

# Knowledge Translation and Exchange Framework

December 2021



**BC MENTAL HEALTH  
& SUBSTANCE USE SERVICES**  
*Provincial Health Services Authority*

**“Knowledge without practice is useless.  
Practice without knowledge is dangerous.”**  
- Confucius

This report was prepared on the unceded, ancestral territories of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



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# Introduction

At BC Mental Health and Substance Use Services (BCMHSUS), we view knowledge as foundational to advancing our understanding of mental health and substance use issues, delivering evidence-based interventions, supporting innovation, and ultimately, optimizing the health, wellbeing, and growth of individuals, families, and communities. BCMHSUS recognizes the wealth of knowledge that our patients and clients, direct care providers, decision-makers, staff, and partners have to offer. This Knowledge Translation and Exchange (KTE) framework is intended to provide a structure for leveraging and catalyzing this knowledge in a way that renders the whole far greater than the sum of its parts.

## Why a Knowledge Translation and Exchange (KTE) Framework?

This framework is intended to support a shared understanding that KTE at BCMHSUS is *everybody's* business. It outlines the primary functions needed to connect, leverage, and catalyze knowledge—from lived and living experience of mental health and substance use issues, professional experience, and systematic inquiry (e.g., research, evaluation, and quality improvement). It also includes resources to strengthen our individual and collective capacity for KTE.

### Sources of knowledge that drive excellence in health



## Who is this framework for?

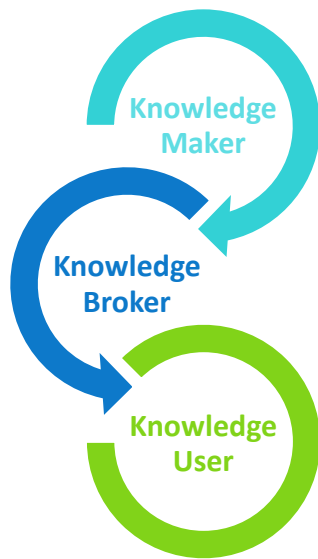
This framework is for BCMHSUS direct care providers, patients, clients, families, decision-makers, researchers, and external partners. By growing in knowledge together, the possibilities are limitless.



# What is knowledge translation and exchange (KTE)?

KTE makes the connection between knowledge and action. It's about understanding the most important challenges that need to be addressed, learning about the best available solutions, and sharing that knowledge in ways that persuade and support people and groups to take action and change—whether that be changes to individual health behaviours, to the delivery of health care and related clinical services, and/or to health system planning and policy development.

## What kind of Knowledge Partner are you?



**Knowledge makers** create new and/or synthesize existing knowledge—from lived and living experience, professional experience and/or systematic inquiry.

**Knowledge brokers** foster relationships and communication between knowledge makers and users to support a shared understanding and purpose.

**Knowledge users** apply knowledge to make informed decisions – about personal health, professional practice, research, and/or policy.

KTE is everybody's business. That means that everybody is a knowledge partner. The specific role you play, and how active you are in that role, will depend on the circumstances. You may even take on more than one role at once. For example, in Indigenous knowledge systems, the processes of "knowing" and "doing" are often intricately intertwined and the boundaries between KTE roles defined by Western science are fluid, dynamic, and in some cases, completely absent (see below).

"For an individual to hold knowledge and not apply it in their life or share it for the benefit of the collective could be seen as foolish and selfish from an Indigenous perspective. Knowledge may be considered as pre-existing such that there are no new "discoveries" but rather a process of gradual awareness and understanding of complex, interconnected, and pluralistic systems of existing knowledge. In this way, knowledge development work is actively transformative as it is linked to life-long processes of human development. Stories themselves can be perceived as holding "medicine" and the process of sharing stories as acts of healing."<sup>1</sup>



## Why is it important?

## KTE

## What are the benefits?



Only about 14% of research is translated into action and it takes an average of 17 years for that translation to happen.<sup>2,3</sup>



Between 30-40% of patients are not receiving care that is aligned with the available scientific evidence.<sup>4</sup>



It's getting harder to keep up with the ever-growing body of knowledge.



Information alone is not very effective in changing practices and no one single KTE strategy has been found to be effective across different projects, contexts and/or service settings.



A better understanding of the needs of patients and clients, direct care providers, staff, researchers, and partners – and individual and collective empowerment to address those needs.



Meaningful, relevant, and actionable research, evaluation, and quality improvement that drives high quality clinical services, policies, research, leadership, partnerships, advocacy, and health behaviours.



A dynamic and responsive culture of innovation and learning.

### KTE in a health care context: Connecting the dots

KTE is sometimes described as an umbrella concept that encompasses other approaches sharing a common goal of learning from and improving health care practices and outcomes.

Understanding the nuances between the following kinds of systematic inquiry helps guide decisions about which approach is most appropriate for your KTE strategy and goals.

**Research** is a structured and systematic way of generating new knowledge about health and ways to improve health. This new knowledge can come from population, laboratory and/or clinical research.

**Evaluation** is aimed at collecting knowledge about the process, outcomes, or impacts of a program or intervention to inform future decisions, including changes needed to improve a program.

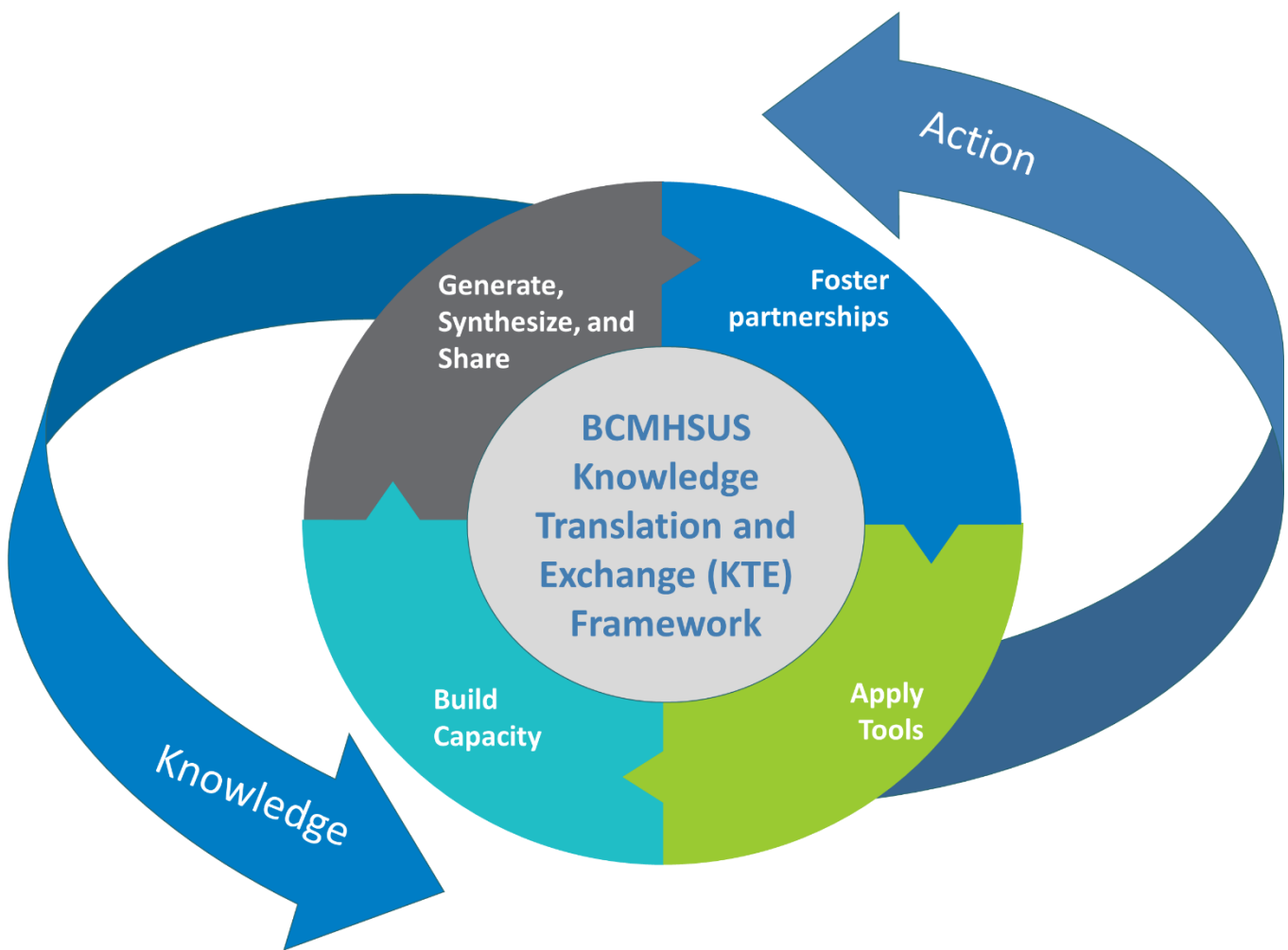
**Quality improvement** is about analyzing processes and implementing changes to improve or optimize the performance of an intervention or practice in a local context. It often involves rapid cycles of planning, doing, studying, and acting (PDSAs) to inform timely changes.

Depending on the availability of existing knowledge related to your topic, your KTE strategy may include any of these forms of inquiry. KTE can also be a key input to these forms of inquiry. For example, by communicating the needs, challenges, and expertise of knowledge partners, KTE can help shape the types of questions to be investigated.

# BCMHSUS Knowledge Translation and Exchange (KTE) Framework

The BCMHSUS KTE Framework, presented below, illustrates four primary functions to support effective KTE. These functions – synthesize and share; foster partnerships; build capacity; and apply tools – are described in more detail in the pages that follow. We have also included:

- Examples of how each of these functions contributes to advancing, applying, and sharing knowledge;
- An overview of the KTE resources available to BCMHSUS direct care providers, staff, leaders, and researchers, and;
- Examples of innovation in KTE within BCMHSUS and beyond.



# Generate, synthesize, and share

The ability to effectively (and efficiently) generate, synthesize, and share knowledge that is relevant, reliable, and impactful is a critical part of KTE. The availability of research evidence with the potential to improve health care and health outcomes is growing at an exponential rate. Once other forms of knowledge arising from lived/living and professional experiences are included, the potential for learning and growth becomes practically infinite.



## THE BC MENTAL HEALTH & SUBSTANCE USE SERVICES RESEARCH NEWSLETTER

Curious about how  
BCMHSUS is generating research?  
Want to get involved?

Check out our quarterly newsletter! It includes highlights of research underway, learning opportunities, and resources and tools for KTE.

### Tips for sharing knowledge

- ✓ Develop a plan (e.g., by using the [Knowledge Translation Planning Template](#)).
- ✓ Know your target audience (e.g., by completing a [stakeholder analysis](#)).
- ✓ Focus on key messages and repeat them in different ways and using different media.
- ✓ Use accessible language (e.g., by using the [BC SUPPORT Unit's plain language guide](#)).
- ✓ Look for opportunities for active sharing by leveraging relationships and networks.
- ✓ Learn by doing - evaluate the impact of sharing strategies (e.g., by using the [Knowledge Translation Plan Appraisal Tool](#)).

### Resources for Knowledge Synthesis

#### Electronic Health Library of BC (e-HLbc)

The e-HLbc, available to all BCMHSUS staff and direct care providers, provides easy access to online health library resources, including several major literature search databases. Its purpose is to support and improve practice, education, and research in the health sciences.

#### Databases of evidence-based interventions and practices

Several academic and government organizations host free access to databases of quality-rated systematic reviews—the following are examples of those that include a specific focus on mental health and substance use:

- [HealthEvidence.org](#) (McMaster University);
- [Evidence-Based Practices Resource Center](#) (Substance Abuse and Mental Health Services Administration);
- [ACCESSSS Smart Search](#) (McMaster University);
- [Blueprints for Healthy Youth Development](#) (University of Colorado Boulder).

#### BC ECHO on Substance Use

The [BC ECHO on Substance Use](#) is a community of practice aimed at building capacity within primary care to treat and manage substance use disorders. BC ECHO is based on the evidence-based [ECHO \(Extension for Community Healthcare Outcomes\) model](#), a hub-and-spoke guided practice approach that offers 'telementoring' to providers in rural and remote communities.







## Spotlight on Innovative KTE: The BCMHSUS Research Challenge

Direct care providers have unique insights about how health services, policies and care experiences can be improved. They do not, however, always have the capacity, time, or resources to engage in research to test potential innovations.

The BCMHSUS Research Challenge provides an opportunity for direct care providers to develop and complete a practice-based, patient-oriented research project that is relevant to the work they do and the people they serve.

Challenge participants are given the opportunity to fully participate in the complete cycle of moving research into action. Teams consist of at least two direct care providers and a patient or family partner. They are supported by educational workshops, research mentorship, and a \$5,000 grant to develop and implement a research study, share the results of their work, and apply evidence in day-to-day practice.

The BCMHSUS Research Challenge is based on a research training program developed by Providence Health Care. An evaluation of the program found that most of the direct care providers who received training had actively shared the results of their research in their clinical practice, leading to improved patient care and greater appreciation for evidence-based practice and research. Some participants also reported that the program increased their interest in advanced education.<sup>5</sup>



# Foster partnerships

Partnerships and relationships are foundational to KTE. They help spread new ideas and innovations, stimulate understanding, and create synergies across diverse groups of people. Facilitating connections between knowledge partners also increases the chances that KTE will make a difference. These differences can be seen in the effectiveness of the services we provide, the impact of our research leadership, and ultimately, in the health and wellbeing of the people we support. At BCMHSUS, partnerships are fostered in many ways, including by leveraging and building upon existing relationships and networks, and by building new ones through team-based care, communities of practice, and formal networks.

## Resources

The [BCMHSUS Patient and Family Engagement Framework](#) guides the engagement of patients and families in planning, delivering, and evaluating health care and research at BCMHSUS. Additional toolkits, resources and printable templates for successful engagement can be accessed on the Patient Engagement Page on PHSA On Demand (POD) website.

[The Partnering Toolkit](#) provides tools and frameworks designed to develop, sustain, and assess inter-sectoral partnerships. It has been adopted by organizations all over the world. The Partnership Toolkit is part of a [series](#) developed and offered by the Partnering Initiative.

[The Partnership Assessment Tool for Health \(PATH\)](#), designed for community-based organizations and health care organizations in existing partnerships, provides a template to: (1) understand progress toward benchmarks characteristic of effective partnerships; (2) identify areas for further development; and (3) guide strategic conversations.

## Supporting Equitable Partnerships – The Power of Dialogue

Every partnership contains power imbalances. For example, in KTE, there is still a strong bias towards Western empirical, objective science over relational, contextual knowledge. This bias can end up privileging the perspectives of some partners over others. Additionally, some partners may hold more power related to access to or control of funding or decision-making power, or due to holding formal positions of authority. It is therefore critical to make power imbalances explicit and work to mitigate them by collaboratively defining rights and responsibilities and providing a space for critical reflection.<sup>6</sup>

Dialogue is one foundational tool to support equitable partnerships. Dialogue helps bridge divides and supports shared understandings through open, honest, and non-judgmental conversations.<sup>7</sup> The Canadian Institute for Substance Use Research (CISUR) has identified key principles of effective dialogue (see below) and offers a number of resources on their [website](#) to understand and facilitate dialogue.

### Principles of Dialogue





## Spotlight on innovative partnerships

### BC Partners

The [BC Partners](#) is a group of seven leading non-profit agencies working in partnership with BCMHSUS since 2003. The BC Partners work together to activate knowledge for healthier individuals, families, and communities across BC. They offer a range of resources to help people manage their own and others' health and wellbeing and to help agencies and systems to better serve people.

### BCMHSUS Communities of Practice

Communities of Practice (CoPs) are “groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.”<sup>8</sup> CoPs have been developed within Forensic Psychiatric Services to integrate the concurrent disorder program into regional clinic services, as well as within Correctional Health Services.

### BCMHSUS Complex Case Consultations (C3s)

Complex Case Consultations (C3s) were developed at the Forensic Psychiatric Hospital (FPH) to provide a space for staff and physicians to share, discuss, and problem-solve complex clinical cases. C3s are offered monthly and are open to all FPH staff through a videoconference platform to leverage the expertise and skills of the care team and others.

### BCMHSUS Patient and Family Partner Network

The Patient and Family Partner Network is a community of patients, clients, families, and caregivers across BC who are working in partnership with BCMHSUS direct care providers, decision-makers, and researchers to improve our health care services and research. The network provides a range of engagement opportunities including:

- Sharing stories to direct care providers, patients, and families;
- Reviewing and giving feedback on policies, resources, and handbooks;
- Participating on working groups and committees and in focus groups and conversations;
- Interviewing and hiring new staff.

For more information about the Patient and Family Partner Network, email: [engage\\_bcmhsus@phsa.ca](mailto:engage_bcmhsus@phsa.ca)

### BCMHSUS Program-level Patient and Family Advisory Councils

The goal of the program-level patient and family advisory councils is to create safer, more effective, responsive, and equitable experiences and health outcomes for all patients, clients, and families that access BCMHSUS services. Each council identifies and advises on key strategies, services and projects that improve diverse service experiences and empower patients, clients, and families to actively participate in the co-design of goals, processes, and evaluation of BCMHSUS initiatives. A minimum of 50% of each council is comprised of patient and family representatives.



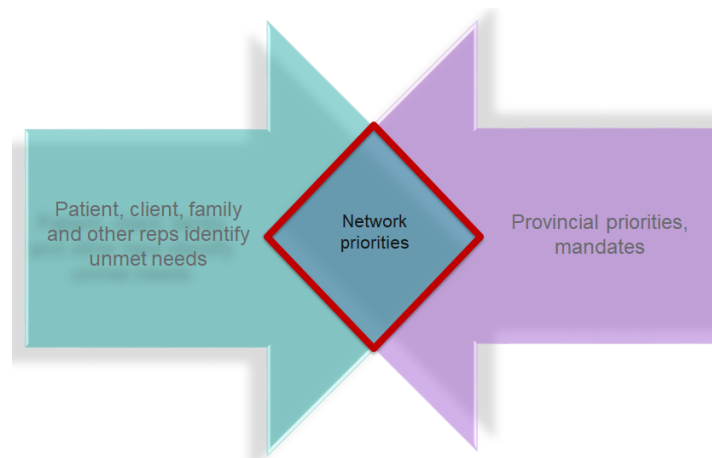
# The Provincial Mental Health and Substance Use Network (MHSUN)

In 2016, the BC Office of the Auditor General (OAG) conducted a review of tertiary care for people needing specialized services and supports for serious and complex mental health and substance use issues. The review highlighted existing strengths in the system as well as key areas for improvement. A collaborative cross-health authority response to the OAG was developed that included a number of system-level improvements, such as consistent cultural safety training, the collection of standardized data indicators, and smoother transitions between services. Implementation of these improvements requires a mechanism to engage various stakeholders toward a shared vision of change and ensure a consistent and coordinated approach across the province. The Provincial Mental Health and Substance Use Network (MHSUN) focuses on undertaking system-level improvements at the intersection of unmet client needs and provincial service priorities for British Columbians with complex concurrent mental health and substance use needs.

## Key Functions

The Provincial MHSUN brings together diverse perspectives from across a variety of contexts to create innovative strategies to address complex problems and improve health system functioning. The overall aim of the Provincial MHSUN is to improve access to and quality of services for clients with complex concurrent mental health and substance use disorders, through a focus on planning, networking, and capacity building. Specifically, the key functions of the Provincial MHSUN are to:

- Foster collaboration and participation between diverse stakeholders.
- Facilitate KTE through the identification of knowledge gaps as well as the generation and dissemination of accessible, evidence-informed resources that build workforce capacity.
- Support implementation and sustainability of key activities through needs-based planning, equitable resource allocation, and the promotion of consistency in care across the province.
- Promote evaluation and continuous improvement by monitoring and assessing intervention impacts, ensuring appropriate measurement and data collection, and enabling effective data sharing across the province.



# Build capacity

Health care organizations and systems are devoting more attention and resources to building capacity for KTE as a way of improving services and health outcomes. BCMHSUS recognizes that the full potential of KTE can best be realized by ensuring that the entire workforce has core competencies in KTE and is supported to see KTE as a “generalizable way of working.”<sup>9</sup>

## Did you know?

All regulated health professionals are expected to engage in continuous learning so that they can provide services that are based on evidence and the needs of the patients and clients they serve. KTE is increasingly recognized as an important component of this learning. For example, the Canadian Centre on Substance Use and Addiction developed core competencies for substance use service providers which include several related to KTE, such as:<sup>10</sup>

- Gathering, synthesizing, and evaluating information;
- Adjusting a clinical approach based on knowledge;
- Identifying and creating interdisciplinary networks;
- Using evidence-based practices;
- Communicating effectively.

## Resources

### Learning and Development

BCMHSUS recently launched its Integrated Learning Strategy to provide a systematic framework to understand learning at BCMHSUS. It includes a map of the kind of learning BCMHSUS offers across six domains of learning as well as pathways for staff development. KTE is an important area of focus in the *Skills for work and life* domain of the strategy with several training opportunities available. More details about these opportunities can be found on the Learning Hub.



### KT Pathways

[KT Pathways](#), developed by the Michael Smith Foundation for Health Research, is a digital assessment and learning tool for anyone that creates or uses research evidence. It is designed to help assess current KTE strengths and areas for development and provides tailored training materials and supports based on the results.

### Indigenous Ways of Knowing and KTE

Indigenous ways of knowing is a term used to recognize the “beautiful complexity and diversity of Indigenous ways of learning and teaching”.<sup>11</sup> Indigenous ways of knowing reflect a respect for knowledge as relational, experiential, holistic, situated in context, and embedded in a deep respect for the land.<sup>11,12</sup> Etuaptmumk, the Mi'kmaq word for Two-Eyed Seeing, is a guiding principle for integrating (or “[braiding](#)”) Indigenous ways of knowing with other perspectives, including Western scientific approaches, to advance our understanding of our world, our communities, and ourselves; and, much like KTE, to put that knowledge into positive action. Some related resources are listed below:

- [Braiding Indigenous Science with Western Science](#) (online book);
- [Institute for Integrative Science & Health](#) (website);
- [Sharing What We Know about Living a Good Life: Indigenous Approaches to Knowledge Translation](#) (research article);
- [Indigenous Ways of Knowing](#) (training module).





## Spotlight on innovative capacity building: The Interprofessional Practice Council (IPPC)

The Interprofessional Practice Council (IPPC) provides a platform for different BCMHSUS professionals to work together to identify, prioritize and collaborate on professional practice challenges and opportunities. By actively linking research with clinical practice, the IPPC identifies and activates “big ideas,” and builds on the strengths and successes of different professions to ensure that the care provided by BCMHSUS is evidence-based and high quality.

### Advancing Nursing Practice at BCMHSUS

In 2019, BCMHSUS launched a project to collaboratively review its nursing practices relative to existing standards with a view to advancing practice. The project is a good example of how different kinds of knowledge can be brought together to form a more complete picture of a practice area as well as the best ways to strengthen it.

The work was guided by an Advisory Committee made up of representatives from practice and operational leadership, including nurses. The review itself combined knowledge from performance measurement metrics (data from BCMHSUS accreditation processes and patient safety reports), BCMHSUS policy, and professional experiences (collected from focus groups with direct care nurses representing different BCMHSUS programs and nursing designations and roles).

Following the review, Advisory Committee members took results back to their respective BCMHSUS programs to collaboratively identify priorities to further strengthen nursing practice. This ensured that priorities reflected the diverse practice contexts across programs and provided opportunities to fully leverage program strengths.

Priorities were identified at the end of 2020 and programs will now focus on implementing targeted improvements to nursing practice. Progress will be tracked with tools provided by the project team. Practice leadership will present status reports to the Interprofessional Practice Council (IPPC; described above) on a quarterly basis. This will ensure there is cross-pollination of implementation successes across programs, collaborative problem solving to address emerging challenges, and identification of further innovation possibilities.



# Apply tools

BCMHSUS recognizes that building a culture of KTE requires a range of tools to empower our knowledge partners. We support this goal by seeking to understand the need for different types of tools across BCMHSUS, identifying existing evidence-based tools, and developing and/or adapting tools to fully support a culture of KTE.

## Resources

### BCMHSUS Leadership Dashboards

Leadership Dashboards have been co-designed with senior clinical program leaders, clinicians, quality leaders, members of the Inter-professional Practice Council and other BCMHSUS stakeholders to bring data together and provide a more comprehensive and meaningful presentation of key performance indicators across the dimensions of quality.<sup>13</sup> As these dashboards continue to be developed, they will be reviewed at different team and committee meetings as well as with direct care providers.

### National Collaborating Centre for Methods and Tools (NCCMT)

The NCCMT is funded by the Public Health Agency of Canada and hosted by McMaster University to encourage and scale evidence informed decision-making in Canadian healthcare organizations. NCCMT hosts [a searchable, online collection](#) of evidence-based methods and tools for KTE for busy practitioners to enable evidence use in their practice.

## Leveraging data to improve outcomes

Health care data and data analytics have enormous potential to improve health care services and outcomes and transform care systems. For example, **measurement-based care**—the practice of routinely measuring client progress during treatment using standardized tools—has been shown to improve treatment planning, outcomes, and client-centred practice, and to drive quality improvement.<sup>14</sup> At an organizational/system level, registries of health-related data—about health service use, clients served and health indicators—are a critical input into understanding and improving the health of populations. Organizations that invest in infrastructure to collect and use relevant, high quality, comparable data, and that facilitate access to and use of data, are more likely to drive impactful research and improve health care services and outcomes.

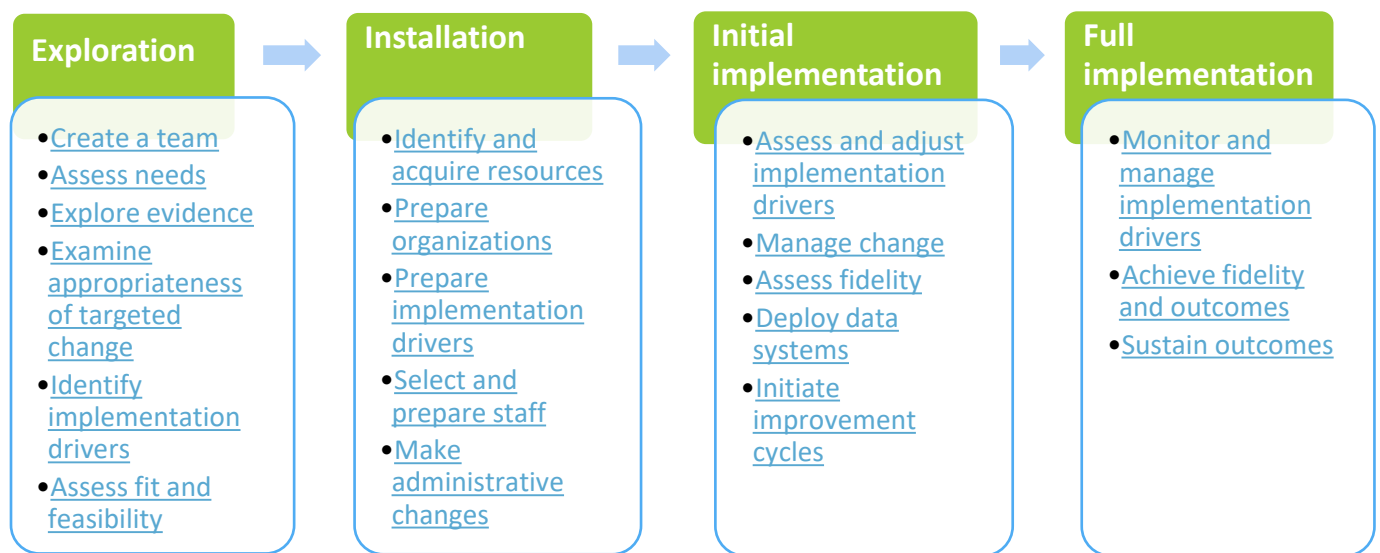


# Tools to activate knowledge in practice: Implementation science

Change is often hard – really hard. Most projects aimed at changing practice in healthcare settings are not successfully implemented and/or sustained. KTE is a critical bridge between knowledge and action. Bridging knowledge and action can be facilitated through the application of implementation science. Implementation science is the systematic study of methods to promote the uptake of interventions or practices that have been proven to be effective. Implementation science focuses on *how* knowledge can be most effectively and efficiently translated into behaviour change.

## Something needs to change... now what?

Change is a process – not an event. Successfully supporting and sustaining change requires careful attention to the four stages of implementation—exploration, installation, initial implementation, and full implementation.<sup>15</sup> These stages often overlap and it is sometimes necessary to return to an earlier stage of implementation. The processes involved in each stage and examples of resources to support these processes are provided in the figure below.



Stages of Implementation – Components and Resources

### Other implementation resources

[Active Implementation Hub](#), offered by the National Implementation Research Network, is a free, online learning environment for anybody involved in active implementation and scaling up of programs and innovations.





# The KTE Framework in Action: The Provincial System Support Program (PSSP)

The [Provincial System Support Program](#) (PSSP)—funded by the Ontario government and hosted by the Centre for Addiction and Mental Health (CAMH), Canada's largest mental health teaching hospital—collaborates with communities across the province to improve mental health and substance use supports by moving evidence into action for sustainable, system-level change. PSSP provides a comprehensive array of resources across the domains of KTE and actively integrates these functions with implementation science to fully bridge knowledge and practice. Examples include:

## Generate, synthesize and share

PSSP's Evidence Exchange Network (EENet) increases the accessibility and usability of evidence for diverse knowledge partners. PSSP also contributes to the evidence base for KTE by sharing evidence from its system change initiatives through focused capacity building, networking and system supports.

## Foster partnerships

EENet connects its partners through its online community and supports number of networks and initiatives across different sectors and interests but all are focused on system-level change. Examples include the:

- Problem Gambling Institute of Ontario;
- Aboriginal Engagement and Outreach team;
- Persons with Lived Experience and Family Members Advisory Panel.

## Build capacity

PSSP offers events, workshops, implementation resources, and coaching services to its partners to enhance capacity for evidence-based improvements. It also supports communities to move through the stages of planning, trying, studying, and normalizing to make large-scale, sustainable improvements. Over 200 PSSP staff are located in offices across the province to provide local support.

## Apply tools

PSSP maintains the Drug and Alcohol Treatment Information System (DATIS), a data management system that supports community-based substance use and harm reduction service providers to collect, store, analyze, and report their client and service data. Data from DATIS is also used to inform strategic planning and decision-making at the regional and provincial levels to create more evidence-informed systems.



## Additional resources

### [Center on Knowledge Translation for Disability and Rehabilitation Research](#)

The purpose of the Center on KTDRR is to make it easier to find, understand, and use the results of research that can make a positive impact on the lives of people with disabilities. The Center offers an online library which includes a broad range of evidence-based resources for knowledge translation.

### [First Nations Health Authority \(FNHA\)](#)

The FNHA has collected and shared a variety of resources to support appropriate ways of gathering and managing knowledge that helps leaders and planners strengthen the health and wellness of BC First Nations.

### [Health Canada's Knowledge Translation Planner](#)

The Knowledge Translation (KT) Planner offers resources for a practical and evidence-informed approach to disseminating and implementing knowledge.

### [Implementation Science](#) (Journal)

*Implementation Science* publishes research relevant to the scientific study of methods to promote the uptake of research findings into routine health care in clinical, organizational, or policy contexts.

### [HeretoHelp Resource Library](#)

BC Partners offers a comprehensive range of resources specific to alcohol and other drugs and mental health for different audiences, including cross cultural communities, LGBT communities, men, women, seniors, and young people.

### [Mental Health Commission of Canada - Innovation to Implementation: A Practical Guide to Knowledge Translation in Healthcare](#)

The Innovation to Implementation (I2I) guide is a how-to resource for driving change using KT activities. It is built around the concept of innovation: products, actions, services, or relationships that have the potential to enhance health outcomes. The guide illustrates how to move from innovation to implementation in a thoughtful manner to achieve the desired outcomes of a project or initiative.

### [Michael Smith Health Research BC](#)

Michael Smith Health Research BC has developed a repository of knowledge translation resources available through universities, health authorities and research institutes and offers a list of essential readings in knowledge translation.

### [SickKids Knowledge Translation Program](#)

The SickKids Knowledge Translation program offers a range of training programs and resources focused on knowledge translation, including a certificate program in knowledge translation, planning for implementation practice, and knowledge translation planning tools and templates.

### [Visions](#) (Journal)

Visions is an award-winning quarterly magazine that brings together diverse views on mental health and substance use. It is written by and for people who have experienced mental health or substance use problems or used mental health or addictions services, along with service providers, family and friends, community advocates, and leaders and decision-makers.



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