

Examples of Knowledge Translation

NAR

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Canadian
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Task Force™

le Groupe de
travail canadien
sur la malnutrition™

Advancing Nutrition Care in Canada / Améliorer les soins nutritionnels au Canada



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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



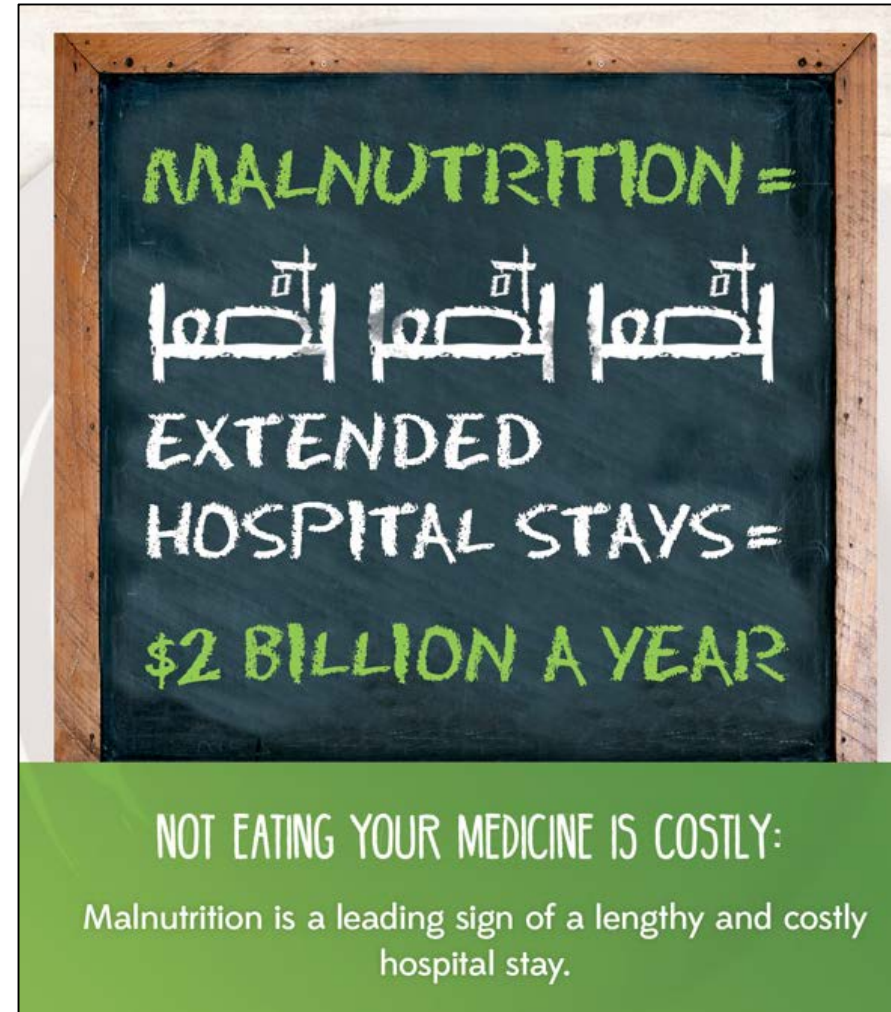
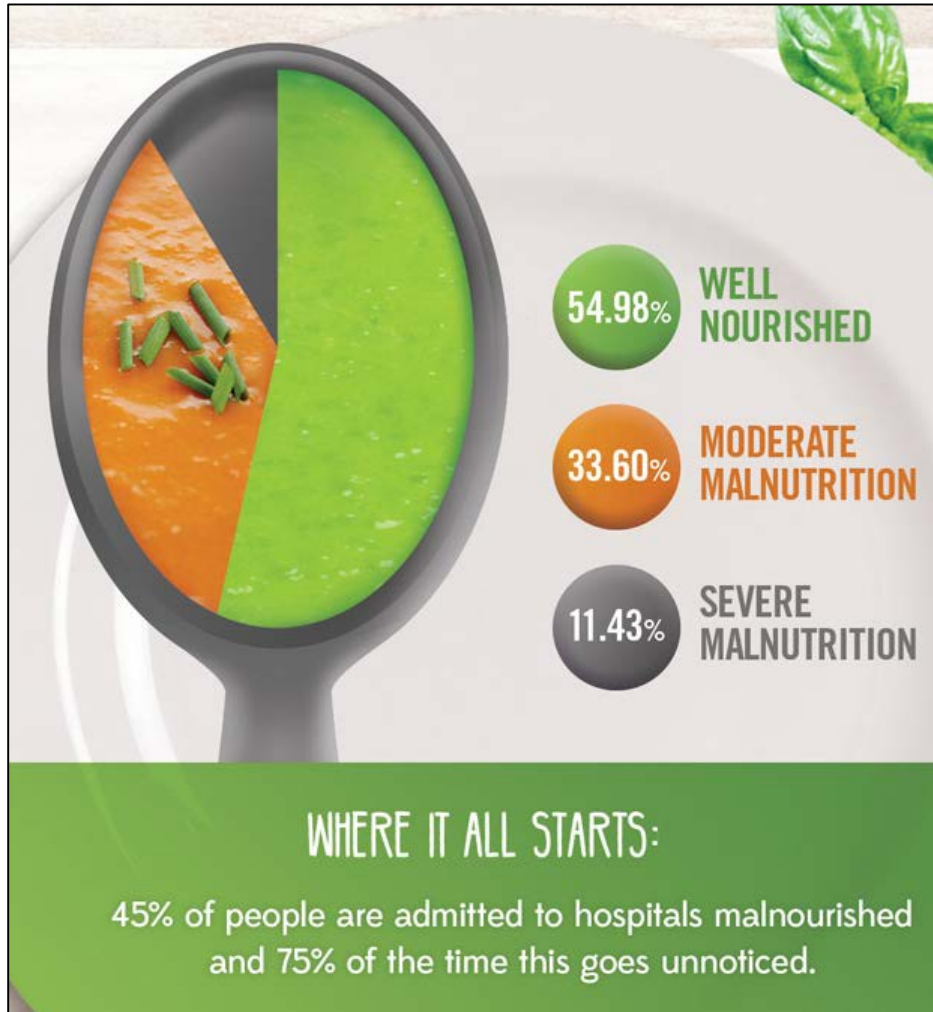
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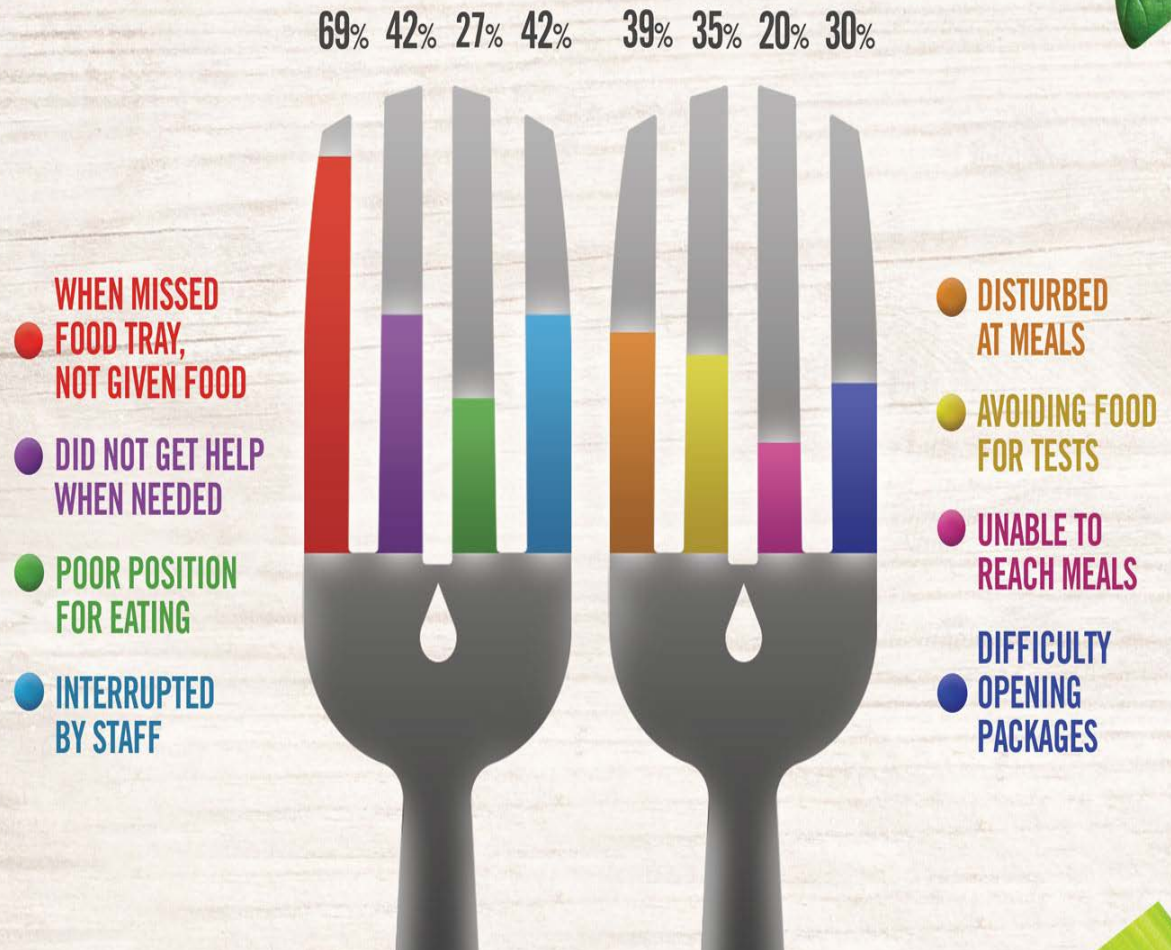
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www.nutritioncareincanada.ca



FOOD IS MEDICINE.

SO, WHAT IS KEEPING PATIENTS FROM EATING?



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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.

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

Provide a detailed summary of patient's nutritional status – to be shared with family physicians and healthcare workers.



Canadian Malnutrition Week
2017

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



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Canadian Nutrition Society
Société canadienne de nutrition



Finding Partners to Create/Disseminate

Conference

- presentation
- displays

Follow up

Nurture relationships

Discuss new project ideas

- LOS for grants

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



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Integrated Knowledge Translation

More-2-Eat



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More-2-Eat Project Overview

Team Pre-Work

Planning

M2E Champion, M2E RA, Site Implementation Teams, management sponsorship

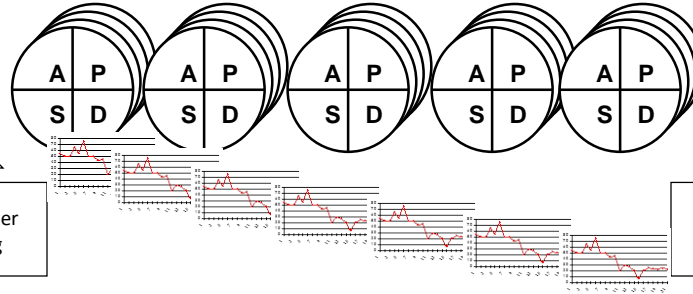
Collate Materials

Create Package, Measures and Educational Material

Introductory Webinars Among Sites

Baseline data collection
Patient risk, reported outcomes, INPAC activities, staff survey . Interviews, focus groups

Stakeholder meeting



Stakeholder Meeting

Expert Panel etc.

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

Sustained Change

Monitoring of Changes + Focus Groups

Distribute Findings

Program prepared to be rolled out in other hospitals
Publications

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

Primary Analysis:

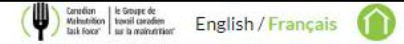
1. Comparison of baseline data to implementation phase patient reported outcomes
2. INPAC Fidelity over time
3. Context assessment and impact on implementation
4. Resources required to implement INPAC
5. Feasibility of pilot intervention and measures

Developmental Phase:
May to Dec 2015

Testing & Implementation Phase
Dec 2015 to Dec 2016

Sustainability Phase
Jan to Mar 2017

INPAC Implementation Toolkit



WHAT HOW RESULTS RESOURCES + TOOLS +

"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.

Speaking out about Change



Food is Medicine Video Series

1 / Roseann Nasser
Dietitian

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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Acknowledgements



Canadian
Frailty
Network

Réseau canadien
des soins aux
personnes fragilisées

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Dietitians of Canada

Canadian Society of Nutrition Management

Canadian Nutrition Society

NNEdPro Global Centre for Nutrition and Health

Regional Geriatric Program of Toronto



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Nestlé HealthScience