

Dissemination and Implementation in Health Listserv

**** JANUARY 2011 ****

Welcome to the **Dissemination and Implementation in Health Listserv**. The purpose of the listserv is to distribute information on late-breaking (*within past 30 days*) research, practice, and policy activities in the area of dissemination and implementation in medical care and public health, including publications, reports, conferences, meetings, program announcements, funding opportunities, and other various proceedings. The listserv is purposely broad in membership and scope, and encompasses the relevant areas of dissemination, implementation, capacity building, knowledge translation, scale-up/spread, quality improvement, research-to-practice, diffusion, knowledge transfer and exchange, adoption, complex interventions, implementation strategies, action research, translational research, and other related terms.

To subscribe to the listserv, send an email to listserv@listserv.uab.edu with the body of the message stating: Subscribe D-I-Health *your name*. You should receive a message from the listserv with instructions for how to complete your subscription. Archives for the listserv can be found at <http://listserv.uab.edu/D-I-Health.html>. Listserv information and archives are also posted on the Center for Health Dissemination and Implementation Research website: <http://www.research-practice.org/index.htm>

Questions and/or comments should be directed to Wynne E. Norton, PhD:
wynne.norton@gmail.com.

A. WEBINARS

VA Cyber Seminar Series

Thursday, February 10, 12:00pm ET

Enhancing Implementation Science

The Role and Selection of Theoretical Frameworks in Implementation Research

by Laura Damschroder, MPH

More information/Registration: <http://www.hsrd.research.va.gov/>

B. JOB ANNOUNCEMENTS

Research Analyst or Associate in Family Well-being and Children's Development

MDRC is seeking a Research Analyst or Associate with program evaluation, implementation, and qualitative research skills to join a multi-disciplinary team in the *Family Well-Being and Children's Development* policy area. We welcome inquiries from individuals with expertise in program evaluation and mixed methods implementation research.

Our growing agenda is aimed at providing reliable evidence about how children, adolescents, and their families are affected when governmental policies change families' economic circumstances, parents' mental health, family relationships, opportunities for adolescent development, or children's early educational experiences. This agenda currently includes several

important large-scale random assignment studies in the country in these areas, including the Supporting Healthy Marriage and Head Start CARES projects. A successful candidate in this position will play a key role in a major new study of early childhood education quality enhancements aimed at improving long-term outcomes for low-income children.

This position provides an exciting opportunity to:

- Help build a growing policy area at MDRC in family well-being and children's development;
- Provide formative feedback to organizations operating programs under study;
- Work with an interdisciplinary team to develop, implement, and monitor research procedures at evaluation sites;
- Participate in field research and analysis aimed at understanding program implementation, participation, and fidelity;
- Develop new methods in implementation data collection and mixed methods analyses; and
- Improve future programs by authoring reports and disseminating implementation findings.

Qualifications

Experience or knowledge and skills are required in conducting mixed methods research with a particular focus on qualitative and implementation research analysis and design. Prospective candidates should possess the following qualifications:

- Graduate-level degree (Ph.D. or Masters degree with relevant research experience) in a social science/policy field required
- Knowledge of implementation and qualitative research techniques that can be applied to program evaluation and measurement of intervention fidelity
- Experience working with organizations that provide early childhood education services, family services, or programs specifically geared toward helping to improve the well-being of low-income children and their families
- Knowledge in one or more of the following policy areas: early childhood education; children and families; low-income communities; or family processes
- Strong writing, oral communication, interviewing, and interpersonal skills
- Ability to work independently and handle multiple tasks simultaneously and meet deadlines
- Comfortable working in a team-oriented and fast-paced environment
- Bilingual (fluent in Spanish/English) candidates a plus

The position will require travel and will be based in MDRC's New York office.

Salary and level will be commensurate with experience. Comprehensive fringe benefits offered.

For consideration, mail, fax or email your resume, the names of three references, and writing sample to:

Human Resources Department
F&C Research Associate
MDRC
16 East 34th Street, 19th Floor
New York, New York 10016
Fax: 212-532-8453
Email: jobs@mdrc.org

C. ABSTRACTS

1. [Implement Sci.](#) 2011 Feb 1;6(1):9. [Epub ahead of print]

Developing the practice context to enable more effective pain management with older people: An action research approach.
[Brown DN](#), [McCormack BG](#).

ABSTRACT:

BACKGROUND: This paper, which draws upon an Emancipatory Action Research (EAR) approach, unearths how the complexities of context influence the realities of nursing practice. While the intention of the project was to identify and change factors in the practice context that inhibit effective person-centred pain management practices with older people (65 years or older), reflective critical engagement with the findings identified that enhancing pain management practices with older people was dependent on cultural change in the unit as a whole.

METHODS: An EAR approach was utilised. The project was undertaken in a surgical unit that conducted complex abdominal surgery. Eighty-five percent (n = 48) of nursing staff participated in the two-year project (05/NIR02/107). Data were obtained through the use of facilitated critical reflection with nursing staff.

RESULTS: Three key themes (psychological safety, leadership, oppression) and four subthemes (power, horizontal violence, distorted perceptions, autonomy) were found to influence the way in which effective nursing practice was realised.. Within the theme of 'context,' effective leadership and the creation of a psychologically safe environment were key elements in the enhancement of all aspects of nursing practice.

CONCLUSIONS: Whilst other research has identified the importance of 'practice context' and models and frameworks are emerging to address this issue, the theme of 'psychological safety' has been given little attention in the knowledge translation/implementation literature. Within the principles of EAR, facilitated reflective sessions were found to create 'psychologically safe spaces' that supported practitioners to develop effective person-centred nursing practices in complex clinical environments.

2. [Implement Sci.](#) 2011 Jan 19;6(1):8. [Epub ahead of print]

Towards an organisation-wide process-oriented organisation of care: A literature review.
[Vos L](#), [Chalmers SE](#), [Duckers ML](#), [Groenewegen PP](#), [Wagner C](#), [Van Merode GG](#).

ABSTRACT:

BACKGROUND: Many hospitals have taken actions to make care delivery for specific patient groups more process-oriented, but struggle with the question how to deal with process orientation at hospital level. The aim of this study is to report and discuss the experiences of hospitals with implementing process-oriented organisation designs in order to derive lessons for future transitions and research.

METHODS: A literature review of English language articles on organisation-wide process-oriented redesigns, published between January 1998 and May 2009, was performed.

RESULTS: Of 329 abstracts identified, 10 articles were included in the study. These articles described process-oriented redesigns of five hospitals. Four hospitals tried to become process-oriented by the implementation of coordination measures, and one by organisational restructuring. The adoption of the coordination mechanism approach was particularly

constrained by the functional structure of hospitals. Other factors that hampered the redesigns in general were the limited applicability of and unfamiliarity with process improvement techniques. **CONCLUSIONS:** Due to the limitations of the evidence, it is not known which approach, implementation of coordination measures or organisational restructuring (with additional coordination measures), produces the best results in which situation. Therefore, more research is needed. For this research, the use of qualitative methods in addition to quantitative measures is recommended to contribute to a better understanding of preconditions and contingencies for an effective application of approaches to become process-oriented. Hospitals are advised to take the factors for failure described into account and to take suitable actions to counteract these obstacles on their way to become process-oriented organisations.

3. [Implement Sci.](#) 2011 Jan 19;6(1):6. [Epub ahead of print]
Why is it difficult to implement e-health initiatives? A qualitative study.
[Murray E](#), [Burns J](#), [May C](#), [Finch T](#), [O'Donnell C](#), [Wallace P](#), [Mair F](#).

ABSTRACT:

BACKGROUND: The use of information and communication technologies in healthcare is seen as essential for high quality and cost-effective healthcare. However, implementation of e-health initiatives has often been problematic, with many failing to demonstrate predicted benefits. This study aimed to explore and understand the experiences of implementers - the senior managers and other staff charged with implementing e-health initiatives and their assessment of factors which promote or inhibit the successful implementation, embedding, and integration of e-health initiatives.

METHODS: We used a case study methodology, using semi-structured interviews with implementers for data collection. Case studies were selected to provide a range of healthcare contexts (primary, secondary, community care), e-health initiatives, and degrees of normalization. The initiatives studied were Picture Archiving and Communication System (PACS) in secondary care, a Community Nurse Information System (CNIS) in community care, and Choose and Book (C&B) across the primary-secondary care interface. Implementers were selected to provide a range of seniority, including chief executive officers, middle managers, and staff with 'on the ground' experience. Interview data were analysed using a framework derived from Normalization Process Theory (NPT).

RESULTS: Twenty-three interviews were completed across the three case studies. There were wide differences in experiences of implementation and embedding across these case studies; these differences were well explained by collective action components of NPT. New technology was most likely to 'normalize' where implementers perceived that it had a positive impact on interactions between professionals and patients and between different professional groups, and fit well with the organizational goals and skill sets of existing staff. However, where implementers perceived problems in one or more of these areas, they also perceived a lower level of normalization.

CONCLUSIONS: Implementers had rich understandings of barriers and facilitators to successful implementation of e-health initiatives, and their views should continue to be sought in future research. NPT can be used to explain observed variations in implementation processes, and may be useful in drawing planners' attention to potential problems with a view to addressing them during implementation planning.

4. [Implement Sci.](#) 2011 Jan 18;6(1):5. [Epub ahead of print]

Feasibility of a randomized trial of a continuing medical education program in shared decision making on the use of antibiotics for acute respiratory infections in primary care: The DECISION+ pilot trial.

[Leblanc A](#), [Legare F](#), [Labrecque M](#), [Godin G](#), [Thivierge R](#), [Laurier C](#), [Cote L](#), [O'Connor AM](#), [Rousseau M](#).

ABSTRACT:

BACKGROUND: The misuse and limited effectiveness of antibiotics for acute respiratory infections (ARIs) are well documented, and current approaches targeting physicians or patients to improve appropriate use have had limited effect. Shared decision-making could be a promising strategy to improve appropriate antibiotic use for ARIs, but very little is known about its implementation processes and outcomes in clinical settings. In this matter, pilot studies have played a key role in health science research over the past years in providing information for the planning, justification, and/or refinement of larger studies. The objective of our study was to assess the feasibility and acceptability of the study design, procedures, and intervention of the DECISION+ program, a continuing medical education program in shared decision-making among family physicians and their patients on the optimal use of antibiotics for treating ARIs in primary care.

METHODS: A pilot clustered randomised trial was conducted. Family medicine groups (FMGs) were randomly assigned, to either the DECISION+ program, which included three 3-hour workshops over a four- to six-month period, or a control group that had a delayed exposure to the program.

RESULTS: Among 21 FMGs contacted, 5 (24%) agreed to participate in the pilot study. A total of 39 family physicians (18 in the two experimental and 21 in the three control FMGs) and their 544 patients consulting for an ARI were recruited. The proportion of recruited family physicians who participated in all three workshops was 46% (50% for the experimental group and 43% for the control group), and the overall mean level of satisfaction regarding the workshops was 94%.

CONCLUSIONS: This trial, while aiming to demonstrate the feasibility and acceptability of conducting a larger study, has identified important opportunities for improving the design of a definitive trial. This pilot trial is informative for researchers and clinicians interested in designing and/or conducting studies with FMGs regarding training of physicians in shared decision-making. Trial Registration. ClinicalTrials.gov NCT00354315.

5. [Am J Community Psychol](#). 2011 Jan 15. [Epub ahead of print]

Mobilizing Communities to Implement Evidence-Based Practices in Youth Violence Prevention: The State of the Art.

[Backer TE](#), [Guerra NG](#).

Abstract

Community mobilization can increase the effective implementation of evidence-based practices (EBPs) in youth violence prevention. These strategies bring together people and organizations in a community to try to solve or reduce a problem. They help communities address the challenges of identifying EBPs, disseminating them to local decision-makers, and then implementing and sustaining them if they are successful. Science-based systems for implementing EBPs such as PROSPER and Communities That Care can help to integrate this complex work in communities. Further insight about implementing EBPs in youth violence prevention is being developed through the CDC-funded Academic Centers for Excellence in Youth Violence Prevention.

Community mobilization approaches for seven of these programs are discussed, highlighting successful approaches and challenges encountered.

6. [Implement Sci.](#) 2011 Jan 14;6:4.

A knowledge translation collaborative to improve the use of therapeutic hypothermia in post-cardiac arrest patients: protocol for a stepped wedge randomized trial.

[Dainty KN](#), [Scales DC](#), [Brooks SC](#), [Needham DM](#), [Dorian P](#), [Ferguson N](#), [Rubinfeld G](#), [Wax R](#), [Zwarenstein M](#), [Thorpe K](#), [Morrison LJ](#).

Abstract

ABSTRACT:

BACKGROUND: Advances in resuscitation science have dramatically improved survival rates following cardiac arrest. However, about 60% of adults that regain spontaneous circulation die before leaving the hospital. Recently it has been shown that inducing hypothermia in cardiac arrest survivors immediately following their arrival in hospital can dramatically improve both overall survival and neurological outcomes. Despite the strong evidence for its efficacy and the apparent simplicity of this intervention, recent surveys show that therapeutic hypothermia is delivered inconsistently, incompletely, and often with delay.

METHODS AND DESIGN: This study will evaluate a multi-faceted knowledge translation strategy designed to increase the utilization rate of induced hypothermia in survivors of cardiac arrest across a network of 37 hospitals in Southwestern Ontario, Canada. The study is designed as a stepped wedge randomized trial lasting two years. Individual hospitals will be randomly assigned to four different wedges that will receive the active knowledge translation strategy according to a sequential rollout over a number of time periods. By the end of the study, all hospitals will have received the intervention. The primary aim is to measure the effectiveness of a multifaceted knowledge translation plan involving education, reminders, and audit-feedback for improving the use of induced hypothermia in survivors of cardiac arrest presenting to the emergency department. The primary outcome is the proportion of eligible OHCA patients that are cooled to a body temperature of 32 to 34°C within six hours of arrival in the hospital. Secondary outcomes will include process of care measures and clinical outcomes.

DISCUSSION: Inducing hypothermia in cardiac arrest survivors immediately following their arrival to hospital has been shown to dramatically improve both overall survival and neurological outcomes. However, this lifesaving treatment is frequently not applied in practice. If this trial is positive, our results will have broad implications by showing that a knowledge translation strategy shared across a collaborative network of hospitals can increase the number of patients that receive this lifesaving intervention in a timely manner.

7. [Am J Community Psychol.](#) 2011 Jan 11. [Epub ahead of print]

Impact Challenges in Community Science-with-Practice: Lessons from PROSPER on Transformative Practitioner-Scientist Partnerships and Prevention Infrastructure Development. [Spoth R](#), [Greenberg M](#).

Abstract

At present, evidence-based programs (EBPs) to reduce youth violence are failing to translate into widespread community practice, despite their potential for impact on this pervasive public health problem. In this paper we address two types of challenges in the achievement of such impact, drawing upon lessons from the implementation of a partnership model called PROSPER. First, we address five key challenges in the achievement of community-level impact through effective

community planning and action: readiness and mobilization of community teams; maintaining EBP implementation quality; sustaining community teams and EBPs; demonstrating community-level impact; and continuous, proactive technical assistance. Second, we consider grand challenges in the large-scale translation of EBPs: (1) building, linking and expanding existing infrastructures to support effective EBP delivery systems, and (2) organizing networks of practitioner-scientist partnerships-networks designed to integrate diffusion of EBPs with research that examines effective strategies to do so. The PROSPER partnership model is an evidence-based delivery system for community-based prevention and has evolved through two decades of NIH-funded research, assisted by land grant universities' Cooperative Extension Systems. Findings and lessons of relevance to each of the challenges are summarized. In this context, we outline how practitioner-scientist partnerships can serve to transform EBP delivery systems, particularly in conjunction with supportive federal policy.

8. [Implement Sci.](#) 2011 Jan 7;6(1):3.

Barriers and facilitators to the dissemination of DECISION+, a continuing medical education program for optimizing decisions about antibiotics for acute respiratory infections in primary care: A study protocol.

[Allaire AS](#), [Labrecque M](#), [Giguère A](#), [Gagnon MP](#), [Grimshaw J](#), [Légaré F](#).

Abstract

ABSTRACT:

BACKGROUND: In North America, acute respiratory infections are the main reason for doctors' visits in primary care. Family physicians and their patients overuse antibiotics for treating acute respiratory infections. In a pilot clustered randomized trial, we showed that DECISION+, a continuing medical education program in shared decision making, has the potential to reduce the overuse of antibiotics for treating acute respiratory infections. DECISION+ learning activities consisted of three interactive sessions of three hours each, reminders at the point of care, and feedback to doctors on their agreement with patients about comfort with the decision whether to use antibiotics. The objective of this study is to identify the barriers and facilitators to physicians' participation in DECISION+ with the goal of disseminating DECISION+ on a larger scale.

METHODS/DESIGN: This descriptive study will use mixed methods and retrospective and prospective components. All analyses will be based on an adapted version of the Ottawa Model of Research Use. First, we will use qualitative methods to analyze the following retrospective data from the pilot study: the logbooks of eight research assistants, the transcriptions of 15 training sessions, and 27 participant evaluations of the DECISION+ training sessions. Second, we will collect prospective data in semi-structured focus groups composed of family physicians to identify barriers and facilitators to the dissemination of a future training program similar to DECISION+. All 39 family physicians exposed to DECISION+ during the pilot project will be eligible to participate. We will use a self-administered questionnaire based on Azjen's Theory of Planned Behaviour to assess participants' intention to take part in future training programs similar to DECISION+.

DISCUSSION: Barriers and facilitators identified in this project will guide modifications to DECISION+, a continuing medical education program in shared decision making regarding the use of antibiotics in acute respiratory infections, to facilitate its dissemination in primary care on a large scale. Our results should help continuing medical educators develop a continuing medical

education program in shared decision making for other clinically relevant topics. This will help optimize clinical decisions in primary care.

9. [Implement Sci.](#) 2011 Jan 6;6:2.

Task shifting in maternal and newborn care: a non-inferiority study examining delegation of antenatal counseling to lay nurse aides supported by job aids in Benin.

[Jennings L](#), [Yebadokpo AS](#), [Affo J](#), [Agbogbe M](#), [Tankoano A](#).

Abstract

ABSTRACT:

BACKGROUND: Shifting the role of counseling to less skilled workers may improve efficiency and coverage of health services, but evidence is needed on the impact of substitution on quality of care. This research explored the influence of delegating maternal and newborn counseling responsibilities to clinic-based lay nurse aides on the quality of counseling provided as part of a task shifting initiative to expand their role.

METHODS: Nurse-midwives and lay nurse aides in seven public maternities were trained to use job aids to improve counseling in maternal and newborn care. Quality of counseling and maternal knowledge were assessed using direct observation of antenatal consultations and patient exit interviews. Both provider types were interviewed to examine perceptions regarding the task shift. To compare provider performance levels, non-inferiority analyses were conducted where non-inferiority was demonstrated if the lower confidence limit of the performance difference did not exceed a margin of 10 percentage points.

RESULTS: Mean percent of recommended messages provided by lay nurse aides was non-inferior to counseling by nurse-midwives in adjusted analyses for birth preparedness ($\beta = -0.0$, 95% CI: -9.0, 9.1), danger sign recognition ($\beta = 4.7$, 95% CI: -5.1, 14.6), and clean delivery ($\beta = 1.4$, 95% CI: -9.4, 12.3). Lay nurse aides demonstrated superior performance for communication on general prenatal care ($\beta = 15.7$, 95% CI: 7.0, 24.4), although non-inferiority was not achieved for newborn care counseling ($\beta = -7.3$, 95% CI: -23.1, 8.4). The proportion of women with correct knowledge was significantly higher among those counseled by lay nurse aides as compared to nurse-midwives in general prenatal care ($\beta = 23.8$, 95% CI: 15.7, 32.0), birth preparedness ($\beta = 12.7$, 95% CI: 5.2, 20.1), and danger sign recognition ($\beta = 8.6$, 95% CI: 3.3, 13.9). Both cadres had positive opinions regarding task shifting, although several preferred 'task sharing' over full delegation.

CONCLUSIONS: Lay nurse aides can provide effective antenatal counseling in maternal and newborn care in facility-based settings, provided they receive adequate training and support. Efforts are needed to improve management of human resources to ensure that effective mechanisms for regulating and financing task shifting are sustained.

10. [Implement Sci.](#) 2011 Jan 5;6:1.

Individual determinants of research utilization by nurses: a systematic review update.

[Squires JE](#), [Estabrooks CA](#), [Gustavsson P](#), [Wallin L](#).

Abstract

ABSTRACT:

BACKGROUND: Interventions that have a better than random chance of increasing nurses' use of research are important to the delivery of quality patient care. However, few reports exist of successful research utilization in nursing interventions. Systematic identification and evaluation

of individual characteristics associated with and predicting research utilization may inform the development of research utilization interventions.

OBJECTIVE: To update the evidence published in a previous systematic review on individual characteristics influencing research utilization by nurses.

METHODS: As part of a larger systematic review on research utilization instruments, 12 online bibliographic databases were searched. Hand searching of specialized journals and an ancestry search was also conducted. Randomized controlled trials, clinical trials, and observational study designs examining the association between individual characteristics and nurses' use of research were eligible for inclusion. Studies were limited to those published in the English, Danish, Swedish, and Norwegian languages. A vote counting approach to data synthesis was taken.

RESULTS: A total of 42,770 titles were identified, of which 501 were retrieved. Of these 501 articles, 45 satisfied our inclusion criteria. Articles assessed research utilization in general ($n = 39$) or kinds of research utilization ($n = 6$) using self-report survey measures. Individual nurse characteristics were classified according to six categories: beliefs and attitudes, involvement in research activities, information seeking, education, professional characteristics, and socio-demographic/socio-economic characteristics. A seventh category, critical thinking, emerged in studies examining kinds of research utilization. Positive relationships, at statistically significant levels, for general research utilization were found in four categories: beliefs and attitudes, information seeking, education, and professional characteristics. The only characteristic assessed in a sufficient number of studies and with consistent findings for the kinds of research utilization was attitude towards research; this characteristic had a positive association with instrumental and overall research utilization.

CONCLUSIONS: This review reinforced conclusions in the previous review with respect to positive relationships between general research utilization and: beliefs and attitudes, and current role. Furthermore, attending conferences/in-services, having a graduate degree in nursing, working in a specialty area, and job satisfaction were also identified as individual characteristics important to research utilization. While these findings hold promise as potential targets of future research utilization interventions, there were methodological problems inherent in many of the studies that necessitate their findings be replicated in further research using more robust study designs and multivariate assessment methods.

11. [Am J Community Psychol](#). 2011 Jan 25. [Epub ahead of print]

Evidence-Based Practices Reduce Juvenile Recidivism: Can State Government Effectively Promote Implementation Among Probation Departments?

[Seave PL](#).

Abstract

California places tens of thousands of juveniles into its 58 county-based justice systems every year. The offenders do not generally experience reduced rates of recidivism. Evidence-based practices can reliably and significantly reduce these rates. Probation departments have infrequently chosen to implement these practices, in large part because of the training, data collection, and organizational change required. Current state law does not effectively mandate these practices and more importantly fails to recognize and fund the substantial and ongoing training and technical assistance that would be required to implement these practices. State government could best promote evidence-based practices by working collegially with probation departments to obtain and distribute private and public funding to support effective implementation.

12. [Med Care](#). 2011 Feb;49(2):172-9.

The role of organizational affiliations and research networks in the diffusion of breast cancer treatment innovation.

[Carpenter WR](#), [Reeder-Hayes K](#), [Bainbridge J](#), [Meyer AM](#), [Amos KD](#), [Weiner BJ](#), [Godley PA](#).

Abstract

INTRODUCTION: : The National Institutes of Health (NIH) sees provider-based research networks and other organizational linkages between academic researchers and community practitioners as promising vehicles for accelerating the translation of research into practice. This study examines whether organizational research affiliations and teaching affiliations are associated with accelerated diffusion of sentinel lymph node biopsy (SLNB), an innovation in the treatment of early-stage breast cancer.

METHODS: : Surveillance Epidemiology and End Results-Medicare data were used to examine the diffusion of SLNB for treatment of early-stage breast cancer among women aged 65 years and older diagnosed between 2000 and 2002, shortly after Medicare approved and began reimbursing for the procedure.

RESULTS: : In this population, patients treated at an organization affiliated with a research network--the American College of Surgeons Oncology Group (ACOSOG) or other National Cancer Institute (NCI) cooperative groups--were more likely to receive the innovative treatment (SLNB) than patients treated at unaffiliated organizations (odds ratio: 2.70, 95% confidence interval: 1.77-4.12; odds ratio: 1.84, 95% confidence interval: 1.26-2.69, respectively). Neither hospital teaching status nor surgical volume was significantly associated with differences in SLNB use.

DISCUSSION: : Patients who receive cancer treatment at organizations affiliated with cancer research networks have an enhanced probability of receiving SLNB, an innovative procedure that offers the promise of improved patient outcomes. Study findings support the NIH Roadmap and programs such as the NCI's Community Clinical Oncology Program, as they seek to accelerate the translation of research into practice by simultaneously accelerating and broadening cancer research in the community.

13. [Health Serv Res](#). 2011 Jan 6. doi: 10.1111/j.1475-6773.2010.01227.x. [Epub ahead of print]

The Relationship between Organizational Climate and Quality of Chronic Disease Management.

[Benzer JK](#), [Young G](#), [Stolzmann K](#), [Osatuke K](#), [Meterko M](#), [Caso A](#), [White B](#), [Mohr DC](#).

Abstract

Objective. To test the utility of a two-dimensional model of organizational climate for explaining variation in diabetes care between primary care clinics. **Data Sources/Study Setting.** Secondary data were obtained from 223 primary care clinics in the Department of Veterans Affairs health care system. **Study Design.** Organizational climate was defined using the dimensions of task and relational climate. The association between primary care organizational climate and diabetes processes and intermediate outcomes were estimated for 4,539 patients in a cross-sectional study. **Data Collection/Extraction Methods.** All data were collected from administrative datasets. The climate data were drawn from the 2007 VA All Employee Survey, and the outcomes data were collected as part of the VA External Peer Review Program. Climate data were aggregated to the facility level of analysis and merged with patient-level data. **Principal Findings.** Relational climate was related to an increased likelihood of diabetes care process adherence, with significant but small effects for adherence to intermediate outcomes. Task climate was generally

not shown to be related to adherence. Conclusions. The role of relational climate in predicting the quality of chronic care was supported. Future research should examine the mediators and moderators of relational climate and further investigate task climate.

14. [Arch Dis Child](#). 2011 Jan 10. [Epub ahead of print]

Implementing locally appropriate guidelines and training to improve care of serious illness in Kenyan hospitals: a story of scaling-up (and down and left and right).

[English M](#), [Wamae A](#), [Nyamai R](#), [Bevins B](#), [Irimu G](#).

15. [Am J Community Psychol](#). 2011 Jan 26. [Epub ahead of print]

Quality Improvement as a Tool for Translating Evidence Based Interventions Into Practice: What the Youth Violence Prevention Community can Learn from Healthcare.

[Knox LM](#), [Aspy CB](#).

Abstract

Health care has been working for the past 2 decades to improve the translation of evidence based practice (EBPs) into care. The strategies used to facilitate this, and lessons learned, can provide useful models for similar work taking place in youth violence prevention. This article discusses the history of evidence translation in health care, reviews key strategies used to support translation of evidence based practice into care, and suggests lessons learned that may be useful to similar efforts in youth violence prevention and intervention services.

16. [Clin Infect Dis](#). 2011 Feb;52(4):507-13.

A research framework for reducing preventable patient harm.

[Pronovost PJ](#), [Cardo DM](#), [Goeschel CA](#), [Berenholtz SM](#), [Saint S](#), [Jernigan JA](#).

Abstract

Programs to reduce central line-associated bloodstream infections (CLABSIs) have improved the safety of hospitalized patients. Efforts are underway to disseminate these successes broadly to reduce other types of hospital-acquired infectious and noninfectious preventable harms.

Unfortunately, the ability to broadly measure and prevent other types of preventable harms, especially infectious harms, needs enhancement. Moreover, an overarching research framework for creating and integrating evidence will help expedite the development of national prevention programs. This article outlines a 5-phase translational (T) framework to develop robust research programs that reduce preventable harm, as follows: phase T0, discover opportunities and approaches to prevent adverse health care events; phase T1, use T0 discoveries to develop and test interventions on a small scale; phase T2, broaden and strengthen the evidence base for promising interventions to develop evidence-based guidelines; phase T3, translate guidelines into clinical practice; and phase T4, implement and evaluate T3 work on a national and international scale. Policy makers should use this framework to fill in the knowledge gaps, coordinate efforts among federal agencies, and prioritize research funding.

17. [Clin Psychol Rev](#). 2011 Feb;31(1):79-88. Epub 2010 Oct 7.

Major ingredients of fidelity: a review and scientific guide to improving quality of intervention research implementation.

[Gearing RE](#), [El-Bassel N](#), [Ghesquiere A](#), [Baldwin S](#), [Gillies J](#), [Ngeow E](#).

Abstract

Despite the critical role of fidelity and the proliferation of intervention manuals and related measures, no comprehensive, structured guide exists, resulting in definitional confusion, varying interpretations of what constitutes core components, and inconsistent application of methods to ensure fidelity. To improve integration of fidelity criteria into intervention research, this review paper focuses on three aims: 1) to identify, define, and operationalize the key ingredients and components of intervention fidelity; 2) to identify consistency and uniformity in terms of core characteristics of fidelity; and, 3) to provide a comprehensive fidelity tool that assesses the core ingredients of fidelity that can be used by researchers to measure the degree of fidelity. Twenty-four (n=24) meta-analyses and review articles focusing on fidelity were identified in a systematic literature search over the past 30 years. A comprehensive review and fidelity guide outlining four required components of intervention research (design, training, monitoring of intervention delivery, and intervention receipt) was developed, with special consideration given to threats and measurement. Fidelity is imperative in all stages and phases of intervention research. This review and guide can be used by practitioners and researchers in their scientific process of designing and implementing community-based psychological, social, and behavioral intervention research.

18. [Sex Transm Dis](#). 2011 Feb;38(2):133-9.

Effectiveness of the VOICES/VOCES sexually transmitted disease/human immunodeficiency virus prevention intervention when administered by health department staff: does it work in the "real world"?

[Neumann MS](#), [O'Donnell L](#), [Doval AS](#), [Schillinger J](#), [Blank S](#), [Ortiz-Rios E](#), [Garcia T](#), [O'Donnell CR](#).

Abstract

BACKGROUND: Prevention providers wonder whether benefits achieved in the original, researcher-led, efficacy trials of interventions are replicated when the intervention is delivered in real-world settings by their agency's staff.

METHODS: A replication study was conducted at 2 public sexually transmitted disease (STD) clinics (New York City and San Juan, PR). Using a controlled trial design, intervention (VOICES/VOCES) and comparison conditions (regular clinic services) were assigned in alternating 4-week blocks. Trained agency staff delivered the intervention. Effectiveness was assessed for incident STDs, redemption of coupons for condoms at neighborhood location after the visit, and improved knowledge and attitudes about STDs and condoms.

RESULTS: A total of 3365 patients were recruited, completed the protocol, and followed through STD surveillance systems for an average of 17 months. Of 397 with an incident infection, 226 (13.4%) were among those enrolled during comparison blocks; 171 were among those in the intervention condition (10.2%). Controlling for site and gender, participants enrolled during intervention blocks were significantly less likely to have an incident STD reported to the surveillance system (hazard ratio, 0.78; 95% confidence interval, 0.64-0.96). Intervention block participants scored higher on scales of STD knowledge (4.89 vs. 3.87, $P < 0.001$) and condom knowledge, attitude, and efficacy (10.98 vs. 9.16, $P < 0.001$). More of those exposed to VOICES/VOCES redeemed condoms ($P < 0.05$). Positive effects were more consistent in New York, which may be related to fidelity of implementation.

CONCLUSIONS: A packaged human immunodeficiency virus prevention intervention can be delivered by agencies, with benefits similar to those achieved in the research setting.

19. [BMC Geriatr](#). 2011 Jan 31;11(1):6. [Epub ahead of print]

A multifaceted intervention to implement guideline care and improve quality of care for older people who present to the emergency department with falls.

[Waldron N](#), [Dey I](#), [Nagree Y](#), [Xiao J](#), [Flicker L](#).

ABSTRACT:

BACKGROUND: Guidelines recommend that older people should receive multi-factorial interventions following an injurious fall however there is limited evidence that this is routine practice. We aimed to improve the delivery of evidence based care to patients presenting to the Emergency Department (ED) following a fall.

METHODS: A prospective before and after study was undertaken in the ED of a medium-sized hospital in Perth, Western Australia. Participants comprised 313 community-dwelling patients, aged 65 years and older, presenting to ED as a result of a fall. A multi-faceted strategy to change practice was implemented and included a referral pathway, audit and feedback and additional falls specialist staff. Key measures to show improvements comprised the proportion of patients reviewed by allied health, proportion of patients referred for guideline care, quality of care index, all determined by record extraction.

RESULTS: Allied health staff increased the proportion of patients being reviewed from 62.7% in the before period to 89% after the intervention ($P < 0.001$). Before the intervention a referral for comprehensive guideline care occurred for only 6/177 (3.4%) of patients, afterwards for 28/136 (20.6%) (difference = 17.2%, 95% CI 11-23%). Average quality of care index (max score 100) increased from 18.6 (95% CI: 16.7-20.4) to 32.6 (28.6-36.6).

CONCLUSIONS: A multi-faceted change strategy was associated with an improvement in allied health in ED prioritizing the review of ED fallers as well as subsequent referral for comprehensive geriatric care. The processes of multi-disciplinary care also improved, indicating improved care received by the patient.

20. [Qual Saf Health Care](#). 2011 Jan 26. [Epub ahead of print]

Creating effective quality-improvement collaboratives: a multiple case study.

[Strating MM](#), [Nieboer AP](#), [Zuiderent-Jerak T](#), [Bal RA](#).

Abstract

Objective To explore whether differences between collaboratives with respect to type of topic, type of targets, measures (systems) are also reflected in the degree of effectiveness. **Study setting** 182 teams from long-term healthcare organisation developed improvement initiatives in seven quality-improvement collaboratives (QICs) focusing on patient safety and autonomy. **Study design** Multiple case before-after study. **Data collection** 75 team leaders completed a written questionnaire at the end of each QIC on achievability and degree of challenge of targets and measurability of progress. **Main outcome indicators** were collaborative-specific measures (such as prevalence of pressure ulcers). **Principal findings** The degree of effectiveness and percentage of teams realising targets varied between collaboratives. Collaboratives also varied widely in perceived measurability ($F=6.798$ and $p=0.000$) and with respect to formulating achievable targets ($F=6.566$ and $p=0.000$). The Problem Behaviour collaborative scored significantly lower than all other collaboratives on both dimensions. The collaborative on Autonomy and control scored significantly lower on measurability than the other collaboratives. Topics for which there are best practices and evidence of effective interventions do not necessarily score higher on effectiveness, measurability, achievable and challenging targets. **Conclusions** The effectiveness of a QIC is associated with the efforts of programme managers to create conditions that provide insight into which changes in processes of care and in client outcomes have been made.

Measurability is not an inherent property of the improvement topic. Rather, creating measurability and formulating challenging and achievable targets is one of the crucial tasks for programme managers of QICs.

21. [JAMA](#). 2011 Jan 26;305(4):363-72. Epub 2011 Jan 19.

A multifaceted intervention for quality improvement in a network of intensive care units: a cluster randomized trial.

[Scales DC](#), [Dainty K](#), [Hales B](#), [Pinto R](#), [Fowler RA](#), [Adhikari NK](#), [Zwarenstein M](#).

Comment in:

[JAMA](#). 2011 Jan 26;305(4):406-7.

Abstract

CONTEXT: Evidence-based practices improve intensive care unit (ICU) outcomes, but eligible patients may not receive them. Community hospitals treat most critically ill patients but may have few resources dedicated to quality improvement.

OBJECTIVE: To determine the effectiveness of a multicenter quality improvement program to increase delivery of 6 evidence-based ICU practices.

DESIGN, SETTING, AND PARTICIPANTS: Pragmatic cluster-randomized trial among 15 community hospital ICUs in Ontario, Canada. A total of 9269 admissions occurred during the trial (November 2005 to October 2006) and 7141 admissions during a decay-monitoring period (December 2006 to August 2007).

INTERVENTION: We implemented a videoconference-based forum including audit and feedback, expert-led educational sessions, and dissemination of algorithms to sequentially improve delivery of 6 practices. We randomized ICUs into 2 groups. Each group received this intervention, targeting a new practice every 4 months, while acting as control for the other group, in which a different practice was targeted in the same period. **MAIN MEASURE OUTCOMES:** The primary outcome was the summary ratio of odds ratios (ORs) for improvement in adoption (determined by daily data collection) of all 6 practices during the trial in intervention vs control ICUs.

RESULTS: Overall, adoption of the targeted practices was greater in intervention ICUs than in controls (summary ratio of ORs, 2.79; 95% confidence interval [CI], 1.00-7.74). Improved delivery in intervention ICUs was greatest for semirecumbent positioning to prevent ventilator-associated pneumonia (90.0% of patient-days in last month vs 50.0% in first month; OR, 6.35; 95% CI, 1.85-21.79) and precautions to prevent catheter-related bloodstream infection (70.0% of patients receiving central lines vs 10.6%; OR, 30.06; 95% CI, 11.00-82.17). Adoption of other practices, many with high baseline adherence, changed little.

CONCLUSION: In a collaborative network of community ICUs, a multifaceted quality improvement intervention improved adoption of care practices.

22. [Int J Tuberc Lung Dis](#). 2011 Feb;15(2):144-54, i.

The Union and Médecins Sans Frontières approach to operational research.

[Harries AD](#), [Rusen ID](#), [Reid T](#), [Detjen AK](#), [Berger SD](#), [Bissell K](#), [Hinderaker SG](#), [Edginton M](#), [Fussell M](#), [Fujiwara PI](#), [Zachariah R](#).

Abstract

Operational research (OR) has become a hot topic at national meetings, international conferences and donor fora. The International Union Against Tuberculosis and Lung Disease (The Union) and Médecins Sans Frontières (MSF) Operational Centre Brussels strongly promote and

implement OR with colleagues in low- and middle-income countries. Here we describe how the two organisations define OR, and explain the guiding principles and methodology that underpin the strategy for developing and expanding OR in those countries. We articulate The Union's and MSF's approach to supporting OR, highlighting the main synergies and differences. Then, using the Malawi National Tuberculosis Control Programme as an example, we show how OR can be embedded within tuberculosis control activities, leading to changes in policy and practice at the national level. We discuss the difficult, yet vitally important, issue of capacity building, and share our vision of a new paradigm of product-related training and performance-based OR fellowships as two ways of developing the necessary skills at country level to ensure research is actually performed. Finally, we highlight the need to consider and incorporate into practice the ethical components of OR. This is a key moment to be involved in OR. We are confident that in partnership with interested stakeholders, including the World Health Organization, we can stimulate the implementation of quality, relevant OR as an integral part of health service delivery that in turn will lead to better health for people, particularly for those living in the poorer parts of the world.