Mobilizing Knowledge to Improve Health and Social Care
Approaches and Challenges

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Outline

- Why knowledge mobilization?
- Approaches to knowledge mobilization
  - Transfer, Translation, Transformation
- Examples from iKON research

(Innovation, Knowledge and Organizational Networks)
Why Knowledge Mobilization??

The ability to move knowledge & evidence from one setting to another is seen as critical:

- **For NHS organizations:**
  - Reducing costs
  - Developing innovation

- **For policy makers**
  - 2006 Cooksey report – 2\(^{nd}\) translational gap “between the producers & users of research evidence”

- **For patients**
  - Improving quality & delivery of health care services
Mind the Gap

Knowing

Organizational
Professional
Disciplinary
Geographical

Boundaries

Doing

Warwick Business School
Bridging the Gap...
Traditional Knowledge Transfer Approach

knowledge producers

PUSH

knowledge users

PULL
....The Reality
Limits of Knowledge Transfer

Science **alone** is not the way to effective decision-making (Learmonth, 2008)

- Complex decisions require *judgement* that takes account also of values, beliefs and social/political interests (Morrell, 2008) –
- e.g. individual needs vs population needs; cost and benefit… (Nicolini, 2011)

Transfer only works when people already speak the same language & share ‘thought worlds’
Knowledge Translation

Making the knowledge produced by one group meaningful to, and applicable by, another group.

transfer vs. translation
Why is knowledge translation difficult?

- Knowledge lives within ‘communities of practice’
  “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”
  - & healthcare has multiple communities
- Practice boundaries create boundaries to knowledge sharing (Carlile)
- Need to develop social networks & boundary spanning roles to bridge communities
Collaborations for Leadership in Applied Health Research & Care (CLAHRCs) in the NHS

Social scientist researchers

Clinical researchers

Hospital doctors

Allied health practitioners
CLAHRC initiative in the NHS

Knowledge Brokers

Social scientist researchers

Hospital doctors

Clinical researchers

Allied health practitioners
Knowledge translation – role of brokers

Greentown network

Greentown network: - connectivity with brokers removed
Children’s Hospital of Eastern Ontario (CHEO)

- Children with complex health problems
- Problem – system not family focused, organizations working in silos, fragmented care, loss/duplication of information, stress of parents
- Coordination Pilot Project – CHEO + partner organizations (e.g., Champlain Community Care Access Centre and Ottawa Children’s Treatment Centre; families)

Objective:
- To provide family-centred, comprehensive care coordination across the system while relieving burden on families

https://www.youtube.com/watch?v=f1tOzsjd4L8
The ‘SPOC’ solution

_solution – Single Point of Care (SPOC) medical sheet (“cheat-sheet”) + family binder

- ‘Simple’ 2-3 page summary of up-to-date, information on child
- Medical issues, allergies, directives, lists of people involved in care, medications, test results, surgeries, technologies used

- Successful pilot on 23 children (20 in control group)
  - Satisfaction of patient & staff, ER visits/admissions avoided, streamlined admissions, better access to information...
Developing the SPOC

- Intensive 3-month (min.) period of design with involvement from multiple parties
  - Ensured accuracy & engagement
- Knowledge brokers – ensured the SPOC was actually used in medical encounters
  - Project Manager (Lara) – leads overall project & engages partner organizations
  - Medically responsible physician (Kathy) - signs & circulates SPOC to CHEO doctors, Emergency Rooms community agencies and families
  - Nurse Coordinator – Beth updates (including deleting) SPOC by pulling information from network of carers
  - Parents – move SPOC from place to place
Knowledge transformation

- Mobilize knowledge by collectively generating new practice
  - Simple solution but complex development process
    - helped shift established practices & boundaries between families & professionals
  - Requires strong social network ties & leadership to build trust & change politics/practice
Conclusion - Making KMob *Work*

**Transfer** – supplying knowledge within communities
Challenge of sourcing information

**Translation** – sharing knowledge across communities
Challenge of understanding

**Transformation** – embedding knowledge in new practices
Challenge of politics
Thank You

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