Examples of Knowledge Translation

NAR
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Some background on my KT experience...

- Applied health researcher, clinician
- Geriatric, malnutrition
  - Underserved with respect to tools/programs
- KT is the ‘way’ I do research
  - Participatory
  - Creation of knowledge products, evaluation

Educational programs
- Evergreen Action Nutrition

Tools
- SCREEN, CNST
- Mealtime satisfaction

Professional courses
- Nutrition Screening (Dietitians of Canada)

Websites
- Schlegel-University of Waterloo Research Institute for Aging
- Canadian Malnutrition Task Force
End of Grant KT

Canadian Malnutrition Task Force
Infographics
WHERE IT ALL STARTS:
45% of people are admitted to hospitals malnourished and 75% of the time this goes unnoticed.

NOT EATING YOUR MEDICINE IS COSTLY:
Malnutrition is a leading sign of a lengthy and costly hospital stay.
FOOD IS MEDICINE.
SO, WHAT IS KEEPING PATIENTS FROM EATING?

- 69% WHEN MISSED FOOD TRAY, NOT GIVEN FOOD
- 42% DID NOT GET HELP WHEN NEEDED
- 27% POOR POSITION FOR EATING
- 42% INTERRUPTED BY STAFF
- 39% DISTURBED AT MEALS
- 35% AVOIDING FOOD FOR TESTS
- 20% UNABLE TO REACH MEALS
- 30% DIFFICULTY OPENING PACKAGES
Food is Medicine
FROM HOSPITAL TO HOME

1 in 4
Patients lose weight unintentionally when they leave a hospital - this could lead to a return visit. Only 10% of patients leaving hospital will see a dietitian in their community.

Patients likely to be at ongoing risk for malnutrition after hospital discharge:
- Over the age of 65
- Requiring someone to get groceries
- Poor appetite
- On a hard to follow diet

Helping Patients Home:
- Explain why food and nutrition are important for recovery.
- Confirm someone will monitor patient’s appetite and weight.
- Encourage family to keep shelves and refrigerator stocked with food, visit at meal times – dine together.
- Provide a detailed summary of patient’s nutritional status – to be shared with family physicians and healthcare workers.

Tell patients that food is medicine too!

Create a contact sheet listing patient community resources, such as:
- Home Care services
- Outpatient dietitian
- Private practice dietitian
- Cooking classes
- Meal/grocery delivery
- Community dining programs

September 25–29
Brought to you by the Canadian Malnutrition Task Force, a standing committee of the Canadian Nutrition Society.
Learn more at nutritioncareincanada.ca
Finding Partners

- Loss for grants

- Discuss new project ideas

- Nurture relationships

- Follow up displays

- Conference presentation

Some Do’s of End of Grant KT

- Budget for what you will create

- Hire expertise where you do not have

- Communications specialist

- Graphic artist

- Boil down evidence into key messages

- Post publication
Integrated Knowledge Translation

More-2-Eat
More-2-Eat Project Overview

**Team Pre-Work**
- M2E Champion, M2E RA, Site Implementation Teams, management sponsorship
- Collate Materials, Create Package, Measures and Educational Material
- Introductory Webinars Among Sites
- Baseline data collection

**Planning**
- M2E Champion, M2E RA, Site Implementation Teams, management sponsorship
- Stakeholder meeting
- Introductory Webinars Among Sites
- Baseline data collection
- Patient risk, reported outcomes, INPAC activities, staff survey, interviews, focus groups

**Communication/Support**
- Site Implementation Team Meetings; Teleconference among Site Teams and Core Research Group (monthly); Coaching (as required); Training for Staff

**Site Data Collection and Analysis**
- INPAC Audit (weekly; individual level); Detailed Patient Data; Score Cards (key actions/targets; facilitators, challenges); Indicator Reports (monthly; summary of audit reports)

**Enhanced Protein Supplement Pilot RCT (2 sites)**
- Patient recruitment; randomization, measures; follow up post discharge

**Core Research Team Evaluation**
- Baseline, 4/5, 11/12 month patient follow-up post discharge for patient reported outcomes; context evaluation

**Resource Utilization**
- Length of stay 12 mo prior and during implementation; selected patients receipt of mealtime care; monthly workload measures for selected staff

**Research Requirements:**
- Ethics Approvals; Baseline Data Collection; Context data collection

**Research Requirements:**
- Planning
- Communication/Support
- Site Data Collection and Analysis
- Enhanced Protein Supplement Pilot RCT (2 sites)
- Core Research Team Evaluation
- Resource Utilization

**Developmental Phase:**
- May to Dec 2015

**Testing & Implementation Phase:**
- Dec 2015 to Dec 2016

**Sustainability Phase:**
- Jan to Mar 2017

**Primary Analysis:**
1. Comparison of baseline data to implementation phase patient reported outcomes
2. INPAC Fidelity over time
3. Context assessment and impact on implementation
4. Resources required to implement INPAC
5. Feasibility of pilot intervention and measures

**Distribute Findings**
- Program prepared to be rolled out in other hospitals

**Publications**
- Expert Panel etc.

**Stakeholder Meeting**
- Monitoring of Changes + Focus Groups

**Sustained Change**
- Resource Utilization

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"Food Is Medicine" is more than just a slogan.

It's a belief. It is an approach to care. It represents a tremendous amount of research that identifies the process changes we can make to improve nutrition within our healthcare institutions.

http://m2e.nutritioncareincanada.ca/
You need to be...

Flexible
Collaborative
Open to new concepts and ways of communicating knowledge that works for those who use
Accountable for sustaining/revising

Some Additional Do’s of Integrated KT

• This is the end product
  • Completed concurrent or before publications
• Sufficient time/effort/budget
• Communication/meetings
• Discuss IP early and continuously
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Advancing Nutrition Care in Canada / Améliorer les soins nutritionnels au Canada

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Nestlé Health Science