **Adopting costs** – it’s free to use
 - **Observability** – results are obvious to others
 - **Reliability** – seeking trusted sources, use credible information

(Franklin, 2005; Greenhalgh et al., 2005; Rogers, 2003)



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Turning Guidelines into Action

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- *Is only one strategy to promote the use of evidence-based information and guidelines > changing clinical practice at the frontlines in long-term care*
 - *Dec 2006 to today: across all health care sectors, beyond Ontario, weekly requests*
- *Important to understand what the staff are telling us*
 - *it's not the BP Blogger (in and of itself) but rather the content experience*
 - *their perceptions of why it works for them > value proposition*
 - *Simple and quick*
 - *Readable*
 - *Useable and directive*
 - *Credible*



Cutting Through the Foggy Myths Using Best Practice Guidelines in Long Term Care CONTACTS

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