Special Issue on Integrated Knowledge Translation: Examining a Collaborative Approach

PROJECT OVERVIEW

by Sheryl Reimer-Kirkham, Gweneth Doane & Elisabeth Antifeau

Knowledge translation (KT) for a palliative approach lies at the heart of iPANEL. As a research-practice collaborative, iPANEL has generated receptive environments for a palliative approach by: (i) synthesizing action-oriented evidence about a palliative approach; (ii) building relationships between academic, administrative, and clinical stakeholders; and (iii) creating various venues and activities for collaboration and knowledge mobilization.

The KT Demonstration Project (2012–2014) was for and about a palliative approach, meaning we were intentional about practice-oriented research and implementation of a palliative approach. Toward this end, the team included researchers and clinicians, and combined inquiry and action (action methodology). Phase I involved refining the Knowledge-as-Action Model (KITE Model), an illustration of the dynamic dimensions of knowledge translation that must be balanced in order for KT to “fly”. Phase II involved collaborative action cycles at three sites (Aberdeen Hospital, a residential care facility in Victoria; Burnaby Hospital medical unit; and an acute geriatric medical unit at Vancouver General Hospital). Local action groups—clinical
The individual projects and the larger iPANEL initiative seem to be tethered together. The success of the individual projects is reflective of the success of the larger iPANEL initiative.

facilitators (nurses in point-of-care or clinical leadership positions), staff, managers, and advanced practice nurses—worked with a knowledge broker to develop site-specific KT initiatives for the integration of a palliative approach over a period of 12 months.

What we learned about knowledge translation:
- **KNOWLEDGE**: Knowledge-as-action. Evidence does not become knowledge until it is enacted. Research-derived knowledge and practice-embedded knowledge come together in KT; both are invaluable and must be merged “in the gap” between knowing and doing.
- **CONTEXT**: KT as embedded processes for sustainability. KT needs to be integrated with systems, workflows, and resources in order for KT initiatives to take hold in a local context.
- **PROCESSES**: KT as multi-leveled, multi-strategy. Bringing together systems-level initiatives with point-of-care engagement and championing, using various strategies.
- **PEOPLE**: KT as relational. Knowledge mobilization happens through relationships and communication, drawing on networks of influence. Shared ownership of KT initiatives between academics and clinicians is vital.
- **VALUES**: Values that underpin knowledge-as-action include: KT as integrative and impactful, inclusive and collaborative, practical and relevant to care, dynamic and responsive, and strengths-based and capacity oriented.

What we learned about a palliative approach:
- A palliative approach is based on mobilizing clinical, empirical, and experiential knowledge, and mixing the principles of palliative care with chronic disease management.
- Nurses recognize which patients would benefit from a palliative approach (e.g., patients who have frequent readmissions to a medical unit, residents in LTC with advancing chronic life-limiting conditions).
- Integration of a palliative approach is facilitated by nurses and care aides working to full scope of practice (e.g., care aides took more initiative to speak with family regarding goals of care and patient condition).
- Implementing a palliative approach does not have to be a stand-alone initiative. Embedding it into existing clinical processes can foster uptake and sustainability.
Clinical facilitators at each site facilitated the integration of a palliative approach.

1. Getting started and gaining clarity

Staff were initially invited to explore the differences between palliative care and a palliative approach through graffiti boards or suggestion boxes. From Aberdeen: “We started talking about what is everybody’s understanding of palliative care?” From Vancouver: “Basically all thoughts were around end-of-life and I realized I had to shift my focus to expand their concept of a palliative approach.” Gaining conceptual clarity allowed for the conceptual shift necessary for the integration of a palliative approach.

2. Garnering support and finding adjacencies

Ebbs and flows in momentum required garnering additional support from the knowledge broker, managers, clinical leaders, and researchers. CNE and CNS roles were important in identifying what existing system-wide initiatives (“adjacencies”) might relate to a palliative approach. “A palliative approach is being talked about in other circles, so we’re catching the wave.”

3. Choosing KT strategies

Each action team explored a range of possible KT strategies for the integration of a palliative approach. Initially, the ideas for change were ambitious, but as the project evolved, the clinical facilitators turned to more concrete, small, meaningful, and sustainable initiatives. Grassroots processes of clarifying the relevance of a palliative approach, building staff capacity, and integrating the initiative into everyday care with minimal burden were key to success. The Burnaby team initiated an innovative series of questionnaires (posted on project website: http://www.ipanel.ca/research/ongoing-research-projects/158-integrated-knowledge-translation)

4. Looking beyond to see new opportunities

After the demonstration project ended, the integration of a palliative approach continued at each site. Clinical facilitators presented their initiatives at professional venues, and report changed practice at their sites, such as increased family involvement, enhanced interprofessional communication, and increased confidence to enact a palliative approach.

### Knowledge-As-Action at the Project Demonstration Sites

<table>
<thead>
<tr>
<th>Aberdeen Hospital, Victoria Residential Care</th>
<th>Burnaby Hospital Medical Unit</th>
<th>Vancouver Hospital Acute Geriatric Activation</th>
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<tbody>
<tr>
<td><strong>CLINICAL FACILITATORS</strong></td>
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<tr>
<td>Gloria Real (PCC)</td>
<td>Rowie Lambatin (PCC)</td>
<td>Erin Fearn (RN)</td>
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<td>Dacia Read (CNE)</td>
<td>Raj Dhanju (PCC)</td>
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<td>Taslim Samji (CNE)</td>
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<td><strong>USE OF ADJACENCIES</strong></td>
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<tr>
<td>RAI for family care planning</td>
<td>Advance Care Planning</td>
<td>Advance Care Planning</td>
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<td><strong>KT INITIATIVES</strong></td>
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<tr>
<td>- an evolving case study illustrating a palliative approach</td>
<td>- questionnaire developed for staff capacity-building</td>
<td>- half-day education session about palliative approach and ACP</td>
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<td>- palliative care cart</td>
<td>- weekly huddles to discuss issues related to palliative approach</td>
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<td>- involving care aides in care planning and family communication</td>
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FOUR THINGS YOU SHOULD KNOW ABOUT iPANEL

1. Three quarters of the British Columbians who die, do so without being identified as people who could benefit from the services associated with palliative care.

2. Through research we create new knowledge about how nurses can further integrate palliative philosophies and services into non-specialized settings which provide end-of-life care.

3. Our research is informed by and informs clinical practice.

4. Our ultimate goal is to advance the further integration of the palliative approach into every care setting.

Reflections from the Knowledge Broker
by Elizabeth Causton

The knowledge broker role is one that bridges between researchers and clinical professionals. I worked with the research team to establish expectations for translating the project into action, and built relationships with the clinical facilitators to facilitate site-specific KT initiatives. There were times at each site when the project seemed to go underground like a subway and my role became that of coach or cheerleader, encouraging without pushing and waiting without taking over. In the end, the clinical facilitators translated a palliative approach into action differently, but at each site the process engaged staff in discussions about creative options for care delivery. New, productive alliances were forged which will enhance future educational initiatives around a palliative approach.

Showcasing the Demonstration Sites
by Marie Cochrane

Fifty scholars, decision-makers, and iPANEL members and affiliates attended a KT Showcase on February 7th, 2014 in Richmond. The purposes of the event were to validate the Knowledge-as-Action Model and to showcase demonstration sites. Along with presentations, panel discussions, and roundtables, attendees experienced KT firsthand during a “gallery walk”. They contributed to a graffiti wall about a palliative approach, heard from Aberdeen and Burnaby clinical facilitators about effective KT strategies, and spoke with Della Roberts and Pat Porterfield about the role of advanced practice nurses in supporting KT. Gayle Scarrow (MSFHR) and Dr. Arminee Kazanjian (UBC), recognized for their expertise in knowledge translation, assessed the Knowledge-as-Action Model as unique in the prominence given to values and the depiction of knowledge AS action, and as outplaying linear and relationship models by moving further into systems areas.