



Can-SOLVE CKD Network Knowledge User and Translation (KU/KT) Committee

Terms of Reference

Mandate: The Can-SOLVE CKD Network “Knowledge User and Translation (KT/KU) Committee” will provide guidance, expertise and direction for knowledge translation (KT) activities undertaken by Can-SOLVE CKD projects in collaboration with the Patient Governance Circle (PGC) and the Indigenous Peoples’ Engagement and Research Council (IPERC) to ensure all KT activities are patient-centered.

The overarching role and objectives of the Committee will be to:

1. Provide KT expertise, guidance, and direction for the Can-SOLVE CKD Network as depicted in the KT Framework (attached);
2. Ensure KT strategies and activities are aligned with PGC and IPERC to confirm the patient voice remains at the center of the Network;
3. Facilitate the translation of knowledge/evidence into clinical research, practice and policy to optimize care of patients with CKD and other chronic diseases;
4. Cultivate ongoing interactive relationships with relevant end-users for CKD care across Canada, including patients, caregivers, and the clinicians who care for them;
5. Provide guidance on how to engage with health policy-makers;
6. Advance the science and practice of KT as projects report on determining optimal ways of changing practice and improving patient outcomes, while ensuring efficient use of health care resources.

Specifically, this Committee will:

- Work with Can-SOLVE CKD project teams to execute KT project plans.
- Provide feedback and guidance on KT project plans, KT objectives, and ongoing KT requirements.
- Ensure Can-SOLVE CKD projects and committees actively engage with end-users (patients, caregivers, Indigenous groups, health care professionals, policy makers, etc.) to ensure projects remain focused on optimizing the care of patients with CKD while integrating both health care professionals and leads of provincial kidney care programs throughout the research cycle.
- Consult on KT communication strategies and dissemination of research evidence to ensure knowledge is integrated into health care practice and policy.
- Consult on monitoring knowledge use and evaluating project impacts and outcomes using validated models.
- Facilitate collaboration and delivery of KT resources in collaboration with:
 - a. Can-SOLVE CKD core infrastructure
 - b. Can-SOLVE CKD Communications team
 - c. The Canadian Journal of Health and Disease (CJKHD)
- Consult on effective models and frameworks for implementation, sustainability plans, and scale-up of interventions.



Committee Structure: Membership is intended to include national representation of adult/pediatric patients living with kidney disease, policy makers, and researchers with expertise in KT.

Two Co-Chairs (leaders in knowledge translation who will also represent the committee on the Can-SOLVE CKD Steering Committee).

Knowledge Translation Broker

CANA Representative

KFOC Representative

Pediatric Nephrology representative

Provincial Renal Program representative(s)

Representation from Can-SOLVE CKD Executive Committee

Can-SOLVE CKD Operations Team (Communications Manager, Project Manager)

Representation from Can-SOLVE CKD PGC/IPERC

Other KT Expert(s)

Other ad hoc members may be requested as required.

Terms: Initial terms for the above membership will be 5 years for the co-chairs (2016-2021), and 2-5 years for other members depending on their roles and capacity. No more than 1/3 of the committee will change at any one time; this will require clear rationale and a period of overlap for planned transition.

Meeting frequency and rationale: Committee will meet at the call of the co-chairs. Most meetings will take place via teleconference with the possibility of an annual face-to-face meeting of the committee in conjunction with the annual Can-SOLVE CKD Network meeting.

Meeting Quorum: 50% plus 1 of committee constitutes quorum for all matters relating to major decisions concerning the Can-SOLVE CKD Network. Ad-hoc members do not count towards quorum. Decisions will be made by consensus.

Accountability: Individual committee members are responsible for reporting back on study-related activities to their respective teams, organizations, and committee. The Committee will review TORs annually. The Can-SOLVE CKD KU/KT Committee is ultimately accountable to the Executive and the Steering Committee of Can-SOLVE CKD Network.

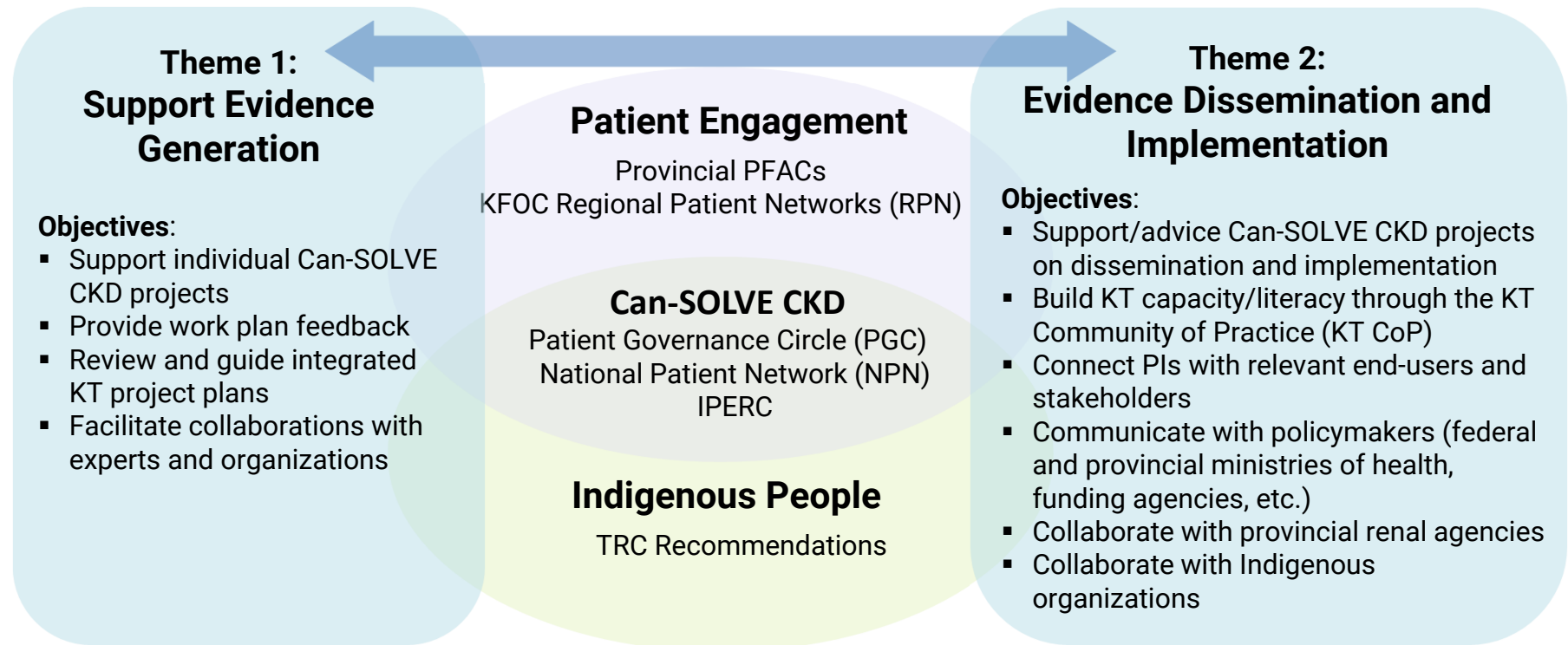
Reporting: The minutes of all meetings will be approved and provided to the Can-SOLVE CKD Steering/Executive Committee. Detailed work plans and progress reports will be sent annually. Documents will be housed/shared via Dropbox.

Secretariat Support:

The Can-SOLVE CKD Network Program Director will assign a Network staff person to support the committee for duties such as meeting facilitation (sending agendas, taking minutes, etc.), record keeping, and any other additional support as required.

The Can-SOLVE CKD Knowledge Translation Framework

Strategic Objective: Establish a platform for knowledge translation within and across provinces to facilitate the dissemination and implementation of research evidence generated from Can-SOLVE CKD.



Drivers – KidneyLink, CNTN, Senior Renal Leaders Forum, CSN, CANA, KFOC, Canadian Blood Services, Canadian CKD Clinic Network, Provincial Renal Agencies, Indigenous organizations, and other organizations.

Tools & Resources to Support KT Activities – Can-SOLVE CKD KT Community of Practice (CoP), CIHR SPOR SUPPORT Units, “How-to” guides such as [Indigenous Knowledge, Synthesis, Translational and Exchange \(KSTE\) Toolkit](#), online modules, KT templates, etc.