

## Dissemination and Implementation in Health Listserv

**\*\* MARCH 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](mailto: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, Assistant Professor, School of Public Health, University of Alabama at Birmingham: [wynne.norton@gmail.com](mailto:wynne.norton@gmail.com).

### A. ANNOUNCEMENTS



#### **NCI launches interactive cancer control community of practice**

The National Cancer Institute (NCI) has launched [Research to Reality \(R2R\)](#), an online community of practice that links cancer control practitioners and researchers. R2R extends the work of [Cancer Control P.L.A.N.E.T.](#) by providing opportunities for discussion, learning and enhanced collaboration.

#### **Get Connected**

Through Research to Reality, you can engage with your colleagues and share experiences in a way that facilitates the development of partnerships, and strengthens connections and interactions among individuals and organizations involved in cancer control and prevention.

#### **Stay Involved**

We hope you will stay involved with R2R and take advantage of the interactive features that will make Research to Reality your “go to” place for information on emerging issues and hot topics in evidence-based cancer control practice.

Features of the Research to Reality website include:

- Monthly cyber-seminars
- Discussion forums
- An events calendar
- Featured partners
- Community profiles

We invite you to check out R2R and join the conversation by clicking on the tile below or visiting [http:// ResearchtoReality.cancer.gov](http://ResearchtoReality.cancer.gov).

## B. WEBINARS

### VA Cyber Seminars

**Thursday, March 10, 12:00pm ET**

Enhancing Implementation Science

**Using Theory to Plan and Tailor Implementation Programs**

by Teresa Damush, PhD

**Thursday, March 24, 1:00pm ET**

QUERI Implementation Research

**Research into Implementation and Spread: Methods, Findings and Future Agendas**

by John Ovretveit, PhD

## C. ARTICLE TITLES

## D. ARTICLE ABSTRACTS

### 1. Translational Behavioral Medicine

DOI: 10.1007/s13142-010-0012-0Online First™

**If we only knew what we know: principles for knowledge sharing across people, practices, and platforms**

James W Dearing, Sarah M Greene, Walter F Stewart and Andrew E Williams

Abstract. The improvement of health outcomes for both individual patients and entire populations requires improvement in the array of structures that support decisions and activities by healthcare practitioners. Yet, many gaps remain in how even sophisticated healthcare organizations manage knowledge. Here we describe the value of a trans-institutional network for identifying and capturing how-to knowledge that contributes to improved outcomes. Organizing and sharing on-the-job experience would concentrate and organize the activities of individual practitioners and subject their rapid cycle improvement testing and refinement to a form of collective intelligence for subsequent diffusion back through the network. We use the existing Cancer Research Network as an example of how a loosely structured consortium of healthcare delivery organizations could create and grow an *implementation registry* to foster innovation and

implementation success by communicating what works, how, and which practitioners are using each innovation. We focus on the principles and parameters that could be used as a basis for infrastructure design. As experiential knowledge from across institutions builds within such a system, the system could ultimately motivate rapid learning and adoption of best practices. Implications for research about healthcare IT, invention, and organizational learning are discussed.

2. [Health Expect.](#) 2011 Mar;14 Suppl 1:85-95. doi: 10.1111/j.1369-7625.2010.00640.x. What does it take to have sustained use of decision aids? A programme evaluation for the Breast Cancer Initiative.

[Feibelmann S](#), [Yang TS](#), [Uzogara EE](#), [Sepucha K](#).

#### **Abstract**

**BACKGROUND:** The Breast Cancer Initiative (BCI) was started in 2002 to disseminate breast cancer decision aids (PtDAs) to providers.

**METHODS:** We analysed BCI programme data for 195 sites and determined the proportion of sites involved in each of five stages of dissemination and implementation of PtDAs. We conducted cross-sectional mail and telephone surveys of 79 sites with the most interest in implementation. We examined barriers associated with sustained use of the PtDAs.

**RESULTS:** Since 2002 we attempted contact with 195 sites to join the BCI. The majority indicated interest in using PtDAs 172 of 195 (88%), 93 of 195 signed up for the BCI (48%), 57 of 195 reported distributing PtDAs to at least one patient (57%), and 46 of 195 reported sustained use (24%). We analysed data from interviews with 59 of 79 active sites (75% response rate). The majority of providers 49 of 59 (83%) had watched the PtDAs, and 46 of 59 (78%) distributed them to patients. The most common barriers were lack of a reliable way to identify patients before decisions are made (37%), a lack of time to distribute the PtDAs (22%) and having too many educational materials (15%). Sites that indicated a lack of clinician support as a barrier were significantly less likely to have sustained use compared to sites that didn't (33% vs. 74%,  $P = 0.02$ ).

**CONCLUSIONS:** Community breast cancer providers, both physicians and non-physicians, express a high interest in using PtDAs with their patients. About a quarter of sites report sustained use of the PtDAs in routine care.

3. [AIDS Patient Care STDS.](#) 2011 Feb 16. [Epub ahead of print] Provider Perspectives on Evidence-Based HIV Prevention Interventions: Barriers and Facilitators to Implementation.

[Owczarzak J](#), [Dickson-Gomez J](#).

#### **Abstract**

Abstract Since the beginning of the HIV/AIDS epidemic, community-based organizations (CBOs) have been key players in combating this disease through grassroots prevention programs and close ties to at-risk populations. Increasingly, both funding agencies and public health institutions require that CBOs implement evidence-based HIV prevention interventions, most of which are researcher developed. However, after completing training for these evidence-based interventions (EBIs), agencies may either abandon plans to implement them or significantly modify the intervention. Based on 22 semistructured interviews with HIV prevention service providers, this article explores the barriers and facilitators to dissemination and implementation of EBIs included in the Centers for Disease Control and Prevention's (CDC) Diffusion of

Effective Behavioral Interventions (DEBI) program. Results suggest that there is a tension between the need to implement interventions with fidelity and the lack of guidance on how to adapt the interventions for their constituencies and organizational contexts. Findings suggest the need for HIV prevention intervention development and dissemination that integrate community partners in all phases of research and dissemination.

4. [Psychol Med.](#) 2011 Feb 15:1-7. [Epub ahead of print]

The place of implementation science in the translational medicine continuum.

[Thornicroft G](#), [Lempp H](#), [Tansella M](#).

#### **Abstract**

There is a growing consensus that the transfer of knowledge from biomedical discoveries into patient and public benefit should be accelerated. At the same time there is a persistent lack of conceptual clarity about the precise nature of the phases of the translational continuum necessary to implement this. In this paper, we: (i) propose an integrated schema to understand the five sequential phases that link basic biomedical research with clinical science and implementation; (ii) discuss the nature of three blocks along this translational pathway; (iii) outline key issues that need to be addressed in removing such barriers. The five research phases described are: (0) basic science discovery; (1) early human studies; (2) early clinical trials; (3) late clinical trials; (4) implementation (which includes adoption in principle, early implementation and persistence of implementation). This schema also sets out three points at which communication blocks can occur. The application of 'implementation science' is in its early stages within mental health and psychiatric research. This paper therefore aims to develop a consistent terminology to understand the discovery, development, dissemination and implementation of new interventions. By better understanding the factors that promote or delay knowledge to flow across these blocks, we can accelerate progression along translational medicine pathways and so realize earlier patient benefit.

5. [Implement Sci.](#) 2011 Feb 7;6(1):10.

Strengthening evaluation and implementation by specifying components of behaviour change interventions: a study protocol.

[Michie S](#), [Abraham C](#), [Eccles MP](#), [Francis JJ](#), [Hardeman W](#), [Johnston M](#).

#### **Abstract**

ABSTRACT:

**BACKGROUND:** The importance of behaviour change in improving health is illustrated by the increasing investment by funding bodies in the development and evaluation of complex interventions to change population, patient, and practitioner behaviours. The development of effective interventions is hampered by the absence of a nomenclature to specify and report their content. This limits the possibility of replicating effective interventions, synthesising evidence, and understanding the causal mechanisms underlying behaviour change. In contrast, biomedical interventions are precisely specified (e.g., the pharmacological 'ingredients' of prescribed drugs, their dose and frequency of administration). For most complex interventions, the precise 'ingredients' are unknown; descriptions (e.g., 'behavioural counseling') can mean different things to different researchers or implementers. The lack of a method for specifying complex interventions undermines the precision of evidence syntheses of effectiveness, posing a problem for secondary, as well as primary, research. We aim to develop a reliable method of specifying intervention components ('techniques') aimed at changing behaviour.

**METHODS/DESIGN:** The research will be conducted in three phases. The first phase will develop the nomenclature. We will refine a preliminary list of techniques and definitions. Using a formal consensus method, experts will then define the key attributes of each technique and how it relates to, and differs from, others. They will evaluate the techniques and their definitions until they achieve an agreed-upon list of clearly defined, nonredundant techniques. The second phase will test the nomenclature. Trained experts (primary researchers and systematic reviewers), equipped with a coding manual and guidance, will use the nomenclature to code published descriptions of complex interventions. Reliability between experts, over time, and across types of users will be assessed. We will assess whether using the nomenclature to write intervention descriptions enhances the clarity and replicability of interventions. The third phase will develop a web-based users' resource of clearly specified and nonredundant techniques, which will aid the scientific understanding of, and development of, effective complex interventions. Dissemination throughout the project will be through stakeholder meetings, targeted multidisciplinary workshops, conference presentation, journal publication, and publication in an interactive web-based platform (a Wiki).

**DISCUSSION:** The development of a reliable method of specifying intervention components aimed at changing behaviour will strengthen the scientific basis for developing, evaluating, and reporting complex interventions. It will improve the precision of evidence syntheses of effectiveness, thus enhancing secondary, as well as primary, research.

6. [J Clin Nurs](#). 2011 Feb 15. doi: 10.1111/j.1365-2702.2010.03480.x. [Epub ahead of print] The adoption, local implementation and assimilation into routine nursing practice of a national quality improvement programme: the Productive Ward in England. [Robert G](#), [Morrow E](#), [Maben J](#), [Griffiths P](#), [Callard L](#).

#### **Abstract**

**Aim and objective.** To explore why innovations in service and delivery are adopted and how they are then successfully implemented and eventually assimilated into routine nursing practice. **Background.** The 'Productive Ward' is a national quality improvement programme that aims to engage nursing staff in the implementation of change at ward level. **Design.** Mixed methods (analysis of routine data, online survey, interviews) to apply an evidence-based diffusion of innovations framework. **Method.** (1) Broad and narrow indicators of the timing of 'decisions to adopt' the Productive Ward were applied. (2) An online survey explored the perceptions of 150 respondents involved with local implementation. (3) Fifty-eight interviews in five organisational case studies to explore the process of assimilation in each context. **Results.** Since the launch of the programme in May 2008 staff in approximately 85% of NHS acute hospitals had either downloaded Productive Ward materials or formally purchased a support package (as of March 2009). On a narrower measure, 40% (140) of all NHS hospitals had adopted the programme (i.e. purchased a support package) with large variation between geographical regions. Four key interactions in the diffusion of innovations framework appeared central to the rapid adoption of the programme. Despite widespread perception of significant benefits, frontline nursing staff report that more needs to be carried out to ensure that impact can be demonstrated in quantifiable terms and include patient perspectives. **Conclusions.** The programme has been rapidly adopted by NHS hospitals in England. A variety of implementation approaches are being employed, which are likely to have implications for the successful assimilation of the programme into routine nursing practice. **Relevance to clinical practice.** This paper summarises the perceived benefits of the Productive Ward programme and highlights important lessons for nurse leaders

who are designing (or adapting) and then implementing quality improvement programmes locally, particularly in terms of how to frame such initiatives - and provide support to - ward-level staff.

7. [Prev Med](#). 2011 Feb 12. [Epub ahead of print]  
Defining community capacity building: Is it possible?  
[Simmons A](#), [Reynolds RC](#), [Swinburn B](#).

**Abstract**

**OBJECTIVE:** Community capacity building has emerged as an important element in effective health promotion practice. The literature highlights many interpretations of community capacity building. Like other broad concepts such as community and social capital, the term 'community capacity building' is not easily captured. The context in which capacity is built is important and possibly contributes to the array of definitions.

**METHOD:** This paper reviews the definitions of community capacity building in health promotion beginning with early definitions in the 1990s to the latest offered by the WHO's Health Promotion Glossary in 2006.

**RESULTS:** The definitions have a common formula with three features: (1) community capacity building is a process/an approach; (2) capacity building is a collection of domains often referred to as characteristics, aspects, capabilities or dimensions; and (3) definitions incorporate an outcome or the rationale for building capacity.

**CONCLUSION:** The commonality in definition challenges the idea that the term 'capacity building' is fraught with a plethora of meanings. The formula can be utilised by communities needing to define capacity building for their own purposes, in their own contexts.

8. [J Cancer Educ](#). 2011 Mar;26(1):51-7.  
The Cancer Information Service: Using CBPR in Building Community Capacity.  
[Davis SW](#), [Cassel K](#), [Moseley MA](#), [Mesia R](#), [De Herrera PA](#), [Kornfeld J](#), [Perocchia R](#).

**Abstract**

The National Cancer Institute's (NCI's) Cancer Information Service (CIS) Partnership Program followed many of the key principles of community-based participatory research in providing technical assistance to partner organizations. Using five case studies, this article describes how the CIS Partnership Program served to identify community needs and leaders, bringing resources together to build capacity and increase knowledge, and facilitate further dissemination of findings. CIS Partnership Program staff transcended the traditional health education role by building the capacity of community partners to bring cancer information in culturally appropriate ways to their own communities. The lessons learned by the CIS Partnership Program are useful for both academics and service organizations that would benefit from working with medically underserved communities.

9. [BMC Public Health](#). 2011 Feb 24;11(1):132. [Epub ahead of print]  
The development of a network for community-based obesity prevention: the CO-OPS Collaboration.  
[Allender S](#), [Nichols M](#), [Foulkes C](#), [Reynolds R](#), [Waters E](#), [King L](#), [Gill T](#), [Armstrong R](#), [Swinburn B](#).

**Abstract**

ABSTRACT:

**BACKGROUND:** Community-based interventions are a promising approach and an important component of a comprehensive response to obesity. In this paper we describe the Collaboration of COmmunity-based Obesity Prevention Sites (CO-OPS Collaboration) in Australia as an example of a collaborative network to enhance the quality and quantity of obesity prevention action at the community level. The core aims of the CO-OPS Collaboration are: to identify and analyse the lessons learned from a range of community-based initiatives aimed at tackling obesity, and; to identify the elements that make community-based obesity prevention initiatives successful and share the knowledge gained with other communities.

**METHODS:** Key activities of the collaboration to date have included the development of a set of Best Practice Principles and knowledge translation and exchange activities to promote the application (or use) of evidence, evaluation and analysis in practice.

**RESULTS:** The establishment of the CO-OPS Collaboration is a significant step toward strengthening action in this area, by bringing together research, practice and policy expertise to promote best practice, high quality evaluation and knowledge translation and exchange. Future development of the network should include facilitation of further evidence generation and translation drawing from process, impact and outcome evaluation of existing community-based interventions.

**CONCLUSIONS:** The lessons presented in this paper may help other networks like CO-OPS as they emerge around the globe. It is important that networks integrate with each other and share the experience of creating these networks.

10. [Health Res Policy Syst.](#) 2011 Feb 22;9(1):10. [Epub ahead of print]

[How should we assess knowledge translation in research organizations; designing a Knowledge Translation Self-Assessment Tool for Research Institutes \(SATORI\).](#)

[Gholami J, Majdzadeh R, Nedjat S, Nedjat S, Maleki K, Ashoorkhani M, Yazdizadeh B.](#)

#### **Abstract**

ABSTRACT:

**BACKGROUND:** The knowledge translation self-assessment tool for research institutes (SATORI) has been designed to assess the status of knowledge translation in research institutes. The objective was, therefore, to identify the weaknesses and strengths of knowledge translation in research centres and faculties affiliated to Tehran University of Medical Sciences (TUMS).

**METHODS:** The tool, consisting of 50 statements in four main domains, was used in 20 TUMS-affiliated research centres and departments after its reliability was approved. In this study the self-assessment tool was completed in a group discussion by the members of the research council, researchers and the representatives of research users from each centre and/or department.

**RESULTS:** The mean score obtained in the four domains of 'The question of research', 'Knowledge production', 'Knowledge transfer' and 'Promoting the use of evidence' were 2.26, 2.92, 2 and 1.89 (out of 5) respectively. Nine out of 12 interventional priorities with the lowest quartile score were related to knowledge transfer resources and strategies, whereas eight of them were in the highest quartile and related to 'The question of research' and 'Knowledge production'.

**CONCLUSIONS:** The self-assessment tool identifies the gaps in capacity and infrastructure of knowledge translation support within research organizations. Assessment of research institutes using SATORI pointed out that strengthening knowledge translation through provision of financial support for knowledge translation activities, creating supportive and facilitating infrastructures, and facilitating interactions between researchers and target audiences to

exchange questions and research findings are among the priorities of research centres and/or departments.

11. [Prev Chronic Dis](#). 2011 Mar;8(2):A46. Epub 2011 Feb 15.

An organizing framework for translation in public health: the knowledge to action framework. [Wilson KM](#), [Brady TJ](#), [Lesesne C](#); [NCCDPHP Work Group on Translation](#).

#### **Abstract**

A priority for the Centers for Disease Control and Prevention (CDC) is translating scientific knowledge into action to improve the public's health. No area has a more pressing need for translation than the prevention and control of chronic diseases. Staff from CDC's National Center for Chronic Disease Prevention and Health Promotion worked across disciplines and content areas to develop an organizing framework to describe and depict the high-level processes necessary to move from discovery into action through translation of evidence-based programs, practices, or policies. The Knowledge to Action (K2A) Framework identifies 3 phases (research, translation, and institutionalization) and the decision points, interactions, and supporting structures within the phases that are necessary to move knowledge to sustainable action. Evaluation undergirds the entire K2A process. Development of the K2A Framework highlighted the importance of planning for translation, attending to supporting structures, and evaluating the public health impact of our efforts.

12. [Health Res Policy Syst](#). 2011 Feb 8;9:7.

Climate for evidence-informed health systems: A print media analysis in 44 low- and middle-income countries that host knowledge-translation platforms.

[Cheung A](#), [Lavis JN](#), [Hamandi A](#), [El-Jardali F](#), [Sachs J](#), [Sewankambo N](#); [Knowledge-Translation Platform Evaluation Team](#).

#### **Abstract**

ABSTRACT:

**BACKGROUND:** We conducted a print media analysis in 44 countries in Africa, the Americas, Asia, and the Eastern Mediterranean in order to understand one dimension of the climate for evidence-informed health systems and to provide a baseline for an evaluation of knowledge-translation platforms. Our focus was whether and how policymakers, stakeholders, and researchers talk in the media about three topics: policy priorities in the health sector, health research evidence, and policy dialogues regarding health issues.

**METHODS:** We developed a search strategy consisting of three progressively more delimited phases. For each jurisdiction, we searched Major World Publications in LexisNexis Academic News for articles published in 2007, selected relevant articles using one set of general criteria and three sets of concept-specific criteria, and coded the selected articles to identify common themes. Second raters took part in the analysis of Lebanon and Malaysia to assess inter-rater reliability for article selection and coding.

**RESULTS:** We identified approximately 5.5 and 5 times more articles describing health research evidence compared to the number of articles describing policy priorities and policy dialogues, respectively. Few articles describing health research evidence discussed systematic reviews (2%) or health systems research (2%), and few of the policy dialogue articles discussed researcher involvement (9%). News coverage of these concepts was highly concentrated in several countries like China and Uganda, while few articles were found for many other jurisdictions. Kappa scores were acceptable and consistently greater than 0.60.

**CONCLUSIONS:** In many countries the print media, at least as captured in a global database, are largely silent about three topics central to evidence-informed health systems. These findings suggest the need for proactive-media engagement strategies.

13. [Arch Intern Med.](#) 2011 Feb 28;171(4):360-1.

A Model Program for a Devastating Disease: Important Content and Methods Issues in Translating Research Into Practice: Comment on "Translation of a Dementia Caregiver Support Program in a Health Care System--REACH VA".

[Glasgow RE.](#)

PMID: 21357813 [PubMed - in process]

14. [Child Abuse Negl.](#) 2011 Feb 25. [Epub ahead of print]

Evaluation of the sustainability and clinical outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) in a child protection center.

[Kolko DJ](#), [Iselin AM](#), [Gully KJ](#).

**Abstract**

This paper examines the sustainability and outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) as delivered by practitioners in a community-based child protection program who had received training in the model several years earlier. Formerly described as Abuse-Focused CBT, AF-CBT is an evidence-based treatment (EBT) for child physical abuse and family aggression/conflict that was included in the National Child Traumatic Stress Network's initial EBT dissemination efforts in 2002. Seven practitioners participated in a year-long learning collaborative in AF-CBT and in similar training programs for 4 other EBTs. The agency's routine data collection system was used to document the clinical and adjustment outcomes of 52 families presenting with a physically abused child who received their services between 2 and 5 years after the AF-CBT training had ended. Measures of the use of all 5 EBTs documented their frequency, internal consistency, and intercorrelations. Controlling for the unique content of the other four EBTs, the amount of AF-CBT Abuse-specific content delivered was related to improvements on standardized parent rating scales (i.e., child externalizing behavior, anger, anxiety, social competence) and both parent and clinician ratings of the child's adjustment at discharge (i.e., child more safe, less scared/sad, more appropriate with peers). The amount of AF-CBT General content was related to a few discharge ratings (better child prognosis, helpfulness to parents). These novel data provide suggestive evidence for the sustainability and clinical benefits of AF-CBT in an existing community clinic serving physically abused children and their families, and are discussed in the context of key developments in the treatment model and dissemination literature.

15. [Eval Program Plann.](#) 2011 Feb 28. [Epub ahead of print]

HIV rapid testing in substance abuse treatment: Implementation following a clinical trial.

[Haynes LF](#), [Korte JE](#), [Holmes BE](#), [Gooden L](#), [Matheson T](#), [Feaster DJ](#), [Leff JA](#), [Wilson L](#), [Metsch LR](#), [Schackman BR](#).

**Abstract**

The Substance Abuse Mental Health Services Administration has promoted HIV testing and counseling as an evidence-based practice. Nevertheless, adoption of HIV testing in substance abuse treatment programs has been slow. This article describes the experience of a substance abuse treatment agency where, following participation in a clinical trial, the agency implemented

an HIV testing and counseling program. During the trial, a post-trial pilot, and early implementation the agency identified challenges and developed strategies to overcome barriers to adoption of the intervention. Their experience may be instructive for other treatment providers seeking to implement an HIV testing program. Lessons learned encompassed the observed acceptability of testing and counseling to clients, the importance of a "champion" and staff buy-in, the necessity of multiple levels of community and agency support and collaboration, the ability to streamline staff training, the need for a clear chain of command, the need to develop program specific strategies, and the requirement for sufficient funding. An examination of costs indicated that some staff time may not be adequately reimbursed by funding sources for activities such as adapting the intervention, start-up training, ongoing supervision and quality assurance, and overhead costs.

16. [J Acquir Immune Defic Syndr](#). 2011 Mar 1;56 Suppl 1:S68-75.

Integration of buprenorphine/naloxone treatment into HIV clinical care: lessons from the BHIVES collaborative.

[Weiss L](#), [Netherland J](#), [Egan JE](#), [Flanigan TP](#), [Fiellin DA](#), [Finkelstein R](#), [Altice FL](#); [BHIVES Collaborative](#).

#### **Abstract**

**BACKGROUND:** Replication of effective practices requires detailed descriptions of implementation processes, barriers and facilitators, and lessons learned. The experiences of physicians leading the Buprenorphine HIV Evaluation and Support initiative provides valuable information for other HIV providers seeking to integrate medication-assisted treatment services into HIV clinical care.

**METHODS:** Evaluation staff conducted site visits to the 10 funded Buprenorphine HIV Evaluation and Support programs to better understand buprenorphine/naloxone (bup/nx) integration practices; services offered; staffing; provider experiences with and perceptions of bup/nx; perceived barriers, facilitators, and sustainability; and recommendations regarding replication of integrated care program components. Interviews with site principal investigators conducted during the last year of program implementation were transcribed, coded, and analyzed according to both pre-identified and emerging themes.

**RESULTS:** Integrated bup/nx and HIV treatment was successfully introduced to community and hospital-based clinics under the direction of infectious disease, psychiatry, and general internal medicine physicians. All but 1 of the principal investigators interviewed were highly satisfied with integrated HIV and bup/nx treatment, and all anticipated continued provision of the service. Multiple prescribers were necessary to ensure sufficient coverage and a bup/nx coordinator (eg, nurse, counselor) was seen as essential to the provision of quality care. Ongoing challenges included multisubstance use and mental health issues among patients; limited adoption of bup/nx treatment among colleagues; and the necessity of incorporating new procedures, including urine toxicology testing into established practice.

**CONCLUSIONS:** Findings suggest that integrated bup/nx treatment and HIV care is acceptable to providers and feasible in a variety of practice settings.

17. [Qual Saf Health Care](#). 2011 Feb 23. [Epub ahead of print]

Infrastructure for quality transformation: measurement and reporting in veterans administration intensive care units.

[Render ML](#), [Freyberg RW](#), [Hasselbeck R](#), [Hofer TP](#), [Sales AE](#), [Deddens J](#), [Levesque O](#), [Almenoff PL](#).

#### **Abstract**

Background Veterans Health Administration (VA) intensive care units (ICUs) develop an infrastructure for quality improvement using information technology and recruiting leadership. Methods Setting Participation by the 183 ICUs in the quality improvement program is required. Infrastructure includes measurement (electronic data extraction, analysis), quarterly web-based reporting and implementation support of evidence-based practices. Leaders prioritise measures based on quality improvement objectives. The electronic extraction is validated manually against the medical record, selecting hospitals whose data elements and measures fall at the extremes (10th, 90th percentile). Results are depicted in graphic, narrative and tabular reports benchmarked by type and complexity of ICU. Results The VA admits 103 689±1156 ICU patients/year. Variation in electronic business practices, data location and normal range of some laboratory tests affects data quality. A data management website captures data elements important to ICU performance and not available electronically. A dashboard manages the data overload (quarterly reports ranged 106-299 pages). More than 85% of ICU directors and nurse managers review their reports. Leadership interest is sustained by including ICU targets in executive performance contracts, identification of local improvement opportunities with analytic software, and focused reviews. Conclusion Lessons relevant to non-VA institutions include the: (1) need for ongoing data validation, (2) essential involvement of leadership at multiple levels, (3) supplementation of electronic data when key elements are absent, (4) utility of a good but not perfect electronic indicator to move practice while improving data elements and (5) value of a dashboard.

18. [Patient Educ Couns](#). 2011 Mar;82(3):482-7.

Research in communication skills training translated into practice in a large organization: A proactive use of the RE-AIM framework.

[Ammentorp J](#), [Kofoed PE](#).

#### **Abstract**

**OBJECTIVE:** To describe how a specific communication course for health professionals has been evaluated and implemented in clinical practice and how it will be transferred and evaluated at the entire hospital.

**METHODS:** The different phases of the research process from generating the hypothesis to implementing the results are described and exemplified by means of published studies and a study under planning. RE-AIM, an acronym for Reach, Efficacy/Effectiveness, Adoption, Implementation, and Maintenance, is used to describe the process.

**RESULTS:** In descriptive studies we identified a need for improving the communication with patients. By evaluating the efficacy and effectiveness of communication skills training we showed that the courses could improve clinicians' self-efficacy in specific communication tasks. After all clinicians had participated in the communication course the proportion of satisfied parents increased significantly. Based on these experiences a program for implementing the communication course at the entire hospital is being planned.

**CONCLUSION:** To succeed in translating the research results into practice, long-term commitment is needed in order to create a conducive climate for the implementation.

**PRACTICE IMPLICATIONS:** This focused and goal-oriented approach may inspire other researchers when planning, conducting, and evaluating their research.

19. [Aust Crit Care](#). 2011 Feb 3. [Epub ahead of print]

Creating an environment to implement and sustain evidence based practice: A developmental process.

[Aitken LM](#), [Hackwood B](#), [Crouch S](#), [Clayton S](#), [West N](#), [Carney D](#), [Jack L](#).

**Abstract**

**BACKGROUND:** Elements of evidence based practice (EBP) are well described in the literature and achievement of EBP is frequently being cited as an organisational goal. Despite this, the practical processes and resources for achieving EBP are often not readily apparent, available or successful.

**PURPOSE:** To describe a multi-dimensional EBP program designed to incorporate evidence into practice to lead to sustainable improvement in patient care and ultimately patient outcome.

**IMPLEMENTATION STRATEGIES:** A multi-dimensional EBP program incorporating EBP champions and mentors, provision of resources, creation of a culture to foster EBP and use of practical EBP strategies was implemented in a 22-bed intensive care unit (ICU) in a public, tertiary hospital in Brisbane, Australia. The practical EBP strategies included workgroups, journal club and nursing rounds. **ACHIEVEMENTS:** The multi-dimensional EBP program has been successfully implemented over the past three years. EBP champions and mentors are now active and two EBP workgroups have investigated specific aspects of practice, with one of these resulting in development of an associated research project. Journal club is a routine component of the education days that all ICU nurses attend. Nursing rounds is now conducted twice a week, with between one and seven short-term issues identified for each patient reviewed in the first 12 months.

**CONCLUSIONS:** A multi-dimensional program of practice change has been implemented in one setting and is providing a forum for discussion of practice-related issues and improvements. Adaptation of these strategies to multiple different health care settings is possible, with the potential for sustained practice change and improvement.

20. [Prev Sci](#). 2011 Mar;12(1):23-33.

Putting the pieces together: an integrated model of program implementation.

[Berkel C](#), [Mauricio AM](#), [Schoenfelder E](#), [Sandler IN](#).

**Abstract**

Considerable evidence indicates that variability in implementation of prevention programs is related to the outcomes achieved by these programs. However, while implementation has been conceptualized as a multidimensional construct, few studies examine more than a single dimension, and no theoretical framework exists to guide research on the effects of implementation. We seek to address this need by proposing a theoretical model of the relations between the dimensions of implementation and outcomes of prevention programs that can serve to guide future implementation research. In this article, we focus on four dimensions of implementation, which we conceptualize as behaviors of program facilitators (fidelity, quality of delivery, and adaptation) and behaviors of participants (responsiveness) and present the evidence supporting these as predictors of program outcomes. We then propose a theoretical model by which facilitator and participant dimensions of implementation influence participant outcomes. Finally, we provide recommendations and directions for future implementation research.

21. [J Clin Nurs](#). 2011 Mar 1. doi: 10.1111/j.1365-2702.2010.03491.x. [Epub ahead of print] Nurses' wishes, knowledge, attitudes and perceived barriers on implementing research findings into practice among graduate nurses in Austria.

[Breimaier HE](#), [Halfens RJ](#), [Lohrmann C](#).

#### **Abstract**

**Aims.** To identify and describe nurses' wishes, needs, knowledge and attitudes to nursing research, as well as perceived barriers to and facilitators of research utilisation in nursing practice in Austria. **Background.** Research results are not always used in daily nursing practice, despite their potential to improve nursing care quality. A variety of factors impede their implementation and use. Nurses' wishes about research utilisation have scarcely been reported. No data are available yet from an Austrian perspective. **Design.** Descriptive and exploratory cross-sectional survey. **Methods.** The study was conducted in an Austrian university hospital in May 2007, including all graduate nurses ( $n = 1825$ ). One thousand and twenty-three nurses returned the self-reported questionnaire. Descriptive analysis was performed initially, then group comparisons (diploma  $<2001$ ,  $\geq 2001$ ) were computed inferentially using the chi-square test. **Results.** Nurses' most frequently indicated wishes regarding research implementation were adequate information, structural availability and professional support. Special points of interest were topics concerning nursing phenomena and interventions. Nurses' needs related to education in nursing science/research and its implementations were indicated as being predominantly of an introductory manner. Overall, nurses' attitudes tended to the negative. The top three named barriers to research utilisation were lack of time (69.9%), lack of information/knowledge (45.4%) and lack of interest (25.9%). Ten statistically significant differences were found between nurses of the two compared diploma groups. **Conclusions.** Participating nurses perceived a lack in sufficient education/information and adequate organisational support, impeding them to use research results in daily practice. **Relevance to clinical practice.** The results provide important insights into the matter of nurses' needs regarding the use and/or implementation of research results in practice, as well as about the promotion of positive attitudes towards research and its utilisation. These findings are of special interest to nurse educators, employers and countries introducing nursing science to improve the clinical outcomes for patients.

22. [J Addict Med](#). 2011 Mar;5(1):21-27.

Adoption and Implementation of Medications in Addiction Treatment Programs.

[Knudsen HK](#), [Abraham AJ](#), [Roman PM](#).

#### **Abstract**

**OBJECTIVES:** Little is known about the extent to which medications are being implemented as routine care in addiction treatment programs. This research describes medication adoption and implementation within the privately funded treatment sector.

**METHODS:** Face-to-face interviews were conducted with 345 administrators of a nationally representative sample of privately funded substance treatment organizations in the United States.

**RESULTS:** Rates of adoption of addiction treatment medications in private sector programs were lower than the adoption of psychiatric medications. Even when analyses were restricted to programs with access to physicians, adoption of each addiction treatment medication had occurred in less than 50% of programs. Within adopting programs, implementation was highly variable. While about 70% of patients with co-occurring psychiatric diagnoses received

psychiatric medications, rates of implementation of medication-assisted treatment for opioid dependence and alcohol use disorders were just 34.4% and 24.0%, respectively.

**CONCLUSIONS:** Although previous research has documented higher rates of medication adoption in privately funded treatment programs, this study revealed that both adoption and implementation of pharmacotherapies to treat addiction remains modest. Future research should examine the different types of barriers to implementation, such as physician decision-making, patient preferences, and system-level barriers stemming from financing and public policy.

23. [Implement Sci](#). 2011 Feb 28;6(1):15. [Epub ahead of print]

Clinicians' perceptions of organizational readiness for change in the context of clinical information system projects: insights from two cross-sectional surveys.

[Pare G](#), [Sicotte C](#), [Poba-Nzaou P](#), [Balouzakis G](#).

#### Abstract

ABSTRACT:

**BACKGROUND:** The adoption and diffusion of clinical information systems has become one of the critical benchmarks for achieving several healthcare organizational reform priorities, including home care, primary care, and integrated care networks. However, these systems are often strongly resisted by the same community that is expected to benefit from their use. Prior research has found that early perceptions and beliefs play a central role in shaping future attitudes and behaviors such as negative rumors, lack of involvement, and resistance to change. In this line of research, this paper builds on the change management and information systems literature and identifies variables associated with clinicians' early perceptions of organizational readiness for change in the specific context of clinical information system projects.

**METHODS:** Two cross-sectional surveys were conducted to test our research model. First, a questionnaire was pretested and then distributed to the future users of a mobile computing technology in 11 home care organizations. The second study took place in a large teaching hospital that had approved a budget for the acquisition of an electronic medical records system. Data analysis was performed using partial least squares.

**RESULTS:** Scale items used in this study showed adequate psychometric properties. In Study 1, four of the hypothesized links in the research model were supported, with change appropriateness, organizational flexibility, vision clarity, and change efficacy explaining 75% of the variance in organizational readiness. In Study 2, four hypotheses were also supported, two of which differed from those supported in Study 1: the presence of an effective project champion and collective self-efficacy. In addition to these variables, vision clarity and change appropriateness also helped explain 75% of the variance in the dependent variable. Explanations for the similarities and differences observed in the two surveys are provided.

**CONCLUSIONS:** Organizational readiness is arguably a key factor involved in clinicians' initial support for clinical information system initiatives. As healthcare organizations continue to invest in information technologies to improve quality and continuity of care and reduce costs, understanding the factors that influence organizational readiness for change represents an important avenue for future research.

24. [Implement Sci](#). 2011 Feb 24;6(1):14. [Epub ahead of print]

Understanding the implementation of evidence-based care: a structural network approach.

[Parchman ML](#), [Scoglio CM](#), [Schumm P](#).

#### Abstract

**ABSTRACT:**

**BACKGROUND:** Recent study of complex networks has yielded many new insights into phenomenon such as social networks, the internet, and sexually transmitted infections. The purpose of this analysis is to examine the properties of a network created by the 'co-care' of patients within one region of the Veterans Health Affairs.

**METHODS:** Data were obtained for all outpatient visits from 1 October 2006 to 30 September 2008 within one large Veterans Integrated Service Network. Types of physician within each clinic were nodes connected by shared patients, with a weighted link representing the number of shared patients between each connected pair. Network metrics calculated included edge weights, node degree, node strength, node coreness, and node betweenness. Log-log plots were used to examine the distribution of these metrics. Sizes of k-core networks were also computed under multiple conditions of node removal.

**RESULTS:** There were 4,310,465 encounters by 266,710 shared patients between 722 provider types (nodes) across 41 stations or clinics resulting in 34,390 edges. The number of other nodes to which primary care provider nodes have a connection (172.7) is 42% greater than that of general surgeons and two and one-half times as high as cardiology. The log-log plot of the edge weight distribution appears to be linear in nature, revealing a 'scale-free' characteristic of the network, while the distributions of node degree and node strength are less so. The analysis of the k-core network sizes under increasing removal of primary care nodes shows that about 10 most connected primary care nodes play a critical role in keeping the k-core networks connected, because their removal disintegrates the highest k-core network.

**CONCLUSIONS:** Delivery of healthcare in a large healthcare system such as that of the US Department of Veterans Affairs (VA) can be represented as a complex network. This network consists of highly connected provider nodes that serve as 'hubs' within the network, and demonstrates some 'scale-free' properties. By using currently available tools to explore its topology, we can explore how the underlying connectivity of such a system affects the behavior of providers, and perhaps leverage that understanding to improve quality and outcomes of care.

25. [Obstet Gynecol.](#) 2011 Mar;117(3):720-726.

[Accelerating Science-Driven Solutions to Challenges in Global Reproductive Health: A New Framework for Moving Forward.](#)

[Peterson HB](#), [Darcanges C](#), [Haidar J](#), [Curtis KM](#), [Meriardi M](#), [Gülmezoglu AM](#), [Say L](#), [Mbizvo M](#).

**Abstract**

Recommendations shaping policies, programs, and practices in global health should be based on the best available science, but how best to achieve this objective is less clear. We describe a new approach developed by the United Nations Development Programme/United Nations Population Fund/World Health Organization/World Bank Special Programme of Research, Development and Research Training in Human Reproduction within the World Health Organization Department of Reproductive Health and Research for addressing key challenges in global reproductive health. This approach leads to new recommendations for accelerating solutions to priority needs in the field and continued improvements in the science base-including the implementation science base-for meeting these needs. The key components of this new cycle for science-driven solutions include: 1) identifying priority needs of the field; 2) creating guidance that meets the needs of the field; 3) identifying research gaps and establishing and funding research priorities; 4) research synthesis and updating of the guidance in a timely fashion; and 5)

supporting utilization in countries through systematic introduction of science-driven solutions. There is a synergistic effect when the contributions of the individual components of this cycle are linked. Strong institutional support is required for this collective effort, as is the creation of a team of researchers, practitioners, donors, and implementing agencies with shared responsibilities for its success. This new approach has already made important contributions toward addressing key challenges in family planning and maternal and perinatal health. We believe that it will help bridge the gap between knowledge and action for reproductive health and for global health more broadly.

26. [Implement Sci.](#) 2011 Feb 14;6(1):13. [Epub ahead of print]

Enhancing implementation of tobacco use prevention and cessation counselling guideline among dental providers: a cluster randomised controlled trial.

[Amemori M](#), [Korhonen T](#), [Kinnunen T](#), [Michie S](#), [Murtomaa H](#).

#### Abstract

ABSTRACT:

**BACKGROUND:** Tobacco use adversely affects oral health. Tobacco use prevention and cessation (TUPAC) counselling guidelines recommend that healthcare providers ask about each patient's tobacco use, assess the patient's readiness and willingness to stop, document tobacco use habits, advise the patient to stop, assist and help in quitting, and arrange monitoring of progress at follow-up appointments. Adherence to such guidelines, especially among dental providers, is poor. To improve guideline implementation, it is essential to understand factors influencing it and find effective ways to influence those factors. The aim of the present study protocol is to introduce a theory-based approach to diagnose implementation difficulties of TUPAC counselling guidelines among dental providers.

**METHODS:** Theories of behaviour change have been used to identify key theoretical domains relevant to the behaviours of healthcare providers involved in implementing clinical guidelines. These theoretical domains will inform the development of a questionnaire aimed at assessing the implementation of the TUPAC counselling guidelines among Finnish municipal dental providers. Specific items will be drawn from the guidelines and the literature on TUPAC studies. After identifying potential implementation difficulties, we will design two interventions using theories of behaviour change to link them with relevant behaviour change techniques aiming to improve guideline adherence. For assessing the implementation of TUPAC guidelines, the electronic dental record audit and self-reported questionnaires will be used.

**DISCUSSION:** To improve guideline adherence, the theoretical-domains approach could provide a comprehensive basis for assessing implementation difficulties, as well as designing and evaluating interventions. After having identified implementation difficulties, we will design and test two interventions to enhance TUPAC guideline adherence. Using the cluster randomised controlled design, we aim to provide further evidence on intervention effects, as well as on the validity and feasibility of the theoretical-domain approach. The empirical data collected within this trial will be useful in testing whether this theoretical-domain approach can improve our understanding of the implementation of TUPAC guidelines among dental providers. Trial registration: Current Controlled Trials ISRCTN15427433.

27. [Implement Sci.](#) 2011 Feb 11;6(1):12. [Epub ahead of print]

Knowledge-to-action processes in SHRTN collaborative Communities of Practice: A study protocol.

[Conklin J](#), [Kothari A](#), [Stolee P](#), [Chambers L](#), [Forbes D](#), [Le Clair K](#).

### Abstract

#### ABSTRACT:

**BACKGROUND:** The Seniors Health Research Transfer Network (SHRTN) Collaborative is a network of networks that work together to improve the health and health care of Ontario seniors. The collaborative facilitates knowledge exchange through a library service, knowledge brokers, local implementation teams, collaborative technology, and, most importantly, Communities of Practice (CoPs) whose members work together to identify innovations, translate evidence and help implement changes. This project aims to increase our understanding of Knowledge-to-Action (KTA) processes mobilized through SHRTN CoPs that are working to improve the health of Ontario seniors. For this research, KTA refers to the movement of research and experience-based knowledge between social contexts, and the use of that knowledge to improve practice. We will examine the KTA processes themselves, as well as the role of human agents within those processes. The conceptual framework we have adopted to inform our research is the Promoting Action on Research Implementation in Health Services (PARIHS) framework.

**METHODS:** This study will use a multiple case study design (minimum of 9 cases over 3 years) to investigate how SHRTN CoPs work and pursue knowledge exchange in different situations. Each case will yield a unique narrative, framed around the three PARIHS dimensions: evidence, context, and facilitation. Together, the cases will shed light on how SHRTN CoPs approach their knowledge exchange initiatives, and how they respond to challenges and achieve their objectives. Data will be collected using interviews, document analysis and ethnographic observation.

**DISCUSSION:** This research will generate new knowledge about the defining characteristics of CoPs operating in the health system, on leadership roles in CoPs, and on the nature of interaction processes, relationships, and knowledge exchange mechanisms. Our work will yield a better understanding of the factors that contribute to the success or failure of KTA initiatives, and create a better understanding of how local caregiving contexts interact with specific initiatives. Our participatory design will allow stakeholders to influence the practical usefulness of our findings and contribute to improved health services delivery for seniors.

28. [Implement Sci](#). 2011 Feb 10;6(1):11.

Implementing accountability for reasonableness framework at district level in Tanzania: a realist evaluation.

[Maluka S](#), [Kamuzora P](#), [Sansebastián M](#), [Byskov J](#), [Ndawi B](#), [Olsen OE](#), [Hurtig AK](#).

### Abstract

#### ABSTRACT:

**BACKGROUND:** Despite the growing importance of the Accountability for Reasonableness (A4R) framework in priority setting worldwide, there is still an inadequate understanding of the processes and mechanisms underlying its influence on legitimacy and fairness, as conceived and reflected in service management processes and outcomes. As a result, the ability to draw scientifically sound lessons for the application of the framework to services and interventions is limited. This paper evaluates the experiences of implementing the A4R approach in Mbarali District, Tanzania, in order to find out how the innovation was shaped, enabled, and constrained by the interaction between contexts, mechanisms and outcomes.

**METHODS:** This study draws on the principles of realist evaluation -- a largely qualitative approach, chiefly concerned with testing and refining programme theories by exploring the complex interactions of contexts, mechanisms, and outcomes. Mixed methods were used in data collection, including individual interviews, non-participant observation, and document reviews. A thematic framework approach was adopted for the data analysis.

**RESULTS:** The study found that while the A4R approach to priority setting was helpful in strengthening transparency, accountability, stakeholder engagement, and fairness, the efforts at integrating it into the current district health system were challenging. Participatory structures under the decentralisation framework, central government's call for partnership in district-level planning and priority setting, perceived needs of stakeholders, as well as active engagement between researchers and decision makers all facilitated the adoption and implementation of the innovation. In contrast, however, limited local autonomy, low level of public awareness, unreliable and untimely funding, inadequate accountability mechanisms, and limited local resources were the major contextual factors that hampered the full implementation.

**CONCLUSION:** This study documents an important first step in the effort to introduce the ethical framework A4R into district planning processes. This study supports the idea that a greater involvement and accountability among local actors through the A4R process may increase the legitimacy and fairness of priority-setting decisions. Support from researchers in providing a broader and more detailed analysis of health system elements, and the socio-cultural context, could lead to better prediction of the effects of the innovation and pinpoint stakeholders' concerns, thereby illuminating areas that require special attention to promote sustainability.

29. [J Acquir Immune Defic Syndr](#). 2011 Mar 1;56(3):199-203.

Implementation Science for the US President's Emergency Plan for AIDS Relief (PEPFAR).

[Padian NS](#), [Holmes CB](#), [McCoy SI](#), [Lyerla R](#), [Bouey PD](#), [Goosby EP](#).

PMID: 21239991 [PubMed - in process]

No abstract provided.

30. [Inj Prev](#). 2011 Feb 22. [Epub ahead of print]

Towards a national sports safety strategy: addressing facilitators and barriers towards safety guideline uptake.

[Finch CF](#), [Gabbe BJ](#), [Lloyd DG](#), [Cook J](#), [Young W](#), [Nicholson M](#), [Seward H](#), [Donaldson A](#), [Doyle TL](#).

#### **Abstract**

Background Limited information exists about how best to conduct intervention implementation studies in community sport settings. Research should be directed towards understanding the context within which evidence-based injury prevention interventions are to be implemented, while continuing to build the evidence-base for the effectiveness of sports injury interventions. Objectives To identify factors that influence the translation of evidence-based injury prevention interventions into practice in community sport, and to provide specific evidence for the effectiveness of an evidence-based exercise training programme for lower limb injury prevention in community Australian football. Setting Community-level Australian football clubs, teams and players. Methods An exercise-based lower limb injury prevention programme will be developed and evaluated in terms of the implementation context, infrastructure and resources needed for its effective translation into community sport. Analysis of the community sports safety policy context will be undertaken to understand the barriers and facilitators to policy development and

uptake. A randomised group-clustered ecological study will be conducted to compare the reach, effectiveness, adoption, implementation and maintenance (RE-AIM) of the intervention over 2&emsp14;years. Outcome Measures The primary outcome will be evidence-based prevention guidelines that are fully supported by a comprehensively evaluated dissemination plan. The plan will detail the support structures and add-ons necessary to ensure sustainability and subsequent national implementation. Research outcomes will include new knowledge about how sports safety policy is set, how consensus is reached among sports safety experts in the community setting and how evidence-based safety guidelines are best developed, packaged and disseminated to community sport.

31. [Clin Nurse Spec](#). 2011 Mar-Apr;25(2):63-70.

Implementation of customized health information technology in diabetes self management programs.

[Alexander S](#), [Frith KH](#), [O'Keefe L](#), [Hennigan MA](#).

#### **Abstract**

**PURPOSE:** : The project was a nurse-led implementation of a software application, designed to combine clinical and demographic records for a diabetes education program, which would result in secure, long-term record storage.

**BACKGROUND/RATIONALE:** : Clinical information systems may be prohibitively expensive for small practices and require extensive training for implementation. A review of the literature suggests that the use of simple, practice-based registries offer an economical method of monitoring the outcomes of diabetic patients. **PROJECT DESCRIPTION:** The database was designed using a common software application, Microsoft Access. The theory used to guide implementation and staff training was Rogers' Diffusion of Innovations theory (1995).

**OUTCOMES:** : Outcomes after a 3-month period included incorporation of 100% of new clinical and demographic patient records into the database and positive changes in staff attitudes regarding software applications used in diabetes self-management training. These objectives were met while keeping project costs under budgeted amounts.

**CONCLUSIONS:** : As a function of the clinical nurse specialist (CNS) researcher role, there is a need for CNSs to identify innovative and economical methods of data collection. The success of this nurse-led project reinforces suggestions in the literature for less costly methods of data maintenance in small practice settings. Ongoing utilization and enhancement have resulted in the creation of a robust database that could aid in the research of multiple clinical issues.

**IMPLICATIONS:** : Clinical nurse specialists can use existing evidence to guide and improve both their own practice and outcomes for patients and organizations. Further research regarding specific factors that predict efficient transition of informatics applications, how these factors vary according to practice settings, and the role of the CNS in implementation of such applications is needed.

32. [Health Expect](#). 2011 Mar;14 Suppl 1:73-84. doi: 10.1111/j.1369-7625.2009.00579.x.

Conducting implementation research in community-based primary care: a qualitative study on integrating patient decision support interventions for cancer screening into routine practice.

[Frosch DL](#), [Singer KJ](#), [Timmermans S](#).

#### **Abstract**

**BACKGROUND:** Despite a growing body of evidence supporting the efficacy of patient decision support interventions (DESI), little is known about their implementation in community-based primary care practices.

**OBJECTIVE:** The goal of this study was to explore the feasibility of integrating the use of DESIs for cancer screening in primary care practices serving patients from diverse backgrounds and learn more about the potential barriers and facilitators of integration.

**SETTING:** 12 community-based primary care practices in metropolitan Los Angeles.

**MAIN VARIABLES STUDIED:** Qualitative field notes documented the roles played by staff and physicians in accomplishing project goals, the impact of the programmes on the clinical work-flow in the practices and other noteworthy observations.

**RESULTS:** Practices that were better able to integrate the project had adequate clinic infrastructure, a relatively well-matched patient pool, and positive work and patient care environments. The remaining identified components, including staff facilitation and the physician's role accounted for higher level differences between the clinics, acting as barriers and facilitators that distinguished practices that were able to work independently from those that required more assistance and, to a lesser extent, those clinics that did and those that did not meet the project goals.

**DISCUSSION AND CONCLUSIONS:** This study suggests that implementation of DESIs to be used immediately before a consultation is feasible if the practice infrastructure can provide sufficient basic accommodation and physician and staff are dedicated to patient care goals that are implicit in the use of these tools. Overall, the physician's role appeared to be the most important factor in determining whether project integration was successful.

33. [Health Educ Behav](#). 2011 Mar 1. [Epub ahead of print]

Evaluation of a Community-Based Participatory Research Consortium From the Perspective of Academics and Community Service Providers Focused on Child Health and Well-Being.

[Pivik JR](#), [Goelman H](#).

**Abstract**

A process evaluation of a consortium of academic researchers and community-based service providers focused on the health and well-being of children and families provides empirical and practice-based evidence of those factors important for community-based participatory research (CBPR). This study draws on quantitative ratings of 33 factors associated with CBPR as well as open-ended questions addressing the benefits, facilitators, barriers, and recommendations for collaboration. Eight distinct but related studies are represented by 10 academic and 9 community researchers. Even though contextual considerations were identified between the academic and community partners, in large part because of their focus, organizational mandate and particular expertise, key factors for facilitating collaboration were found across groups. Both community and academic partners reported the following as very important for positive collaborations: trust and mutual respect; adequate time; shared commitment, decision making, and goals; a memorandum of understanding or partnership agreement; clear communication; involvement of community partners in the interpretation of the data and information dissemination; and regular meetings. The results are compared to current models of collaboration across different contexts and highlight factors important for CBPR with community service providers.

34. [World J Urol](#). 2011 Feb 18. [Epub ahead of print]

Clinical practice guidelines to inform evidence-based clinical practice.

[Wolf JS Jr](#), [Hubbard H](#), [Faraday MM](#), [Forrest JB](#).

#### **Abstract**

**BACKGROUND:** With the volume of medical research currently published, any one practitioner cannot independently review the literature to determine best evidence-based medical care. Additionally, non-specialists usually do not have the experience to know best practice for all of the frequent clinical circumstances for which there is no good evidence. Clinical practice guidelines (CPGs) help clinicians to address these problems because they are systematically created documents that summarize knowledge and provide guidance to assist in delivering high-quality medicine. They aim to improve health care by identifying evidence that supports the best clinical care and making clear which practices appear to be ineffective.

**METHODS:** Non-structured literature review.

**RESULTS:** CPGs combine evidence-based medicine (on topics for which evidence exists) with expert opinion (on topics for which there is no evidence). The optimal CPG applies structured and transparent judgments, from an unbiased and diverse panel which includes both clinical experts and non-physicians, to a systematic evidence review. It includes decisions in areas in which clinical data are both available and unavailable. The resulting guideline statements should be clearly linked to the quality of the available evidence and the target patient(s) should be clearly defined, so that the reader can assess strength and applicability of the statements to an individual patient.

**CONCLUSIONS:** The application of high-quality CPGs improves patient care, but all too often CPGs are not used to the greatest advantage because of inadequate dissemination and incorporation into practice. This article provides an overview of CPGs, focusing on their justification, creation, improvement, and use.

35. [Int J Med Inform](#). 2011 Feb 15. [Epub ahead of print]

Hospital readiness for health information exchange: Development of metrics associated with successful collaboration for quality improvement.

[Korst LM](#), [Aydin CE](#), [Signer JM](#), [Fink A](#).

#### **Abstract**

**OBJECTIVE:** The development of readiness metrics for organizational participation in health information exchange is critical for monitoring progress toward, and achievement of, successful inter-organizational collaboration. In preparation for the development of a tool to measure readiness for data-sharing, we tested whether organizational capacities known to be related to readiness were associated with successful participation in an American data-sharing collaborative for quality improvement.

**DESIGN:** Cross-sectional design, using an on-line survey of hospitals in a large, mature data-sharing collaborative organized for benchmarking and improvement in nursing care quality.

**MEASUREMENTS:** Factor analysis was used to identify salient constructs, and identified factors were analyzed with respect to "successful" participation. "Success" was defined as the incorporation of comparative performance data into the hospital dashboard.

**RESULTS:** The most important factor in predicting success included survey items measuring the strength of organizational leadership in fostering a culture of quality improvement (QI Leadership): (1) presence of a supportive hospital executive; (2) the extent to which a hospital values data; (3) the presence of leaders' vision for how the collaborative advances the hospital's strategic goals; (4) hospital use of the collaborative data to track quality outcomes; and (5) staff

recognition of a strong mandate for collaborative participation ( $\alpha=0.84$ , correlation with Success 0.68 [ $P<0.0001$ ]).

**CONCLUSION:** The data emphasize the importance of hospital QI Leadership in collaboratives that aim to share data for QI or safety purposes. Such metrics should prove useful in the planning and development of this complex form of inter-organizational collaboration.

36. [Pediatrics](#). 2011 Mar;127(3):427-435. Epub 2011 Feb 21.

Ohio Statewide Quality-Improvement Collaborative to Reduce Late-Onset Sepsis in Preterm Infants.

[Kaplan HC](#), [Lannon C](#), [Walsh MC](#), [Donovan EF](#); for the Ohio Perinatal Quality Collaborative.

**Abstract**

**OBJECTIVE:** We aimed to reduce late-onset bacterial infections in infants born at 22 to 29 weeks' gestation by using collaborative quality-improvement methods to implement evidence-based catheter care. We hypothesized that these methods would result in a 50% reduction in nosocomial infection.

**PATIENTS AND METHODS:** We conducted an interrupted time-series study among 24 Ohio NICUs. The intervention began in September 2008 and continued through December 2009. Sites used the Institute for Healthcare Improvement Breakthrough Series quality-improvement model to facilitate implementation of evidence-based catheter care. Data were collected monthly for all catheter insertions and for at least 10 observations of indwelling catheter care. NICUs also submitted monthly data on catheter-days, patient-days, and episodes of infection. Data were analyzed by using statistical process control methods.

**RESULTS:** During the intervention, NICUs submitted information on 1916 infants. Of the 242 infections reported, 69% were catheter associated. Compliance with catheter-insertion components was  $>90\%$  by April 2009. Compliance with components of evidence-based indwelling catheter care reached 80.4% by December 2009. There was a significant reduction in the proportion of infants with at least 1 late-onset infection from a baseline of 18.2% to 14.3%.

**CONCLUSIONS:** There was a 20% reduction in the incidence of late-onset infection after the intervention, but the magnitude was less than hypothesized, perhaps because compliance with components of evidence-based care of indwelling catheters remained  $<90\%$ . Because nearly one-third of infections were not catheter associated, improvement may require attention to other aspects of care such as skin integrity and nutrition.

37. [Soc Sci Med](#). 2011 Mar;72(5):798-805. Epub 2011 Jan 19.

Physician social capital and the reported adoption of evidence-based medicine: Exploring the role of structural holes.

[Mascia D](#), [Cicchetti A](#).

**Abstract**

The present study explores the role that professional networks play in the propensity of hospital physicians to adopt and implement evidence-based medicine (EBM) into clinical practice. Using attributional and relational data collected from a sample of 207 physicians in six Italian National Health Service hospitals, social network techniques were used to analyze the structure of the networks representing professional interactions among the surveyed hospital physicians. Ordinal logistic regression was applied to analyze the association between the structural features of physicians' networks and their self-reported propensity to implement EBM into daily practice. Physicians who were highly constrained in their interpersonal networks were less likely to report

adopting EBM, suggesting that the cohesion induced by social interactions may hamper, rather than foster, the diffusion of scientific information within professional groups. We discuss the implications of the observed interaction patterns for hospital administrators and policy makers.

38. [Health Policy Plan](#). 2011 Feb 22. [Epub ahead of print]

Scaling up zinc treatment of childhood diarrhoea in Bangladesh: theoretical and practical considerations guiding the SUZY Project.

[Larson CP](#), [Koehlmoos TP](#), [Sack DA](#); [the Scaling Up of Zinc for Young Children \(SUZY\) Project Team](#).

#### **Abstract**

In 2003, the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), in partnership with the Bangladesh Ministry of Health and Family Welfare (MOHFW) and the private sector embarked on a national exercise to scale up zinc treatment of childhood diarrhoea as an adjunct to oral rehydration solution (ORS). Private sector participation included national associations representing licensed and unlicensed health care providers, a local pharmaceutical laboratory, a marketing agency and a technology transfer from the European patent holder of the dispersible zinc tablet formulation promoted in the scale-up campaign. This project was a response to several years of research in the preceding decade demonstrating that zinc supplementation during a diarrhoeal illness episode significantly reduces illness severity and duration as well as prevents subsequent morbidity and mortality. It has been estimated that zinc treatment has the potential to annually save nearly 400 000 under-5 lives, thus significantly impacting on Millennium Development Goal #4. This paper summarizes the primary coverage outcomes of the Scaling Up of Zinc in Early Childhood (SUZY) Project into its third year (December 2006 to October 2009). These results are assessed in relation to the Project's theoretical foundations and the performance framework that was jointly planned and implemented through a public-private partnership. The scale-up campaign encountered numerous constraints, but also benefited from several facilitating factors which are summarized under an assessment framework developed to identify barriers and better promote the scaling up of key health interventions in low- and middle-income countries. The lessons learned are described with the intent that this will contribute to the more effective scale-up of life-saving interventions that will reach those in greatest need.

39. [Malar J](#). 2011 Feb 18;10(1):46. [Epub ahead of print]

Reductions in malaria and anaemia case and death burden at hospitals following scale-up of malaria control in Zanzibar, 1999-2008.

[Aregawi MW](#), [Ali AS](#), [Al-Mafazy AW](#), [Molteni F](#), [Katikiti S](#), [Warsame M](#), [Njau RJ](#), [Komatsu R](#), [Korenromp E](#), [Hosseini M](#), [Low-Ber D](#), [Bjorkman A](#), [D'Alessandro U](#), [Marc Coosemans M](#), [Otten M](#).

#### **Abstract**

ABSTRACT:

**BACKGROUND:** In Zanzibar, the Ministry of Health and partners accelerated malaria control from September 2003 onwards. The impact of the scale-up of insecticide-treated nets (ITN), indoor-residual spraying (IRS) and artemisinin-combination therapy (ACT) combined on malaria burden was assessed at six out of seven in-patient health facilities.

**METHODS:** Numbers of outpatient and inpatient cases and deaths were compared between 2008 and the pre-intervention period 1999-2003. Reductions were estimated by segmented log-linear regression, adjusting the effect size for time trends during the pre-intervention period.

**RESULTS:** In 2008, for all age groups combined, malaria deaths had fallen by an estimated 90% (95% confidence interval 55-98%)( $p<0.025$ ), malaria in-patient cases by 78% (48-90%), and parasitologically-confirmed malaria out-patient cases by 99.5% (92-99.9%). Anaemia in-patient cases decreased by 87% (57-96%); anaemia deaths and out-patient cases declined without reaching statistical significance due to small numbers. Reductions were similar for children under-five and older ages. Among under-fives, the proportion of all-cause deaths due to malaria fell from 46% in 1999-2003 to 12% in 2008 ( $p<0.01$ ) and that for anaemia from 26% to 4% ( $p<0.01$ ). Cases and deaths due to other causes fluctuated or increased over 1999-2008, without consistent difference in the trend before and after 2003.

**CONCLUSIONS:** Scaling-up effective malaria interventions reduced malaria-related burden at health facilities by over 75% within 5 years. In high-malaria settings, intensified malaria control can substantially contribute to reaching the Millennium Development Goal 4 target of reducing under-five mortality by two-thirds between 1990 and 2015.

40. [J Acquir Immune Defic Syndr.](#) 2011 Mar 1;56(3):292-5.

Scale-up and continuation of antiretroviral therapy in South african treatment programs, 2005-2009.

[Klausner JD](#), [Serenata C](#), [O'bra H](#), [Mattson CL](#), [Brown J](#), [Wilson M](#), [Mbengashe T](#), [Goldman TM](#).

#### Abstract

**BACKGROUND:** : South Africa has the greatest burden of HIV-infection in the world with about 5.2 million HIV-infected adults. In 2003, the South African Government launched a comprehensive HIV and AIDS care treatment program supported by the United States in 2004 through the President's Emergency Plan for AIDS Relief (PEPFAR).

**METHODS:** : To describe the scale-up and continuation of antiretroviral therapy in South African Government and PEPFAR-supported sites in South Africa, we conducted a retrospective analysis of routinely collected program reporting data, 2005-2009.

**RESULTS:** : From 2005 through 2009, the average rate of persons initiated on antiretroviral therapy in PEPFAR-supported South African Government treatment programs increased nearly four-fold from 6,327 a month in 2005-2006 to 24,622 a month in 2008-2009 resulting in an increase from 33,543 patients on continued treatment in April-June 2005 to 631,985 patients in July-September 2009. Of those 631,985 patients receiving treatment, 65% were women. Men were more likely to be lost to follow-up (9.2% vs. 7.8%, PR 1.18, 95% CI 1.17-1.19) and more likely to die (5.6% vs. 4.1%, PR 1.36, 95% CI 1.35-1.37) than women.

**CONCLUSIONS:** : Scale-up and continuation of antiretroviral therapy in South Africa has been a remarkable medical accomplishment. Because more women receive and continue treatment, more efforts are needed to treat and retain men.

41. [J Public Health Policy.](#) 2011 Feb 24. [Epub ahead of print]

Scaling up HIV treatment in resource-limited countries: The challenge of staff shortages.

[Laurent C](#).

#### Abstract

Scaling up antiretroviral therapy (ART) in resource-limited countries is a major challenge for health professionals and program managers due to the large number of patients and the severe shortage of health-care workers. The estimated number of patients in those settings requiring ART in 2009 was 14.6 million, of whom 64 per cent were not yet treated. The World Health Organization estimates that there is an overall deficit of more than 4 million physicians, nurses, midwives, and support workers for achieving the essential health interventions and the Millennium Development Goals (including the scaling up of HIV care). Strengthening the health systems through education, job-specific training, recruitment, and retention of health-care workers is imperative. In the meantime, task shifting is a key element of the response to the staff shortages, but further innovative models of care delivery are needed. Article JPHP.2011.4, available at <http://www.palgrave-journals.com/jphp/>, relates to this Commentary. Journal of Public Health Policy advance online publication, 24 February 2011; doi:10.1057/jphp.2011.8.

42. [Arch Intern Med.](#) 2011 Feb 14;171(3):235-241.

Effect of Cardiac Rehabilitation Referral Strategies on Utilization Rates: A Prospective, Controlled Study.

[Grace SL](#), [Russell KL](#), [Reid RD](#), [Oh P](#), [Anand S](#), [Rush J](#), [Williamson K](#), [Gupta M](#), [Alter DA](#), [Stewart DE](#); for the Cardiac Rehabilitation Care Continuity Through Automatic Referral Evaluation (CRCARE) Investigators.

#### Abstract

**BACKGROUND:** Although cardiac rehabilitation (CR) has been shown to reduce mortality and is a recommended component in clinical practice guidelines, CR referral and utilization rates remain low. Referral strategies have been implemented to increase CR use but have yet to be compared concurrently. To determine the optimal strategy to maximize CR referral, enrollment, and participation, we evaluated 3 referral strategies compared with usual care: "automatic" only via discharge order or electronic record, health care provider liaison only, or a combined approach.

**METHODS:** In this prospective controlled study, 2635 inpatients with coronary artery disease from 11 Ontario, Canada, hospitals using 1 of the 4 referral strategies completed a sociodemographic survey, and clinical data were extracted from medical charts. One year later, 1809 participants completed a mailed survey that assessed CR utilization. Referral strategies were compared using generalized estimating equations to control for effect of hospital.

**RESULTS:** Adjusted analyses revealed referral strategy was significantly related to CR referral and enrollment ( $P < .001$ ). Combined automatic and liaison referral resulted in the greatest CR use (odds ratio [OR], 8.41; 85.8% referral, 73.5% enrollment), followed by automatic only (OR, 3.27; 70.2% referral, 60.0% enrollment), and liaison only (OR, 3.35; 59.0% referral, 50.6% enrollment), compared with usual referral (32.2% referral, 29.0% enrollment). The degree of CR participation did not differ by referral strategy among referred participants (mean [SD] percentage of classes attended, 82.87% [27.20%];  $P = .88$ ).

**CONCLUSIONS:** Automatic referral combined with a patient discussion can achieve among the highest rates of CR referral reported. Wider adoption of such strategies could ensure that 45% more patients being treated for cardiac disease would have access to and realize the benefits of CR.

43. [J Med Syst.](#) 2011 Feb 19. [Epub ahead of print]

[Barriers to Physicians' Adoption of Healthcare Information Technology: An Empirical Study on Multiple Hospitals.](#)

[Lin C](#), [Lin IC](#), [Roan J](#).

**Abstract**

Prior research on technology usage had largely overlooked the issue of user resistance or barriers to technology acceptance. Prior research on the Electronic Medical Records had largely focused on technical issues but rarely on managerial issues. Such oversight prevented a better understanding of users' resistance to new technologies and the antecedents of technology rejection. Incorporating the enablers and the inhibitors of technology usage intention, this study explores physicians' reactions towards the electronic medical record. The main focus is on the barriers, perceived threat and perceived inequity. 115 physicians from 6 hospitals participated in the questionnaire survey. Structural Equation Modeling was employed to verify the measurement scale and research hypotheses. According to the results, perceived threat shows a direct and negative effect on perceived usefulness and behavioral intentions, as well as an indirect effect on behavioral intentions via perceived usefulness. Perceived inequity reveals a direct and positive effect on perceived threat, and it also shows a direct and negative effect on perceived usefulness. Besides, perceived inequity reveals an indirect effect on behavioral intentions via perceived usefulness with perceived threat as the inhibitor. The research finding presents a better insight into physicians' rejection and the antecedents of such outcome. For the healthcare industry understanding the factors contributing to physicians' technology acceptance is important as to ensure a smooth implementation of any new technology. The results of this study can also provide change managers reference to a smooth IT introduction into an organization. In addition, our proposed measurement scale can be applied as a diagnostic tool for them to better understand the status quo within their organizations and users' reactions to technology acceptance. By doing so, barriers to physicians' acceptance can be identified earlier and more effectively before leading to technology rejection.

44. [Qual Saf Health Care](#). 2011 Feb 11. [Epub ahead of print]

The role of theory in research to develop and evaluate the implementation of patient safety practices.

[Foy R](#), [Ovretveit J](#), [Shekelle PG](#), [Pronovost PJ](#), [Taylor SL](#), [Dy S](#), [Hempel S](#), [McDonald KM](#), [Rubenstein LV](#), [Wachter RM](#).

**Abstract**

Theories provide a way of understanding and predicting the effects of patient safety practices (PSPs), interventions intended to prevent or mitigate harm caused by healthcare or risks of such harm. Yet most published evaluations make little or no explicit reference to theory, thereby hindering efforts to generalise findings from one context to another. Theories from a wide range of disciplines are potentially relevant to research on PSPs. Theory can be used in research to explain clinical and organisational behaviour, to guide the development and selection of PSPs, and in evaluating their implementation and mechanisms of action. One key recommendation from an expert consensus process is that researchers should describe the theoretical basis for chosen intervention components or provide an explicit logic model for 'why this PSP should work.' Future theory-driven evaluations would enhance generalisability and help build a cumulative understanding of the nature of change.

45. [Int J Gynaecol Obstet](#). 2011 Feb 9. [Epub ahead of print]

Implementation of the Zambia Electronic Perinatal Record System for comprehensive prenatal and delivery care.

[Chi BH](#), [Vwalika B](#), [Killam WP](#), [Wamalume C](#), [Giganti MJ](#), [Mbewe R](#), [Stringer EM](#), [Chintu NT](#), [Putta NB](#), [Liu KC](#), [Chibwasha CJ](#), [Rouse DJ](#), [Stringer JS](#).

#### **Abstract**

**OBJECTIVE:** To characterize prenatal and delivery care in an urban African setting.

**METHODS:** The Zambia Electronic Perinatal Record System (ZEPRS) was implemented to record demographic characteristics, past medical and obstetric history, prenatal care, and delivery and newborn care for pregnant women across 25 facilities in the Lusaka public health sector.

**RESULTS:** From June 1, 2007, to January 31, 2010, 115552 pregnant women had prenatal and delivery information recorded in ZEPRS. Median gestation age at first prenatal visit was 23weeks (interquartile range [IQR] 19-26). Syphilis screening was documented in 95663 (83%) pregnancies: 2449 (2.6%) women tested positive, of whom 1589 (64.9%) were treated appropriately. 111108 (96%) women agreed to HIV testing, of whom 22% were diagnosed with HIV. Overall, 112813 (98%) of recorded pregnancies resulted in a live birth, and 2739 (2%) in a stillbirth. The median gestational age was 38weeks (IQR 35-40) at delivery; the median birth weight of newborns was 3000g (IQR 2700-3300g).

**CONCLUSION:** The results demonstrate the feasibility of using a comprehensive electronic medical record in an urban African setting, and highlight its important role in ongoing efforts to improve clinical care.

46. [Health Policy Plan](#). 2011 Feb 3. [Epub ahead of print]

Nutrition agenda setting, policy formulation and implementation: lessons from the Mainstreaming Nutrition Initiative.

[Pelletier DL](#), [Frongillo EA](#), [Gervais S](#), [Hoey L](#), [Menon P](#), [Ngo T](#), [Stoltzfus RJ](#), [Ahmed AM](#), [Ahmed T](#).

#### **Abstract**

Undernutrition is the single largest contributor to the global burden of disease and can be addressed through a number of highly efficacious interventions. Undernutrition generally has not received commensurate attention in policy agendas at global and national levels, however, and implementing these efficacious interventions at a national scale has proven difficult. This paper reports on the findings from studies in Bangladesh, Bolivia, Guatemala, Peru and Vietnam which sought to identify the challenges in the policy process and ways to overcome them, notably with respect to commitment, agenda setting, policy formulation and implementation. Data were collected through participant observation, documents and interviews. Data collection, analysis and synthesis were guided by published conceptual frameworks for understanding malnutrition, commitment, agenda setting and implementation capacities. The experiences in these countries provide several insights for future efforts: (a) high-level political attention to nutrition can be generated in a number of ways, but the generation of political commitment and system commitment requires sustained efforts from policy entrepreneurs and champions; (b) mid-level actors from ministries and external partners had great difficulty translating political windows of opportunity for nutrition into concrete operational plans, due to capacity constraints, differing professional views of undernutrition and disagreements over interventions, ownership, roles and responsibilities; and (c) the pace and quality of implementation was severely constrained in most cases by weaknesses in human and organizational capacities from national to frontline levels.

These findings deepen our understanding of the factors that can influence commitment, agenda setting, policy formulation and implementation. They also confirm and extend upon the growing recognition that the heavy investment to identify efficacious nutrition interventions is unlikely to reduce the burden of undernutrition unless or until these systemic capacity constraints are addressed, with an emphasis initially on strategic and management capacities.

47. [Prev Sci](#). 2011 Mar;12(1):63-9.

The Prevalence of Evidence-based Drug Use Prevention Curricula in U.S. Middle Schools in 2008.

[Ringwalt C](#), [Vincus AA](#), [Hanley S](#), [Ennett ST](#), [Bowling JM](#), [Haws S](#).

**Abstract**

The No Child Left Behind Act mandates the implementation of evidence-based drug prevention curricula in the nation's schools. The purpose of this paper is to estimate changes in the prevalence of such curricula from 2005 to 2008. We surveyed school staff in a nationally representative sample of schools with middle school grades. Using a web-based approach to data collection that we supplemented by telephone calls, we secured data from 1892 schools for a response rate of 78.2%. We estimate that the prevalence of evidence-based drug prevention curricula rose from 42.6% in 2005 to 46.9% in 2008, and that the prevalence of schools that used these curricula most frequently increased from 22.7% to 25.9% over this period. In addition, the proportion of schools using locally developed curricula also rose, from 17.6% to 28.1%. This study suggests the success of efforts by the Office of Safe and Drug-Free Schools to increase the prevalence of evidence-based curricula, as well as the need to continue to track the prevalence of these curricula in response to any reductions in the Office's fiscal support for evidence-based drug prevention curricula in the nation's schools.

48. [Qual Health Res](#). 2011 Feb 28. [Epub ahead of print]

The Influence of Context on Pain Practices in the NICU: Perceptions of Health Care Professionals.

[Stevens B](#), [Riahi S](#), [Cardoso R](#), [Ballantyne M](#), [Yamada J](#), [Beyene J](#), [Breau L](#), [Camfield C](#), [Finley GA](#), [Franck L](#), [Gibbins S](#), [Howlett A](#), [McGrath PJ](#), [McKeever P](#), [O'Brien K](#), [Ohlsson A](#).

**Abstract**

In this qualitative descriptive study, we explored health care professionals' perceptions of the influence of context (i.e., organizational culture, structure, resources, capabilities/competencies, and politics) on evidence-based pain practices. A total of 16 focus groups with 147 health care professionals were conducted in three neonatal intensive care units (NICUs) in central and eastern Canada. Three overarching themes emerged from the data, which captured influences on optimal pain practices in the NICU, including (a) a culture of collaboration and support for evidence-based practice, (b) threats to autonomous decision making, and (c) complexities in care delivery. These results were consistent with theoretical conceptualizations of how context influences practice, as well as recent empirical research findings. This study supports the importance of context in shaping evidence-based practices by health care professionals in the management of pain in the NICU.

49. [Int J Med Inform](#). 2011 Feb 15. [Epub ahead of print]

Hospital readiness for health information exchange: Development of metrics associated with successful collaboration for quality improvement.

[Korst LM](#), [Aydin CE](#), [Signer JM](#), [Fink A](#).

**Abstract**

**OBJECTIVE:** The development of readiness metrics for organizational participation in health information exchange is critical for monitoring progress toward, and achievement of, successful inter-organizational collaboration. In preparation for the development of a tool to measure readiness for data-sharing, we tested whether organizational capacities known to be related to readiness were associated with successful participation in an American data-sharing collaborative for quality improvement.

**DESIGN:** Cross-sectional design, using an on-line survey of hospitals in a large, mature data-sharing collaborative organized for benchmarking and improvement in nursing care quality.

**MEASUREMENTS:** Factor analysis was used to identify salient constructs, and identified factors were analyzed with respect to "successful" participation. "Success" was defined as the incorporation of comparative performance data into the hospital dashboard.

**RESULTS:** The most important factor in predicting success included survey items measuring the strength of organizational leadership in fostering a culture of quality improvement (QI Leadership): (1) presence of a supportive hospital executive; (2) the extent to which a hospital values data; (3) the presence of leaders' vision for how the collaborative advances the hospital's strategic goals; (4) hospital use of the collaborative data to track quality outcomes; and (5) staff recognition of a strong mandate for collaborative participation ( $\alpha=0.84$ , correlation with Success 0.68 [ $P<0.0001$ ]).

**CONCLUSION:** The data emphasize the importance of hospital QI Leadership in collaboratives that aim to share data for QI or safety purposes. Such metrics should prove useful in the planning and development of this complex form of inter-organizational collaboration.