

# Knowledge Translation Program

## Impact Report 2025

Celebrating cumulative impact, partnerships, and key achievements from the past year



## Director's Message

At the Knowledge Translation Program (KTP), patients and caregivers are at the core of all that we do. We are addressing health disparities and revolutionizing the health system now and for the future. Through the outstanding work of our staff and partners – patients, caregivers, clinicians, policy makers, funders, and healthcare leaders – we are avoiding research waste by co-producing research and co-developing, implementing and evaluating strategies that bridge research to practice and policy gaps.

We invite you to read our impact report, which outlines some of our innovative work, including:

- Determining the extent of equity-lens driven decision-making in response to COVID-19 in Canada and Sierra Leone to inform more equitable health systems in future emergencies;
- Developing an innovative long-term care model to support older adults with experience of homelessness;
- Executing a pilot randomized trial of inpatient rehabilitation for people living with dementia;
- Continuing development of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines;
- Launching immunology studies with a strong implementation support component to understand and address factors influencing COVID-19 infection and immunity in congregate settings.

Our report also highlights the work we do with our partners to answer their most pressing questions, and illustrates many examples where our work has had real-world impact on policy and practice. See more details of our impact [here](#).

We would like to extend a heartfelt thank you to all of our partners and funders for continuing to inspire us to work together to address the critical challenges that our health care systems face. We are committed to continuing on this path to improve patient and caregiver outcomes and strengthen our health care systems for all, because everything begins and ends with patients.



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FRSC FCAHS  
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Li Ka Shing Knowledge Institute  
St. Michael's Hospital, Unity Health  
Toronto  
Professor, Department of Medicine,  
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# Our Story

The Knowledge Translation Program (KTP) is situated within the Li Ka Shing Knowledge Institute of St. Michael's Hospital, part of Unity Health Toronto. Established by Dr. Sharon Straus in 2010 with just a handful of staff, KTP has grown to include six full-time and four affiliate scientists and more than 50 interdisciplinary staff. We work with researchers, policymakers, clinicians, leaders, patients and the public in Canada and around the world to close the gap between research and practice. Our approach to knowledge translation (KT) is rooted in theory and science; our application of KT emphasizes real-world impact. [Learn more about our scientists and staff here.](#)

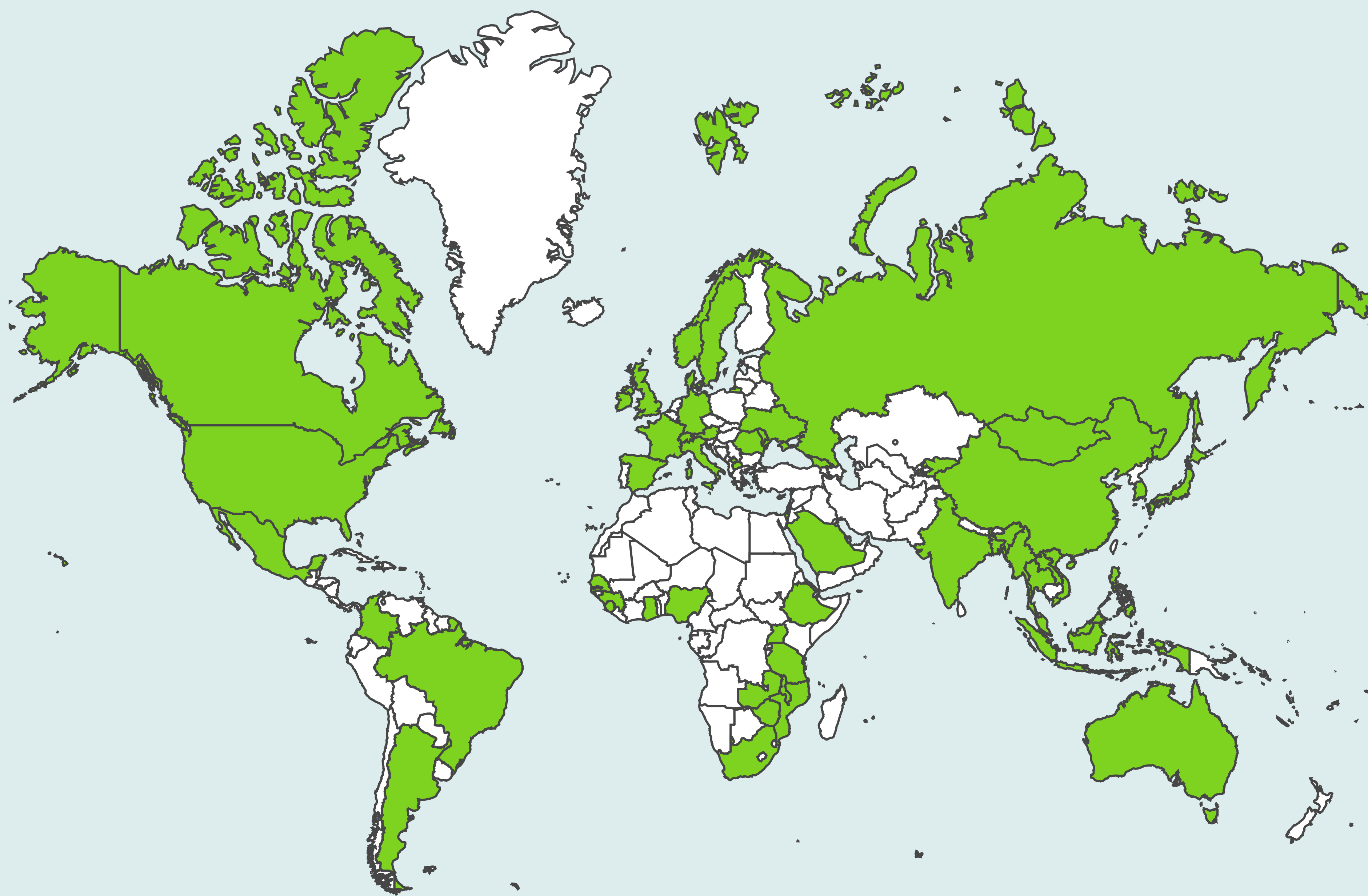
## What is Knowledge Translation (KT)?

In our work, we use knowledge mobilization (KM) and knowledge translation (KT) synonymously. We adopt the Canadian Institutes of Health Research (CIHR) definition of KM as the scientific study of methods, processes, approaches and strategies to effectively and efficiently support evidence-informed decision-making and achieve outcomes, including health and health system outcomes.

*KM definition taken from: <https://cihr-irsc.gc.ca/e/54044.html>*



# Our Global Reach



Since 2010, we have worked with a range of provincial, national, and international entities. As of November 2025, we have supported **300+ teams** to implement interventions. The map above illustrates the locations of our key project collaborators.

We also strengthen global capacity in KT. We do this through accredited courses, including our Practicing Knowledge Translation (PKT), Knowledge Synthesis courses, and tailored course offerings.

*Collaborating countries are highlighted in green.*

# Mission, Vision, Values

## Mission

To revolutionize patient care and strengthen health systems by advancing the science and practice of knowledge synthesis and implementation, reducing research waste, addressing health inequities, and building capacity for diverse knowledge users through meaningful collaboration and innovation.

## Vision

To be global leaders in knowledge synthesis and mobilization, partnering with patients and other knowledge users to develop efficient, equitable, and patient-centered health systems.

## Values

- **Patient-Centeredness:**

Our work begins and ends with patients, focusing on improving care and outcomes through meaningful and authentic engagement.

- **Health Equity:**

We are committed to addressing health inequities by embedding justice, fairness, and inclusivity in all aspects of our work, ensuring diverse voices are engaged and represented.

- **Collaboration and Mentorship:**

We foster mentorship, co-development, and partnerships to strengthen KT capacity for trainees, researchers, clinicians, patients, and health system decision makers.

- **Innovation:**

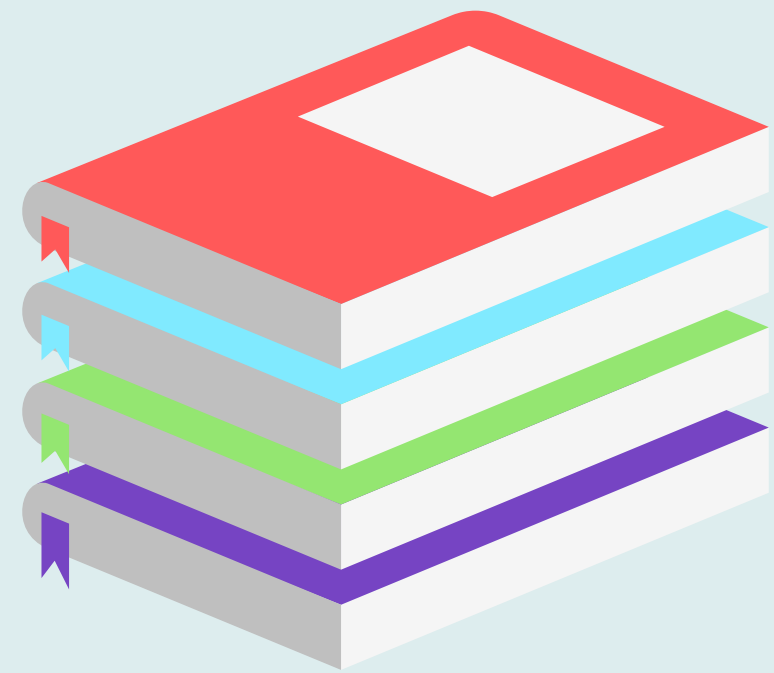
We are nimble and responsive, leveraging innovative methods to make KT science accessible to implementers, and advancing the science and practice of knowledge mobilization.

- **Scientific Excellence:**

We advance the science of knowledge translation internationally, ensuring the highest quality methods, optimizing processes to reduce research waste and accelerating the translation of evidence into practice.



## Impact to Date



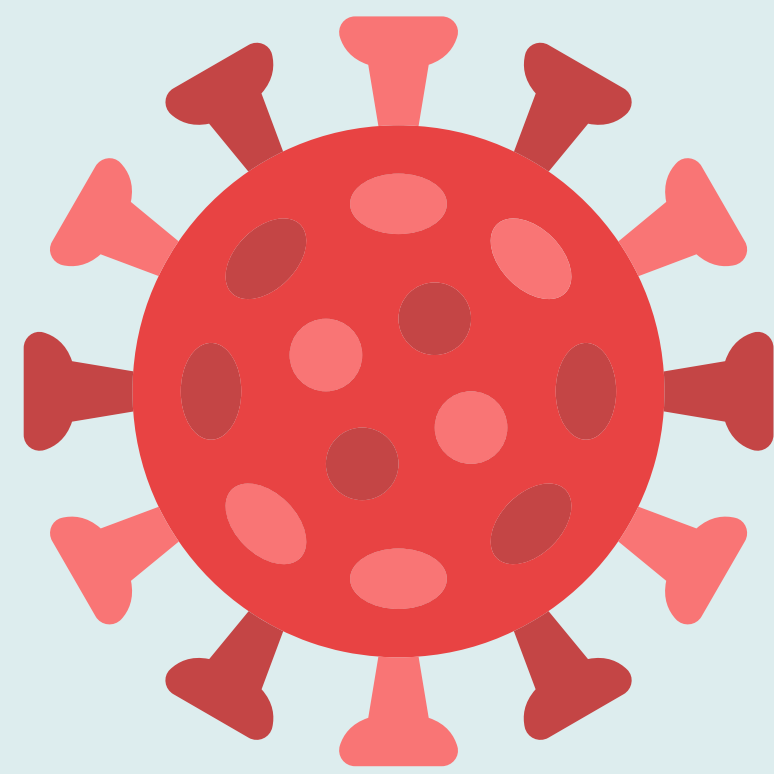
1200+ publications



1000+ funded KT projects



16,000+ trainees



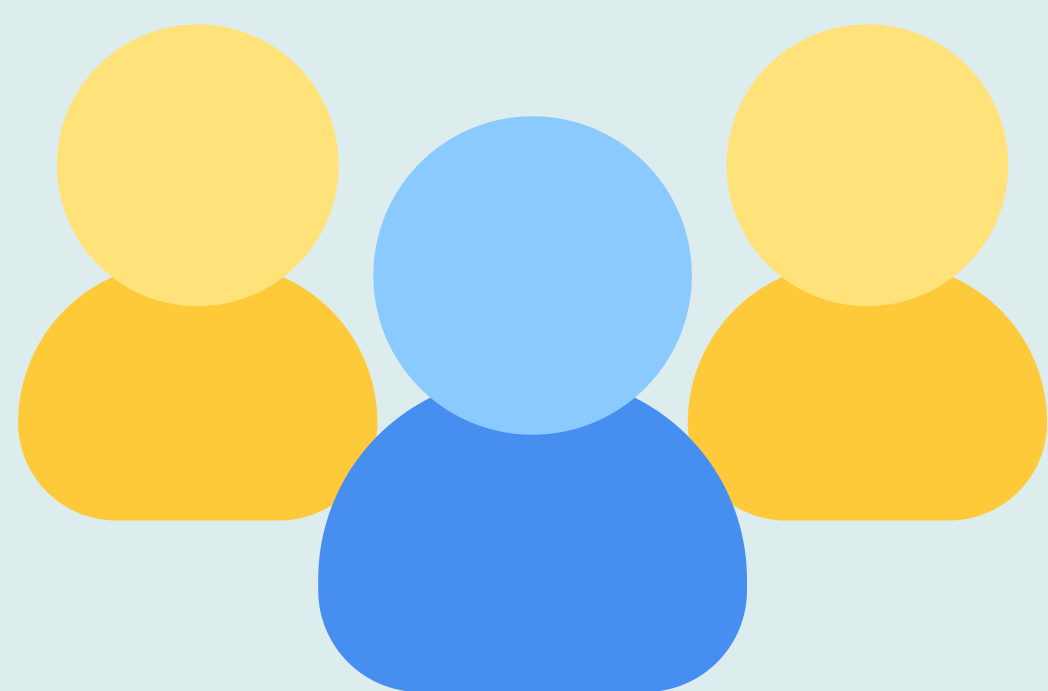
60+ COVID-19 projects



\$90M+ in funding



1000+ evidence reviews



1500+ patients and public engaged



Capacity strengthening in 25+ countries and on 5 continents

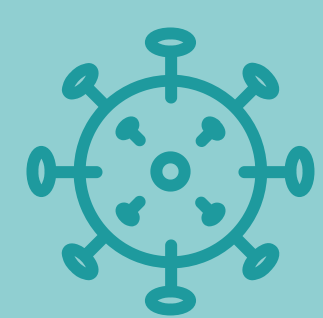


200+ graduate students & fellows to establish careers across sectors

[To learn more about our impact, visit our website.](#)

# Project Highlights

Highlights from our recent work, organized into five themes.



**Response to  
COVID-19**



**Advancing the  
Science of  
Knowledge  
Synthesis**



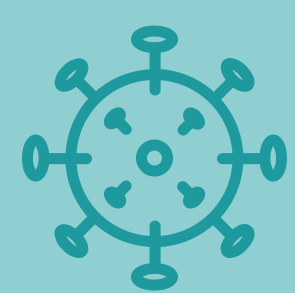
**Advancing  
Health Equity**



**Improving Patient Outcomes  
Through Integrated KT and  
Learning Health Systems**



**Training the Next  
Generation**



**Response to COVID-19**

## **What happened and why? Case studies to determine the extent of equity-lens driven decision-making in response to COVID-19 in Ontario Canada and Sierra Leone**

The COVID-19 pandemic exposed the limits of one-size-fits-all public health interventions (PHIs), which often overlooked the needs of marginalized populations. While rapid, uniform interventions are vital, a lack of tailored policies can increase health inequalities, underscoring the need to prioritize equity in PHI design. In collaboration with Sustainable Health Systems in Sierra Leone, we assessed whether and how COVID-19 interventions in Ontario and Sierra Leone integrated health equity considerations. Our study included country-specific environmental scans and 155 semi-structured interviews with decision-makers, advisors, and government and community representatives to understand how policies were developed, and the barriers and facilitators to implementing equity-rooted PHIs. Our findings will support decision-makers to design and implement more equitable policies that better protect at-risk populations during future health emergencies. Learn more about this project [here](#).

Funded by: New Frontiers in Research Fund and the CIHR Pandemic Preparedness Bridge Funding

## Wellness Hub

Long-term care homes (LTCH) and Retirement homes (RH) were disproportionately impacted by COVID-19. In the first waves of the pandemic, more than 80% of COVID-related deaths were associated with LTCH, and in Ontario, more than 60% of COVID-related deaths were LTCH residents. The Wellness Hub (WH) was launched as an immunology study with a strong implementation support program component to better understand and address factors influencing COVID-19 in these settings.

Together with our multidisciplinary network, we collected saliva, serum, dried blood spot (DBS), wastewater and survey data, and conducted nearly 100 interviews with leaders across 47 homes in Ontario, identifying key challenges in infection prevention and control (IPAC), vaccine confidence, and well-being. Homes in our WH intervention arm demonstrated a near two-fold higher resolution of IPAC-related challenges and a four-fold higher resolution of vaccine-related challenges, compared to homes in the control arm.

The impact of WH is far-reaching. We advanced national understanding of vaccine immunity in LTCH/RH populations, informing Canadian vaccine schedule recommendations. We pioneered the world's first facility-level wastewater surveillance system to inform outbreak management, now expanded to include flu, hepatitis, RSV, and MPOX, led with partners Dr. Rob Delatolla (University of Ottawa) and Drs. Claire Oswald and Kim Gilbride (Toronto Metropolitan University). We also identified key variables associated with COVID-19 infection and spread, strengthening future pandemic preparedness in LTCH/RHs. The WH network remains active, supporting ongoing collaborations and new initiatives, including expanding vaccine confidence work to influenza vaccines across LTCH/RH in Ontario.

Funded by: Public Health Agency of Canada, COVID-19 Immunity Task Force, John and Myrna Daniels Charitable Foundation, Centre for Research Expertise in Occupational Disease, Ontario Ministry of Labour, Canadian Immunization Research Network, Canadian Institutes of Health Research.

### Wellness Hub by the Numbers



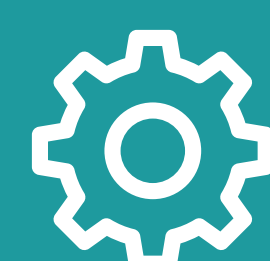
**First in the world** to implement facility-level wastewater surveillance for outbreak detection



Homes with Wellness Hub facilitator support were **2x more likely** to resolve pandemic-related challenges



**1600+** dried blood spot samples collected across **59** long-term care and retirement homes



**630+** open-access resources created and curated



**50** educational events, **40** publications, **15+** media articles, and **22** community-of-practice sessions delivered

## Liana Sikharulidze: Caregiver Partner Impact Story

I was a caregiver partner on the Wellness Hub project. I worked collaboratively on the Wellness Hub team to co-design tools and resources for other caregivers. I helped to bring the caregiver perspective to this work, to help make sure the content that the research team was creating and sharing was applicable and useful to other caregivers.

I was a caregiver myself, for my two grandparents. For two years, this was a full-time role. So I understand the importance of having tools and resources that can truly help caregivers with their everyday tasks and issues, so that they can access the right materials and ask the right questions. I have that lived experience, and I was happy to be able to share that knowledge with other caregivers through the Wellness Hub project, and help to inform their choices and improve their experiences and make their lives easier.



I was impressed with the level of communication and the collaborative involvement of my role with the research team. There was consistent communication, and I truly felt like part of the team, I felt very welcome and very comfortable. I felt like I could share my experience, my opinions and my feedback freely. I could tell that they really valued my input, and that they believed in the importance of the caregiver experience, and they incorporated this into the Wellness Hub resources.

For me, working on Wellness Hub was a very positive experience. The goal of the work was well explained, and I knew that this work would help other caregivers who were looking after their loved ones. It would give them access to tools and resources to help their mental health – there can be a lot of trauma that comes with being a caregiver.

As a person working in healthcare, I understand the importance of accessing the right information at the right time. It's very powerful, because it gives you the knowledge, tools and resources to help yourself and others. It empowers your decisions and informs your next steps.

I believe that the Wellness Hub research and resources will help other caregivers and the people that they care for.

[Learn more about this project here.](#)



# Advancing the Science of Knowledge Synthesis

## Right Review

Right Review is an open-access KTP tool that supports decision-making related to evidence synthesis methods. This year, we collaborated with Dr. Barbara Clyne (Royal College of Surgeons in Ireland) to update this tool to include information for researchers and decision-makers about qualitative and mixed evidence synthesis methods. By answering a series of questions, users receive explanations and examples of the most appropriate methods based on the needs of their evidence synthesis project. In 2025, the tool had more than 23,000 users, with a total of approximately 57,000 users and 232,000 page views to date, with the highest traffic coming from the US, the UK, and Australia. The updated tool launched in December 2025. [Check out the Right Review tool here.](#)

## Update to the PRISMA guidelines for network meta-analyses, scoping reviews and creating guidelines for rapid reviews

Systematic reviews (SR) are studies that try to answer a specific question by summarizing previously conducted studies on a certain topic. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guideline is a checklist that helps authors describe and report what was done and found in their SR in a clear, transparent, and reproducible way. Policy-makers often request SRs that include network meta-analysis (NMA), scoping reviews (ScRs), or rapid reviews (RRs). Network meta-analysis synthesizes evidence from multiple studies to compare three or more health interventions. Scoping reviews map the literature on a specific topic and identify key concepts, gaps, and evidence sources to inform future research. Rapid reviews accelerate SRs through streamlined methods, typically to meet urgent decision-making timelines.

This project updates the PRISMA guidelines for NMA and ScRs, and creates PRISMA-RR reporting guidelines, with meaningful engagement of patients and public partners to strengthen the clarity, relevance, and accessibility. The resulting reporting guidelines will make research methods more transparent, promote reporting consistency, and improve how research is used for decision-making. It will also allow readers to better judge the trustworthiness of studies, and encourage complete reporting. These improvements will support researchers, journal editors, peer-reviewers, clinicians, decision-makers, and patient and public partners who rely on high-quality evidence to inform decisions.

Funded by: Canadian Institutes of Health Research

## Maureen Smith: Patient Partner Impact Story

My role as a patient partner on the PRISMA-NMA project is one that brings me much personal fulfilment as patient engagement in methodological research is making its way out of the nascent stage and gaining momentum. Five years ago, it was unheard of to involve patients and the public in the development or updating of reporting guidelines such as this one which itemizes what should be reported in systematic reviews involving network meta-analyses. Yet, we are impacted by how research is reported and should



have the opportunity to share our perspectives alongside researchers, clinicians, journal editors, peer reviewers, and funders. Easier said than done! It takes training for both the non-patients who are not accustomed to sharing this space with us and may wonder what we can actually contribute to work that is often highly technical, and for the patient and public partners themselves who are willing to learn about reporting guidelines and how they impact our healthcare decision making and ultimately outcomes.

As this is my fourth patient engagement in a reporting guidelines project, the team appreciates that I can share past experiences and lessons learned so that we can do meaningful engagement. As for me, I learn from the research teams about the complexities of creating those specific reporting guidelines, and how to navigate the more complicated reporting items. The ultimate goal is to develop a reporting guideline that will report on what's important to people from diverse perspectives and will be used. I thoroughly enjoy how the research teams are enthusiastic, albeit a little nervous at times, about engaging with patient and public partners when the roadmap is just being drawn. It's that give and take that I enjoy the most. There is such a sense of accomplishment to know that you are opening doors for patient engagement and then sharing what you know to a receptive audience who wants to learn. I couldn't do any of this without the patient and public partners who raise their hands to accompany the team on this journey and are so incredibly generous in evaluating the work that is done so that it can continually improve. I think the biggest impact, beyond the inclusion of patient and public perspectives on the PRISMA-NMA reporting guideline itself, is the recognition of the value of patient and public perspectives in methodological research and its eventual adoption as an established practice in this type of project.

[Learn more about PRISMA here.](#)



## Improving Patient Outcomes Through Integrated KT and Learning Health Systems



### Using implementation science to promote the use of fascia iliaca compartmental blocks in hip fracture care

We conducted a barriers and facilitators assessment and developed an implementation plan to expand the use of fascia iliaca (FI) blocks to manage hip fracture pain in older adults at St. Michael's Hospital. Using this plan, the hospital team developed and deployed strategies to increase FI block use, and with KTP, developed educational tools for patients and nurses. Pre- and post-results showed improvement: FI block uptake increased from 48% to 65%, time to administration decreased from 1.63 days to 0.81 days, and delirium rates declined from 43% to 34%. The KTP and FI block team presented these outcomes and associated KT methods at the Ontario Health Teams Learning Health Systems Performance Network to support further uptake and build capacity in KT methods among Ontario Health Teams. These materials are now included in the Ontario Health implementation toolkit to support its hip fracture priority. [Learn more about this project here.](#)

### Trial of an intervention to improve acute heart failure outcomes

The New England Journal of Medicine-published Comparison of Outcomes and Access to Care for Heart Failure (COACH) trial demonstrated that a point-of-care risk assessment tool and a rapid ambulatory transitional clinic significantly reduced death and cardiovascular hospitalization for patients with acute heart failure. To support scaling up this intervention, we reported the process of implementing the COACH interventions across ten acute care hospitals in Ontario. Using theoretically-rooted frameworks and key informant interviews, we identified barriers and facilitators and assessed strategies used to address them. This work provides a practical roadmap for hospitals seeking to implement COACH, and guidance on tailoring strategies to local contexts. [Read more about this work here.](#)

### Efficacy of falls prevention interventions: A living systematic review and network meta-analysis

As the population of older adults grows, the incidence of falls continues to rise. Falls are associated with fractures, hospitalization, and death. Interventions to prevent falls are vital. To keep pace with rapidly emerging evidence, we are updating our previously published systematic review and network meta-analysis with a living review that is regularly updated. This work will help identify the most effective individual and combined fall-prevention intervention strategies for older adults, including which components work best for specific patient groups. The findings are intended to inform policy-makers, clinicians, patients, guideline developers, and the World Falls Guidelines. Journal publication is pending! [Learn more about this project here.](#)



## Advancing Health Equity

We significantly advanced health equity by embedding intersectionality and context-sensitive approaches into knowledge translation (KT) and implementation science. We spearheaded the first KT initiative to systematically integrate an intersectional lens into widely used implementation frameworks, including the Iowa Model of Evidence-Based Practice, the Consolidated Framework for Implementation Research, and the Theoretical Domains Framework. We developed open-access, usability-tested tools that equip people to design more equitable, responsive interventions, and navigate systems of power and privilege. Our impact extended globally through the development and evaluation of a barriers and facilitators assessment toolkit in low- and middle-income countries, and locally through a pilot care pathway to improve access to inpatient rehabilitation for people living with dementia, a group often excluded due to stigma and assumptions about rehabilitation potential. These initiatives reflect our commitment to advancing health equity by reshaping systems, challenging assumptions, and ensuring that evidence-based care reaches populations who have been historically underserved. [Learn more here.](#)



## Training the Next Generation



We remain committed to developing the next generation of KT researchers and practitioners through national leadership and mentorship. Through [KT Canada](#), a pan-Canadian research and training initiative led by KTP for more than a decade, we continue to strengthen capacity to close the gap between health research and practice, policy, and decision-making. Since 2009, KT Canada has delivered 130 expert-led seminars to more than 5,000 participants and trained over 400 individuals through its annual Summer Institute. KTP scientists also provide focused mentorship to graduate students and early career researchers, supporting research excellence, professional skills, and career growth. This past year, our scientists mentored more than 20 trainees, contributing to a total of more than 200 to date, and reinforcing our role as a leader in developing the future KT workforce. In a recent [Implementation Science article](#), KTP Director Dr. Sharon Straus was named among the top-ranked individuals in Canada for giving advice on research, grants and careers. She also co-authored the book “[Mentorship in Academic Medicine](#)”, an evidence-based guide to successful mentoring relationships. To date, we have trained more than 16,000 people worldwide. [Learn more about our trainees here.](#)

## Journal Articles

We continue to advance the science and practice of KT in all that we do, with a strong commitment to open access to reduce research waste and maximize impact. In 2025, we published more than 60 articles in high-impact journals, on topics ranging from advancing the methods of knowledge synthesis to the implementation of rapid HIV testing in Canadian emergency departments. Below, we provide a selection of publications from the last year, with the full list [available here](#).



Fahim C, Yu CC, Cooper J, Theivendrampillai S, Lee T, Wai-Ki Lau M, Marquez C, Tang B, Mathew M, Sharma M, Wong E. Stigma and fear during the COVID-19 pandemic: a qualitative study on the perceptions of healthcare workers in Canada and Singapore. *Frontiers in public health*. 2025 Jan 23;12:1490814.

- More than 3,000 views

Lunny C, Higgins JP, White IR, Dias S, Hutton B, Wright JM, Veroniki AA, Whiting PF, Tricco AC. Risk of bias in network meta-analysis (RoB NMA) tool. *BMJ*. 2025 Mar 18;388.

- More than 17,000 views

Wong EK, Isaranuwatthai W, Sale JE, Tricco AC, Straus SE, Naimark DM. Cost-Effectiveness of the Geriatrician-Led Comprehensive Geriatric Assessment in Different Healthcare Settings: An Economic Evaluation. *Journal of the American Geriatrics Society*. 2025 Mar 26.

- More than 3,300 views; also featured on the *Journal of the American Geriatrics Society* [podcast](#) and was a top-10 published article for the Canadian Geriatrics Society annual meeting two years in a row

Fahim C, Wang S, Paul N, Colwill K, Dayam R, Boyd JM, Ma H, Gruppuso V, Mrazovac A, Firman J, Patel A. Patterns of SARS-CoV-2 seropositivity among essential workers in long term care and retirement homes in Ontario, Canada: A descriptive cross-sectional study. *PLOS Global Public Health*. 2025 Mar 28;5(3):e0004294.

- More than 1,000 views

Huang YQ, Vyas MV, Bronskill SE, Li Z, Guan J, Hoang PM, Tam A, Bayley M, Vincent C, Straus SE, Watt JA. Rate of incident dementia and care needs among older adults with new traumatic brain injury: a population-based cohort study. *CMAJ*. 2025 Oct 6;197(33):E1067-77.

- More than 3,750 views

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