

How do we capture, apply and share what we know?

Developing, implementing and evaluating a model of knowledge mobilisation

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Mobilising knowledge is necessary so we can easily access, understand and apply it to practice

Our aim: to develop, implement and evaluate a model of knowledge mobilisation for critical care

Study design & methods



Identify knowledge requirements

- Interviews and questionnaires with staff (n=98)
- Interviews with patients (n=25)
- Interviews with family members (n=20)



Implement knowledge mobilisation model





Evaluate the model & measure return on investment (ROI)

- Staff questionnaire (n=36)
- Interviews with staff (n=22)
- ROI interviews with users of the model (n=24)















Phase 1: What were the knowledge requirements of critical care staff?





Staff required knowledge to be...

- Available for every part of their job
- Easy to find, understand and share
- 3. Face-to-face and virtual
- Discussed and shared between colleagues

"You're frightened to go to the library...
Because you think 'oh no they're going to think I'm silly and I can't do things and I should be doing that."

Nurse

"I think you can get an awful lot of information talking to colleagues or you know, both within your own specialty or other specialties and that's done in the workplace, that's face-to-face."

Consultant



What were the knowledge requirements of critical care patients and family members?





Critical care patients and their families wanted knowledge that was...

- 1. Primarily delivered via the bedside nurse
- Repeated and reinforced at appropriate milestones of care
- 3. In multiple formats (both verbal and paper)
- Complemented by their own knowledge in the form of photographs or diaries

"I needed it repeating again and again...At the beginning and again and then maybe on discharge, a nice big letter. I needed it again and again."

Patient

"There were three weeks of my life that were totally missing and I needed to put it together again, both in a technical way as a nurse would do and in a personal way."

Patient



Phase 2: What was the model of knowledge mobilisation?





Implementing a model of knowledge mobilisation











Pop up library



Knowledge skills training



Journal club



Newsletters



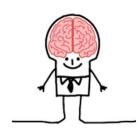
Phase 3: Evaluating the model





The knowledge mobilisation model...

Supported staff learning and education



"The clinical librarian saved me hours and a lot of stress, because I work full-time and have small children. I wouldn't have had time to sit in the library." **Band 5 Nurse**

Nurtured an evidence-based culture



"The clinical librarian's presence keeps people thinking, 'why are we doing it this way, and are there other ways of doing this?" Band 6 Nurse

Improved the quality of care



"I think the model certainly informed the care a lot better. I think there are differences of opinion between consultants, and I think the model helped inform what to do." Junior doctor

Which aspects were most successful?

Most-used activities

- Noticeboard
- Journal club
- Pop up library
- Newsletters

Critical factors

- Embedded role
- Visibility
- Flexibility
- Relationships





Where's the money?





Measuring return on investment



Return on investment analysis indicated that...

for every £1 invested in the knowledge mobilisation model, a financial value of £1.18 to £3.03 was generated

...in time saving, enhanced professional development and improved patient care.

Key messages 1



- ✓ A knowledge specialist can feasibly support the knowledge requirements of staff
- ✓ Our model helped staff to learn, develop and improve the quality of their care
- ✓ Opportunities for staff to share experience, discuss the evidence base and learn from each other should be available











Key messages 2

- ✓ The role of bedside nurse is pivotal to knowledge sharing
- ✓ A model of knowledge mobilisation should be flexible, visible, accessible, championed by key influencers

✓ Further ROI studies needed











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