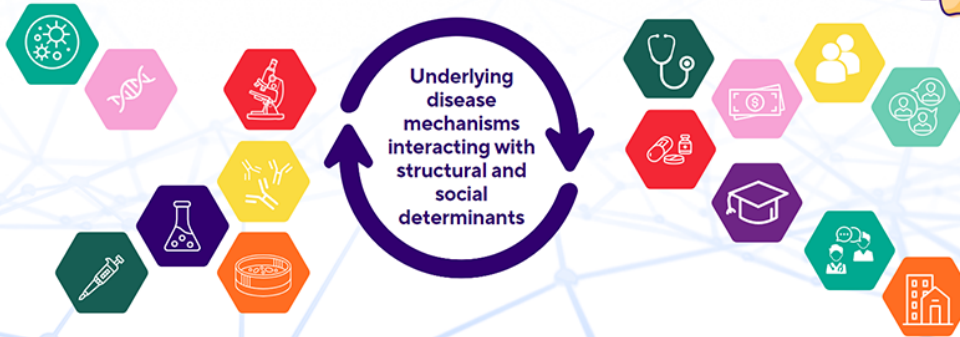




19TH ANNUAL CHILD HEALTH RESEARCH DAYS
Outcomes in Child Health



October 25 + 26, 2023 | RBC Convention Centre, Winnipeg, Manitoba

Abstract Submission Form

CHRD 2023: Abstract Submission Form

Submitter Name

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Presenter Name

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Presenter Status

Post-Doctoral Fellows

Research Category

Community Health / Policy

Role in the project

Design
Perform Experiments
Analyze Data
Write Abstract

Title

Translating Emergency Knowledge for Kids (TREKK) - Development and Evaluation of Diabetic Ketoacidosis Healthcare Provider Resources

Background

TREKK is a national knowledge mobilization network founded in 2011 that aims to accelerate the speed that the latest evidence in children's emergency care is shared with emergency healthcare providers (HCPs). TREKK has produced over 145 evidence-based tools.

Objective

This study aims to evaluate how healthcare providers are using TREKK's evidence-based resources such as bottom line recommendation (BLR), algorithms and pediatric packages on different topics and if any changes are required.

Methods

We used surveys to test the usability of two DKA resources (BLR and algorithm). Surveys were distributed to emergency HCPs through TREKK and professional networks like NENA and CAEP. We analyzed both survey data and open-ended questions responses. While descriptive statistics was used to summarize data, and parametric or nonparametric tests compared groups based on demographics, thematic analysis was conducted on survey comments, with data cleaning ensuring accuracy.

Results

Both the BLR (N=175 survey participants) and algorithm (N=129) were found to offer useful clinical

information respectively with average scores of 9.48 and 9.61 (with where 0 scores refers to Strongly Disagree and 10 means Strongly Agree). The algorithm DKA resource had significantly higher ratings in terms of aesthetics, simplicity, relevance, length, unassisted utility, clinical utility, and overall satisfaction, when compared to that of BLR. Feedbacks on the BLR highlighted its wordy presentation, though some praised its clarity. Some users saw the BLR as an educational tool, while others wanted quicker clinical references. Key concerns was the lack of awareness on new DKA guidelines.

Conclusion

Both DKA resources have been generally well-received. However, there is a need for reviewing template format of BLR. Follow up qualitative interviews with emergency HCPs are underway to deepen our understanding. This study provides valuable knowledge on the information needs and preferences of emergency HCPs to ensure the tools offered are useful and supportive.

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