Mind the Gap:
Standards to Services

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<table>
<thead>
<tr>
<th></th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>“Science to Service”</td>
</tr>
<tr>
<td>2.</td>
<td>SCI KMN – Knowledge Mobilization Network</td>
</tr>
<tr>
<td>3.</td>
<td>Implementation Science</td>
</tr>
<tr>
<td>4.</td>
<td>Introduction to KMN activities</td>
</tr>
<tr>
<td>5.</td>
<td>Experiences from KMN sites</td>
</tr>
</tbody>
</table>
Disclaimer...

“An expert is someone from somewhere else with slides...”

American Stroke Nursing Manual
Disclaimer...
Science “to” Service

Science
Evidence-Based Practices

Implementation

Service

Accreditation Processes

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The Spinal Cord Injury Knowledge Mobilization Network (SCI KMN)
• **Criterion 9.2** – “The rehabilitation plan includes prevention, management, care, and consideration of secondary complications and conditions for patients with spinal cord injury”

• **Criterion 10.5** – “The team assesses each patient’s risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development”

• **Criterion 8.9** – “The team evaluates and manages the client's pain”
Best Practice Implementation

• Norton Pressure Sore Risk Assessment Scale developed in England in 1962

• Braden Scale tested & published in 1987

• ...and we’re still discussing implementation compliance in 2012...
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• **International Evidence**
  – NHS CGSP – RAID Methodology
  – significantly increased sustainable funding & clinical outcomes

• **Provincial Strategic Approach**
  – Evidence from implementation initiatives
    (Alberta Improvement Way)
  – Evidence from clinical patient and process outcomes
    (reduced mortality, less people suffer worse outcomes, less cost)

• **National Strategic Approach**
  – Less coordinated improvement work across provinces...until now...
  – SCI KMN – the Spinal Cord Injury Knowledge Mobilization Network
“you can set goals and hope for anything, but the results are unlikely to change unless the process that produces the results is changed”

Ellen Gaucher
University of Michigan Medical Centre
Charting the Course...
The **SCI KMN** works collaboratively to promote the implementation and sustained utilization of best practices in spinal cord injury care.
Objectives of the Current SCI-KMN Project

Adopt and utilize the best available practices in SCI care to improve outcomes in the areas of pressure ulcers, pain, and bladder functioning using an evidence-informed implementation methodology.

3 main objectives:

1) To translate available evidence in the areas of pressure ulcer, bladder function and pain management into clinical practice

2) To create an efficient infrastructure and facilitating environments for the implementation of best practices

3) To improve health outcomes in patients who receive best practices in the areas of pressure ulcer prevention, bladder and pain management
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Organization Structure

Project Leadership Team (PLT)
(SCI KMN Steering and Strategic Planning)

Executive Director (ED)
Supported by the Project Coordinator

Knowledge Management and Collaboration Team (KMCT)
CurLeads: Y Tam and H Flew
SharePoint Contact: J Hunter

Transformation Specialist/ SAGE Team

Evaluation and Data Management Team (EDMT)
CurLeads: D Wolfe and T Borris

SCI KMN Participating Sites – Site Implementation Teams (core)

Edmonton: Glenrose Hospital SITc
Calgary: Foothills Hospital SITc
Toronto: Lyndhurst Institute SITc
London: Parkwood Hospital SITc
Montreal: IRGLM GIM
Quebec City: IRDPO GIM

Funders:
ONF
RHI
APF

ONF I/O
Implementation Science Consultants - NIRN
Michelle Duda
Jacquie Brown
The Spinal Cord Injury Knowledge Mobilization Network (SCI KMN)
Speaking the Same Language...
What is “Implementation Science”? 

- The scientific study of variables and conditions that impact changes at practice, organization and systems levels.
- Changes that are required to promote the systematic uptake, sustainability and effectiveness of evidence-based programs and practices.

Blase & Fixsen, 2010
National Implementation Research Network
The Spinal Cord Injury Knowledge Mobilization Network (SCI KMN)

Implementing Science Framework

Performance Assessment (Fidelity)

Coaching
Training
Selection

Staff Competence

Leadership
Technical
Adaptive

Organization Supports

Systems Intervention
Facilitative Administration
Decision Support Data System

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Integrated & Compensatory

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Stages of Implementation

**Exploration**
- Decide **What** to adopt and implement
  - **Literature Review – Consensus Process**

**Installation**
- Plan what needs to be in place to implement the **What**
  - **SIT Training – Drivers’ Analysis – Evaluation Plan**

**Initial Implementation**
- Activate the **Who** – key personnel to put the plan together & implement the **What**
  - **SIT – Transformation Specialists – Site Leads**

**Full Implementation**
- Make sure it works, then do it better (PDSA) and make it “business as usual”

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Current State

• **Pressure Ulcer Risk Assessment** *(Initial Implementation June 2012)*
  – Braden and SCIPUS
  – Staff training
  – Pressure ulcer action plan
  – Performance measures / data collection

• **Pressure Ulcer Education** *(Initial Implementation to come)*
  – Standardized components relating to a client education series
  – Individualized components relating to 1:1 interactions between a provider and client
  – Documentation
  – Performance measures / data collection
Next Steps…

• Implementation of the evaluation and data management system

• Structure for project and network sustainability

• Securing ongoing and additional funding

• Consideration of options for scalability

• Pain management
  – TEAM-beta consensus process in design for selection of best practices
  – Adaptation of process and practice implementation tools
The KMN is a collaborative community of practice with patient population specificity...

- Supporting consensus building
- Establishing national direction around best practice implementation
- Driving ongoing practice change and implementation following scientific rigorous methodologies, and transparent reporting
- Ensuring accountabilities and shared learnings
Questions & Answers: SCI KMN Discussion Panel

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SCI KMN: Spinal Cord Injury Knowledge Mobilization Network

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Foothills Medical Centre
Glenrose Rehabilitation Hospital
Institut de Réadaptation en Déficience Physique de Québec

Parkwood Hospital
Toronto Rehab
Institut de Réadaptation Gingras Lindsay de Montréal

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