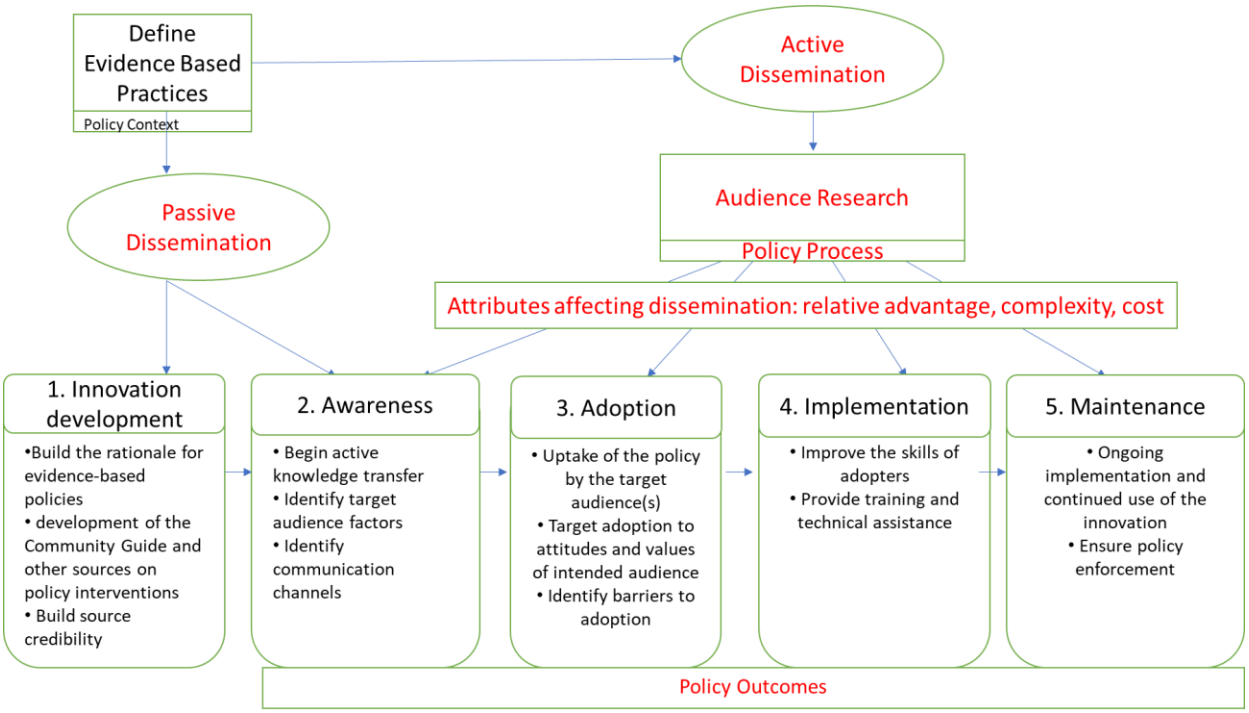
ADAPT – Case Example

What is an example of how a D&I model has been adapted?
Background: A research team was looking for a model to explain how policy could be used to influence the use of evidence-based practices to achieve best patient outcomes within a health care organization. The research team found one D&I model – the Dissemination of Evidence-Based Policy (DEBP) framework (Dodson, Brownson, & Weiss, 2012) that depicted how the health policy could be passively or actively disseminated to impact outcomes.

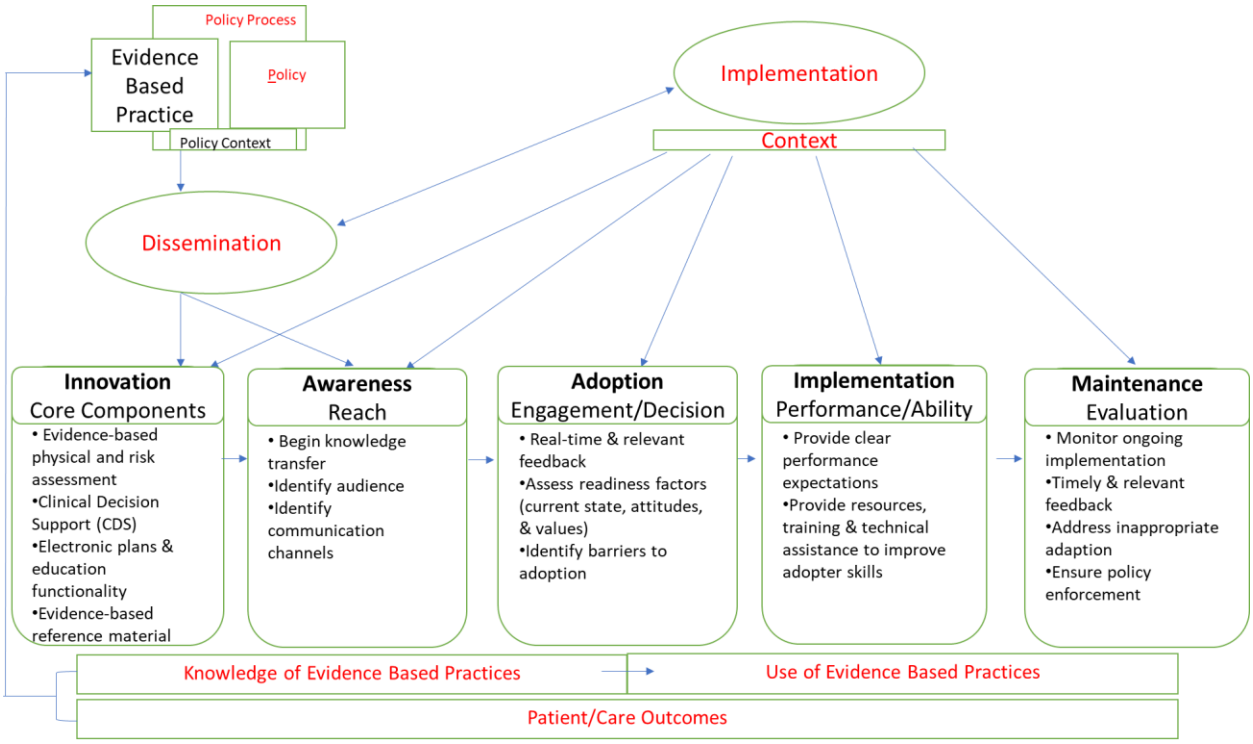
Benefits for using an existing model - the Dissemination of Evidence-Based Policy (DEBP) framework
- Described the process for using evidence- and policy-based dissemination strategies to achieve outcomes
- Considered well-known diffusion properties (e.g., attributes affecting disseminating including relative advantage, complexity)
- Incorporated a staged approach to evaluation (from innovation development to maintenance)

Reasons to Adapt the Model during the Study Design Phase:
- The aim in this study was to understand how evidence-based policy and technology might be used as strategies to support nurses in acute health care settings to take up EBPs (noted differences described below) to improve outcomes. The study evaluated the delivery of evidence-based interventions at the level of the inpatient nursing unit.
- Model adaptations were needed to make the process and outcome concepts more explicit and measurable.
- The model contained a full range of D&I strategies with some conceptual overlap.
- The DEBP model was designed for public health policy. In applying the model to a health care organization, it was recognized that the "policy process" occurs upstream when the policy content is determined.
- The framework described two factors that influence policy outcomes associated with active dissemination – the audience and the conditions that support the implementation – commonly referred to as "context". The context typically includes the characteristics of the adopters and the factors that influence implementation (e.g. leadership, culture, interaction, staffing, skill mix, turnover).
- The outcome component of the framework was very broad – policy outcomes with limited ability to measure. The research team wanted to capture two measurable intermediate outcomes that must be present for success – clinician knowledge and use of best practices.

Original model: Dissemination of Evidence-Based Policy (DEBP)



Adapted model: Dissemination and Implementation of Evidence-Based Policy (DIEBP)



Example model adaptations based on constructs and organization of constructs in the DEBP framework:

- Two D&I concepts were adjusted from “passive dissemination” and “active dissemination” to “dissemination” (passive and active) and “implementation.” The title was adapted accordingly: Dissemination and Implementation of Evidence-based Policy” (DIEBP) framework. Additional details were added to the implementation steps to add clarity and direction for the study.
- “Audience” and the “Attributes affecting dissemination: relative advantage, complete, cost” were condensed as “context”—the “conditions or surroundings in which something exists or occurs
- Two intermediate outcomes (clinician knowledge and use of best practices behaviors) were incorporated as was a feedback loop to depict the mechanisms used to provide practice and outcome-based evidence to update policies.

Reasons to Adapt the Model after Empirical Testing:

- The research team observed that the unit leaders did not always take action to implement evidence-based policy as depicted in the DIEBP model.
- The original model was designed for use for public health policy. The authors described that policy exists at two levels. “Big P” policy referred to the formal laws, rules, and regulations enacted by elected officials (e.g. federal policy). “Little p” policy referred to organizational level policy (e.g., practices/norms within a business).
- After consulting with the framework author about the unexpected findings, the research team became more aware of the significance of the two levels of policy. Organizations have no control and must implement “big P” policy and if time/resources are limited the leaders may have to priorities where to place the emphasis.

Example model adaptation of DIEBP to adjust from public policy to acute care organizational application

- As noted earlier, the “policy process” was relocated to the upper left corner of the model to represent that the policy process occurs at the level of the organization
- Boxes were added in the policy section to depict that the policy section was complex with competing priorities.
- Leaders often prioritize the implementation of “Big P” policies (e.g. following a law or regulation) with limited remaining resources left for implementing “little p” policies (e.g., addressing specific needs within and organization). This model adjustment provided some explanation for what was observed in the study.

Please see: Chapter 5 (pgs. 73-88) in *Dissemination and Implementation Research in Health: Translating Science to Practice*. R. Brownson, G. Colditz and E. Proctor (eds). New York, Oxford University Press for additional description of this example