

Advancing the Agenda for Home Healthcare Quality

**Knowledge Transfer and Utilization: Implications for Home Health Care
Executive Summary**

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Prepared for the Advancing the Agenda for Home Healthcare Quality Meeting
Center for Home Care Policy and Research
The Visiting Nurse Service of New York
March 31 – April 1, 2005

THE ISSUE

International acceptance exists that all clinicians should base their clinical practice on valid research evidence. Yet the gap between what is known to work and what is done in clinical practice is thought to be widening because of multiple challenges associated with research implementation. Implementation of research is a complex, dynamic and protracted process. “Translation science” or “knowledge utilization” research shows how individuals, units and organizations all influence the rate and extent of adoption of research evidence. It also emphasizes the importance of environmental factors in the knowledge transfer process. Likened to a contact sport, organizational change requires skills, motivation, resources, communication and teamwork to improve the outcome. Given these factors what can be done within the home health care system to improve the structures, processes and outcomes of patient care?

PAPER OBJECTIVES

This paper summarizes the key lessons from translation science and examines the implications for the organization and delivery of home health care. It illustrates how key components identified in the literature pertain to home health care using the implementation of pain management guidelines as an example. The paper offers recommendations for home health care organizations to develop an organization-wide evidence-based pain management strategy to foster practice improvement.

FINDINGS

Five challenges to effective implementation of research evidence are:

- The type, quality and volume of evidence available for adoption, as well as its relevance, usefulness, feasibility, and complexity. Clinicians also prefer to test new evidence and/ or observe others using it.
- The clinicians’ motivation to change practice, learning styles and capability in

critical appraisal. Evidence needs to be absorbed, reflected upon and applied to the local area and patient population.

- The communication channels for evidence are reliant on personal contacts between individuals “swapping” information. Strong social networks, change champions, opinion leaders and boundary spanners across organizations are required.
- The health care system delivering the evidence or the context requires a learning culture, strong leadership, and an ability to adapt to change on the basis of feedback, evaluating the impact of change within and across organizations.
- The patient or client’s capacity and level of involvement in decision-making can impact on the use of evidence in practice.

To apply pain guidelines into home health care, organizations should:

- Identify and integrate pain management evidence by locating and adapting guidelines for home health care. Pain management is complex and often requires multidisciplinary expertise to deal with the interface of patient co-morbidities and their pain treatment. Clinical experts need to be accessible for consultation to address complex patient needs, as well as to simplify and share knowledge among staff.
- Foster clinician adoption by supporting ongoing knowledge development for individuals, using varying approaches such as practical demonstrations, one-on-one tutorials and multimedia. Offer clinicians support to trial evidence and observe others using it. Decision aids and reminders can simplify and integrate the evidence into everyday practice, and have been found to improve pain outcomes with the uptake of evidence.
- Build a culture of knowledge utilization through the promotion of teamwork and respect for each discipline’s contribution to the patient outcome. Decentralized management structures allow accessible and timely decision-making. A learning organization promotes communication across and within disciplines. Evaluation of

changes and their effects on patient outcomes need to be communicated to the clinicians so modifications can be made, and evaluation needs to be an iterative process. Inter-organization networks have been successful in working collaboratively to address poor pain management. In sharing information about what is successful and what is not, decision aids, education resources and impact of changes, other organizations have been shown to follow leading organizations.

- Improve communication between decision makers by increasing personal contacts between individuals from the same discipline, or of the same background and experience, or across different levels of expertise.
- Promote patient involvement in decision-making. Pain is a subjective experience so patient communication with clinicians is vital if alleviation is to occur.

- Incorporate patients in decision making about management by establishing a coaching program to support patient involvement and introducing patient diaries.

RECOMMENDATIONS FOR HOME HEALTH CARE

An organization-wide evidence-based strategy should:

- Analyze OASIS data to identify local variances from national norms and within a given agency, and to identify specific patients groups with poor outcomes.
- Determine clinicians' knowledge of evidence and facilitate opportunities for education using a variety of approaches that allow for different learning styles and higher-level thinking.
- Promote opportunities for developing teamwork and social networks.
- Identify clinicians with expertise and promote their roles in communicating the attributes of the guidelines across the organization and their availability for consultation of specialist knowledge.
- Schedule regular reviews of OASIS data to evaluate progress in knowledge translation.
- Establish a feedback system so clinicians are aware of the impact of practice decisions on patient outcomes.