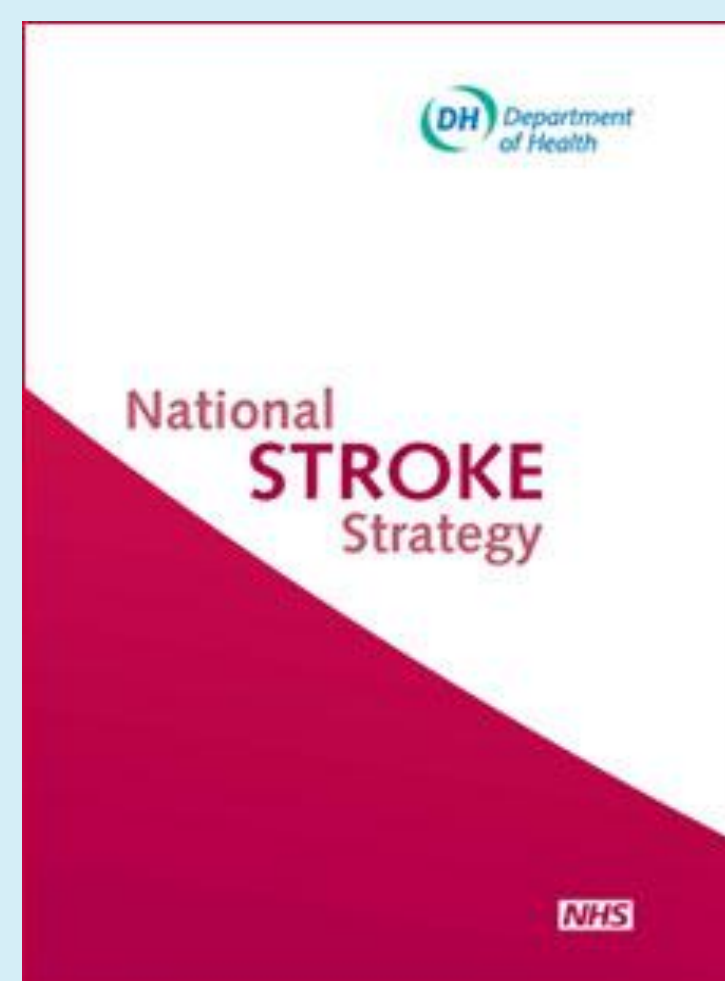


ACHIEVING KNOWLEDGE TRANSFER IN HEALTHCARE: A STRATEGY FOR SUCCESS?

Katy Rothwell, David Bamford, Pippa Tyrrell & Joanne Thomas

BACKGROUND

Effective and timely incorporation of research-based evidence into clinical practice has the potential to improve the long term management of stroke, optimising health outcomes and reducing inequalities. However, embedding such evidence in clinical practice remains a challenge. This project, part of the prestigious £20 million NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester, examines the effectiveness of using a dedicated resource, a Knowledge Transfer Associate (KTA), to act as an intermediary to embed evidence-based practice in stroke care.



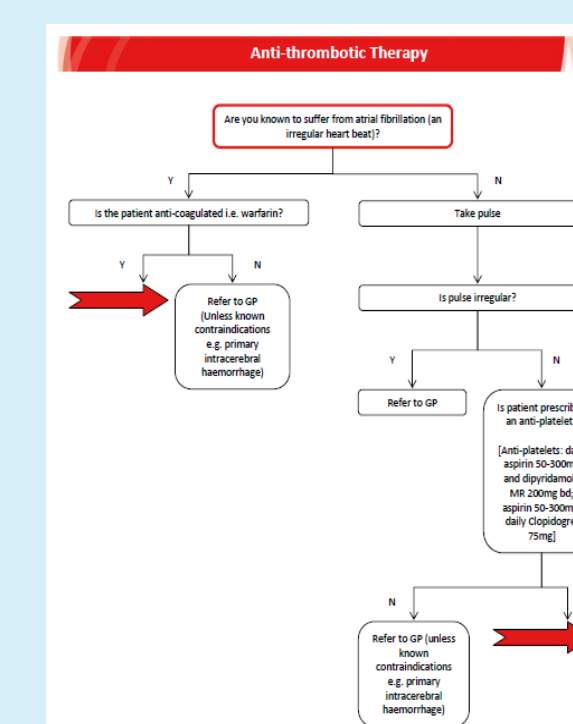
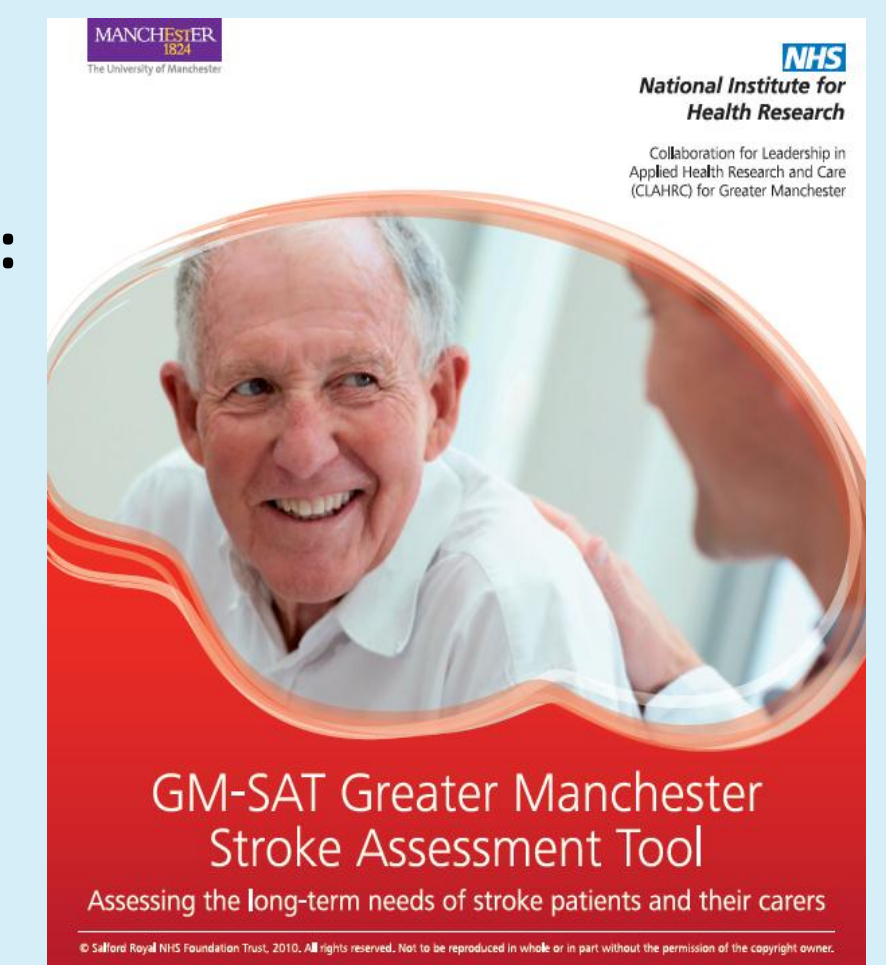
OBJECTIVES

Most stroke patients report a sense of 'abandonment' following discharge from hospital and community rehabilitation. They often have long term physical, social and emotional care needs which are inadequately addressed. The Department of Health's National Stroke Strategy (2007)¹ requires all stroke patients to be offered a 6 month follow-up assessment. However, despite this National requirement, the PCTs participating in the project had been unable to implement this due, in part, to a lack of clarity with regards what the content of such assessments should be. This project, therefore, focused on development and implementation of an evidence-based, post-stroke assessment tool.

METHODS

The Promoting Action on Research Implementation in Health Services (PARiHS)² framework provided the conceptual and theoretical approach for the project. KTA activities focused on:

- Identification and appraisal of research-based evidence in relation to the long term needs of stroke patients and their carers.
- Facilitation of 8 workshops attended by a total of 36 expert clinicians, from across the stroke pathway, and 52 stroke patients and carers. These were held to contextualise the research-based evidence and integrate it with patient perspectives and clinical expertise.
- Construction of management algorithms for long term, post-stroke needs.
- Assembly of algorithms into an assessment tool and implementation in clinical practice.



RESULTS

39 evidence-based management algorithms, ranging from secondary prevention and pain to mood and transport, were produced and collated to give GM-SAT (Greater Manchester Stroke Assessment Tool), a locally-optimised, post-stroke assessment tool. Successful implementation of this into clinical practice directly increased the use of research-based evidence, standardising stroke patient care, improving health outcomes and reducing health inequalities.

IMPLICATIONS

This work added to the growing evidence base regarding knowledge transfer, identifying KTAs as an effective strategic resource to increase clinical adoption and application of research-based evidence. Patients are the primary beneficiaries of this style of strategic process improvement.

- REFERENCES**
1. Department of Health, 2007. *National Stroke Strategy*. London: Department of Health
 2. Kitson, A.L. et al., 2008. *Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges*. Implementation Science, 3(1): p. doi:10.1186/1748-5908-3-1.