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Same song, different tune…

What we can learn from comparing two palliative care websites

Dr Christine Sanderson,
On behalf of the CareSearch Project

Montreal, October 2010

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.

Flinders UNIVERSITY

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Dr Christine Sanderson

has no conflicts of interest to declare

For CareSearch, Australia

- Jennifer Tieman
- Christine Sanderson

For the Canadian Virtual Hospice

- Harvey Chochinov
- Shelly Cory
- Mike Harlos
- Simone Stenekes
- Brenda Hearson

Welcome to the 21st century Palliative care goes online…

What a website could potentially do (a wish list!)

* **Awareness raising** about palliative care issues – death and dying, advance care planning, what to expect at the end of life, normalising these experiences
* **Providing information** to people *wherever* and *whenever* they need it
* **Always accessible** – always up to date???
* **Communication and interaction** - between patients and clinicians, amongst clinicians, patient to patient
* **Web-based functionality**
* **A giant library** of information and tools
* **Education and training** – a flexible and efficient way to do it

From wish list to reality

.. And some of the steps in between

So you want to have a website! What do you need to consider?

* **Your purpose** – *what makes you tick, your main focus*
* **Your audience** – *who you are speaking to*
* **Your voice** – *the style and feel of the site*
* **Your content** – *what goes in, what doesn't*
* **Architecture** - *how the information in the site is structured*
* **Navigation** – *how users find their way around the site*
* **Accessibility** – *how your audience find their way to the website and use it*
* **Quality assurance** – *how you will make sure content is of good quality*
* **Maintaining currency** – *how you will make sure content is up to date*
* **Functionality** – *any web-based functions you want to use*

Two different websites – two different solutions…

CareSearch

&

Canadian Virtual Hospice

In these two talks you will be able to explore the implications of some of these choices for the development of each website, and identify the strengths and the challenges inherent in each approach

Introducing CareSearch

Funded by the Australian Government to…

Provide a one-stop shop of information and practical resources that serves the needs of all providing palliative care or affected by palliative care through allowing and supporting dynamic interactions between networks of people so that they can develop, share and apply their knowledge to improve palliative care in Australia … supporting the development of evidence, disseminating information that will support the translation of this evidence into practice and prevent duplication of effort around Australia.

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Login | Contact CareSearch

Search

Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

What's New...
on CareSearch?
in the community?
in the literature?

Quick Links
PubMed Topic Searches
GP Hub
Conferences
Indigenous resources
Palliative Dementia Care
COP

CareSearch DVDs

What is Palliative Care
For Patients and Families
Finding Services
Clinical Practice
Finding Evidence
Education
Research Resources
Professional Groups
About CareSearch

Proudly linked to:

Flinders UNIVERSITY

HEALTH *Insite*

HON code CERTIFIED 11/2009

This site complies with the HONcode standard for trustworthy health information: verify here.

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.

This page was created on 26 May 2008. This website was last updated on 16 August 2010

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Logout Contact CareSearch Email Page: Search

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About CareSearch

- About the Project
- Project Resources
- Using the Website
- News
- Legals

Font size: A A A Print page:

About CareSearch

CareSearch is an online resource consolidating evidence based and quality information for various groups within the palliative care community. The website has been funded by the Australian Government as part of the National Palliative Care Program.

A series of principles have guided the development of the CareSearch project.

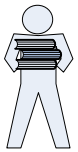
- Evidence from development to application; the knowledge translation cycle
- Multidisciplinary
- Broad concept of palliative care community (those providing and those affected)
- Granularity - many needs, many points of entry, many ways of communicating
- Quality processes - evidence for activity not merely content
- Currency - Updatable processes
- Relationship between the print and web page so they can function independently as sources of information.

This project is a work in progress that reflects the changing nature of palliative care needs and practice and the underlying evidence and literature base that supports clinical care and service delivery.

Back to top Print page:

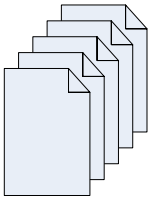
More than just a website

Research Data
Management System

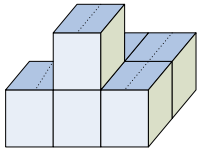


Finding evidence:
Brokered resources
& How to guides

Evaluated resources and links

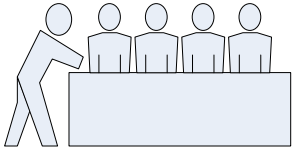


Content pages:
Topics for specific users

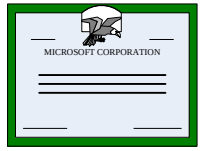


Databases and
information repositories

News and updates



Virtual team resources



Education Options:
Links and online

CareSearch: what makes us tick

Our framing philosophy is

Promoting evidence-based palliative care

Everything else flows from this.

CareSearch: what makes us tick

so....

- We select our content according to the “best available evidence” criterion
- We collect the “missing palliative care evidence”
- We help people find and access palliative care evidence
- We help people understand and use palliative care evidence
- We use evidence to improve useability and design of the site
- We use what is freely available online – and don’t duplicate – but also specifically write content if it is needed

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Finding Evidence

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Finding Evidence

- About Evidence
- Finding Evidence
- Appraising Evidence
- Applying Evidence
- Generating Evidence
- Communicating Evidence
- Reducing Evidence-Practice Gaps
- CareSearch Grey Literature
- CareSearch Review Collection
- PubMed Topic Searches

Finding Evidence

These pages are designed specifically for health professionals. They look at the role, nature and sources of evidence and the application of evidence in practice.

While patients and families may find helpful information here, more tailored links are available, such as Topic Information and Finding Out More in the Patients and Families pages.

Back to top Print page:

CareSearch – our *audience*

→Researchers in palliative care

→Palliative care clinicians *(all the members of the multidisciplinary team employed specifically in palliative care)*

→Non-specialist clinicians *(all the health care professionals who need to be able to care for palliative care patients)*

→Palliative care patients

→Caregivers – families – friends of patients

→Policy makers, managers of services

→General community

*Overall – those **providing** care and those **receiving** care*

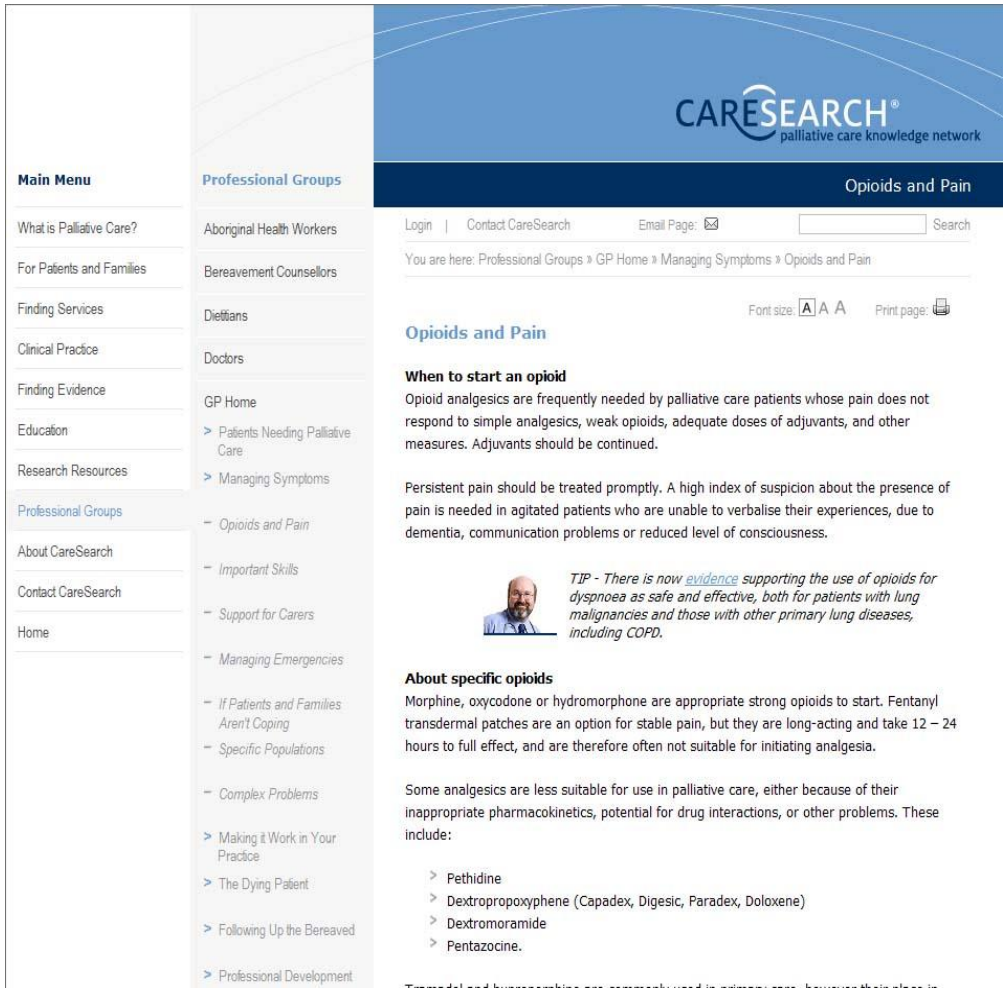







CareSearch – our *voice*

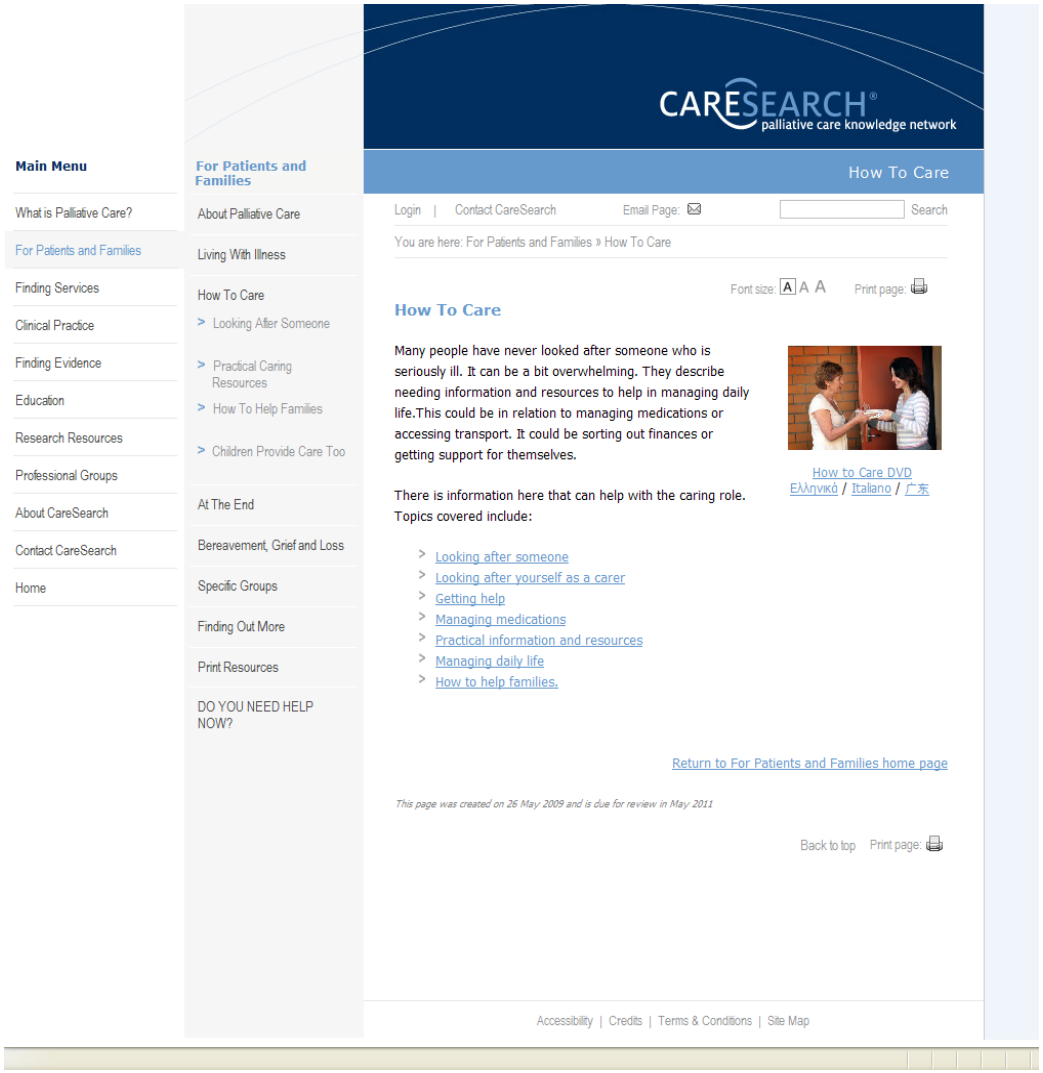
- We use best available evidence about how to present online information
- Different voices for different audiences
- Different authors – but a team approach for consistency
- Style guides for each section of the site
- Predefined reading levels – different for the *Clinical Practice* pages and the *Patient and Family* pages



The GP pages were developed following a consultation – they told us they wanted “two click access” to information

Specific concerns of non-specialist palliative care providers were identified

Links take users who want to know more to deeper levels of information, and to the evidence that informs the pages



Patient and Family pages have a different readability level to Clinical pages.

Short DVDs present information in audiovisual formats.

Information has been translated into three community languages.

CareSearch – our *content*

Challenges

- How to shape the content of this huge field – so that we and others can actually find stuff!
- Boundaries – deciding where palliative care begins and ends
- Covers many disciplines, many conditions and problems, many settings of care
- How to determine specifically what is and is not included – quality control, relevance, transparent processes

CareSearch – our *content*

Strategies

- First of all design your site …Structure comes before content!
- The “Hub” concept – grouping together content for specific audiences (eg for GPs & nurses)
- Crosslinks between different sections and layering of content allow users to choose - they can either “go deep” or get a quick summary
- Transitions – give patients / families some warning about what will be covered

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For Patients and Families

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For Patients and Families

- About Palliative Care
- Living With Illness
- How To Care
- At The End
- Bereavement, Grief and Loss
- Specific Groups
- Finding Out More
- Print Resources
- DO YOU NEED HELP NOW?

For Patients and Families

Palliative care will affect all of us at some stage in our lives whether as a patient, carer, family member, neighbour or friend. The sections below will take you to detailed information and resources.

About Palliative Care

What is palliative care and why is it important?

Living with Illness

Information on living with illness, and changes over time.

How to Care

Information on the practical things that can help daily life.

At the End

What happens when someone is nearing the end of life?

Bereavement, Grief, Loss

Information on how to manage after someone has died.

Groups with Specific Needs

Some groups have specific needs such as the aged or homeless.

Finding Out More

Learn more about how to search for quality information.

Do you need help now?

Contact numbers if you need help now.

This page was created on 26 May 2009 and is due for review in May 2011

CareSearch – our *content*

- One stop shop:
  CONTENT→ RESOURCES → TOOLS … are all linked
- We avoided the "disease by disease" approach – instead…
  - ***Clinical Practice*** pages: are structured around a list of symptoms used to routinely assess palliative care patients (the SAS Symptom Assessment Scale - like the ESAS)
    Patient and Family pages: are structured around the experience of the disease trajectory
- National Advisory Group (NAG) helps make "big picture" decisions about structure and content

CareSearch – our *architecture*

Granular

- Each page can stand alone

Connected

- Each page sits within a logical set of content
- Links to *other* relevant parts of the website are on each page

User-driven

- Users can jump between pages, or in and out of the site to explore external links

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Clinical Practice

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Clinical Practice

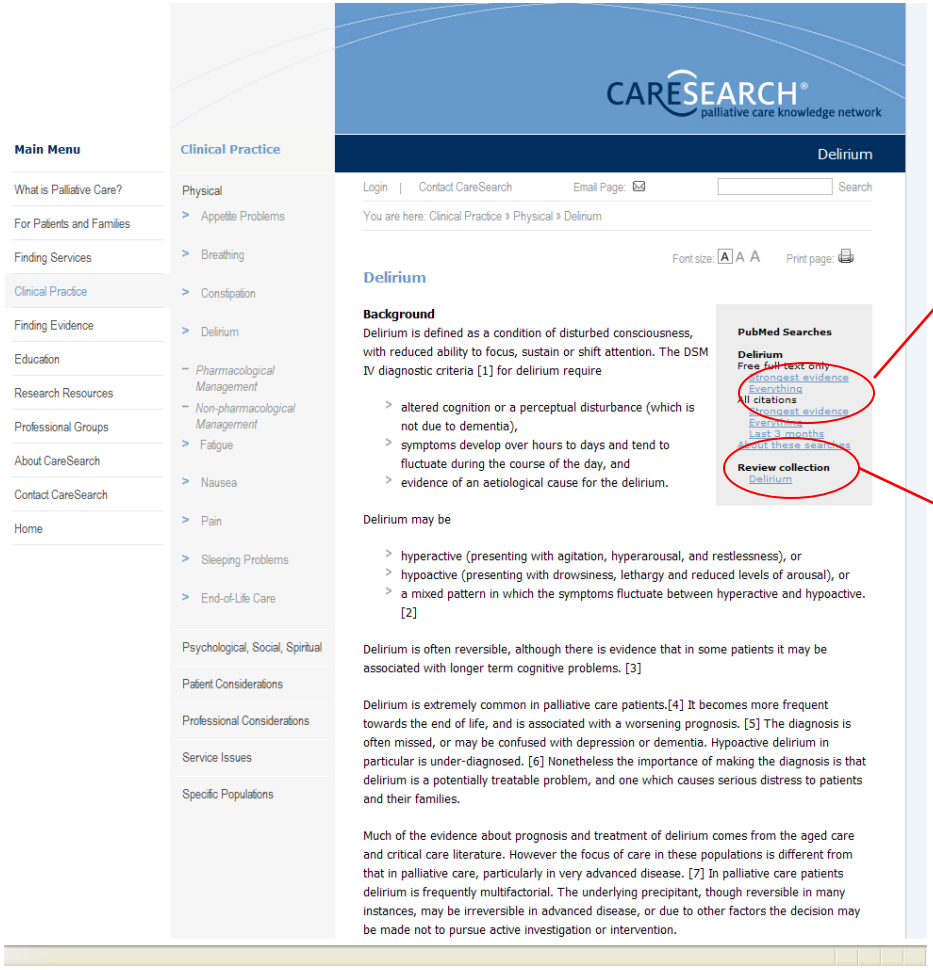
- Physical
- Psychological, Social, Spiritual
- Patient Considerations
- Professional Considerations
- Service Issues
- Specific Populations

Clinical Practice

Palliative care as a specialist health field draws upon a body of evidence to support its practice. As a multidisciplinary field it uses research from different academic disciplines and research traditions. Some of this work comes from allied medical areas such as oncology or geriatrics. Other knowledge is contributed by disciplines such as psychology, social work and occupational therapy.

These pages are designed to support clinical practice by summarising the state of the evidence and by providing clinicians with access to relevant literature where possible. They are intended to be dynamic being modified as the evidence base evolves.

The pages have been developed following a pragmatic search of multiple literature databases for systematic reviews relevant to the clinical topic. From this basis, the key issues, limitations and contexts for practice have been summarised. Each page also provides links to sources of clinical guidance and ways to find out more.


CARESEARCH
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Delirium
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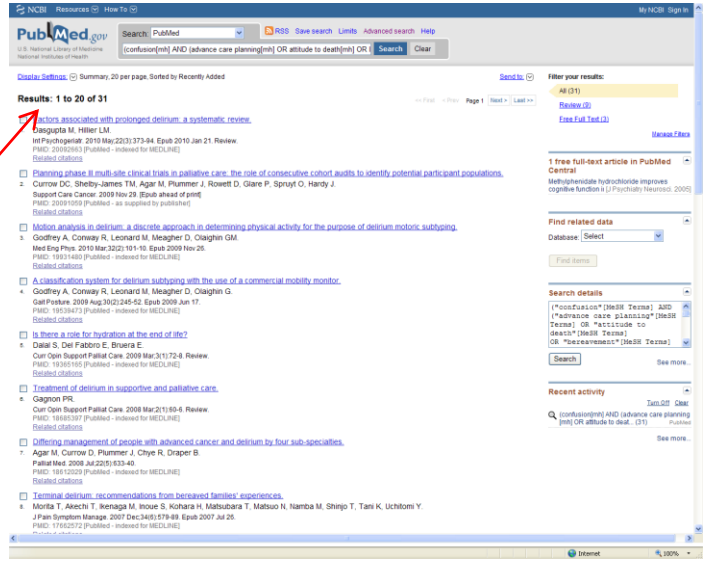
Constipation
Delirium
Pharmacological Management
Non-pharmacological Management
Fatigue
Nausea
Pain
Sleeping Problems
End-of-Life Care
Psychological, Social, Spiritual
Patient Considerations
Professional Considerations
Service Issues
Specific Populations
Login | Contact CareSearch Email Page: Search
You are here: Clinical Practice » Physical » Delirium
Font size: A A A Print page:
Delirium
Background
Delirium is defined as a condition of disturbed consciousness, with reduced ability to focus, sustain or shift attention. The DSM IV diagnostic criteria [1] for delirium require
altered cognition or a perceptual disturbance (which is not due to dementia),
symptoms develop over hours to days and tend to fluctuate during the course of the day, and
evidence of an aetiological cause for the delirium.
Delirium may be
hyperactive (presenting with agitation, hyperarousal, and restlessness), or
hypoactive (presenting with drowsiness, lethargy and reduced levels of arousal), or
a mixed pattern in which the symptoms fluctuate between hyperactive and hypoactive. [2]
Delirium is often reversible, although there is evidence that in some patients it may be associated with longer term cognitive problems. [3]
Delirium is extremely common in palliative care patients.[4] It becomes more frequent towards the end of life, and is associated with a worsening prognosis. [5] The diagnosis is often missed, or may be confused with depression or dementia. Hypoactive delirium in particular is under-diagnosed. [6] Nonetheless the importance of making the diagnosis is that delirium is a potentially treatable problem, and one which causes serious distress to patients and their families.
Much of the evidence about prognosis and treatment of delirium comes from the aged care and critical care literature. However the focus of care in these populations is different from that in palliative care, particularly in very advanced disease. [7] In palliative care patients delirium is frequently multifactorial. The underlying precipitant, though reversible in many instances, may be irreversible in advanced disease, or due to other factors the decision may be made not to pursue active investigation or intervention.
PubMed Searches
Delirium
Free full text only
Strongest evidence
Everything
All citations
Strongest evidence
Everything
Last 3 months
About these searches
Review collection
Delirium


PubMed.gov
Results: 1 to 20 of 31
Filter your results:
Review Collection: Delirium
Main Menu
Finding Evidence
Review Collection: Delirium
19 reviews
2010
2009
2008

CareSearch – our *navigation*

Multiple navigation strategies

- Double menu
- Search boxes
- Quick links
- Site map

- And of course – many people just use …

Google …!

CareSearch - *accessibility*

- Open to all
  - No password-protected areas apart from private forums and research databases
- Offline promotion
  - **Direct** - to professionals
  - **Brokered** - to patients and non-professionals
  - **Printed** resources – our own pages, other information
- Search engine optimisation
- WWW3C standards
- Multilingual and multimedia resources

www.caresearch.com.au

CARESEARCH PAGE PROFILE: FINDING OUT MORE (CNIN

It is not uncommon for patients and their families to approach he
that they have found on the internet. This information seeking is
and take some control over what is happening.

We know that Aust
internet to find out
Australian housel
75% of household
(2008) The Pew I
showed that seng
have looked onl

Some estimate
health website
which can ma

Within the patients and carers pages is a section called '
information on a number of issues that can help patients
the internet. It covers

- where information can be found about good inf
- assessing the quality of informatio

www.caresearch.com.au

CLINICAL USES: FATIGUE (CNIN FEB 2009)

- Many patients suffer from fatigue which affects their capacity to cope with and participate in daily life.
- Is there any evidence to help in managing fatigue?

Fatigue is an extremely common problem amongst palliative care pa
half of patients with advanced diseases may suffer from fatigue and
intensity increases as the disease progresses.

Fatigue is one of the symptom pages included in the Clinical Practi
Fatigue page provides an overview of evidence relating to fatigue an

You can also find out more about fatigue by using some Finding

- Fatigue PubMed Search Topic: Automatically runs a search
fatigue and palliative patients by using the palliative care tit
items relating to fatigue. You can run the search with a free
evidence limit.
- Review Collection Fatigue: The CareSearch Review Colle
systematic reviews relevant to fatigue. There are currentl
in this collection. New reviews are harvested from the lite

www.caresearch.com.au

EVIDENCE BASED PRACTICE: LEVELS OF EVIDENCE (CNI

A level of evidence is used to describe the strength of the eviden
evidence may be described as numbers, that is, Level I to Level
randomised controlled trials (RCT) are regarded as being the hi
review would be regarded as Level I and an RCT as Level II ev

Levels of evidence are commonly used when developing evide
Guidelines developed by the Thoracic Society of Australia and
Foundation clearly describes the levels of evidence being use

Levels of evidence are decided based upon the characteristi
that are likely to reduce the possibility of bias will be seen as
means that findings can be distorted because the study des
have affected the outcome. RCTs are well regarded becaus
bias. (See What's special about a randomised controlled tr

Different groups have developed different hierarchies and
evidence. For example, the NHMRC Levels of Evidence I
levels while the Oxford (Centre for Evidence Based Medi
five. The Royal Melbourne Hospital provides an overvie
different hierachies. The Joanna Briggs Institute has de
framework for evidence based health care that has four
evidence across five areas of consideration.

Australia's National Health and Medical Research Co
currently revising

www.caresearch.com.au

WHAT'S SPECIAL ABOUT A RANDOMISED CONTROLLED TRIAL? (CNIN FEB 2009)

Over the last twenty years there has been increasing interest in
one type of research study design – randomised controlled trials
(or RCTs). Some researchers and policy makers see RCTs as
being the gold standard for developing research evidence as to
whether an intervention such as a new drug or surgical technique
is effective. When people talk about levels of evidence,
systematic reviews and randomised controlled trials are
generally regarded as the highest levels of evidence.

Basically an RCT is an experimental design that randomly
allocates subjects in a study to an intervention or control group to take into account other variables.
Subjects and clinicians normally don't know to which group they are allocated. Randomisation of
allocation is an important way of reducing potential bias.

Good quality randomised controlled trials try to eliminate or balance between groups potential or actual confounders that could affect the outcome other than the intervention. Researchers will plan for and then report on aspects such as:

- Characteristics of the patients they were studying so that people can check that research question was relevant to the study group.
- Ensuring that control groups and the intervention groups have a similar composition at the start of the trial.
- Checkir
- Puttinc

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CLINICAL USES: ADVANCE CARE PLANNING AND AD

2009)

- You a
Disea
- You
care
pla

You are admitting a patient with Motor Neurone Disea
tension between the patient and his sister (next of kir
proposed such as antibiotics, PEG feeding and artific

The patient is determined that he does not want cer
decide to talk to them about Advance Directives so
find out more about them, so that you can facilitate
GP.

There are many resources in CareSearch that ca
directives.

Initially there is consumer information in the patie
section that you can direct them to.

For yourself and any colleagues there is inform
Planning and on the evidence and issues. Ther

In the National Palliative Care Program pages
Choices Program, being implemented nationa

There are also resources that can be access
CareSearch Review Collection topics dealir

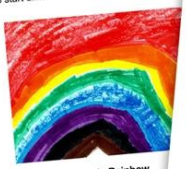
There are also PubMed Topic Searches or

CareSearch is an online resource funded b
consumers find relevant evidence about p

www.caresearch.com.au

CARESEARCH PAGE PROFILE: CHILDREN AND PALLIATIVE CAR

When someone is ill, or when someone has died, the whole family is affe
children and adolescents. The special needs of children can sometimes
in the stressful situations that surround someone who is very ill or dying
wanting to protect children, but they will know that something is happe
support children and to help start difficult conversations may be useful



Ava's Rainbow

There are pages within CareSearch that have been specially
mind.

Information can be found in the communication section on T
that describe the differing levels of understanding of childre
sensitive issues and at what age they can understand conc

Something that is not always recognised is that Children p
looking after a family member, and have to juggle this with
information in the How to Care section that can help unde

Following the illness and death of a family member or cl
the Bereavement, Grief and Loss section is a page on G
information and resources that may be of help. There is
of a child which gives a different perspective of grief an

CareSearch is an online resource funded by the Departm
consumers find relevant evidence about palliative care.

1. CareSearch is funded by the Australian Government Department of Health a
2. CareSearch is managed by the Department of Palliative and Supportive Ser

www.caresearch.com.au

CARESEARCH PAGE PROFILE: INDIGENOUS RESOURCE

Aboriginal and Torres Strait Islander people are a diverse group
peoples, made up of many different nations and language group
past policies have had very negative impacts on these peoples

In 2006 the number of Aboriginal and Torres Strait Islander pe
was estimated to be 455,028 representing 2.3% of the total A
population (ABS, 2006).

Indigenous health is an important policy issue. Aboriginal an
Strait Islander people are less like to live to an old age than
Australians, with higher disease rates for diabetes, cardiova
disease and cancer. The Australian Indigenous HealthInfo
page providing a summary of Australian Indigenous health.

Indigenous Summary Page

There is information on the CareSearch website that ma
and Torres Strait Islander people and to those who are
CareSearch home page will take you to the Indigenous
Indigenous resources within the CareSearch site enab
take you to

- Information can be found on the Indigenous pa
of the *Providing culturally appropriate palliati*
Resource Kit.
- A section compiling Indigenous resources ava
organisations.
- Information for health professionals on prov
- A page for Aboriginal Health Workers within

There is also an Indigenous Health PubMed Searc
CareSearch Review Collection.

CareSearch is an online resource funded by the D
relevant evidence about palliative care. Available

1. CareSearch is funded by the Australian Government Departmen
2. CareSearch is managed by the Department of Palliative and Supportive Ser

www.caresearch.com.au

CLINICAL USES: GP INFORMATION NEEDS (CNIN June 2009)

- You are working alongside a GP in the community, or are communicating from hospital about a patients' care needs at home.
- The patient has symptom management issues and wants to be cared for at home. What information and resources can the GP access to help in providing care?

Providing palliative care is one of the most significant roles that a GP fulfils when meeting the care needs of their patients and families. GPs care for many patients with life-limiting illnesses such as advanced heart or respiratory disease, end-stage renal failure or liver disease, progressive dementia, cancer, or degenerative neurological conditions. For most, this is a small but challenging part of their practice.

Staying in touch with changes in palliative care can be difficult for GPs given the diverse demands of a busy practice. The new GP pages look at the practical issues for GPs in providing care in the general practice setting. They include a number of specific pages that can assist the GP in managing symptoms and supporting the patient at home:

- Opioids and Pain
- Important Skills
- Support for Carers
- Managing Emergencies
- Specific Populations
- If Patients and Families Aren't Coping
- Complex Problems

Easy access

As the majority of GPs can go some time between looking after patients with palliative care needs, easy access to a resource that is available 24 hours a day is important. There is a quick link from the home page of CareSearch to the GP home page – suggest they save it to their favourites and then put as a shortcut on their desktop.

They can also print out pages from the website to give to patients and their families.

CareSearch is an online resource funded by the Department of Health and Ageing to help clinicians and consumers find relevant evidence about palliative care. Available now at www.caresearch.com.au

1. CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.
2. CareSearch is managed by the Department of Palliative and Supportive Services, Flinders University.

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CareSearch DVD's

Health Professionals

Volunteers: Palliative care volunteers speak about their role in a hospice. Play

Aged Care: Nurses working in Aged Care speak of issues they face. Play

Social Work: Social workers speak of working with palliaitve care clients. Play

Rural: A nurse speaks of issues faced by those living in rural areas. Play

Finding Evidence

Professor David Currow talks of the importance of evidence in palliative care. Play

For Patients and Families

About palliative care: Palliative care helps those with an illness that cannot be cured by managing symptoms as well as providing emotional and spiritual support. Play

Living with a terminal illness: There are many things to consider whether it be financial, emotional or practical matters. Play

How to care: When someone is very ill at home, they need help and support to manage. Play

Groups with specific needs: Death is a reality of life, but the circumstances can vary greatly as different groups have different needs. Play

At the end: Many people have little or no prior experience of dying and death. As much as possible, people like to have choice at the end of life. Play

CareSearch – our *quality assurance processes*

- Content map overviewed and approved by National Advisory Group
- Internal and external reviews of all content before uploading
- Review cycles – 2 years, but more frequent in rapidly changing clinical areas
- Research projects
- Evaluation (formative and summative) including useability studies

CareSearch – *maintaining currency*

- Updating content – the two year cycle requires dedicated staffing and resources
- Search boxes on each page which link to PubMed searches using the palliative care filter

  →Users can stay up to date with a single click
- Collection of systematic reviews – continually being added to
- News from the field … *"What's New"*

Constipation

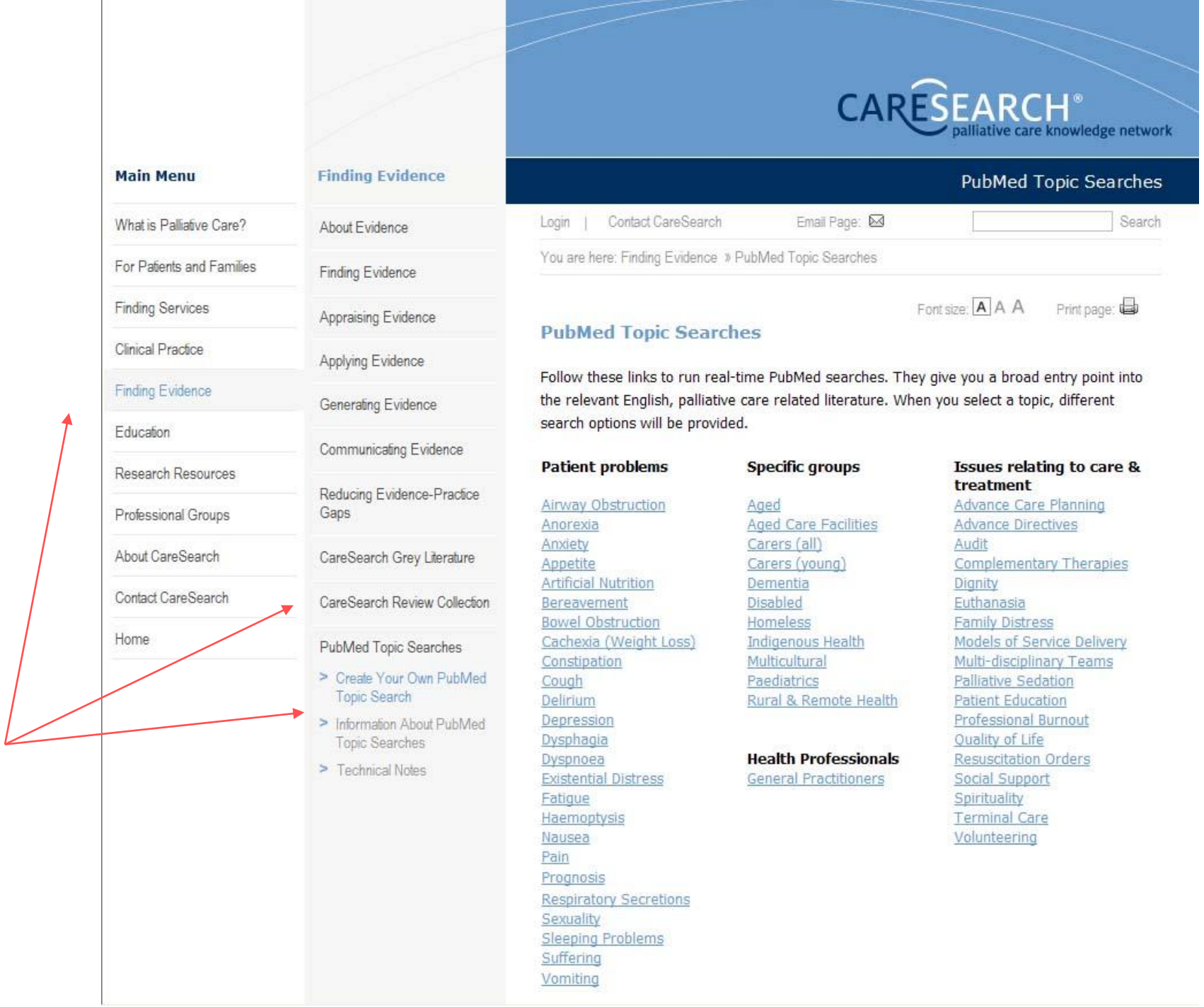
Constipation

Constipation is a frequent complaint in the general community, and more common in palliative care patients. [1-2] Chronic constipation is one of the most frequent side effects of opioids, and occurs in 40 – 70% of patients treated for cancer pain with oral morphine. [3] However other causes of constipation should also be sought and addressed.

PubMed Searches (Constipation)
Free full text only
Strongest evidence
Everything
All citations
Strongest evidence
Everything
Last 3 months
About the Search

An assessment of constipation in the palliative context needs to address opioid induced bowel dysfunction. Other possible contributing factors include:

- Medications – 5-HT3 antagonists, anticholinergics, iron, some antihypertensives
- Decreased oral intake, alterations in diet
- Metabolic abnormalities (eg. hypercalcaemia, uraemia, hypothyroidism, hypokalaemia, diabetes)
- Decreased mobility, weakness
- Obstruction


CARESEARCH
palliative care knowledge network
PubMed Topic Searches
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Clinical Practice
Finding Evidence
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Communicating Evidence
Reducing Evidence-Practice Gaps
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CareSearch Review Collection
PubMed Topic Searches
> Create Your Own PubMed Topic Search
> Information About PubMed Topic Searches
> Technical Notes
Login | Contact CareSearch Email Page: Search
You are here: Finding Evidence » PubMed Topic Searches
Font size: A A A Print page:
PubMed Topic Searches
Follow these links to run real-time PubMed searches. They give you a broad entry point into the relevant English, palliative care related literature. When you select a topic, different search options will be provided.
Patient problems
Airway Obstruction
Anorexia
Anxiety
Appetite
Artificial Nutrition
Bereavement
Bowel Obstruction
Cachexia (Weight Loss)
Constipation
Cough
Delirium
Depression
Dysphagia
Dyspnoea
Existential Distress
Fatigue
Haemoptysis
Nausea
Pain
Prognosis
Respiratory Secretions
Sexuality
Sleeping Problems
Suffering
Vomiting
Specific groups
Aged
Aged Care Facilities
Carers (all)
Carers (young)
Dementia
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Homeless
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Health Professionals
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Issues relating to care & treatment
Advance Care Planning
Advance Directives
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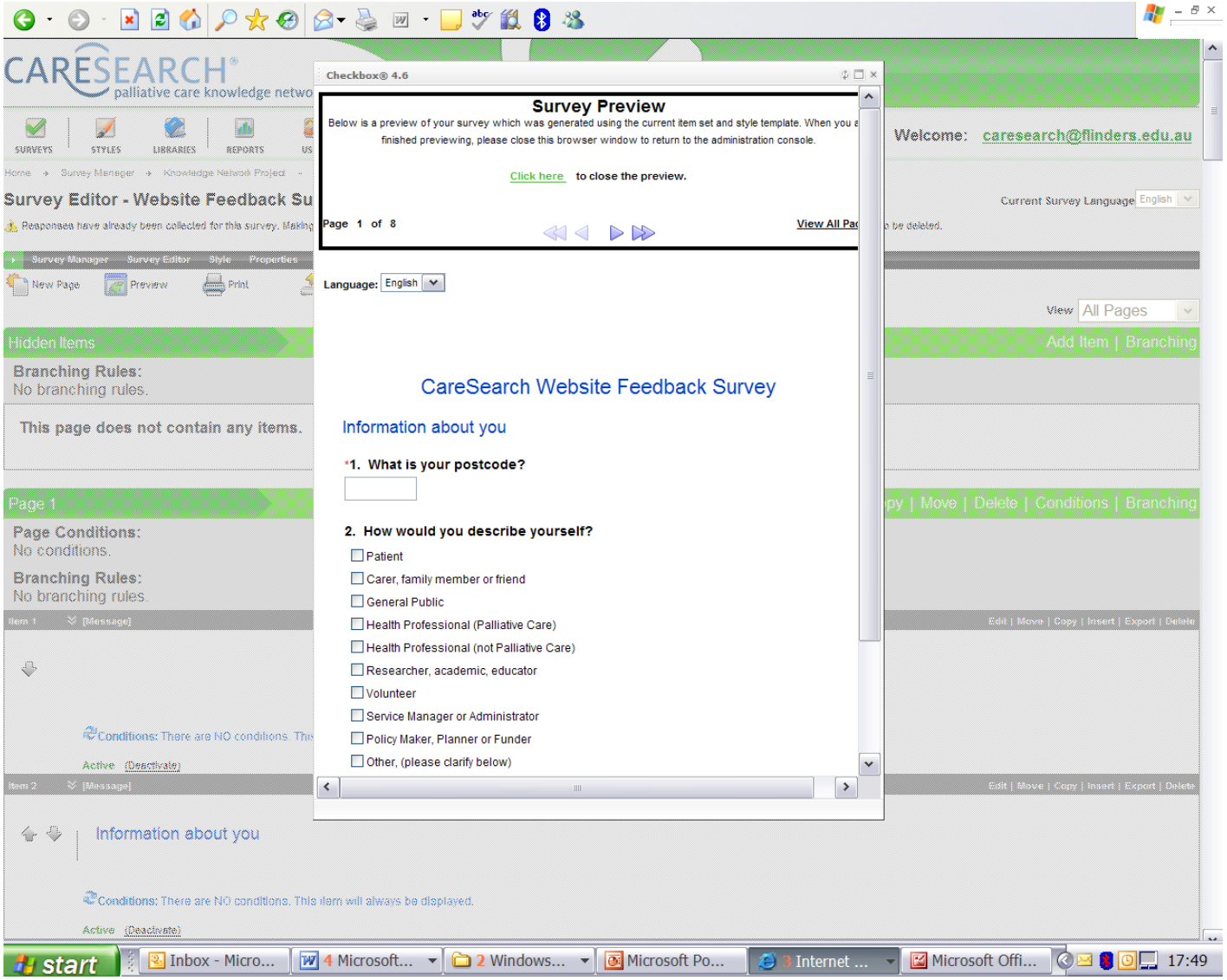
Euthanasia
Family Distress
Models of Service Delivery
Multi-disciplinary Teams
Palliative Sedation
Patient Education
Professional Burnout
Quality of Life
Resuscitation Orders
Social Support
Spirituality
Terminal Care
Volunteering

CareSearch – *our functionalities*

- Research Data Management System
- Databases
- Palliative care filter – which drives the PubMed topic searches and can also be used independently
- Professional Connect

… and more coming



The Research Data Management System

Supports multisite clinical trials, audits, and palliative care research

Some of the things we decided *not* to do

- Online chat
  - Duty of care, follow up, provision of clinical advice online
  - Staffing of the website not adequate to support this function
- Provide a formulary or make direct clinical recommendations
  - Duplication of existing resources
  - Medicolegal concerns
  - Different local practices and clinical settings of care
  - Evidence gaps

  → **Alternative**: we provide links to online guidelines or other high quality resources
- "Disease by disease" approach to content
  - Unable to be "encyclopaedic"

Some of the things that have worked well…

- Specifically building sections of the site for GPs, and for patients and families
- The online newsletter for nurses – focuses on “how to use CareSearch”
- Intensively promoting the use of the search capacity by clinicians, students, researchers (“Caresearching…”)
- Collecting web-based educational resources
- The branding and identifiability of the site (credible – reliable – accessible information)

So – how are we doing?

Usage Patterns

Item	June 2006	May 2009
Web Metrics		
Visits	4,991	38,270
Page views	35,526	199,252
Hits	97,926	2,052,558
RDMS		
No of users	2	201
No of studies	1	103

What lies ahead: knowledge translation research areas

- Filters: Palliative care, heart failure
- Online communication: eHealth literacy, consumer search, readability
- ICT evaluation: Formative, summative
- Translational tools: Carer toolkit,
- Online learning

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CareSearch would like to thank the many people who contribute their time and expertise to the project including members of the National Advisory Group and the Knowledge Network Management Group.

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And I would personally like to thank the fantastic CareSearch team, especially Jennifer Tieman

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The Knowledge Challenge

The application of what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade

Muir Gray 2005

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And now…

… its over to the Canadians!