



# TURNING RESEARCH INTO PRACTICE: SCIENCE BEHIND IMPLEMENTATION SCIENCE

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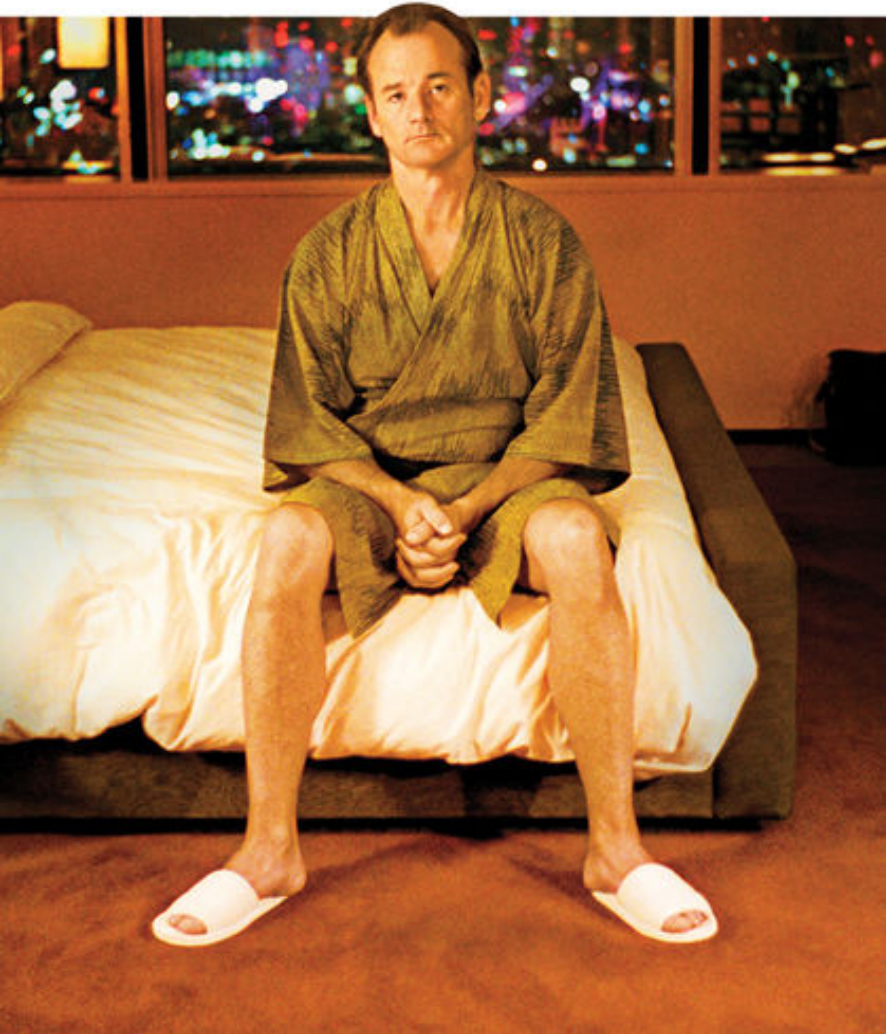


# Thanks to MEDICI Team

Selected slides and inspiration from Susan  
Kirsch, Trish Greenhalgh, Sharon Straus, John  
Lavis, Paul Glasziou



# LOST IN TRANSLATION



## KNOWLEDGE TRANSLATION: LOST?

WHO KNEW GETTING LOST  
COULD BE SO MUCH FUN?





# **KNOWLEDGE TRANSLATION: WHAT IS IT?**



Did you know that there are over 90 terms used for knowledge translation

Some examples are:

Knowledge Mobilization

Research Translation

Knowledge Transfer and Exchange

Engaged Scholarship







# What We Mean When We Say "Knowledge Translation"

By Kathryn Sibley

## KNOWLEDGE TRANSLATION =

**synthesis**

A fundamental unit of KT that is fulfilled in partnership with CHI's Knowledge Synthesis platform. It involves synthesizing results of individual research studies and interpreting findings or results in the context of global evidence.

**exchange**

The two-way sharing of knowledge between research producers and users. It may incorporate "integrated KT", featuring end users as partners in the research process.

**application**

Often called "implementation", application refers to putting research into practice, policy and/or action. Attempts should be made to use theory to inform application.

**dissemination**

Sometimes referred to as "end-of-grant KT", dissemination refers to the communication or sharing of research results.

of **KNOWLEDGE** to **IMPROVE**

health

the  
healthcare  
system

health  
service  
delivery

[HTTP://WWW.MEDIUM.COM/KNOWLEDGENUDGE](http://www.medium.com/knowledgegenudge)



**KNOWLEDGE  
TRANSLATION  
(KT)**

**KNOWLEDGE TO  
ACTION (KTA)**

**DIFFUSION  
DISSEMINATION  
EXCHANGE**

## **KT: WHAT IS IT?**

KNOWLEDGE TRANSLATION HAS BEEN ADOPTED IN CANADA BECAUSE **TRANSLATION OF RESEARCH IS EMBEDDED IN THE MANDATE OF THE CANADIAN INSTITUTES OF HEALTH RESEARCH** (THE FEDERAL AGENCY FOR THE FUNDING OF HEALTH RESEARCH). IN THIS SERIES, WE USE THE TERMS **KNOWLEDGE TRANSLATION AND KNOWLEDGE-TO-ACTION** INTERCHANGEABLY.



**KNOWLEDGE  
TRANSLATION  
(KT)**

**KNOWLEDGE TO  
ACTION (KTA)**

**DIFFUSION  
DISSEMINATION  
EXCHANGE**

## **KT: WHAT IS IT?**

....A DYNAMIC AND ITERATIVE PROCESS THAT INCLUDES THE **SYNTHESIS, DISSEMINATION, EXCHANGE AND ETHICALLY SOUND APPLICATION** OF KNOWLEDGE TO IMPROVE HEALTH, PROVIDE MORE EFFECTIVE HEALTH SERVICES AND PRODUCTS, AND STRENGTHEN THE HEALTH CARE SYSTEM.

....MOVE **BEYOND SIMPLE DISSEMINATION** OF KNOWLEDGE INTO ACTUAL USE OF KNOWLEDGE.

KNOWLEDGE CREATION (I.E., PRIMARY RESEARCH), KNOWLEDGE DISTILLATION (I.E., THE CREATION OF SYSTEMATIC REVIEWS AND GUIDELINES) AND KNOWLEDGE DISSEMINATION (I.E., APPEARANCES IN JOURNALS AND PRESENTATIONS) ARE NOT ENOUGH ON THEIR OWN TO ENSURE THE USE OF KNOWLEDGE IN DECISION-MAKING.



# *A great definition*

Getting the right information, to  
the right people, at the right  
time, and in the right format, so  
as to influence decision making





# KNOWLEDGE FROM RESEARCH

SHARE IT

*and*

USE IT

HAVE AN  
IMPACT



# IMPLEMENTATION SCIENCE

## WHAT IS IT?

"IMPLEMENTATION SCIENCE IS THE STUDY OF FACTORS THAT INFLUENCE THE FULL AND EFFECTIVE USE OF INNOVATIONS IN PRACTICE. THE GOAL IS NOT TO ANSWER FACTUAL QUESTIONS ABOUT WHAT IS, BUT RATHER TO DETERMINE WHAT IS REQUIRED." (NIRN, 2015) NATIONAL IMPLEMENTATION RESEARCH NETWORK, 2015

"IMPLEMENTATION SCIENCE IS THE STUDY OF FACTORS THAT INFLUENCE THE FULL AND EFFECTIVE USE OF INNOVATIONS IN PRACTICE. THE GOAL IS NOT TO ANSWER FACTUAL QUESTIONS ABOUT WHAT IS, BUT RATHER TO DETERMINE WHAT IS REQUIRED." (NIRN, 2015) ...



# IMPLEMENTATION SCIENCE

## WHAT IS IT?

### Formula For Success

Effective  
Innovations



Effective  
Implementation



Enabling  
Contexts



Socially  
Significant  
Outcomes

"IMPLEMENTATION SCIENCE  
IS THE STUDY OF  
FACTORS THAT INFLUENCE  
THE FULL AND EFFECTIVE  
USE OF INNOVATIONS IN  
PRACTICE. THE GOAL IS  
NOT TO ANSWER FACTUAL  
QUESTIONS ABOUT WHAT  
IS, BUT RATHER TO  
DETERMINE WHAT IS  
REQUIRED." (NIRN,  
2015) ...



WITH  
THANKS TO  
THE TEAM...

# KNOWLEDGE TRANSLATION: WHY?



## All breakthrough, no follow through

For every dollar allocated to develop breakthrough treatments, one cent is allocated to ensure that patients actually receive them<sup>1</sup>

Much of the US\$240 billion/year worldwide investment in biomedical and healthcare research wasted due to implementation failures<sup>2</sup>

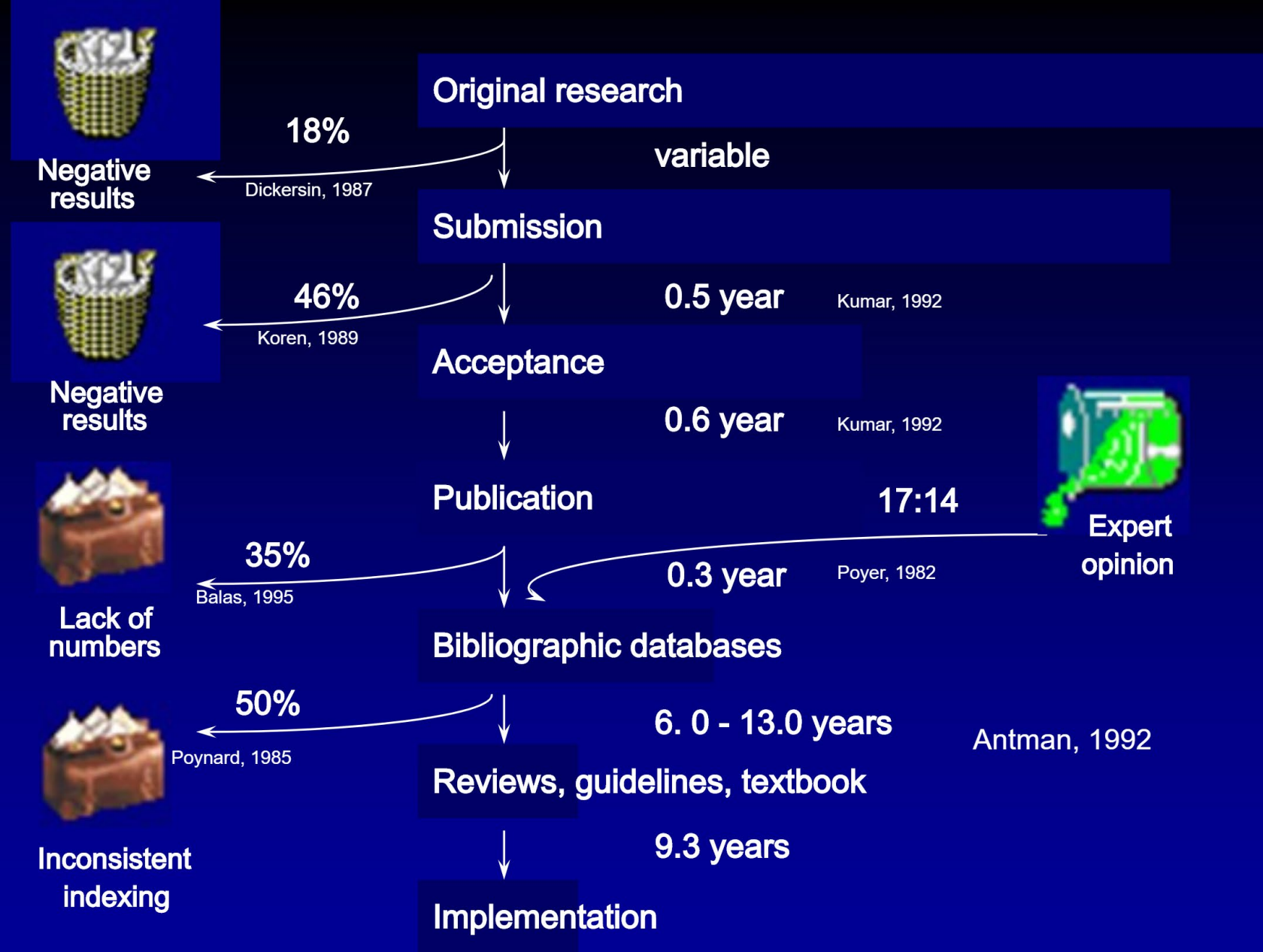
**ALL  
BREAKTHRO  
UGH. NO  
FOLLOW  
THROUGH**

Woolf, Washington Post  
2006

1. Woolf Washington Post 2



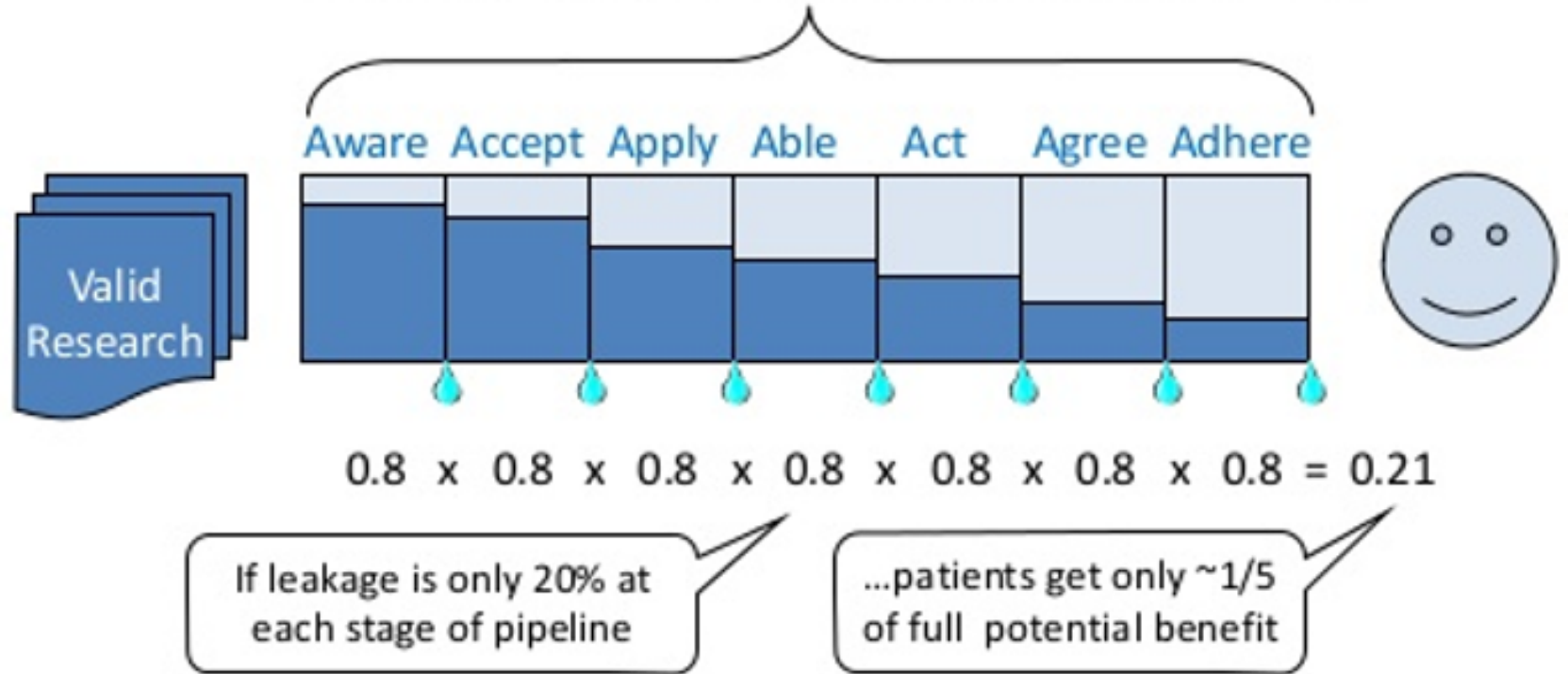
WITH  
THAT  
THIS



It takes 17 years to turn 14 per cent of original research to the benefit of patient care

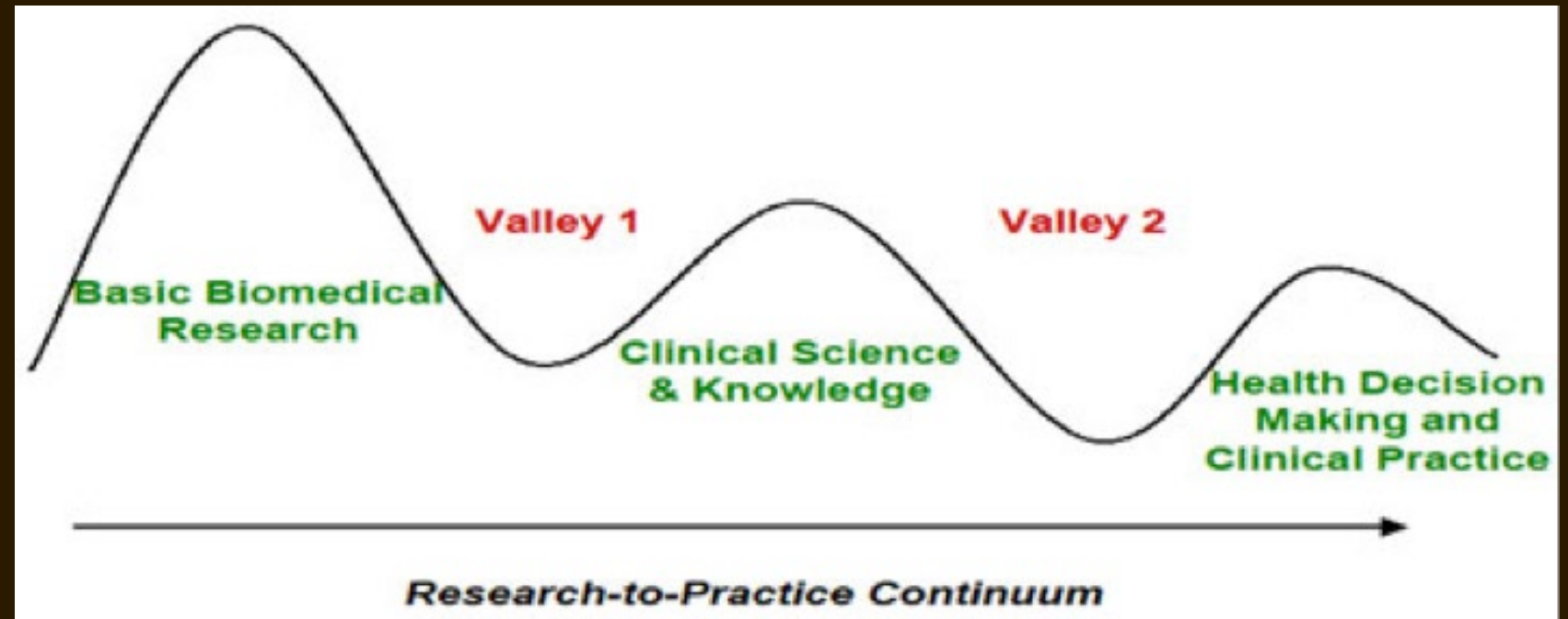


We experience successive “leaks” between research & clinical practice that significantly dilute clinical benefit





# KT: VALLEYS OF DEATH



SEE ALSO  
CHENG &  
MARTIN, CAN J  
ANESTH  
2011;58:354-63

[HTTP://MEOPAR.CA/NEWS/ENTRY/MY-TOP-FIVE-LESSONS-LEARNED-AT-KMB2015](http://meopar.ca/news/entry/my-top-five-lessons-learned-at-kmb2015)



**KNOWLEDGE  
TRANSLATION:  
THEORIES &  
FRAMEWORKS**

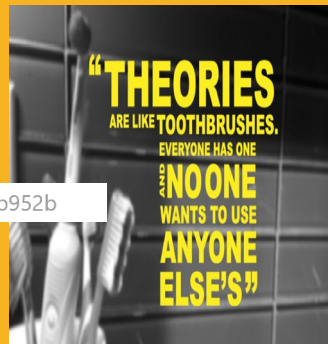
WITH  
THANKS TO  
THE TEAM...



**THEORIES ARE LIKE  
TOOTHBRUSHES.  
EVERYONE HAS ONE.**

**NO ONE WANTS  
TO USE ANYONE  
ELSE'S.**

<https://medium.com/knowledgenudge/top-knowledgenudge-posts-of-2017-e50a3d1b952b>





# The Knowledge-to-Action Framework

<https://medium.com/knowledgenudge/kt-101-the-knowledge-to-action-framework-7fbe399723e8>



# Canadian Institutes of Health Research

Canada



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## Knowledge translation

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Commercialization

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## Key Elements of KT:

1. **Synthesis**
2. **Dissemination**
3. **Exchange**
4. **Ethically sound application of knowledge**

# INTEGRATED KT (IKT)

KT : a dynamic and iterative process that **includes synthesis, dissemination, exchange and ethically-sound application of knowledge** to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

This **process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement** depending on the nature of the research and the findings as well as the needs of the particular knowledge user (Graham, 2010).

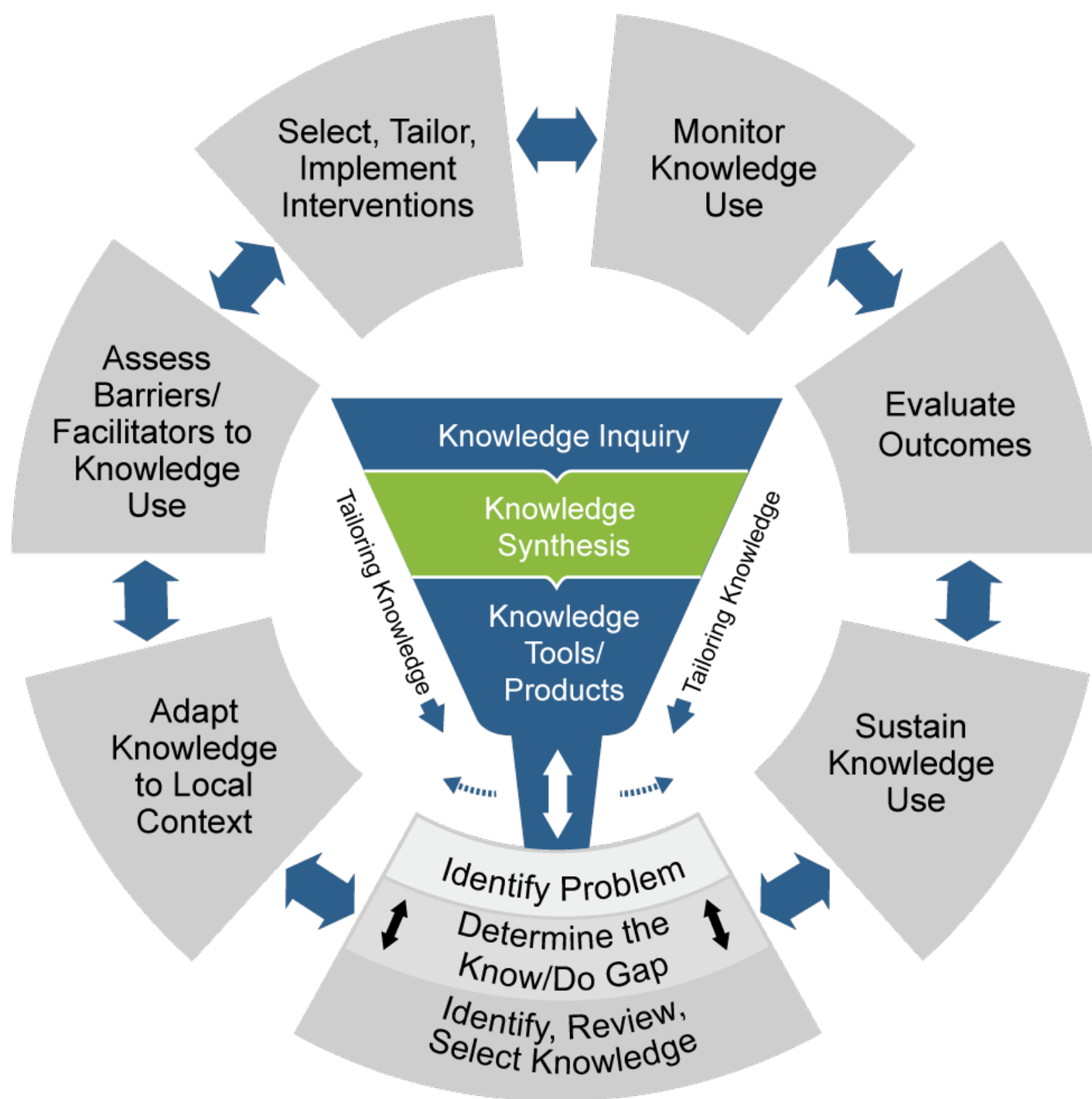
<http://www.cihr-irsc.gc.ca/e/29418.html>



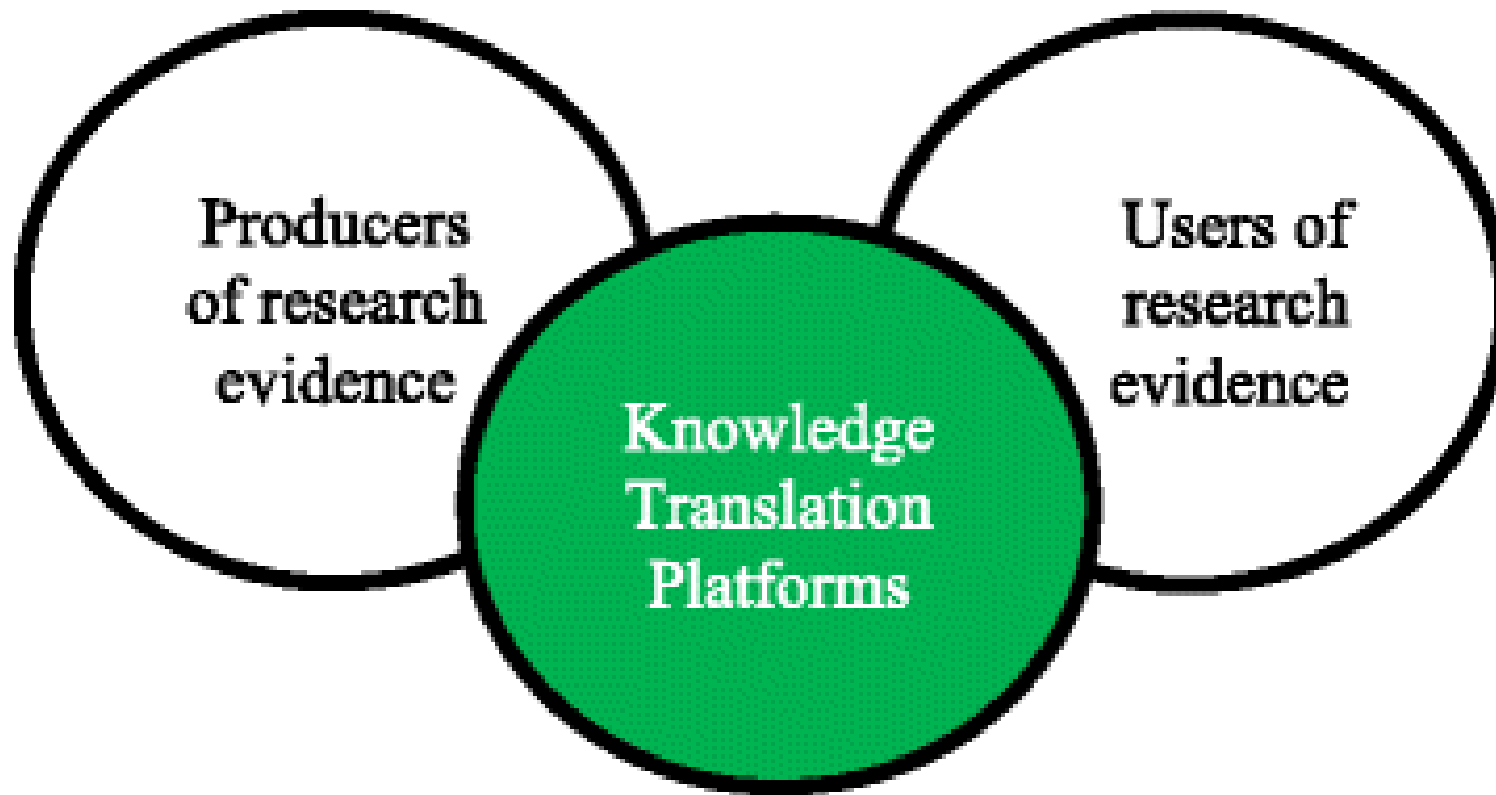
# RESEARCH TO ACTION CYCLE

[www.cihr.ca/](http://www.cihr.ca/)

Knowledgetranslation.net







Integrated efforts

**INTEGRATES PRODUCERS  
AND USERS ACROSS ALL  
STEPS**



WITH  
THANKS TO  
THE TEAM...

# KNOWLEDGE TRANSLATION: TOOLKITS





Government  
of Canada

Gouvernement  
du Canada

Canada.ca | Services | Departments | Français

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## Knowledge translation

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### Learning

### Research results

## Knowledge Translation in Health Care: Moving from Evidence to Practice

Ian Graham, Sharon Straus and Jacqueline Tetroe have produced a "primer" on knowledge translation (KT) titled "*Knowledge Translation in Health Care: Moving from Evidence to Practice*". This book is a compilation of chapters, written by experts in a wide range of KT topics.

*Knowledge Translation in Health Care* uses the Knowledge-to-Action Cycle <sup>1</sup> as a guiding framework to define and describe KT, and outline strategies for enhancing KT capacity and facilitating the implementation of KT activities. The topics presented in this book have important implications for health policy makers, researchers, managers, clinicians and trainees.

CIHR has compiled a series of PowerPoint presentations that were prepared by the authors of the primer, based on the chapter(s) that they wrote. The content in these slides is meant to complement, rather than replace the original chapters. We invite you to use these slides for your learning and/or training activities. If you would like additional information on the content of the slides, please refer to the [Knowledge Translation in Health Care](#) book.

**HTTP://WWW.CIHR-IRSC.GC.CA/E/40618.HTML**



## Key considerations for **planning** KMb

**What?**

- What knowledge are you looking to mobilize?
- What are your intended goals?
- What are your key messages?

**Why?**

- Why are you interested in mobilizing this knowledge?
- Are you aiming to educate, inspire, motivate, engage?

**Who?**

- Who is involved in sharing the knowledge?
- Who are your partners and who are your champions?
- Who are you sharing this information with?

**How?**

- How will you deliver your message to your audience?
- Answering the questions above will help you in determining how to mobilize this knowledge.

**When?**

- When do you anticipate mobilizing this knowledge?
- Are there other activities taking place at this time that might influence uptake of this knowledge?

**Measure**

- How will you know you've achieved your goals?
- What type of indicators will you use to measure efforts?
- What evaluation questions will produce meaningful findings?

# KMBTOOLKIT.CA

[www.cihr.ca/](http://www.cihr.ca/)

Knowledgetranslation.net



Effective Knowledge  
Transfer & Exchange  
For Nonprofit Organizations

**A FRAMEWORK**



# TOOLKIT

[http://www.imaginecanada.ca/sites/default/files/www/en/library/csc/kt\\_framework-march16-\\_final.pdf](http://www.imaginecanada.ca/sites/default/files/www/en/library/csc/kt_framework-march16-_final.pdf)



# From Research to Practice: A Knowledge Transfer Planning Guide (2006)

## IWH TOOLKIT

- [https://www.iwh.on.ca/sites/iwh/files/iwh/tools/iwh\\_kte\\_planning\\_guide\\_2006b.pdf](https://www.iwh.on.ca/sites/iwh/files/iwh/tools/iwh_kte_planning_guide_2006b.pdf)



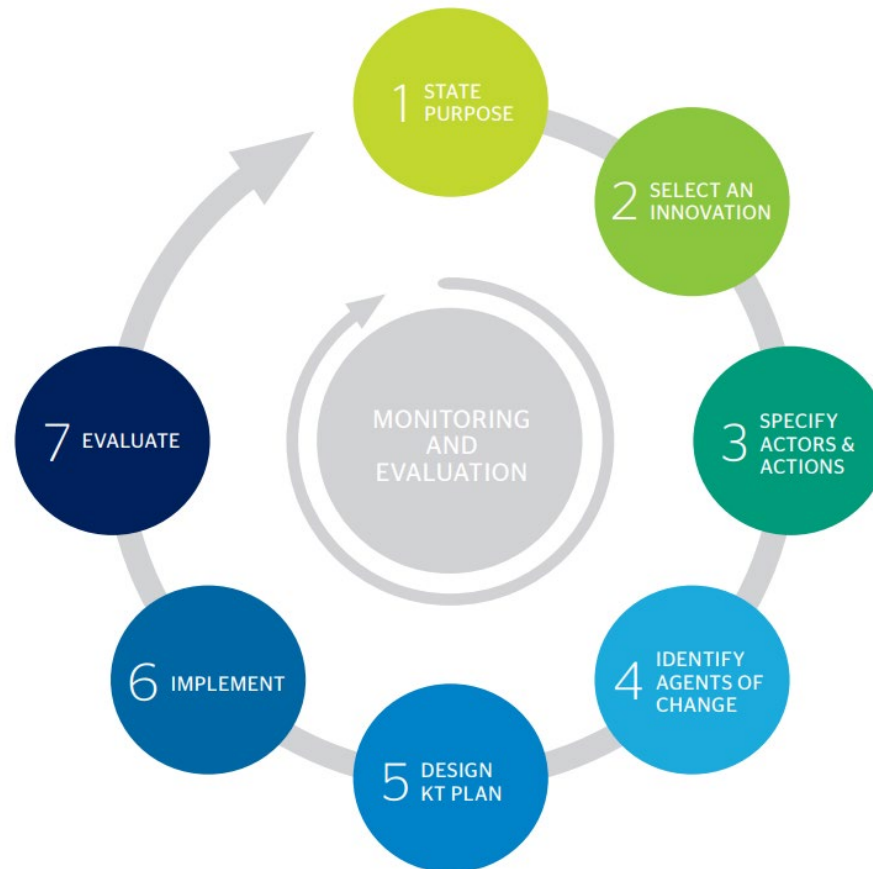
Institute  
for Work &  
Health

Research Excellence  
Advancing Employee  
Health



# Innovation to Implementation

A Practical Guide to Knowledge  
Translation in Healthcare



## EXEMPLARY TOOLKITS

- [https://www.mentalhealthcommission.ca/sites/default/files/2016-06/innovation\\_to\\_implementation\\_guide\\_eng\\_2016\\_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2016-06/innovation_to_implementation_guide_eng_2016_0.pdf)





*FOUR TYPES  
OF KNOWLEDGE:*

- » Scientific (learning through research)
- » Experiential (learning through experience)
- » Pragmatic (learning through action)
- » Cultural (learning through being)



*WHAT DO WE MEAN  
BY INNOVATION?*

Products, actions, services or relationships that have the potential to enhance health outcomes.



*WHAT IS  
IMPLEMENTATION?*

“Implementation” refers to the act of bringing a practice or policy into effect.

# EXEMPLARY TOOLKITS

- [https://www.mentalhealthcommission.ca/sites/default/files/2016-06/innovation\\_to\\_implementation\\_guide\\_eng\\_2016\\_0.pdf](https://www.mentalhealthcommission.ca/sites/default/files/2016-06/innovation_to_implementation_guide_eng_2016_0.pdf)



# ALL BREAKTHRO

## TDR IMPLEMENTATION RESEARCH TOOLKIT

This toolkit is designed to help you conduct an implementation research (IR) project through a standard process so that you have high quality results that are reliable. Before you get started, we recommend you read the “How to use this Toolkit” section. It is also advisable to take the [TDR Massive Open Online Course on IR](#) for a foundation knowledge of IR.

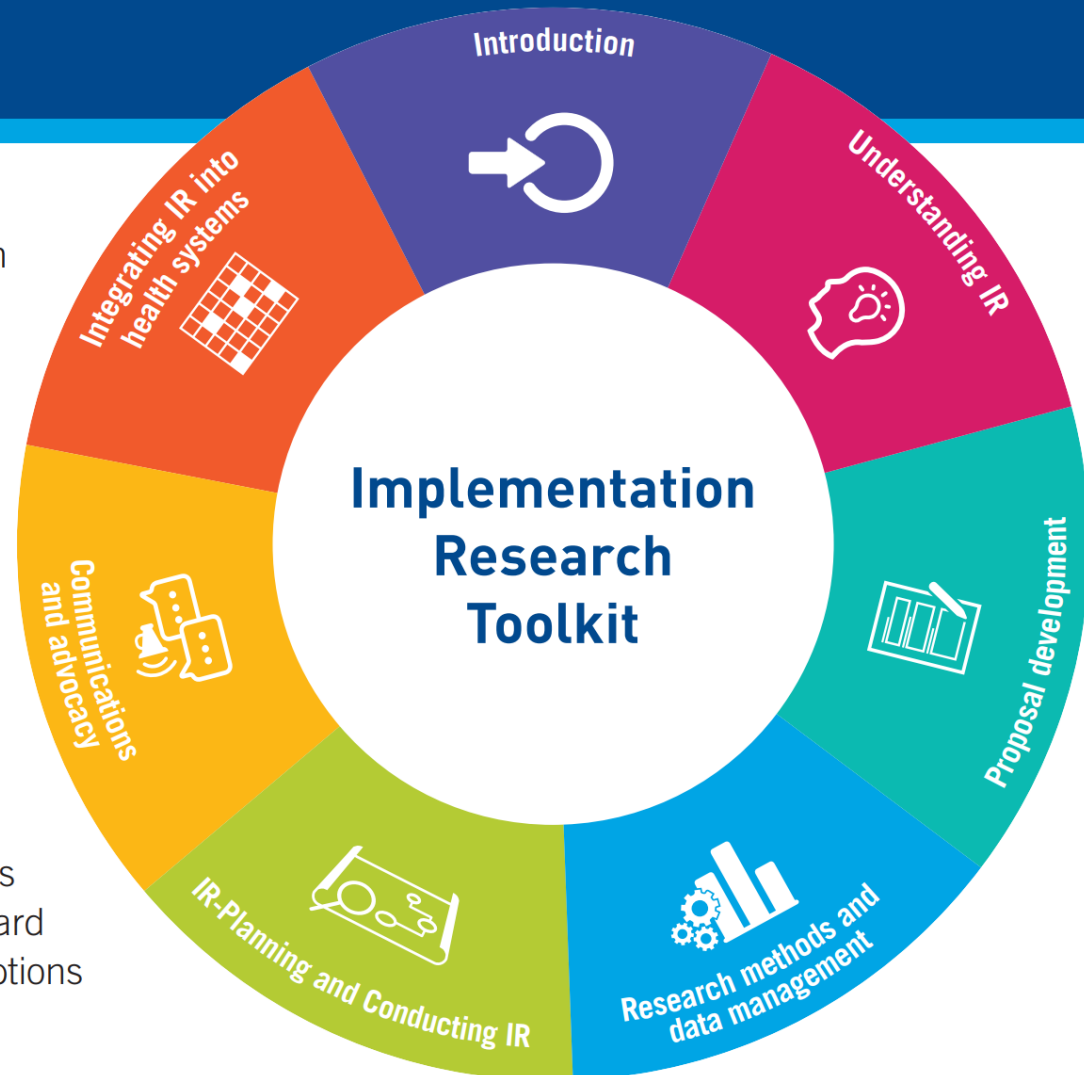




# Implementation Research Toolkit

Implementation research (IR) is conducted within health systems and community settings, removed from the controlled settings associated with other types of scientific research. It is an ongoing process that provides continuous feedback of results back to the health system, facilitating adaptation of services and interventions. So, by its nature, IR is adaptive. People may not come to work; the rains may impact access of people to services; delivery of key materials may be delayed. IR teams must be willing and able to adapt their projects to address such real-life likelihoods.

The newly revised *Implementation Research Toolkit* is designed to help people learn and adapt a standard process that leads to results. It is now available with options for downloading and printing individual modules.





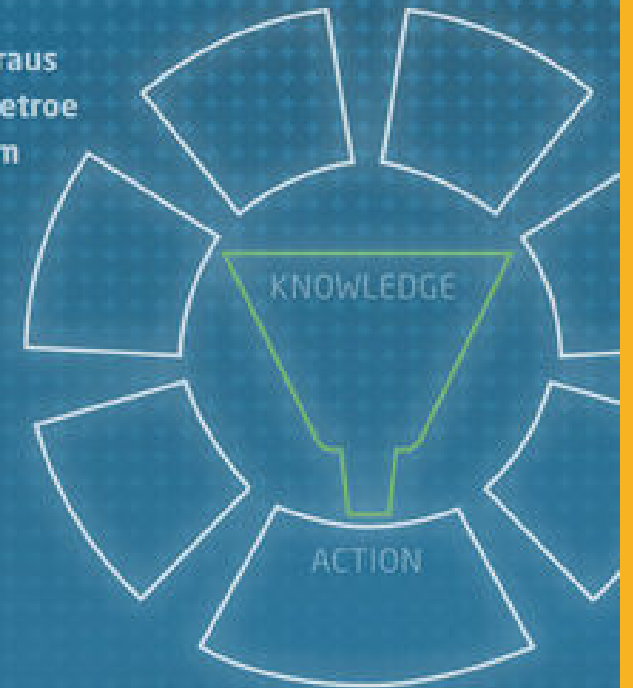
# PIVOTAL READING

SECOND EDITION

## KNOWLEDGE TRANSLATION IN HEALTH CARE

Moving from Evidence to Practice

Edited by  
Sharon E. Straus  
Jacqueline Tetroe  
Ian D. Graham



WILEY Blackwell

BMJ Books

[HTTP://WWW.MEDIUM.COM/KNOWLEDGENUDGES](http://www.medium.com/knowledge nudges)





DEBATE

Open Access

# Knowledge translation of research findings

Jeremy M Grimshaw<sup>1\*</sup>, Martin P Eccles<sup>2</sup>, John N Lavis<sup>3</sup>, Sophie J Hill<sup>4</sup> and Janet E Squires<sup>5</sup>

## Abstract

**Background:** One of the most consistent findings from clinical and health services research is the failure to translate research into practice and policy. As a result of these evidence-practice and policy gaps, patients fail to benefit optimally from advances in healthcare and are exposed to unnecessary risks of iatrogenic harms, and healthcare systems are exposed to unnecessary expenditure resulting in significant opportunity costs. Over the last decade, there has been increasing international policy and research attention on how to reduce the evidence-practice and policy gap. In this paper, we summarise the current concepts and evidence to guide knowledge translation activities, defined as T2 research (the translation of new clinical knowledge into improved health). We structure the article around five key questions: what should be transferred; to whom should research knowledge be transferred; by whom should research knowledge be transferred; how should research knowledge be transferred; and, with what effect should research knowledge be transferred?

**Discussion:** We suggest that the basic unit of knowledge translation should usually be up-to-date systematic reviews or other syntheses of research findings. Knowledge translators need to identify the key messages for different target audiences and to fashion these in language and knowledge translation products that are easily assimilated by different audiences. The relative importance of knowledge translation to different target audiences will vary by the type of research and appropriate endpoints of knowledge translation may vary across different stakeholder groups. There are a large number of planned knowledge translation models, derived from different disciplinary, contextual (*i.e.*, setting), and target audience viewpoints. Most of these suggest that planned knowledge translation for healthcare professionals and consumers is more likely to be successful if the choice of knowledge translation strategy is informed by an assessment of the likely barriers and facilitators. Although our evidence on the likely effectiveness of different strategies to overcome specific barriers remains incomplete, there is a range of informative systematic reviews of interventions aimed at healthcare professionals and consumers (*i.e.*, patients, family members, and informal carers) and of factors important to research use by policy makers.

**Summary:** There is a substantial (if incomplete) evidence base to guide choice of knowledge translation activities targeting healthcare professionals and consumers. The evidence base on the effects of different knowledge



DEBATE

Open Access

# Making sense of implementation theories, models and frameworks

Per Nilsen

## Abstract

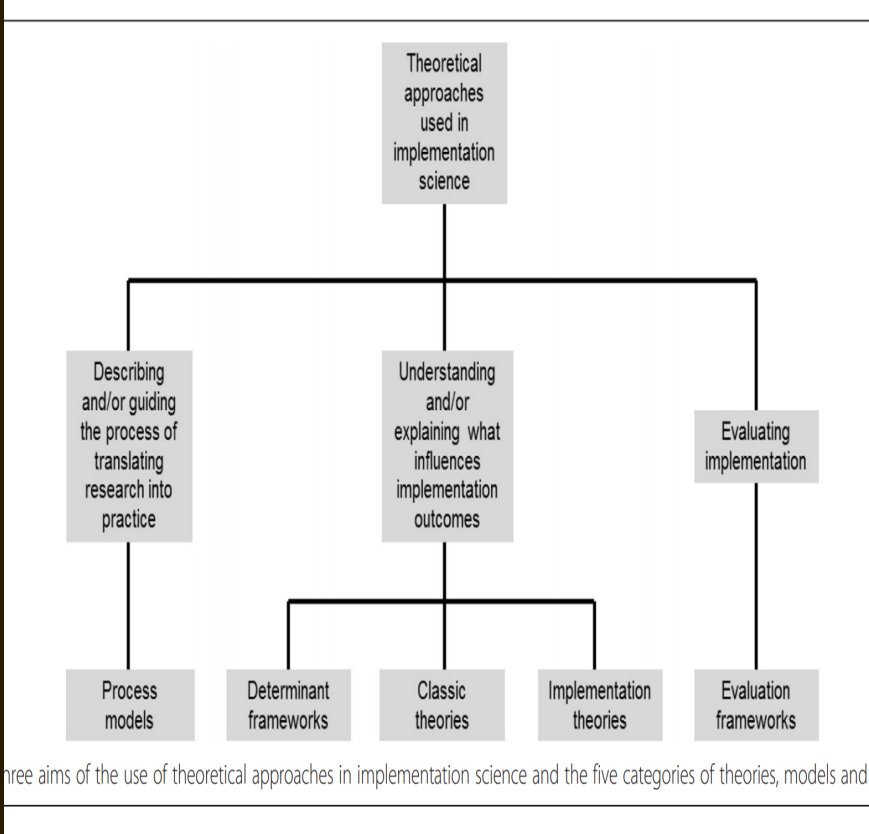
**Background:** Implementation science has progressed towards increased use of theoretical approaches to provide better understanding and explanation of how and why implementation succeeds or fails. The aim of this article is to propose a taxonomy that distinguishes between different categories of theories, models and frameworks in implementation science, to facilitate appropriate selection and application of relevant approaches in implementation research and practice and to foster cross-disciplinary dialogue among implementation researchers.

**Discussion:** Theoretical approaches used in implementation science have three overarching aims: describing and/or guiding the process of translating research into practice (process models); understanding and/or explaining what influences implementation outcomes (determinant frameworks, classic theories, implementation theories); and evaluating implementation (evaluation frameworks).

**Summary:** This article proposes five categories of theoretical approaches to achieve three overarching aims. These categories are not always recognized as separate types of approaches in the literature. While there is overlap between some of the theories, models and frameworks, awareness of the differences is important to facilitate the selection of relevant approaches. Most determinant frameworks provide limited “how-to” support for carrying out implementation endeavours since the determinants usually are too generic to provide sufficient detail for guiding an implementation process. And while the relevance of addressing barriers and enablers to translating research into practice is mentioned in many process models, these models do not identify or systematically structure specific determinants associated with implementation success. Furthermore, process models recognize a temporal sequence of implementation endeavours, whereas determinant frameworks do not explicitly take a process perspective of implementation.

**Keywords:** Theory, Model, Framework, Evaluation, Context

# THEORIES, FRAMEWORKS, MODELS





# RESEARCH METHODS & REPORTING

## Implementation research: what it is and how to do it

Implementation research is a growing but not well understood field of health research that can contribute to more effective public health and clinical policies and programmes. This article provides a broad definition of implementation research and outlines key principles for how to do it

David H Peters *professor*<sup>1</sup>, Taghreed Adam *scientist*<sup>2</sup>, Olakunle Alonge *assistant scientist*<sup>1</sup>, Irene Akua Agyepong *specialist public health*<sup>3</sup>, Nhan Tran *manager*<sup>4</sup>

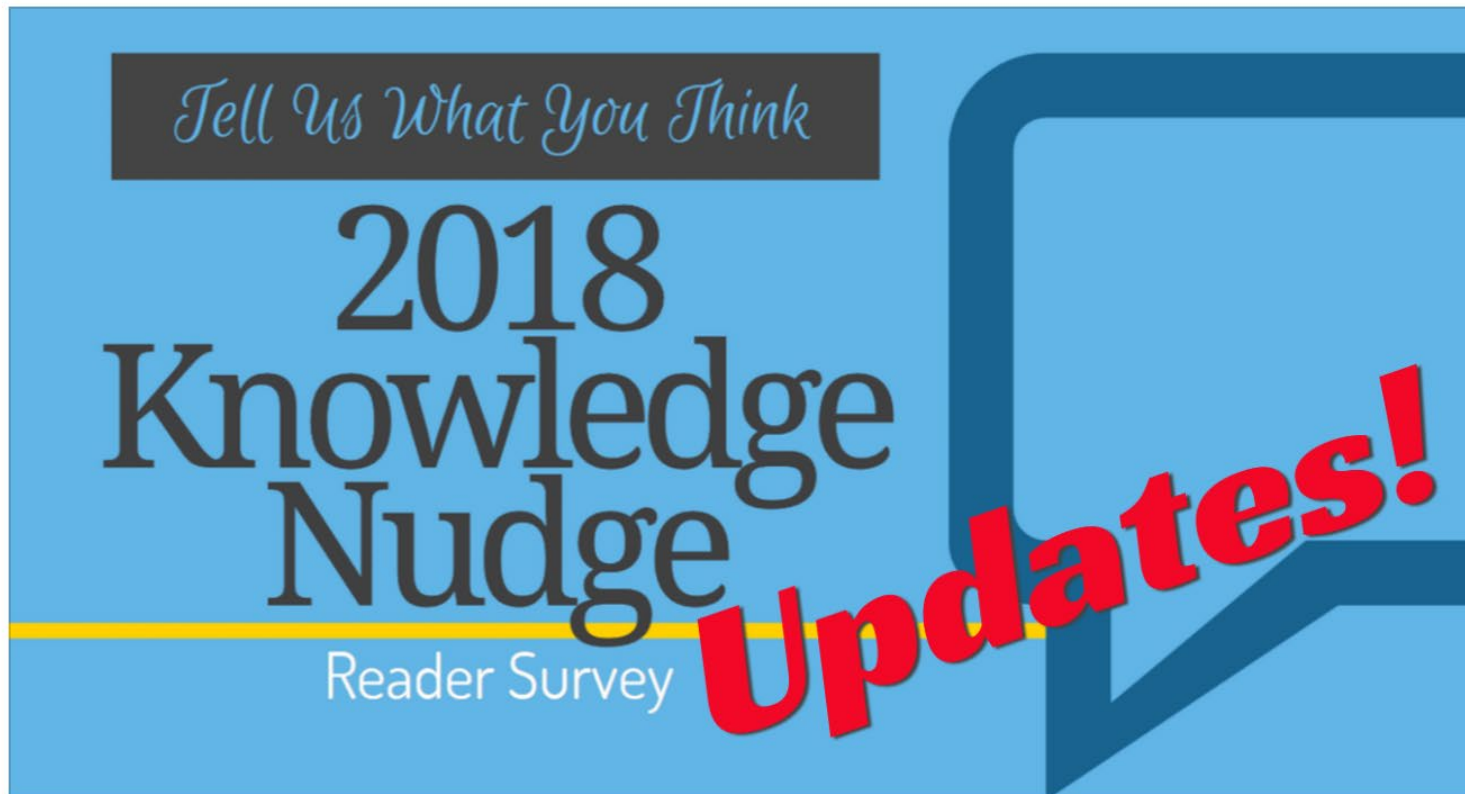
<sup>1</sup>Johns Hopkins University Bloomberg School of Public Health, Department of International Health, 615 N Wolfe St, Baltimore, MD 21205, USA;

<sup>2</sup>Alliance for Health Policy and Systems Research, World Health Organization, CH-1211 Geneva 27, Switzerland; <sup>3</sup>University of Ghana School of Public Health/Ghana Health Service, Accra, Ghana; <sup>4</sup>Alliance for Health Policy and Systems Research, Implementation Research Platform, World Health Organization, CH-1211 Geneva 27, Switzerland

The field of implementation research is growing, but it is not well understood despite the need for better research to inform decisions about health policies, programmes, and practices. This article focuses on the context and factors affecting implementation, the key audiences for the research, implementation outcome variables that describe various aspects of how implementation occurs, and the study of implementation strategies that support the delivery of health services, programmes, and policies. We provide a framework for using

Implementation research can consider any aspect of implementation, including the factors affecting implementation, the processes of implementation, and the results of implementation, including how to introduce potential solutions into a health system or how to promote their large scale use and sustainability. The intent is to understand what, why, and how interventions work in “real world” settings and to test approaches to improve them.





**KNOWLEDGE  
NUDGE**



**Tools for KT: Knowledge**

**Core Outcome Sets: What**

[Medium.com/knowledgenudge](https://medium.com/knowledgenudge)



KT  
MATTERS

# WHY KT?

**KNOWLEDGE GENERATION**  
**SYNTHESIS**  
**CONTEXTUALIZATION**



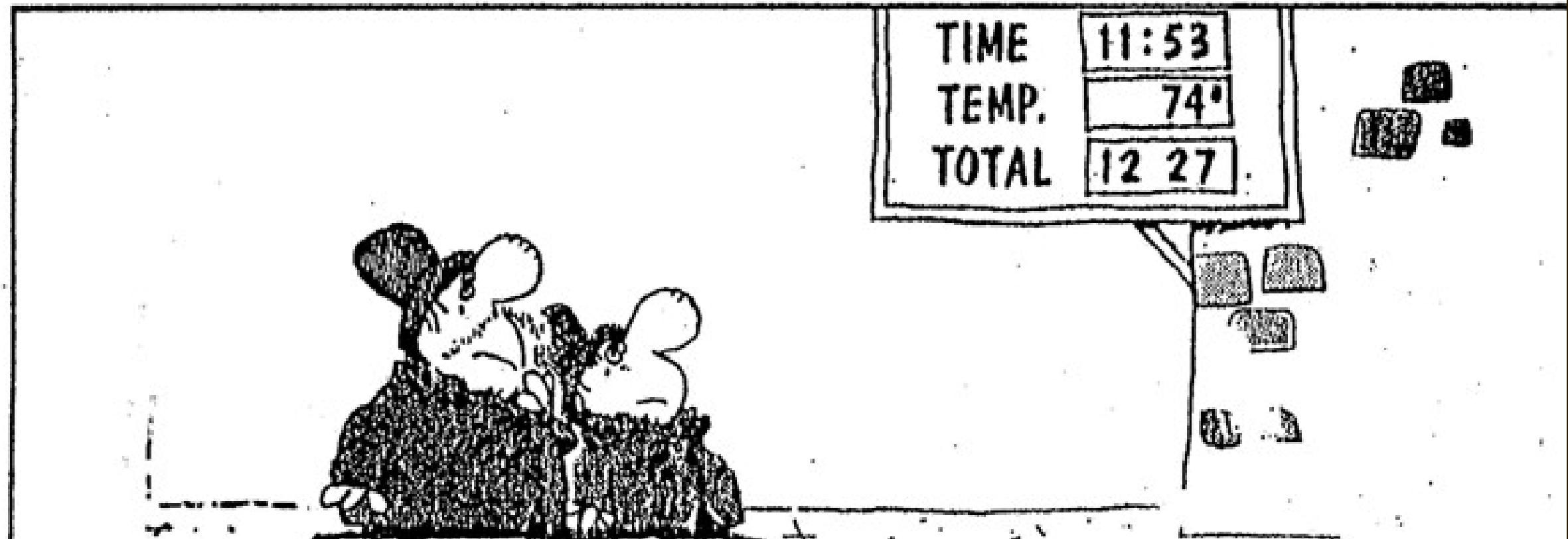
WILD  
AND  
WOOLLY

REAL  
WORLD SETTING

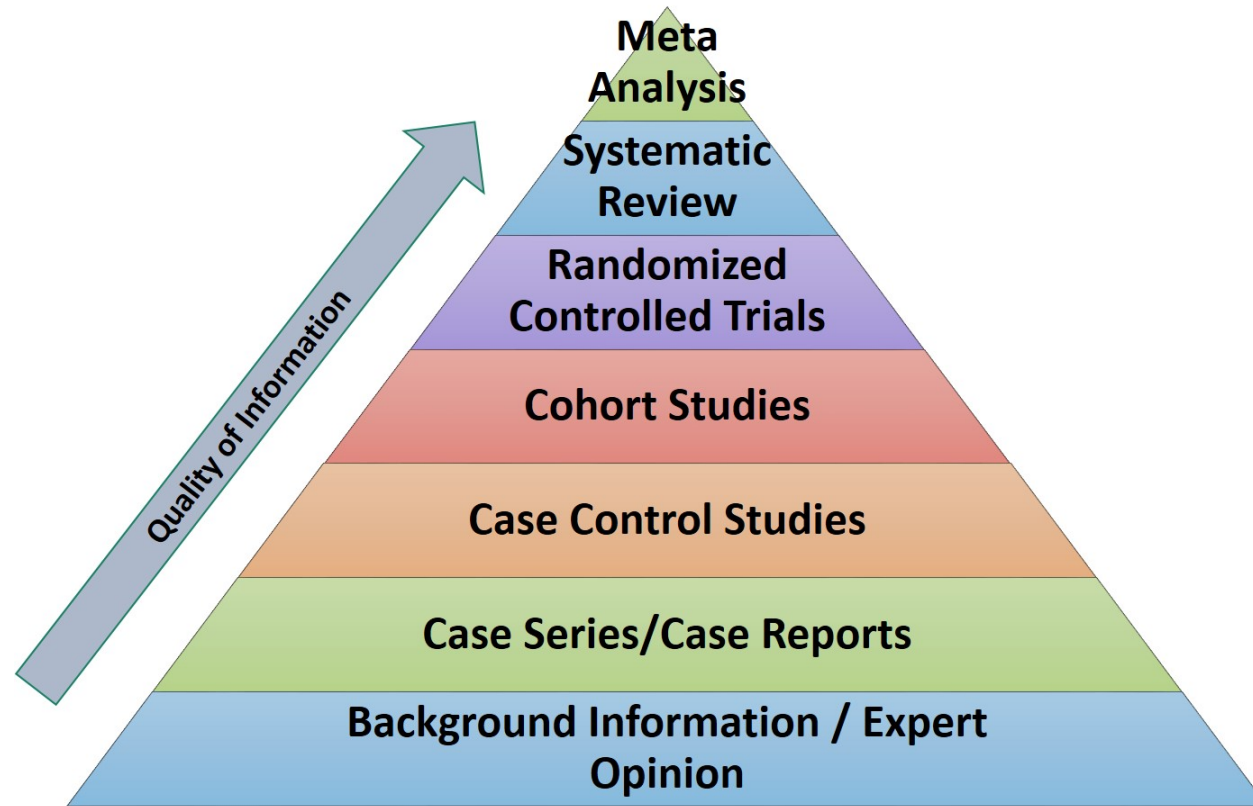


# PRECISE ... AND POINTLESS!

Frank & Ernest







## AIM FOR HIGHEST FEASIBLE EVIDENCE

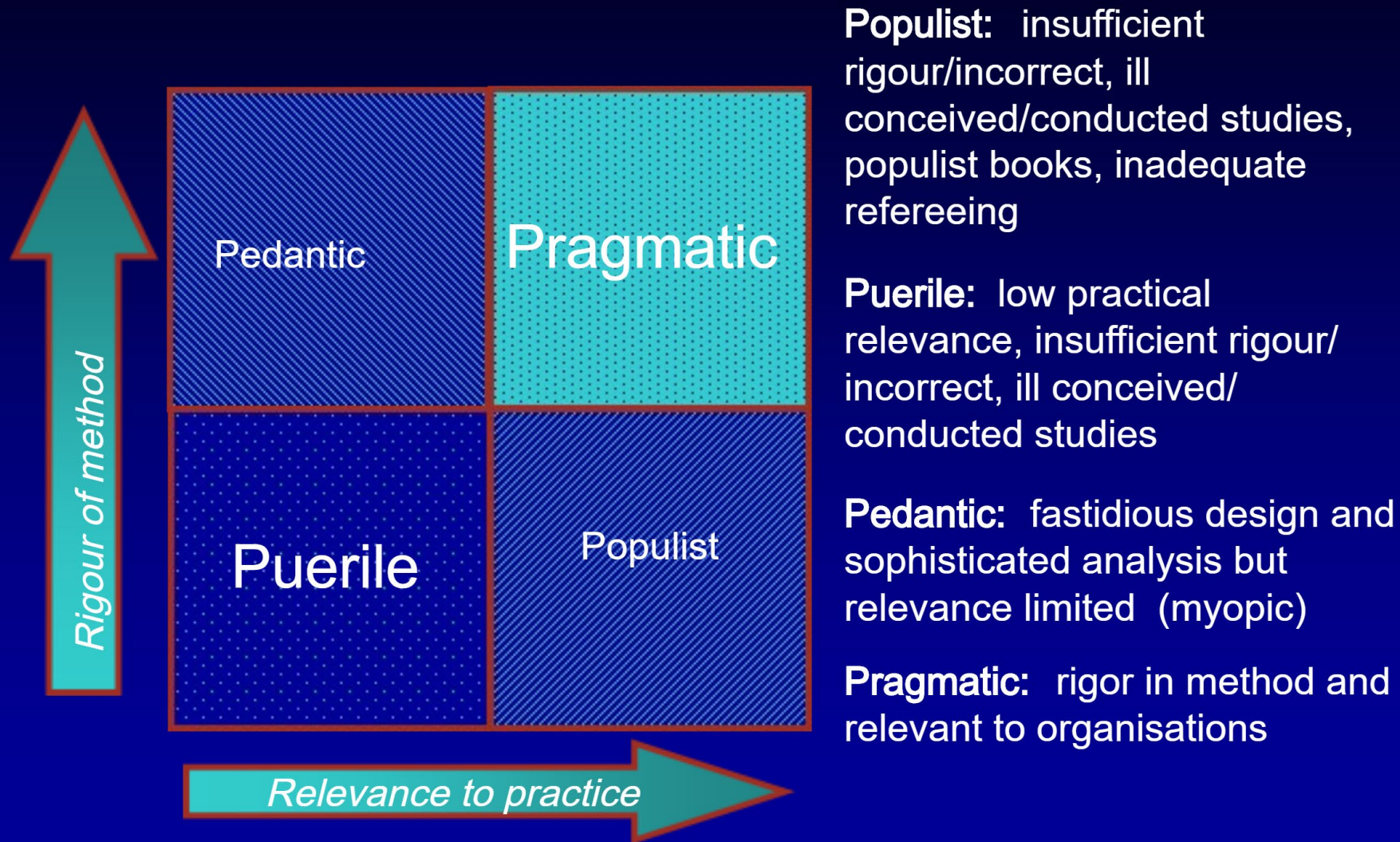
Evidence needs to be right-sized for the type of question.

RCTs of sufficient size and duration are necessary for most interventions (drugs, devices, medical procedures, to answer 'can it work?')

Subsequent implementation research focuses on 'does it work?' when we translate it to our context. This may or may not require an RCT, but should be well-controlled.



# Importance of rigor and relevance



Modified from MNK Saunders, Oxford Brooks Univ.  
*Developed from: Anderson et al. (2001)*

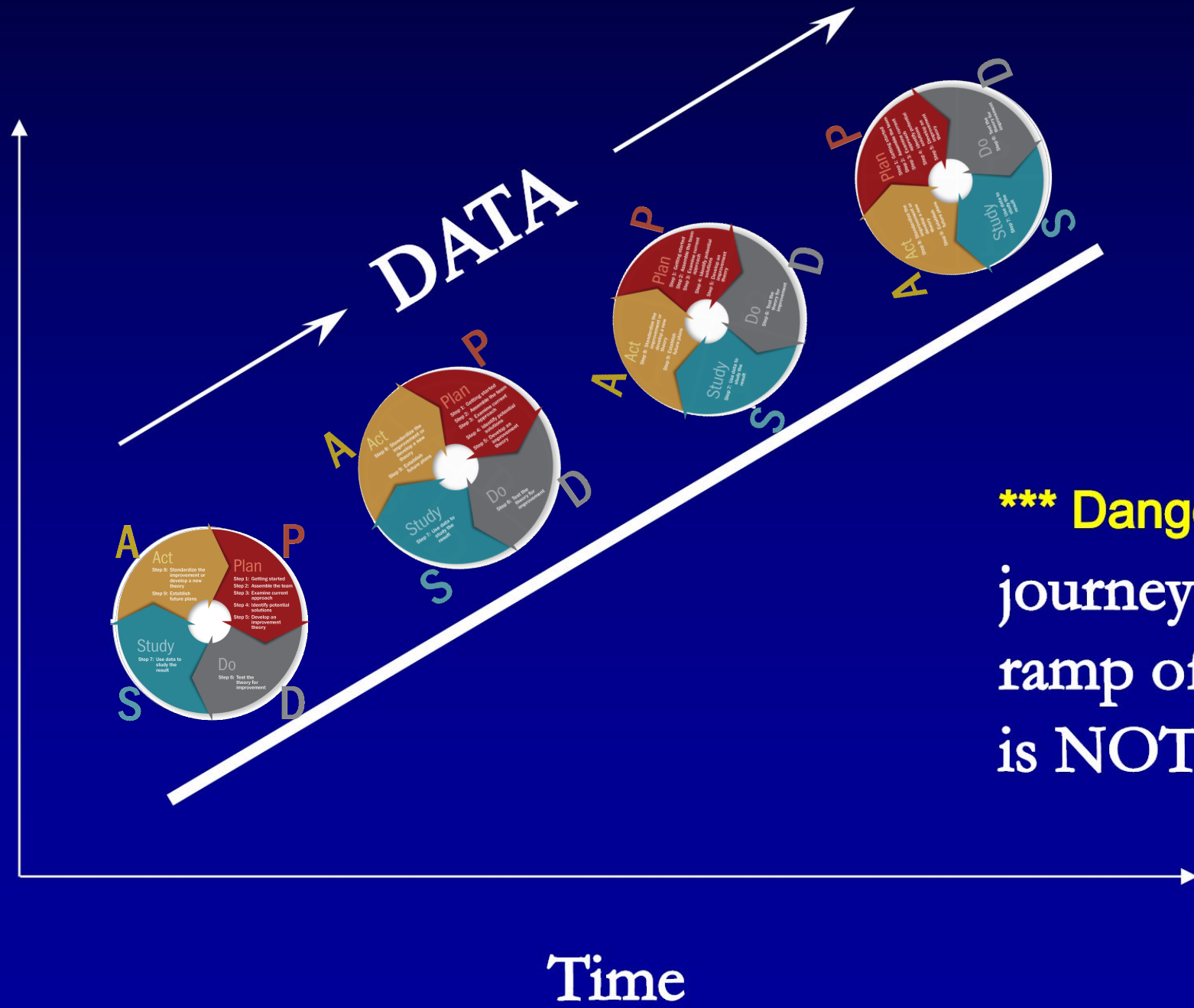




**PLAN-DO-STUDY-ACT (PDSA)**  
PLAN-DO-STUDY-ACT IS AN ITERATIVE, FOUR-STAGE PROBLEM-SOLVING MODEL USED FOR IMPROVING A PROCESS OR CARRYING OUT CHANGE.



Complexity

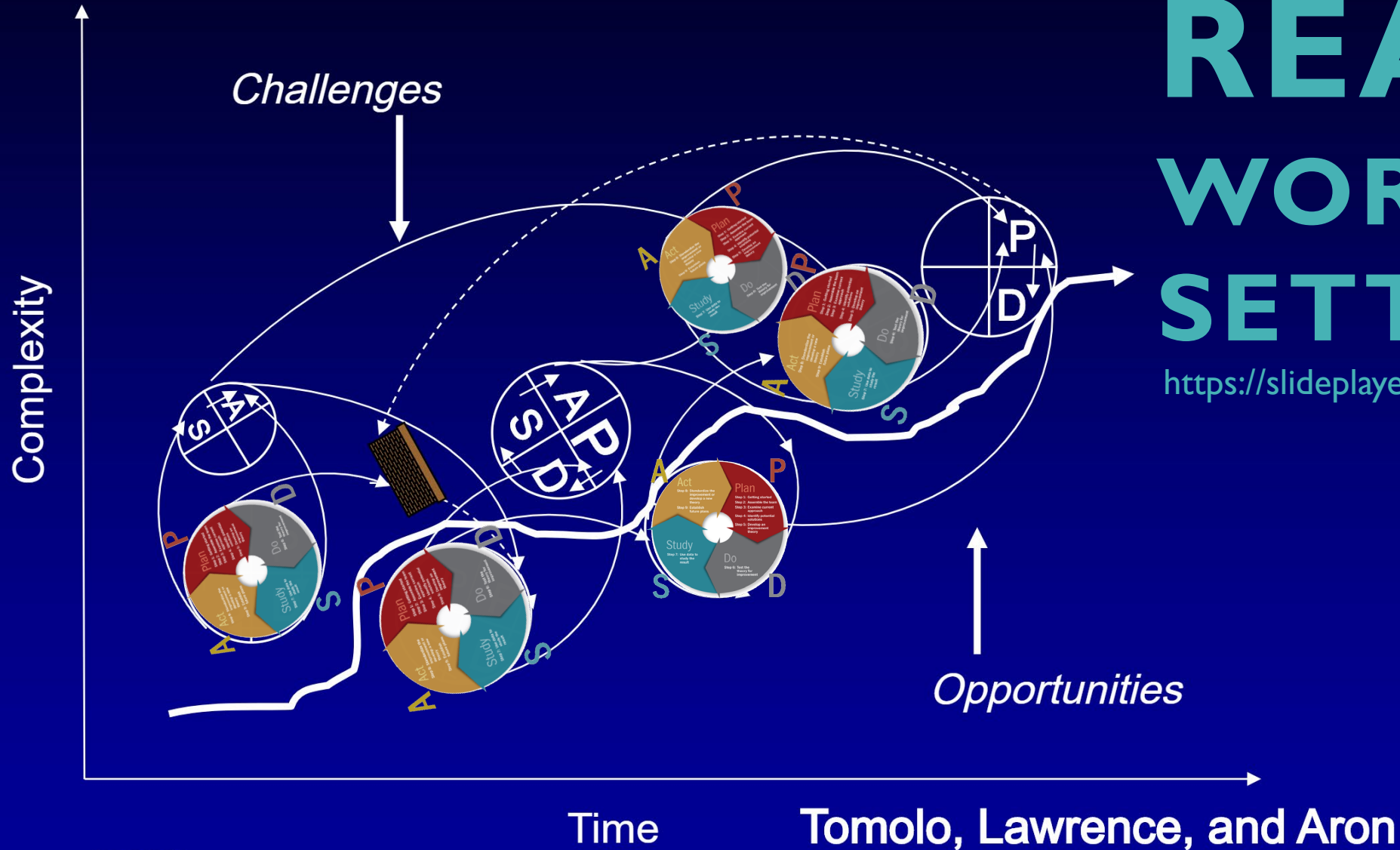


\*\*\* Danger \*\*\* The journey up the ramp of complexity is NOT linear.



# REAL WORLD SETTING

<https://slideplayer.com/slide/4540340/>



## Legend:

P=Plan D= Do  
S=Study A=Act



= Barrier

----- = Lingering background impact

———— = Direct flow of impact

Arrowhead = Feedback or feedforward

Different Sizes of letters and cycles and bolding of letters = denotes differences in importance/impact



# Continuum of Quality Improvement and Research: Rigor vs. Relevance



## Operations

“Relevant”  
Context-Dependent  
Problem Solving  
Quantitative  $>$ ,  $<$ , or  $=$   
Qualitative  
Pre-test post-test or  
Quasi-experimental designs  
Tends to be NON-LINEAR

Potential  
Synergy

## Research

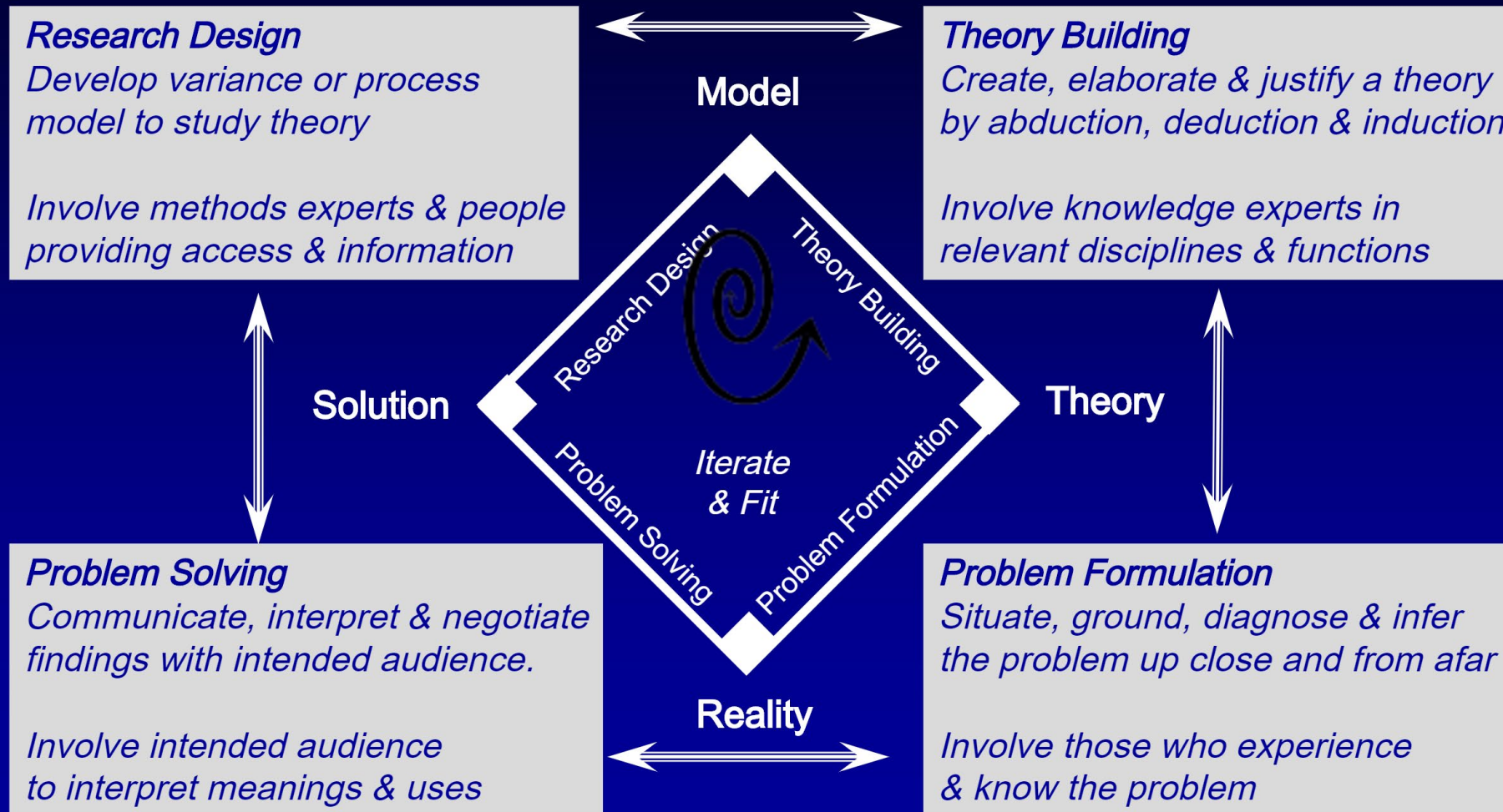
“Rigorous”  
Identify generalizable  
knowledge, i.e.,  
Eliminate Context  
Publishable  
Quantitative  $>$  Qualitative  
RCTs Rule  
Tends to be LINEAR

- Continuum not a dichotomy
- Goal is relevance moving as close to rigor as one can



# Major Activities in an Engaged Scholarship Study

*Study Context: Complexity, research team organization, stakeholders' perspectives*



A. Van de Ven



IMPLEMENTATI  
ON OF  
INVESTMENT  
DECISIONS IS  
FAR EASIER  
THAN IMPLME  
NTATION OF  
DISINVESTMEN  
T DECISIONS

# LOCAL CASES

INVESTMENT VS DISINVESTMENT



**TAVI VS MEDICAL  
MGT  
(INVESTMENT)**

**EXAMPLE 1**



**VOLUVEN/HES VS  
CRYSTALLOIDS  
(DISINVESTMENT)**

**EXAMPLE 2**



KT  
MATTERS

# LESSONS



WITH  
THANKS TO  
THE TEAM...

# HOW FRAGILE IS THE EVIDENCE BASE?

## A STUDY OF 374 RCTS

QURESHI R, SUTTON D, CHENG D, MARTIN J.



# **A STUDY OF 374 RCTS IN NEJM**

QURESHI, SUTTON, CH



**Cost**

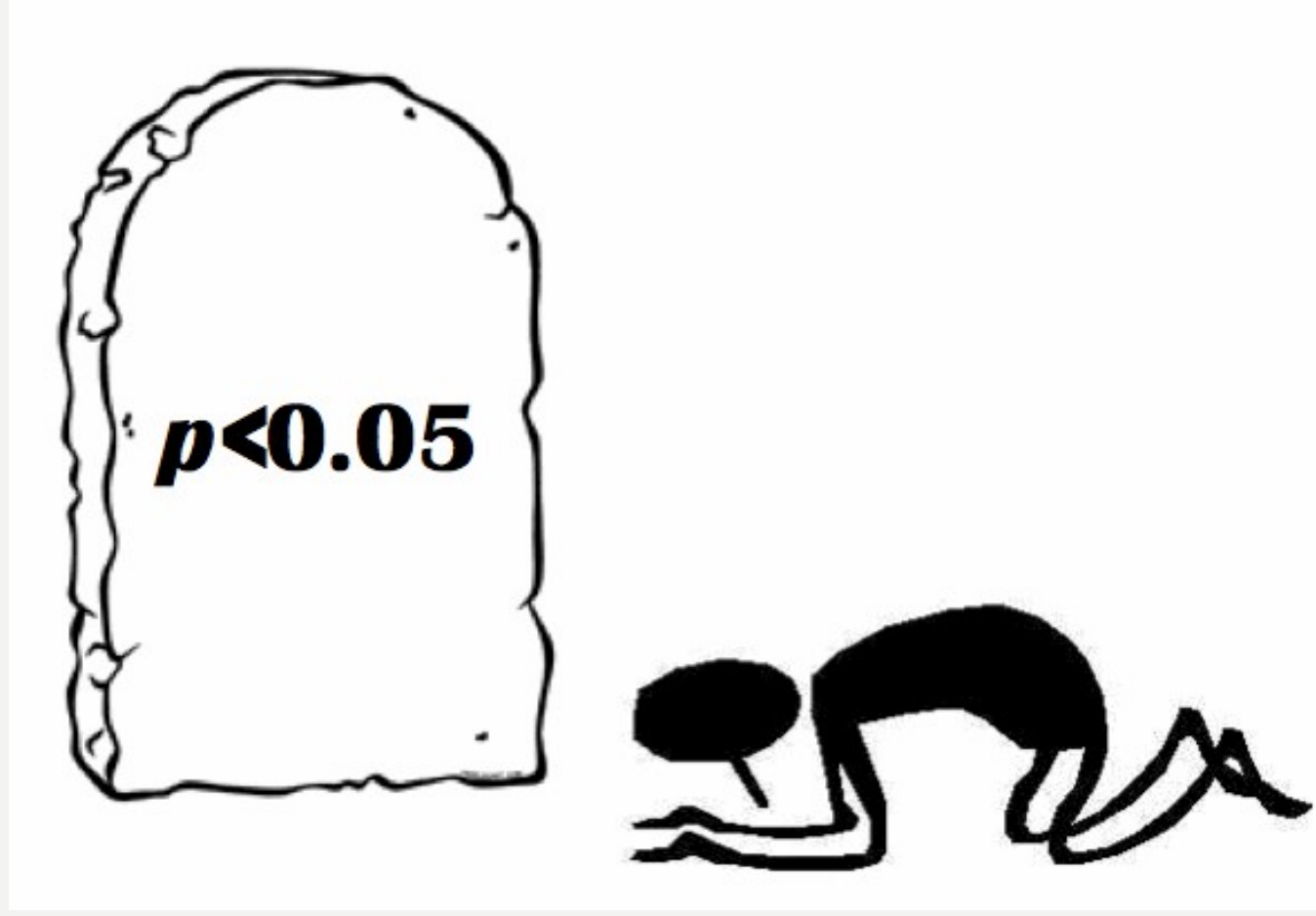
**Risk**

**Benefit**





# BREAKING DOWN THE ALTAR



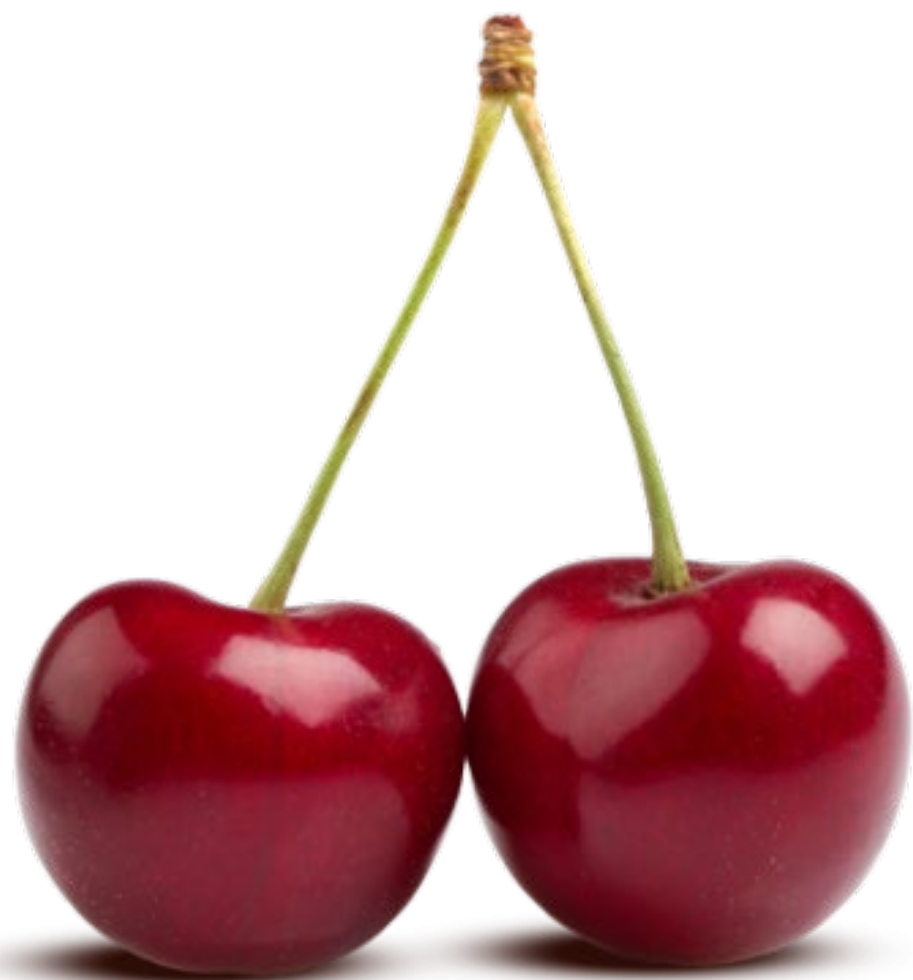


# Slice and Dice Data

            
= torture

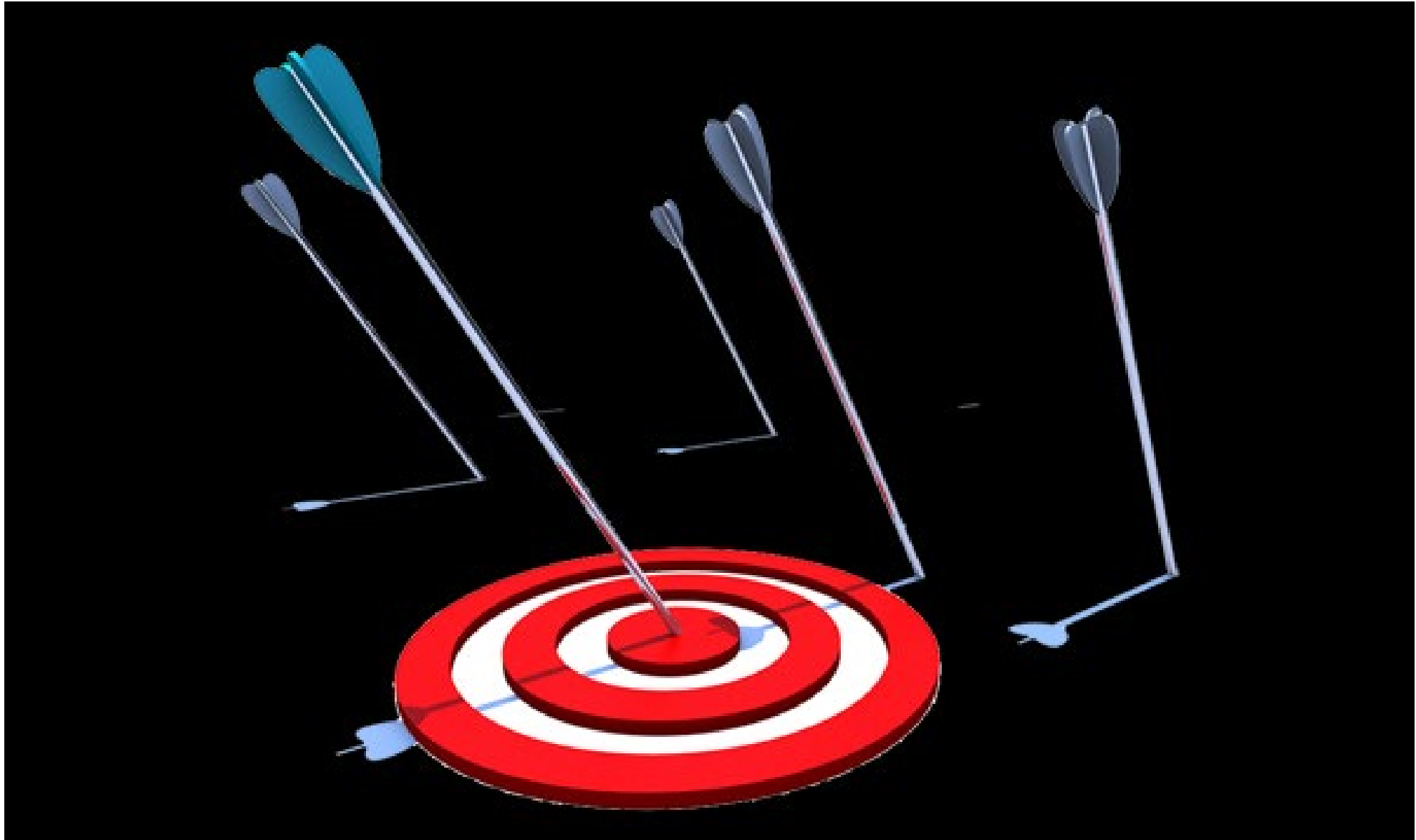






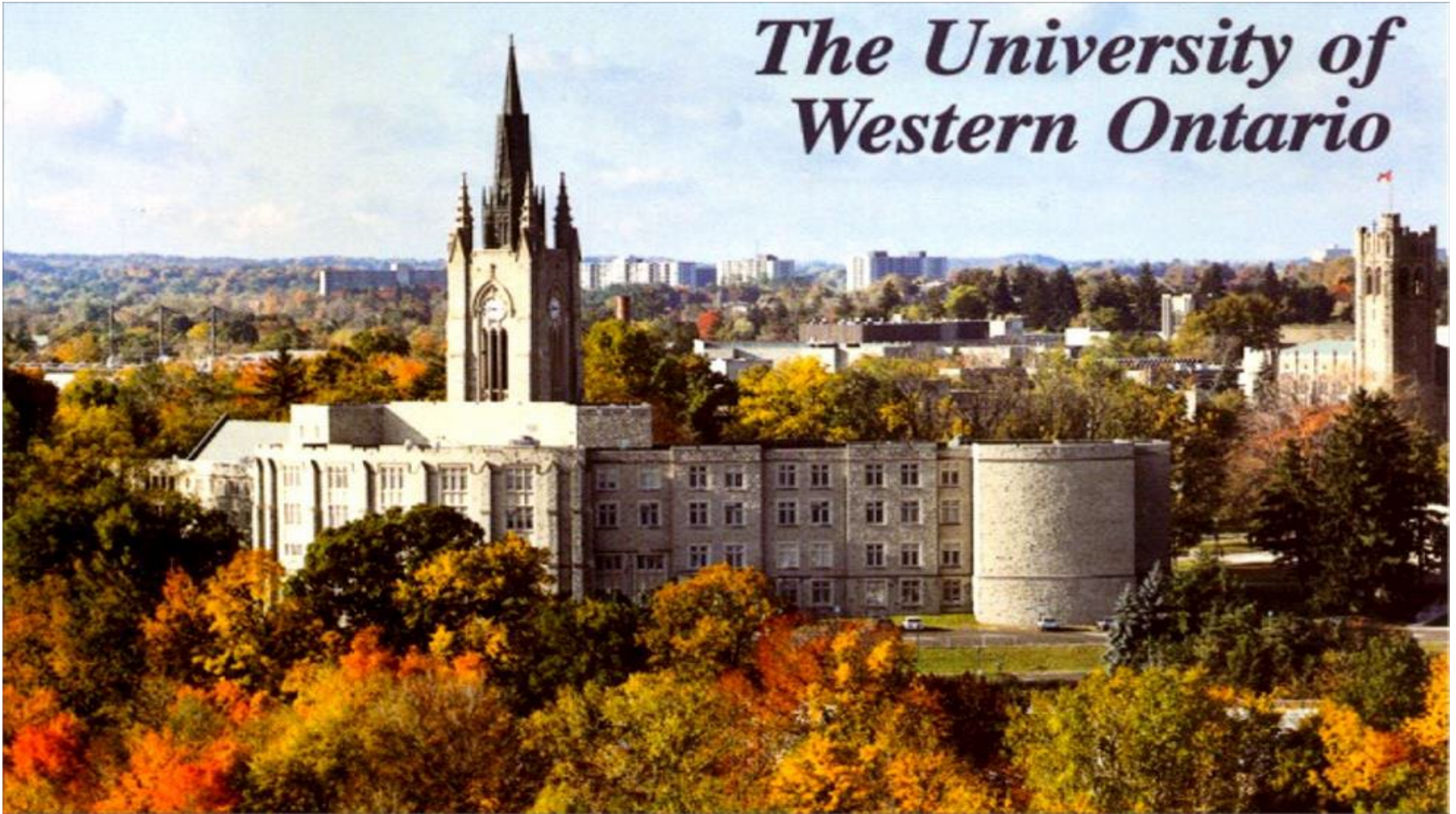


# 1) Shoot    2) Draw Target





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