

Dissemination and Implementation in Health Listserv

**** JULY 2011****

The listserv will be updated in the next few months to become more user-friendly—stay tuned!

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. WEBINARS



From the Seaside to the Slopes: Implementing Sun Safety Interventions through Partnerships

Tuesday, July 19, 2011, 2:00 p.m. – 3:00 p.m. ET

Creating alliances to can be a key strategy in implementing research-tested interventions. This month's NCI Research to Reality Cyber-Seminar will highlight the work of Dr. Dave Buller from Klein Buendel and Dr. Vernon Sondak and Ms. Lois Rendina from Moffitt Cancer Center. They explain how engaging ski resorts, a professional baseball team (the Tampa Bay Rays), and local beaches led to the successful dissemination and implementation of their respective sun safety programs.

Join us as we explore the lessons learned in implementing evidence-based cancer control and prevention programs through partnerships!

Speakers:



Dave Buller, PhD, MA
Senior Scientist;
Director of Research,
Klein Buendel



Vernon Sondak, MD
Chair, Department of
Cutaneous Oncology;
Surgical Oncologist,
H. Lee Moffitt Cancer
Center



Lois Rendina,
Supervisor/Melanoma
Coordinator, Cutaneous
Oncology Department
H. Lee Moffitt Cancer
Center

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.



MARK your calendars for these cyber seminars in JULY 2011!

Thursday, July 7, 12:00pm ET

Spotlight on Women's Health

**Implementation Science to Improve Women's Health in VA:
Applying QUERI Frameworks and Approaches**

by Brian Mittman, Ph.D.

Tuesday, July 12, 1:00pm ET

Spotlight on Women's Health

**Introduction to the VA Women's Health Practice Based Research
Network (PBRN)**

by Susan Frayne, M.D., M.P.H.

Tuesday, July 19, 12:00pm ET

VIReC Clinical Informatics Seminar

**Web-Enhanced Guideline Implementation for Post-Myocardial
Infarction CBOC Patients**

by Thomas Houston, M.D., M.P.H.

For more information on these and other HSR&D
Cyber Seminars see the [Cyber Seminar catalog online](#).
Questions? Email cyberseminar@va.gov

B. ARTICLE ABSTRACTS

1. [Am J Community Psychol](#). 2011 Jun 21. [Epub ahead of print]

An Intervention to Help Community-Based Organizations Implement an Evidence-Based HIV Prevention Intervention: The Mpowerment Project Technology Exchange System.

Kegeles SM, Rebchook G, Pollack L, Huebner D, Tebbetts S, Hamiga J, Sweeney D, Zovod B.

Abstract

Considerable resources have been spent developing and rigorously testing HIV prevention intervention models, but such models do not impact the AIDS pandemic unless they are implemented effectively by community-based organizations (CBOs) and health departments. The Mpowerment Project (MP) is being implemented by CBOs around the US. It is a multilevel, evidence-based HIV prevention program for young gay/bisexual men that targets individual, interpersonal, social, and structural issues by using empowerment and community mobilization methods. This paper discusses the development of an intervention to help CBOs implement the MP called the Mpowerment Project Technology Exchange System (MPTES); CBOs' uptake, utilization and perceptions of the MPTES components; and issues that arose during technical

assistance. The seven-component MPTES was provided to 49 CBOs implementing the MP that were followed longitudinally for up to two years. Except for the widely used program manual, other program materials were used early in implementing the MP and then their use declined. In contrast, once technical assistance was proactively provided, its usage remained constant over time, as did requests for technical assistance. CBOs expressed substantial positive feedback about the MPTES, but felt that it needs more focus on diversity issues, describing real world **implementation** approaches, and providing guidance on how to adapt the MP to diverse populations.

2. Adm Policy Ment Health. 2011 Jun 28. [Epub ahead of print]

Predicting Program Start-Up Using the Stages of Implementation Measure.

Saldana L, Chamberlain P, Wang W, Hendricks Brown C.

Abstract

Recent efforts to better understand the process of **implementation** have been hampered by a lack of tools available to define and measure **implementation** progress. The **Stages of Implementation Completion (SIC)** was developed as part of an **implementation** trial of MTFC in 53 sites, and identifies the duration of time spent on **implementation** activities and the proportion of activities completed. This article examines the ability of the first three **stages** of the SIC (Engagement, Consideration of Feasibility, Readiness Planning) to predict successful program start-up. Results suggest that completing SIC **stages** completely, yet relatively quickly, predicts the likelihood of successful **implementation**.

3. Implement Sci. 2011 Jun 26;6(1):65. [Epub ahead of print]

Reconsidering low dose aspirin therapy for cardiovascular disease: a study protocol for physician and patient behavioral change.

Folks B, Leblanc WG, Staton EW, Pace WD.

Abstract

BACKGROUND:

There are often disparities between current evidence and current practice. Decreasing the gap between desired practice outcomes and observed practice outcomes in the healthcare system is not always easy. Stopping previously recommended or variably recommended interventions may be even harder to achieve than increasing the use of a desired but under-performed activity. For over a decade, aspirin has been prescribed for primary prevention of cardiovascular disease and for patients with the coronary artery disease risk equivalents; yet, there is no substantial evidence of an appropriate risk-benefit ratio to support this practice. This paper describes the protocol of a randomized trial being conducted in six primary care practices in the Denver metropolitan area to examine the effectiveness of three interventional strategies to change physician behavior regarding prescription of low-dose aspirin.

METHODS:

All practices received academic detailing, one arm received clinician reminders to reconsider aspirin, a second are received both clinician and patient messages to reconsider aspirin. The intervention will run for 15 to 18 months. Data collected at baseline and for outcomes from an electronic health record will be used to assess pre- and post-interventional prescribing, as well as to explore any inappropriate decrease in aspirin use by patients with known cardiovascular disease.

DISCUSSION:

This study was designed to investigate effective methods of changing physician behavior to decrease the use of aspirin for primary cardiovascular disease prevention. The results of this study will contribute to the small pool of knowledge currently available on the topic of ceasing previously supported practices. Trial Registration This study was registered on ClinicalTrials.gov, registration number NCT01247454.

4. [Drug Alcohol Depend.](#) 2011 Jun 14. [Epub ahead of print]

Clinician and service user perceptions of implementing contingency management: A focus group study.

[Sinclair JM](#), [Burton A](#), [Ashcroft R](#), [Priebe S](#).

Abstract

BACKGROUND:

Contingency management (CM), despite the evidence base for its effectiveness, remains controversial, with sub-optimal **implementation**. In 2007, UK guidelines recommended the use of CM in publicly funded services, but uptake has also been minimal. Previous surveys of service providers suggest differences in opinions about CM, but to date there has been no published involvement of service users in this debate.

METHOD:

Focus group methodology was used to explore systematically the attitudes, concerns and opinions of staff and service users about the use of CM, in publicly funded substance misuse services, to identify the key areas that may be influential in terms of **implementation** and outcome. Data were analysed thematically using the constant comparative method.

RESULTS:

70 staff and service users participated in 9 focus groups. 15 themes of discussion around CM were identified, grouped into four categories: how CM was aligned to the philosophy of substance misuse services; the practicalities of **implementation**; wider ethical concerns; and how participants perceived the evidence for effectiveness.

CONCLUSIONS:

Robust process evaluation in different treatment systems is needed to define the active components of CM for **implementation**. Involvement of service users in this process is essential and is likely to provide valuable insights into the mechanism of action of CM and its effectiveness and uptake within complex treatment systems.

5. [Cochrane Database Syst Rev.](#) 2011 Jun 15;6:CD007825.

Collaboration between local health and local government agencies for health improvement.

[Hayes SL](#), [Mann MK](#), [Morgan FM](#), [Kitcher H](#), [Kelly MJ](#), [Weightman AL](#).

Abstract

BACKGROUND:

In many countries, national, regional and local inter- and intra-agency collaborations have been introduced in order to improve health outcomes. Evidence is needed on the effectiveness of locally-developed partnerships which target changes in individual health outcomes and behaviours.

OBJECTIVES:

To evaluate the effects of interagency collaboration between local health and local government agencies on health outcomes.

SEARCH STRATEGY:

Twenty-five databases were searched using a highly sensitive search strategy. 'Snowballing' methods were also used, including expert contact, website searching and reference list follow up.

SELECTION CRITERIA:

Randomized controlled trials (RCTs), controlled clinical trials (CCTs), controlled before-and-after studies (CBAs) and interrupted time series (ITS) where the study reported on interagency collaboration between health and local government agencies. Studies were selected independently in duplicate by two of five authors.

DATA COLLECTION AND ANALYSIS:

From the team of five review authors, two authors independently conducted data extraction and assessed risk of bias for each study.

MAIN RESULTS:

Eleven studies were identified, presenting information on a total of 26,686 participants. Owing to the heterogeneity between studies a narrative synthesis was undertaken. The included studies covered a range of topics. Six studies examined mental health initiatives, of which one study showed health benefit; four showed modest improvement in one or more of the outcomes measured, but no clear overall health gain; and one study showed no evidence of health gain. Two studies were related to lifestyle improvements of which one failed to show health gains for the intervention population, while the other showed more unhealthy lifestyle behaviours persisting in the intervention population. Three studies were related to chronic disease management and all three failed to demonstrate health gains.

AUTHORS' CONCLUSIONS:

Collaboration between local health and local government is commonly considered best practice. However, the review did not identify any reliable evidence that inter-agency collaboration, compared to standard services, leads to health improvement. A few studies identified component benefits but these were not reflected in overall outcome scores and could have resulted from the use of significant additional resources. Although agencies appear enthusiastic about collaboration, methodological flaws in the primary studies and incomplete **implementation** of initiatives have prevented the development of a strong evidence base. If these flaws are addressed in future studies (for example by providing greater detail on the **implementation** of programs, using more robust designs, with integrated process evaluations and measurement of health outcomes) it could provide a better understanding of what might work and why. When updating this review, we will analyse any partnership or process evaluations of our included studies to try to identify markers of success in local collaborative partnerships that could inform policy developments in the future.

6. Patient Educ Couns. 2011 Jun 10. [Epub ahead of print]

Impact of decision aids in a sustained implementation at a breast care center.

Belkora JK, Volz S, Teng AE, Moore DH, Loth MK, Sepucha KR.

Abstract

OBJECTIVE:

We examined the reach and impact of five decision aids (DAs) routinely distributed to breast cancer patients as part of a shared decision making demonstration project.

METHODS:

From 2005 to 2008, we surveyed patients' change in knowledge and decisional conflict (DC) before and after their review of DAs. Using bivariate tests, we identified significant predictors of change in knowledge or decisional conflict and entered significant predictors into a multivariate

regression model.

RESULTS:

We distributed 1553 DAs to 1098 patients and received 549 completed surveys. The DAs were associated with increased knowledge and decreased DC. For knowledge, significant predictors of above-average change included: lower baseline knowledge and viewing the surgery decision aid. For decisional conflict, significant predictors of above-average change included: higher decisional conflict; viewing any of the early-stage cancer DAs; and Hispanic ethnicity.

CONCLUSIONS:

DAs used in routine care were associated with significant knowledge gains and reductions in decisional conflict. Some subsets of patients (those reporting low baseline knowledge, high DC, or Hispanic ethnicity) may benefit more than others.

PRACTICE IMPLICATIONS:

Breast cancer patients benefit overall from routine distribution of DAs. Our exploratory findings may be useful in generating hypotheses to identify target populations who would most benefit from reviewing DAs.

7. [Worldviews Evid Based Nurs.](#) 2011 Jun 7. doi: 10.1111/j.1741-6787.2011.00224.x. [Epub ahead of print]

Teaching and Learning about the Impact of Evidence-Based Practice Implementation.

Wilkinson JE, Kent B, Hutchinson A, Harrison MB.

[No abstract provided]

8. [Implement Sci.](#) 2011 Jun 23;6(1):64. [Epub ahead of print]

Collaborations for Leadership in Applied Health Research and Care: lessons from the theory of communities of practice.

Kislov R, Harvey G, Walshe K.

Abstract

BACKGROUND:

The paper combines the analytical and instrumental perspectives on communities of practice (CoPs) to reflect on potential challenges that may arise in the process of interprofessional and inter-organisational joint working within the Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) - partnerships between the universities and National Health Service (NHS) Trusts aimed at conducting applied health research and translating its findings into day-to-day clinical practice.

DISCUSSION:

The paper discusses seminal theoretical literature on CoPs as well as previous empirical research on the role of these communities in healthcare collaboration, which is organised around the following three themes: knowledge sharing within and across CoPs, CoP formation and manageability, and identity building in CoPs. It argues that the multiprofessional and multi-agency nature of the CLAHRCs operating in the traditionally demarcated organisational landscape of the NHS may present formidable obstacles to knowledge sharing between various professional groupings, formation of a shared 'collaborative' identity, and the development of new communities within the CLAHRCs. To cross multiple boundaries between various professional and organisational communities and hence enable the flow of knowledge, the CLAHRCs will have to create an effective system of 'bridges' involving knowledge brokers, boundary objects, and cross-disciplinary interactions as well as address a number of issues

related to professional and organisational identification.

SUMMARY:

The CoP approach can complement traditional 'stage-of-change' theories used in the field of implementation research and provide a basis for designing theory-informed interventions and evaluations. It can help to illuminate multiple boundaries that exist between professional and organisational groups within the CLAHRCs and suggest ways of crossing those boundaries to enable knowledge transfer and organisational learning. Achieving the aims of the CLAHRCs and producing a sustainable change in the ways applied health research is conducted and implemented may be influenced by how effectively these organisations can navigate through the multiple CoPs involved and promote the development of new multiprofessional and multi-organisational communities united by shared practice and a shared sense of belonging - an assumption that needs to be explored by further empirical research.

9. [AIDS Care](#). 2011 Jun 30. [Epub ahead of print]

Development and implementation of collaborative care for depression in HIV clinics.

[Curran GM](#), [Pyne J](#), [Fortney JC](#), [Gifford A](#), [Asch SM](#), [Rimland D](#), [Rodriguez-Barradas M](#), [Monson TP](#), [Kilbourne AM](#), [Hagedorn H](#), [Atkinson JH](#).

Abstract

We sought to develop and implement collaborative depression care in human immunodeficiency virus (HIV) clinics in a project called HIV Translating Initiatives for Depression into Effective Solutions (HITIDES). Here we describe: (i) the formative evaluation (FE) conducted prior to **implementation**; (ii) the process used to adapt the primary care collaborative care model for depression to specialty HIV clinics; and (iii) the intervention itself. The overall design of HITIDES was a multi-site randomized trial in Department of Veterans Affairs. (VA) HIV clinics comparing the depression collaborative care intervention to usual depression care. Qualitative methods were used for the FEs and informed the evidence-based quality improvement (EBQI) methods that were used for adapting and implementing the intervention. Baseline assessments were completed by 249 depressed HIV participants. Summaries of respective key informant interviews with eight HIV patients who were receiving depression treatment and 25 HIV or mental health (MH) providers were presented to each site. EBQI methods were used to tailor the HITIDES intervention to each site while maintaining true to the evidence base for depression collaborative care. EBQI methods provided a useful framework for intervention adaptation and **implementation**. The HITIDES study provides the opportunity to evaluate collaborative depression care in a specialty physical health clinic setting with a population that has a high prevalence of depression and MH comorbidity.

10. [Matern Child Health J](#). 2011 Jun 29. [Epub ahead of print]

Obstetric Providers' Knowledge, Awareness, and Use of CDC's HIV Testing Recommendations and One Test. Two Lives.™

[Green DR](#), [Anderson BL](#), [Burke MF](#), [Griffith J](#), [Schulkin J](#).

Abstract

This study examined the impact of the Centers for Disease Control and Prevention's (CDC's) One Test. Two Lives.™ (OTTL) campaign on key outcomes related to CDC's revised HIV testing recommendations and the use of the campaign materials. Data from three cross-sectional surveys were used to assess the effect of OTTL on Obstetricians/Gynecologists' (OB/GYN) HIV knowledge and practice. A 2-year combined sample of 500 OB/GYNs completed DocStyles, a

Web-based survey for physicians, and 575 American College of Obstetricians and Gynecologists (ACOG) Fellows completed an ACOG survey. The surveys were similar in focus but did not contain the same items. Data were analyzed using cross-tabulations, χ^2 analyses, and logistic regression. There was a 20% recall of exposure to OTTL with DocStyles and 25% with ACOG. DocStyles respondents reporting having seen OTTL materials were significantly more likely to report awareness of CDC's recommendations [$\chi^2(1) = 25.43, P < .001$] and include HIV testing as a regular screening test for all patients [$\chi^2(1) = 4.98, P < .05$]. ACOG respondents not using the materials indicated high levels of willingness to use the materials-63.0 to 71.5%, depending on the material. Of the ACOG sample, 68.1% correctly answered the knowledge items regarding the recommendations. However, a significant relationship between correct knowledge and campaign exposure was not found. Overall, results suggest that OTTL is instrumental in raising awareness and **implementation** of the testing recommendations and plays an important role in facilitating HIV testing practices with obstetric providers and their patients.

11. Implement Sci. 2011 Jun 16;6(1):63. [Epub ahead of print]

Use Of The Evidence Base In Substance Abuse Treatment Programs for American Indians and Alaska Natives: Pursuing Quality in the Crucible Of Practice And Policy.

Novins DK, Aarons GA, Conti SG, Dahlke D, Daw R, Fickenscher A, Fleming C, Love C, Masis K, Spicer P.

Abstract

BACKGROUND:

A variety of forces are now shaping a passionate debate regarding the optimal approaches to improving the quality of substance abuse services for American Indian and Alaska Native communities. While there have been some highly successful efforts to meld the traditions of American Indian and Alaska Native tribes with that of 12-step approaches, some American Indian and Alaska Natives remain profoundly uncomfortable with the dominance of this Euro-American approach to substance abuse treatment in their communities. This longstanding tension has now been complicated by the emergence of a number of evidence-based treatments that, while holding promise for improving treatment for American Indian and Alaska Natives with substance use problems, may conflict with both American Indian and Alaska Native and 12-step healing traditions.

DISCUSSION:

We convened a panel of experts from American Indian and Alaska Native communities, substance abuse treatment programs serving these communities, and researchers to discuss and analyze these controversies in preparation for a national study of American Indian and Alaska Native substance abuse services. While the panel identified programs that are using evidence-based treatments, members still voiced concerns about the cultural appropriateness of many evidence-based treatments as well as the lack of guidance on how to adapt them for use with American Indians and Alaska Natives. The panel concluded that the efforts of federal and state policymakers to promote the use of evidence-based treatments are further complicating an already-contentious debate within American Indian and Alaska Native communities on how to provide effective substance abuse services. This external pressure to utilize evidence-based treatments is particularly problematic given American Indian and Alaska Native communities' concerns about protecting their sovereign status.

SUMMARY:

Broadening this conversation beyond its primary focus on the use of evidence-based treatments to other salient issues such as building the necessary research evidence (including incorporating American Indian and Alaska Native cultural values into clinical practice) and developing the human and infrastructural resources to support the use of this evidence may be far more effective for advancing efforts to improve substance abuse services for American Indian and Alaska Native communities.

12. [Milbank Q.](#) 2011 Jun;89(2):167-205. doi: 10.1111/j.1468-0009.2011.00625.x.

Explaining michigan: developing an ex post theory of a quality improvement program.

Dixon-Woods M, Bosk CL, Aveling EL, Goeschel CA, Pronovost PJ.

Source

Abstract

Context: Understanding how and why programs work-not simply whether they work-is crucial. Good theory is indispensable to advancing the science of improvement. We argue for the usefulness of ex post theorization of programs. Methods: We propose an approach, located within the broad family of theory-oriented methods, for developing ex post theories of interventional programs. We use this approach to develop an ex post theory of the Michigan Intensive Care Unit (ICU) project, which attracted international attention by successfully reducing rates of central venous catheter bloodstream infections (CVC-BSIs). The procedure used to develop the ex post theory was (1) identify program leaders' initial theory of change and learning from running the program; (2) enhance this with new information in the form of theoretical contributions from social scientists; (3) synthesize prior and new information to produce an updated theory. Findings: The Michigan project achieved its effects by (1) generating isomorphic pressures for ICUs to join the program and conform to its requirements; (2) creating a densely networked community with strong horizontal links that exerted normative pressures on members; (3) reframing CVC-BSIs as a social problem and addressing it through a professional movement combining "grassroots" features with a vertically integrating program structure; (4) using several interventions that functioned in different ways to shape a culture of commitment to doing better in practice; (5) harnessing data on infection rates as a disciplinary force; and (6) using "hard edges." Conclusions: Updating program theory in the light of experience from program implementation is essential to improving programs' generalizability and transferability, although it is not a substitute for concurrent evaluative fieldwork. Future iterations of programs based on the Michigan project, and improvement science more generally, may benefit from the updated theory present here.

13. [Psychol Addict Behav.](#) 2011 Jun;25(2):262-8.

Developing the tools of implementation science in substance use disorders treatment: Applications of the consolidated framework for implementation research.

Sorensen JL, Kosten T.

Abstract

The implementation of evidence-based treatments (EBTs) and practices (EBPs) depends on both top-down and bottom-up responsibilities. Many articles in this special section on Implementation Science in Substance Use Disorders address the interaction between these two approaches when implementing new substance use disorder (SUD) treatments. Generally the articles place this interaction within the Consolidated Framework for Implementation Research (CFIR), a relatively new and comprehensive synthesis of theories and conceptualizations of the components needed

for successful implementation strategies. The range of SUD treatments covered includes well-established behavioral interventions, such as screening and brief interventions for alcohol, as well as new pharmacotherapies, such as buprenorphine for opiates. One contribution uses the CFIR to review continuing care interventions and self-help groups that can follow-up after more intensive clinical care. External and internal pressures for change drive implementation. The successful EBT/EBP implementations reviewed in these articles recognized these potential change drivers in designing their strategy for introducing the EBT/EBP, and they modified aspects of the EBT/EBP to satisfy many of these drivers. The CFIR model has limitations, as do the contributions to this special section. The implementation science field is new and developing rapidly, and many of the EBTs and EBPs were developed and tested through controlled studies evaluating the efficacy of interventions under controlled conditions, rather than examining their performance in the broader landscape of addiction treatment programs. These limitations may also be considered as boundary conditions to be explored in further research, implementation, and development of the next edition of the CFIR. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

14. [Prev Sci](#). 2011 Jun 11. [Epub ahead of print]

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.

15. [Implement Sci](#). 2011 Jun 10;6(1):62. [Epub ahead of print]

Application of GRADE: Making Evidence-Based Recommendations about Diagnostic Tests in Clinical Practice Guidelines.

[Hsu J](#), [Brozek JL](#), [Terraciano L](#), [Kreis J](#), [Compalati E](#), [Stein AT](#), [Fiocchi A](#), [Schunemann HJ](#).

Abstract

ABSTRACT:

BACKGROUND:

Accurate diagnosis is a fundamental aspect of appropriate healthcare. However, clinicians need guidance when implementing diagnostic tests given the number of tests available and resource constraints in healthcare. Practitioners of health often feel compelled to implement recommendations in guidelines, including recommendations about the use of diagnostic tests.

However, the understanding about diagnostic tests by guideline panels and the methodology for developing recommendations is far from completely explored. Therefore, we evaluated the factors that guideline developers and users need to consider for the development of implementable recommendations about diagnostic tests.

METHODS:

Using a critical analysis of the process, we present the results of a case study using the Grading of Recommendations Applicability, Development and Evaluation (GRADE) approach to develop a clinical practice guideline for the diagnosis of Cow Milk Allergy with the World Allergy Organization.

RESULTS:

To ensure that guideline panels can develop informed recommendations about diagnostic tests, it appears that more emphasis needs to be placed on group processes, including question formulation, defining patient-important outcomes for diagnostic tests, and summarizing evidence. Explicit consideration of concepts of diagnosis from evidence-based medicine, such as pre-test probability and treatment threshold, is required to facilitate the work of a guideline panel and to formulate implementable recommendations.

DISCUSSION:

This case study provides useful guidance for guideline developers and clinicians about what they ought to demand from clinical practice guidelines to facilitate implementation and strengthen confidence in recommendations about diagnostic tests. Applying a structured framework like the GRADE approach with its requirement for transparency in the description of the evidence and factors that influence recommendations facilitates laying out the process and decision factors that are required for the development, interpretation, and implementation of recommendations about diagnostic tests.

16. Implement Sci. 2011 Jun 9;6(1):61. [Epub ahead of print]

Instrument development, data collection and characteristics of practices, staff and measures in the Improving Quality of Care in Diabetes (iQuaD) Study.

Eccles MP, Hrisos S, Francis JJ, Stamp E, Johnston M, Hawthorne G, Steen N, Grimshaw JM, Elovainio M, Pesseau J, Hunter M.

Abstract**BACKGROUND:**

Type 2 diabetes is an increasingly prevalent chronic illness and an important cause of avoidable mortality. Patients are managed by the integrated activities of clinical and non-clinical members of primary care teams. This study aimed: to investigate theoretically-based organisational, team and individual factors determining the multiple behaviours needed to manage diabetes; to identify multilevel determinants of different diabetes management behaviours and potential interventions to improve them. This paper describes the instrument development, study recruitment, characteristics of the study participating practices and their constituent healthcare professionals and administrative staff and reports descriptive analyses of the data collected.

METHODS:

The study was a predictive study over a 12 month period. Practices (N=99) were recruited from within the UK Medical Research Council General Practice Research Framework. We identified six behaviours chosen to cover a range of clinical activities (prescribing, non-prescribing), reflect decisions that were not necessarily straightforward (controlling blood pressure that was above target despite other drug treatment) and reflect recommended best practice as described by

national guidelines. Practice attributes and a wide range of individually reported measures were assessed at baseline; measures of clinical outcome were collected over the ensuing 12 months and a number of proxy measures of behaviour were collected at baseline and at 12 months. Data were collected by telephone interview, postal questionnaire (organisational and clinical) to practice staff, postal questionnaire to patients and by computer data extraction query.

RESULTS:

All 99 practices completed a telephone interview and responded to baseline questionnaires. The organisational questionnaire was completed by 931/1236 (75.3%) administrative staff, 423/529 (80.0%) primary care doctors and 255/314 (81.2%) nurses. Clinical questionnaires were completed by 326/361 (90.3%) primary care doctors and 163/186 (87.6%) nurses. At a practice level we achieved response rates of 100% from clinicians in 40 practices and >80% from clinicians in 67 practices. All measures had satisfactory internal consistency [alpha coefficient range from 0.61 to 0.97; Pearson correlation coefficient (two item measures) 0.32 to 0.81]; scores were generally consistent with good practice. Measures of behaviour showed relatively high rates of performance of the six behaviours but with considerable variability within and across the behaviours and measures.

DISCUSSION:

We have assembled an unparalleled data set from clinicians reporting on their cognitions in relation to the performance of six clinical behaviours involved in the management of people with one chronic disease (diabetes mellitus), using a range of organisational and individual level measures as well as information on the structure of the practice teams and across a large number of UK primary care practices. We would welcome approaches from other researchers to collaborate on the analysis of this data.

17. [J Behav Health Serv Res.](#) 2011 Jun 7. [Epub ahead of print]

The Implementation of Smoking Cessation Counseling in Substance Abuse Treatment.

[Knudsen HK](#), [Studts CR](#), [Studts JL](#).

Abstract

Research on the implementation of smoking cessation counseling within substance abuse treatment organizations is limited. This study examines associations among counselors' implementation of therapy sessions dedicated to smoking cessation, organizational factors, and counselor-level variables. A two-level hierarchical linear model including organization- and counselor-level variables was estimated using survey data collected from 1,794 counselors working in 359 treatment organizations. Overall implementation of smoking cessation counseling was low. In the final model, implementation was positively associated with counselors' knowledge of the Public Health Service's clinical practice guideline, perceived managerial support, and belief that smoking cessation had a positive impact on recovery. Private versus public funding and presence of a formal smoking cessation program were organization-level variables which interacted with these counselor-level effects. These results highlight the importance of organizational contexts as well as counselors' knowledge and attitudes for effective implementation of smoking cessation counseling in substance abuse treatment organizations.

18. [Implement Sci.](#) 2011 Jun 1;6:57.

Exploring dietitians' salient beliefs about shared decision-making behaviors.

[Desroches S](#), [Lapointe A](#), [Deschênes SM](#), [Gagnon MP](#), [Légaré F](#).

Source**Abstract****BACKGROUND:**

Shared decision making (SDM), a process by which health professionals and patients go through the decision-making process together to agree on treatment, is a promising strategy for promoting diet-related decisions that are informed and value based and to which patients adhere well. The objective of the present study was to identify dietitians' salient beliefs regarding their exercise of two behaviors during the clinical encounter, both of which have been deemed essential for SDM to take place: (1) presenting patients with all dietary treatment options for a given health condition and (2) helping patients clarify their values and preferences regarding the options.

METHODS:

Twenty-one dietitians were allocated to four focus groups. Facilitators conducted the focus groups using a semistructured interview guide based on the Theory of Planned Behavior. Discussions were audiotaped, transcribed verbatim, coded, and analyzed with NVivo8 (QSR International, Cambridge, MA) software.

RESULTS:

Most participants stated that better patient adherence to treatment was an advantage of adopting the two SDM behaviors. Dietitians identified patients, physicians, and the multidisciplinary team as normative referents who would approve or disapprove of their adoption of the SDM behaviors. The most often reported barriers and facilitators for the behaviors concerned patients' characteristics, patients' clinical situation, and time.

CONCLUSIONS:

The implementation of SDM in nutrition clinical practice can be guided by addressing dietitians' salient beliefs. Identifying these beliefs also provides the theoretical framework needed for developing a quantitative survey questionnaire to further study the determinants of dietitians' adoption of SDM behaviors.

19. Implement Sci. 2011 Jun 6;6(1):59. [Epub ahead of print]

Community-based knowledge translation: unexplored opportunities.

Kothari A, Armstrong R.

Abstract**BACKGROUND:**

Knowledge translation is an interactive process of knowledge exchange between health researchers and knowledge users. Given that the health system is broad in scope, it is important to reflect on how definitions and applications of knowledge translation might differ by setting and focus. Community-based organizations and their practitioners share common characteristics related to their setting, the evidence used in this setting, and anticipated outcomes that are not, in our experience, satisfactorily reflected in current knowledge translation approaches, frameworks, or tools.

DISCUSSION:

Community-based organizations face a distinctive set of challenges and concerns related to engaging in the knowledge translation process, suggesting a unique perspective on knowledge translation in these settings. Specifically, community-based organizations tend to value the process of working in collaboration with multi-sector stakeholders in order to achieve an outcome. A feature of such community-based collaborations is the way in which 'evidence' is

conceptualized or defined by these partners, which may in turn influence the degree to which generalizable research evidence in particular is relevant and useful when balanced against more contextually-informed knowledge, such as tacit knowledge. Related to the issues of evidence and context is the desire for local information. For knowledge translation researchers, developing processes to assist community-based organizations to adapt research findings to local circumstances may be the most helpful way to advance decision making in this area. A final characteristic shared by community-based organizations is involvement in advocacy activities, a function that has been virtually ignored in traditional knowledge translation approaches.

SUMMARY:

This commentary is intended to stimulate further discussion in the area of community-based knowledge translation. Knowledge translation, and exchange, between communities, community-based organizations, decision makers, and researchers is likely to be beneficial when ensuring that 'evidence' meets the needs of all end users and that decisions are based on both relevant research and community requirements. Further exploratory work is needed to identify alternative methods for evaluating these strategies when applied within community-based settings.

20. Implement Sci. 2011 Jun 6;6(1):60.

Determining research knowledge infrastructure for healthcare systems: a qualitative study.

Ellen ME, Lavis JN, Ouimet M, Grimshaw J, Bédard PO.

Abstract**BACKGROUND:**

This study examines research knowledge infrastructures (RKIs) found in health systems. An RKI is defined as any instrument (i.e., programs, interventions, tools) implemented in order to facilitate access, dissemination, exchange, and/or use of evidence in healthcare organisations. Based on an environmental scan (17 key informant interviews) and scoping review (26 studies), we found support for a framework that we developed that outlines components that a health system can have in its RKI. The broad domains are climate for research use, research production, activities used to link research to action, and evaluation. The objective of the current study is to profile the RKI of three types of health system organisations--regional health authorities, primary care practices, and hospitals--in two Canadian provinces to determine the current mix of components these organisations have in their RKI, their experience with these components, and their views about future RKI initiatives.

METHODS:

This study will include semistructured telephone interviews with a purposive sample region of a senior management team member, library/resource centre manager, and a 'knowledge broker' in three regional health authorities, five or six purposively sampled hospitals, and five or six primary care practices in Ontario and Quebec, for a maximum of 71 interviewees. The interviews will explore (a) which RKI components have proven helpful, (b) barriers and facilitators in implementing RKI components, and (c) views about next steps in further development of RKIs.

DISCUSSION:

This is the first qualitative examination of potential RKI efforts that can increase the use of research evidence in health system decision making. We anticipate being able to identify broadly applicable insights about important next steps in building effective RKIs. Some of the identified RKI components may increase the use of research evidence by decision makers, which may then lead to more informed decisions.

21. [Acad Med](#). 2011 Jun;86(6):712-717.

Developing a Multidisciplinary Model of Comparative Effectiveness Research Within a Clinical and Translational Science Award.

[Marantz PR](#), [Strelnick AH](#), [Currie B](#), [Bhalla R](#), [Blank AE](#), [Meissner P](#), [Selwyn PA](#), [Walker EA](#), [Hsu DT](#), [Shamoon H](#).

Abstract

The Clinical and Translational Science Awards (CTSAs) were initiated to improve the conduct and impact of the National Institutes of Health's research portfolio, transforming training programs and research infrastructure at academic institutions and creating a nationwide consortium. They provide a model for translating research across disciplines and offer an efficient and powerful platform for comparative effectiveness research (CER), an effort that has long struggled but enjoys renewed hope under health care reform. CTSAs include study design and methods expertise, informatics, and regulatory support; programs in education, training, and career development in domains central to CER; and programs in community engagement. Albert Einstein College of Medicine of Yeshiva University and Montefiore Medical Center have entered a formal partnership that places their CTSA at a critical intersection for clinical and translational research. Their CTSA leaders were asked to develop a strategy for enhancing CER activities, and in 2010 they developed a model that encompasses four broadly defined "compartments" of research strength that must be coordinated for this enterprise to succeed: evaluation and health services research, biobehavioral research and prevention, efficacy studies and clinical trials, and social science and implementation research. This article provides historical context for CER, elucidates Einstein-Montefiore's CER model and strategic planning efforts, and illustrates how a CTSA can provide vision, leadership, coordination, and services to support an academic health center's collaborative efforts to develop a robust CER portfolio and thus contribute to the national effort to improve health and health care.

22. [Psychol Addict Behav](#). 2011 Jun;25(2):194-205.

A guiding framework and approach for implementation research in substance use disorders treatment.

[Damschroder LJ](#), [Hagedorn HJ](#).

Abstract

This paper introduces readers to the concepts of implementation science, implementation theory, and implementation frameworks and models. A wide range of models has been published in the literature related to implementation. The paper will present an overview of the Consolidated Framework for Implementation Research (CFIR), which is a comprehensive typology that unifies and consolidates the array of constructs that influence implementation from the perspective of these models. The CFIR is then used to evaluate implementation models used in studies of substance use disorder (SUD) treatments. Implementation research is scarce, with few prospective studies of theory-driven implementation. We assert that future research in SUD needs to meet three overarching objectives to promote wider implementation of evidence-based practices: (a) differentiation of core versus adaptable components of evidence-based interventions need; (b) development of methods to design implementation strategies, effectively adapted to the broad context; and (c) design and testing of predictive models to assess likelihood of effective implementation and prospects for sustainability while taking into account salient

contextual factors. A recommended strategy for accomplishing these objectives is described. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

23. *J Clin Nurs*. 2011 Jun;20(11-12):1744-56. doi: 10.1111/j.1365-2702.2010.03491.x. Epub 2011 Mar 1.

Nurses' wishes, knowledge, attitudes and perceived barriers on implementing research findings into practice among graduate nurses in Austria.

Breimaier HE, Halfens RJ, Lohrmann C.

Abstract

AIMS:

To identify and describe nurses' wishes, needs, knowledge and attitudes to nursing research, as well as perceived barriers to and facilitators of research utilisation in nursing practice in Austria.

BACKGROUND:

Research results are not always used in daily nursing practice, despite their potential to improve nursing care quality. A variety of factors impede their implementation and use. Nurses' wishes about research utilisation have scarcely been reported. No data are available yet from an Austrian perspective.

DESIGN:

Descriptive and exploratory cross-sectional survey.

METHODS:

The study was conducted in an Austrian university hospital in May 2007, including all graduate nurses (n=1825). One thousand and twenty-three nurses returned the self-reported questionnaire. Descriptive analysis was performed initially, then group comparisons (diploma <2001, ≥2001) were computed inferentially using the chi-square test.

RESULTS:

Nurses' most frequently indicated wishes regarding research implementation were adequate information, structural availability and professional support. Special points of interest were topics concerning nursing phenomena and interventions. Nurses' needs related to education in nursing science/research and its implementations were indicated as being predominantly of an introductory manner. Overall, nurses' attitudes tended to the negative. The top three named barriers to research utilisation were lack of time (69.9%), lack of information/knowledge (45.4%) and lack of interest (25.9%). Ten statistically significant differences were found between nurses of the two compared diploma groups.

CONCLUSIONS:

Participating nurses perceived a lack in sufficient education/information and adequate organisational support, impeding them to use research results in daily practice.

RELEVANCE TO CLINICAL PRACTICE:

The results provide important insights into the matter of nurses' needs regarding the use and/or implementation of research results in practice, as well as about the promotion of positive attitudes towards research and its utilisation. These findings are of special interest to nurse educators, employers and countries introducing nursing science to improve the clinical outcomes for patients.

24. *Addict Behav*. 2011 Jun;36(6):566-9. Epub 2010 Dec 21.

Implementation research: Issues and prospects.

Flynn PM, Brown BS.

Abstract

The concern that addiction treatment be grounded in science has been recognized and enthusiastically endorsed in both the clinical and research communities. With recognition of the gap between knowledge development and application, there has been a recent emphasis on developing strategies for more effective application, i.e., for the incorporation of evidence-based practice in routine clinical programming. This has translated to a need to develop strategies designed to achieve organizational change and a field of study whose objective is to better understand how to expedite change in treatment organizations and their clinical practices. This paper focuses on the roles and responsibilities of researchers, practitioners, and the federal government in achieving changed practice and applying new knowledge to improve treatment. Even though great strides have been made to shift the emphasis from dissemination of knowledge to its application, much still remains to be done in the development and testing of additional application strategies specific to the substance abuse treatment field. Future considerations for implementation research are discussed.

25. Health Promot Int. 2011 Jun;26(2):136-47. Epub 2010 Oct 20.

Phases of school health promotion implementation through the lens of complexity theory: lessons learnt from an Austrian case study.

Kremser W.

Abstract

The implementation of health promotion concepts in (school) settings is a complex undertaking on which little scientific knowledge exists. The purpose of this study was to better understand organizational influences on the implementation of school health promotion. An extended case study design that incorporated important insights from complexity science was used. This design influenced the focus of analysis and led to the use of multiple methods of data collection and analysis. A primary school in Vienna served as a case for observing and analysing the first year of implementing the health-promoting school concept. The study provided detailed insights into the implementation process. Results showed four chronologically overlapping implementation phases (starting health promotion, deciding what to do, planning health promotion projects, doing health promotion) on different system levels. In each phase, the original health-promoting school concept was adapted to the necessities and characteristics of each level and, therefore, changed considerably. Implications for possible adaptations of the health-promoting school concept to better fit the situation in schools are discussed.

26. J Am Med Inform Assoc. 2011 Jun 22. [Epub ahead of print]

ICU nurses' acceptance of electronic health records.

Carayon P, Cartmill R, Blosky MA, Brown R, Hackenberg M, Hoonakker P, Hundt AS, Norfolk E, Wetterneck TB, Walker JM.

Abstract

Objective To assess intensive care unit (ICU) nurses' acceptance of electronic health records (EHR) technology and examine the relationship between EHR design, implementation factors, and nurse acceptance. **Design** The authors analyzed data from two cross-sectional survey questionnaires distributed to nurses working in four ICUs at a northeastern US regional medical center, 3 months and 12 months after EHR implementation. **Measurements** Survey items were drawn from established instruments used to measure EHR acceptance and usability, and the usefulness of three EHR functionalities, specifically computerized provider

order entry (CPOE), the electronic medication administration record (eMAR), and a nursing documentation flowsheet. Results On average, ICU nurses were more accepting of the EHR at 12 months as compared to 3 months. They also perceived the EHR as being more usable and both CPOE and eMAR as being more useful. Multivariate hierarchical modeling indicated that EHR usability and CPOE usefulness predicted EHR acceptance at both 3 and 12 months. At 3 months postimplementation, eMAR usefulness predicted EHR acceptance, but its effect disappeared at 12 months. Nursing flowsheet usefulness predicted EHR acceptance but only at 12 months. Conclusion As the push toward implementation of EHR technology continues, more hospitals will face issues related to acceptance of EHR technology by staff caring for critically ill patients. This research suggests that factors related to technology design have strong effects on acceptance, even 1 year following the EHR implementation.

27. [BMC Res Notes](#). 2011 Jun 22;4(1):212. [Epub ahead of print]

Effective implementation of research into practice: an overview of systematic reviews of the health literature.

[Boaz A](#), [Baeza J](#), [Fraser A](#), [Eis EI](#).

Abstract

BACKGROUND:

The gap between research findings and clinical practice is well documented and a range of interventions has been developed to increase the implementation of research into clinical practice.

FINDINGS:

A review of systematic reviews of the effectiveness of interventions designed to increase the use of research in clinical practice. A search for relevant systematic reviews was conducted of Medline and the Cochrane Database of Reviews 1998-2009. 13 systematic reviews containing 313 primary studies were included. Four strategy types are identified: audit and feedback; computerised decision support; opinion leaders; and multifaceted interventions. Nine of the reviews reported on multifaceted interventions. This review highlights the small effects of single interventions such as audit and feedback, computerised decision support and opinion leaders. Systematic reviews of multifaceted interventions claim an improvement in effectiveness over single interventions, with effect sizes ranging from small to moderate. This review found that a number of published systematic reviews fail to state whether the recommended practice change is based on the best available research evidence.

CONCLUSIONS:

This overview of systematic reviews updates the body of knowledge relating to the effectiveness of key mechanisms for improving clinical practice and service development. Multifaceted interventions are more likely to improve practice than single interventions such as audit and feedback. This review identified a small literature focusing explicitly on getting research evidence into clinical practice. It emphasizes the importance of ensuring that primary studies and systematic reviews are precise about the extent to which the reported interventions focus on changing practice based on research evidence (as opposed to other information codified in guidelines and education materials).

28. [Health Promot Int](#). 2011 Jun 21. [Epub ahead of print]

A nutrition labeling intervention in worksite cafeterias: an implementation evaluation

across two large catering companies in the Netherlands.

Vyth EL, Van Der Meer EW, Seidell JC, Steenhuis IH.

Abstract

By both increasing the availability of healthy foods and labeling these products with the Choices logo, caterers may facilitate employees to make a healthier choice in their worksite cafeterias. The aim of this study was to explore which attributes influence the implementation of the Choices logo in worksite cafeterias in the Netherlands. Questionnaires were completed by catering managers of 316 cafeterias of two large caterers in the Netherlands (response rate 49.8%). Attributes from the Diffusion of Innovations Theory were used to investigate whether they could predict implementation. Compatibility (consistency with the beliefs of the catering manager; OR = 1.52), voluntariness (perception of the implementation as voluntary; OR = 0.50), result demonstrability (ability to communicate the implementation; OR = 1.52) and complexity in the sense of time (time needed for implementation; OR = 0.70) were the best predictors for the frequency of offering fresh Choices products (all significant). For the frequency of using Choices promotion material, voluntariness (OR = 0.54), result demonstrability (OR = 1.51) and relative advantage (perceived advantage of the implementation; OR = 1.44) were the best predictors (all significant). In conclusion, this study provides unique insights into which perceived attributes influence the implementation of a nutrition logo in worksite cafeterias. To increase the implementation, the Choices logo should be consistent with catering managers' ideas about healthy food, the workload of implementing the logo should be limited and it could be recommended to incorporate the logo in the health policy of the caterer.

29. Health Care Manage Rev. 2011 Jun 17. [Epub ahead of print]

Implementing complex innovations: Factors influencing middle manager support.

Chuang E, Jason K, Morgan JC.

Abstract**BACKGROUND:**

Middle manager resistance is often described as a major challenge for upper-level administrators seeking to implement complex innovations such as evidence-based protocols or new skills training. However, factors influencing middle manager support for innovation implementation are currently understudied in the U.S. health care literature.

PURPOSE:

This article examined the factors that influence middle managers' support for and participation in the implementation of work-based learning, a complex innovation adopted by health care organizations to improve the jobs, educational pathways, skills, and/or credentials of their frontline workers.

METHODS:

We conducted semistructured interviews and focus groups with 92 middle managers in 17 health care organizations. Questions focused on understanding middle managers' support for work-based learning as a complex innovation, facilitators and barriers to the implementation process, and the systems changes needed to support the implementation of this innovation.

FINDINGS:

Factors that emerged as influential to middle manager support were similar to those found in broader models of innovation implementation within the health care literature. However, our findings extend previous research by developing an understanding about how middle managers perceived these constructs and by identifying specific strategies for how to influence middle

manager support for the innovation implementation process. These findings were generally consistent across different types of health care organizations.

PRACTICE IMPLICATIONS:

Study findings suggest that middle manager support was highest when managers felt the innovation fit their workplace needs and priorities and when they had more discretion and control over how it was implemented. Leaders seeking to implement innovations should consider the interplay between middle managers' control and discretion, their narrow focus on the performance of their own departments or units, and the dedication of staff and other resources for empowering their managers to implement these complex innovations.

30. BMC Med Inform Decis Mak. 2011 Jun 17;11(1):42. [Epub ahead of print]

Understanding managerial behaviour during initial steps of a clinical information system adoption.

Rodriguez C, Pozzebon M.

Abstract

BACKGROUND:

While the study of the information technology (IT) implementation process and its outcomes has received considerable attention, the examination of pre-adoption and pre-implementation stages of configurable IT uptake appear largely under-investigated. This paper explores managerial behaviour during the periods prior the effective implementation of a clinical information system (CIS) by two Canadian university multi-hospital centers.

METHODS:

Adopting a structurationist theoretical stance and a case study research design, the processes by which CIS managers' patterns of discourse contribute to the configuration of the new technology in their respective organizational contexts were longitudinally examined over 33 months.

RESULTS:

Although managers seemed to be aware of the risks and organizational impact of the adoption of a new clinical information system, their decisions and actions over the periods examined appeared rather to be driven by financial constraints and power struggles between different groups involved in the process. Furthermore, they largely emphasized technological aspects of the implementation, with organizational dimensions being put aside. In view of these results, the notion of 'rhetorical ambivalence' is proposed. Results are further discussed in relation to the significance of initial decisions and actions for the subsequent implementation phases of the technology being configured.

CONCLUSIONS:

Theoretical and empirically grounded, the paper contributes to the underdeveloped body of literature on information system pre-implementation processes by revealing the crucial role played by managers during the initial phases of a CIS adoption.

31. Health Res Policy Syst. 2011 Jun 16;9 Suppl 1:S10.

Using research to influence sexual and reproductive health practice and implementation in Sub-Saharan Africa: a case-study analysis.

Tulloch O, Mayaud P, Adu-Sarkodie Y, Opoku BK, Lithur NO, Sickle E, Delany-Moretlwe S, Wambura M, Changanalucha J, Theobald S.

Abstract

BACKGROUND:

Research institutions and donor organizations are giving growing attention to how research evidence is communicated to influence policy. In the area of sexual and reproductive health (SRH) and HIV there is less weight given to understanding how evidence is successfully translated into practice. Policy issues in SRH can be controversial, influenced by political factors and shaped by context such as religion, ethnicity, gender and sexuality.

METHODS:

The case-studies presented in this paper analyse findings from SRH/HIV research programmes in sub-Saharan Africa: 1) Maternal syphilis screening in Ghana, 2) Legislative change for sexual violence survivors In Ghana, 3) Male circumcision policy in South Africa, and 4) Male circumcision policy in Tanzania. Our analysis draws on two frameworks, Sumner et al's synthesis approach and Nutley's research use continuum.

RESULTS:

The analysis emphasises the relationships and communications involved in using research to influence policy and practice and recognises a distinction whereby practice is not necessarily influenced as a result of policy change - especially in SRH - where there are complex interactions between policy actors.

CONCLUSION:

Both frameworks demonstrate how policy networks, partnership and advocacy are critical in shaping the extent to which research is used and the importance of on-going and continuous links between a range of actors to maximize research impact on policy uptake and implementation. The case-studies illustrate the importance of long-term engagement between researchers and policy makers and how to use evidence to develop policies which are sensitive to context: political, cultural and practical.

32. [Worldviews Evid Based Nurs.](#) 2011 Jun 13. doi: 10.1111/j.1741-6787.2011.00225.x. [Epub ahead of print]

An Exploration of the Roles of Nurse Managers in Evidence-Based Practice Implementation.

Wilkinson JE, Nutley SM, Davies HT.

Abstract

Background: Internationally, nurses face ongoing difficulties in making a reality of evidence-based practice. Existing studies suggest that nurse managers (NMs) should play a key role in leading and facilitating evidence-based practice, but the nature of this role has not yet been fully explored or articulated. This is one of the first studies to investigate the roles of NMs in evidence-based practice implementation. Methodology and Methods: Using a case study approach the study explores five propositions in relation to the NMs' potential evidence-based practice role and the extent to which their attitudes, knowledge, and skills support such a role. In doing so, it draws on interviews (n= 51), documentary analysis and observational data. Findings: Data analysis reveals that the role of NMs in facilitating evidence-based practice is under-articulated, largely passive and currently limited by competing demands. Progress in implementing evidence-based practice in the case study sites is largely explained by factors other than the role played by NMs. As such, the findings expose significant discrepancies between NMs' actual roles and those espoused in the literature as being necessary. Contextual factors are important and it is clear that the role of the contemporary NM places considerable emphasis on management and administration to the detriment of clinical practice concerns. Conclusions: The study reveals that NMs are only involved in evidence-based practice implementation in a passive

role, not the full engagement described in the literature as being necessary. This study adds previously lacking detail of the roles of NMs. It elucidates why exhortations to NMs to become more involved in evidence-based practice implementation are ineffective without action to address the problems identified.

33. [Psychol Addict Behav](#). 2011 Jun;25(2):225-37.

Implementing evidence-based psychosocial treatment in specialty substance use disorder care.

Manuel JK, Hagedorn HJ, Finney JW.

Abstract

Implementing evidence-based psychosocial or behavioral treatments for clients with substance use disorders (SUDs) presents significant challenges. In this article, we first identify the treatments for which there is some consensus that sufficient empirical support exists to designate them as "evidence-based," and then briefly consider the nature of that evidence. Following that, we review data from a Substance Abuse and Mental Health Services Administration survey on the extent to which these evidence-based treatments (EBTs) are used in SUD treatment in the United States. The main focus of the article is a review of 21 studies attempting to implement EBTs from which we glean information on factors associated with more and less successful implementation. We conclude that more conceptually driven, organizationally focused (not just individual-provider-focused) approaches to implementation are needed and that, at least with some providers in some organizational contexts, it may be more effective to implement evidence-based practices or processes (EBPs) rather than EBTs. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

34. [Psychol Addict Behav](#). 2011 Jun;25(2):191-3.

Introduction to a special section on implementing evidence-based interventions for substance use disorders.

Finney JW, Hagedorn HJ.

Abstract

This article introduces a Special Section of the Psychology of Addictive Behaviors on "Implementing Evidence-based Interventions for Substance Use Disorders." It briefly describes the content of each of the seven manuscripts comprising the Special Section. The articles provide a overview of conceptual frameworks for, and summarize research on, the implementation of evidence-based treatments and practices for substance use disorders. Taken together, the articles make clear that successful implementation of a treatment innovation generally requires a multifaceted approach that considers: (a) features of the clinical intervention to be implemented, (b) characteristics of the individuals that are expected to adopt the clinical intervention, (c) features of the proximal and more distal environments in which the clinical intervention will be implemented, and (d) the implementation strategy to be applied. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

35. [J Clin Psychol Med Settings](#). 2011 Jun;18(2):116-28.

Implementation of a Suicide Nomenclature within Two VA Healthcare Settings.

Brenner LA, Breshears RE, Betthausen LM, Bellon KK, Holman E, Harwood JE, Silverman MM, Huggins J, Nagamoto HT.

Abstract

Suicide and suicide attempts are significant issues for military, Veterans Affairs (VA), and civilian healthcare systems. The lack of uniform terms related to self-directed violence (SDV) has inhibited epidemiological surveillance efforts, limited the generalizability of empirical studies of suicide and non-lethal forms of SDV, and complicated the implementation of evidence-based assessment and treatment strategies for individuals with suicidal thoughts and/or behaviors. The Department of Veterans Affairs recently adopted the Centers for Disease Control and Prevention's (CDC) SDV Classification System (SDVCS). This paper describes an implementation study of the SDVCS in two VA Medical Centers. The Veterans Integrated Service Network (VISN) 19 Mental Illness Research, Education and Clinical Center (MIRECC) training program for the SDVCS, including the SDVCS Clinical Tool (CT), will be discussed. Although preliminary data suggest that the CT and SDVCS are generally perceived as being acceptable and useful, further work will likely be required to facilitate widespread adoption. Potential next steps in this process are presented.

36. J Nurs Adm. 2011 Jun;41(6):252-258.

Developing and Testing a Clinical Information System Evaluation Tool: Prioritizing Modifications Through End-User Input.

Smith JB, Lacey SR, Williams AR, Teasley SL, Olney A, Hunt C, Cox KS, Kemper C.

Abstract

OBJECTIVE:

The objectives were to develop and validate the Information System Evaluation Tool (ISET), use feedback to modify the institution's clinical information system (CIS), and determine the modifications' success.

BACKGROUND:

The ability of a CIS to increase patient safety and care quality is dependent on its systems and processes. A survey was needed to provide the specificity necessary to make meaningful system improvements.

METHODS:

The ISET was pilot tested and revised before being administered before implementation of the CIS. It was administered at 2 times after implementation. The ISET was revised after analysis of the results, and comparisons were made between the times.

RESULTS:

The ISET is a valid and reliable instrument. Perceptions of the CIS initially decreased, but had significantly improved by 16 months after implementation.

CONCLUSIONS:

End-users must be convinced that the CIS supports their practice and improves care for adoption to be successful. The ISET measures these perceptions and highlights areas for improvement.

37. JAMA. 2011 Jun 1;305(21):2175-83. Epub 2011 May 16.

Hospital mortality, length of stay, and preventable complications among critically ill patients before and after tele-ICU reengineering of critical care processes.

Lilly CM, Cody S, Zhao H, Landry K, Baker SP, McIlwaine J, Chandler MW, Irwin RS; University of Massachusetts Memorial Critical Care Operations Group.

Collaborators (37)

Abstract

CONTEXT:

The association of an adult tele-intensive care unit (ICU) intervention with hospital mortality, length of stay, best practice adherence, and preventable complications for an academic medical center has not been reported.

OBJECTIVE:

To quantify the association of a tele-ICU intervention with hospital mortality, length of stay, and complications that are preventable by adherence to best practices.

DESIGN, SETTING, AND PATIENTS:

Prospective stepped-wedge clinical practice study of 6290 adults admitted to any of 7 ICUs (3 medical, 3 surgical, and 1 mixed cardiovascular) on 2 campuses of an 834-bed academic medical center that was performed from April 26, 2005, through September 30, 2007. Electronically supported and monitored processes for best practice adherence, care plan creation, and clinician response times to alarms were evaluated.

MAIN OUTCOME MEASURES:

Case-mix and severity-adjusted hospital mortality. Other outcomes included hospital and ICU length of stay, best practice adherence, and complication rates.

RESULTS:

The hospital mortality rate was 13.6% (95% confidence interval [CI], 11.9%-15.4%) during the preintervention period compared with 11.8% (95% CI, 10.9%-12.8%) during the tele-ICU intervention period (adjusted odds ratio [OR], 0.40 [95% CI, 0.31-0.52]). The tele-ICU intervention period compared with the preintervention period was associated with higher rates of best clinical practice adherence for the prevention of deep vein thrombosis (99% vs 85%, respectively; OR, 15.4 [95% CI, 11.3-21.1]) and prevention of stress ulcers (96% vs 83%, respectively; OR, 4.57 [95% CI, 3.91-5.77]), best practice adherence for cardiovascular protection (99% vs 80%, respectively; OR, 30.7 [95% CI, 19.3-49.2]), prevention of ventilator-associated pneumonia (52% vs 33%, respectively; OR, 2.20 [95% CI, 1.79-2.70]), lower rates of preventable complications (1.6% vs 13%, respectively, for ventilator-associated pneumonia [OR, 0.15; 95% CI, 0.09-0.23] and 0.6% vs 1.0%, respectively, for catheter-related bloodstream infection [OR, 0.50; 95% CI, 0.27-0.93]), and shorter hospital length of stay (9.8 vs 13.3 days, respectively; hazard ratio for discharge, 1.44 [95% CI, 1.33-1.56]). The results for medical, surgical, and cardiovascular ICUs were similar.

CONCLUSION:

In a single academic medical center study, implementation of a tele-ICU intervention was associated with reduced adjusted odds of mortality and reduced hospital length of stay, as well as with changes in best practice adherence and lower rates of preventable complications.

38. [Psychol Addict Behav](#). 2011 Jun;25(2):206-14.

Strategies to implement alcohol screening and brief intervention in primary care settings:

A structured literature review.

Williams EC, Johnson ML, Lapham GT, Caldeiro RM, Chew L, Fletcher GS, McCormick KA, Weppner WG, Bradley KA.

Abstract

Although alcohol screening and brief intervention (SBI) reduces drinking in primary care patients with unhealthy alcohol use, incorporating SBI into clinical settings has been challenging. We systematically reviewed the literature on implementation studies of alcohol SBI using a broad conceptual model of implementation, the Consolidated Framework for Implementation Research (CFIR), to identify domains addressed by programs that achieved high rates of

screening and/or brief intervention (BI). Seventeen articles from 8 implementation programs were included; studies were conducted in 9 countries and represented 533,903 patients (127,304 patients screened), 2,001 providers, and 1,805 clinics. Rates of SBI varied across articles (2-93% for screening and 0.9-73.1% for BI). Implementation programs described use of 7-25 of the 39 CFIR elements. Most programs used strategies that spanned all 5 domains of the CFIR with varying emphases on particular domains and sub-domains. Comparison of SBI rates was limited by most studies' being conducted by 2 implementation programs and by different outcome measures, scopes, and durations. However, one implementation program reported a high rate of screening relative to other programs (93%) and could be distinguished by its use of strategies that related to the Inner Setting, Outer Setting, and Process of Implementation domains of the CFIR. Future studies could assess whether focusing on Inner Setting, Outer Setting, and Process of Implementation elements of the CFIR during implementation is associated with successful implementation of alcohol screening, as well as which elements may be associated with successful, sustained implementation of BI. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

39. [Telemed J E Health](#). 2011 Jun;17(5):335-40. Epub 2011 Apr 14.

Interactive Internet-Based Clinical Education: An Efficient and Cost-Savings Approach to Point-of-Care Test Training.

[Knapp H](#), [Chan K](#), [Anaya HD](#), [Goetz MB](#).

Source

Abstract

Abstract Background: We successfully created and implemented an effective HIV rapid testing training and certification curriculum using traditional in-person trainings at multiple sites within the U.S. Department of Veterans Affairs (VA) Healthcare System. Objective: Considering the multitude of geographically remote facilities in the nationwide VA system, coupled with the expansion of HIV diagnostics, we developed an alternate training method that is affordable, efficient, and effective. Methods: Using materials initially developed for in-person HIV rapid test in-services, we used a distance learning model to offer this training via live audiovisual online technology to educate clinicians at a remote outpatient primary care VA facility. Results: Participants' evaluation metrics showed that this form of remote education is equivalent to in-person training; additionally, HIV testing rates increased considerably in the months following this intervention. Although there is a one-time setup cost associated with this remote training protocol, there is potential cost savings associated with the point-of-care nurse manager's time productivity by using the Internet in-service learning module for teaching HIV rapid testing. If additional in-service training modules are developed into Internet-based format, there is the potential for additional cost savings. Our cost analysis demonstrates that the remote in-service method provides a more affordable and efficient alternative compared with in-person training. Conclusions: The online in-service provided training that was equivalent to in-person sessions based on first-hand supervisor observation, participant satisfaction surveys, and follow-up results. This method saves time and money, requires fewer personnel, and affords access to expert trainers regardless of geographic location. Further, it is generalizable to trainings beyond HIV rapid testing. Based on these consistent implementation successes, we plan to expand use of online training to include remote VA satellite facilities spanning several states for a variety of diagnostic devices. Ultimately, Internet-based training has the potential to provide "big city" quality of care to patients at remote (rural) clinics.

40. [Psychol Addict Behav](#). 2011 Jun;25(2):215-24.

Facilitators and barriers in implementing buprenorphine in the Veterans Health Administration.

Gordon AJ, Kavanagh G, Krumm M, Ramgopal R, Paidisetty S, Aghevli M, Goodman F, Trafton J, Liberto J.

Abstract

Opioid dependence is a chronic, relapsing disorder that deleteriously influences the health of those afflicted. Sublingual buprenorphine opioid agonist treatment (OAT) has been shown to be safe, effective, and cost-effective for the treatment of opioid dependence in nonspecialized, office-based settings, including the Veterans Health Administration (VHA). We sought to examine and describe provider-, facility-, and system-level barriers and facilitators to implementing buprenorphine therapy within the VHA. From June 2006 to October 2007, we conducted semistructured telephone interviews of key personnel at a national sample of VHA facilities with high prevalence of opioid dependence and without methadone OAT programs. Sites were categorized based on the number of veterans receiving buprenorphine prescriptions: More Buprenorphine (MB, >40 prescriptions, 5 sites), Some Buprenorphine (SB, 5-40 prescriptions, 3 sites), and No Buprenorphine (NB, 0-5 prescriptions, 9 sites). Interviews were taped, transcribed, and coded; consensus of coding themes was reached; and data were evaluated using grounded theory. Sixty-two staff members were interviewed. For NB sites, perceived patient barriers included lack of need and attitudes/stigma associated with opioid dependence. Provider barriers included lack of interest, stigma toward the population, and lack of education about buprenorphine-OAT. Prominent facilitators at MB sites included having established need, provider interest, and resources/time available for buprenorphine-OAT. The presence of a champion/role-model for buprenorphine care greatly facilitated its implementation. We conclude that factors that enable or impede buprenorphine-OAT vary by facility. Strategies and policies to encourage implementation of buprenorphine should be adaptable and target needs of each facility. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

41. [Trop Med Int Health](#). 2011 Jun;16(6):711-20. doi: 10.1111/j.1365-3156.2011.02752.x. Epub 2011 Mar 29.

Impact of implementation of free high-quality health care on health facility attendance by sick children in rural western Kenya.

Burgert CR, Bigogo G, Adazu K, Odhiambo F, Buehler J, Breiman RF, Laserson K, Hamel MJ, Feikin DR.

Abstract

OBJECTIVES:

To explore whether implementation of free high-quality care as part of research programmes resulted in greater health facility attendance by sick children.

METHODS:

As part of the Intermittent Preventive Treatment for Malaria in Infants (IPTi), begun in 2004, and population-based infectious disease surveillance (PBIDS), begun in 2005 in Asembo, rural western Kenya, free high-quality care was offered to infants and persons of all ages, respectively, at one Asembo facility, Lwak Hospital. We compared rates of sick-child visits by children <10 years to all seven Asembo clinics before and after implementation of free high-quality care in 10 intervention villages closest to Lwak Hospital and 8 nearby comparison villages not participating

in the studies. Incidence rates and rate ratios for sick-child visits were compared between intervention and comparison villages by time period using Poisson regression.

RESULTS:

After IPTi began, the rate of sick-child visits for infants, the study's target group, in intervention villages increased by 191% (95% CI 75-384) more than in comparison villages, but did not increase significantly more in older children. After PBIDS began, the rate of sick-child visits in intervention villages increased by 267% (95% CI 76-661) more than that in comparison villages for all children <10 years. The greatest increases in visit rates in intervention villages occurred 3-6 months after the intervention started. Visits for cough showed greater increases than visits for fever or diarrhoea.

CONCLUSIONS:

Implementation of free high-quality care increased healthcare use by sick children. Cost and quality of care are potentially modifiable barriers to improving access to care in rural Africa.

42. [Psychol Addict Behav.](#) 2011 Jun;25(2):238-51.

Implementation of evidence-based substance use disorder continuing care interventions.

Lash SJ, Timko C, Curran GM, McKay JR, Burden JL.

Abstract

Continuing care following initial substance use disorder treatment often is associated with improved treatment outcomes and evidence-based interventions (EBIs) have been developed in this area. However, rates of patient participation in continuing care treatment and mutual help groups (MHGs) are low and a large gap exists between the existing EBIs and actual clinical care. This paper uses the Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009) to review the literature on continuing care treatment and monitoring, and mutual help-group promotion. Although existing research provides implications for implementing EBIs in continuing care, few direct implementation trials have been conducted. This literature indicates that EBIs in continuing care have been successfully modified for different settings, that they can be delivered using different modalities (e.g., individual, group, and telephone-based care), and that low cost options are available. Additionally, much is known about the differential effectiveness of continuing care with different populations that may guide treatment programs and providers in selecting the most effective interventions for their clients. One significant barrier to successful implementation of EBIs for continuing care is the lack of information about incentives for providing continuing care across what in the CFIR terminology is a program's outer setting (i.e., external economic, political, and social setting), and its inner setting (i.e., internal political, structural, and cultural contexts). Implications for implementation of EBIs in substance use disorder continuing care are discussed. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

43. [Psychol Addict Behav.](#) 2011 Jun;25(2):252-61.

Integration of treatment innovation planning and implementation: Strategic process models and organizational challenges.

Lehman WE, Simpson DD, Knight DK, Flynn PM.

Abstract

Sustained and effective use of evidence-based practices in substance abuse treatment services faces both clinical and contextual challenges. Implementation approaches are reviewed that rely on variations of plan-do-study-act (PDSA) cycles, but most emphasize conceptual identification

of core components for system change strategies. A two-phase procedural approach is therefore presented based on the integration of Texas Christian University (TCU) models and related resources for improving treatment process and program change. Phase 1 focuses on the dynamics of clinical services, including stages of client recovery (cross-linked with targeted assessments and interventions), as the foundations for identifying and planning appropriate innovations to improve efficiency and effectiveness. Phase 2 shifts to the operational and organizational dynamics involved in implementing and sustaining innovations (including the stages of training, adoption, implementation, and practice). A comprehensive system of TCU assessments and interventions for client and program-level needs and functioning are summarized as well, with descriptions and guidelines for applications in practical settings. (PsycINFO Database Record (c) 2011 APA, all rights reserved).

44. [Worldviews Evid Based Nurs](#). 2011 Jun;8(2):106-15. doi: 10.1111/j.1741-6787.2011.00215.x. Epub 2011 Mar 14.

Validation of scales measuring self-efficacy and outcome expectancy in evidence-based practice.

Chang AM, Crowe L.

Abstract

Background: Evidence-based practice (EBP) is embraced internationally as an ideal approach to improve patient outcomes and provide cost-effective care. However, despite the support for and apparent benefits of EBP, it has been shown to be complex and difficult to incorporate in the clinical setting. Research exploring implementation of EBP has highlighted many internal and external barriers including clinicians' lack of knowledge and confidence to integrate EBP into their day-to-day work. Nurses in particular often feel ill-equipped with little confidence to find, appraise and implement evidence. Aims: This study aimed to undertake preliminary testing of the psychometric properties of tools that measure nurses' self-efficacy and outcome expectancy in regard to EBP. Methods: A survey design was used in which nurses who had either completed an EBP unit or were randomly selected from a major tertiary referral hospital in Brisbane, Australia, were sent two newly developed tools: (1) Self-Efficacy in EBP (SE-EBP) scale and (2) Outcome Expectancy for EBP (OE-EBP) scale. Results: Principal Axis Factoring found three factors with eigenvalues above 1 for the SE-EBP explaining 73% of the variance and one factor for the OE-EBP scale explaining 82% of the variance. Cronbach's alpha for SE-EBP, three SE-EBP factors and OE-EBP were all >0.91 suggesting some item redundancy. The SE-EBP was able to distinguish between those with no prior exposure to EBP and those who completed an introductory EBP unit. Conclusions: While further investigation of the validity of these tools is needed, preliminary testing indicates that the SE-EBP and OE-EBP scales are valid and reliable instruments for measuring health professionals' confidence in the process and the outcomes of basing their practice on evidence.

45. [Addict Behav](#). 2011 Jun;36(6):584-9. Epub 2011 Jan 27.

Using medication-assisted treatment for substance use disorders: evidence of barriers and facilitators of implementation.

Roman PM, Abraham AJ, Knudsen HK.

Abstract

The use of medications to treat substance use disorders (SUDs) has emerged as a potentially central part of the treatment armamentarium. In this paper we present data from several recent

US national surveys showing that despite the clinical promise of these medications, there has been limited adoption of pharmacotherapies in the treatment of SUDs. The data reveal variable patterns of use of disulfiram, buprenorphine, tablet naltrexone, acamprosate and injectable naltrexone. After examining the environmental and institutional context for the adoption of pharmacotherapies, the specific organizational facilitators and barriers of medication adoption are considered. The paper concludes with a discussion of the minimal clinical and administrative guidance available to enhance adoption, the lack of client and consumer knowledge of medications that puts a brake on their adoption and availability, and the difficulties that must be surmounted in bringing new medications to market.

46. [Health Res Policy Syst.](#) 2011 Jun 24;9(1):26. [Epub ahead of print]

Conceptual frameworks and empirical approaches used to assess the impact of health research: an overview of reviews.

Banzi R, Moja L, Pistotti V, Facchini A, Liberati A.

Abstract

BACKGROUND:

How to assess the impact of research is of growing interest to funders, policy makers and researchers mainly to understand the value of investments and to increase accountability. Broadly speaking the term "research impact" refers to the contribution of research activities to achieve desired societal outcomes. The aim of this overview is to identify the most common approaches to research impact assessment, categories of impact and their respective indicators.

METHODS:

We systematically searched the relevant literature (PubMed, The Cochrane Library (1990-2009)) and funding agency websites. We included systematic reviews, theoretical and methodological papers, and empirical case-studies on how to evaluate research impact. We qualitatively summarised the included reports, as well the conceptual frameworks.

RESULTS:

We identified twenty-two reports belonging to four systematic reviews and 14 primary studies. These publications reported several theoretical frameworks and methodological approaches (bibliometrics, econometrics, ad hoc case studies). The "payback model" emerged as the most frequently used. Five broad categories of impact were identified: a) advancing knowledge, b) capacity building, c) informing decision-making, d) health benefits, e) broad socio-economic benefits. For each proposed category of impact we summarized a set of indicators whose pros and cons are presented and briefly discussed.

CONCLUSIONS:

This overview is a comprehensive, yet descriptive, contribution to summarize the conceptual framework and taxonomy of an heterogeneous and evolving area of research. A shared and comprehensive conceptual framework does not seem to be available yet and its single components (epidemiologic, economic, and social) are often valued differently in different models.

47. [AIDS Educ Prev.](#) 2011 Jun;23(3 Suppl):84-95.

Barriers and Facilitators to Enhancing HIV Testing in Publicly Funded Primary Care Clinics: Findings from San Francisco.

Myers JJ, Koester KA, Dufour MS.

Abstract

Although the City of San Francisco hosts a number of community-based HIV test sites, about 2,500 infected individuals are unaware of their serostatus. Primary medical care settings may provide improved access to HIV testing, particularly if testing programs are well matched to the setting where they are implemented. To plan for expanding testing in these settings, we assessed trends in testing in publicly supported clinics and conducted qualitative interviews to assess current testing practices, linkage to care and partner services practices, and barriers to implementing and/or expanding HIV testing. We presented the results to stakeholders and asked them to help develop recommendations to expand testing and linkage to care. Since 2007, testing has increased in primary care settings although a gap in access remains. Primary care providers endorsed the concept of routine HIV testing but raised concerns and recommended a staged approach to expanding testing. Stakeholders recommended that the city's public health department provide enhanced capacity building assistance and support a new linkage to care and partner services team. This study holds lessons for other jurisdictions seeking to expand HIV testing in primary care.

48. BMC Med Educ. 2011 Jun 17;11(1):37. [Epub ahead of print]

A Comparison of Online versus On-site Training in Health Research Methodology: A Randomized Study.

Aggarwal R, Gupte N, Kass N, Taylor H, Ali J, Bhan A, Aggarwal A, Sisson SD, Kanchanaraksa S, McKenzie-White J, McGready J, Miotti P, Bollinger RC.

Abstract

BACKGROUND:

Distance learning may be useful for building health research capacity. However, evidence that it can improve knowledge and skills in health research, particularly in resource-poor settings, is limited. We compared the impact and acceptability of teaching two distinct content areas, Biostatistics and Research Ethics, through either on-line distance learning format or traditional on-site training, in a randomized study in India. Our objective was to determine whether on-line courses in Biostatistics and Research Ethics could achieve similar improvements in knowledge, as traditional on-site, classroom-based courses.

METHODS:

Subjects: Volunteer Indian scientists were randomly assigned to one of two arms. Intervention: Students in Arm 1 attended a 3.5-day on-site course in Biostatistics and completed a 3.5-week on-line course in Research Ethics. Students in Arm 2 attended a 3.5-week on-line course in Biostatistics and 3.5-day on-site course in Research Ethics. For the two course formats, learning objectives, course contents and knowledge tests were identical. Main Outcome Measures: Improvement in knowledge immediately and 3-months after course completion, compared to baseline.

RESULTS:

Baseline characteristics were similar in both arms (n = 29 each). Median knowledge score for Biostatistics increased from a baseline of 49% to 64% (p<0.001) 3 months after the on-site course, and from 48% to 63% (p=0.009) after the on-line course. For the on-site Research Ethics course, median score increased from 69% to 83% (p=0.005), and for the on-line Research Ethics course from 62% to 80% (p<0.001). Three months after the course, median gains in knowledge scores remained similar for the on-site and on-line platforms for both Biostatistics (16% vs. 12%; p=0.59) and Research Ethics (17% vs. 13%; p=0.14).

CONCLUSION:

On-line and on-site training formats led to marked and similar improvements of knowledge in Biostatistics and Research Ethics. This, combined with logistical and cost advantages of on-line training, may make on-line courses particularly useful for expanding health research capacity in resource-limited settings.

49. [Health Res Policy Syst.](#) 2011 Jun 16;9 Suppl 1:S14.

Challenges in linking health research to policy: a commentary on developing a multi-stakeholder response to orphans and vulnerable children in Ghana.

[Gyapong JO](#), [Selby RA](#), [Anakwah KA](#).

Abstract

The Research and Development Division (RDD) of the Ghana Health Service (GHS) has a remit to build research capacity and conduct policy relevant research. By being situated within the GHS, RDD has good access to directors and programme managers, within and beyond the Ministry of Health. This structure has been facilitating collaboration through research cycles for 20 years, from agenda setting to discussions on policy relevance. This approach has been applied to research activities within the Addressing the Balance of Burden in AIDS (ABBA) Research Programme Consortium to tackle the challenges facing HIV affected orphans and vulnerable children (OVCs). The government strategy on OVCs recommends they should be encouraged to live in their home communities rather than in institutions. We present lessons here on efforts to use research to build a response across different agencies to address the problems that communities and families face in caring for these children in their communities. This approach to building consensus on research priorities points to the value of collaboration and dialogue with multiple stakeholders as a means of fostering ownership of a research process and supporting the relevance of research to different groups. Our experience has shown that if the context within which researchers, policy makers and stakeholders work were better understood, the links between them were improved and research were communicated more effectively, then better policy making which links across different sectors may follow. At the same time, collaboration among these different stakeholders to ensure that research meets social needs, must also satisfy the requirements of scientific rigour.

50. [Health Aff \(Millwood\)](#). 2011 Jun;30(6):1104-12.

Challenges to building capacity for evidence-based new vaccine policy in developing countries.

[Andrus JK](#), [Jauregui B](#), [De Oliveira LH](#), [Ruiz Matus C](#).

Abstract

There are many challenges to ensuring that people in developing countries have equitable access to new vaccines. Two of the most important are having the capacity to make evidence-based new vaccine policy decisions in developing countries, and then when appropriate actually distributing those new vaccines to those who will most benefit from them. Based on our review of the Pan American Health Organization's ProVac Initiative in the Americas, we found that when national governments in developing countries develop the expertise to make the best technical decisions about immunization programs; take responsibility for helping to pay for and distribute vaccines; and are supported by strong partnerships with international organizations, they succeed in saving more lives more quickly.

51. [BMC Public Health](#). 2011 Jun 20;11(1):480. [Epub ahead of print]

Optimizing diffusion of an online computer tailored lifestyle program: a study protocol.

Schneider F, van Osch LA, Kremers SP, Schulz DN, van Adrichem MJ, de Vries H.

Abstract

ABSTRACT: Background Although the Internet is a promising medium to offer lifestyle interventions to large amounts of people at relatively low costs and effort, actual exposure rates of these interventions fail to meet the high expectations. Since public health impact of interventions is determined by intervention efficacy and level of exposure to the intervention, it is imperative to put effort in optimal dissemination. The present project attempts to optimize the dissemination process of a new online computer tailored generic lifestyle program by carefully studying the adoption process and developing a strategy to achieve sustained use of the program. Methods/Design A prospective study will be conducted to yield relevant information concerning the adoption process by studying the level of adoption of the program, determinants involved in adoption and characteristics of adopters and non-adopters as well as satisfied and unsatisfied users. Furthermore, a randomized control trial will be conducted to test the effectiveness of a proactive strategy using periodic e-mail prompts in optimizing sustained use of the new program. Discussion Closely mapping the adoption process will gain insight in characteristics of adopters and non-adopters and satisfied and unsatisfied users. This insight can be used to further optimize the program by making it more suitable for a wider range of users, or to develop adjusted interventions to attract subgroups of users that are not reached or satisfied with the initial intervention. Furthermore, by studying the effect of a proactive strategy using period prompts compared to a reactive strategy to stimulate sustained use of the intervention and, possibly, behaviour change, specific recommendations on the use and the application of prompts in online lifestyle interventions can be developed. Trial registration Dutch Trial Register (NTR1786) and Medical Ethics Committee of Maastricht University and the University Hospital Maastricht (NL2723506809/MEC0903016).

52. Health Promot Pract. 2011 Jun 15. [Epub ahead of print]

CBPR With Service Providers: Arguing a Case for Engaging Practitioners in All Phases of Research.

Spector AY.

Abstract

This review synthesizes the literature on CBPR with service providers to identify the benefits to, unique contributions of, and challenges experienced by professional service providers engaged in collaborative research. Service providers benefited by obtaining research-based knowledge to help the communities they serve, gaining research skills, professional relationships, professional development, and new programs. They contributed by informing research aims, designing interventions, conducting recruitment, informing overall study design, and dissemination. Challenges include time, resources, organizational factors, and disconnects between researchers and service providers. Policy and practice implications are explored.

53. Phys Ther. 2011 Jun 9. [Epub ahead of print]

Vitalizing Practice Through Research and Research Through Practice: The Outcomes of a Conference to Enhance the Delivery of Care.

Goldstein MS, Scalzitti DA, Bohmert JA, Brennan GP, Craik RL, Delitto A, Field-Fote EC, Magistro C, Powers CM, Shields RK.

Abstract

The American Physical Therapy Association (APTA) provided funding for a series of meetings among a small group of leaders representing the research and clinical communities whose task was to plan a conference, the outcome of which would be a "road map" for the process of generating evidence that would be implemented by clinicians so that the provision of services might be enhanced. Two of these planning sessions were held and resulted in a decision to focus a conference on the identification of strategies to lessen perceived "gaps" between physical therapist clinicians and researchers and the development of strategies to bridge the "gaps" between the 2 groups. These meetings ultimately resulted in the Vitalizing Practice Through Research and Research Through Practice conference hosted by APTA. A perceived gap between research and practice has been cited as a problem by others within and outside the profession as well. In a recent editorial in the *Journal of Orthopaedic and Sports Physical Therapy*, Bechtel et al stated, "We have a problem in manual therapy, and perhaps in the whole profession of physical therapy. Our problem is the growing chasm between researchers on the one hand, and clinicians on the other."(1(p451)) A recent Institute of Medicine workshop titled "Transforming Clinical Research in the United States: Challenges and Opportunities" echoed this theme and identified bridging the divide between research and practice as one of the most critical needs facing clinical research.(2) DISCUSSION:of the perceived gap between research and practice extends internationally, as Demers and Poissant(3) lamented that research would be meaningless if it did not affect clinical practice. Furthermore, Demers and Poissant discussed the value of creating partnerships across the research process, from conception to dissemination of results.

54. [Trials](#). 2011 Jun 8;12:142.

Transfer of manualized Short Term Psychodynamic Psychotherapy (STPP) for social phobia into clinical practice: study protocol for a cluster-randomised controlled trial.
Wiltink J, Ruckes C, Haselbacher A, Canterino M, Leichsenring F, Joraschky P, Leweke F, Pöhlmann K, Beutel ME.

Abstract

ABSTRACT:

BACKGROUND:

Psychodynamic psychotherapy is frequently applied in the treatment of social phobia. Nevertheless, there has been a lack of studies on the transfer of manualized treatments to routine psychodynamic practice. Our study is the first one to examine the effects of additional training in a manualized Short Term Psychodynamic Psychotherapy (STPP) procedure on outcome in routine psychotherapy for social phobia. This study is an extension to a large multi-site RCT (N = 512) comparing the efficacy of STPP to Cognitive-Behavioral Therapy (CBT) of Social Phobia.

METHODS/DESIGN:

The manualized treatment is designed for a time limited approach with 25 individual sessions of STPP over 6 months. Private practitioners will be randomized to training in manualized STPP vs. treatment as usual without a specific training (control condition). We plan to enrol a total of 105 patients (84 completers). Assessments will be conducted before treatment starts, after 8 and 15 weeks, after 25 treatment sessions, at the end of treatment, 6 months and 12 months after termination of treatment. The primary outcome measure is the Liebowitz Social Anxiety Scale. Remission from social phobia is defined scoring with 30 or less points on this scale.

DISCUSSION:

We will investigate how the treatment can be transferred from a controlled trial into the less structured setting of routine clinical care. This question represents Phase IV of psychotherapy research. It combines the benefits of randomized controlled and naturalistic research. The study is genuinely designed to promote faster and more widespread dissemination of effective interventions. It will answer the questions whether manualized STPP can be implemented into routine outpatient care, whether the new methods improve treatment courses and outcomes and whether treatment effects reached in routine psychotherapeutic treatments are comparable to those of the controlled, strictly manualized treatment of the main study.

55. Issue Brief (Commonw Fund). 2011 Jun;10:1-18.

Delivery system reform tracking: a framework for understanding change.

Tollen L, Enthoven A, Crosson FJ, Taylor N, Audet AM, Schoen C, Ross M.

Abstract

The health care delivery system is changing rapidly, with providers forming patient-centered medical homes and exploring the creation of accountable care organizations. Enactment of the Affordable Care Act will likely accelerate these changes. Significant delivery system reforms will simultaneously affect the structures, capabilities, incentives, and outcomes of the delivery system. With so many changes taking place at once, there is a need for a new tool to track progress at the community level. Many of the necessary data elements for a delivery system reform tracking tool are already being collected in various places and by different stakeholders. The authors propose that all elements be brought together in a unified whole to create a detailed picture of delivery system change. This brief provides a rationale for creating such a tool and presents a framework for doing so.

56. Prev Vet Med. 2011 Jun 15;100(2):90-9. Epub 2011 Mar 21.

A cluster-randomised controlled trial to compare the effectiveness of different knowledge-transfer interventions for rural working equid users in Ethiopia.

Stringer AP, Bell CE, Christley RM, Gebreab F, Tefera G, Reed K, Trawford A, Pinchbeck GL.

Abstract

There have been few studies evaluating the efficacy of knowledge-transfer methods for livestock owners in developing countries, and to the authors' knowledge no published work is available that evaluates the effect of knowledge-transfer interventions on the education of working equid users. A cluster-randomised controlled trial (c-RCT) was used to evaluate and compare the effectiveness of three knowledge-transfer interventions on knowledge-change about equid health amongst rural Ethiopian working equid users. Groups were exposed to either; an audio programme, a village meeting or a diagrammatic handout, all of which addressed identical learning objectives, and were compared to a control group which received no intervention. Thirty-two villages were randomly selected and interventions randomly assigned. All participants in a village received the same intervention. Knowledge levels were assessed by questionnaire administration. Data analysis included comparison of baseline data between intervention groups followed by multilevel linear regression models (allowing for clustering of individuals within village) to evaluate the change in knowledge between the different knowledge-transfer interventions. A total of 516 randomly selected participants completed the pre-intervention questionnaire, 504 of whom undertook the post-dissemination questionnaire, a follow up response rate of 98%. All interventions significantly improved the overall 'change in knowledge' score on the questionnaire compared to the control, with the diagrammatic handout

(coefficient (coef) 9.5, S.E.=0.6) and the village meeting (coef 9.7, S.E.=0.6) having a significantly greater impact than the audio programme (coef 4.8, S.E.=0.6). Covariates that were different at baseline, and which were also significant in the final model, were age and pre-intervention score. Although they had a minimal effect on the intervention coefficients there was a significant interaction between age and intervention. This study should aid the design of education materials for adult learning for working equid users and other groups in developing countries.

57. Inj Prev. 2011 Jun;17(3):1-10. Epub 2011 Feb 22.

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

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

Abstract

Background Limited information exists about how best to conduct intervention implementation studies in community sport settings. Research should be directed towards understanding the context within which evidence-based injury prevention interventions are to be implemented, while continuing to build the evidence-base for the effectiveness of sports injury interventions. Objectives To identify factors that influence the translation of evidence-based injury prevention interventions into practice in community sport, and to provide specific evidence for the effectiveness of an evidence-based exercise training programme for lower limb injury prevention in community Australian football. Setting Community-level Australian football clubs, teams and players. Methods An exercise-based lower limb injury prevention programme will be developed and evaluated in terms of the implementation context, infrastructure and resources needed for its effective translation into community sport. Analysis of the community sports safety policy context will be undertaken to understand the barriers and facilitators to policy development and uptake. A randomised group-clustered ecological study will be conducted to compare the reach, effectiveness, adoption, implementation and maintenance (RE-AIM) of the intervention over 2 years. Outcome Measures The primary outcome will be evidence-based prevention guidelines that are fully supported by a comprehensively evaluated dissemination plan. The plan will detail the support structures and add-ons necessary to ensure sustainability and subsequent national implementation. Research outcomes will include new knowledge about how sports safety policy is set, how consensus is reached among sports safety experts in the community setting and how evidence-based safety guidelines are best developed, packaged and disseminated to community sport.

58. Clin Child Fam Psychol Rev. 2011 Jun;14(2):161-73.

Improving the Transportability of CBT for Internalizing Disorders in Children.

Meredith Elkins R, Kathryn McHugh R, Santucci LC, Barlow DH.

Abstract

Research provides strong support for the efficacy and effectiveness of cognitive behavioral therapy (CBT) for the treatment of childhood internalizing disorders. Given evidence for limited dissemination and implementation of CBT outside of academic settings, efforts are underway to improve its transportability so that more children with mental health needs may benefit from treatment. Creative modifications to existing treatments aim to deliver CBT for anxiety disorders and depression in a more transportable format. Notable progress has been made within the areas

of computerized CBT, camp-based CBT, school-based CBT, and CBT delivered through primary care settings. These approaches are discussed within the context of key elements of transportability that are particularly germane to the dissemination and implementation of child treatments.

59. [Worldviews Evid Based Nurs](#). 2011 Jun;8(2):96-105. doi: 10.1111/j.1741-6787.2010.00208.x. Epub 2010 Dec 6.

The colorado patient-centered interprofessional evidence-based practice model: a framework for transformation.

[Goode CJ](#), [Fink RM](#), [Krugman M](#), [Oman KS](#), [Traditi LK](#).

Abstract

Background: Evidence-based practice (EBP) models provide a framework to guide organizations and their clinicians to implement evidence-based policies, protocols, and guidelines. A historical review of evidence-based models is presented. The revised Colorado Patient-Centered Interprofessional EBP Model supports use of research evidence and nonresearch evidence and adopts a patient-centered approach to EBP. Aim: The purpose of this article is to present a framework that can be used to transform an organization and foster the use of evidence by interdisciplinary team members. Approach: An evidence-based intervention to decrease catheter associated urinary tract infections (CAUTI) is presented to show how the model is operationalized. The EBP model is supported by the five steps that clinicians should use as they identify a clinical problem, gather the evidence, and move the evidence into practice. Ideas for dissemination of new models to clinicians throughout the organization are presented.

60. [J Community Health](#). 2011 Jun;36(3):357-66.

Improving the alcohol retail environment to reduce youth access: a randomized community trial of a best practices toolkit intervention.

[Wolff LS](#), [El Ayadi AM](#), [Lyons NJ](#), [Herr-Zaya K](#), [Noll D](#), [Perfas F](#), [Rots G](#).

Abstract

Underage alcohol use remains a significant public health problem throughout the United States and has important consequences for the health of individuals and communities. The objective of this study was to assess the impact of distributing an alcohol retailer toolkit via direct mail on increasing positive alcohol retailer attitudes towards checking IDs, encouraging retail managers to formalize ID checking procedures with their employees, and promoting consumers to be prepared to show ID when purchasing alcohol. This community randomized study included five matched Massachusetts community pairs. Our analysis sample consisted of 209 retailers (77 intervention; 132 control). In models adjusted for baseline response and matching community and establishment characteristics, intervention communities reported posting, on average, one additional sign or wall decal in their establishments ($\beta = 0.937$, $P = 0.0069$), and a twofold higher odds of handing out written materials on ID checking to staff (OR: 2.074, 95%CI: 1.003-4.288) compared to control establishments. However, the intervention was not found to have an effect on changing establishment policies, retailer attitudes, or other establishment practices. Intervention retailers perceived all components of the toolkit to be very useful for their establishments, and nearly all reported having shared materials with their employees and customers. These results suggest that some significant changes in alcohol retailer establishment practices can be achieved among motivated owners or managers through the distribution of a toolkit targeting best retailer practices. We do, however, recommend that future program

planners consider alternative dissemination and marketing strategies beyond direct mail to encourage greater utilization.

61. Int J Offender Ther Comp Criminol. 2011 Jun;55(4):587-604. Epub 2010 Apr 28.

Implementation outcomes of multidimensional family therapy-detention to community: a reintegration program for drug-using juvenile detainees.

Liddle HA, Dakof GA, Henderson C, Rowe C.

Abstract

Responding to urgent calls for effective interventions to address young offenders' multiple and interconnected problems, a new variant of an existing empirically-validated intervention for drug-using adolescents, Multidimensional Family Therapy (MDFT)-Detention to Community (DTC) was tested in a two-site controlled trial. This article (a) outlines the rationale and protocol basics of the MDFT-DTC intervention, a program for substance-using juvenile offenders that links justice and substance abuse treatment systems to facilitate adolescents' postdetention community reintegration; (b) presents implementation outcomes, including fidelity, treatment engagement and retention rates, amount of services received, treatment satisfaction, and substance abuse-juvenile justice system collaboration outcomes; and (c) details the implementation and sustainability challenges in a cross-system (substance abuse treatment and juvenile justice) adolescent intervention. Findings support the effectiveness of the MDFT-DTC intervention, and the need to develop a full implementation model in which transfer and dissemination issues could be explored more fully, and tested experimentally.

62. Br J Sports Med. 2011 Jun 22. [Epub ahead of print]

No longer lost in translation: the art and science of sports injury prevention implementation research.

Finch CF.

Abstract

It is now understood that sports injury interventions will not have significant public health impact if they are not widely accepted and adopted by target sports participants. Although there has been increasing recognition of the need for intervention studies conducted within the real-world context of sports delivery, very few studies have been conducted in this important area. A major reason for this is that there are significant challenges in conducting implementation research; the more traditional sports medicine approaches may not be fully appropriate and new ways of thinking about how to design, conduct and report such research is needed. Moreover, real-world implementation of sports injury interventions and evaluation of their effectiveness needs to start to take into account the broad ecological context in which they are introduced, as well as considering the best way to translate this knowledge to reach the audiences who most need to benefit from such research. This overview paper provides perspectives and guidance on the design, conduct and evaluation of sports injury intervention implementation studies, including better understanding of the complexity of the ecological settings for intervention delivery. Some conceptual approaches that could be adopted in future implementation studies are discussed; particular emphasis is given to Intervention Mapping as a tool to assist intervention development, Diffusion of Innovations Theory to guide the planning of intervention strategies and the RE-AIM (reach, effectiveness, adoption, implementation and maintenance) framework for programme evaluation and programme design. Finally, a broad agenda for this emerging important field of sports medicine research is outlined.

63. [Res Gerontol Nurs.](#) 2011 Jun 29:1-13. doi: 10.3928/19404921-20110602-04. [Epub ahead of print]

Diffusion of Innovations in Long-Term Care Measurement Battery.

[McConnell ES](#), [Corazzini KN](#), [Lekan D](#), [Bailey DE](#), [Sloane R](#), [Landerman LR](#), [Champagne MT](#).

Abstract

Poor understanding of factors influencing integration of new practices into long-term care (LTC) hinders timely implementation of evidence-based practices (EBPs). Using the Diffusion of Innovations (DOI) framework, a new instrument measuring staff perceptions of an EBP was developed as part of a DOI-LTC measurement battery and tested in a cross-sectional survey of North Carolina LTC nursing personnel. Valid questionnaires were received from 95 licensed nurses and 102 certified nursing assistants (CNAs). Internal consistency reliability for five of seven subscales was acceptable (Cronbach's alpha coefficient = 0.77 to 0.95). Perception of innovation attributes was associated with intention to adopt the new practice (Spearman rho correlation: licensed nurses = 0.41 to 0.68, $p < 0.0001$; CNAs = 0.26 to 0.54, $p = 0.05$ to <0.0001). The DOI-LTC measurement battery represents a promising new approach to studying implementation of EBPs in LTC. Future work should examine its responsiveness to interventions that facilitate implementation of EBPs in LTC.

64. [Prev Chronic Dis.](#) 2011 Jul;8(4):A81. Epub 2011 Jun 15.

Effects of a behavior-based weight management program delivered through a state cooperative extension and local public health department network, north Carolina, 2008-2009.

[Whetstone LM](#), [Kolasa KM](#), [Dunn C](#), [Jayaratne KS](#), [Vodicka S](#), [Schneider L](#), [Thomas C](#), [van Staveren M](#), [Aggarwal S](#), [Lackey C](#).

Abstract

INTRODUCTION:

Eat Smart, Move More, Weigh Less (ESMMWL) is an adult weight management program developed in response to North Carolina Obesity Plan recommendations to make weight management interventions accessible to underserved populations. ESMMWL was designed to be delivered through the North Carolina Cooperative Extension and North Carolina Division of Public Health. Program coursework included content on evidence-based eating and physical activity behaviors and incorporated mindful eating concepts. The objectives of this study were to describe participant changes in weight and behaviors and to document the effectiveness of the program.

METHODS:

In this prospective pilot study, courses were delivered and data collected from January 2008 through June 2009. Instructors provided feedback about implementation. For participants, height, weight, and waist circumference were measured at baseline and completion. Participants completed a questionnaire about changes in their eating and physical activity behaviors, changes in their confidence to engage in weight management behaviors, and their satisfaction with the course.

RESULTS:

Seventy-nine instructors delivered 101 ESMMWL courses in 48 North Carolina counties. Most of the 1,162 completers were white women. Approximately 83% reported moving toward or attaining their goal. The average weight loss was 8.4 lb. Approximately 92% reported an

increase in confidence to eat healthfully, and 82% reported an increase in confidence to be physically active. Instructors made suggestions for program standardization.

CONCLUSION:

This study demonstrated the effectiveness, diffusion, and implementation of a theoretically based weight management program through a state extension and local public health department network. Study of the sustainability of changes in eating and physical activity behaviors is needed.

65. Med Care. 2011 Jun 2. [Epub ahead of print]

Evaluation of a VHA Collaborative to Improve Follow-up After a Positive Colorectal Cancer Screening Test.

Powell AA, Nugent S, Ordin DL, Noorbaloochi S, Partin MR.

Abstract

BACKGROUND:

In 2005, the Veterans Health Administration initiated a yearlong Colorectal Cancer Care Collaborative (C4) to improve timely follow-up after positive fecal occult blood tests.

METHODS:

Twenty-one facilities formed local quality improvement (QI) teams. Teams received QI training, created process flow maps, implemented process changes, and shared learning through 2 face-to-face meetings, conference calls, and a discussion board. We evaluated pre-post change in the timeliness of follow-up among C4 facilities and 3 control facilities. Outcome measures included the proportion of patients receiving a follow-up colonoscopy within 1 year, the proportion receiving 60-day follow-up (the focus of C4 teams), and average days to colonoscopy. Survey data from C4 team members was analyzed to identify predictors of facility-level improvement.

RESULTS:

Both C4 and control facilities improved on 1-year follow-up (10% and 9% increases, respectively, both P 's < 0.001). There was a statistically significant increase in the proportion receiving 60-day follow-up among C4 facilities (27% pre-C4 vs. 39% post-C4, $P=0.008$) but a nonsignificant decrease among control facilities (45% pre-C4 vs. 29% post-C4, $P=0.14$). Average days to colonoscopy decreased significantly among C4 facilities (129 pre-C4 vs. 103 post-C4, $P=0.004$) but increased significantly among control facilities (81 pre-C4 vs. 103 post-C4, $P=0.04$). Teams with the most improvement established clear roles/goals, had previous QI training, made more use of QI tools, and incorporated primary care education into their improvement work.

CONCLUSIONS:

A Veterans Health Administration improvement collaborative modestly decreased time to colonoscopy after a positive colorectal cancer screening test but significant room for improvement remains and benefits of participation were not realized by all facilities.

66. Jt Comm J Qual Patient Saf. 2011 Jun;37(6):245-52.

Preventing pressure ulcers in hospitals: A systematic review of nurse-focused quality improvement interventions.

Soban LM, Hempel S, Munjas BA, Miles J, Rubenstein LV.

Abstract

BACKGROUND:

A systematic review of the literature on nurse-focused interventions conducted in the hospital

setting informs the evidence base for implementation of pressure ulcer (PU) prevention programs. Despite the availability of published guidelines, there is little evidence about which interventions can be successfully integrated into routine care through quality improvement (QI). The two previous literature syntheses on PU prevention have included articles from multiple settings but have not focused specifically on QI.

METHODS:

A search of six electronic databases for publications from January 1990 to September 2009 was conducted. Trial registries and bibliographies of retrieved studies and reviews, and Internet sites of funding agencies were also searched. Using standardized forms, two independent reviewers screened publications for eligibility into the sample; data were abstracted and study quality was assessed for those that passed screening.

FINDINGS:

Thirty-nine studies met the inclusion criteria. Most of them used a before-and-after study design in a single site. Intervention strategies included PU-specific changes in combination with educational and/or QI strategies. Most studies reported patient outcome measures, while fewer reported nursing process of care measures. For nearly all the studies, the authors concluded that the intervention had a positive effect. The pooled risk difference for developing PUs was -.07 (95% confidence interval [CI]: -0.0976, -0.0418) comparing the pre- and postintervention status.

CONCLUSION:

Future research can build the evidence base for implementation through an increased emphasis on understanding the mechanisms by which improved outcomes are achieved and describing the conditions under which specific intervention strategies are likely to succeed or fail.

67. [Am J Infect Control](#). 2011 Jun 9. [Epub ahead of print]

Practically speaking: Rethinking hand hygiene improvement programs in health care settings.

[Son C](#), [Chuck T](#), [Childers T](#), [Usiak S](#), [Dowling M](#), [Andiel C](#), [Backer R](#), [Eagan J](#), [Sepkowitz K](#).

Abstract**BACKGROUND:**

Hand hygiene is widely recognized as the single most effective means of reducing health care-associated infections. Implementing a credible hand hygiene program and maintaining high compliance among staff is both expected and required of hospitals. However, beyond general guidelines, few resources are available for establishing an institution-wide hand hygiene program that is both successful and sustainable over the long term.

METHODS:

Beginning in 2008, we completely overhauled the approach to hand hygiene at our institution. We created small teams consisting of a representative from Quality Assessment, an Infection Prevention Practitioner, and staff from a particular unit. Teams began by discussing the current barriers to hand hygiene success. They then set their own goals for hand hygiene compliance. Staff learned the World Health Organization (WHO) hand hygiene guidelines, which recently had been adopted as part of hospital infection prevention policy. Using the WHO guidelines, teams diagrammed detailed workflows for several of their most common patient care tasks. Wherever hand hygiene was indicated, the workflow was marked with a number corresponding to one or more of the WHO's "5 moments for hand hygiene." At the end of the 12-week period, staff members were trained to observe each other and began officially collecting and submitting data to Infection Prevention.

RESULTS:

Between 2006 and 2008, our average institutional hand hygiene compliance held steady at 60%-70%. After the new program was launched in 2008, compliance reached 97% and has been maintained at this level ever since. In addition to the 19 areas of the hospital that were observed previously, 15 ambulatory facilities and 5 regional sites are now included in the data.

CONCLUSION:

This article describes a novel approach to measuring, monitoring, and ultimately increasing hand hygiene compliance at our hospital. Our objective is to provide concrete, practical strategies for other institutions faced with the challenge of building or revamping their own hand hygiene programs.

68. [Addiction](#). 2011 Jun 1. doi: 10.1111/j.1360-0443.2011.03464.x. [Epub ahead of print]

A policy-oriented review of strategies for improving the outcomes of services for substance use disorder patients*

[Humphreys K](#), [McLellan AT](#).

Abstract

Aims To inform policy makers on available options for improving the effectiveness of treatments for substance use disorders and to stimulate debate about treatment improvement strategies among public officials, clinical providers, care managers, service users, families and researchers. **Methods** We draw on the scientific literature and our public policy experiences in two countries (the United Kingdom and the United States) to give an overview of policies which may improve care for individuals with substance use disorders. We divide such policies into 'process-focused quality improvement strategies' that attempt to change some aspect of treatment (e.g. increased retention, greater use of evidence-based practices) and 'patient-focused strategies' that attempt to reward outcomes directly (e.g. contingency management for patients, payment by results for providers). **Findings** Many policies of both types are poorly developed, have shown poor results, or both. The evidence is clear that process-focused quality improvement strategies can change what providers do and how treatment programs work, but such changes have thus far demonstrated only minimal impact on patient outcomes. Patient-focused strategies face challenges including treatment providers avoiding hard-to-treat patients or spending inordinate time relocating patients after treatment to assess outcome. However, policies that reward in-treatment outcomes and policies that allow the patient to purchase desired recovery support services show more promise. As policy makers go forward in this endeavor, they can do an enormous service to their countries and the field by embedding careful evaluation studies alongside new treatment outcome improvement initiatives.

69. [J Adv Nurs](#). 2011 Jun 1. doi: 10.1111/j.1365-2648.2011.05706.x. [Epub ahead of print]

A discussion of approaches to transforming care: contemporary strategies to improve patient safety.

[Burston S](#), [Chaboyer W](#), [Wallis M](#), [Stanfield J](#).

Abstract

ABSTRACT: **Aim.** This article presents a discussion of three contemporary approaches to transforming care: Transforming Care at the Bedside, Releasing Time to Care: the Productive Ward and the work of the Studer Group(®) . **Background.** International studies of adverse events in hospitals have highlighted the need to focus on patient safety. The case for transformational change was identified and recently several approaches have been developed to

effect this change. Despite limited evaluation, these approaches have spread and have been adopted outside their country of origin and contextual settings. Data sources. Medline and CINAHL databases were searched for the years 1999-2009. Search terms included derivatives of 'transformation' combined with 'care', 'nursing', 'patient safety', 'Transforming Care at the Bedside', 'the Productive Ward' and 'Studer Group'. Discussion. A comparison of the three approaches revealed similarities including: the foci of the approaches; interventions employed; and the outcomes measured. Key differences identified are the implementation models used, spread strategies and sustainability of the approaches. The approaches appear to be complementary and a hybrid of the approaches such as a blend of a top-down and bottom-up leadership strategy may offer more sustainable behavioural change. Implications for nursing. These approaches transform the way nurses do their work, how they work with others and how they view the care they provide to promote patient safety. Conclusion. All the approaches involve the implementation of multiple interventions occurring simultaneously to affect improvements in patient safety. The approaches are complementary and a hybrid approach may offer more sustainable outcomes.

70. [Health Res Policy Syst.](#) 2011 Jun 24;9(1):29. [Epub ahead of print]

Reliability of a Tool for Measuring Theory of Planned Behaviour Constructs for use in Evaluating Research Use in Policymaking.

Boyko JA, Lavis JN, Dobbins M, Souza NM.

Abstract

ABSTRACT: BACKGROUND: Although measures of knowledge translation and exchange (KTE) effectiveness based on the theory of planned behavior (TPB) have been used among patients and providers, no measure has been developed for use among health system policymakers and stakeholders. A tool that measures the intention to use research evidence in policymaking could assist researchers in evaluating the effectiveness of KTE strategies that aim to support evidence-informed health system decision-making. Therefore, we developed a 15-item tool to measure four TPB constructs (intention, attitude, subjective norm and perceived control) and assessed its face validity through key informant interviews. **Methods:** We carried out a reliability study to assess the tool's internal consistency and test-retest reliability. Our study sample consisted of 62 policymakers and stakeholders that participated in deliberative dialogues. We assessed internal consistency using Cronbach's alpha and generalizability (G) coefficients, and we assessed test-retest reliability by calculating Pearson correlation coefficients (r) and G coefficients for each construct and the tool overall. **Results:** The internal consistency of items within each construct was good with alpha ranging from 0.68 to alpha=0.89. G-coefficients were lower for a single administration (G=0.34 to G=0.73) than for the average of two administrations (G=0.79 to G=0.89). Test-retest reliability coefficients for the constructs ranged from r=0.26 to r=0.77 and from G=0.31 to G=0.62 for a single administration, and from G=0.47 to G=0.86 for the average of two administrations. Test-retest reliability of the tool using G theory was moderate (G=0.5) when we generalized across a single observation, but became strong (G=0.9) when we averaged across both administrations. **Conclusion:** This study provides preliminary evidence for the reliability of a tool that can be used to measure TPB constructs in relation to research use in policymaking. Our findings suggest that the tool should be administered on more than one occasion when the intervention promotes an initial 'spike' in enthusiasm for using research evidence (as it seemed to do in this case with deliberative dialogues). The findings from

this study will be used to modify the tool and inform further psychometric testing following different KTE interventions.

71. [Health Promot Int.](#) 2011 Jun 16. [Epub ahead of print]

Developing capacity and achieving sustainable implementation in healthy 'settings': insights from NHS Health Scotland's Health Promoting Health Service project.

Whitelaw S, Graham N, Black D, Coburn J, Renwick L.

Abstract

Health services continue to be seen as significant settings for health improvement, and developments continue to be made in the nature of such work, means of optimal delivery and outcomes. This paper builds on previous work by reporting on activity in a series of sites within 'NHS Health Scotland's (NHS HS)' Health Promoting Health Service (HPHS) initiative. The objectives of the review were to: describe the achievements of HPHS sites, assess the degree of influence and embedding of the HPHS approach, review the support functions provided by 'NHS HS' and identify the challenges to implementation and sustainability. The review identified a variety of activity associated with HPHS, ranging from a topic focused/behaviour change approach to efforts to re-orientate organizational features. The role that NHS HS played in developing settings capacity was largely endorsed, and there was, despite the existence of some barriers, evidence that HPHS was being successfully embedded within health service organizational policies and procedures. In particular, the role of a national level strategic guidance document to NHS CEOs ['Chief Executive Letter (14)'] is noted as having been significant in creating a conducive context for HPHS. In this context, the paper concludes by reflecting more broadly on the current status of settings-based health improvement and suggests that on the basis of this review there should be optimism in pursuing a relatively expansive vision of health improvement in this particular setting and potentially others.

72. [Am J Psychiatry.](#) 2011 Jun 15. [Epub ahead of print]

Budget Impact and Sustainability of Medical Care Management for Persons With Serious Mental Illnesses.

Druss BG, von Esenwein SA, Compton MT, Zhao L, Leslie DL.

Abstract

Objective: The authors assessed the 2-year outcomes, costs, and financial sustainability of a medical care management intervention for community mental health settings. Method: A total of 407 psychiatric outpatients with serious mental illnesses were randomly assigned to usual care or to a medical care manager who provided care coordination and education. Two-year follow-up chart reviews and interviews assessed quality and outcomes of care, as well as costs from both the health system and managerial perspectives. Results: Sustained improvements were observed in the intervention group in quality of primary care preventive services, quality of cardiometabolic care, and mental health-related quality of life. From a health system perspective, by year 2, the mean per-patient total costs for the intervention group were \$932 (95% CI=-1,973 to 102) less than for the usual care group, with a 92.3% probability that the program was associated with lower costs than usual care. From the community mental health center perspective, the program would break even (i.e., revenues would cover setup costs) if 58% or more of clients had Medicaid or another form of insurance. Given that only 40.5% of clients in this study had Medicaid, the program was not sustainable after grant funding ended.

Conclusions: The positive long-term outcomes and favorable cost profile provide evidence of the

potential value of this model. However, the discrepancy between health system and managerial cost perspectives limited the program's financial sustainability. With anticipated insurance expansions under health reform, there is likely to be a stronger business case for safety net organizations considering implementing evidence-based interventions such as the one examined in this study.

73. [Health Policy](#). 2011 Jun 7. [Epub ahead of print]

Design, implementation and scaling up of the balanced scorecard for hospitals in Lebanon: Policy coherence and application lessons for low and middle income countries.

[El-Jardali F](#), [Saleh S](#), [Ataya N](#), [Jamal D](#).

Abstract

OBJECTIVES:

This paper describes the development and implementation of the first national hospital performance indicators in Lebanon including its institutionalization within existing policy framework and the initiation of independent governance structure for sustainability.

METHODS:

Guided by the Ontario Acute Care Balanced Scorecard framework, a step-wise approach was used. Guiding principles were non-punitive reporting, anonymity, voluntary participation, stakeholder involvement, consensus and feasibility. Modified Delphi technique was used, readiness assessment surveys in 52 hospitals were conducted, pilot testing and evaluation were completed in 14 hospitals.

RESULTS:

Initial balanced set of 21 indicators were selected. Findings showed wide variations in indicators' measurement in hospitals including formulas and tools. Barriers to measurement included lack of quality culture, physician resistance and resources. A gradual implementation strategy was developed and selected indicators were divided into two levels. Most piloted indicators proved to be valid, feasible and reliable. The initiative was linked to the national hospital accreditation system resulting in a balanced set of 40 indicators. An independent, not-for-profit, arm's-length organization was established.

CONCLUSIONS:

This is among the first attempts made in the East Mediterranean Region to adapt the BSC approach and translate the experience of its development to addresses local needs and contextual reality.

74. [BMC Geriatr](#). 2011 Jun 9;11(1):31. [Epub ahead of print]

Implementing a quality improvement programme in palliative care in care homes: a qualitative study.

[Hall S](#), [Goddard C](#), [Stewart F](#), [Higginson IJ](#).

Abstract

BACKGROUND:

An increasing number of older people reach the end of life in care homes. The aim of this study is to explore the perceived benefits of, and barriers to, implementation of the Gold Standards Framework for Care Homes (GSFCH), a quality improvement programme in palliative care.

METHODS:

Nine care homes involved in the GSFCH took part. We conducted semi-structured interviews with nine care home managers, eight nurses, nine care assistants, eleven residents and seven of

their family members. We used the Framework method of qualitative analysis. The analysis was deductive based on the key tasks of the GSFCH, the 7Cs: communication, coordination, control of symptoms, continuity, continued learning, carer support, and care of the dying. This enabled us to consider benefits of, and barriers to, individual components of the programme, as well as of the programme as a whole.

RESULTS:

Perceived benefits of the GSFCH included: improved symptom control and team communication; finding helpful external support and expertise; increasing staff confidence; fostering residents' choice; and boosting the reputation of the home. Perceived barriers included: increased paperwork; lack of knowledge and understanding of end of life care; costs; and gaining the cooperation of GPs. Many of the tools and tasks in the GSFCH focus on improving communication. Participants described effective communication within the homes, and with external providers such as general practitioners and specialists in palliative care. However, many had experienced problems with general practitioners. Although staff described the benefits of supportive care registers, coding predicted stage of illness and advance care planning, which included improved communication, some felt the need for more experience of using these, and there were concerns about discussing death.

CONCLUSIONS:

Most of the barriers described by participants are relevant to other interventions to improve end of life care in care homes. There is a need to investigate the impact of quality improvement programmes in care homes, such as the GSFCH, on a wider range of outcomes for residents and their families, and to monitor the sustainability of any resulting improvements. It is also important to explore the impact of the different components of these complex interventions.

75. Malar J. 2011 Jun 8;10:157.

Best practices for an insecticide-treated bed net distribution programme in sub-Saharan eastern Africa.

Sexton AR.

Abstract

ABSTRACT: Insecticide-treated bed nets are the preeminent malaria control means; though there is no consensus as to a best practice for large-scale insecticide-treated bed net distribution. In order to determine the paramount distribution method, this review assessed literature on recent insecticide treated bed net distribution programmes throughout sub-Saharan Eastern Africa. Inclusion criteria were that the study had taken place in sub-Saharan Eastern Africa, targeted malaria prevention and control, and occurred between 1996 and 2007. Forty-two studies were identified and reviewed. The results indicate that distribution frameworks varied greatly; and consequently so did outcomes of insecticide-treated bed net use. Studies revealed consistent inequities between urban and rural populations; which were most effectively alleviated through a free insecticide-treated bed net delivery and distribution framework. However, cost sharing through subsidies was shown to increase programme sustainability, which may lead to more long-term coverage. Thus, distribution should employ a catch up/keep up programme strategy. The catch-up programme rapidly scales up coverage, while the keep-up programme maintains coverage levels. Future directions for malaria should include progress toward distribution of long-lasting insecticide-treated nets.

76. BMJ Qual Saf. 2011 Jun;20(6):527-33. Epub 2011 Feb 2.

From research to practice: factors affecting implementation of prospective targeted injury-detection systems.

Sorensen AV, Harrison MI, Kane HL, Roussel AE, Halpern MT, Bernard SL.

Abstract

Aim This paper describes key factors that shaped implementation of prospective targeted injury-detection systems (TIDS) for adverse drug events (ADEs) and nosocomial pressure ulcers (PrU). **Methods** Using case-study methodology, the authors conducted semistructured interviews with implementation champions and TIDS users at five hospitals. Interviews focused on implementation experiences, assessment of TIDS' effectiveness and utility, and plans for sustainability. The authors used content analysis techniques to compare implementation experiences within and across organisations and triangulated data for explanation and confirmation of common themes. **Findings** Participating hospitals were more successful in implementing the low-complexity PrU-TIDS, as compared with high-complexity ADE-TIDS. This pattern reflected the greater complexity of ADE-TIDS, its higher costs and poorer alignment with existing workflows. Complexity affected the innovations' perceived usability, the time needed to learn and install the trigger systems, and their costs. Local factors affecting implementation and sustainability of both innovations included turnover affecting champions and other staff, shifting organisational priorities, changing information infrastructures, and institutional constraints on adapting existing IT to the electronic TIDS. **Conclusions** To facilitate implementation of complex healthcare innovations such as ADE-TIDS, staff in adopting organisations should give high priority to innovation implementation; allocate sufficient resources; effectively communicate with and involve local champions and users; and align innovations with workflows and information systems. In addition, they should monitor local factors, such as changes in organisational priorities and IT, availability of implementation staff and champions, and external regulations and constraints that may pose barriers to innovation implementation and sustainability.

77. J Med Syst. 2011 Jun;35(3):391-407. Epub 2009 Sep 24.

A scalable healthcare information system based on a service-oriented architecture.

Yang TH, Sun YS, Lai F.

Abstract

Many existing healthcare information systems are composed of a number of heterogeneous systems and face the important issue of system scalability. This paper first describes the comprehensive healthcare information systems used in National Taiwan University Hospital (NTUH) and then presents a service-oriented architecture (SOA)-based healthcare information system (HIS) based on the service standard HL7. The proposed architecture focuses on system scalability, in terms of both hardware and software. Moreover, we describe how scalability is implemented in rightsizing, service groups, databases, and hardware scalability. Although SOA-based systems sometimes display poor performance, through a performance evaluation of our HIS based on SOA, the average response time for outpatient, inpatient, and emergency HL7Central systems are 0.035, 0.04, and 0.036 s, respectively. The outpatient, inpatient, and emergency WebUI average response times are 0.79, 1.25, and 0.82 s. The scalability of the rightsizing project and our evaluation results show that the SOA HIS we propose provides evidence that SOA can provide system scalability and sustainability in a highly demanding healthcare information system.

78. [BMC Public Health](#). 2011 Jun 28;11(1):506. [Epub ahead of print]

Policy Environment and Male Circumcision for HIV Prevention: Findings from a Situation Analysis Study in Tanzania.

Mwanga JR, Wambura M, Mosha JF, Mshana G, Mosha F, Changalucha J.

Abstract

BACKGROUND:

Male Circumcision(MC)has been shown to be effective against heterosexual acquisition of HIV infection and is being scaled up as an additional strategy against HIV in several countries of Africa. However,the policy environment(whether to formulate new specific policy on MC or adapts the existing ones); and the role of various stakeholders in the MC scale up process in Tanzania was unclear. We conducted this study as part of a situation analysis to understand the attitudes of policy makers and other key community and health authority decision makers towards MC, policy and regulatory environment, and the readiness of a health system to accommodate scaling up of MC services.

METHODS:

We conducted 36 key informants' interviews with a broad range of key informants including civil servants, religious leaders,cultural and traditional gatekeepers and other potential informants. Study informants were selected at the national level, regional, district and community levels to represent both traditionally circumcising and non-circumcising communities.

RESULTS:

Study participants had positive attitudes and strong beliefs towards MC. Key informants in traditionally no-circumcising districts were willing to take their sons for medically performed MC. Religious leaders and traditional gatekeepers supported MC as it has been enshrined in their holy scripts and traditional customs respectively. Civil servants highlighted the need for existence of enabling policy and regulatory environment in the form of laws,regulations and guidelines that will ensure voluntary accessibility,acceptability,quality and safety for those in need of MC services.Majority of informants urged the government to make improvements in the health system at all levels to ensure availability of adequate trained personnel,infrastructure,equipment and supplies for MC scale up,and insisted on the involvement of different MC stakeholders as key components in effective roll out of medically performed MC programme in the country.

CONCLUSIONS:

Findings from the situation analysis in Tanzania have shown that despite the absence of specific policy on MC, basic elements of enabling policy environment at national, regional, district and community levels are in place for implementation of MC scale up programme.

79. [Health Res Policy Syst](#). 2011 Jun 21;9(1):25. [Epub ahead of print]

One Stop Crisis Centres: A Policy Analysis of the Malaysian Response to intimate partner violence.

Colombini M, Ali SH, Watts C, Mayhew SH.

Abstract

BACKGROUND:

This article aims to investigate the processes, actors and other influencing factors behind the development and the national scale-up of the One Stop Crisis Centre (OSCC) policy and the subsequent health model for violence-response.

METHODS:

Methods used included policy analysis of legal, policy and regulatory framework documents, and in-depth interviews with key informants from governmental and non-governmental organisations in two States of Malaysia.

RESULTS:

The findings show that women's NGOs and health professionals were instrumental in the formulation and scaling-up of the OSCC policy. However, the subsequent breakdown of the NGO-health coalition negatively impacted on the long-term implementation of the policy, which lacked financial resources and clear policy guidance from the Ministry of Health.

CONCLUSION:

The findings confirm that a clearly-defined partnership between NGOs and health staff can be very powerful for influencing the legal and policy environment in which health care services for intimate partner violence are developed. It is critical to gain high level support from the Ministry of Health in order to institutionalise the violence-response across the entire health care system. Without clear operational details and resources policy implementation cannot be fully ensured and taken to scale.

80. [Health Policy Plan](#). 2011 Jun 20. [Epub ahead of print]

Performance of HIV care decentralization from the patient's perspective: health-related quality of life and perceived quality of services in Cameroon.

[Boyer S](#), [Protopopescu C](#), [Marcellin F](#), [Carrieri MP](#), [Koulla-Shiro S](#), [Moatti JP](#), [Spire B](#); the EVAL Study Group.

Abstract

OBJECTIVE (i) To assess HIV care decentralization in Cameroon from the patients' point of view, in terms of health-related quality of life (HRQL) and perceived quality of services; (ii) to identify patient- and hospital-related factors undermining HRQL. **METHODS** Perceived quality of services was compared among 1985 HIV-infected patients treated with antiretroviral therapy (ART) for at least 6 months in 27 treatment centres at different levels of health care delivery (central, provincial and district) (EVAL-ANRS 12-116 survey, 2007) using chi-square and non-parametric tests. Correlates of the SF-12 physical (PCS) and mental (MCS) HRQL scores were identified using two-level linear models. **RESULTS** Patients followed-up at central and district levels had similar physical HRQL, while those followed-up at the more decentralized district level reported significantly better mental HRQL. Patients at district level also expressed better relationships with caregivers, easier access to consultations and more reliable drug supply. Financial barriers to access to HIV care and self-reported side-effects were independently associated with both lower PCS and lower MCS. Caregivers' heavy workload tended to impair both PCS and MCS, while availability of counselling by social workers in the hospital was independently associated with higher MCS. **CONCLUSIONS** Despite limited resources, the decentralization of ART delivery can improve quality of care, providing a positive impact on HIV-infected patients' well-being. The development of psychosocial support interventions is necessary but not sufficient for improving quality of care in ART scaling-up programmes, and should be related to global strengthening of health human resources.

81. [Malar J](#). 2011 Jun 9;10:159.

Relative costs and effectiveness of treating uncomplicated malaria in two rural districts in Zambia: implications for nationwide scale-up of home-based management.

Chanda P, Hamainza B, Moonga HB, Chalwe V, Banda P, Pagnoni F.

Abstract

ABSTRACT:

BACKGROUND:

Malaria case management is one of the key strategies to control malaria. Various studies have demonstrated the feasibility of home management of malaria (HMM). However, data on the costs and effectiveness of artemisinin-based combination therapy (ACT) and rapid diagnostic tests via HMM is limited.

METHOD:

Cost-effectiveness of home management versus health facility-based management of uncomplicated malaria in two rural districts in Zambia was analysed from a providers' perspective. The sample included 16 community health workers (CHWs) and 15 health facilities. The outcome measure was the cost per case appropriately diagnosed and treated. Costs of scaling-up HMM nationwide were estimated based on the CHW utilisation rates observed in the study.

RESULTS:

HMM was more cost effective than facility-based management of uncomplicated malaria. The cost per case correctly diagnosed and treated was USD 4.22 for HMM and USD 6.12 for facility level. Utilization and adherence to diagnostic and treatment guidelines was higher in HMM than at a health facility.

CONCLUSION:

HMM using ACT and RDTs was more efficient at appropriately diagnosing and treating malaria than the health facility level. Scaling up this intervention requires significant investments.

82. Trop Med Int Health. 2011 Jun;16(6):685-92. doi: 10.1111/j.1365-3156.2011.02749.x. Epub 2011 Feb 20.

Global Fund financing of public-private mix approaches for delivery of tuberculosis care.

Lal SS, Uplekar M, Katz I, Lonroth K, Komatsu R, Yesudian Dias HM, Atun R.

Abstract

OBJECTIVES:

To map the extent and scope of public-private mix (PPM) interventions in tuberculosis (TB) control programmes supported by the Global Fund.

METHODS:

We reviewed the Global Fund's official documents and data to analyse the distribution, characteristics and budgets of PPM approaches within Global Fund supported TB grants in recipient countries between 2003 and 2008. We supplemented this analysis with data on contribution of PPM to TB case notifications in 14 countries reported to World Health Organization in 2009, for the preparation of the global TB control report.

RESULTS:

Fifty-eight of 93 countries and multi-country recipients of Global Fund-supported TB grants had PPM activities in 2008. Engagement with 'for-profit' private sector was more prevalent in South Asia while involvement of prison health services has been common in Eastern Europe and central Asia. In the Middle East and North Africa, involving non-governmental organizations seemed to be the focus. Average and median spending on PPM within grants was 10% and 5% respectively, ranging from 0.03% to 69% of the total grant budget. In China, India, Nigeria and the Philippines, PPM contributed to detecting more than 25% TB cases while maintaining high

treatment success rates.

CONCLUSION:

In spite of evidence of cost-effectiveness, PPM constitutes only a modest part of overall TB control activities. Scaling up PPM across countries could contribute to expanding access to TB care, increasing case detection, improving treatment outcomes and help achieve the global TB control targets.

83. *BMC Public Health*. 2011 Jun 27;11(1):503. [Epub ahead of print]

Global Challenges with Scale-Up of the Integrated Management of Childhood Illness Strategy: Results of a Multi-country Survey.

Goga AE, Muhe LM.

Abstract**BACKGROUND:**

The Integrated Management of Childhood Illness Strategy (IMCI), developed by WHO/UNICEF, aims to contribute to reducing childhood morbidity and mortality (MDG4) in resource-limited settings. Since 1996 more than 100 countries have adopted IMCI. IMCI case management training (ICMT) is one of three IMCI components and training is usually residential over 11 consecutive days. Follow-up after ICMT is an essential part of training. We describe the barriers to rapid acceleration of ICMT and review country perspectives on how to address these barriers.

METHODS:

A multi-country exploratory cross-sectional questionnaire survey of in-service ICMT approaches, using quantitative and qualitative methods, was conducted in 2006-7: 27 countries were purposively selected from all six WHO regions. Data for this paper are from three questionnaires (QA, QB and QC), distributed to selected national focal IMCI persons / programme officers, course directors / facilitators and IMCI trainees respectively. QC only gathered data on experiences with IMCI follow-up.

RESULTS:

33 QA, 163 QB and 272 QC were received. The commonest challenges to ICMT scale-up relate to funding (high cost and long duration of the residential ICMT), poor literacy of health workers, differing opinions about the role of IMCI in improving child health, lack of political support, frequent changes in staff or rules at Ministries of Health and lack of skilled facilitators. Countries addressed these challenges in several ways including increased advocacy, developing strategic linkages with other priorities, intensifying pre-service training, re-distribution of funds and shortening course duration. The commonest challenges to follow-up after ICMT were lack of funding (93.1% of respondents), inadequate funds for travelling or planning (75.9% and 44.8% respectively), lack of gas for travelling (41.4%), inadequately trained or few supervisors (41.4%) and inadequate job aids for follow-up (27.6%). Countries addressed these by piggy backing IMCI follow-up with routine supervisory visits.

CONCLUSIONS:

Financial challenges to ICMT scale-up and follow-up after training are common. As IMCI is accepted globally as one of the key strategies to meet MDG4 several steps need to be taken to facilitate rapid acceleration of ICMT, including reviewing core competencies followed by competency-driven shortened training duration or 'on the job' training, 'distance learning' or training using mobile phones. Linkages with other 'better-funded' programmes e.g. HIV or

malaria need to be improved. Routine Primary Health Care (PHC) supervision needs to include follow-up after ICMT.

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

How to improve the delivery of medication alerts within computerized physician order entry systems: an international Delphi study.

[Riedmann D](#), [Jung M](#), [Hackl WO](#), [Ammenwerth E](#).

Abstract

Objectives To determine what information can be helpful in prioritizing and presenting medication alerts according to the context of the clinical situation. To assess the usefulness of different ways of delivering medication alerts to the user. **Design** An international Delphi study with two quantitative rounds. 69 researchers with expertise in computerized physician order entry (CPOE) systems were asked to estimate the usefulness of 20 possible context factors, and to assess the potential impact of six innovative ways of delivering alert information on adverse drug event (ADE) rates. **Results** Participants identified the following top five context information items (in descending order of usefulness): (1) severity of the effect of the ADE the alert refers to; (2) clinical status of the patient; (3) probability of occurrence of the ADE the alert refers to; (4) risk factors of the patient; and (5) strength of evidence on which the alert is built. The ways of delivering alert information with the highest estimated ADE reduction potential are active alerting, proactive prescription simulation and a patient medication module that gives patient-oriented alert information. **Limitations** Most participants had a research-oriented focus; therefore the results may not reflect the opinions of CPOE users or CPOE implementers. **Conclusion** The study results may provide CPOE system developers and healthcare institutions with information on how to design more effective alert mechanisms.

85. [PLoS One](#). 2011;6(6):e20741. Epub 2011 Jun 14.

Constraints to implementing the essential health package in Malawi.

[Mueller DH](#), [Lungu D](#), [Acharya A](#), [Palmer N](#).

Abstract

Increasingly seen as a useful tool of health policy, Essential or Minimal Health Packages direct resources to interventions that aim to address the local burden of disease and be cost-effective. Less attention has been paid to the delivery mechanisms for such interventions. This study aimed to assess the degree to which the Essential Health Package (EHP) in Malawi was available to its population and what health system constraints impeded its full implementation. The first phase of this study comprised a survey of all facilities in three districts including interviews with all managers and clinical staff. In the second and third phase, results were discussed with District Health Management Teams and national level stakeholders, respectively, including representatives of the Ministry of Health, Central Medical Stores, donors and NGOs. The EHP in Malawi is focussing on the local burden of disease; however, key constraints to its successful implementation included a widespread shortage of staff due to vacancies but also caused by frequent trainings and meetings (only 48% of expected man days of clinical staff were available; training and meetings represented 57% of all absences in health centres). Despite the training, the percentage of health workers aware of vital diagnostic and therapeutic approaches to EHP conditions was weak. Another major constraint was shortages of vital drugs at all levels of facilities (e.g. Cotrimoxazole was sufficiently available to treat the average number of patients in only 27% of health centres). Although a few health workers noted some improvement in

infrastructure and working conditions, they still considered them to be widely inadequate. In Malawi, as in similar resource poor countries, greater attention needs to be given to the health system constraints to delivering health care. Removal of these constraints should receive priority over the considerable focus on the development and implementation of essential packages of interventions.

86. [BMJ Qual Saf](#). 2011 Jun 20. [Epub ahead of print]

Increasing medication error reporting rates while reducing harm through simultaneous cultural and system-level interventions in an intensive care unit.

Abtoss KM, Shaw BE, Owens TA, Juno JL, Commiskey EL, Niedner MF.

Abstract

Objective This study analyses patterns in reporting rates of medication errors, rates of medication errors with harm, and responses to the Safety Attitudes Questionnaire (SAQ), all in the context of four cultural and three system-level interventions for medication safety in an intensive care unit. **Methods** Over a period of 2.5 years (May 2007 to November 2009), seven overlapping interventions to improve medication safety and reporting were implemented: a poster tracking 'days since last medication error resulting in harm', a continuous slideshow showing performance metrics in the staff lounge, multiple didactic curricula, unit-wide emails summarising medication errors, computerised physician order entry, introduction of unit-based pharmacy technicians for medication delivery, and patient safety report form streamlining. The reporting rate of medication errors and errors with harm were analysed over time using statistical process control. SAQ responses were collected annually. **Results** Subsequent to the interventions, the reporting rate of medication errors increased 25%, from an average of 3.16 to 3.95 per 10 000 doses dispensed ($p < 0.09$), while the rate of medication errors resulting in harm decreased 71%, from an average of 0.56 to 0.16 per 10 000 doses dispensed ($p < 0.01$). The SAQ showed improvement in all 13 survey items related to medication safety, five of which were significant ($p < 0.05$). **Conclusion** Actively developing a transparent and positive safety culture at the unit level can improve medication safety. System-level mechanisms to promote medication safety are likely important factors that enable safety culture to translate into better outcomes, but may be independently ineffective in the face of poor safety culture.

87. [Patient Educ Couns](#). 2011 Jun 14. [Epub ahead of print]

Promoting decision aid use in primary care using a staff member for delivery.

Miller KM, Brenner A, Griffith JM, Pignone MP, Lewis CL.

Abstract

OBJECTIVE:

To determine the feasibility and effectiveness of in-clinic decision aid distribution using a care assistant.

METHODS:

We identified potentially eligible patients scheduled for upcoming appointments in our General Internal Medicine Clinic (n=1229). Patients were deemed eligible for two decision aids: prostate cancer screening and/or weight loss surgery. Patients were approached to view the decision aid in-clinic. Our primary measures were the proportion of decision aids distributed to eligible patients, and the proportion of decision aids viewed.

RESULTS:

Among 913 patients who attended their scheduled appointments, 58% (n=525) were approached

and eligibility was assessed by the staff member. Among the 471 who remained eligible, 57% (n=268) viewed at least a portion of the target decision aid. The mean viewing time for patients who watched less than the complete decision aid was 13min.

CONCLUSIONS:

In clinic viewing of decision aids may be a feasible and effective distribution method in primary care.

PRACTICE IMPLICATIONS:

In clinic distribution requires an electronic health information system to identify potentially eligible patients, and a staff member dedicated to DA distribution. Brief decision aids (less than 10min) are needed so patients can complete their use prior to the visit to facilitate patient-physician decision making.

88. Acad Emerg Med. 2011 Jun;18(6):655-661. doi: 10.1111/j.1553-2712.2011.01085.x.

Conference Proceedings-Improving the Quality and Efficiency of Emergency Care Across the Continuum: A Systems Approach.

Pines JM, Asplin BR; for the Systems Approach Conference Panelists.

Abstract

ACADEMIC EMERGENCY MEDICINE 2011; 18:655-661 © 2011 by the Society for Academic Emergency Medicine ABSTRACT: In October 2009, the American College of Emergency Physicians (ACEP) convened a conference held in Boston, Massachusetts, to outline critical issues in emergency care quality and efficiency and to develop a series of research agendas and projects aimed at addressing important questions about how to improve acute, episodic care. The aim of the conference was to describe how hospital-based emergency department (ED) systems could provide solutions for broader delivery problems in the U.S. health care system. The conference featured keynote speakers Drs. Carolyn Clancy (Director, Agency for Healthcare Research and Quality) and Elliott Fisher (Director, Center for Health Policy Research at Dartmouth Medical School). Panels focused on: 1) systems and workflow redesign to improve health care and 2) improving coordination of care for high-cost patients. Additional sessions were conducted to develop five research agendas on the following topics: 1) health information technology; 2) demand for acute care services; 3) frequent, high-cost users of emergency care; 4) critical pathways for post-emergency care diagnosis and treatment; and 5) end-of-life and palliative care in the ED.

89. J Am Med Inform Assoc. 2011 Jun 9. [Epub ahead of print]

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.

90. Worldviews Evid Based Nurs. 2011 Jun 7. doi: 10.1111/j.1741-6787.2011.00219.x. [Epub ahead of print]

A Mixed-Methods Evaluation of the Effectiveness of Tailored Smoking Cessation Training for Healthcare Practitioners Who Work with Older People.

Kerr S, Whyte R, Watson H, Tolson D, McFadyen AK.

Abstract

Background: Older people who smoke derive significant health benefits from stopping smoking in later life. Healthcare practitioners have an important role to play in raising the issue of smoking cessation with this client group; however, they often fail to do so. Aim: To assess the effectiveness of smoking cessation training for healthcare practitioners who have regular contact with older adults. Methods: Mixed-methods were used to explore satisfaction with the training, the participants' learning and any resultant changes in behaviour. The effectiveness of the training was assessed using a two-group parallel design randomised controlled trial, followed by semistructured qualitative interviews. Participants (n= 57) were recruited from a cohort of community nurses and allied health professionals (e.g., occupational therapists) working in Scotland. The intervention was 1-day brief intervention smoking cessation training. Validated measures of knowledge, attitudes and practice, were used to assess learning and behaviour at baseline, 1 week and 3 months post training. Data were analysed using two-factor repeated measure analysis of variance, where the factors were "group" and "time." Qualitative data were gathered from members of the intervention group during semistructured interviews (n= 8) and were analysed thematically. Results/Findings: Levels of satisfaction with the training were high. There was a statistically significant improvement in the knowledge and attitudes of the intervention group following the training, with a noticeable, but nonsignificant, improvement in practice. The qualitative findings demonstrate how the training impacted positively on practice. Conclusions: Smoking cessation interventions in later life are important, as older smokers generally have long-term conditions caused or complicated by smoking. The delivery of brief smoking cessation interventions is known to be highly cost-effective; however, research demonstrates that practitioners often fail to raise the issue of smoking cessation with older adults. This study has demonstrated the effectiveness of a 1-day training course for practitioners. Further research is recommended.

91. J Am Soc Hypertens. 2011 Jun 1. [Epub ahead of print]

Translation of hypertension treatment guidelines into practice: a review of implementation.

Handler J, Lackland DT.

Abstract

Compared with the history of national guideline development, the science attached to implementation of guidelines is relatively new. Effectiveness of a highly evidence-based guideline, such as the 8th Joint National Committee recommendations on the treatment of high blood pressure, depends on successful translation into clinical practice. Implementation relies on several steps: clear and executable guideline language, audit and feedback attached to education of practitioners charged with carrying out the guidelines, team-based care delivery, credibility of blood pressure measurement, and measures to address therapeutic inertia and medication

adherence. An evolving role of the electronic health record and patient empowerment are developments that will further promote implementation of the hypertension guideline. Further research will be needed to assess the efficacy and cost effectiveness of various implementation tools and strategies.

92. [JAMA](#). 2011 Jun 1;305(21):2223-4.

The physics of health care improvement.

Perla RJ.

93. [N Engl J Med](#). 2011 Jun 1. [Epub ahead of print]

A Model Health Care Delivery System for Medicaid.

Rieselbach RE, Kellermann AL.

Abstract

Medicaid and the State Children's Health Insurance Program insure more than 76 million low-income patients.(1) When the Patient Protection and Affordable Care Act (ACA) is fully implemented, Medicaid will cover an additional 16 million people who are currently uninsured. Many of the newly insured will seek care from community health centers (CHCs), which currently treat 20 million Americans annually. The total could reach 50 million by 2019.(2) At precisely the time when we need CHCs more than ever, many cash-strapped states are contemplating deep Medicaid cuts that could threaten their survival. To sustain CHCs and thereby preserve access to care...

94. [Int J Evid Based Healthc](#). 2011 Jun;9(2):184-8. doi: 10.1111/j.1744-1609.2011.00215.x.

Knowledge translation in the discourse of professional practice.

Cornelissen E, Mitton C, Sheps S.

Abstract

Clients and practitioners desire up-to-date, safe and effective healthcare. Knowledge translation, a term used to describe the interchange of knowledge between its producers and users, aims to support this desire. Knowledge, and by extension knowledge translation, is subject to varying perspectives ranging from the objective truth-tested knowledge of empiricism, associated by some with academia, to knowledge in the practitioner realm. This latter knowledge is often based on multiple users' experiences and contexts, thus constructed to meet their needs. The goal of this paper is to compare and contrast knowledge and knowledge translation from empirical and constructivist perspectives. It then relates knowledge translation to professional practice discourse and concludes with thoughts on constructivist knowledge translation strategies, including practitioner-driven strategies derived from practice. For example, knowledge translation can be woven into processes to train/integrate new graduates into the healthcare system, it can be captured in practitioner-driven provision of continuing education, and/or it can be facilitated through practitioner collaboration in research via action research approaches. Regardless of the perspective taken, delivery of up-to-date, safe and effective care requires useful, relevant knowledge available when necessary and applicable to real-life issues as perceived, critically, by the knowledge end-user.

95. [Int J Pharm Pract](#). 2011 Jun;19(3):171-8. doi: 10.1111/j.2042-7174.2011.00111.x.

Provision of advice on alcohol use in community pharmacy: a cross-sectional survey of pharmacists' practice, knowledge, views and confidence.

McCaig D, Fitzgerald N, Stewart D.

Abstract

OBJECTIVE:

Community pharmacists are well placed to provide advice to clients on public health issues such as alcohol use. The aim of the study was to characterise community pharmacists' current level of activity and views on providing such advice in Scotland.

METHOD:

A postal questionnaire survey, covering provision of advice, knowledge and views on alcohol issues, was sent to all community pharmacies in Scotland (n=1098).

KEY FINDINGS:

The response rate was 45% (497/1098). Knowledge of recommended alcohol-intake limits was high (79 and 84% correct for male and female limits, respectively), but few respondents (5%) currently advised clients on alcohol consumption once a week or more and 29% had never done so. Around a quarter were confident in explaining alcohol limits, binge drinking and confidentiality issues, but about 40% lacked confidence in screening and providing a brief intervention on alcohol. Respondents expressed mixed views on the appropriateness of pharmacist involvement in discussing alcohol use with clients. Attitudes to harmful or hazardous drinkers varied: some 20% of respondents felt uncomfortable with this group, whereas another 20% felt they could work with this group as well as with any other.

CONCLUSION:

Community pharmacists in Scotland provide little advice on alcohol use, have a reasonable knowledge of recommended limits but lack the knowledge and confidence to provide a brief intervention. Implementation of a brief alcohol intervention in community pharmacy, therefore, would need to be underpinned by an appropriate training programme. Such a programme needs to provide factual knowledge but must also address pharmacists' attitudes to clients and promote confidence in service delivery.

96. Int J Qual Health Care. 2011 Jun;23(3):231-8. Epub 2011 Mar 26.

Health-care worker engagement in HIV-related quality improvement in Dar es Salaam, Tanzania.

Garcia ME, Li MS, Siril H, Hawkins C, Kaaya S, Ismail S, Chalamilla G, Mdingi SG, Hirschhorn LR.

Abstract

OBJECTIVE:

To assess health-care worker (HCW) awareness, interest and engagement in quality improvement (QI) in HIV care sites in Tanzania.

DESIGN:

Cross-sectional survey distributed in May 2009.

SETTING:

Sixteen urban HIV care sites in Dar es Salaam, Tanzania, 1 year after the introduction of a quality management program.

PARTICIPANTS:

Two hundred seventy-nine HCWs (direct care, clinical support staff and management).

MAIN OUTCOME MEASURES:

HCW perceptions of care delivered, rates of engagement, knowledge and interest in QI. HCW-identified barriers to and facilitators of the delivery of quality HIV care.

RESULTS:

Two hundred seventy-nine (73%) of 382 HCWs responded to the survey. Most (86%) felt able to meet clients' needs. HCW-identified facilitators of quality included: teamwork (88%), staff communication (79%), positive work environment (75%) and trainings (84%). Perceived barriers included: problems in patients' lives (73%) and too few staff or too high patient volumes (52%). Many HCWs knew about specific QI activities (52%) or had been asked for input on QI (63%), but fewer (40.5%) had participated in activities and only 20.1% were currently QI team members. Managers were more likely to report QI involvement than direct care or clinical support staff ($P < 0.01$). No difference in QI involvement was seen based on patient load or site type.

CONCLUSIONS:

HCWs can provide important insights into barriers and facilitators of providing quality care and can be effectively engaged in QI activities. HCW participation in efforts to improve services will ensure that HIV/AIDS quality of care is achieved and maintained as countries strive for universal antiretroviral access.

97. [Addict Behav.](#) 2011 Jun;36(6):576-83. Epub 2011 Jan 28.

Counselor attitudes toward the use of naltrexone in substance abuse treatment: a multi-level modeling approach.

[Abraham AJ](#), [Rieckmann T](#), [McNulty T](#), [Kovas AE](#), [Roman PM](#).

Abstract

Alcohol use disorders (AUDs) continue to be one of the most pervasive and costly of the substance use disorders (SUDs). Despite evidence of clinical effectiveness, adoption of medications for the treatment of AUDs is suboptimal. Low rates of AUD medication adoption have been explained by characteristics of both treatment organizations and individual counselor's attitudes and behaviors. However, few studies have simultaneously examined the impact of organizational-level and counselor-level characteristics on counselor perceptions of EBPs. To address this gap in the literature, we use data from a national sample of 1178 counselors employed in 209 privately funded treatment organizations to examine the effects of organizational and individual counselor characteristics on counselor attitudes toward tablet and injectable naltrexone. Results of hierarchical linear modeling (HLM) show that organizational characteristics (use of tablet/injectable naltrexone in the program, 12-step orientation) were associated with counselor perceptions of naltrexone. Net of organizational characteristics, several counselor level characteristics were associated with attitudes toward tablet and injectable naltrexone including gender, tenure in the field, recovery status, percentage of AUD patients, and receipt of medication-specific training. These findings reveal that counselor receptiveness toward naltrexone is shaped in part by the organizational context in which counselors are embedded.

98. [J Crit Care.](#) 2011 Jun;26(3):328.e9-328.e15. Epub 2010 Sep 23.

Telemedicine in the intensive care unit environment-A survey of the attitudes and perspectives of critical care clinicians.

[Shahpori R](#), [Hebert M](#), [Kushniruk A](#), [Zuege D](#).

Abstract**PURPOSE:**

This study was conducted to assess the preimplementation knowledge and perceptions of intensive care unit (ICU) clinicians regarding the ability of telemedicine in the ICU environment

(Tele-ICU) to address challenges resulting from the shortages of experienced critical care human resources and the drive to improve quality of care.

METHODS:

An online survey was administered to clinicians from a Canadian multisite critical care department. Qualitative and quantitative analyses were undertaken to identify key positive and negative themes.

RESULTS:

The overall self-rated knowledge about Tele-ICU was low, with significant uncertainty particularly related to the novelty of the technology, lack of widespread existing implementations, and insufficient education. A significant degree of skepticism was expressed regarding the ability of Tele-ICU to address the challenges of staff shortages and quality of care.

CONCLUSIONS:

Significant uncertainty and skepticism were expressed by critical care clinicians regarding the ability of Tele-ICU to address the challenges of human resource limitation and the delivery of quality care. This suggests the need for further research and education of system impact beyond patient outcomes related to this new technology.

99. [Health Promot Int](#). 2011 Jun;26(2):244-54. Epub 2010 Aug 25.

Evaluation of nationwide health promotion campaigns in The Netherlands: an exploration of practices, wishes and opportunities.

[Brug J](#), [Tak NI](#), [Te Velde SJ](#).

Abstract

Nationwide health promotion campaigns are an important part of government-funded health promotion efforts. Valid evaluation is important, but difficult because gold standard research designs are not applicable and the allocation of budget and time for evaluation is often very tight. In The Netherlands, Health Promotion Institutes (HPIs) are responsible for these campaigns. We conducted an exploratory study among the HPIs to gain better insight into goals, practices, conditions and perceived barriers regarding evaluation of these campaigns. Data were obtained through personal interviews with representatives of HPIs who had direct management responsibility for the evaluation of their campaigns. The HPIs typically made use of a pre-test-post-test design with single measurements before and after the campaign without a control group. In campaign preparations, HPIs used qualitative research to pre- and pilot-test some campaign materials, but true formative evaluation was rare. Besides, accountability to their sponsors, peers and the population at large, the most important reason to evaluate was to learn for future campaigns. In terms of the RE-AIM framework, evaluation was mostly restricted to Reach and Effects; hardly any evaluation of adoption, implementation or maintenance was reported. Budget and time constraints were reported as the main barriers for more extensive formative and effect evaluation. Evaluation of nationwide campaigns is standard procedure, but the applied research designs are weak, due to lack of time, budget and research methodology expertise. Next to additional budget and a longer-term planning, input from external experts regarding evaluation research designs are needed for evaluation improvement.

100. [Med Care](#). 2011 Jun 23. [Epub ahead of print]

Lessons From the Field: The Essential Elements for Point-of-Care Transformation.

[Wesorick B](#), [Doebbeling B](#).

Abstract

BACKGROUND:

The challenges facing healthcare in the 21st century frequently seem intractable and insurmountable. Systemic problems impair the quality and continuity of care and caregivers' quality of life. For over 25 years, the Clinical Practice Model Resource Center (CPMRC) in Grand Rapids, MI, has focused on transforming healthcare at the point of care to achieve its mission to co-create and sustain the best places to work and to receive care. **CONCEPTUAL**

FRAMEWORK:

The extent of the vision to transform practice at the point of care calls for a shift from the common quick fix change mindset to a Professional Practice Framework mindset that guides the actions steps to achieve greater clinical integration and standardize, sustainable transformation in a complex healthcare system.

METHODS:

An overview of the Clinical Practice Model (CPM) Framework's conceptual underpinnings and the importance of the use of a Framework to guide transformation work across an International Consortium of hospitals are summarized. The lessons learned come from shared learning within a growing volunteer interdisciplinary, international consortium of over 276 rural, community, and university clinical settings.

RESULTS:

The Consortium's collective work has resulted in clinical, financial, and operational outcomes related to healthy work cultures, evidence-based practice, interdisciplinary, integrated documentation, and partnership councils. The cycle of organizational transformation ensures support for the professional processes, scope of practice, service across lifeline and continuum, integration and interoperability, evidence-based tools, interdisciplinary practice, and research-based and updated information.

CONCLUSIONS:

The power of organizational change flowing from a Framework is evident in replicable interventions and sustainable outcomes.

101. Gerontologist. 2011 Jun 27. [Epub ahead of print]

Organizational Climate Determinants of Resident Safety Culture in Nursing Homes.

Arnetz JE, Zhdanova LS, Elsouhag D, Lichtenberg P, Luborsky MR, Arnetz BB.

Abstract

Purpose of the Study: In recent years, there has been an increasing focus on the role of safety culture in preventing costly adverse events, such as medication errors and falls, among nursing home residents. However, little is known regarding critical organizational determinants of a positive safety culture in nursing homes. The aim of this study was to identify organizational climate predictors of specific aspects of the staff-rated resident safety culture (RSC) in a sample of nursing homes.

DESIGN AND METHODS: Staff at 4 Michigan nursing homes responded to a self-administered questionnaire measuring organizational climate and RSC. Multiple regression analyses were used to identify organizational climate factors that predicted the safety culture dimensions nonpunitive response to mistakes, communication about incidents, and compliance with procedures.

RESULTS: The organizational climate factors efficiency and work climate predicted nonpunitive response to mistakes ($p < .001$ for both scales) and compliance with procedures ($p < .05$ and $p < .001$ respectively). Work stress was an inverse predictor of compliance with

procedures ($p < .05$). Goal clarity was the only significant predictor of communication about incidents ($p < .05$).

IMPLICATIONS: Efficiency, work climate, work stress, and goal clarity are all malleable organizational factors that could feasibly be the focus of interventions to improve RSC. Future studies will examine whether these results can be replicated with larger samples.

102. [Health Serv Res.](#) 2011 Jun;46(3):691-711. doi: 10.1111/j.1475-6773.2010.01227.x. Epub 2011 Jan 6.

The relationship between organizational climate and quality of chronic disease management.

Benzer JK, Young G, Stolzmann K, Osatuke K, Meterko M, Caso A, White B, Mohr DC.

Abstract

OBJECTIVE:

To test the utility of a two-dimensional model of organizational climate for explaining variation in diabetes care between primary care clinics.

DATA SOURCES/STUDY SETTING:

Secondary data were obtained from 223 primary care clinics in the Department of Veterans Affairs health care system.

STUDY DESIGN:

Organizational climate was defined using the dimensions of task and relational climate. The association between primary care organizational climate and diabetes processes and intermediate outcomes were estimated for 4,539 patients in a cross-sectional study.

DATA COLLECTION/EXTRACTION METHODS:

All data were collected from administrative datasets. The climate data were drawn from the 2007 VA All Employee Survey, and the outcomes data were collected as part of the VA External Peer Review Program. Climate data were aggregated to the facility level of analysis and merged with patient-level data.

PRINCIPAL FINDINGS:

Relational climate was related to an increased likelihood of diabetes care process adherence, with significant but small effects for adherence to intermediate outcomes. Task climate was generally not shown to be related to adherence.

CONCLUSIONS:

The role of relational climate in predicting the quality of chronic care was supported. Future research should examine the mediators and moderators of relational climate and further investigate task climate.

103. [Int J Health Plann Manage.](#) 2011 Jun 3. doi: 10.1002/hpm.1095. [Epub ahead of print]

A multilevel model of patient safety culture: cross-level relationship between organizational culture and patient safety behavior in Taiwan's hospitals.

Chen IC, Ng HF, Li HH.

Abstract

BACKGROUND:

As health-care organizations endeavor to improve their quality of care, there is a growing recognition of the importance of establishing a culture of patient safety. The main objective of this study was to investigate the cross-level influences of organizational culture on patient safety behavior in Taiwan's hospitals.

METHODS:

The authors measured organizational culture (bureaucratic, supportive and innovative culture), patient safety culture and behavior from 788 hospital workers among 42 hospitals in Taiwan. Multilevel analysis was applied to explore the relationship between organizational culture (group level) and patient safety behavior (individual level).

RESULTS:

Patient safety culture had positive impact on patient safety behavior in Taiwan's hospitals. The results also indicated that bureaucratic, innovative and supportive organizational cultures all had direct influence on patient safety behavior. However, only supportive culture demonstrated significant moderation effect on the relationship between patient safety culture and patient safety behavior. Furthermore, organizational culture strength was shown correlated negatively with patient safety culture variability.

CONCLUSIONS:

Overall, organizational culture plays an important role in patient safety activities. Safety behaviors of hospital staff are partly influenced by the prevailing cultural norms in their organizations and work groups. For management implications, constructed patient priority from management commitment to leadership is necessary. For academic implications, research on patient safety should consider leadership, group dynamics and organizational learning. These factors are important for understanding the barriers and the possibilities embedded in patient safety. Copyright © 2011 John Wiley & Sons, Ltd.

104. [Qual Health Res.](#) 2011 Jun;21(6):757-70. Epub 2011 Feb 28.

The influence of context on pain practices in the NICU: perceptions of health care professionals.

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

Abstract

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

105. [Health Promot Pract.](#) 2011 Jun 27. [Epub ahead of print]

Barriers in the Implementation of a Physical Activity Intervention in Primary Care Settings: Lessons Learned.

[Josyula LK](#), [Lyle RM](#).

Abstract

Barriers encountered in implementing a physical activity intervention in primary health care settings, and ways to address them, are described in this paper. A randomized comparison trial

was designed to examine the impact of health care providers' written prescriptions for physical activity, with or without additional physical activity resources, to adult, nonpregnant patients on preventive care or chronic disease monitoring visits. Following abysmal recruitment outcomes, the research protocol was altered to make it more appealing to all the participants, i.e., health care providers, office personnel, and patients. Various barriers—financial, motivational, and executive—to the implementation of health promotion interventions in primary health care settings were experienced and identified. These barriers have been classified by the different participants in the research process, viz., healthcare providers, administrative personnel, researchers, and patients. Some of the barriers identified were lack of time and reimbursement for health promotion activities, and inadequate practice capacity, for health care providers; increased time and labor demands for administrative personnel; constrained access to participants, and limited funding, for researchers; and superseding commitments, and inaccurate comprehension of the research protocol, for patients. Solutions suggested to overcome these barriers include financial support, e.g., funding for researchers, remuneration for health care organization personnel, reimbursement for providers, payment for participants, and free or subsidized postage, and use of health facilities; motivational strategies such as inspirational leadership, and contests within health care organizations; and partnerships, with other expert technical and creative entities, to improve the quality, efficiency, and acceptability of health promotion interventions.

106. [Worldviews Evid Based Nurs.](#) 2011 Jun;8(2):87-95. doi: 10.1111/j.1741-6787.2010.00196.x. Epub 2010 Jul 20.

Health care professionals' attitudes and compliance to clinical practice guidelines to prevent falls and fall injuries.

Stenberg M, Wann-Hansson C.

Abstract

Background: Clinical practice guidelines (CPGs) aimed at preventing falls and fall injuries have been shown to be effective in acute care hospitals. However, although CPGs are systematically developed and evidence-based tools, there has been a problem with their implementation in clinical practice. Aim: To describe influences on health care professionals' attitudes to CPGs for preventing falls and fall injuries. Methods: A qualitative approach was chosen and five focus group discussions were conducted, which included physicians, nurses, physiotherapists, and occupational therapists. The transcribed texts were analyzed using manifest and latent content analysis. Findings: Two main categories emerged: experiencing a course of events and influence of social factors. Experiencing a course of event included incidence of falls and fall injuries followed by negative consequences, which revealed benefits of using a CPG. Influence of social factors for implementation and compliance with the CPG was described as community obligations and organizational and individual resources. Conclusions: The findings confirm the complex process of implementation and compliance of CPGs for fall prevention. A relation between experiences of high incidence of falls with negative consequences and a positive attitude and compliance to CPGs appeared. To assure compliance and a positive attitude requires an obvious benefit of the CPG in reducing falls. Factors to overcome barriers to implementation and compliance seem to be a supportive leadership, systematic evaluations of the CPG outcome, and the facilitator role.

107. [Prev Sci.](#) 2011 Jun 14. [Epub ahead of print]

Sustaining Fidelity Following the Nationwide PMTO™ Implementation in Norway.

Forgatch MS, Degarmo DS.

Abstract

This report describes three studies from the nationwide Norwegian implementation of Parent Management Training-Oregon Model (PMTO™), an empirically supported treatment for families of children with behavior problems (Forgatch and Patterson 2010). Separate stages of the implementation were evaluated using a fidelity measure based on direct observation of intervention sessions. Study 1 assessed growth in fidelity observed early, mid, and late in the training of a group of practitioners. We hypothesized increased fidelity and decreased variability in practice. Study 2 evaluated method fidelity over the course of three generations of practitioners trained in PMTO. Generation 1 (G1) was trained by the PMTO developer/purveyors; Generation 2 (G2) was trained by selected G1 Norwegian trainers; and Generation 3 (G3) was trained by G1 and G2 trainers. We hypothesized decrease in fidelity with each generation. Study 3 tested the predictive validity of fidelity in a cross-cultural replication, hypothesizing that higher fidelity scores would correlate with improved parenting practices observed in parent-child interactions before and after treatment. In Study 1, trainees' performance improved and became more homogeneous as predicted. In Study 2, a small decline in fidelity followed the transfer from the purveyor trainers to Norwegian trainers in G2, but G3 scores were equivalent to those attained by G1. Thus, the hypothesis was not fully supported. Finally, the FIMP validity model replicated; PMTO fidelity significantly contributed to improvements in parenting practices from pre- to post-treatment. The data indicate that PMTO was transferred successfully to Norwegian implementation with sustained fidelity and cross-cultural generalization.

108. Addict Behav. 2011 Jun;36(6):630-5. Epub 2011 Jan 15.

Modifications of evidence-based practices in community-based addiction treatment organizations: a qualitative research study.

Lundgren L, Amodeo M, Cohen A, Chassler D, Horowitz A.

Abstract

This qualitative research effort explored implementation of evidence-based practices (EBPs) in 100 community-based addiction treatment organizations (CBOs) nationwide. The study describes CBO program director attitudes on: (1) satisfaction with EBPs they were mandated to implement; (2) the extent to which their organization modified the EBPs; (3) reasons for modifications; and, (4) the standards they used for modifications. Findings indicate that program directors were highly positive both about EBPs implemented and the modifications made to those EBPs. A broad range of modifications were identified; most common were adding or deleting intervention sessions in efforts to serve the needs of a specific client population. Given the addiction treatment field's lack of standards for modifying EBPs, it is not surprising that little consistency occurred in modification efforts. As government funders of addiction treatments require that CBOs implement EBPs, standards need to be created for modifying and adapting the EBPs while maintaining their fidelity.