

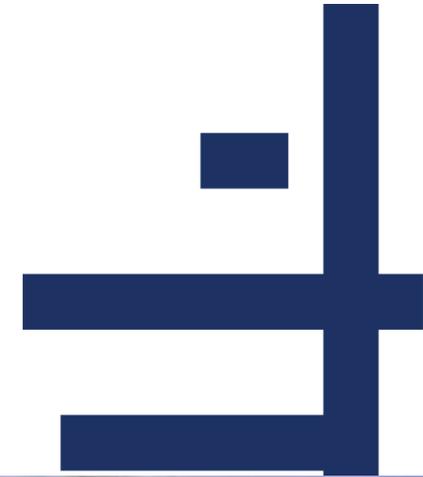


What we do and why: the Knowledge Translation strategy

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Trusted evidence.
Informed decisions.
Better health.





The Know-Do Gap

High quality evidence is not consistently applied in practice¹

Examples in clinical practice:

- Statins decrease mortality and morbidity in post-stroke, but they are under-prescribed²
- Antibiotics are overprescribed in children with upper respiratory tract symptoms³

Examples in health system policies:

- Evidence is not frequently used by WHO⁵
- Out of 8 policymaking processes in Canada⁴
 - Only 1 was fully based on research
 - Other 3 were partially based on research



1. Majumdar SR et al. From knowledge to practice in chronic cardiovascular disease: a long and winding road. *J Am Coll Cardiol.* 2004; 43(10):1738-42
2. LaRosa JC et al. Effect of statins on the risk of coronary disease: a meta-analysis of randomized controlled trials. *JAMA.* 1999; 282(24): 2340-6
3. Arnold S et al. Interventions to improve antibiotic prescribing practices in ambulatory care. *Cochrane Database Syst Rev.* 2005: CD003539
4. Lavis J et al. Examining the role of health services research in public policy making. *Milbank Q.* 2002; 80(1): 125-54
5. Oxman A et al. Use of evidence in WHO recommendations. *Lancet.* 2007; 369(9576): 1883-9.



Why there is the Know-Do Gap ?

Evidence not focused on the end-users:¹

- Epidemiologically and methodologically focused
- Missing details on interventions and settings

Lack of knowledge management skills and infrastructure²

- Individual health care professionals
 - Volume of, and access to research evidence
 - Time to read
 - Skills to appraise, understand and apply research evidence
- Health care teams (standards of care)
- Health care system and organization (finance and equipments)
- Patients (adherence and compliance)

1. Glenton C et al. Summaries of findings, descriptions of interventions, and information about adverse effects would make reviews more informative. *J Clin Epidemiol* 2006; 59: 770-8.
2. Grimshaw JM et al. Changing physician's behavior: what works and thoughts on getting more things to work. *J Contin Educ Health Prof.* 2002, 22(4): 237-43



Knowledge Translation

A dynamic and interactive process that includes the synthesis, dissemination, exchange, and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system

Canadian Institute of Health Research¹

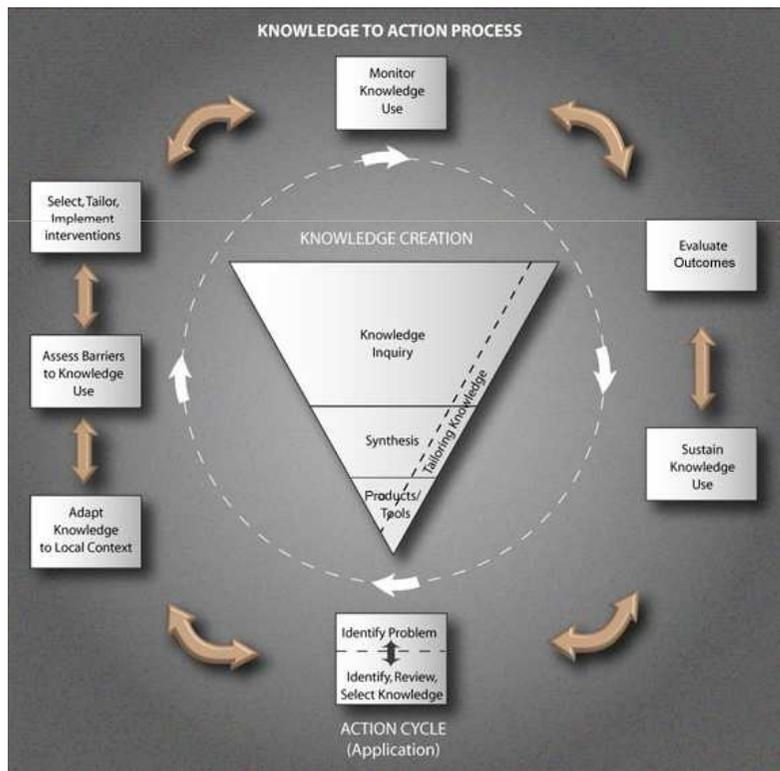
Dissemination and implementation, implementation science, research use, knowledge transfer and uptake/exchange²

1. Mc Kibbon KA et al. A cross sectional study of the number and frequency of terms used to refer to knowledge translation in a body of health literature in 2006: a tower of Babel ? *Impl Sci.* 2010; 5:16.

2. www.cihr-irsc.gc.ca/e/29418.html.



Knowledge to action framework



Graham ID et al. Lost in knowledge translation: time for a map ? J Contin Ed Health Prof. 2006; 26(11):13-24.



Knowledge creation

Knowledge inquiry

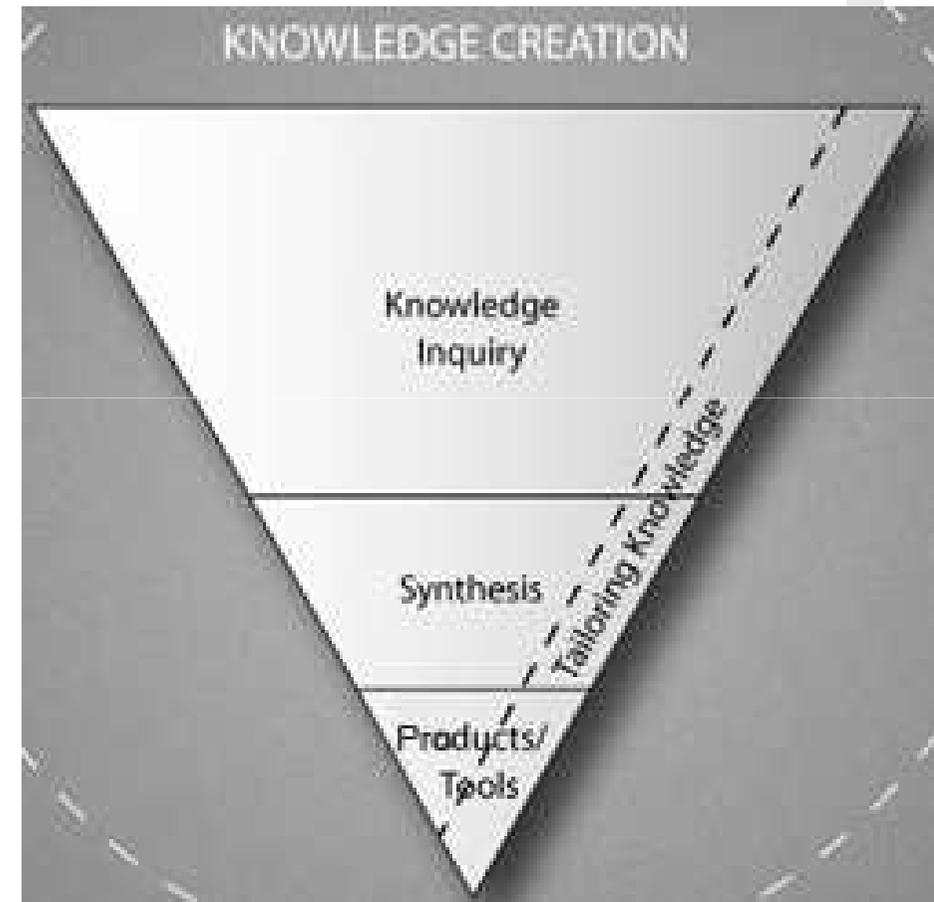
- Primary research studies

Knowledge synthesis

- Secondary research studies (systematic reviews)

Knowledge Tools/products

- Guidelines
- Algorithms
- Messages for end-users



The Action Cycle (application)

Identify problem; identify, review, select knowledge

Adapt knowledge to local context

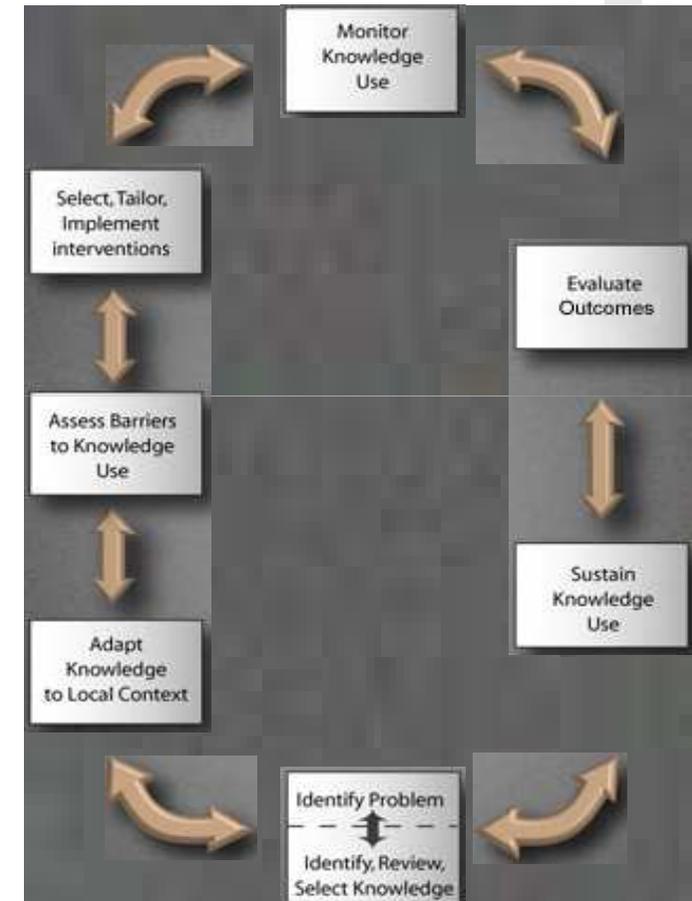
Access barriers – facilitation to knowledge use

Select, tailor, implement interventions

Monitor knowledge use

Evaluate outcomes

Sustain knowledge use





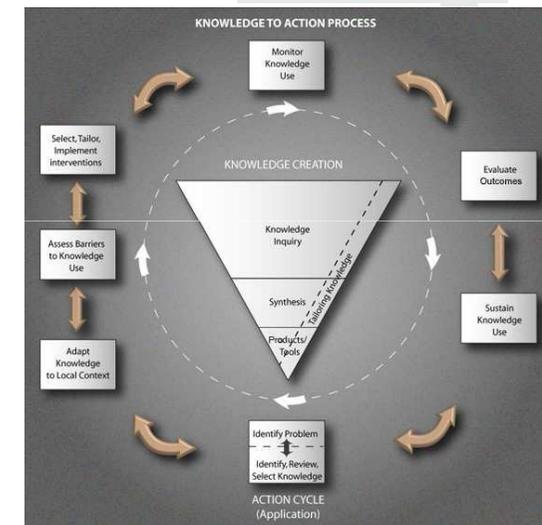
Human behaviours to be considered

Repetitive behaviours

- They allow to free the brain for higher level thinking (diagnosis, prognosis)
- Nevertheless, they gradually drive to reduced quality
- Only regular checks allow to identify this loss of quality

Resistance to change

- Individuals
- Organizations
- Systems





Implementation of evidence

Micro-level: individuals

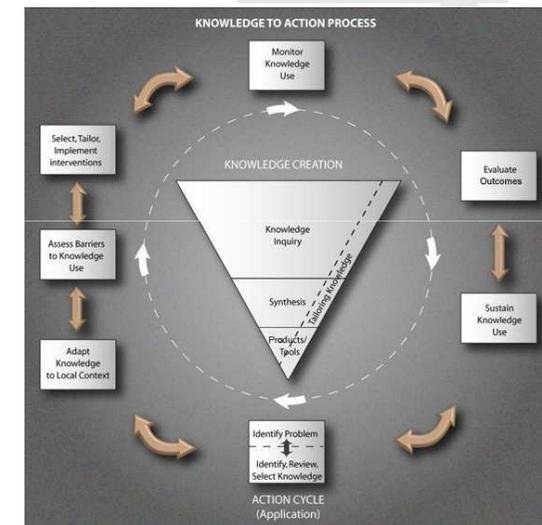
- Surrender to evidence
- Use facilitators (clinical charts)

Meso-level (organizations)

- EBM Continuous Quality Improvement groups
 - Human and financial resources
 - Specific thematic projects on a regular basis

Macro-level (Health Systems)

- National guidelines and flow-charts
- Data collection
- Rewarding system



Different audiences



Consumers and the public

Those seeking
health care, their
families and carers,
and the public



Practitioners

of health care
including clinicians
and public health
practitioners



Policy-makers & healthcare managers

making decisions
about health policy
within all levels of
management



Researchers & Research Funders

who need
information
regarding important
gaps in the evidence

Cochrane Knowledge Translation Strategy

April 2017

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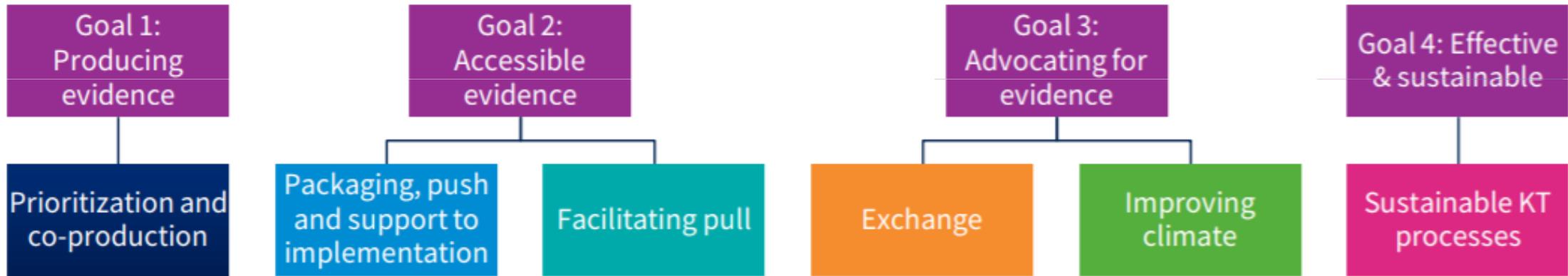


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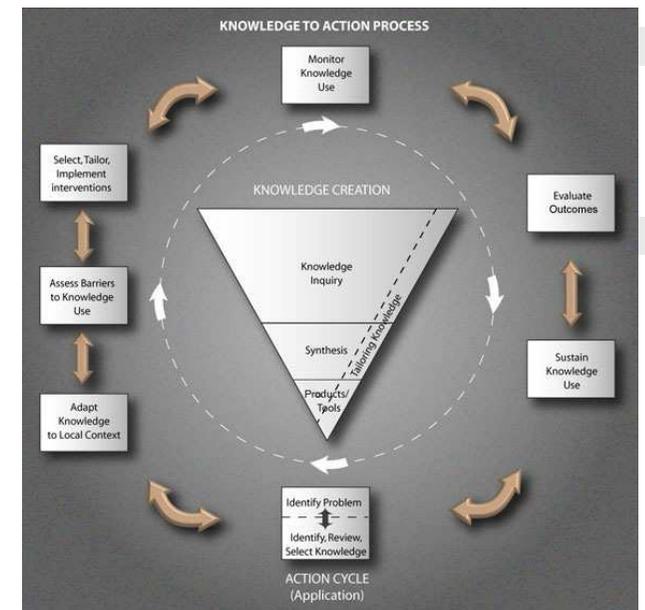




Take home messages

Adapting to evidence is a real work that requires:

- Acceptance of the evidence
- Reorganization of one's own work (individual or collective)
- Identification and overcoming of barriers
- Need of resources to make the change possible
- Sustainability in time
- And, most of all, willingness to change !





Thank you

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