Section 3.6.1

Monitoring Knowledge Use and Evaluating Outcomes of Knowledge Use

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Monitor Knowledge Use

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Different types of knowledge use

1. Conceptual use of knowledge: to change the levels of knowledge, understanding and attitude
   • Example: The knowledge that self-monitoring of blood glucose in newly diagnosed type 2 diabetes is not cost-effective and is associated with low quality of life helps care providers to understand a newly diagnosed patient’s concern about self-monitoring
• Different types of knowledge use

2. Instrumental use of knowledge: to change behavior or practice
   • Example: Direct application of study result to a usable form such as care pathway, or a delirium prevention strategy for older persons in hospital
• Different types of knowledge use

3. Strategic (persuasive) use of knowledge: to use knowledge as ammunition in the attainment of power or profit

• Example: Using knowledge of adverse events associated with use of mechanical restraints on inpatients to persuade a nursing manager to develop a protocol about their use
Evaluate Outcomes

KNOWLEDGE CREATION

- Knowledge Inquiry
- Synthesis
- Monitor Knowledge Use

Select, Tailor, Implement Interventions

Assess Barriers to Knowledge Use

Adapt Knowledge to Local Context

Identify Problem

Identify, Review, Select Knowledge

Evaluate Outcomes

Sustain Knowledge Use
Knowledge use could be evaluated at 3 different levels, each with a different focus:

- **Structural Level**
  - Organization culture

- **Process Level**
  - Providers’ activities and patients’ satisfaction

- **Outcome Level**
  - Patients’ well-being
• Examples of how impact of knowledge use can be measured:
  • Impact of knowledge use on patients can be measured by change in health status (morbidity or mortality) and quality of life using secondary analysis of administrative or clinical databases, their length of stay and the satisfaction with care using questionnaires and administrative or clinical databases.
  • Impact of knowledge use on care providers can be measured by satisfaction with practice and time taken for the new practice through questionnaires and interviews.
  • Impact of knowledge use on the organization can be measured by change in health care system such as wait lists, length of stay and costs through secondary analysis of administrative or clinical database.