

Abstract Title:

Knowledge translation: Moving Evidence to Best Nutrition Practices in Long Term Care facilities in Alberta

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Objective: To identify facilitators and Knowledge Translation (KT) practice gaps for moving nutrition evidence to practice among Long Term Care (LTC) dietitians in Alberta.

Methods: An online survey with closed and open-ended questions was sent to 80 dietitians in LTC (AB) with 31 surveys returned.

Rogers' diffusion of innovation theory concepts were identified and used to form broad categories. Pathman's awareness to adherence model was used to determine the impact of evidence-based tools such as clinical practice guidelines, Practice-based Evidence in Nutrition (PEN) and systematic reviews.

Results and Conclusion: The most common facilitators identified were the dietitian being self-directed (67%), strong beliefs in Evidence-based Practice (50%), supportive dietitian colleagues (33%) and supportive multidisciplinary team (29%). Other facilitators included a supportive workplace, opportunities for professional development, access to resources like PEN, the dietitian being a best practice leader, having strong communication skills and good rapport with staff.

The most common barriers reported were limited time (29%), staff/team/department resistance to change (32%), corporate policies (21%), limited budget (18%), entrenched practices (18%), limited resources (11%) and families/physicians resistance to change (7%). With 52% of the LTC dietitians reporting not having subsidized access to PEN and 75% of the dietitians indicating that they experienced barriers, many dietitians (93%) reported being able to change their practice when new evidence was introduced. Practice change in spite of barriers suggests that barriers were overcome to adapt evidence into practice.

Significance to the Dietetics field: This formative evaluation provides valuable information on present practices of dietitians in LTC by identifying facilitators and KT gaps in moving nutrition evidence to practice. Being aware of these practice gaps may provide a better understanding to help bridge the evidence to practice gap in the field of dietetics nationally and internationally. This may also add to the scholarly discourse on the topic of KT gaps in dietetics.