MARGARET B. HARRISON | IAN D. GRAHAM

KNOWLEDGE TRANSLATION IN NURSING AND HEALTHCARE

A ROADMAP TO EVIDENCE-INFORMED PRACTICE

WILEY Blackwell

Table of Contents

- Cover
- Title Page
- Copyright Page
- Dedication Page
- About the Authors
- Acknowledgments
- Foreword
- Glossary Terms (Alphabetical): Related to the Implementation of Evidence-Informed Practice
- 1 Introduction
  - Introduction
  - Activating Evidence in Practice
  - Knowledge to Action
  - Evidence-Informed Practice Is a Quality Factor
  - Organization of the Book
  - References
- 2 Perspectives from the Field
  - Introduction
  - Case 2: Improving Transition from Hospital to Home
  - Overarching Conclusions and Lessons Learned from the Wound Care and Transitional Care Implementations
  - References
- 3 Guiding Theories, Models, and Frameworks
  - Introduction

Finding Theories, Models, and Frameworks
Our Approach to Theories, Models, and Frameworks
On to More Practical Background
Working Together as Patients, Practitioners, Decision-Makers and Researchers: Guiding Principles and Assumptions
Additional Resources
References
4 A Roadmap for Implementing Best Practice
The Journey to Best Practice
The Implementation Road
Appendix 4.A: Leadershipfor Implementation and Facilitation of Implementation
Summary
References
Part 1: Phase I: Issue Identification and Clarification
5 The Call-to-Action
Introduction
Form a Working Group
Create the Strategic Alliance
Summary
Getting Organized: Draft an Action Map
References
6 Find the Best Practice Evidence
Introduction
The External Evidence
Getting Started – Find Best Practices in Guidelines

Assess the Quality of a Guideline
Determine Guideline Currency, Content, and Consistency
Identify Indicators of Best Practice
Summary
References
7 Assemble Local Evidence on Context and Current Practices
Introduction
Determine the Magnitude of the Issue Within the Local Context
Determine Current Practice – What Are We Doing Now?
Measure the Evidence-Practice Gap
Documenting and Synthesizing the Local Evidence
Summary
References
Part 2: Phase II: Build Solutions
8 Customize Best Practices to the Local Context
Introduction
Who Should Be Involved in Selecting Best Practices?
Determine the Best Practice
Select Guideline and Recommendations for Local Use as Best Practice
Customize Selected Best Practice (What Will Work Here and How?)
Decide on Indicators of Best Practice Use and Impact

Establish a Renewal Plan
Seek Endorsement of the Proposed Best Practice
Summary
Appendix 8.A
Appendix 8.B
References
9 Discover Barriers and Drivers to Best Practice Implementation
Introduction
Why Is it Important to Assess What Might Be Barriers and Drivers to Implementing Best Practice?
Frameworks for Thinking About Determinants of Implementation
Conduct a Stakeholder Analysis
Barriers Assessment
Measures and Means of Assessing Barriers and Drivers
Summary
Appendix 9.A: Improving Physician Hand Hygiene Compliance Using Behavioural Theories
Appendix 9.B: Factors Influencing Nurses Using Symptom Practice Guides for Remote Support of Patients Undergoing Cancer Treatments
Appendix 9.C: Example of a KAP Survey
Appendix 9.D: The Clinicians' Assessments of Practice Guidelines in Oncology (CAPGO) Survey
References

10 Implementation Strategies
- Introduction
- Taxonomies of Implementation Strategies
- What Is Known About the Effectiveness of Implementation Strategies?
- Intervention and Implementation Mapping
- Summary
- Appendix 10.A: EPOC Taxonomy - Topics List
- Appendix 10.B: Cochrane Consumers and Communication Group: Topics list
- Appendix 10.C: ERIC discrete implementation strategy compilation (n = 73)
- Appendix 10.D: Summary of effectiveness of disseminating strategies
- Appendix 10.E: Behaviour Change Techniques and Labels Identified in Three Stages: (a)Reviews; (b) Brainstorming; (c) Textbook Consultation[1]
- Appendix 10.F: TIDieR Checklist
- Appendix 10.G: WIDER recommendations to improve reporting of the content of behavior change interventions
- Appendix 10.H: The AIMD Framework
- References

11 Tailor Implementation Strategies
- The Decision-Making Process for Tailoring Implementation Strategies
- Prioritize Barriers to Implementation Strategies
- Tailor Implementation Strategies to Barriers and Drivers to Use of Best Practice

A Note on Fidelity
Summary
Appendix 11.A: Data from Consensus Process for Linking behavior Change Techniques with Determinants of behavior
References
12 Field Test, Plan Evaluation, and Prepare to Launch
Field Test Implementation Strategies
Plan the Evaluation
Prepare to Launch
Summary
Appendices: Conceptual and Measurement Issues Related to Implementation Evaluation
Appendix 12.A: Some Background Information About Evaluation
Appendix 12.B: Resources for Conducting Evaluations
References
Part 3: Phase III: Implement, Evaluate, and Sustain
13 Launch and Evaluate
Introduction
Launch
Oversee the Implementation and Evaluation
Gaining as Much as Possible from the Evaluation
Use Process Evaluation Results to Manage the Implementation
Manage Summative Evaluation (Outcomes and Impacts) Results

Summary
14 Sustain the Gains
Introduction
What Is Sustainability
Planning for Sustained Use of Best Practice
Our Approach to Sustainability
Spread and Scaling
Integrating Roadmap with Organizational Quality Improvement Approaches
Summary
Appendix 14.A: Sustainability
Appendix 14.B: Selective List of Sustainability References
Appendix 14.C: Selective List of Spread and Scale References
References
15 Reflections
But Is It Worth It?
Summary
Index
End User License Agreement

List of Tables

Chapter 4
Table 4.1 Phase 1: ACTION MAP for issue identification and clarification.
Table 4.2 Phase 2: ACTION MAP for solution building.

Table 4.3 Phase 3: ACTION MAP for implementing, evaluating and sustaining.

Table 4.A.1 Leadership behaviors studied in association with research use by ...

Table 4.A.2 Examples of facilitation definitions over time.

Table 4.A.3 Facilitating done on study sites.

Table 4.A.4 Missing and new elements not previously found in the literature.

Chapter 5

Table 5.1 Phase I: ACTION MAP for issue identification and clarification (*wit*...

Chapter 6

Table 6.1 PIPOH.

Table 6.2 Selected sources of guidelines; systematic reviews, health technolo...

Table 6.3 Template for a Recommendations Matrix (to compare details across gu...

Table 6.4 Template for a Recommendations Matrix (simplified).

Table 6.5 Phase 1: ACTION MAP for Issue Identification and Clarification (*wit*...

Chapter 7

Table 7.1 Examples of best practice recommendations for leg ulcer care along ...

Table 7.2 Example of adherence rates to evidence-based recommendations for le...

Table 7.3 Phase 1: ACTION MAP for issue identification and clarification (*wit*...

Chapter 8

Table 8.1 Phase 2: ACTION MAP for solution building (*with Wound Example).*

Chapter 9

Table 9.1 Final list of attribute categories across six domains of guideline ...

Table 9.2 Examples of instruments and measures to assess determinants of rese...

Table 9.3 Phase 2: ACTION MAP for Solution Building (with Wound Example).

Chapter 11

Table 11.1 Methods and approaches used in interventions classified as “educat...

Table 11.2 Part 2: ACTION MAP for Solution Building (with Wound Example).

Chapter 12

Table 12.1 Illustrating differences in approach and emphasis between quality ...

Table 12.2 Sample evaluation planning and reporting template.

Table 12.3 Example evaluation planning matrix.

Table 12.4 Example of launch checklist.

Table 12.5 Phase 2: ACTION MAP for solution building (*with Wound Example*).

Table 12.A.1 Measures of knowledge use and impact.

Chapter 13

Table 13.1 Phase 3: ACTION MAP for implementing, evaluating and sustaining (with...

Chapter 14

Table 14.1 Comparison of Roadmap stages with three commonly used frameworks f...

Table 14.A.1 Consolidated framework for sustainability constructs in healthca...

Table 14.A.2 Synthesis of themes and factors found in sustainability framewor...

List of Illustrations

Chapter 3

Figure 3.1 The Ottawa Model of Research Use.

Figure 3.2 The knowledge to action cycle (application).

Figure 3.3 Practice guidelines evaluation and adaptation cycle.

Figure 3.4 Summary of the ADAPTE process.

Figure 3.5 CAN-IMPLEMENT.

Figure 3.6 Inter-sectoral continuity of care framework.

Chapter 4

Figure 4.1 The implementation roadmap.

Figure 4.A.1 The O-MILe.

Chapter 8

Figure 8.1 Best practice customization decision tree.

Figure 8.2 Guideline/recommendations decision tree.

Chapter 9

Figure 9.1 Stakeholder influence and support grid.

Chapter 10

Figure 10.1 Implementation mapping logic model by Fernandez et al. 2019.

Chapter 11

Figure 11.1 Stakeholder influence and support grid.

Chapter 12

Figure 12.A.1 Phases of Knowledge Use.

Chapter 14

Figure 14.1 Framework of actionable guidance for 3S across five key focus ar...

Chapter 15

Figure 15.1 Desirable traits to embark on evidence-informed practice.

Knowledge Translation in Nursing and Healthcare

A Roadmap to Evidence-informed Practice

Margaret B. Harrison, BN, MHA, PhD
Professor Emerita, School of Nursing
Queen's University
Kingston, Canada

Ian D. Graham, PhD, FCAHS, FNYAM, FRSC
Professor, School of Epidemiology and Public Health
University of Ottawa
Ottawa, Canada
Senior Scientist
Centre for Practice-Changing Research
The Ottawa Hospital Research Institute
Ottawa, Canada

WILEY Blackwell

This edition first published 2021
© 2021 John Wiley & Sons, Inc.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, except as permitted by law. Advice on how to obtain permission to reuse material from this title is available at http://www.wiley.com/go/permissions.

The right of Margaret B. Harrison and Ian D. Graham to be identified as the authors of this work has been asserted in accordance with law.

Registered Office
John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030, USA

Editorial Office
9600 Garsington Road, Oxford, OX4 2DQ, UK

For details of our global editorial offices, customer services, and more information about Wiley products visit us at www.wiley.com.

Wiley also publishes its books in a variety of electronic formats and by print-on-demand. Some content that appears in standard print versions of this book may not be available in other formats.

Limit of Liability/Disclaimer of Warranty
The contents of this work are intended to further general scientific research, understanding, and discussion only and are not intended and should not be relied upon as recommending or promoting scientific method, diagnosis, or treatment by physicians for any particular patient. In view of ongoing research, equipment modifications, changes in governmental regulations, and the constant flow of information relating to the use of medicines, equipment, and devices, the reader is urged to review and evaluate the information provided in the package insert or instructions for each medicine, equipment, or device for, among other things, any changes in the instructions or indication of usage and for added warnings and precautions. While the publisher and authors have used their best efforts in preparing this work, they make no representations or warranties with respect to the accuracy or completeness of the contents of this work and specifically disclaim all warranties, including without limitation any implied warranties of merchantability or fitness for a particular purpose. No warranty may be created or extended by sales representatives, written sales materials or promotional statements for this work. The fact that an organization, website, or product is referred to in this work as a citation and/or potential source of further information does not mean that the publisher and authors endorse the information or services the organization, website, or product may provide or recommendations it may make. This work is sold with the understanding that the publisher is not engaged in rendering professional services. The advice and strategies contained herein may not be suitable for your situation. You should consult with a specialist where appropriate. Further, readers should be aware that websites listed in this work may have changed or disappeared between when this work was written and when it is read. Neither

the publisher nor authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages.

Library of Congress Cataloging-in-Publication Data

Names: Harrison, Margaret B., author. | Graham, Ian D., author.
Title: Knowledge translation in nursing and healthcare : a roadmap to evidence-informed practice / Margaret B. Harrison, Ian D. Graham.
Description: Hoboken, NJ : Wiley-Blackwell, 2020. | Includes bibliographical references and index.
Identifiers: LCCN 2020033427 (print) | LCCN 2020033428 (ebook) | ISBN 9780813811857 (paperback) | ISBN 9781119123330 (adobe pdf) | ISBN 9781119123323 (epub)
Subjects: MESH: Evidence-Based Nursing | Translational Medical Research
Classification: LCC RT41 (print) | LCC RT41 (ebook) | NLM WY 100.7 | DDC 610.73–dc23
LC record available at https://lccn.loc.gov/2020033427
LC ebook record available at https://lccn.loc.gov/2020033428

Cover Design: NA
Cover Image: © lvcandy/Getty Images

Finishing this book in the Year of the Nurse and Midwife (2020) and it being released in the Year of Health and Care workers, we dedicate this book to the many nurses, other healthcare providers, and patients who have invited us in to facilitate and study implementation. They provided us with world class living implementation laboratories. We owe them so much for providing the opportunity to study implementation processes in the real world and to develop models and frameworks to facilitate evidence-informed practice. They provided us with opportunities to acquire hands-on experience and tacit implementation knowledge which ultimately allowed us to cultivate and hone our implementation craft and science.

and to

Marjorie and Fern

About the Authors

Margaret B. Harrison
Professor Emerita
Queen's University, Kingston, Ontario, Canada

After many years of practice Margaret returned to school to pursue research in nursing. Her PhD (Nursing) from McMaster University concentrated on continuity of care for complex populations and using guideline recommendations as a foundation for multi-interventions within randomized controlled trials. This interest began in the early 1990s at the Children's Hospital of Eastern Ontario where, in her professional practice and research role, she was challenged by senior administration to improve specific quality of care issues, e.g. central line care, preparation of repeatedly hospitalized children. In working with care teams, the dialogue always began with a critical review of external evidence to formulate a new local approach based on best available evidence. This approach continued in her role as Nurse Specialist Research and Evaluation at the Ottawa Hospital, a large teaching facility, working closely with the quality portfolio to conduct implementation studies driven by quality/risk issues, e.g. pressure injury prevention and management practices, transitional care of patients with heart failure. During this time, the term “knowledge translation” became formalized and began to emerge as a distinct research paradigm. Margaret undertook regional community work to assist in care improvement for the population with chronic wounds beginning a long series of nursing research initiatives. Then based at Queen's University, Kingston, Ontario (2000–2014), she was Scientific Director, Senior Scientist with the Practice and Research in Nursing (PRN) Group, a unique practice–

academic partnership dedicated to producing and using evidence for practice. She established and led the Queen's Joanna Briggs Collaboration where research is synthesized in a rigorous manner for practice use. During that time Margaret received the Queen's Basmajian Medal for research, published 137 peer reviewed papers, and first authored CAN-IMPLEMENT©: Planning for Best-Practice Implementation (2014). She was awarded a Sigma Theta Tau Writing Award as lead author for “Roadmap for a Research-Practice Partnership to Implement Evidence” (Worldviews 2012). As Professor Emerita, Margaret continues this work voluntarily with community partners.

Ian D. Graham, PhD, FCAHS, FNYAM, FRSC
Professor, School of Epidemiology and Public Health
University of Ottawa, Ottawa, Canada
Senior Scientist
Centre for Practice-Changing Research
The Ottawa Hospital Research Institute, Ottawa, Canada

Ian's PhD in medical sociology from McGill University focused on understanding how historically, the obstetrical practice of episiotomy rose to became a routine practice in North America by the 1950s, was questioned by women and midwives in the 1970s and 1980s and lost its status as a routine procedure by the 1990s. During his postdoctoral studies, Ian continued to focus on identifying and understanding factors influencing professional practice and the role evidence could play in changing practice. Upon being appointed to the Ottawa Hospital Research Institute and working with nursing and medical colleagues, he began shifting attention to finding ways to apply social science theory and methods to facilitate the uptake of evidence informed practice (known now as knowledge translation and implementation science). The origins of all the knowledge translation models and frameworks he has developed can be traced back to collaborations with

practitioners at the point of care and the desire to find rigorous and collaborative ways for them to leverage external evidence by aligning it with their local context. From 2006–2012 he served as Vice-President of the Knowledge Translation and Public Outreach at the Canadian Institutes of Health Research, Canada's premier health research funder. There he brought in CIHR's first citizen engagement in research framework and open access policy, and funding opportunities to support knowledge translation and engagement of patients and others as research partners. One of his current research foci is on understanding the role of research co-production in the uptake of research findings. He has published over 300 peer reviewed articles and is co-editor of Turning Knowledge into Action: Practical Guidance on How to Do Integrated Knowledge Translation Research (2014), Knowledge Translation in Health Care (2013, 2nd edition) and Evaluating the Impact of Implementing Evidence-based Practice (2010) and co-author of CAN-IMPLEMENT©: Planning for Best-Practice Implementation (2014). He has twice been awarded a Queen Elizabeth II Jubilee Medal (2002, 2012) for contributions to research.

Acknowledgments

The writing of this book has been its own journey. In fact, some of the chapters were drafted during a transatlantic writing retreat aboard the Queen Victoria in her peaceful library. Other chapters were worked while on business trips and academic leave to Australia and the UK. Most of the book, however, was written on the unceded territory of the Algonquin Nation and we honor the Elders and Knowledge Keepers, both past and present.

Our trusty Research Coordinator Meg Carley, BSc guided us through the final phase of this work making great enhancements not only to chapter format but improving our rudimentary schemas and tables – often hand drawn. Meg also skillfully managed the references – her penchant for detail and organization were invaluable. Joan van den Hoek, BNSc took the mental vision we had of the Roadmap and created the graphic for this book.

We would like to thank Christine Cassidy, RN, BScN, PhD; Jed Duff, RN, BN, PhD; and Jo Logan, BScN, PhD for generously reading early drafts of chapters and providing insightful comments and suggestions that have greatly improved the chapters. We are particularly indebted to Sandy Dunn, RN, MScN, PhD for carefully reviewing all the chapters with a critical eye and always offering words of encouragement. Elizabeth Dogherty's RN, BNSc, MNSc, PhD work has enlightened the field and us about implementation facilitation at the point-of-care. Wendy Gifford, RN, BScN, PhD, generously provided material for the Chapter 4 Appendix on implementation leadership. Janet Squires, RN, BN, MN, PhD graciously permitted us to include a TDF interview guide from one of her studies. Melissa Demery Varin RN, BScN, MScN shared literature

she had synthesized on feasibility and pilot testing. We are grateful to Peter C. Wyer, MD for discussion about the differences and similarities between quality improvement and knowledge translation and letting us build on his figure comparing the two. We would also like to express our appreciation to Jennifer Meyers, MD for our discussions on the complementarity of quality improvement tools and the Knowledge to Action Cycle. Not withstanding all the excellent advice, we received, any errors and omissions are ours alone.

We appreciate the support from Wiley Blackwell colleagues over the time in writing this book. In particular, we thank our managing editor Louise Barnetson and our publisher Magenta Styles who has been steadfast in her ongoing support and this greatly encouraged us. Thank you.

Some of the material for the leg ulcer case presented in Chapter 2 was previously published in Graham et al. A community-research alliance to improve chronic wound care. *Healthcare Policy* 2007; 2(4):58–64.

Finally, John and Dawn, our spouses, and our families, have been very supportive and patient with us as we have labored over this book. We cannot thank them enough. We will not however, miss them asking, “Is *that* book done yet?”

Foreword

A quick Internet search will show you that many books have been written about evidence-based practice, so why should you be interested in *this* book? There are several good answers to this question, read on.

The proliferation of products that collate and synthesize evidence to offer best practice recommendations has increased exponentially over the last two decades. Yet there is often a disconnect between what is recommended and what happens in practice. Why? It is partly because evidence does not get moved, intact, from one place to another. It cannot. Research is rarely the only piece of the evidence jigsaw that practitioners draw on in their practice, and there needs to be a good fit between evidence and context for it to have a chance of making a difference. There are many factors at play, which need to be considered and negotiated, and this is rarely straightforward. Therefore, if evidence is to get transformed to inform practice, this requires purposeful action. This is why you should pick up this book.

The authors of this book have brought together research, theory and their accumulated expertise and wisdom from decades of practice-based knowledge translation work to provide a map and compass to help those in roles that facilitate evidence-informed care navigate the way. As a “Roadmap to Evidence-Informed Practice” this book provides a comprehensive and systematic approach, drawing on practical examples, offering tips and tools, and reflecting on lessons learnt. As such, it provides a resource for the implementer to focus on solutions rather than get overwhelmed by the challenges.

The book is organized around the Roadmap Framework that Drs Graham and Harrison have developed from their extensive research and practice in the field. The framework includes three overarching phases: issue identification and clarification, build solutions, and field test, and implement, evaluate, sustain, which provides a logical and systematic way of walking the reader through activities required at each stage. A focus on research and evaluation activities at each stage also supports capacity and capability building for professional practice and research awareness. The content is grounded in nursing practice examples, which translates theory and research into concrete implementation actions. It is a book that you can dip in and out of, or read sequentially. The result is an invaluable and accessible “how to” of implementation.

Another notable feature of this book is the thread of collaboration and partnership that runs through it. Translating evidence to inform practice is not an individual practitioner or provider effort. The relationship between knowing and doing is bounded within the health and care systems people work in. Social and interactional aspects of knowledge translation have been receiving increasing attention. The idea that there are two homogenous communities where one produces knowledge and the other uses it, is rightly, becoming outdated. Therefore, it is refreshing to see how the authors weave in a focus on collaboration and partnership working as a pathway to best practice implementation through co-producing knowledge and practice.

As leaders in the field, these authors have created a roadmap that is authoritative, comprehensive, and useful. What they have managed to achieve is a rare balance of theory and research combined with the practical. This book should be a “go to” for those implementing evidence-informed nursing and healthcare practice.

Jo Rycroft-Malone, RN, BSc(Hons), MSc, PhD,
Professor of Health Research
Dean, Faculty of Health & Medicine, Lancaster University, UK
Director, National Institute for Health Research Health Services & Delivery Research Programme

As I read through this new book by Margaret Harrison and Ian Graham entitled “Knowledge Translation in Nursing and Healthcare: A Roadmap to Evidence-Informed Practice,” I reflected on my years of clinical practice as well as some major implementation projects in healthcare that I have been involved in over the years.

I completed my Doctorate in Nursing (with a focus on Knowledge Translation (KT) and Shared Decision Making) following many years of clinical experience in tertiary neonatal intensive care. During my career I have had the privilege of working as a clinician at the point of care, as an educator and consultant to support practice change, and as a KT Specialist and researcher to develop and evaluate different strategies to improve uptake of best practice.

One of the major initiatives I was involved in was a collaboration between a provincial data registry group, a research team of implementation science and clinical experts, and healthcare organizations providing maternal newborn services in Ontario. The aim of the project was to develop and implement an electronic audit and feedback system across the province, and then evaluate the effect on clinical practice for selected performance indicators. The results of this project were very promising with evidence of improved rates for four of six performance indicators of perinatal care over 30 months post implementation. A number of barriers and enablers were identified, and we learned many lessons from this project both with respect to the design of effective audit and feedback, and about

contextual and individual factors that enabled or blocked change. For example, leadership support for effective change was critical, as were professional attitudes to the change and staff motivation, trust in the data and credibility of the evidence, the availability of essential resources, and collaborative inter-professional relationships.

Reading this new book by two internationally recognized experts in the field of implementation of change in healthcare, I appreciate the successes and failures of our project even more now. Evidence-based guidelines or data signaling an evidence-practice gap do not automatically trigger practice change, even if the evidence is sound and the data are trustworthy. In my years of clinical practice prior to this initiative I have witnessed quality improvement initiatives where limited strategies were used to support practice change (e.g. staff education or the development and communication of a new policy or procedure). Inevitably, this was insufficient to address the full scope of barriers that existed and as a result implementation was incomplete and practice improvement, if any, was limited – wasting time, effort, resources, and money. Successful practice change in healthcare requires a multi-level, multi-pronged approach informed by current evidence and tailored to address the existing barriers to change within the specific context of care.

This new book provides a comprehensive roadmap to guide you through the planning process for successful implementation of sustained practice change in your organization. This is an extremely interesting, well written resource that is a pleasure to read. It is a rich source of information based on the authors' years of experience in the field and informed by a wide range of theories and scientific evidence. This book also demonstrates the complexity of the change process, what it takes to

successfully implement new practices and the commitment of time and resources required to carry out each phase. It is full of real-life examples, tools, tips, references, and a step-by-step approach to help guide you along your journey. This book is a tremendous resource for nurses as well as other healthcare professionals. I wholeheartedly recommend that you read this book and take advantage of the wealth of knowledge contained within to help guide your implementation projects. Enjoy!

Sandra Dunn RN PhD
KT Specialist, BORN Ontario
Adjunct Professor, University of Ottawa, School of Nursing
Senior Research Associate, Ottawa Hospital Research Institute

Praise for Knowledge Translation in Nursing and Healthcare

Changing behavior using theory and evidence can be a daunting challenge – Drs. Harrison and Graham have risen to this challenge by providing us with a thoughtful and pragmatic “Roadmap” to guide our implementation activities from planning to sustainability. These authors have integrated the science and practice of implementation into a user-friendly “Roadmap” to optimize our success as implementers on the clinical frontline.

Dr. Sharon E. Straus, HBSc, MSc, MD, FRCP (C)
Professor, Dept. of Medicine, University of Toronto
Physician-in-Chief, St. Michael's Hospital
Director, KT Program, St. Michael's Hospital

“This is exactly what I’ve been looking for, something practical to use to teach KT and evidence implementation.”

Professor Jed Duff RN PhD FACORN,

Professor and Chair of Nursing, Metro North Hospital and Health Service and Queensland University of Technology
Royal Brisbane & Women's Hospital, Nursing & Midwifery Research Centre, Herston, Queensland 4029

As a healthcare leader with many years of experience in the practice environment and within accreditation, this book offers you a way for moving best practice into the healthcare environment, that is relevant and in touch with your reality. With a focus on improved outcomes for both care recipients and the providers, the approach outlined in this guide is easy to follow and simplifies the pathway to enabling implementation of best practice.

In the complex world within which healthcare is provided, these authors demonstrate their deep understanding of your reality and provide you with this valuable guide. Enjoy the journey guided by The Roadmap!

Wendy Nicklin RN, BN, MSc(A), CHE, FACHE FISQ,ua, UCD.D
Former Vice President of Clinical Services, Chief Nurse Executive, The Ottawa Hospital, subsequently
President and CEO of Accreditation Canada, President (Board Chair) of International Society for Quality in Health Care (ISQUA)

Drs. Harrison and Graham are global leaders in knowledge translation and implementation science. Their book provides a practical and science-based approach to move evidence from the page to the hands of the knowledge user where it makes a difference.

Lisa Hopp PhD RN FAAN
Dean and Professor
Director, Indiana Center for Evidence Based Nursing Practice
Purdue University Northwest, Hammond IN

This book is full of outstanding practical advice, based on solid research and real world experiences, on how to best overcome barriers in the implementation of evidence-based care. It should be a staple resource for enhancing the quality and safety of healthcare.*Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAANVice President for Health Promotion, University Chief Wellness OfficerDean and Professor, College of NursingExecutive Director, the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and HealthcareThe Ohio State University and safety of healthcare.*

Bernadette Mazurek Melnyk, PhD, APRN-CNP, FAANP, FNAP, FAAN
Vice President for Health Promotion, University Chief Wellness Officer
Dean and Professor, College of Nursing
Executive Director, the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare
The Ohio State University and safety of healthcare.

Glossary Terms (Alphabetical): Related to the Implementation of Evidence-Informed Practice

Adapt:
to modify or make suitable for one's purpose.

Adherence:
following the evidence (e.g. guideline) recommendations.

Adopt:
to take up, follow or use.

Barriers Assessment:
a process for identifying barriers and drivers to a specific a practice or behavior.

Best Practices:
maintaining or improving effective and efficient care based on best available evidence.

Call-to-Action:
the point when a practice issue emerges as a problem to be dealt with, when quality or risk data indicate it as a problem, or new evidence emerges that should change practice.

Capacity Building:
a process that builds on local existing skills and knowledge, fostering a sense of ownership and empowerment.

Conceptual knowledge use:
using knowledge to change the way users think about issues including changes in understanding, attitude, or intentions.

Continuity of care approach: