

A Systems Approach to Knowledge Translation in Three Health-Care Contexts

Improving Communicative Access in People with Aphasia

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The Clinical Problem

- Up to 1/3 of adults who suffer a stroke have aphasia
- Aphasia is a combination of difficulties in talking, reading and writing, and understanding – however, *competence is usually retained*
- Health care providers often lack the necessary training to provide their clients with basic communicative access.

Communicative Access

- Communicative access is the ability to participate in communicative events, including giving and getting information and making informed decisions. For people with aphasia, communicative access often requires accommodations or adaptations.

Simmons-Mackie, Kagan, et al (2005)

The Knowledge Translation Problem

- Large interdisciplinary teams
- Continuum of care including emergency, acute care, rehabilitation, community, and long-term care
- Changes required in attitude in addition to knowledge and skills
- Resources and materials required

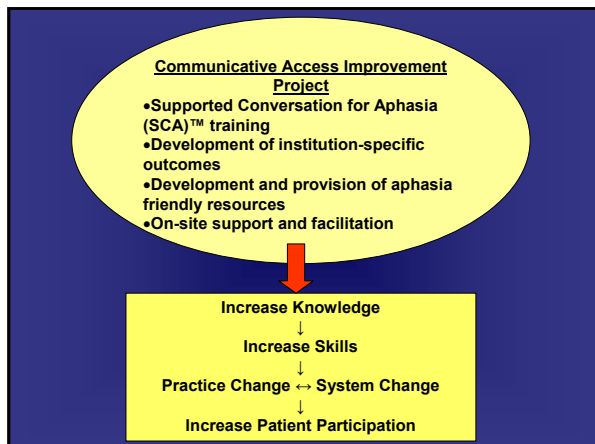
Systems Approach to KT

- Continuing educators should consider the capacity of hospitals to support practice changes when planning educational interventions for rehab professionals. (Rappolt et al, 2005)
 - Access to necessary resources
 - Provide time to participate
 - Specialized units of stroke care
 - Strong teamwork
 - Organizational commitment to best practices
 - Supportive of “bottom-up” initiatives

Integrating Patient, Practitioner, and Organizational Change



Skinner, H. Promoting Health Through Organizational Change. Benjamin Cummings, San Francisco, 2002.



Communicative Access Improvement Project (CAIP)

- Goal: Sustainable System Change
- Method:
Focus on communicative access to information and participation in decision-making

Intervention

- Training: Two Day Program
- Post-training support and follow-up

Additional Features

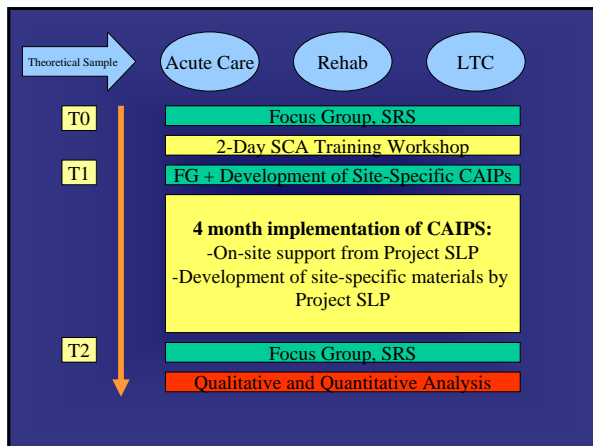
- As many members of the whole interdisciplinary stroke team as possible attended the workshops
- Team managers and other leaders attended the workshops
- Involvement of regional stroke network

Evaluation Objectives

- Determine how the intervention influenced practice changes related to access to information for clients
- Identify training and support needs for healthcare teams to effect a sustainable system change

Data Collection and Analysis

- Interviews
- Self-Report Surveys
- Focus Groups
- Conducted Pre Training, Post Follow-up
- Semantic Categories, Subcategories and Contrastive Categories



Examples of “CAIP’s”

- Develop aphasia friendly resources:
 - for use in making decisions about g-tube feedings
 - for use in case conferences and making decisions about “do not resuscitate status”.
- Develop an aphasia team
- Train receptionist and front office staff in the basics of SCA™ and develop an aphasia friendly resource for use at reception.

Results: Self-Report Survey

	Mean Improvement (SD)	95% CI	p-value
Acute	7.4 (5.6)	12.1 – 2.7	0.01
Rehab	8.8 (5.3)	14.4 – 3.2	0.01
LTC	8.1 (9.0)	15.6 – 0.6	0.04

But Numbers Sometimes Lie...



Perceived Outcomes: Rehab/LTC

- Marked difference between Rehab/LTC and Acute
- Rehab/LTC: successful in changing procedures, thinking, and roles
- Rehab/LTC expressed a strong desire to continue using techniques and working on applications
- Discussions shifted to sustaining outcomes
- Changes in attitudes/behaviours noted

Perceived Outcomes: Acute

- Increased awareness/knowledge of communicative access and aphasia. The team members reported having a new, common knowledge base
- Modest applications of communicative supports within individual team members’ practices have been reported

Organizational Impact

- *“certainly it has had a major impact on the culture of the stroke program both at [site] and it has generalized to the [other site]. Because of various committees and communication between team members across sites and updates initiatives people here are getting more and more interested in it and more aware of it.”*

–Rehab

Organizational Impact

- *“And you wonder with all the personnel going into this..I mean we want to get enough bang for the buck and so far it seems that there is an awful lot of staff, an awful lot of personnel and an awful lot of time that would potentially be invested and the return has not been great.”*

Acute Team Member

Attitudes about Access

- *“I got his consent which was more important to me than anything. He was able to give it himself.”*

LTC Team Member

- *“We used an aphasia friendly form and I found out the gentleman would like to play chess.. []..I found it very rewarding”*

Rehab Team Member

Attitudes about Access

- *“Like the decision about [discharge]. That is a major decision but it is not really up to the patient – they can’t say I want to go here.”*

Acute Care Team Member

Final Focus Group Tone

	% Positives	% Negatives
Acute	29%	71%
Rehab	88%	12%
LTC	93%	7%

Reasons for Success

- Training and Follow-up Design
 - Intensity of workshop (2 days vs. short inservice)
 - Immediately put training into concrete goals (CAIP)
 - Development of own projects and tools: ownership, relevance, group process
 - Team training → team building
 - Interdisciplinary training

Reasons for Success

- Organizational Issues
 - Organizational/managerial support: time/approval
 - Successful teamwork
 - Appropriate pool of clients to apply new knowledge
- Success
 - Maintain momentum and enthusiasm by seeing positive results
 - Positive feedback from patients, families, and colleagues

Challenges Identified by Acute

- Staffing Issues
 - High turnover
 - Constant “traffic” of new people
- Organizational Issues
 - Conflicting agendas
 - Communication between team members was difficult
 - Lack of appropriate patients/ Short LOS
 - Program culture/goals
 - Time and pace of work
 - Lack of leadership

Challenges Identified by Acute

- Expectations
 - “Fuzzy” results – supported communication does not have concrete results like other types of care
 - Lack of success with the project/unrealistic expectations
- Attitudes/Beliefs
 - Lack of buy-in

Conclusions

- The CAIP training model has demonstrated great potential as a model for knowledge translation and sustainable system change.
- CAIP was associated with:
 - improved individual knowledge and skills for working with people with aphasia
 - team and systems change to varying degrees at acute care, rehabilitation, and long-term care institutions.

Recommendations

- Further explore the benefits of training teams and managers as a whole
- Site-specific “outcomes”
- Develop a model specific to acute care
- Examine the effects of CAIP training directly on access to information for people with aphasia.
- Explore using the CAIP model with other content
- Examine the long-term impact of training on systems, service providers, and clients.

Acknowledgements

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