

Dissemination and Implementation in Health Listserv

**** SEPTEMBER 2011****

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

To subscribe to the listserv, send an email to listserv@listserv.uab.edu with the body of the message stating: Subscribe D-I-Health *your name*. You should receive a message from the listserv with instructions for how to complete your subscription. Archives for the listserv can be found at <http://listserv.uab.edu/D-I-Health.html>.

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.

A. CALL FOR PAPERS

Call for Papers: Special Issue of the *Journal of Evidence-Based Social Work*

Topic: Implementation Research

Proposed Date of Issue: Mid to Late 2012

Guest Editors: Johnny M. Jones, Ph.D. and Michael E. Sherr, Ph.D.

Deadline for Submission: January 30th, 2012

This special issue of the *Journal of Evidence-Based Social Work* will focus on conceptual and empirical research articles that emphasize the translation between treatment developments or developing evidence supported interventions and its use in practice. Serious challenges seem to exist in the translation of social work research to social work practice. Critics of evidence-based practice (EBP) often challenge the efficacy of social work research, whether it is a question of methodological rigor or implementation practicality. Researchers claim practitioners shun using empirical studies, instead relying on humanitarian impulses, authoritative guidance from consultants and supervisors, and anecdotal practices to make decisions. Practitioners assert that researchers conduct studies that are too obscure, present findings that are hard to understand, and do not apply to their work. If taught and implemented consistently, the EBP model can mend the connection between researchers and practitioners by merging their roles. Conceptual and empirical studies that address methodological issues and lessons learned regarding improved translation and implementation of social work research are welcome.

Authors interested in submitting manuscripts for this special issue are encouraged to contact the guest editors by phone or by e-mail using the contact information below prior to the submission deadline to discuss ideas for manuscripts. Further guidelines for submitting manuscripts can be found at: <http://www.tandf.co.uk/journals/authors/websauth.asp>

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B. WEBINARS**The Community Guide: A Resource to Improve Health and Prevent Cancer in your Area
Tuesday, September 20, 2011, 2:00 p.m. – 3:00 p.m. ET**

The Guide to Community Preventive Services (Community Guide), a free resource, provides evidence-based recommendations and findings of the Community Preventive Services Task Force to help identify approaches and policies for improving health and preventing cancer in your community. During September's NCI Research to Reality cyber-seminar, Shawna Mercer, Director of The Guide to Community Preventive Services, will discuss what the Community Guide is, its history, many helpful ways to use this resource, and future directions for the Community Guide. Additionally, Deborah Bauer, Partnerships and Dissemination Coordinator for the Community Guide, will interview community practitioner Myra Pinckney, Case Manager/Outreach Coordinator, St James-Santee Family Health Center, to discover how the Community Guide is being used at the local level to improve her organization's breast and cervical cancer programs. Myra, the first place winner of the Public Health Foundation's contest "*I'm Your Community Guide*," will share lessons learned, barriers and facilitators to utilization, and the impact of the Community Guide on her program and community. Learn more about the [Community Guide](#) and

[Myra's story.](#)

Join us as we examine this important resource and how it can help you improve the health of your community and the programs, policies and research you implement!

Speakers:

Shawna Mercer, MSc, PhD
Branch Chief and Director;
Guide to Community Preventive
Services, CDC



**Myra Pinckney, RN, MA,
LPC/I**
Case Manager,
St. James-Santee Family
Health Center, South
Carolina.



**Deborah Bauer, MPH, RN,
CHES**
Partnerships and Dissemination
Coordinator, Guide to
Community Preventive Services.
(Carter Consulting, Inc.)

Register Now!

Please click on the following link for more information and to register for this event:

<https://researchtoreality.cancer.gov/cyber-seminars>.

Following registration, you will receive a confirmation email with the toll free number, web URL, and participant passcode. This cyber-seminar will be archived on the Research to Reality web site at <https://researchtoreality.cancer.gov> approximately one week following the presentation.

Cyber-Seminar Archive

If you have missed any of the past cyber-seminars, you can view them all on the [R2R Archive](#).

Watch the presentations, and [join in the discussions](#).

For more information on the cyber-seminar series please email ResearchtoReality@mail.nih.gov.

C. ARTICLE ABSTRACTS

1. [Implement Sci](#). 2011 Aug 30;6(1):99. [Epub ahead of print]

A Guide for applying a revised version of the PARIHS framework for implementation.

[Stetler CB](#), [Damschroder LJ](#), [Helfrich CD](#), [Hagedorn HJ](#).

Abstract**BACKGROUND:**

Based on a critical synthesis of literature on use of the Promoting Action on Research Implementation in Health Services (PARIHS) framework, revisions and a companion Guide were developed by a group of researchers independent of the original PARIHS team. The purpose of the Guide is to enhance and optimize efforts of researchers using PARIHS in implementation trials and evaluations.

METHODS:

Authors used a planned, structured process to organize and synthesize critiques, discussions, and potential recommendations for refinements of the PARIHS framework arising from a systematic review. Using a templated form, each author independently recorded key components for each reviewed paper; that is, study definitions, perceived strengths/limitations of PARIHS, other observations regarding key issues and recommendations regarding needed refinements. After reaching consensus on these key components, the authors summarized the information and developed the Guide.

RESULTS:

A number of revisions, perceived as consistent with the PARIHS framework's general nature and intent, are proposed. The related Guide is composed of a set of reference tools, provided in Additional files. Its core content is built upon the basic elements of PARIHS and current implementation science.

CONCLUSIONS:

We invite researchers using PARIHS for targeted evidence-based practice (EBP) implementations with a strong task-orientation to use this Guide as a companion and to apply the revised framework prospectively and comprehensively. Researchers also are encouraged to evaluate its use relative to perceived strengths and issues. Such evaluations and critical reflections regarding PARIHS and our Guide could thereby promote the framework's continued evolution.

2. [Health Psychol.](#) 2011 Sep;30(5):501-2.

Translating science to practice: Clinical Grand Rounds Series in Health Psychology.

[Kazak AE](#), [Steele RG](#).

Abstract

In this issue of Health Psychology we launch an important new series focused on the implementation of evidence-based assessments and interventions in clinical settings. The series-Translating Science into Practice: Clinical Grand Rounds-is consistent with the journal's emphasis on the practical significance of papers in Health Psychology and congruent with national and international trends in evidence-based care and translational science across all health disciplines.

3. [Implement Sci.](#) 2011 Aug 25;6(1):98. [Epub ahead of print]

Creating a knowledge translation trainee collaborative: from conceptualization to lessons learned in the first year.

[Cornelissen E](#), [Urquhart R](#), [Chan VW](#), [Deforge RT](#), [Colquhoun HL](#), [Sibbald S](#), [Witteman H](#).

Abstract

ABSTRACT: Trainees (e.g., graduate students, residents, fellows) are increasingly identifying knowledge translation as their research discipline. In Canada, a group of trainees have created a trainee-initiated and trainee-led national collaborative to provide a vehicle for trainees to examine the diversity of knowledge translation research and practice, and to link trainees from diverse geographical areas and disciplines. The aim of this paper is to describe our experience and lessons learned in creating the Knowledge Translation Trainee Collaborative. In this meeting report, we outline the process, challenges, and opportunities in planning and experiencing the collaborative's inaugural meeting as participant organizers, and present outcomes and learnings to date.

4. [Implement Sci.](#) 2011 Aug 23;6(1):97. [Epub ahead of print]

What is the value and impact of quality and safety teams? A scoping review.

[White DE](#), [Straus SE](#), [Stelfox HT](#), [Holroyd-Leduc JM](#), [Bell CM](#), [Jackson K](#), [Norris JM](#), [Flemons WW](#), [Moffatt ME](#), [Forster AJ](#).

Abstract**BACKGROUND:**

The purpose of this study was to conduct a scoping review of the literature about the establishment and impact of quality and safety team initiatives in acute care.

METHODS:

Studies were identified through electronic searches of Medline, Embase, CINAHL, PsycINFO, ABI Inform, Cochrane databases. Grey literature and bibliographies were also searched. Qualitative or quantitative studies that occurred in acute care, describing a) how quality and safety teams were established or implemented, b) the impact of teams, or c) described the barriers and/or facilitators of teams were included. Two reviewers independently extracted data on study design, sample, interventions, and outcomes. Quality assessment of full text articles was done independently by two reviewers. Studies were categorized according to dimensions of quality.

RESULTS:

Of 6674 articles identified, 99 were included in the study. The heterogeneity of studies and results reported precluded quantitative data analyses. Findings revealed limited information about attributes of successful and unsuccessful team initiatives, barriers and facilitators to team initiatives, unique or combined contribution of selected interventions, or how to effectively establish these teams.

CONCLUSIONS:

Not unlike systematic reviews of quality improvement collaboratives, this broad review revealed that while teams reported a number of positive results, there are many methodological issues. This study is unique in utilizing traditional quality assessment and more novel methods of quality assessment and reporting of results (SQUIRE) to appraise studies. Rigorous design, evaluation, and reporting of quality and safety team initiatives are required.

5. [Implement Sci](#). 2011 Aug 23;6(1):96. [Epub ahead of print]

The NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) for Greater Manchester: Combining empirical, theoretical and experiential evidence to design and evaluate a large-scale implementation strategy.

[Harvey G](#), [Fitzgerald L](#), [Fielden S](#), [McBride A](#), [Waterman H](#), [Bamford D](#), [Kislov R](#), [Boaden R](#).

Abstract**BACKGROUND:**

In response to policy recommendations, nine Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) were established in England in 2008, aiming to create closer working between the health service and higher education and narrow the gap between research and its implementation in practice. The Greater Manchester (GM) CLAHRC is a partnership between the University of Manchester and twenty NHS trusts, with a five year mission to improve health care and reduce health inequalities for people with cardiovascular conditions. This paper outlines the GM CLAHRC approach to designing and evaluating a large-scale, evidence- and theory-informed, context-sensitive implementation programme.

DISCUSSION:

The paper makes a case for embedding evaluation within the design of the implementation strategy. Empirical, theoretical and experiential evidence relating to implementation science and methods has been synthesised to formulate eight core principles of the GM CLAHRC implementation strategy, recognising the multi-faceted nature of evidence, the complexity of the implementation process, and the corresponding need to apply approaches that are situationally relevant, responsive, flexible, and collaborative. In turn, these core principles inform the selection of four interrelated building blocks upon which the GM CLAHRC approach to implementation is founded. These determine the organizational processes, structures and roles utilised by specific GM CLAHRC implementation projects, as well as the approach to researching implementation, and comprise: (1) the Promoting Action on Research Implementation in Health Services (PARIHS) framework, (2) a modified version of the Model for Improvement, (3) multiprofessional teams with designated roles to lead, facilitate and support the implementation process, and (4) embedded evaluation and learning.

SUMMARY:

Designing and evaluating a large-scale implementation strategy that can cope with and respond to the local complexities of implementing research evidence into practice is itself complex and challenging. We present an argument for adopting an integrative, co-production approach to planning and evaluating the implementation of research into practice, drawing on an eclectic range of evidence sources.

6. [Am J Drug Alcohol Abuse](#). 2011 Sep;37(5):408-16.

How Practice and Science Are Balanced and Blended in the NIDA Clinical Trials Network: The Bidirectional Process in the Development of the STAGE-12 Protocol as an Example.

[Donovan DM](#), [Daley DC](#), [Brigham GS](#), [Hodgkins CC](#), [Perl HI](#), [Floyd AS](#).

Abstract

Background: Bidirectional, collaborative partnerships between academic researchers and practitioners have been a fundamental vehicle to achieve the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) goal of improving outcomes of community-based drug treatment. These partnerships blend clinical perspectives of practitioners and methodological expertise of researchers working together to address clinically meaningful issues through randomized clinical trials conducted in community treatment settings. **Objectives:**

Bidirectionality is a guiding principle of the CTN, but its operationalization at the practical level in protocol development and implementation has not been articulated. This descriptive article presents the development of one protocol as an example and model of this bidirectional, collaborative, iterative partnership between researchers and practitioners. **Methods:** This article illuminates several specific issues encountered while developing STAGE-12, a behavioral intervention to facilitate 12-step mutual support group involvement, as well as the rationale for decisions taken to resolve each. **Results:** The STAGE-12 protocol was successfully developed through a series of decisions taking into account both design factors and clinical practice needs and realities, thus maintaining a balance between methodological rigor and generalizability.

Conclusion: The review demonstrates the process by which research and practice have been blended in protocol development, exemplifying the underlying principle of bidirectionality, a key element in the success of the NIDA CTN. **Scientific Significance:** Bidirectional partnerships as derived in the CTN, employing a hybrid model of efficacy-effectiveness research, are capable of designing and implementing protocols that are both methodologically rigorous and clinically meaningful, thus increasing likelihood of adoption and eventual improvement in public health.

7. [Implement Sci.](#) 2011 Aug 12;6(1):95. [Epub ahead of print]

The applicability of Normalisation Process Theory to speech and language therapy: a review of qualitative research on a speech and language intervention.

[James DM.](#)

Abstract

BACKGROUND:

The Bercow review found a high level of public dissatisfaction with speech and language services for children. Children with speech, language, and communication needs (SLCN) often have chronic complex conditions that require provision from health, education, and community services. Speech and language therapists are a small group of Allied Health Professionals with a specialist skill-set that equips them to work with children with SLCN. They work within and across the diverse range of public service providers. The aim of this review was to explore the applicability of Normalisation Process Theory (NPT) to the case of speech and language therapy.

METHODS:

A review of qualitative research on a successfully embedded speech and language therapy intervention was undertaken to test the applicability of NPT. The review focused on two of the collective action elements of NPT (relational integration and interaction workability) using all previously published qualitative data from both parents and practitioners' perspectives on the intervention.

RESULTS:

The synthesis of the data based on the Normalisation Process Model (NPM) uncovered strengths in the interpersonal processes between the practitioners and parents, and weaknesses in how the accountability of the intervention is distributed in the health system.

CONCLUSIONS:

The analysis based on the NPM uncovered interpersonal processes between the practitioners and parents that were likely to have given rise to successful implementation of the intervention. In previous qualitative research on this intervention where the Medical Research Council's guidance on developing a design for a complex intervention had been used as a framework, the interpersonal work within the intervention had emerged as a barrier to implementation of the intervention. It is suggested that the design of services for children and families needs to extend beyond the consideration of benefits and barriers to embrace the social processes that appear to afford success in embedding innovation in healthcare.

8. [Implement Sci.](#) 2011 Aug 11;6:94.

Improving hypertension management through pharmacist prescribing; the rural alberta clinical trial in optimizing hypertension (Rural RxACTION): trial design and methods.

[Charrois TL](#), [McAlister FA](#), [Cooney D](#), [Lewanczuk R](#), [Kolber MR](#), [Campbell NR](#), [Rosenthal M](#), [Houle SK](#), [Tsuyuki RT](#).

Abstract

BACKGROUND:

Patients with hypertension continue to have less than optimal blood pressure control, with nearly one in five Canadian adults having hypertension. Pharmacist prescribing is gaining favor as a potential clinically efficacious and cost-effective means to improve both access and quality of care. With Alberta being the first province in Canada to have independent prescribing by pharmacists, it offers a unique opportunity to evaluate outcomes in patients who are prescribed antihypertensive therapy by pharmacists.

METHODS:

The study is a randomized controlled trial of enhanced pharmacist care, with the unit of randomization being the patient. Participants will be randomized to enhanced pharmacist care (patient identification, assessment, education, close follow-up, and prescribing/titration of antihypertensive medications) or usual care. Participants are patients in rural Alberta with undiagnosed/uncontrolled blood pressure, as defined by the Canadian Hypertension Education Program. The primary outcome is the change in systolic blood pressure between baseline and 24 weeks in the enhanced-care versus usual-care arms. There are also three substudies running in conjunction with the project examining different remuneration models, investigating patient knowledge, and assessing health-resource utilization amongst patients in each group.

DISCUSSION:

To date, one-third of the required sample size has been recruited. There are 15 communities and 17 pharmacists actively screening, recruiting, and following patients. This study will provide high-level evidence regarding pharmacist prescribing.

9. [Implement Sci](#). 2011 Aug 3;6(1):92. [Epub ahead of print]

Computerized clinical decision support systems for chronic disease management: A decision-maker-researcher partnership systematic review.

[Roshanov PS](#), [Misra S](#), [Gerstein HC](#), [Garg AX](#), [Sebaldt RJ](#), [Mackay JA](#), [Weise-Kelly L](#), [Navarro T](#), [Wilczynski NL](#), [Haynes RB](#); [CCDSS Systematic Review Team](#).

Abstract**BACKGROUND:**

The use of computerized clinical decision support systems (CCDSSs) may improve chronic disease management, which requires recurrent visits to multiple health professionals, ongoing disease and treatment monitoring, and patient behavior modification. The objective of this review was to determine if CCDSSs improve the processes of chronic care (such as diagnosis, treatment, and monitoring of disease) and associated patient outcomes (such as effects on biomarkers and clinical exacerbations).

METHODS:

We conducted a decision-maker-researcher partnership systematic review. We searched MEDLINE, EMBASE, Ovid's EBM Reviews database, Inspec, and reference lists for potentially eligible articles published up to January 2010. We included randomized controlled trials that compared the use of CCDSSs to usual practice or non-CCDSS controls. Trials were eligible if at least one component of the CCDSS was designed to support chronic disease management. We considered studies 'positive' if they showed a statistically significant improvement in at least 50% of relevant outcomes.

RESULTS:

Of 55 included trials, 87% (n = 48) measured system impact on the process of care and 52% (n = 25) of those demonstrated statistically significant improvements. Sixty-five percent (36/55) of trials measured impact on, typically, non-major (surrogate) patient outcomes, and 31% (n = 11) of those demonstrated benefits. Factors of interest to decision makers, such as cost, user satisfaction, system interface and feature sets, unique design and deployment characteristics, and effects on user workflow were rarely investigated or reported.

CONCLUSIONS:

A small majority (just over half) of CCDSSs improved care processes in chronic disease management and some improved patient health. Policy makers, healthcare administrators, and

practitioners should be aware that the evidence of CCDSS effectiveness is limited, especially with respect to the small number and size of studies measuring patient outcomes.

10. [J Subst Abuse Treat](#). 2011 Aug 5. [Epub ahead of print]

A multi-level analysis of counselor attitudes toward the use of buprenorphine in substance abuse treatment.

[Rieckmann TR](#), [Kovas AE](#), [McFarland BH](#), [Abraham AJ](#).

Abstract

Despite evidence that buprenorphine is effective and safe and offers greater access as compared with methadone, implementation for treatment of opiate dependence continues to be weak. Research indicates that legal and regulatory factors, state policies, and organizational and provider variables affect adoption of buprenorphine. This study uses hierarchical linear modeling to examine National Treatment Center Study data to identify counselor characteristics (attitudes, training, and beliefs) and organizational factors (accreditation, caseload, access to buprenorphine, and other evidence-based practices) that influence implementation of buprenorphine for treatment of opiate dependence. Analyses showed that provider training about buprenorphine, higher prevalence of opiate-dependent clients, and less treatment program emphasis on a 12-step model predicted greater counselor acceptance and perceived effectiveness of buprenorphine. Results also indicate that program use of buprenorphine for any treatment purpose (detoxification, maintenance, and/or pain management) and time (calendar year in data collection) was associated with increased diffusion of knowledge about buprenorphine among counselors and with more favorable counselor attitudes toward buprenorphine.

11. [Implement Sci](#). 2011 Aug 6;6:93.

An evidence-based health workforce model for primary and community care.

[Segal L](#), [Leach MJ](#).

Abstract

ABSTRACT:

BACKGROUND:

The delivery of best practice care can markedly improve clinical outcomes in patients with chronic disease. While the provision of a skilled, multidisciplinary team is pivotal to the delivery of best practice care, the occupational or skill mix required to deliver this care is unclear; it is also uncertain whether such a team would have the capacity to adequately address the complex needs of the clinic population. This is the role of needs-based health workforce planning. The objective of this article is to describe the development of an evidence-informed, needs-based health workforce model to support the delivery of best-practice interdisciplinary chronic disease management in the primary and community care setting using diabetes as a case exemplar.

DISCUSSION:

Development of the workforce model was informed by a strategic review of the literature, critical appraisal of clinical practice guidelines, and a consensus elicitation technique using expert multidisciplinary clinical panels. Twenty-four distinct patient attributes that require unique clinical competencies for the management of diabetes in the primary care setting were identified. Patient attributes were grouped into four major themes and developed into a conceptual model: the Workforce Evidence-Based (WEB) planning model. The four levels of the WEB model are (1) promotion, prevention, and screening of the general or high-risk population; (2) type or stage of disease; (3) complications; and (4) threats to self-care capacity. Given the

number of potential combinations of attributes, the model can account for literally millions of individual patient types, each with a distinct clinical team need, which can be used to estimate the total health workforce requirement.

SUMMARY:

The WEB model was developed in a way that is not only reflective of the diversity in the community and clinic populations but also parsimonious and clear to present and operationalize. A key feature of the model is the classification of subpopulations, which gives attention to the particular care needs of disadvantaged groups by incorporating threats to self-care capacity. The model can be used for clinical, health services, and health workforce planning.

12. [Prev Sci](#). 2011 Sep;12(3):223-34.

Effects of communities that care on the adoption and implementation fidelity of evidence-based prevention programs in communities: results from a randomized controlled trial.

[Fagan AA](#), [Arthur MW](#), [Hanson K](#), [Briney JS](#), [Hawkins JD](#).

Abstract

This paper describes findings from the Community Youth Development Study (CYDS), a randomized controlled trial of the Communities That Care (CTC) prevention system, on the adoption and implementation fidelity of science-based prevention programming in 24 communities. Data were collected using the Community Resource Documentation (CRD), which entailed a multi-tiered sampling process and phone and web-based surveys with directors of community-based agencies and coalitions, school principals, service providers, and teachers. Four years after the initiation of the CTC prevention system, the results indicated increased use of tested, effective prevention programs in the 12 CTC intervention communities compared to the 12 control communities, and significant differences favoring the intervention communities in the numbers of children and families participating in these programs. Few significant differences were found regarding implementation quality; respondents from both intervention and control communities reported high rates of implementation fidelity across the services provided.

13. [Am J Community Psychol](#). 2011 Sep;48(1-2):31-42.

Mobilizing communities to implement evidence-based practices in youth violence prevention: the state of the art.

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

Abstract

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

14. [Am J Community Psychol](#). 2011 Sep;48(1-2):106-19.

Impact Challenges in Community Science-with-Practice: Lessons from PROSPER on Transformative Practitioner-Scientist Partnerships and Prevention Infrastructure Development.

[Spoth R](#), [Greenberg M](#).

Abstract

At present, evidence-based programs (EBPs) to reduce youth violence are failing to translate into widespread community practice, despite their potential for impact on this pervasive public health problem. In this paper we address two types of challenges in the achievement of such impact, drawing upon lessons from the implementation of a partnership model called PROSPER. First, we address five key challenges in the achievement of community-level impact through effective community planning and action: readiness and mobilization of community teams; maintaining EBP implementation quality; sustaining community teams and EBPs; demonstrating community-level impact; and continuous, proactive technical assistance. Second, we consider grand challenges in the large-scale translation of EBPs: (1) building, linking and expanding existing infrastructures to support effective EBP delivery systems, and (2) organizing networks of practitioner-scientist partnerships-networks designed to integrate diffusion of EBPs with research that examines effective strategies to do so. The PROSPER partnership model is an evidence-based delivery system for community-based prevention and has evolved through two decades of NIH-funded research, assisted by land grant universities' Cooperative Extension Systems. Findings and lessons of relevance to each of the challenges are summarized. In this context, we outline how practitioner-scientist partnerships can serve to transform EBP delivery systems, particularly in conjunction with supportive federal policy.

15. [Am J Community Psychol](#). 2011 Sep;48(1-2):133-7.

Mobilizing communities for implementing evidence-based youth violence prevention programming: a commentary.

[Fixsen DL](#), [Blase KA](#), [Van Dyke MK](#).

Abstract

Evidence-based programs have struggled for acceptance in human service settings. Information gleaned from these experiences indicates that implementation is the missing link in the science to service chain. The science and practice of implementation is progressing and can inform approaches to full and effective uses of youth violence prevention programs nationally. Implementation Teams that know (a) innovations, (b) implementation best practices, and (c) improvement cycles are essential to mobilizing support for successful uses of evidence-based programs on a socially significant scale. The next wave of development in implementation science and practice is underway: establishing infrastructures for implementation to make implementation expertise available to communities nationally. Good science, implemented well in practice, can benefit all human services, including youth violence prevention.

16. [J Public Health \(Oxf\)](#). 2011 Sep;33(3):412-21. Epub 2010 Dec 17.

Barriers and facilitators to implementing screening and brief intervention for alcohol misuse: a systematic review of qualitative evidence.

[Johnson M](#), [Jackson R](#), [Guillaume L](#), [Meier P](#), [Goyder E](#).

Abstract

BACKGROUND:

This review aimed to synthesize qualitative evidence for barriers and facilitators to effective implementation of screening and brief intervention for alcohol misuse in adults and children over 10 years.

METHODS:

A search of medical and social science databases was carried out and augmented by hand-searching of reference lists and contents of key journals. Qualitative evidence was synthesized thematically.

RESULTS:

A total of 47 papers varying in design and quality were included in the review. Most evaluated implementation in primary care settings. Implementation was reported to be limited by lack of resources, training and support from management, as well as workload. The appropriateness of context in which discussions take place was reported as an acceptability factor for patients and practitioners. Health professionals require sufficient knowledge about alcohol guidelines and risk in order to implement screening and intervention to those most in need.

CONCLUSIONS:

Whilst brief screening and brief intervention have been shown to be effective in some settings, this review has identified a number of barriers and facilitators to implementation. Adequate resources, training and the identification of those at risk without stereotyping are the main facilitators in primary care. More research is needed to assess implementation in other settings.

17. [Nurs Res](#). 2011 September/October;60(5):340-347.

An Intervention Fidelity Framework for Technology-Based Behavioral Interventions.

[Devito Dabbs A](#), [Song MK](#), [Hawkins R](#), [Aubrecht J](#), [Kovach K](#), [Terhorst L](#), [Connolly M](#), [McNulty M](#), [Callan J](#).

Abstract**BACKGROUND:**

Despite the proliferation of health technologies, descriptions of the unique considerations and practical guidance for evaluating the intervention fidelity of technology-based behavioral interventions are lacking.

OBJECTIVES:

The aims of this study were to (a) discuss how technology-based behavioral interventions challenge conventions about how intervention fidelity is conceptualized and evaluated, (b) propose an intervention fidelity framework that may be more appropriate for technology-based behavioral interventions, and (c) present a plan for operationalizing each concept in the framework using the intervention fidelity monitoring plan for Pocket PATH (Personal Assistant for Tracking Health), a mobile health technology designed to promote self-care behaviors after lung transplantation, as an exemplar.

METHOD:

The literature related to intervention fidelity and technology acceptance was used to identify the issues that are unique to the fidelity of technology-based behavioral interventions and thus important to include in a proposed intervention fidelity framework. An intervention fidelity monitoring plan for technology-based behavioral interventions was developed as an example.

RESULTS:

The intervention fidelity monitoring plan was deemed feasible and practical to implement and showed utility in operationalizing the concepts such as assessing interventionists' delivery and participants' acceptance of the technology-based behavioral intervention.

DISCUSSION:

The framework has the potential to guide the development of implementation fidelity monitoring tools for other technology-based behavioral interventions. Further application and testing of this framework will allow for a better understanding of the role that technology acceptance plays in the adoption and enactment of the behaviors that technology-based behavioral interventions are intended to promote.

18. [Int J Qual Health Care](#). 2011 Aug 22. [Epub ahead of print]

Patient centredness and quality improvement efforts in hospitals: rationale, measurement, implementation.

[Groene O](#).

Abstract

Quality Problem Patient-centred care is increasingly being acknowledged as an integral part of evaluating health care. Yet, from a quality improvement perspective the rationale, measurement and implementation of strategies to improve patient-centred care is often subject to debate.

OBJECTIVE: The aim of this paper is to review why quality improvement efforts should embrace patient-centredness, to examine some of the measurement issues and to assess conceptual underpinnings that should inform both measurement and actions to improve patient-centred care. **Lessons** The causal pathway through which quality improvement affects and/or is associated with patient centredness is complex and goes beyond patients' rights and assessing patient views. **INTERVENTIONS:** to improve patient-centred care should reflect on key rationale, measurement strategy and underlying theory.

19. [MCN Am J Matern Child Nurs](#). 2011 September/October;36(5):297-304.

A State-Wide Obstetric Hemorrhage Quality Improvement Initiative.

[Bingham D](#), [Lyndon A](#), [Lagrew D](#), [Main EK](#).

Abstract**PURPOSE:**

The mission of the California Maternal Quality Care Collaborative is to eliminate preventable maternal death and injury and to promote equitable maternity care in California. This article describes California Maternal Quality Care Collaborative's (CMQCC's) statewide multistakeholder quality improvement initiative to improve readiness, recognition, response, and reporting of maternal hemorrhage at birth and details the essential role of nurses in its success.

PROJECT DESIGN AND**APPROACH:**

In partnership with the State Department of Maternal, Child, and Adolescent Health, CMQCC identified maternal hemorrhage as a significant quality improvement opportunity. CMQCC organized a multidisciplinary, multistakeholder task force to develop a strategy for addressing obstetric (OB) hemorrhage. **PROJECT**

DESCRIPTION:

The OB Hemorrhage Task Force, co-chaired by nurse and physician team leaders, identified four priorities for action and developed a comprehensive hemorrhage guideline. CMQCC is using a multilevel strategy to disseminate the guideline, including an open access toolkit, a minimal support-mentoring model, a county partnership model, and a 30-hospital learning collaborative.

CLINICAL IMPLICATIONS:

In participating hospitals, nurses have been the primary drivers in developing both general and massive hemorrhage policies and procedures, ensuring the availability of critical supplies, organizing team debriefing after a stage 2 (or greater) hemorrhage, hosting skills stations for measuring blood loss, and running obstetric (OB) hemorrhage drills. Each of these activities requires effort and leadership skill, even in hospitals where clinicians are convinced that these changes are needed. In some hospitals, the burden to convince physicians of the value of these new practices has rested primarily upon nurses. Thus, the statewide initiative in which nurse and physician leaders work together models the value of teamwork and provides a real-time demonstration of the potential for effective interdisciplinary collaboration to make a difference in the quality of care that can be achieved. Nurses provide significant leadership in multidisciplinary, multistakeholder quality projects in California. Ensuring that nurses have the opportunity to participate in formal leadership of these teams and are represented at all workgroup levels is critical to the overall initiative. Nurses brought key understanding of operational issues within and across departments, mobilized engagement across the state through the regional perinatal programs, and developed innovative approaches to solving clinical problems during implementation. Nursing leadership and integrated participation was especially critical in considering the needs of lower-resource settings, and was essential to the toolkit's enthusiastic adoption at the unit/service level in facilities across the state.

20. [BMC Health Serv Res](#). 2011 Aug 18;11(1):198. [Epub ahead of print]

Uncovering Tacit Knowledge: A Pilot Study to Broaden the Concept of Knowledge in Knowledge Translation.

[Kothari AR](#), [Bickford JJ](#), [Edwards N](#), [Dobbins MJ](#), [Meyer M](#).

Abstract

BACKGROUND:

All sectors in health care are being asked to focus on the knowledge-to-practice gap, or knowledge translation, to increase service effectiveness. A social interaction approach to knowledge translation assumes that research evidence becomes integrated with previously held knowledge, and practitioners build on and co-create knowledge through mutual interactions. Knowledge translation strategies for public health have not provided anticipated positive changes in evidence-based practice, possibly due in part to a narrow conceptualization of knowledge. More work is needed to understand the role of tacit knowledge in decision-making and practice. This pilot study examined how health practitioners applied tacit knowledge in public health program planning and implementation.

METHODS:

This study used a narrative approach, where teams from two public health units in Ontario, Canada were conveniently selected. Respondents participated in individual interviews and focus groups at each site. Questions were designed to understand the role of tacit knowledge as it related to the program planning process. Data were analyzed through a combination of content analysis and thematic comparison.

RESULTS:

The findings highlighted two major aspects of knowledge that arose: the use of tacit knowledge and the integration of tacit and explicit knowledge. Tacit knowledge included: past experiences, organization-specific knowledge, community contextual knowledge, and the recognition of the tacit knowledge of others. Explicit knowledge included: research literature, the Internet, popular

magazines, formal assessments (surveys and interviews), legislation and regulations. Participants sometimes deliberately combined tacit and explicit knowledge sources in planning.

CONCLUSIONS:

This pilot demonstrated that front-line public health workers draw upon both tacit knowledge and explicit knowledge in their everyday lived reality. Further, tacit knowledge plays an important role in practitioners' interpretation and implementation of explicit research findings. This indicates a need to broaden the scope of knowledge translation to include other forms of knowledge beyond explicit knowledge acquired through research. Strategies that recognize and support the use of tacit knowledge, such as communities of practice or networks, may be important components of a comprehensive approach to knowledge translation. This study provides support for further investigation of the role of tacit knowledge in the planning and delivery of effective public health services.

21. [Infect Control Hosp Epidemiol](#). 2011 Sep;32(9):918-21.

Implementing the MRSA Bundle in ICUs: One Citywide Collaborative's Key Lessons Learned.

[Welsh CA](#), [Flanagan ME](#), [Kiess C](#), [Doebbeling BN](#).

Abstract

Because bundle implementation in intensive care units to reduce methicillin-resistant *Staphylococcus aureus* is challenging, we conducted in-depth interviews with implementation teams at 5 participating hospitals. Key lessons learned across hospitals included the following: maintain management support, engage frontline staff, build the right multidisciplinary team, conduct process mapping, and commit to data collection and feedback.

22. [J Am Med Inform Assoc](#). 2011 Aug 9. [Epub ahead of print]

A partnership model for implementing electronic health records in resource-limited primary care settings: experiences from two nurse-managed health centers.

[Dennehy P](#), [White MP](#), [Hamilton A](#), [Pohl JM](#), [Tanner C](#), [Onifade TJ](#), [Zheng K](#).

Abstract

Objective To present a partnership-based and community-oriented approach designed to ease provider anxiety and facilitate the implementation of electronic health records (EHR) in resource-limited primary care settings. **Materials and Methods** The approach, referred to as partnership model, was developed and iteratively refined through the research team's previous work on implementing health information technology (HIT) in over 30 safety net practices. This paper uses two case studies to illustrate how the model was applied to help two nurse-managed health centers (NMHC), a particularly vulnerable primary care setting, implement EHR and get prepared to meet the meaningful use criteria. **Results** The strong focus of the model on continuous quality improvement led to eventual implementation success at both sites, despite difficulties encountered during the initial stages of the project. **Discussion** There has been a lack of research, particularly in resource-limited primary care settings, on strategies for abating provider anxiety and preparing them to manage complex changes associated with EHR uptake. The partnership model described in this paper may provide useful insights into the work shepherded by HIT regional extension centers dedicated to supporting resource-limited communities disproportionately affected by EHR adoption barriers. **Conclusion** NMHC, similar to other primary care settings, are often poorly resourced, understaffed, and lack the necessary expertise to deploy EHR and integrate its use into their day-to-day practice. This study

demonstrates that implementation of EHR, a prerequisite to meaningful use, can be successfully achieved in this setting, and partnership efforts extending far beyond the initial software deployment stage may be the key.

23. [J Subst Abuse Treat.](#) 2011 Sep;41(2):169-78. Epub 2011 Apr 5.

Research to practice in addiction treatment: Key terms and a field-driven model of technology transfer.

[Addiction Technology Transfer Center \(ATTC\) Network Technology Transfer Workgroup.](#)

Abstract

The transfer of new technologies (e.g., evidence-based practices) into substance abuse treatment organizations often occurs long after they have been developed and shown to be effective. Transfer is slowed, in part, due to a lack of clear understanding about all that is needed to achieve full implementation of these technologies. Such misunderstanding is exacerbated by inconsistent terminology and overlapping models of an innovation, including its development and validation, dissemination to the public, and implementation or use in the field. For this reason, a workgroup of the Addiction Technology Transfer Center (ATTC) Network developed a field-driven conceptual model of the innovation process that more precisely defines relevant terms and concepts and integrates them into a comprehensive taxonomy. The proposed definitions and conceptual framework will allow for improved understanding and consensus regarding the distinct meaning and conceptual relationships between dimensions of the technology transfer process and accelerate the use of evidence-based practices.

24. [J Clin Epidemiol.](#) 2011 Sep;64(9):936-48. Epub 2011 Mar 16.

Systematic review of stepped wedge cluster randomized trials shows that design is particularly used to evaluate interventions during routine implementation.

[Mdege ND](#), [Man MS](#), [Taylor Nee Brown CA](#), [Torgerson DJ](#).

Abstract

OBJECTIVE:

To describe the application of the stepped wedge cluster randomized controlled trial (CRCT) design.

STUDY DESIGN AND SETTING:

Systematic review. We searched Medline, Embase, PsycINFO, HMIC, CINAHL, Cochrane Library, Web of Knowledge, and Current Controlled Trials Register for articles published up to January 2010. Stepped wedge CRCTs from all fields of research were included. Two authors independently reviewed and extracted data from the studies.

RESULTS:

Twenty-five studies were included in the review. Motivations for using the design included ethical, logistical, financial, social, and political acceptability and methodological reasons. Most studies were evaluating an intervention during routine implementation. For most of the included studies, there was also a belief or empirical evidence suggesting that the intervention would do more good than harm. There was variation in data analysis methods and insufficient quality of reporting.

CONCLUSIONS:

The stepped wedge CRCT design has been mainly used for evaluating interventions during routine implementation, particularly for interventions that have been shown to be effective in more controlled research settings, or where there is lack of evidence of effectiveness but there is

a strong belief that they will do more good than harm. There is need for consistent data analysis and reporting.

25. [Health Promot Int](#). 2011 Sep;26(3):311-21. Epub 2010 Dec 22.

A translational research intervention to reduce screen behaviours and promote physical activity among children: Switch-2-Activity.

[Salmon J](#), [Jorna M](#), [Hume C](#), [Arundell L](#), [Chahine N](#), [Tienstra M](#), [Crawford D](#).

Abstract

Translational or implementation research that assesses the effectiveness of strategies to promote health behaviours among children that have been previously tested under 'ideal' conditions is rarely reported. Switch-2-Activity aimed to examine the effectiveness of an abbreviated programme delivered by teachers targeting children's television viewing, computer use, physical activity and potential mediators of behaviour change. Fifteen schools from disadvantaged areas in Melbourne, Australia agreed to participate in the study (43% school-level response rate). Out of the 1566 Grades 5 and 6 (9-12 year old) children invited to take part in the study, 1048 (67% response rate) provided informed consent. Schools were randomized to either an intervention or wait-list control condition. Teachers delivered six lessons, which included strategies such as self-monitoring, behavioural contracting and budgeting of screen time. Children completed a self-report survey at baseline and post-intervention examining screen-based behaviours, physical activity, self-efficacy and behavioural capability. Teachers reported implementation of and attitudes to the programme. Seventy-one per cent of teachers delivered at least four of the six lessons. Most teachers reported that the materials were easy to follow and deliver; however, many teachers reported modifying the materials in some way. Among boys, there were favourable small intervention effects on weekend screen time [(coefficient = -0.62, 95% confidence interval: -1.15, -0.10, $p = 0.020$)]. The intervention also had significant positive effects on children's self-efficacy for reducing television viewing and on behavioural capability (television viewing styles). Future studies that assess the translation of efficacious programmes and that test whether such programmes are equally effective in different settings (e.g. in the family setting) are urgently required.

26. [Health Policy Plan](#). 2011 Sep;26(5):413-22. Epub 2010 Dec 12.

Process-oriented fidelity research assists in evaluation, adjustment and scaling-up of community-based interventions.

[Pérez D](#), [Lefèvre P](#), [Castro M](#), [Sánchez L](#), [Toledo ME](#), [Vanlerberghe V](#), [Van der Stuyft P](#).

Abstract

Fidelity research can help to answer essential questions about the diffusion process of innovative health interventions and provide insights for further scaling-up and institutionalization. This study assessed fidelity and reinvention in the implementation of a community-based control strategy for *Aedes aegypti* control. The intervention was implemented in 16 study areas in La Lisa, a municipality of Havana, Cuba. Its major components were: organization & management, capacity-building, community work and surveillance. A participatory assessment of process data was performed to determine whether the components and subcomponents were implemented, not-implemented or modified. Frequencies were tabulated over all circumscriptions (lowest level of local government) and the average was calculated for the four components. Spearman Rank correlation coefficients were calculated to explore the relationships between components. In addition, semi-structured interviews were conducted with co-ordinators of the strategy at

different levels to identify difficulties encountered in the strategy's implementation. Surveillance was the most implemented component (72.9%) followed by capacity-building (54.7%). Community work and organization & management were less implemented or modified (50% and 45%, respectively). Apart from surveillance and capacity-building, all components are significantly and strongly correlated (Spearman Rank correlation coefficient > 0.70 , $P < 0.01$). If one component is implemented in a circumscription, the other components are also likely to be implemented. It is noticeable that areas which did not undergo organizational changes commonly did not implement community work activities. Within the whole strategy, few activities were added. Scarcely implemented subcomponents were the most innovative. The difficulties encountered during implementation were related to appropriate training and skills, available time, lack of support and commitment to the strategy, lack of motivation of local leadership, and integration of actors and resources. The study showed a wide variability of fidelity in the implementation of the intervention and highlighted challenges for scaling-up and institutionalization of the community-based intervention.

27. [J Gen Intern Med.](#) 2011 Sep;26(9):999-1004. Epub 2011 May 20.

Prevalence of Practice System Tools for Improving Depression Care Among Primary Care Clinics: The DIAMOND Initiative.

[Margolis KL](#), [Solberg LI](#), [Crain AL](#), [Whitebird RR](#), [Ohnsorg KA](#), [Jaeckels N](#), [Ofstedahl G](#), [Glasgow RE](#).

Abstract

BACKGROUND:

Practice system tools improve chronic disease care, but are generally lacking for the care of depression in most primary care settings.

OBJECTIVE:

To describe the frequency of various depression-related practice system tools among Minnesota primary care clinics interested in improving depression care.

DESIGN:

Cross-sectional survey.

PARTICIPANTS:

Physician leaders of 82 clinics in Minnesota.

MAIN MEASURES:

A survey including practice systems recommended for care of depression and chronic conditions, each scored on a 100-point scale, and the clinic's priority for improving depression care on a 10-point scale.

KEY RESULTS:

Fewer practice systems tools were present and functioning well for depression care (score = 24.4 [SD 1.6]) than for the care of chronic conditions in general (score = 43.9 [SD 1.6]), $p < 0.001$. The average priority for improving depression care was 5.8 (SD 2.3). There was not a significant correlation between the presence of practice systems for depression or chronic disease care and the priority for depression care except for a modest correlation with the depression Decision Support subscale ($r = 0.29$, $p = 0.008$). Certain staffing patterns, a metropolitan-area clinic location, and the presence of a fully functional electronic medical record were associated with the presence of more practice system tools.

CONCLUSIONS:

Few practice system tools are in place for improving depression care in Minnesota primary care clinics, and these are less well-developed than general chronic disease practice systems. Future research should focus on demonstrating whether implementing these tools for depression care results in much-needed improvements in care for patients with depression.

28. [J Cancer Educ](#). 2011 Sep 1. [Epub ahead of print]

Is There a Role for Clinical Practice Guidelines in Multidisciplinary Tumor Board Meetings? A Descriptive Study of Knowledge Transfer Between Research and Practice.

[Kostaras X](#), [Shea-Budgell MA](#), [Malcolm E](#), [Easaw JC](#), [Roa W](#), [Hagen NA](#).

Abstract

The aim of this study was to characterize practice patterns and decision-making processes of healthcare providers attending weekly neuro-oncology tumor board meetings, and to assess their familiarity with clinical practice guidelines (CPGs) in neuro-oncology. Members of the Neuro-Oncology Tumor Team at two tertiary cancer centers completed a web-based questionnaire assessing characteristics of weekly tumor board meetings and perceptions of CPGs. Twenty-three (66%) tumor team members responded. Diagnostic imaging results and interpretation, medical, surgical, and/or radiation treatment planning, and pathology results and interpretation were the most commonly identified aspects of patient care discussed at tumor board meetings, and almost all respondents indicated that these meetings were "very beneficial" to their own practice. When deciding on a treatment plan, respondents rely most on the clinical expertise of colleagues, medical literature, personal experience, active clinical trial protocols, and published CPGs. Opinions of the local CPGs varied considerably, and while 56% of respondents supported regular discussion of them during meetings, only 32% indicated that they were routinely reviewed. Updating the literature more frequently, implementing a formal grading system for the evidence, and incorporating clinical care pathways were the most frequently cited methods to improve the CPGs. Tumor board meetings are beneficial to the treatment planning process for neuro-oncology patients.

29. [J Am Dent Assoc](#). 2011 Sep;142(9):1033-40.

Sealants and dental caries: Dentists' perspectives on evidence-based recommendations.

[Tellez M](#), [Gray SL](#), [Gray S](#), [Lim S](#), [Ismail AI](#).

Abstract

BACKGROUND:

The authors conducted a study to survey the perspectives of dentists regarding the 2010 American Dental Association (ADA) recommendation to seal non-cavitated carious lesions (NCCLs) in children and young adults.

METHODS:

The authors mailed a questionnaire to a randomly selected sample of 2,400 general dentists (GDs) and pediatric dentists (PDs) in the United States. The sample was chosen by the ADA's Survey Center. The questionnaire included two photographs of NCCLs (permanent first molar and premolar) in a 12-year-old child. Respondents were provided with radiographic findings and asked to choose from several management options.

RESULTS:

In the absence of radiographic evidence of caries, 37.4 percent and 42.3 percent of GDs and PDs, respectively, indicated that they would seal the NCCL in the molar. For the premolar, a significantly lower percentage of GDs than of PDs indicated that they would seal the NCCL.

With radiographic evidence of caries in dentin, less than 4 percent of all dentists surveyed indicated that they would seal the NCCLs, and more than 90 percent indicated that they would remove the caries and place restorations. Less than 40 percent of dentists indicated that they sealed NCCLs in their practice.

CONCLUSIONS:

The U.S. dentists surveyed have not adopted evidence-based clinical recommendations regarding the sealing of NCCLs. Practice Implications. New educational and dissemination programs should be developed regarding these evidence-based caries management approaches.

30. [BMC Health Serv Res](#). 2011 Aug 29;11(1):206. [Epub ahead of print]

Implementation and evaluation of a multisite drug usage evaluation program across Australian hospitals - a quality improvement initiative.

[Pulver LK](#), [Wai A](#), [Maxwell DJ](#), [Roberston MB](#), [Riddell S](#).

Abstract**BACKGROUND:**

With the use of medicines being a broad and extensive part of health management, mechanisms to ensure quality use of medicines are essential. Drug usage evaluation (DUE) is an evidence-based quality improvement methodology, designed to improve the quality, safety and cost-effectiveness of drug use. The purpose of this paper is to describe a national DUE methodology used to improve health care delivery across the continuum through multi-faceted interventions involving audit and feedback, academic detailing and system change, and a qualitative assessment of the methodology, as illustrated by the Acute Postoperative Pain Management (APOP) project.

METHODS:

An established methodology, consisting of a baseline audit of inpatient medical records, structured patient interviews and general practitioner surveys, followed by an educational intervention and follow-up audit, is used. Australian hospitals, including private, public, metropolitan and regional, are invited to participate on a voluntary basis. De-identified data collected by hospitals are collated and evaluated nationally to provide descriptive comparative analyses. Hospitals benchmark their practices against state and national results to facilitate change. The educational intervention consists of academic detailing, group education, audit and feedback, point-of-prescribing prompts and system changes. A repeat data collection is undertaken to assess changes in practice. An online qualitative survey was undertaken to evaluate the APOP program. Qualitative assessment of hospitals' perceptions of the effectiveness of the overall DUE methodology and changes in procedure/prescribing/policy/clinical practice which resulted from participation were elicited.

RESULTS:

62 hospitals participated in the APOP project. Among 23 respondents to the evaluation survey, 18 (78%) reported improvements in the documentation of pain scores at their hospital. 15 (65%) strongly agreed or agreed that participation in APOP directly resulted in increased prescribing of multimodal analgesia for pain relief in postoperative patients.

CONCLUSIONS:

This national DUE program has facilitated the engagement and participation of a number of acute health care facilities to address issues relating to quality use of medicine. This approach has been perceived to be effective in helping them achieve improvements in patient care.

31. [Am J Nurs](#). 2011 Sep;111(9):57-60.

Evidence-Based Practice, Step by Step: Sustaining Evidence-Based Practice Through Organizational Policies and an Innovative Model.

[Melnyk BM](#), [Fineout-Overholt E](#), [Gallagher-Ford L](#), [Stillwell SB](#).

Abstract

The team adopts the Advancing Research and Clinical Practice Through Close Collaboration model. This is the 12th and last article in a series from the Arizona State University College of Nursing and Health Innovation's Center for the Advancement of Evidence-Based Practice. Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care that integrates the best evidence from studies and patient care data with clinician expertise and patient preferences and values. When it's delivered in a context of caring and in a supportive organizational culture, the highest quality of care and best patient outcomes can be achieved. The complete EBP series is available as a collection on our Web site; go to www.ajnonline.com and click on Collections.

32. [Psychol Assess](#). 2011 Aug 22. [Epub ahead of print]

A transportable assessment protocol for prescribing youth psychosocial treatments in real-world settings: Reducing assessment burden via self-report scales.

[Ebesutani C](#), [Bernstein A](#), [Chorpita BF](#), [Weisz JR](#).

Abstract

Current evidence-based assessment methods, such as structured interviews and lengthy assessment batteries, often require hours to administer, score, and interpret and thus are infrequently used in real-world practice. As evidence-based assessment tools are developed for implementation in real-world youth mental health settings, the transportability properties of assessment procedures (including administration and interpretation burden) need to be considered and improved. In the present study, we thus conducted an initial feasibility study using a clinical sample of community-based youths ($N = 306$) to develop an assessment protocol based on 2 child and 2 parent self-report questionnaires (thus low on administration burden). Using decision-tree analysis, we identified a series of cutoff scores across these scales that may be used to inform treatment need related to anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), and disruptive behavior problems. This algorithm-based approach to interpreting assessment information provided clear and simple guidelines (thus low on interpretation burden) that matched the best estimate treatment determinations derived by trained assessors, supervisors, and expert consultants who integrated information provided by child and parent structured interviews and self-report scales. The present study demonstrated the feasibility of developing an assessment protocol to inform various treatment allocation decisions in a way that imposes little assessment administration and interpretation burden yet maintains adequate classification accuracy. These characteristics make the proposed protocol promising with regard to its transportability and suitability for adoption and implementation in real-world mental health settings.

33. [Child Abuse Negl](#). 2011 Aug 18. [Epub ahead of print]

Bridging research and practice: Challenges and successes in implementing evidence-based preventive intervention strategies for child maltreatment.

[Toth SL](#), [Manly JT](#).

Abstract

Child maltreatment has been associated with a wide range of negative developmental outcomes for children and families as well as significant economic consequences. While efficacious intervention strategies have been demonstrated to reduce symptoms of trauma and to improve behavioral and emotional functioning, these models have not been widely adopted by clinicians. The challenges associated with exporting evidence-based interventions into community settings are discussed, along with an example of a preventive intervention program for young mothers, successfully implemented through a partnership of community agencies and funders.

34. [Cochrane Database Syst Rev.](#) 2011 Aug 10;(8):CD000125.

Local opinion leaders: effects on professional practice and health care outcomes.

[Flodgren G](#), [Parmelli E](#), [Doumit G](#), [Gattellari M](#), [O'Brien MA](#), [Grimshaw J](#), [Eccles MP](#).

Abstract

BACKGROUND:

Clinical practice is not always evidence-based and, therefore, may not optimise patient outcomes. Opinion leaders disseminating and implementing 'best evidence' is one method that holds promise as a strategy to bridge evidence-practice gaps.

OBJECTIVES:

To assess the effectiveness of the use of local opinion leaders in improving professional practice and patient outcomes.

SEARCH STRATEGY:

We searched Cochrane EPOC Group Trials Register, the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, HMIC, Science Citation Index, Social Science Citation Index, ISI Conference Proceedings and World Cat Dissertations up to 5 May 2009. In addition, we searched reference lists of included articles.

SELECTION CRITERIA:

Studies eligible for inclusion were randomised controlled trials investigating the effectiveness of using opinion leaders to disseminate evidence-based practice and reporting objective measures of professional performance and/or health outcomes.

DATA COLLECTION AND ANALYSIS:

Two review authors independently extracted data from each study and assessed its risk of bias. For each trial, we calculated the median risk difference (RD) for compliance with desired practice, adjusting for baseline where data were available. We reported the median adjusted RD for each of the main comparisons.

MAIN RESULTS:

We included 18 studies involving more than 296 hospitals and 318 PCPs. Fifteen studies (18 comparisons) contributed to the calculations of the median adjusted RD for the main comparisons. The effects of interventions varied across the 63 outcomes from 15% decrease in compliance to 72% increase in compliance with desired practice. The median adjusted RD for the main comparisons were: i) Opinion leaders compared to no intervention, +0.09; ii) Opinion leaders alone compared to a single intervention, +0.14; iii) Opinion leaders with one or more additional intervention(s) compared to the one or more additional intervention(s), +0.10; iv) Opinion leaders as part of multiple interventions compared to no intervention, +0.10. Overall, across all 18 studies the median adjusted RD was +0.12 representing a 12% absolute increase in compliance in the intervention group.

AUTHORS' CONCLUSIONS:

Opinion leaders alone or in combination with other interventions may successfully promote evidence-based practice, but effectiveness varies both within and between studies. These results are based on heterogeneous studies differing in terms of type of intervention, setting, and outcomes measured. In most of the studies the role of the opinion leader was not clearly described, and it is therefore not possible to say what the best way is to optimise the effectiveness of opinion leaders.

35. [Adm Policy Ment Health](#). 2011 Aug 6. [Epub ahead of print]

Developing Effective Research-Practice Partnerships for Creating a Culture of Evidence-Based Decision Making.

[Riemer M](#), [Kelley SD](#), [Casey S](#), [Taylor Haynes K](#).

Abstract

With growing evidence that treatment as usual may have limited effectiveness in mental health the pressure on service providers to be accountable and produce evidence as to the effectiveness of their services has increased. Measurement Feedback Systems, such as the Contextualized Feedback System (CFS), have the potential to be powerful tools for service providers in assessing their own effectiveness at multiple levels with an organization. These systems represent an amalgamation of the data driven world of science and the experience driven world of clinical practice. However, the synthesis of these two worlds is not without significant challenges as these two very different cultures can easily clash. The key for successful collaboration in developing and implementing Measurement Feedback Systems is a good university-practice partnership that has a strong foundation in common goals and the positive relationships among its members. In addition, the partnership needs to be flexible so that it can adapt to new challenges and continuously grow with each obstacle. These are some of several lessons learned the authors of this article will share as part of their experience with developing and implementing CFS in one of the largest behavioral health service providers in the U.S.

36. [J Am Med Inform Assoc](#). 2011 Sep 1;18(5):721-5. Epub 2011 Jun 9.

Phased implementation of electronic health records through an office of clinical transformation.

[Banas CA](#), [Erskine AR](#), [Sun S](#), [Retchin SM](#).

Abstract

Evidence suggests that when carefully implemented, health information technologies (HIT) have a positive impact on behavior, as well as operational, process, and clinical outcomes. Recent economic stimulus initiatives have prompted unprecedented federal investment in HIT. Despite strong interest from the healthcare delivery community to achieve 'meaningful use' of HIT within a relatively short time frame, few best-practice implementation methodologies have been described. Herein we outline HIT implementation strategies at an academic health center with an office of clinical transformation. Seven percent of the medical center's information technology budget was dedicated to the Office of Clinical Transformation, and successful conversion of 1491 physicians to electronic-based documentation was accomplished. This paper outlines the process re-design, end-user adoption, and practice transformation strategies that resulted in a 99.7% adoption rate within 6 months of the introduction of digital documentation.

37. [Am J Community Psychol](#). 2011 Sep;48(1-2):56-64.

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

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

Abstract

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

38. [Am J Community Psychol](#). 2011 Sep;48(1-2):97-105.

Community readiness for change and youth violence prevention: a tale of two cities.

[Parker RN](#), [Alcaraz R](#), [Payne PR](#).

Abstract

This case study identifies a situation in which there exists a set of preconditions for the successful application of evidence based practice to bear on the community based problem of youth violence. The concept of readiness to change and its impact on the success or failure of interventions designed to change harmful or dangerous behavior among individuals is well established and understood in intervention research. In recent years this concept has been discussed and developed in the community intervention and harm reduction literatures. The current study is one of a community where an attempt was made to identify community levels of harm, develop a strategic plan to reduce the source of harm, and develop, implement, and evaluate youth violence prevention interventions. Over more than 5 years of involvement by university based researchers and community partners, the effort was largely unsuccessful. The events of this project are discussed within the context of the Community Readiness Model Edwards et al. (*J Community Psychol* 28(3): 291-307, 2000) and we present a narrative that helps to highlight the reasons for the relative lack of success of the effort. We suggest additional strategies and actions that might have helped to overcome the lack of readiness of this particular community to reduce the harms associated with youth violence. Suggestions that may improve chances for a more successful set of outcomes for other communities in similar states of readiness to change and with similar challenges are given.

39. [JAMA](#). 2011 Aug 17;306(7):756-7.

Challenges facing the US patient-centered outcomes research institute.

[Ommaya AK](#), [Kupersmith J](#).

40. [J Subst Abuse Treat](#). 2011 Aug 8. [Epub ahead of print]

Timing of buprenorphine adoption by privately funded substance abuse treatment programs: The role of institutional and resource-based interorganizational linkages.

[Savage SA](#), [Abraham AJ](#), [Knudsen HK](#), [Rothrauff TC](#), [Roman PM](#).

Abstract

Identifying facilitators of more rapid buprenorphine adoption may increase access to this effective treatment for opioid dependence. Using a diffusion of innovations theoretical framework, we examine the extent to which programs' interorganizational institutional and resource-based linkages predict the likelihood of being an earlier adopter, later adopter, or

nonadopter of buprenorphine. Data were derived from face-to-face interviews with administrators of 345 privately funded substance abuse treatment programs in 2007-2008. Results of multinomial logistic regression models show that interorganizational and resource linkages were associated with timing of adoption. Programs reporting membership in provider associations were more likely to be earlier adopters of buprenorphine. Programs that relied more on resource linkages, such as detailing activities by pharmaceutical companies and the National Institute on Drug Abuse website, were more likely to be earlier adopters of buprenorphine. These findings suggest that institutional and resource-based interorganizational linkages may expose programs to effective treatments, thereby facilitating more rapid and sustained adoption of innovative treatment techniques.

41. [BMC Health Serv Res](#). 2011 Aug 31;11(1):208. [Epub ahead of print]

Ten Steps or climbing a mountain: A study of Australian health professionals' perceptions of implementing the Baby Friendly Health Initiative to protect, promote and support breastfeeding.

[Schmied V](#), [Gribble K](#), [Sheehan A](#), [Taylor C](#), [Dykes FC](#).

Abstract

BACKGROUND:

The Baby Friendly Hospital (Health) Initiative (BFHI) is a global initiative aimed at protecting, promoting and supporting breastfeeding and is based on the ten steps to successful breastfeeding. Worldwide, over 20,000 health facilities have attained BFHI accreditation but only 77 Australian hospitals (approximately 23%) have received accreditation. Few studies have investigated the factors that facilitate or hinder implementation of BFHI but it is acknowledged this is a major undertaking requiring strategic planning and change management throughout an institution. This paper examines the perceptions of BFHI held by midwives and nurses working in one Area Health Service in NSW, Australia.

METHODS:

The study used an interpretive, qualitative approach. A total of 132 health professionals, working across four maternity units, two neonatal intensive care units and related community services, participated in 10 focus groups. Data were analysed using thematic analysis.

RESULTS:

Three main themes were identified: 'Belief and Commitment'; 'Interpreting BFHI' and 'Climbing a Mountain'. Participants considered the BFHI implementation a high priority; an essential set of practices that would have positive benefits for babies and mothers both locally and globally as well as for health professionals. It was considered achievable but would take commitment and hard work to overcome the numerous challenges including a number of organisational constraints. There were, however, differing interpretations of what was required to attain BFHI accreditation with the potential that misinterpretation could hinder implementation. A model described by Greenhalgh and colleagues on adoption of innovation is drawn on to interpret the findings.

CONCLUSION:

Despite strong support for BFHI, the principles of this global strategy are interpreted differently by health professionals and further education and accurate information is required. It may be that the current processes used to disseminate and implement BFHI need to be reviewed. The findings suggest that there is a contradiction between the broad philosophical stance and best practice approach of this global strategy and the tendency for health professionals to focus on the

ten steps as a set of tasks or a checklist to be accomplished. The perceived procedural approach to implementation may be contributing to lower rates of breastfeeding continuation.

42. [Adm Policy Ment Health](#). 2011 Aug 28. [Epub ahead of print]

Implementing an Evidence-Based Parenting Program in Community Agencies: What Helps and What Gets in the Way?

[Asgary-Eden V](#), [Lee CM](#).

Abstract

Adoption of evidence-based programs for families by community agencies requires an understanding of variables that influence implementation. Managers and service providers from 64 community agencies reported on variables that affected the implementation of Triple P, an evidence-based parenting program. Both types of stakeholders reported adequate office resources; over half the managers and over two-thirds of service providers reported adequate training. Adequate office resources and positive agency characteristics, including organizational climate, were associated with higher program usage. Service providers' reports of the variables impacted their individual adherence rates; managers had broader perspectives of the quality of implementation in their organizations.

43. [Am J Prev Med](#). 2011 Sep;41(3):309-16.

Motivating public school districts to adopt sun protection policies a randomized controlled trial.

[Buller DB](#), [Reynolds KD](#), [Ashley JL](#), [Buller MK](#), [Kane IL](#), [Stabell CL](#), [Massie KL](#), [Liu X](#), [Cutter GR](#).

Abstract

BACKGROUND:

In 2002, CDC recommended that the nation's schools establish policies that reduce sun exposure to decrease students' risk of skin cancer.

PURPOSE:

A program to convince public school districts to adopt such a policy was evaluated.

DESIGN:

RCT.

SETTING/PARTICIPANTS:

Public school districts in Colorado (n=56) and Southern California (n=56).

INTERVENTION:

Policy information, tools, and technical assistance were provided through printed materials, a website, meetings with administrators, and presentations to school boards. An RCT enrolled public school districts from 2005 to 2010. Policy adoption was promoted over 2 years at districts randomized to the intervention.

MAIN OUTCOME MEASURES:

School board-approved policies were obtained from 106 districts and coded at baseline and 2-year follow-up. Analyses were conducted in 2010.

RESULTS:

There was no difference in the percentage of districts adopting a policy (24% in intervention; 12% in control; p=0.142); however, intervention districts (adjusted M=3.10 of 21 total score) adopted stronger sun safety policies than control districts (adjusted M=1.79; p=0.035). Policy categories improved on sun safety education for students (intervention adjusted M=0.76; control

adjusted $M=0.43$, $p=0.048$); provision of outdoor shade (intervention adjusted $M=0.79$; control adjusted $M=0.28$, $p=0.029$); and outreach to parents (intervention adjusted $M=0.59$; control adjusted $M=0.20$, $p=0.027$).

CONCLUSIONS:

Multifaceted promotion can increase adoption of stronger policies for reducing sun exposure of students by public school districts. Future research should explore how policies are implemented by schools.

44. [J Am Med Inform Assoc.](#) 2011 Aug 24. [Epub ahead of print]

Same organization, same electronic health records (EHRs) system, different use: exploring the linkage between practice member communication patterns and EHR use patterns in an ambulatory care setting.

[Jordan Lanham H](#), [Leykum LK](#), [McDaniel RR Jr.](#)

Abstract

Objective Despite efforts made by ambulatory care organizations to standardize the use of electronic health records (EHRs), practices often incorporate these systems into their work differently from each other. One potential factor contributing to these differences is within-practice communication patterns. The authors explore the linkage between within-practice communication patterns and practice-level EHR use patterns. Design Qualitative study of six practices operating within the same multi-specialty ambulatory care organization using the same EHR system. Semistructured interviews and direct observation were conducted with all physicians, nurses, medical assistants, practice managers, and non-clinical staff from each practice. Measurements An existing model of practice relationships was used to analyze communication patterns within the practices. Practice-level EHR use was defined and analyzed as the ways in which a practice uses an EHR as a collective or a group-including the degree of feature use, level of EHR-enabled communication, and frequency that EHR use changes in a practice. Interview and observation data were analyzed for themes. Based on these themes, within-practice communication patterns were categorized as fragmented or cohesive, and practice-level EHR use patterns were categorized as heterogeneous or homogeneous. Practices where EHR use was uniformly high across all users were further categorized as having standardized EHR use. Communication patterns and EHR use patterns were compared across the six practices. Results Within-practice communication patterns were associated with practice-level EHR use patterns. In practices where communication patterns were fragmented, EHR use was heterogeneous. In practices where communication patterns were cohesive, EHR use was homogeneous. Additional analysis revealed that practices that had achieved standardized EHR use (uniformly high EHR use across all users) exhibited high levels of mindfulness and respectful interaction, whereas practices that were furthest from achieving standardized EHR use exhibited low levels of mindfulness and respectful interaction. Conclusion Within-practice communication patterns provide a unique perspective for exploring the issue of standardization in EHR use. A major fallacy of setting homogeneous EHR use as the goal for practice-level EHR use is that practices with uniformly low EHR use could be considered successful. Achieving uniformly high EHR use across all users in a practice is more consistent with the goals of current EHR adoption and use efforts. It was found that some communication patterns among practice members may enable more standardized EHR use than others. Understanding the linkage between communication patterns and EHR use can inform understanding of the human element

in EHR use and may provide key lessons for the implementation of EHRs and other health information technologies.

45. [J Med Internet Res](#). 2011 Aug 12;13(3):e57.

A comparison of physician pre-adoption and adoption views on electronic health records in canadian medical practices.

[Archer N](#), [Cocosila M](#).

Abstract

BACKGROUND:

There is a major campaign involving large expenditures of public money to increase the adoption rate of electronic health record (EHR) systems in Canada. To maximize the chances of success in this effort, physician views on EHRs must be addressed, since user perceptions are key to successful implementation of technology innovations.

OBJECTIVE:

We propose a theoretical model comprising behavioral factors either favoring or against EHR adoption and use in Canadian medical practices, from the physicians' point of view. EHR perceptions of physicians already using EHR systems are compared with those not using one, through the lens of this model.

METHODS:

We conducted an online cross-sectional survey in both English and French among medical practitioners across Canada. Data were collected both from physicians using EHRs and those not using EHRs, and analyzed with structural equation modeling (SEM) techniques.

RESULTS:

We collected 119 responses from EHR users and 100 from nonusers, resulting in 2 valid samples of 102 and 83 participants, respectively. The theoretical adoption model explained 55.8% of the variance in behavioral intention to continue using EHRs for physicians already using them, and 66.8% of the variance in nonuser intention to adopt such systems. Perception of ease of use was found to be the strongest motivator for EHR users (total effect .525), while perceptions of usefulness and of ease of use were the key determinants for nonusers (total effect .538 and .519, respectively) to adopt the system. Users see perceived overall risk associated with EHR adoption as a major obstacle (total effect -.371), while nonusers perceive risk only as a weak indirect demotivator. Of the 13 paths of the SEM model, 5 showed significant differences between the 2 samples (at the .05 level): general doubts about using the system ($P = .02$), the necessity for the system to be relevant for their job ($P < .001$), and the necessity for the system to be useful ($P = .049$) are more important for EHR nonusers than for users, while perceptions of overall obstacles to adoption ($P = .03$) and system ease of use ($P = .042$) count more for EHR users than for nonusers.

CONCLUSIONS:

Relatively few differences in perceptions about EHR system adoption and use exist between physicians already using such systems and those not yet using the systems. To maximize the chances of success for new EHR implementations from a behavioral point of view, general doubts about the rationale for such systems must be mitigated through improving design, stressing how EHRs are relevant to physician jobs, and providing substantiating evidence that EHRs are easier to use and more effective than nonusers might expect.

46. [Health Policy Plan](#). 2011 Sep;26(5):385-94. Epub 2010 Nov 30.

Health technology diffusion in developing countries: a case study of CT scanners in Brazil.

[Silva HP](#), [Viana AL](#).

Abstract

BACKGROUND The development of products and services for health care systems is one of the most important phenomena to have occurred in the field of health care over the last 50 years. It generates significant commercial, medical and social results. Although much has been done to understand how health technologies are adopted and regulated in developed countries, little attention has been paid to the situation in low- and middle-income countries (LMICs). Here we examine the institutional environment in which decisions are made regarding the adoption of expensive medical devices into the Brazilian health care system. **METHODS** We used a case study strategy to address our research question. The empirical work relied on in-depth interviews (N = 16) with representatives of a wide range of actors and stakeholders that participate in the process of diffusion of CT (computerized tomography) scanners in Brazil, including manufacturers, health care organizations, medical specialty societies, health insurance companies, regulatory agencies and the Ministry of Health. **RESULTS** The adoption of CT scanners is not determined by health policy makers or third-party payers of public and private sectors. Instead, decisions are primarily made by administrators of individual hospitals and clinics, strongly influenced by both physicians and sales representatives of the medical industry who act as change agents. Because this process is not properly regulated by public authorities, health care organizations are free to decide whether, when and how they will adopt a particular technology. **CONCLUSIONS** Our study identifies problems in how health care systems in LMICs adopt new, expensive medical technologies, and suggests that a set of innovative approaches and policy instruments are needed in order to balance the institutional and professional desire to practise a modern and expensive medicine in a context of health inequalities and basic health needs

47. [Qual Life Res](#). 2011 Sep;20(7):979-85. Epub 2011 Jan 29.

A knowledge translation challenge: clinical use of quality of life data from cancer clinical trials.

[Brundage M](#), [Bass B](#), [Jolie R](#), [Foley K](#).

Abstract**PURPOSE:**

Measurement and reporting of health-related quality of life (HRQL) data have evolved considerably over the past 10 years. Our goal was to identify the current barriers to, and enablers of, the effective translation of HRQL outcome data from randomized clinical trials by investigating physician attitudes, knowledge, and education needs.

METHODS:

We undertook a mixed qualitative and quantitative study of 33 oncologists' attitudes and educational needs around the value, interpretation, and application of HRQL data from cancer clinical trials. The approach was designed to identify barriers and enablers relating to the characteristics of the knowledge itself, to the potential users of the knowledge, and to the environment in which the knowledge is used.

RESULTS:

The majority of barriers and enablers identified were "second order", i.e., related to the understandability and generalizability of the data, its presentation, its accessibility within the medical literature, and its relevance to specific patient populations.

CONCLUSIONS:

Our results suggest knowledge translation (KT) of HRQL results would improve if the clinical trial HRQL data were easily accessible to clinicians, and presented in a comprehensible and clinically applicable format, which includes discussion of the relevance of the measurement domains and implications of the findings. We recommend that standards of clinical trial HRQL reporting be implemented in clinical journals.

48. [J Adv Nurs](#). 2011 Sep;67(9):2004-2014. doi: 10.1111/j.1365-2648.2011.05642.x. Epub 2011 Apr 20.

The role of advanced practice nurses in knowledge brokering as a means of promoting evidence-based practice among clinical nurses.

[Gerrish K](#), [McDonnell A](#), [Nolan M](#), [Guillaume L](#), [Kirshbaum M](#), [Tod A](#).

Abstract

gerrish k., mcdonnell a., nolan m., guillaume l., kirshbaum m. & tod a. (2011) The role of advanced practice nurses in knowledge brokering as a means of promoting evidence-based practice among clinical nurses. *Journal of Advanced Nursing* 67(9), 2004-2014. ABSTRACT: Aim. To identify approaches used by advanced practice nurses to promote evidence-based practice among clinical nurses. Background. Barriers encountered at individual and organizational levels hinder clinical nurses in their ability to deliver evidence-based practice. Advanced practice nurses are well placed to promote evidence-based practice through interactions with clinical nurses. However, little is understood about how advanced practice nurses might realize this potential. Method. A multiple instrumental case study of 23 advanced practice nurses from hospital and primary care settings across seven Strategic Health Authorities in England was undertaken in 2006. Data collection comprised interviews and observation of advanced practice nurses and interviews with clinical nurses and other healthcare professionals. Data were analysed using the Framework approach. Findings. Advanced practice nurses acted as knowledge brokers in promoting evidence-based practice among clinical nurses. Knowledge management and promoting the uptake of knowledge were key components of knowledge brokering. Knowledge management involved generating different types of evidence, accumulating evidence to act as a repository for clinical nurses, synthesizing different forms of evidence, translating evidence by evaluating, interpreting and distilling it for different audiences and disseminating evidence by formal and informal means. Advanced practice nurses promoted the uptake of evidence by developing the knowledge and skills of clinical nurses through role modelling, teaching, clinical problem-solving and facilitating change. Conclusion. The role of advanced practice nurses in knowledge brokering is complex and multi-faceted. It extends beyond the knowledge management, linkage and capacity building identified in the literature to include active processes of problem-solving and facilitating change.

49. [Am J Community Psychol](#). 2011 Sep;48(1-2):138-40.

Evidence-based practices reduce juvenile recidivism: can state government effectively promote implementation among probation departments?

[Seave PL](#).

Abstract

California places tens of thousands of juveniles into its 58 county-based justice systems every year. The offenders do not generally experience reduced rates of recidivism. Evidence-based practices can reliably and significantly reduce these rates. Probation departments have

infrequently chosen to implement these practices, in large part because of the training, data collection, and organizational change required. Current state law does not effectively mandate these practices and more importantly fails to recognize and fund the substantial and ongoing training and technical assistance that would be required to implement these practices. State government could best promote evidence-based practices by working collegially with probation departments to obtain and distribute private and public funding to support effective implementation.

50. [Child Abuse Negl.](#) 2011 Aug 17. [Epub ahead of print]

Organizational climate, services, and outcomes in child welfare systems.

[Glisson C](#), [Green P](#).

Abstract

OBJECTIVE:

This study examines the association of organizational climate, casework services, and youth outcomes in child welfare systems. Building on preliminary findings linking organizational climate to youth outcomes over a 3-year follow-up period, the current study extends the follow-up period to 7 years and tests main, moderating and mediating effects of organizational climate and casework services on outcomes.

METHODS:

The study applies hierarchical linear models (HLMs) analyses to all 5 waves of the National Survey of Child and Adolescent Well-being (NSCAW) with a US nationwide sample of 1,678 maltreated youth aged 4-16 years and 1,696 caseworkers from 88 child welfare systems. Organizational climate is assessed on 2 dimensions, Engagement and Stress, with scales from the well established measure, Organizational Social Context (OSC); youth outcomes are measured as problems in psychosocial functioning with the Child Behavior Checklist (CBCL); and casework services are assessed with original scales developed for the study and completed by the maltreated youths' primary caregivers and caseworkers.

RESULTS:

Maltreated youth served by child welfare systems with more engaged organizational climates have significantly better outcomes. Moreover, the quantity and quality of casework services neither mediate nor interact with the effects of organizational climate on youth outcomes.

CONCLUSIONS:

Organizational climate is associated with youth outcomes in child welfare systems, but a better understanding is needed of the mechanisms that link organizational climate to outcomes. In addition, there is a need for evidence-based organizational interventions that can improve the organizational climates and effectiveness of child welfare systems.

51. [Prev Chronic Dis.](#) 2011 Sep;8(5):A111. Epub 2011 Aug 15.

Strategies implemented by 20 local tobacco control agencies to promote smoke-free recreation areas, california, 2004-2007.

[Satterlund TD](#), [Cassady D](#), [Treiber J](#), [Lemp C](#).

Abstract

INTRODUCTION:

Since 2000, local jurisdictions in California have enacted hundreds of policies and ordinances in an effort to protect their citizens from the harmful effects of secondhand smoke. We evaluated

strategies used by state-funded local tobacco control programs to enact local smoke-free policies involving outdoor recreational spaces.

METHODS:

The Tobacco Control Evaluation Center analyzed 23 final evaluation reports that discussed adopting local smoke-free policies in outdoor recreational facilities in California. These reports were submitted for the 2004 through 2007 funding period by local tobacco control organizations to the California Department of Public Health, Tobacco Control Program. We used a comparative technique whereby we coded passages and compared them by locale and case, focusing on strategies that led to the enactment of smoke-free policies.

RESULTS:

Our analysis found the following 6 strategies to be the most effective: 1) having a "champion" who helps to carry an objective forward, 2) tapping into a pool of potential youth volunteers, 3) collecting and using local data as a persuasive tool, 4) educating the community in smoke-free policy efforts, 5) working strategically in the local political climate, and 6) framing the policy appropriately.

CONCLUSION:

These strategies proved effective regardless of whether policies were voluntary, administrative, or legislative. Successful policy enactment required a strong foundation of agency funding and an experienced and committed staff. These results should be relevant to other tobacco control organizations that are attempting to secure local smoke-free policy.

52. [J Subst Abuse Treat.](#) 2011 Sep;41(2):124-36. Epub 2011 May 31.

Frontline counselors in organizational contexts: A study of treatment practices in community settings.

[Smith BD](#), [Manfredo IT](#).

Abstract

This study addresses the challenge of implementing evidence-based treatment approaches in typical community settings. It identifies individual and organizational characteristics associated with two contrasting treatment approaches used by frontline practitioners. One treatment approach involves techniques supported by research; the other approach involves techniques primarily supported by experience and tradition. The study uses a nested probability sample of 45 organizations and 279 frontline practitioners. Multilevel (hierarchical linear modeling) regression models appropriately address the nested sample. The findings indicate that practitioner beliefs and components of organizational social contexts are associated with treatment approach. The use of an evidence-supported treatment approach is associated with opportunities to use training and with transformational leadership. A traditional treatment approach is more commonly used when practitioners have more positive perceptions of the organizational climate. The findings underscore the challenge of implementing evidence-based treatment techniques among counselors committed to traditional approaches.

53. [Am J Infect Control.](#) 2011 Aug 22. [Epub ahead of print]

The associations between organizational culture and knowledge, attitudes, and practices in a multicenter Veterans Affairs quality improvement initiative to prevent methicillin-resistant *Staphylococcus aureus*.

[Sinkowitz-Cochran RL](#), [Burkitt KH](#), [Cuerdon T](#), [Harrison C](#), [Gao S](#), [Scott Obrosky D](#), [Jain R](#), [Fine MJ](#), [Jernigan JA](#).

Abstract**BACKGROUND:**

Previous research demonstrates that organizational culture (OC) and knowledge, attitudes, and practices of health care personnel are associated with the overall success of infection control programs; however, little attention has been given to the relationships among these factors in contributing to the success of quality improvement programs.

METHODS:

Cross-sectional surveys assessing OC and knowledge, attitudes, and practices related to methicillin-resistant *Staphylococcus aureus* (MRSA) were distributed to 16 medical centers participating in a Veterans Affairs MRSA prevention initiative in 2 time periods. Factor analysis was performed on the OC survey responses, and factor scores were generated. To assess associations between OC and knowledge, attitudes, and practices of health care personnel, regression analyses were performed overall and then stratified by job type.

RESULTS:

The final analyzable sample included 2,314 surveys (43% completed by nurses, 9% by physicians, and 48% by other health care personnel). Three OC factors emerged accounting for 53% of the total variance: "Staff Engagement," "Overwhelmed/Stress-Chaos," and "Hospital Leadership." Overall, higher Staff Engagement was associated with greater knowledge scores, better hand hygiene practices, fewer reported barriers, and more positive attitudes. Higher Hospital Leadership scores were associated with better hand hygiene practices, fewer reported barriers, and more positive attitudes. Conversely, higher Overwhelmed/Stress-Chaos scores were associated with poorer reported prevention practices, more barriers, and less positive attitudes. When these associations were stratified by job type, there were significant associations between OC factors and knowledge for nurses only, between OC factors and practice items for nurses and other health care personnel, and between OC factors and the barriers and attitudes items for all job types. OC factors were not associated with knowledge and practices among physicians.

CONCLUSIONS:

Three OC factors-Staff Engagement, Overwhelmed/Stress-Chaos, and Hospital Leadership-were found to be significantly associated with individual health care personnel knowledge, attitudes, and self-reported practices regarding MRSA prevention. When developing a prevention intervention program, health care organizations should not only focus on the link between OC and the knowledge, attitudes, and practices of health care personnel, but also target programs based on health care personnel type to maximize their effectiveness.

54. [Pediatrics](#). 2011 Aug 15. [Epub ahead of print]

Strategies for Addressing Barriers to Publishing Pediatric Quality Improvement Research.

[Van Cleave J](#), [Dougherty D](#), [Perrin JM](#).

Abstract

Background: Advancing the science of quality improvement (QI) requires dissemination of the results of QI. However, the results of few QI interventions reach publication. Objective: To identify barriers to publishing results of pediatric QI research and provide practical strategies that QI researchers can use to enhance publishability of their work. Methods: We reviewed and summarized a workshop conducted at the Pediatric Academic Societies 2007 meeting in Toronto, Ontario, Canada, on conducting and publishing QI research. We also interviewed 7 experts (QI researchers, administrators, journal editors, and health services researchers who have reviewed QI manuscripts) about common reasons that QI research fails to reach publication. We

also reviewed recently published pediatric QI articles to find specific examples of tactics to enhance publishability, as identified in interviews and the workshop. Results: We found barriers at all stages of the QI process, from identifying an appropriate quality issue to address to drafting the manuscript. Strategies for overcoming these barriers included collaborating with research methodologists, creating incentives to publish, choosing a study design to include a control group, increasing sample size through research networks, and choosing appropriate process and clinical quality measures. Several well-conducted, successfully published QI studies in pediatrics offer guidance to other researchers in implementing these strategies in their own work. Conclusion: Specific, feasible approaches can be used to improve opportunities for publication in pediatric, QI, and general medical journals.

55. [Int J Qual Health Care](#). 2011 Aug 12. [Epub ahead of print]

Validity of self-assessment in a quality improvement collaborative in Ecuador.

[Hermida J](#), [Broughton EI](#), [Miller Franco L](#).

Abstract

OBJECTIVE:

Health care quality improvement (QI) efforts commonly use self-assessment to measure compliance with quality standards. This study investigates the validity of self-assessment of quality indicators.

DESIGN:

Cross sectional.

SETTING:

A maternal and newborn care improvement collaborative intervention conducted in health facilities in Ecuador in 2005.

PARTICIPANTS:

Four external evaluators were trained in abstracting medical records to calculate six indicators reflecting compliance with treatment standards.

INTERVENTIONS:

About 30 medical records per month were examined at 12 participating health facilities for a total of 1875 records. The same records had already been reviewed by QI teams at these facilities (self-assessment).

MAIN OUTCOME MEASURES:

Overall compliance, agreement (using the Kappa statistic), sensitivity and specificity were analyzed. We also examined patterns of disagreement and the effect of facility characteristics on levels of agreement.

RESULTS:

External evaluators reported compliance of 69-90%, while self-assessors reported 71-92%, with raw agreement of 71-95% and Kappa statistics ranging from fair to almost perfect agreement. Considering external evaluators as the gold standard, sensitivity of self-assessment ranged from 90 to 99% and specificity from 48 to 86%. Simpler indicators had fewer disagreements. When disagreements occurred between self-assessment and external evaluators, the former tended to report more positive findings in five of six indicators, but this tendency was not of a magnitude to change program actions. Team leadership, understanding of the tools and facility size had no overall impact on the level of agreement.

CONCLUSIONS:

When compared with external evaluation (gold standard), self-assessment was found to be sufficiently valid for tracking QI team performance. Sensitivity was generally higher than specificity. Simplifying indicators may improve validity.

56. [Med Care](#). 2011 Sep;49(9):872-880.

A Budget Impact Analysis of Telemedicine-based Collaborative Care for Depression.

[Fortney JC](#), [Maciejewski ML](#), [Tripathi SP](#), [Deen TL](#), [Pyne JM](#).

Abstract

BACKGROUND:

Patients with depression use more health services than patients without depression. However, when depression symptoms respond to treatment, use of health services declines. Most depression quality improvement studies increase total cost in the short run, which if unevenly distributed across stakeholders, could compromise buy-in and sustainability. The objective of this budget impact analysis was to examine patterns of utilization and cost associated with telemedicine-based collaborative care, an intervention that targets patients treated in small rural primary care clinics.

METHODS:

Patients with depression were recruited from VA Community-based Outpatient Clinics, and 395 patients were enrolled and randomized to telemedicine-based collaborative care or usual care. Dependent variables representing utilization and cost were collected from administrative data. Independent variables representing clinical casemix were collected from self-report at baseline.

RESULTS:

There were no significant group differences in the total number or cost of primary care encounters. However, as intended, patients in the intervention group had significantly greater depression-related primary care encounters (marginal effect=0.34, P=0.004) and cost (marginal effect=\$61.4, P=0.013) to adjust antidepressant therapy for nonresponders. There were no significant group differences in total mental health encounters or cost. However, as intended, the intervention group had significantly higher depression-related mental health costs (marginal effect=\$107.55, P=0.03) due to referrals of treatment-resistant patients. Unexpectedly, patients in the intervention group had significantly greater specialty physical health encounters (marginal effect =0.42, P=0.001) and cost (marginal effect =\$490.6, P=0.003), but not depression-related encounters or cost. Overall, intervention patients had a significantly greater total outpatient cost compared with usual care (marginal effect=\$599.28, P=0.012).

CONCLUSIONS:

Results suggest that telemedicine-based collaborative care does not increase total workload for primary care or mental health providers. Thus, there is no disincentive for mental health providers to offer telemedicine-based collaborative care or for primary care providers to refer patients to telemedicine-based collaborative care.

57. [Health Policy Plan](#). 2011 Aug 12. [Epub ahead of print]

How to do (or not to do) ... a social network analysis in health systems research.

[Blanchet K](#), [James P](#).

Abstract

The main challenges in international health are to scale up effective health interventions in low- and middle-income countries in order to reach a higher proportion of the population. This can be achieved through better insight into how health systems are structured. Social network analysis

can provide an appropriate and innovative paradigm for the health systems researcher, allow new analyses of the structure of health systems, and facilitate understanding of the role of stakeholders within a health system. The social network analysis methodology adapted to health systems research and described in detail by the authors comprises three main stages: (i) describing the set of actors and members of the network; (ii) characterizing the relationships between actors; and (iii) analysing the structure of the systems. Evidence generated through social network analysis could help policy makers to understand how health systems react over time and to better adjust health programmes and innovations to the capacities of health systems in low- and middle-income countries to achieve universal coverage.

58. [Health Policy Plan](#). 2011 Aug 5. [Epub ahead of print]

Understanding pathways for scaling up health services through the lens of complex adaptive systems.

[Paina L](#), [Peters DH](#).

Abstract

Despite increased prominence and funding of global health initiatives, efforts to scale up health services in developing countries are falling short of the expectations of the Millennium Development Goals. Arguing that the dominant assumptions for scaling up are inadequate, we propose that interpreting change in health systems through the lens of complex adaptive systems (CAS) provides better models of pathways for scaling up. Based on an understanding of CAS behaviours, we describe how phenomena such as path dependence, feedback loops, scale-free networks, emergent behaviour and phase transitions can uncover relevant lessons for the design and implementation of health policy and programmes in the context of scaling up health services. The implications include paying more attention to local context, incentives and institutions, as well as anticipating certain types of unintended consequences that can undermine scaling up efforts, and developing and implementing programmes that engage key actors through transparent use of data for ongoing problem-solving and adaptation. We propose that future efforts to scale up should adapt and apply the models and methodologies which have been used in other fields that study CAS, yet are underused in public health. This can help policy makers, planners, implementers and researchers to explore different and innovative approaches for reaching populations in need with effective, equitable and efficient health services. The old assumptions have led to disappointed expectations about how to scale up health services, and offer little insight on how to scale up effective interventions in the future. The alternative perspectives offered by CAS may better reflect the complex and changing nature of health systems, and create new opportunities for understanding and scaling up health services.