## Key takeaways of the Knowledge-to-Action Framework

The Knowledge-to-Action (KTA) Framework (Graham et al., 2006) is based on evidence-informed change theories from the fields of health, social sciences, education and management. It consists of two components:

- **"Knowledge creation"** is the component covering production of knowledge. It contains three phases: knowledge inquiry, knowledge synthesis, and creation of knowledge about a best practice.
- **"Action"** is the component covering the implementation process for change and sustainability.

KNOWLEDGE-TO-ACTION FRAMEWORK

Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in knowledge translation: time for a map? *Journal of Continuing Education in the Health Professions*, 26(1), 13-24. Used with permission.
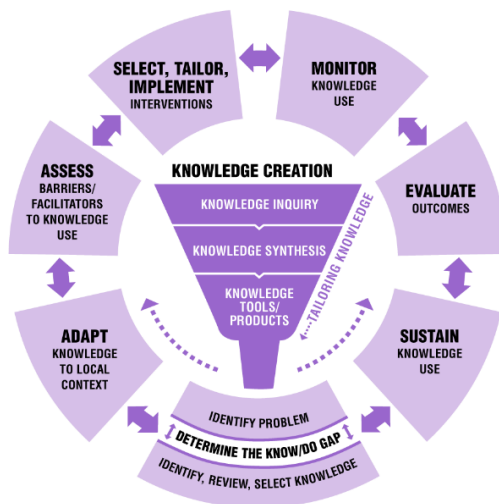
The seven dynamic and interrelated "action cycles phases" shown is the image above inform one another, providing a structured, systematic approach to a change process.

Applying all seven action cycle phases of the KTA Framework requires an understanding of each phase and how to operationalize them through actions. To facilitate a change process by a change team, the phases are structured in the Leading Change Toolkit according to these time points in a change process: *Getting started with change, Making change happen, and Sustaining change/Making change last.*

We describe In the tables below the key takeaways for each phase.

Getting started with change:

Getting started with change includes the three action cycle phases "Identify the problem", "Adapt knowledge to local context" and "Assess barriers/facilitators to knowledge use". Implementing these phases supports change teams to plan for the adoption and integration of knowledge.

The action cycle phase	Key takeaways
Identify the problem	✓ Note that this phase is often used as the starting point of the "Action" component of the framework. ✓ Aim to make improvements to an existing practice, infrastructure, or intervention (for example, align practice outcomes with ministry benchmarks). ✓ Identify the presence and extent of a knowledge gap. ✓ Choose a knowledge tool or product such as a clinical guideline intentionally to address the gap or gaps. ✓ Collect baseline data – for example, falls rates – to support determining the future impact of addressing the identified problem as part of this phase.
Adapt knowledge to local context	✓ Determine whether the practice change or intervention is suited to your unique setting, local context, and readiness for change. ✓ Anticipate that knowledge will need to be adapted to your setting and your person/patient population while maintaining the integrity of the evidence (visit this [ADAPTE methodology webpage](#) for more details). ✓ Remain vigilant that the selected knowledge must ultimately meet stakeholders' needs and be compatible with your local context.
Assess barriers/facilitators to knowledge use	✓ Assess the barriers and facilitators to knowledge use to support planning for effective implementation. ✓ Identify the factors that may impede or promote successful knowledge use and those that can support the subsequent phase in which you select implementation strategies.

Making change happen:

Making change happen includes the two action cycle phases "Select, tailor implement interventions" and "Monitor knowledge use". Implementing these phases supports sites in achieving knowledge translation.

The action cycle phase	Key takeaways
Select, tailor and implement interventions	✓ Tailor implementation strategies or interventions to make and ultimately sustain a practice change in your setting. ✓ Plan your interventions strategies wisely by choosing ones that address barriers and leverage facilitators as identified in the previous action cycle phase. ✓ Choose singular or multi-modal implementation strategies depending on your setting's goals and identified needs.
Monitor knowledge use	✓ Collect, review and analyze data regularly to compare how well the practice change is being adopted and integrated with your intended goals. ✓ Use the data to determine how well the practice change is known, accepted and applied.

Sustaining change/Making change last:

Sustaining change/Making change last includes the two action cycle phases "Evaluate outcomes" and "Sustain knowledge use". Implementing these phases supports sites in sustaining practice changes.

The action cycle phase	Key takeaways
Evaluate outcomes	✓ Compare outcomes to baseline data collected before implementation to determine the impact of the practice change and whether your goals have been reached. ✓ Identify continuously what differences – if any – have occurred due to the practice change at the levels of the person/patient and the health-care provider (micro), the unit or organization (meso), or the broader health system (macro). ✓ Communicate routinely the results of outcome data to stakeholders following review and analysis.

Sustain knowledge use	✓ Maintain and integrate the implemented practice change into your organization's stable operations to achieve ongoing high-quality care.
	✓ Gain a commitment from senior leadership to continue to allocate resources, implement the practice change, and demonstrate improved outcomes or benefits to support sustained change.
	✓ Be aware that without sustained knowledge use, your combined efforts to support the adoption of a practice change will be minimized or wasted.