

Introduction

Investment in healthcare research continually produces significant breakthroughs for methods of treatment and care which can yield significant benefits for patients, financial value gains and returns on investment [1]. There are significant barriers to translating evidence into clinical practice including differences in the implementation environments, time and resource limitations of practitioners, insufficient training, lack of feedback and incentives for use of evidence-based practices, and limited organisation infrastructure to support translation [2]. Integrated Knowledge Translation (IKT) is a theory informed approach for knowledge translation that is characterised by the ongoing and collaborative involvement of stakeholders and the tailoring of knowledge to the needs of the individuals and organisations who will be implementing it [3, 4].

Purpose

The Acquired Brain Injury Transitional Rehabilitation Service (ABI-TRS) is currently developing its clinical Exercise Physiology service arm which requires the integration of current evidence regarding physical activity promotion in adults with an acquired brain injury in order to facilitate a best-practice model. The Adapted Physical Activity Program (APAP) is a physical activity promotion intervention that has been demonstrated to increase physical activity adoption in adults with brain impairment [5].

The aim of this project is to use an IKT approach to increase the prospects of successfully translating the APAP into ABI-TRS.

Methods

IKT has two components: 1) knowledge creation which includes the evaluation of an innovative idea and the synthesis of research findings into useable tools/products; and 2) action cycle including adaptation to the local context and assessing barriers and facilitators related to knowledge adoption. This information is used to develop a plan for the translation of knowledge into clinical practice [3]. The application of the IKT framework for the development of a plan for the translation of the APAP into ABI-TRS is presented in Figure 1.

"The creation of knowledge does not, of itself, lead to widespread implementation and positive impacts on health. The knowledge must be translated into changes in practice and policy for the benefits to flow to Australians...."

National Health and Medical Research Council (NHMRC)

Establishment of the Adapted Physical Activity Translation Group

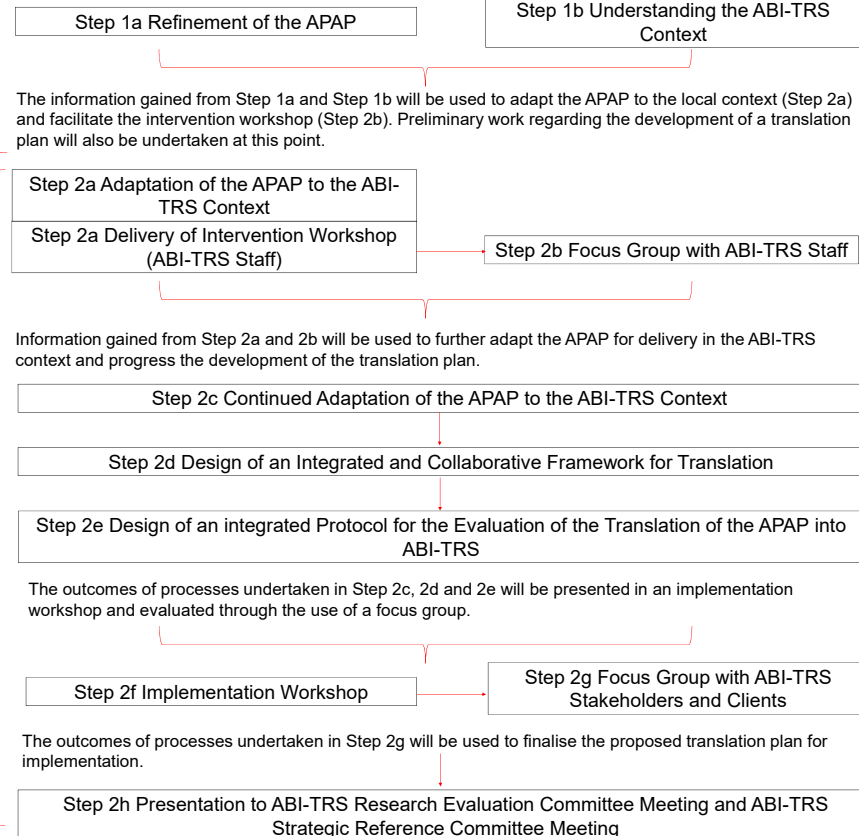


Figure 1: Application of the IKT Framework to develop a plan to translate the APAP into ABI-TRS

Expected Results

A knowledge translation plan has been developed that addresses important considerations including: the willingness of stakeholders from multiple settings to adopt the APAP; the perceived fit of the APAP into ABI-TRS; and the ability of ABI-TRS staff to implement key components of the intervention in routine clinical practice [2]. This translation plan will be implemented in January 2019.

The effectiveness of the translation of APAP into ABI-TRS will be evaluated using the RE-AIM (Reach, Efficacy, Adoption, Implementation and Maintenance) Framework [6].

Literature Cited

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