TURNING KNOWLEDGE INTO ACTION:
ENABLING CARE; IMPROVING HEALTH 2018-2023

A call to collective action for users and providers of knowledge in the health service in Ireland

Strategy and Implementation Plan for the National Health Library & Knowledge Service

March 2018

Contents

At this critical time for healthcare in Ireland, this strategy and implementation plan call for users and providers of knowledge to work together in new ways, to use knowledge to meet changing health needs.

Why do we need to change?

There is a critical imperative to find, create and apply knowledge, to deliver new models of care that meet changing health needs across Ireland. Health services, and the knowledge service that supports them, need to transform to respond to growing pressures: the ageing population; more people with multiple chronic conditions and complex needs; pervasive lifestyle changes; and the widening health gap between rich and poor.

Mission

By 2023 we will be a fully integrated and quality assured National service, recognised by healthcare professionals for adding value by using knowledge to deliver safe, effective person centred healthcare, accessible to all on an equitable basis offering standardised service provision nationally.

This strategy and implementation plan will play a vital role in delivering priority outcomes for health and care in Ireland:

❑ **Safer, better health and care, centred on the needs of patients and service users**, and delivered by staff empowered to make knowledge-based decisions in frontline practice.

❑ **Accelerated transformation of health services** through widespread adoption and spread of knowledge.

❑ **A culture in which knowledge is valued as an asset and using knowledge is integral to delivery** of health and care at all levels and across all settings – primary, secondary, community and social care.

❑ **Research and learning activity based on creation, sharing and use of knowledge, and focused on bridging the gap between research and practice**.

Vision

Everyone working in Ireland's health service will have access to knowledge, and will apply it whenever and wherever they need it, to deliver the best possible health and care.

What will we deliver?

Delivery of this strategy is split into two phases:

YEARS 1-2: *Laying foundations* **-** The first two years will be a transition phase to set a robust service model in place, test new approaches and define the detailed action and evaluation plan.

YEARS 3-5: *Implementation and operationalisation* **-** This phase will deliver and consolidate the new service, realise its strategic goals, and evaluate impact of the service to drive continuous improvement and maximise its contribution to health service needs.

Both phases will be delivered in close collaboration with partners, including colleagues in research, learning and development, eHealth, and the practitioners and managers who will benefit from the new service.

YEARS 1-2: *Laying foundations*

This phase will deliver:

1. **A new national knowledge service model and identity.**

2. **A detailed action plan and impact evaluation framework.**

These deliverables are described below.

1. **A new national knowledge service model and identity.**

   This will consolidate the NHLKS as a single, fully integrated service with a new name and brand, designed to improve outcomes for patients and services users, and embedded as an intrinsic part of health and care delivery. The existing network of physical libraries will be integrated into a single national service, delivering enhanced librarian expertise in virtual teams, and equitable access to digital knowledge resources at point of need across the health service.

   The unified national knowledge service will build on existing good practice and maximise use of available resources, to expand its current focus in line with the needs of new health service models:

   ❑ Beyond hospital and library sites, to primary and community care, public health and social care, at local, regional and national levels.

   ❑ Beyond support for education to frontline care, service transformation and facilitating professionals to support citizen health literacy.

   ❑ Beyond providing information to translate knowledge into practice.

   Five virtual teams of staff distributed across the library network will deliver the following services, managed nationally and providing support locally.

Figure 1: *Five virtual teams within the single integrated NHLKS*
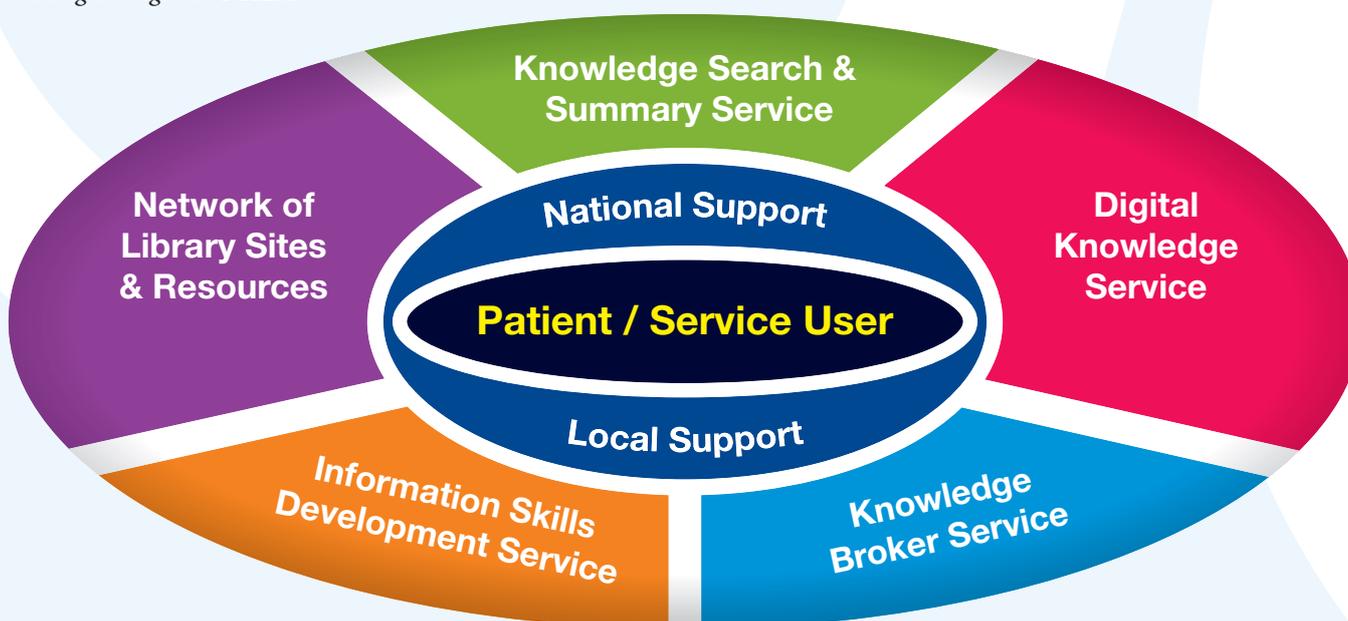
A series of small-scale tests of change will help to design and refine these new services, building insight into how to optimise their impact.

Knowledge Search and Summary Service – *will support:*

- Systematic searching of sources of research and experiential knowledge.
- Production of concise, outcomes-oriented, action-focused evidence summaries presented in a format that is easy to understand for decisions at point of need.

Digital Knowledge Service – *will support:*

- Design and delivery of an integrated, interactive national digital knowledge environment available across Ireland, expanding the current **hselibrary.ie** website. This will include:
  - Implementation of the national library management system.
  - Equitable national access to digital knowledge resources.
  - Optimisation of the LENUS platform as an open access repository for health service research, improvement and evaluation work.
  - Delivering point of care digital knowledge products - e.g. guidelines, pathways, evidence summaries, embedding these in electronic health record systems via **hselibrary.ie**.

Knowledge Broker Service – *will support:*

- Allocation of knowledge service partners to collaborate with prioritised transformation programmes and multi-professional teams delivering change initiatives, from design to evaluation stages.
- Delivery of expert knowledge broker support in partnership with the other virtual teams is illustrated in the scenario on page 2 *(Figure 1)*. It includes:
  - Facilitating teams to define the challenges they want to address and the changes they want to see, linked to the questions - What do we know? What do we need to know? How can we find out?
  - Sourcing and summarising knowledge;
  - Using knowledge management techniques to capture, organise and facilitate sharing and spreading of the knowledge sourced and generated through the work of the team;
  - Advising on knowledge translation and implementation science methods to help deliver and embed the changes the team aims to deliver.

Information skills development service – *will support:*

- Health and social care staff to become self-sufficient in digital and information skills across the knowledge into action process - finding and capturing knowledge; evaluating, organising and disseminating knowledge, including open access and social media routes.
- Development of health and social care staff skills in engaging in health literacy – enabling patients and service users to access, understand and use information for shared decision-making and self-management - for example, by using quality assured information sources and decision aids.

Coordinated network of library sites and resources

A review of physical library services during Years 1 & 2 will define the scope and function of library sites and resources to deliver greatest value within the new service model. The new nationally coordinated approach to library sites and resources will enable:

- Equity of access to resources and support based on common standards and processes across physical library sites, complementing the expert librarian and digital knowledge services.
- National procurement of print and digital resources and coordinated management of existing resources, to meet the needs of the full range of stakeholders.

2. **Detailed Action Plan and Impact Evaluation Framework which provide:**

❑ Specific actions, outputs and responsibilities and how these will contribute to health service priorities.

❑ An agile, incremental approach to NHLKS development, based on on-going evaluation of tests of change and scaling up of successful services.

❑ A logical sequence of performance and outcome indicators for short-term, intermediate and long term outcomes, which will evidence the NHLKS contribution to health service goals and better outcomes for people and communities. These indicators will build on the Outcomes Chain model described on page 8 *(Figure 3)*.

Years 3-5: *Implementation and Operationalisation*

1. **Launch of the new service** with a targeted, on-going communication campaign.

2. **A responsive national knowledge search and summary service for all stakeholders, including managers, support staff and frontline practitioners delivering day to day care.**

3. **A programme of learning opportunities** for researchers, managers and practitioners, in finding, capturing, evaluating, sharing and applying knowledge. This will include a focus on staff skills in enabling health literacy among service users and carers.

4. **A portfolio of knowledge broker projects** supporting prioritised national and local transformation programmes. As illustrated in the scenario in page 7 *(How will we know we are making a difference)*, these projects will embed expert librarian support across the full knowledge cycle, from defining the problem to identifying evidence-based interventions, facilitating implementation of that knowledge in practice, and capturing knowledge to evaluate impact.

5. **A suite of evidence-based knowledge implementation tools and methods** to support translation of knowledge into delivery of health services and to facilitate spread of successful innovations.

   • **Decision support tools** for decision-making at all levels - from frontline care and service user empowerment to whole system-level transformation. This will include, for example, mobile apps, prompts and reminders in care systems, visualisation and infographics tools.
   • **Linkage and exchange methods** - such as audit and feedback, stakeholder participation, interactive and small group learning, educational outreach.
   • **Person to person communication and dissemination of knowledge**, including communities of practice, social media and open access publishing.
   • **Service user - direct interventions**, actively engaging citizens in enhancing their knowledge and health literacy to improve their use and experience of services, health behaviours and health outcomes - for example, through education in self-management, use of self-monitoring devices and other forms of telehealthcare, decision aids, question prompts and self-help groups.

6. **National digital knowledge gateway** providing:

   • Integrated access to all knowledge resources and services available to the health service in Ireland.
   • Point of care knowledge tools, embedded in eHealth systems.
   • An enhanced, stronger role for the LENUS platform as a national open access repository for research, evaluation and improvement.
   • Enrichment of **www.hselibrary.ie** as a national electronic library for health.

How will the changes be managed?

Key elements of the change management approach include:

1. **An executive-level Knowledge Governance and Leadership Group** will set priorities, guide and monitor delivery of the strategy. This group will exert strategic leadership and influence to align the NHLKS with health service priorities, maximising impact and support at policy level. It will support and facilitate the Transition Leadership Team in operational delivery of this strategy.

2. **The two-year transition phase, led by a Transition Leadership Team of senior librarians and managers**, including a change and benefits facilitator. This team will:

   - Consult on and design the detail of the new service operating model and structure.
   - Provide leadership to facilitate change, build engagement and ownership among knowledge service staff and stakeholders.
   - Support and develop knowledge service staff to move into roles in the new service structure.
   - Design and evaluate tests of change new service approaches.
   - Plan implementation of the new national service following the transition phase.

3. **Partnership working** as a fundamental principle of the new NHLKS service model. This includes:

   - Working as partners providing knowledge support to HSE teams, programmes and services.
   - Strategic collaboration with senior leaders in national divisions, regional and local systems to plan development of knowledge services to respond to their needs.
   - Engaging with key groups and leaders in use of knowledge at all levels to build a network of knowledge champions who will build engagement and awareness in using the NHLKS.
   - In the broader knowledge services landscape, progressing the mutual learning developed through this strategy with colleagues in NHS Scotland, other parts of the UK and internationally.

Figure 2: Partnership Model
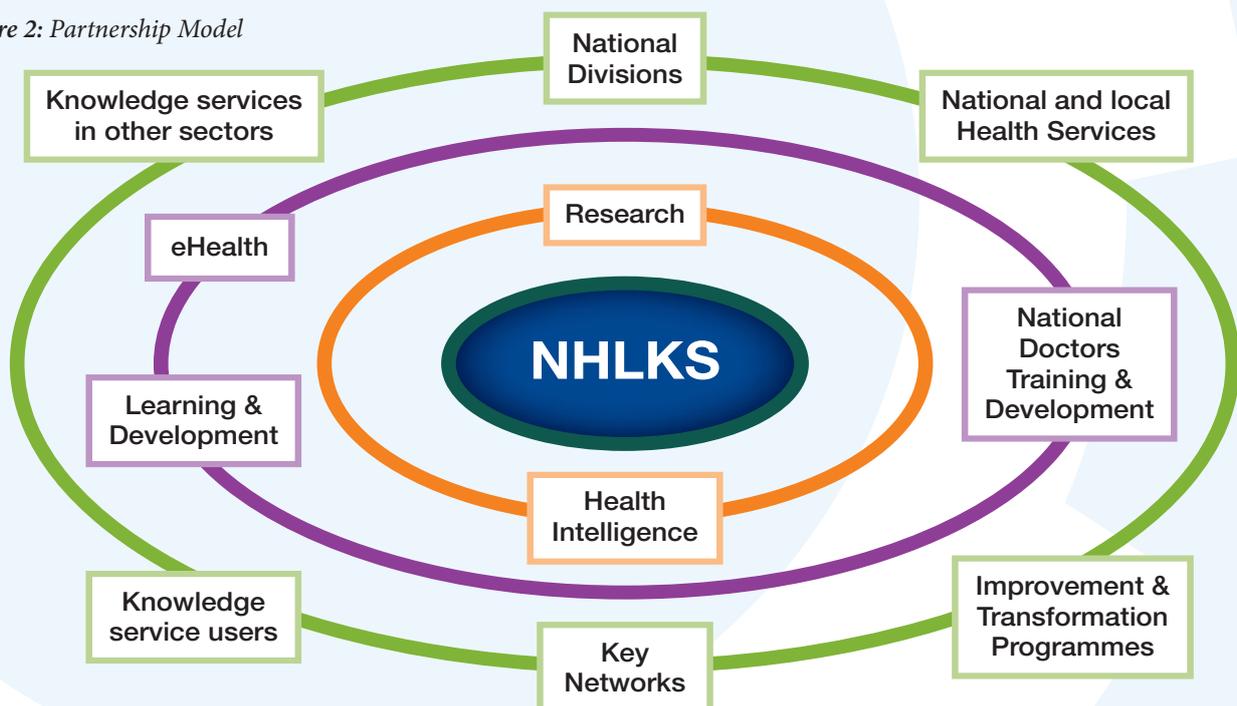
Collaborative working relationships and strategic alliances will be formally defined to maximise mutual learning, synergies and efficiencies between the NHLKS and other key knowledge broker services. These include partners within:

Health Service Executive and Department of Health

- Integrated working with the Health Intelligence and Research functions, which are managed alongside the NHLKS within the HSE Research and Development Unit
- Open Access Research Advisory Group
- Health Research Board Collaboration for Clinical Effectiveness Reviews
- Health Information Quality Authority
- National Patient Safety Office
- Learning and Development
- eHealth

Higher Education

- HEAnet (Education and Research Network):
  - Exploring the potential for collaborative purchasing, and joint approaches to IT access and delivery of digital services. The aim is to give users seamless, equally high quality knowledge support as they move across education, research and practice settings.
- Library Services:
  - Defining complementary approaches that minimise duplication in supporting shared user groups such as students on placement and HSE staff undertaking education or research.
  - Co-designing information skills training and promotion of knowledge resources so that Higher Education staff and students are aware of the resources provided across both sectors.
- Health research - for example, identifying channels to engage in health research projects and to share and disseminate learning from Higher Education research projects supported by the Health Service Executive.

The wider community - including public libraries and third sector information services

- Co-designing support for community-based staff and for health literacy and self-management within the general public.

4. **A strong commitment to providing learning and development opportunities** to enable knowledge services staff to realise their full potential, transition into new roles, take up new career opportunities, and confidently deliver a 21st century national knowledge service. This will include exploring opportunities to work with and learn from partners in other knowledge broker services, as outlined above,

5. **A "living" implementation plan**, evaluating the effectiveness and impact of service delivery, continuously improving and adapting in response to changing needs.

NATIONAL HEALTH LIBRARY & KNOWLEDGE SERVICE

How will we know we are making a difference?

What success could look like – a scenario based on NHS Scotland experience:

The Knowledge Broker service assigns a librarian to partner with the National Improvement Programme for Palliative and End of Life Care, and local service redesign teams supporting this programme. The aim is to transform services to enable people to spend more time living well in the community in the last months of what would otherwise be spent in hospital.

The knowledge broker supports teams in the programme to:

✓ Define the problems they want to solve and the changes they want to see, identifying what they know currently, knowledge gaps, and how they can address them.

✓ Use the Knowledge Search and Summary Service to collate knowledge from research and from service developments in other areas.

✓ Use that knowledge to challenge current thinking.

✓ Capture improvement stories through interviews and case studies.

✓ Organise resources and outputs from implementation and evaluation in a digital repository provided by the Digital Knowledge Service.

✓ Facilitate spread of knowledge about what works across organisations through after action reviews, knowledge cafes, online discussion, and knowledge exchange sessions with experts in the field.

✓ Get training from the Information Skills Service in keeping up to date with research, and in building health literacy among service users and carers about their options for palliative care.

Impact of the new knowledge service will be measured at several levels

A realistic evaluation methodology has been designed to support implementation of this strategy. It recognises the challenge of demonstrating impact of knowledge services in a short time frame in the complex health service environment, where many external factors influence outcomes.

This methodology maps out a logical chain of impact, showing how measurement of short and medium term outcomes, which knowledge services can influence directly, make a crucial contribution to longer term impact on practice and health outcomes.

Key levels of impact and examples of indicators are illustrated below:

NHLKS influence over outcomes	Outcome chain level	Type of impact	Examples of how to define indicators
High influence - direct contact	Short term	Reach	Are the relevant users - e.g., from primary care, senior management - using the new services? Are the relevant stakeholders identified and engaged in implementing the new service model?
		Reaction: service providers	How far are NHLKS staff giving positive feedback and engaging in the new service model?
		Reaction: stakeholders	Do key stakeholders at strategic and practice levels see the new services as relevant and useful? Do they allocate time to using new services, and facilitate the engagement of others within their responsibility?
Moderate influence	Intermediate	Capabilities (knowledge, skills, attitudes, behaviours): service providers	Do you have evidence that NHLKS staff are acquiring the knowledge, skills and mindset needed to deliver new services?
		Capabilities (knowledge, skills, attitudes, behaviours): stakeholders	Do users report that their knowledge has improved as a result of using the new services? Do you have examples of stakeholders using the knowledge provided to make decisions and change practice?
Low to Moderate influence over health service environment	Longer term outcomes and impacts	Service-level outcomes	Do you have case studies and stakeholder reports which demonstrate knowledge services' role in delivering: • A culture in which knowledge is valued & used • Accelerated transformation of health services • Research and learning?
Low influence: wider environment		Impact on health and wellbeing outcomes - safer, better, health and care	Can you illustrate - for example, through case studies and stakeholder reports - that the NHLKS has made a contribution to improvements recorded in health and wellbeing outcomes?

Figure 3: Example of a Chain Model

Conclusion

This strategy and implementation plan provide a practical, achievable framework for the Irish health service to put use of knowledge at the heart of delivering care and improving health. Throughout the development of the strategy, knowledge services staff, practitioners and senior strategic stakeholders affirmed their shared conviction of the value of knowledge services and their essential contribution to best practice and better outcomes for service users.

Realising the full potential of knowledge services through this strategy will draw upon this shared commitment by knowledge providers and users and their willingness to engage and collaborate.

Development of the strategy has attracted interest from international leaders in health and care knowledge services. As we move into implementation, Ireland has the opportunity to take its place as an equal leader in the field of getting knowledge into action for better health and care.

Definitions

The knowledge management and knowledge translation literature uses many different terms with overlapping meanings and there is no definitive agreement on much of the terminology. For the purpose of this strategy and implementation plan we are using the following definitions:

KNOWLEDGE

We use this as a broad, inclusive term to cover:

- Facts, information and understanding;
- Many different types of knowledge, including explicit (expressed in documents) and tacit (held in people's heads - for example as know-how or life experience);
- Knowledge as process - transferring, creating, combining and converting different types of knowledge, as people practice, interact, and learn.

KNOWLEDGE BROKER

An intermediary – an organisation, service or an individual – which facilitates the translation of knowledge into action. This involves linking source and users of knowledge, building relationships and networks among providers and users of knowledge, and influencing stakeholders by promoting the benefits of using knowledge. Knowledge brokers deploy a wide range of approaches to support knowledge providers and knowledge users in creating, sourcing, capturing, interpreting, combining, synthesising, organising, sharing and dissemination, and implementation of knowledge. They may work in teams to combine complementary skills in these different areas.

KNOWLEDGE SERVICE

A service that combines classic library functions – including organised delivery of print and digital resources; management of physical and virtual space to access knowledge resources; and development of people's skills in using knowledge - with the full range of knowledge broker support to link provision of knowledge to its application in practice.