# Ottawa model of research use: A framework for adopting innovations

**A summary of**
Graham, I.D., &amp; Logan. J. (2004). Innovations in knowledge transfer and continuity of care. Canadian Journal of Nursing Research, 36(2), 89-103.

Categories:
Method, Implement, Evaluate, KT theories, Organizational capacity and management, Program planning, Situational assessment

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**Method**

## Relevance For Public Health

This method would be useful for coordinating the implementation of a new public health policy or program across multiple organizations, such as school-based alcohol or drug education programs or sexual health programs.

## Description

Effecting changes across multiple settings and organizations can be challenging. This six-step approach was developed within the context of continuity-of-care innovations. The method uses the Ottawa Model of Research Use, a knowledge translation model, to guide the process of transferring research into practice.

Continuity-of-care innovations are particularly complex given that multiple sectors, settings, agencies and provider groups are often involved. The developers briefly discuss two broad types of knowledge translation theories and models relevant for continuity-of-care innovations.

**Classical theories** (also known as descriptive or normative theories) are theories of change that view innovation adoption as passive, and look at the naturalistic process of change. These theories look at the characteristics of the innovation and potential adopters as influencing the change process.

**Planned change theories** view innovation adoption as deliberately planned processes. Graham's Ottawa Model of Research Use is an example of a planned change theory. Although planned change theories may involve working with individuals, their aim is to effect change at the organizational and systems level. These theories help administrators control factors that will influence the likelihood of changes occurring at the organizational level and how these changes occur. Planned change theories inform the Knowledge-to-Action process (KTA), a comprehensive knowledge translation model developed by Graham and others at the Canadian Institutes of Health Research (CIHR). CIHR adopted the KTA process approach to conceptualize knowledge translation as encompassing knowledge synthesis, dissemination, exchange and application.

Specific to the Ottawa Model of Research Use, the developers discuss three implicit assumptions of knowledge translation:

- Dynamic and interactive processes between research development and use reflect the complex nature of knowledge translation.
- Patients/clients are central throughout knowledge translation processes, since their health outcomes are the main focus of evidence-based practice.
- Knowledge translation processes are affected by external societal and health-care environments.

These environments need to be considered when planning and implementing innovations.

## Implementing the Tool

### Who is Involved?

Program directors, project specialists and supervisors would be involved as administrators and respondents of this resource. Program coordinators and other front-line staff would participate as respondents.

### Steps for Using Tool

The Ottawa Model of Research Use follows a six-step approach to guide the implementation of an innovation.

**1) Set the Stage**

- Identify individuals with authority needed to make changes within organizations.
- Determine available resources that can be used for innovation implementation.
- Identify agents of change responsible for implementing the innovation.

**2) Specify the Innovation**

- Clearly articulate what the innovation is and what implementation will involve.

**3) Assess the Innovation, Potential Adopters and the Environment for Barriers and Facilitators**

- Conduct a situational assessment--determine current practice and identify any barriers and facilitators within the innovation, potential adopters and the practice environment that could influence adoption of the innovation.
- Identify ways to overcome any barriers to implementation.
- Identify perceptions and attitudes of potential adopters toward the innovation.
- Identify gaps between current practice and recommended changes.

**4) Select and Monitor the Knowledge Translation Strategies**

- Based on the situational assessment, select appropriate strategies and interventions to increase awareness of the innovation and understanding of the innovation, and provide skills or training for adopters to be able to carry out the innovation.
- Supplement with follow-up interventions to the initial knowledge translation strategies. This may be particularly useful for innovations that involve a long learning curve or diverse groups of adopters.
- Evaluate the knowledge translation strategies for effectiveness.

**5) Monitor Innovation Adoption**

- Evaluate adoption of the innovation.
- Determine the extent to which the innovation has spread throughout the organization and how practice has changed.
- Assess if the knowledge translation strategies applied have been sufficient for effective innovation adoption, or if the knowledge translation strategies need to be changed or additional strategies are required.

**6) Evaluate Outcomes of the Innovation**

- Evaluate the impact of the innovation on clients/patients, practitioners and systems to determine the effectiveness of the innovation.

### Conditions for Use

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## Evaluation and Measurement Characteristics

### Evaluation

Information not available

### Validity

Information not available

### Reliability

Information not available

Methodological Rating

 Unknown/No evidence

**Tool Development**

Developers

Ian D. Graham
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Method of Development

This resource was developed to provide an overview of theories and models of knowledge translation that are relevant to continuity-of-care interventions.

Release Date

2004

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**Resources**

| Title of Primary Resource | Innovations in knowledge transfer and continuity of care |
|---|---|
| File Attachment | None |
| Web-link | http://docserver.ingentaconnect.com/deliver/connect/mcgill/08445621/v36n2/s7.pdf?expires=1506971040&id=91517494&titleid=6601&accname=McMaster+University&checksum=3C276030F9C0250CE360A77465951402 |
| Reference | Graham, I.D., & Logan. J. (2004). Innovations in knowledge transfer and continuity of care. *Canadian Journal of Nursing Research, 36*(2), 89-103. |
| Type of Material | Journal article |
| Format | Periodical |
| Cost to Access | None. |
| Language | English |
| Conditions for Use | © 2004 McGill University School of Nursing |

| Title of Supplementary Resource | Lost in knowledge translation: Time for a map? |
|---|---|
| File Attachment | None |
| Web-link | https://ovidsp.tx.ovid.com/sp-3.26.1a/ovidweb.cgi?WebLinkFrameset=1&S=LFDHFPIHDLDDNCMBNCGKIGIBKJMLAA00&returnUrl=ovidweb.cgi%3fMain%2bSearch%2bPage%3d1%26S%3dLFDHFPIHDLDDNCMBNCGKIC200626010-00003.pdf&filename=Lost+in+knowledge+translation%3a+Time+for+a+map%3f.&navigation_links=NavLinks.S.sh.22.1&link_from=S.sh.22%7c1&00003&D=ovft&link_set=S.sh.22|1|sl_10|resultSet|S.sh.22.23|0 |
| Reference | Graham, I.D., Logan, J., Harrison, M.B., Straus, S.E., Tetroe, J., Caswell, W., et al. (2006). Lost in knowledge translation: Time for a map? *The Journal of Continuir* |
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