Canadian Frailty Network – KTEE – Informed Decision Making
LOGIC MODEL

1.0 Inputs	2.0 Activities	3.0 Outputs	4.0 Short/Medium Term Outcomes	5.0 Long Term Outcomes	6.0 Ultimate Outcomes
NCE funds, requirements, and guidelines **Network Members** **Committees:** • SRC • RMC • CEC • KTC **Partners:** • Domain Expertise • Cash and in-kind **External Scientists** **Trainees, HQPs** **Citizens** **Other Stakeholders** **Research findings**	**2.1 Knowledge Translation Program (Launch, review, award & monitor KT grants):** • 2017 KT Competition • 2019 KT Competition • Leverage CFN resources by engaging current/new partners, external organizations/agencies to support KT grant competitions and applicants **2.2 Targeted KT Activities** • Identify projects with high-value potential and participate in project planning/roll-out/implementation of scale & spread activities (ACE Strategy AFCC, CARES Model, CPCSSN, CIHI/SELHIN, CIHI Acute Measures) • Establish and implement additional partnerships and identify other opportunities (Nutrition guidelines [M2E]) **2.3 Disseminate results of CFN-funded research and KT initiatives:** • Webinars, articles, blogs, op-eds, podcasts, etc. • Research Summaries Guidelines • "KT Summaries," "impact" stories/examples • Targeted speaking opportunities • Knowledge user awareness surveys	**3.1 KT Program:** • Publications in peer reviewed journals • New evidence to support clinical practice change and policy • Strategic partners secured for additional KT initiatives **3.2 Targeted KT Activities:** • High-return partnerships • New evidence to support clinical practice and policy change • New network partners and investigators • Research implemented into practice • Promising initiatives scaled and spread **(ACE Strategy** – Elder Friendly Hospitals, AFCC, **Canadian Primary Care Sentinel Surveillance Network (CPCSSN) –** implementing frailty index in national primary care eMRs, **CARES Model** – integration with CPCSSN, **CIHI/SELHIN, CIHI Acute Measures**) **3.3 Disseminated CFN-funded research findings and KT initiatives:** • Informed/engaged network members and stakeholders, as well as wider audience • Audience-specific research summaries • CFN evidence/knowledge used to inform policies /strategies re. frailty and seniors	**4.1 KT Program:** • Follow-on funding secured (CFN funding leveraged) to conduct larger definitive follow-on feasibility and effectiveness studies to increase potential scope and spread of smaller research findings **4.2 Targeted KT Activities:** • Leverage CFN resources by engaging current/new partners to support scale/spread of CFN KT projects • Evidence related priority areas/initiatives for CFN (nutrition, ACPs, etc.) used to drive and support policy development and practice change resulting in improved care for older adults living with frailty (ACE Strategy, AFCC,, CPCSSN. CARES Model, CIHI/SELHIN, CIHI Acute Measures) **4.3 Disseminated CFN-funded research findings and KT initiatives:** • Increased awareness and appreciation of CFN's mission and goals by stakeholders • Expanded involvement of stakeholders in guiding Network activity and strategy • Increase in "user pull" from stakeholder groups seeking out CFN research and KT evidence • Broader dissemination of media coverage and stakeholder pickup	**5.1, 5.2 Changes in industry approaches to products and services that are tested, developed and marketed to older adults vs older adults living with frailty** **5.1, 5.2 Commercialization of tools developed and tested in KT projects** **5.2, 5.3 Timely and widespread use of advance care plans by all citizens, especially those identified as living with frailty.** **5.2, 5.3 Systematic screening and identification of frailty in various care settings** **5.3 Disseminated CFN-funded research findings and KT initiatives:** • Increasing engagement of industry and citizens with CFN and frailty • Canadians, industry and organizations with an interest in senior's health are active participants in addressing frailty • Older adults living with frailty are appropriately included/represented in new studies/KT/policy in Canada	**Evidence-based changes to the healthcare system that improve the care and lives of older adults living with frailty** **Changes to the health care system will translate to better coordinated health care benefitting all Canadians regardless of age** **Economic benefit (cost savings via elimination of inappropriate and ineffective care)** **Specifically, changes made as a result of CFN will:** • allow older adults to avoid the onset of frailty and/or delay of the onset of frailty • bring about personalized and person-centred care which will reduce or eliminate unwanted care and thus improve quality of life and death • bring about practice changes to improve quality of care and thus health outcomes **Acceptance and use of COMs/CDEs and DDMS by all stakeholders which allows for greater standardization of data and unique data analysis and novel findings**

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PERFORMANCE MEASUREMENT

Outputs

3.1 Knowledge Translation Program (Launch, review, award & monitor KT grants):
- Number of KT-focused studies funded by CFN
- Number and quality of publications in peer reviewed journals (number of articles, impact factor, Altmetrics/number of citations*, number of frailty publications, top ranked general journals and aging journals)
- Number of national/international talks, workshops, etc.
- Number of new practices, guidelines, methodology etc. developed and existing ones improved, and new uses developed

3.2 Targeted KT activities:
- Number of projects identified and implemented for scale and spread activities
- Number of additional partnerships secured for scale and spread activities

3.3 Disseminate results of CFN-funded research and KT initiatives:
- Number of webinars, articles, blogs, Op-eds, podcasts, etc.
- Number of "KT Summaries," "impact" stories
- Website and social media analytics

3.4 Networking/Events:
- Number of networking events hosted
- Number of attendees at CFN-lead networking events/opportunities
- Number/sector of partners engaged to support CFN networking events
- Partnership $, cash/in-kind, secured, sectors represented

3.5 CFN Informing Policy:
- Number of meetings with senior health system ministry officials and agencies
- Number of white papers/other positional/influential publications by CFN
- Number of citations of CFN-funded work in policy/planning*

Short to Medium Term Outcomes

4.1 KT Program:
- Number of KT initiatives with secured follow-on funding secured (CFN funding leveraged) to conduct larger definitive studies to increase potential scope and spread
- $ amount of follow-on funding for KT initiatives
- Partnership $, cash/in-kind, secured, sectors represented

4.2 Targeted KT Activities:
- Leveraged CFN resources by engaging current/new partners to support scale/spread of CFN KT projects
- CFN initiatives (goals of network) adopted in practice (by geography, care setting, etc.) *

4.3 Disseminate results of CFN-funded research and KT initiatives:
- Positive change in attitudes*
- Increased media and social media pickup
- Number of target audiences/organizations utilizing CFN funded tools with their clients, patients etc.*

4.4 Networking/Events
- Increase in stakeholders with an interest in improving care for older adults living with frailty
- Increase in stakeholder knowledge and appreciation of frailty
- Increased sponsorship funding of events and initiatives

4.5 CFN Informing Policy
- Number of policy consultations by CFN
- Number of citations of CFN-funded work in policy/planning documents by Canadian healthcare systems/agencies
- Number of CFN/frailty-focused initiatives initiated by citizen support
- Growth in citizens supported by CFN frailty-focused initiatives