

Section 3.6.1

Monitoring Knowledge Use and Evaluating Outcomes of Knowledge Use

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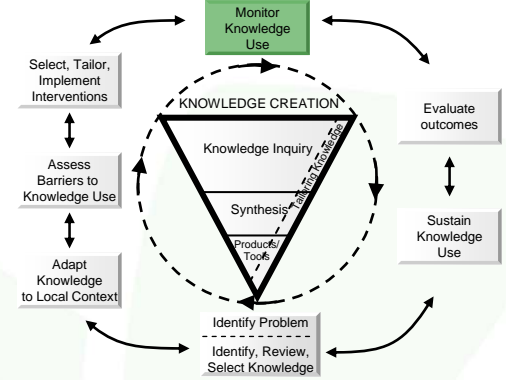
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Knowledge to action
Des connaissances à la pratique

Monitor
Knowledge
Use



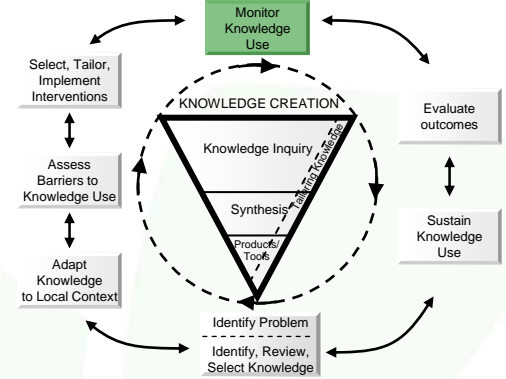
Monitor Knowledge Use



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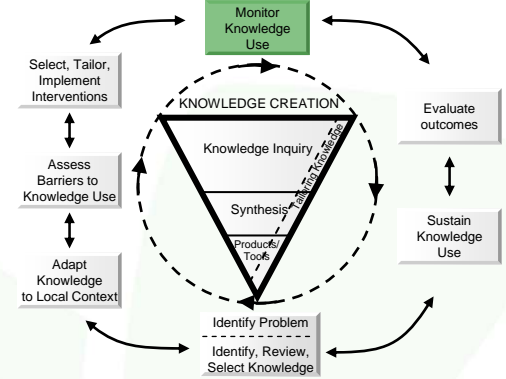
Monitor Knowledge Use



- 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

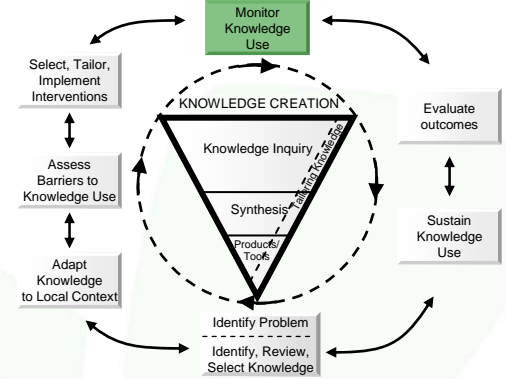


Monitor Knowledge Use



- 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

Monitor Knowledge Use



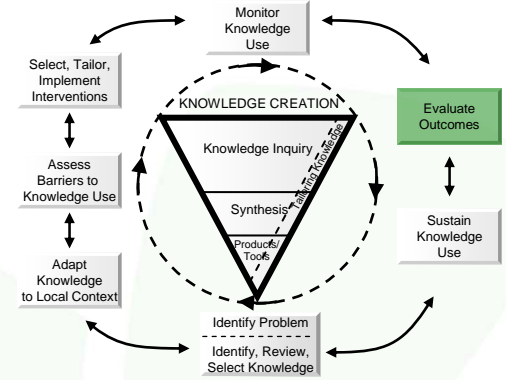
- Different types of knowledge use

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

Knowledge to action
Des connaissances à la pratique

Evaluate Outcomes



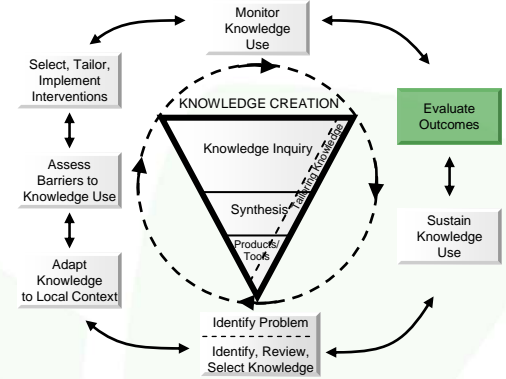
Evaluate Outcomes



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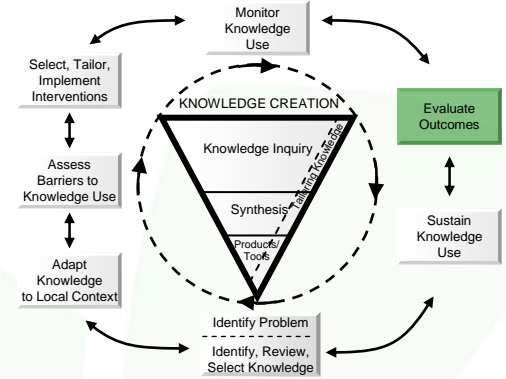
Evaluate Outcomes



- 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



Evaluate Outcomes



- 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

