

Call for Abstracts



Knowledge Utilization (KU) Colloquium 2020
July 1st to 3rd, 2020 at Solstrand, Bergen, Norway

On behalf of the International Organizing Committee, you are invited to submit an abstract for the 20th KU Colloquium for researchers, practitioners and students working in KU and knowledge translation. Please use the template below to format your abstract.

The presentation format will be a 3-minute single slide e-poster. Presenters will be divided into three groups according to their thematic approaches. Reflecting on the presentations, senior researchers will facilitate plenary discussions between the presenters and the audience of issues and take-home messages.

Submissions are due: **March 1st, 2020** to helene.oestreich@hvl.no

Abstract Submission Template

Please complete the following template when submitting your abstract. Please note that tables and figures will not be accepted.

Contact information of individual submitting the abstract

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Abstract Information

Title: The Influence of Context on Implementation and Improvement (ICII)

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Abstract
(250 word maximum)

Purpose:

This project targets one of the greatest challenges of modern societies – caring well for vulnerable and frail older adults who live in residential long-term care (LTC, or nursing homes) at end of life. We are probing two key elements critical to implementation and improvement success **and** to outcomes for residents and care staff:

1. **Context** – modifiable features of LTC work environments, such as leadership, relationships within and among care teams and communication patterns
2. **Facilitation** – roles and processes in LTC settings that influence uptake of research, organizational performance and health outcomes, such as modifiable support and coaching behaviours.

Methods:

Secondary analyses of 14 years of longitudinal data from the *Translating Research in Elder Care* (TREC) program using sequential exploratory and then confirmatory mixed methods.

Results:

We are exploring 3 categories of outcomes:

- 1) success of implementation and improvement initiatives, 2) resident quality of care, 3) quality of worklife. Emerging evidence suggests that context and facilitation are linked to these outcomes, but evidence is nascent and mechanisms by which context and facilitation influence these outcomes and how they interact are not understood.

Conclusions (outcomes):

1. Scientific: Advances to the PARIHS implementation framework and to the broader field on understanding mechanisms by which context and facilitation influence implementation and improvement processes
 2. Practical: Optimizing implementation success by effective tailoring modifiable elements of organizational context and facilitation, deepened understanding of how to use the Alberta Context Tool® in operations, a stronger evidence base for large pragmatic implementation and improvement trials.
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