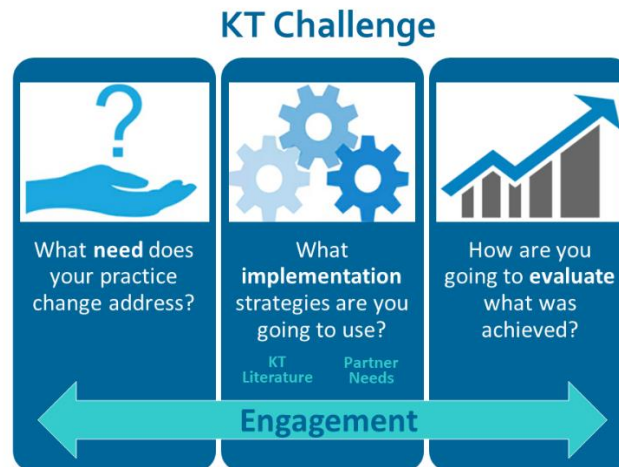


KNOWLEDGE TRANSLATION CHALLENGE

Letter of Intent

The Knowledge Translation (KT) Challenge is designed to support teams of Fraser Health, Providence Health Care, and Vancouver Coastal Health clinicians (nursing, allied health, and medical staff) who want to move evidence into practice. The KT Challenge is offered and supported by these three organizations.



To begin the KT Challenge application process, please complete and submit a Letter of Intent (LOI) by **October 19, 2026, at 4:00 pm.**

After LOIs are reviewed, invited teams will be required to attend three virtual workshops. When you submit your LOI, **please be sure to hold the following dates and times in your schedule to ensure you are available:**

Workshop #1 – Tuesday, November 17, 2026, 9:00 am – 11:00 am

Workshop #2 – Tuesday, December 15, 2026, 9:00 am – 11:00 am

Workshop #3 – Tuesday, January 12, 2027, 9:00 am – 11:00 am

Note: Participants will be required to view and complete some preparatory activities before and after attending these workshops.

The following page has examples to help teams prepare their LOI for the KT Challenge.

Writing your Letter of Intent (LOI) – Examples

Your LOI should describe the practice change you would like to implement and briefly present the evidence that shows that this change will bring value to your area of practice.

- 1) Include a short and informative title for your project.
- 2) Clearly and succinctly describe the practice change you wish to implement. (150 words max)

“We are going to implement an intervention care bundle (Hospital Elder Life Program – HELP) to improve identification and minimize occurrence of delirium in the high acuity unit.”

“We are going to implement the use of a validated screening tool for trauma for all youth accessing an integrated care clinic in order to comprehensively screen, assess, and refer to adequate trauma care.”

- 3) Briefly explain the need or impetus for this practice change citing evidence from the location where this practice change will take place. (150 words max)

“A recent audit found that 23% of high-risk patients in our high acuity unit experience delirium, yet we currently lack a coordinated delirium reduction strategy and 40% of staff report that they are not sure which interventions are most effective to minimize delirium.”

“Between April and May, 69% of youth seen at the clinic indicated a significant history of trauma based on a single-question (yes/no) screen. However, without a more comprehensive screening tool, we do not know the extent of how this trauma presents or affects patients. As well, 90% of staff report a need for more information to better support and refer their patients for trauma care.”

- 4) Provide a brief overview of the broader evidence-base for the practice change. Include published research or evidence that shows your practice change will effectively address the need you have identified. (150 words max)

“HELP is an evidence-based care bundle that has been recommended to reduce delirium among post-surgical patients at risk of delirium. This bundle includes sleep hygiene, access to hearing aids, regular interaction and reorientation, access to daylight, and cognitive stimulation. An umbrella meta-analysis found that delirium intervention care bundles reduce both the incidence and duration of delirium in high acuity units.”

“The benefits to treating trauma are vast, including improved security and stability, mental and physical wellbeing, and improved functioning in society. Screening for trauma is supported by numerous evidence-based guidelines (PTSD treatment – American Psychiatry Association, National Institute for Health and Clinical Excellence, American Psychological Association, International Society for Trauma Stress Studies).”