WHAT SUPPORTS DO HEALTH SYSTEM ORGANIZATIONS HAVE IN PLACE TO FACILITATE EVIDENCE INFORMED DECISION MAKING? A QUALITATIVE STUDY

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BACKGROUND

Challenges to Knowledge Translation (KT) for managers and policy makers:

Physical

Cognitive

OBJECTIVE: To profile the research knowledge infrastructures (RKIs) of three types of health system organizations—regional health authorities, primary care practices, and hospitals—in two Canadian provinces to <u>determine the current mix of components these organizations have in their RKI, their experience with these components, and their views about future RKI initiatives</u>.

DEFINITION OF RKI

Any instrument (*i.e.*, programs, interventions, tools, devices) implemented in key organizations and broader health systems of which they are a part in order to facilitate access, dissemination, exchange, and/or use of evidence.

METHODS

<u>Environmental scan:</u>

- To generate examples of tools, interventions, and components of RKIs

<u>Scoping Review:</u>

- To conduct a preliminary assessment of the size and scope of the available literature on the effectiveness of particular models, or specific components, of RKI, as well as regarding the problems they are addressing, other features of RKIs that may influence their design, and related implementation considerations.

<u>Semi structured interviews:</u>

- Based on the model developed in the scoping review, determine what organizations that have already demonstrated an interest in KT have in place to support evidence informed decision making.
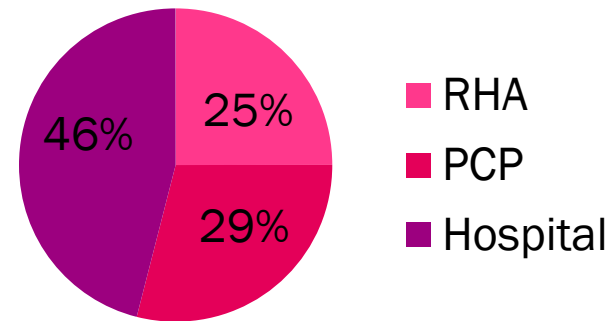
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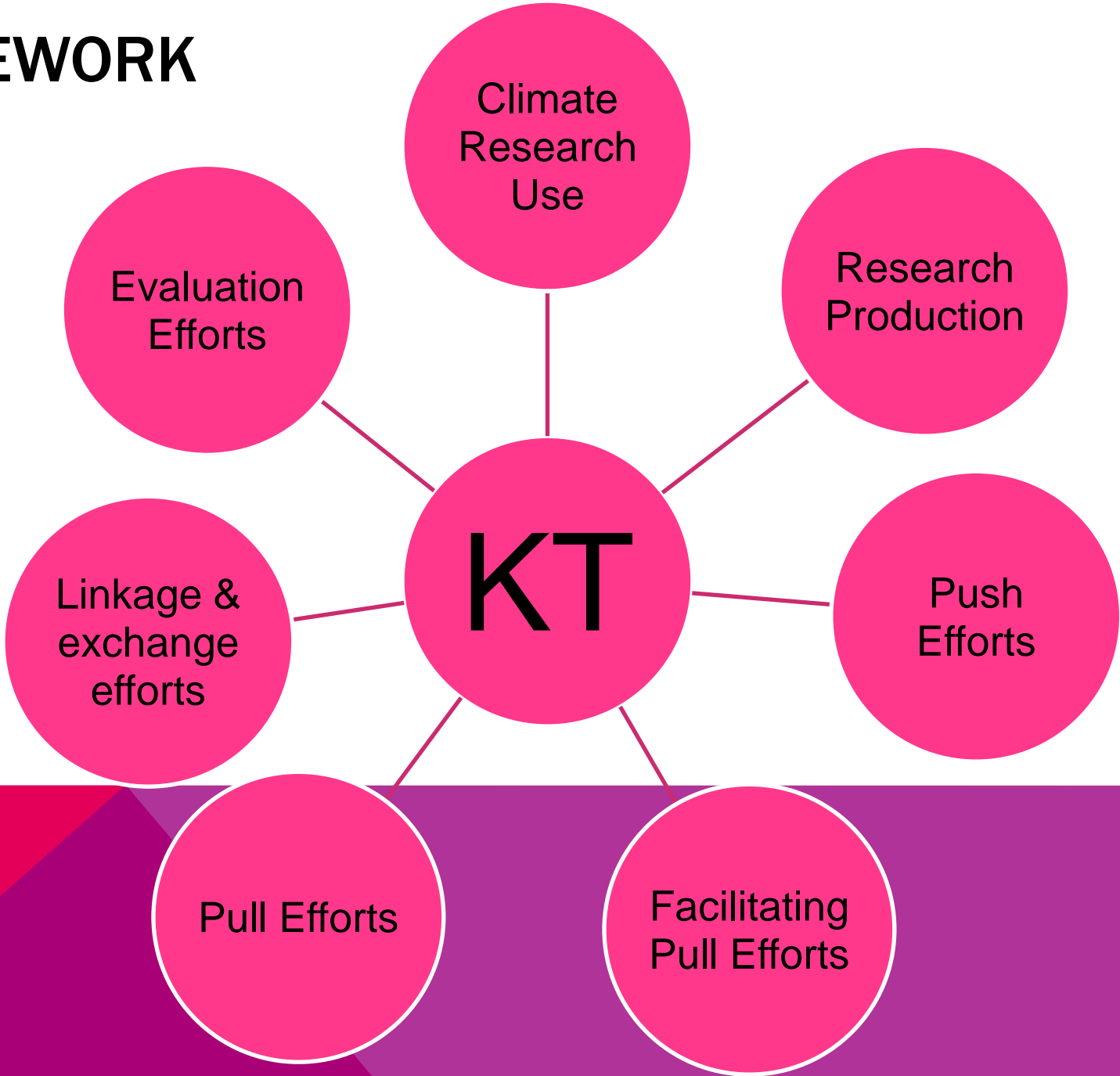
METHODS: SEMI STRUCTURED INTERVIEWS

- **Organizations that have been involved in strategic behaviour with respect to KT.**

- **Purposive sample of:**
1. senior management
2. library manager
3. knowledge broker (or similar position)

- **3 regional health authorities (RHAs), 5-6 sampled hospitals, and 3-4 Primary Care Practices (PCPss) in Ontario and Quebec.**

- RHA 25%
- PCP 29%
- Hospital 46%

PARTICIPANTS: N = 57
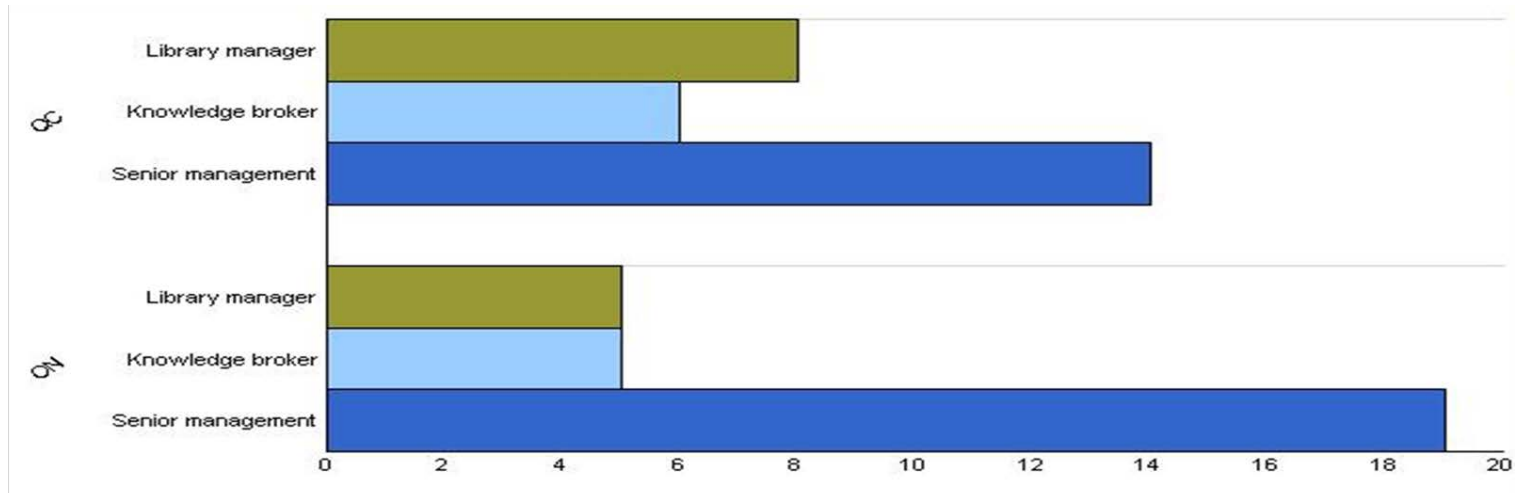
Occupation / Number of informants chart showing Library manager, Knowledge broker, and Senior management counts for two groups.

CLIMATE FOR RESEARCH USE

1: "implementing positions where the accountability for encouraging knowledge use lies"

"the expertise in the resources we have available to us - that we have an epidemiologist and decision support individual who are capable of taking data and converting it to information"

2. "organization emphasizes the value of research use in dm in the
mission, vision, values and strategic plan"

"the language of the strategic plan indicates that we will be following evidence based practice and that requires that you do research and your background work on your goals and objectives within the organization".

3. "builds awareness of clear points of contact within the organization regarding assistance to use research in dm processes"

""we have a marvellous librarian and she is very open about making sure that anybody who wants any information and she's very prompt "

RESEARCH PRODUCTION

"participates in the production of primary research, reviews and research-derived products"

- *"senior management was committed to redesigning our ambulatory care program, and they engaged researchers to say 'if we're going to do this let's do it with some rigor'.*

"willingness to partner as decision makers on research or provide matching funding for priority projects"

- *"we select [...] the top priority projects in terms of the issues we need to have dealt with and how it fits with the department's priorities and the hospital's priorities and then our clinicians serve as the supervisor for those students".*

PUSH EFFORTS

> "knowledge intelligence service that scans the literature and distributes research evidence throughout the organization"

- Information monitoring services and mailing lists

> "publishes and disseminates local research results"

- Presentations within the organization and to other organizations

FACILITATING PULL EFFORTS

1. Implementing a technical infrastructure and no restrictions placed on staff's access to online resources

2. Providing easy access to journals (i.e. bulk purchasing of subscriptions , or promoting open-access)

3. Intranet site or clear links to websites with one stop shopping for relevant research evidence

"Having the capacity to do literature reviews from our office without having to take a day down at the library or negotiate lending privileges or library access issues which was always a pain in the butt. Now ...everybody has access to everything. That is incredible. If you want to look for a questionnaire, or a research tool, it's amazing"

PULL EFFORTS

"training and continuing education focused on finding and using research evidence".

- *"the fact that we have four EXTRA fellows in the organization really helps us to create the touch points to constantly keep the importance of evidence-informed practice at meetings and in our discussions".*

"use of dedicated staff to pull research into decision-making"

- *" 'we're really busy, we don't have time to run around looking for research or how to figure out how to deal with it' […] One of the ideas that we had was some training . They didn't want any training. But it was funny to get the reaction "No, we don't want to learn to do that. Can you just go off and do it for us?". (librarian)*

LINKAGE AND EXCHANGE

"organizations had established formal and informal ties to researchers and brokers outside the organization who can assist in integrating evidence into the dm process"

a) being part of groups outside the institution i.e. regional, provincial or national networks

b) having links to individual researchers, experts, or opinion leaders

"When the researcher from (affiliated university) came around, it had a really positive impact and some seeds were sown. She was involved in one project in particular [...] This project had an impact on our practices [...] She's connected with other research groups ... she's like our link to the university world".

EVALUATION

Not an area where major initiatives were undertaken

TOP THREE ELEMENTS

#1
- Climate for research use

#2
- Facilitating pull
- Pull
- Linkage & exchange efforts

INTERDEPENDENCIES

"*I would say is that in a parallel fashion there has to be investment in the infrastructure to support the decision making. So, the culture change and training are two pieces that are important but if you do those things and don't put in the infrastructure to support the decision making, so, you don't build data systems that provide meaningful information to the decision makers, then you're just teaching them something in abstract that's completely irrelevant*".

"*having all these on-line resources. I think it's really important because you may be trained on how to use evidence but if you don't have access to it…? You go to the Extra Fellowship and you come back all pumped up and energized and thinking yeah, yeah I need to use evidence for everything from now on, right? […] Then you come here and there's no access […] Game over*"

HOW DOES THIS STUDY COMPARE TO THE LITERATURE?

- Other studies exist that focus on:
    a) one type of health service organization i.e. mental health services and laboratory units
    b) a small number of interventions, or
    c) the clinical and not at the management level
- This study
    a) Included a number of health service organizations i.e. PCPs, hospitals, and RHAs,
    b) 1-3 key actors in each organization were interviewed to gain a broad perspective as well as to ensure alignment of responses,
    c) the respondents were asked about a wide range of interventions (undertaken either by the organization or by the health system), and
    d) focus was on management decision making

KEY MESSAGES

Essential components:

- climate, facilitating pull (technical infrastructure), linkage and exchange, and pull initiatives

Complex 'system change':

- Instituting a change is
  - multi-layered
  - multi-faceted
  - multi-challenging
- A supportive climate is essential, however that alone cannot ensure EIDM.
- Tools need to be implemented so that EIDM is supported, encouraged, and implemented.

QUESTIONS

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