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1. How can we assess the value of complex medical innovations in practice?

- Citation:** Expert review of pharmacoeconomics & outcomes research, Jun 2015, vol. 15, no. 3, p. 369-371, 1744-8379 (June 2015)
- Author(s):** Abrishami, Payam; Boer, Albert; Horstman, Klasien
- Abstract:** Rapid proliferation of medical innovations in the face of demographic changes and scarce resources is demanding a value-conscious entry of medical innovations into health care systems. An inquiry into value gains significance during the early diffusion phase of an innovation and becomes indispensable as the complexity of an innovation increases. In this editorial, we argue that a value assessment must pay attention to the social processes shaping the innovation's adoption and use, in particular, to the "promises" of the technology and actual "practices" with it. Promises and practices represent real-world value as they account for both outcomes and costs in practice. A systematic exploration of these loci of value, using insights from constructive technology assessment, enables us to make well-informed decisions on complex medical technologies.
- Source:** Medline

2. Hospital innovation and its impact on customer-perceived quality of care: a process-based evaluation approach.

- Citation:** Total Quality Management & Business Excellence, 01 February 2015, vol./is. 26/1/2(46-61), 14783363
- Author(s):** Wu, Ing-Long; Hsieh, Pi-Jung
- Language:** English
- Abstract:** As competition in Taiwan's healthcare sector has increasingly become severe, hospital innovation has become well recognised as an important resource for gaining competitive advantage. This study proposed a new research model for investigating the impact of hospital innovation on customer-perceived quality of care. Hospital innovation includes both medical and administrative innovation. The measures of quality of care are defined as a process-based evaluation concept with three components: structure, process, and outcome of care. Specifically, this research intends to explore two important issues. First, we explore the impact of hospital innovation on quality of care. Next, we examine the process-based evaluation concept for its practical validity. A sample survey was conducted for collecting data from the customers of larger hospitals. The structural equation model was used to examine the data. The results showed hospital innovation indicating a great predictive power in explaining perceived quality of care. Specifically, the process of care was found to be an important mediator for creating the ultimate outcome of care from the initial structure of care.
- Publication Type:** Academic Journal
- Source:** HEALTH BUSINESS ELITE

3. Learning Evaluation: blending quality improvement and implementation research methods to study healthcare innovations.

- Citation:** Implementation science : IS, Jan 2015, vol. 10, p. 31., 1748-5908 (2015)
- Author(s):** Balasubramanian, Bijal A; Cohen, Deborah J; Davis, Melinda M; Gunn, Rose; Dickinson, L Miriam; Miller, William L; Crabtree, Benjamin F; Stange, Kurt C
- Abstract:** In healthcare change interventions, on-the-ground learning about the implementation process is often lost because of a primary focus on outcome improvements. This paper describes the Learning Evaluation, a methodological approach that blends quality improvement and implementation research methods to study healthcare innovations. Learning Evaluation is an approach to multi-organization assessment. Qualitative and quantitative data are collected to conduct real-time assessment of implementation processes while also assessing changes in context, facilitating quality improvement using run charts and audit and feedback, and generating transportable lessons. Five principles are the foundation of this approach: (1) gather data to describe changes made by healthcare organizations and how changes are implemented; (2) collect process and

outcome data relevant to healthcare organizations and to the research team; (3) assess multi-level contextual factors that affect implementation, process, outcome, and transportability; (4) assist healthcare organizations in using data for continuous quality improvement; and (5) operationalize common measurement strategies to generate transportable results. Learning Evaluation principles are applied across organizations by the following: (1) establishing a detailed understanding of the baseline implementation plan; (2) identifying target populations and tracking relevant process measures; (3) collecting and analyzing real-time quantitative and qualitative data on important contextual factors; (4) synthesizing data and emerging findings and sharing with stakeholders on an ongoing basis; and (5) harmonizing and fostering learning from process and outcome data. Application to a multi-site program focused on primary care and behavioral health integration shows the feasibility and utility of Learning Evaluation for generating real-time insights into evolving implementation processes. Learning Evaluation generates systematic and rigorous cross-organizational findings about implementing healthcare innovations while also enhancing organizational capacity and accelerating translation of findings by facilitating continuous learning within individual sites. Researchers evaluating change initiatives and healthcare organizations implementing improvement initiatives may benefit from a Learning Evaluation approach.

Source: Medline

Full Text: Available from *Directory of Open Access Journals* in [Implementation Science](#)
Available from *BioMed Central* in [Implementation Science](#)
Available from *National Library of Medicine* in [Implementation Science : IS](#)

4. Evaluation as evolution: a Darwinian proposal for health policy and systems research.

Citation: Health research policy and systems / BioMed Central, Jan 2015, vol. 13, p. 15., 1478-4505 (2015)

Author(s): Martiniuk, Alexandra L; Abimbola, Seye; Zwarenstein, Merrick

Abstract: Health systems are complex and health policies are political. While grand policies are set by politicians, the detailed implementation strategies which influence the shape and impact of these policies are delegated to technical personnel. This is an underappreciated opportunity for optimising health systems. We propose that selective 'breeding' through successive evaluations of and selection among implementation strategies is a metaphor that health system thinkers can use to improve health care. Similar to Darwinian evolution, the acceptance and accumulation of successful choices and the detection and discarding of unsuccessful ones would improve health systems in small and uncontroversial ways, over time. The effects of better implementation choices would be synergistic and cumulative, accumulating large impact (and lessons) from small changes. Just as with evolution of species, this means that even slight improvements over usual outcomes makes these numerous small choices as important a focus for system improvement as the overarching policy itself. Several alternative implementation approaches can be compared under real-world conditions in prospective head-to-head experimental and non-experimental explorations to understand whether and to what extent a strategy works and what works for whom, how, and under what circumstances in different locations. As in breeding or evolution, the best variants would spread to become the new, proven superior, implementation strategies for that policy in those settings. Evolution does not produce a new species whole, in a single transaction. Instead it gathers new parts and powers over time as different combinations are tested through competition with one another, to survive and spread or become extinct. Without necessarily changing or challenging grand policies, extending this idea to health systems innovation can facilitate thinking around how local, small - but cumulative - improvements in implementation potentially contribute to a pattern of successive adaptation spreading within its viable niche and ultimately providing locally-derived, long-term improvements in health systems.

Source: Medline

Full Text: Available from *BioMed Central* in [Health Research Policy and Systems](#)
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Available from *National Library of Medicine* in *Health Research Policy and Systems*

5. A complexity-informed approach to evaluating national knowledge and innovation programmes.

- Citation:** Systems Research and Behavioral Science, Jan 2015, vol. 32, no. 1, p. 50-63, 1092-7026 (Jan-Feb 2015)
- Author(s):** Bressers, Nanny; Gerrits, Lasse
- Abstract:** This article discusses the impact systemic complexity has on evaluation. It specifically studies the evaluation of multiactor knowledge and innovation programmes, as they are a good example of systemic complexity. The article starts with a discussion on the origins of knowledge and innovation programmes, and why they require a different approach to evaluation than classic evaluation methods. It continues with an elaboration on complexity and complex causality, and how this interferes with evaluation possibilities. To address the challenges posed, the article then presents a framework for evaluation that takes systemic complexity into account and allows for conclusion drawing without reducing and simplifying complexity. This approach is called applied systemic programme evaluation. The article is concluded with a comparison between regular evaluation methods and the presented new approach, in which the differences between applied systemic programme evaluation and classic evaluation become apparent. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo

6. Applying systems science to evaluate a community-based social marketing innovation: A case study.

- Citation:** Social Marketing Quarterly, Dec 2014, vol. 20, no. 4, p. 247-267, 1524-5004 (Dec 2014)
- Author(s):** Biroscak, Brian J.; Schneider, Tali; Panzera, Anthony D.; Bryant, Carol A.; McDermott, Robert J.; Mayer, Alyssa B.; Khaliq, Mahmooda; Lindenberger, James; Courtney, Anita H.; Swanson, Mark A.; Wright, Ashton P.; Hovmand, Peter S.
- Abstract:** In the United States, community coalitions are an important part of the public health milieu, and thus, subject to many of the same external pressures as other organizations—including changes in required strategic orientation. Many funding agencies have shifted their funding agenda from program development to policy change. Thus, the Florida Prevention Research Center created the Community-Based Prevention Marketing (CBPM) for Policy Development framework to teach community coalitions how to apply social marketing to policy change. The research reported here was designed to explicate the framework's theory of change. We describe and demonstrate a hybrid evaluation approach: utilization-focused developmental evaluation. The research question was "What are the linkages and connections among CBPM inputs, activities, immediate outcomes, intermediate outcomes, and ultimate impacts?" We implemented a case study design, with the case being a normative community coalition. The study adhered to a well-developed series of steps for system dynamics modeling. Community coalition leaders may expect CBPM to provide immediate gains in coalition performance. Results from causal diagramming show how gains in performance are delayed and follow an initial decline in performance. We discuss the practical implications for CBPM's developers—for example, importance of managing coalition expectations—and other social marketers—for example, expansion of the evaluation toolkit. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo

7. Retrospective evaluation of factors that influence the implementation of catch in southern Illinois schools.

- Citation:** Health Promotion Practice, Sep 2014, vol. 15, no. 5, p. 706-713, 1524-8399 (Sep 2014)
- Author(s):** Bice, Matthew R.; Brown, Stephen L.; Parry, Thomas
- Abstract:** Background. Coordinated Approach to Child Health (CATCH) is a school health program implemented in southern Illinois that focuses on physical activity and nutrition and consists of a classroom curriculum, physical education framework, and cafeteria guidelines. Though many schools agreed to implement CATCH, some schools implemented it better than others. This study examined implementation practices of

classroom and physical education teachers and cafeteria supervisors. Method. We surveyed 284 school employees at 36 elementary schools located in southern Illinois. Attention focused on organizational readiness, commitment to change, school leadership, implementation barriers, and innovation perceptions concerning degree of implementation of CATCH. Results. Organizational readiness and implementation barriers were significant predictors of degree of implementation for school employees. Additionally, organizational readiness was reported a significant predictor of classroom teacher degree of implementation whereas leadership was a significant predictor of degree of implementation by physical education teachers. Conclusion. Data from this study can be used to enhance implementation of CATCH as well as other school health programs. This study provides educators evidence of why school employees have different implementation practices, evidence of what constructs influence degree of implementation most, and some explanation of school employee degree of implementation. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Source: PsycInfo

8. A patient-centered primary care practice approach using evidence-based quality improvement: Rationale, methods, and early assessment of implementation.

Citation: Journal of General Internal Medicine, Jul 2014, vol. 29, no. Suppl 2, p. 589-597, 0884-8734 (Jul 2014)

Author(s): Rubenstein, Lisa V.; Stockdale, Susan E.; Sapir, Negar; Altman, Lisa; Dresselhaus, Timothy; Salem-Schatz, Susanne; Vivell, Susan; Ovretveit, John; Hamilton, Alison B.; Yano, Elizabeth M.

Abstract: Background: Healthcare systems and their primary care practices are redesigning to achieve goals identified in Patient-Centered Medical Home (PCMH) models such as Veterans Affairs (VA)'s Patient Aligned Care Teams (PACT). Implementation of these models, however, requires major transformation. Evidence-Based Quality Improvement (EBQI) is a multi-level approach for supporting organizational change and innovation spread. Objective: To describe EBQI as an approach for promoting VA's PACT and to assess initial implementation of planned EBQI elements. Design: Descriptive. Participants: Regional and local interdisciplinary clinical leaders, patient representatives, Quality Council Coordinators, practicing primary care clinicians and staff, and researchers from six demonstration site practices in three local healthcare systems in one VA region. Intervention: EBQI promotes bottom-up local innovation and spread within top-down organizational priorities. EBQI innovations are supported by a research-clinical partnership, use continuous quality improvement methods, and are developed in regional demonstration sites. APPROACH: We developed a logic model for EBQI for PACT (EBQI-PACT) with inputs, outputs, and expected outcomes. We describe implementation of logic model outputs over 18 months, using qualitative data from 84 key stakeholders (104 interviews from two waves) and review of study documents. Results: Nearly all implementation elements of the EBQI-PACT logic model were fully or partially implemented. Elements not fully achieved included patient engagement in Quality Councils (4/6) and consistent local primary care practice interdisciplinary leadership (4/6). Fourteen of 15 regionally approved innovation projects have been completed, three have undergone initial spread, five are prepared to spread, and two have completed toolkits that have been pretested in two to three sites and are now ready for external spread. Discussion: EBQI-PACT has been feasible to implement in three participating healthcare systems in one VA region. Further development of methods for engaging patients in care design and for promoting interdisciplinary leadership is needed. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Full Text: Available from ProQuest in [Journal of General Internal Medicine](#)
Available from National Library of Medicine in [Journal of General Internal Medicine](#)
Available from EBSCOhost in [JGIM: Journal of General Internal Medicine](#)

9. A health economic model for the development and evaluation of innovations in aged care: an application to consumer-directed care-study protocol.

- Citation:** BMJ open, Jan 2014, vol. 4, no. 6, p. e005788., 2044-6055 (2014)
- Author(s):** Ratcliffe, Julie; Lancsar, Emily; Luszcz, Mary; Crotty, Maria; Gray, Len; Paterson, Jan; Cameron, Ian D
- Abstract:** Consumer-directed care is currently being embraced within Australia and internationally as a means of promoting autonomy and choice in the delivery of health and aged care services. Despite its wide proliferation little research has been conducted to date to assess the views and preferences of older people for consumer-directed care or to assess the costs and benefits of such an approach relative to existing models of service delivery. A comprehensive health economic model will be developed and applied to the evolution, implementation and evaluation of consumer-directed care in an Australian community aged care setting. A mixed methods approach comprising qualitative interviews and a discrete choice experiment will determine the attitudes and preferences of older people and their informal carers for consumer-directed care. The results of the qualitative interviews and the discrete choice experiment will inform the introduction of a new consumer-directed care innovation in service delivery. The cost-effectiveness of consumer-directed care will be evaluated by comparing incremental changes in resource use, costs and health and quality of life outcomes relative to traditional services. The discrete choice experiment will be repeated at the end of the implementation period to determine the extent to which attitudes and preferences change as a consequence of experience of consumer-directed care. The proposed framework will have wide applicability in the future development and economic evaluation of new innovations across the health and aged care sectors. The study is approved by Flinders University Social and Behavioural Research Ethics Committee (Project No. 6114/SBREC). Findings from the qualitative interviews, discrete choice experiments and the economic evaluation will be reported at a workshop of stakeholders to be held in 2015 and will be documented in reports and in peer reviewed journal articles. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.
- Source:** Medline
- Full Text:** Available from *Directory of Open Access Journals* in [BMJ Open](#)
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Available from *EBSCOhost* in [BMJ Open](#)

10. Evaluation as work in progress: Stories of shared learning and development.

- Citation:** Evaluation: The International Journal of Theory, Research and Practice, Oct 2013, vol. 19, no. 4, p. 419-430, 1356-3890 (Oct 2013)
- Author(s):** Fletcher, Gillian; Dyson, Suzanne
- Abstract:** Culture change programs that attempt to identify, challenge, and change inequities and discrimination represent major challenges for evaluators: these are shifting sands, subject to many external factors that cannot be accounted for or measured using 'objective' measures. Yet, effective, methodologically coherent evaluation of such projects is essential for both ethical and pragmatic reasons. This article reports on the evaluation of two programs from Victoria, Australia, that use sport as a vehicle for building cultures of respect. The methodology that underpinned both evaluations is described and the authors discuss the challenges (and benefits) experienced during the evaluation process. These challenges and benefits can be summarized under two main headings: relationships and expectations. Effective relationships based on trust led to open and frank communication, and this was essential to manage the multiple and often contradictory expectations that often accompany large, complex evaluation projects. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo

11. E-Health innovations, collaboration, and healthcare disparities: Developing criteria for culturally competent evaluation.

- Citation:** Families, Systems, & Health, Sep 2013, vol. 31, no. 3, p. 248-263, 1091-7527 (Sep 2013)
- Author(s):** Bacigalupe, Gonzalo; Askari, Sabrina F.
- Abstract:** E-Health alters how health care clinicians, institutions, patients, caregivers, families, advocates, and researchers collaborate. Few guidelines exist to evaluate the impact of social technologies on furthering family health and even less on their capacity to ameliorate health disparities. Health social media tools that help develop, sustain, and strengthen the collaborative health agenda may prove useful to ameliorate health care inequities; the linkage should not, however, be taken for granted. In this article we propose a classification of emerging social technologies in health care with the purpose of developing evaluative criteria that assess their ability to foster collaboration and positively impact health care equity. The findings are based on systematic Internet ethnographic observations, a qualitative analysis of e-health tool exemplars, and a review of the literature. To triangulate data collection and analysis, the research team consulted with social media health care experts in making recommendations for evaluation criteria. Selected cases illustrate the analytical conclusions. Lines of research that are needed to accurately rate and reliably measure the ability of social media e-health offerings to address health disparities are proposed. (PsycINFO Database Record (c) 2013 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo

12. Evaluating innovation.

- Citation:** Emerging practices in international development evaluation., Jan 2013, (2013), p. 199-451 (2013)
- Author(s):** Rochlin, Steve; Radovich, Sasha
- Abstract:** This chapter provides background on Innovation for Development. It suggests useful definitions and summarizes lessons learned on the requirements for grant-makers pursuing Innovation for Development. We have also included an evaluation matrix for consideration as a framework toward evaluating Innovations for Development based on our research. The chapter has two objectives: (1) to identify findings and lessons from a wide range of evaluations of innovation for development in the field of philanthropy and development, and (2) based on these lessons to offer an evaluation framework to use in measuring results related to innovation and in structuring learning from grants that have innovation as a major objective. The findings in the chapter should be useful for grant-makers, grantees, and other philanthropic and development leaders in planning monitoring and evaluation and reporting on innovation. (PsycINFO Database Record (c) 2014 APA, all rights reserved)(chapter)
- Source:** PsycInfo

13. A proposed model for evaluating the sustainability of continuous change programmes.

- Citation:** Journal of Change Management, Jun 2012, vol. 12, no. 2, p. 231-245, 1469-7017 (Jun 2012)
- Author(s):** Brännmark, Mikael; Benn, Suzanne
- Abstract:** Many studies report that it is difficult to sustain change. This article focuses on how an organization can initiate and sustain a continuous change process. A theoretical model is proposed as a fusion of two previous models for evaluating the sustainability of a change programme; the first is based on analysing stakeholder interest balance as a prerequisite for organizational sustainability, the second on analysing the design of the implementation, indicating whether long-term effects will be achieved. It is argued that the combination of these factors provides a more comprehensive perspective, since it allows us to evaluate both the 'form' and the 'direction' of the programme. To assess stakeholder interest balance, the goal for the change programme is analysed, utilizing the broad stakeholder interest balance perspective. To assess the design of the

implementation, four preconditions for long-term effects should be analysed: management's ownership of the change initiative, professional steering, competent leadership and participation. Reference is given to the management concept Lean Production, which is claimed to engage the organization in continuous change. Application of the model highlights the mismatch between narrowly focused change programmes such as Lean Production and sustainable change. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

14. Care coordinators: A controlled evaluation of an inpatient mental health service innovation.

Citation: International Journal of Mental Health Nursing, Feb 2012, vol. 21, no. 1, p. 82-91, 1445-8330 (Feb 2012)

Author(s): Stewart, Malcolm W.; Wilson, Michael; Bergquist, Karla; Thorburn, John

Abstract: The study aimed to evaluate the impact of introducing designated care coordinators into an acute mental health inpatient unit in terms of service delivery, clinical outcomes, and service user and significant other perceptions. A pre-post-controlled design was implemented with a consecutive sample of 292 service users admitted and staying more than 5 days in two wards, with care coordinators introduced in one ward. Data were obtained from clinical records, standard measures, and service user and significant other surveys. Care coordinator input was associated with significant improvements in service delivery and stronger involvement of significant others and community resources. Care-coordinated clients showed significantly better clinical outcomes, including the Health of Nations Outcome Scales behaviour subscale, less time in the intensive care subunit, less community crisis team input in the week following discharge, and lower rates of readmission in the month following discharge. Care-coordinated service users and their significant others gave higher ratings of service delivery, outcome, and satisfaction. The results indicate that designated care coordinators significantly improve care processes, outcomes, and service user experience in acute inpatient mental health settings. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Full Text: Available from EBSCOhost in [International Journal of Mental Health Nursing](#)
Available from EBSCOhost in [International Journal of Mental Health Nursing](#)

15. Quality, technology and outcomes: evolution and evaluation of new treatments and/or new technology.

Citation: Seminars in radiation oncology, Jan 2012, vol. 22, no. 1, p. 3-10, 1532-9461 (January 2012)

Author(s): Fraass, Benedick A; Moran, Jean M

Abstract: The pace of technological innovation and adoption continues to increase each year, and the field of Radiation Oncology struggles to react appropriately to the changes and potential improvements in treatment which hopefully will result from this innovation. The standard methods used in the past to test new technology and treatment techniques are often no longer appropriate for this fast-changing environment. This paper uses examples from radiotherapy technological developments over the last decades to illustrate issues which need to be solved in order to study and evaluate potential advances, and then describes several improved ways to study new techniques and technology. Design of appropriate studies can help us improve patient care while at the same time documenting which new clinical strategies, enabled by new technology, lead to improved patient outcomes. Copyright © 2012 Elsevier Inc. All rights reserved.

Source: Medline

16. The evaluation of knowledge claims in an innovation project: A case study.

Citation: Management Learning, Nov 2011, vol. 42, no. 5, p. 537-563, 1350-5076 (Nov 2011)

Author(s): Peters, Kristian; Maruster, Laura; Jorna, René J.

Abstract: Understanding how an organization determines what knowledge is valid leads to new insights about how firms cope with innovation. Although the evaluation of knowledge is a relevant topic in the field of knowledge management, the existing literature does not provide substantial contributions. Nonaka and Takeuchi's (1995) theory of justification is the only established approach. This study adopts an empirical approach for improving the understanding of knowledge claim evaluation by presenting a conceptual framework based on Toulmin's (1958) argumentation theory. We apply the framework in a small-scale study at the headquarters of a large building technology multinational. Based on the results, we reflect upon Nonaka and Takeuchi's (1995) justification theory. Our findings indicate that the justification theory explains actual knowledge claim evaluation only partially. The unexplained parts, for which we explore alternative meanings, enlighten why innovations fail or succeed from the viewpoint of knowledge claim evaluation. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

17. Assessing multifunctional innovation adoption via an integrative model.

Citation: Journal of the Academy of Marketing Science, Oct 2011, vol. 39, no. 5, p. 717-735, 0092-0703 (Oct 2011)

Author(s): Sääksjärvi, Maria; Samiee, Saeed

Abstract: This study proposes and tests an integrative model that incorporates the mental resources framework (MOA: motivation, opportunity, and ability) alongside traditional innovation adoption predictors for assessing the adoption of dual-functionality innovations (DFI), a special case of multifunctional innovations (MFI). The multifunctional nature of an increasing number of new products demands the use of mental resources in evaluating new offers, as the comprehension of MFIs is more demanding (i.e., requires more mental resources) than single-functionality (SF) products. The proposed model also recognizes the role of MFI categorization as a critical link in the process, because an MFI, and within the context of our study a DFI, helps consumers achieve multiple goals if they realize its dual functionality. Our model demonstrates that mental resources play a significant role in consumers' adoption decisions and should be included in studies of MFI adoption. Further, our integrative model offers a significant improvement over rival alternatives that use only traditional innovation adoption predictors. Thus, the model offers a new approach for estimating MFI adoption with a superior predictive power and facilitates the development of appropriate marketing strategies for such products. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

18. Developmental evaluation: Building innovations in complex environments.

Citation: Health Promotion Practice, Sep 2011, vol. 12, no. 5, p. 645-650, 1524-8399 (Sep 2011)

Author(s): Fagen, Michael C.; Redman, Sarah Davis; Stacks, Jonathan; Barrett, Vivian; Thullen, Benjamin; Altenor, Sunyata; Neiger, Brad L.

Abstract: Developmental evaluation is an emerging approach to program evaluation that emphasizes innovation and learning. It is particularly well suited to evaluating innovative programs in their earliest stages of development and adapting existing programs to complex or changing environments. Key features of the developmental evaluation approach include a tight integration between evaluators and program staff and the use of data for continuous program improvement. This article presents developmental evaluation as a complementary approach to the traditional formative–summative evaluation cycle, especially when used for preformative evaluation. To illustrate this emerging approach, the article features a case example from the Illinois Caucus for Adolescent Health's evaluation of its school board sexuality education policy change project. The article concludes by suggesting ways that developmental evaluation can be useful in health promotion practice. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

19. An alternative approach to evaluating, measuring, and comparing domestic and international health institutions: Insights from social science theories.

Citation: Health Policy, Aug 2011, vol. 101, no. 3, p. 209-219, 0168-8510 (Aug 2011)

Author(s): Gómez, Eduardo J.

Abstract: Objectives: This article introduces the benefits of applying social science theories discussing institutional stasis and change to better measure, explain, and compare elite behavior within health administration and decentralization processes. A new comparative method based on these theories is introduced, as well as methods for collecting and analyzing data. Methods: A literature review of health governance, health system governance, and path dependency and institutional change theory was conducted to reveal the limitations of health governance approaches explaining elite behavior. Next, path dependency and institutional change theory was applied to case studies in order to demonstrate their utility in explaining institutional stasis and change. Results: Current approaches to analyzing and comparing elite behavior in the health governance frameworks are limited in their ability to accurately explain the willingness of elites to pursue more efficient institutional and policy designs. Current indicators measuring elite behavior are also too static, failing to account for periodic resistance to change and the conditions for it. Conclusions: By applying path dependency and institutional change theory, the policy community can obtain greater insight into the willingness and thus capacity of institutions to pursue innovations while developing alternative analytic frameworks and databases that better measure and predict this process. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Source: PsycInfo

20. Developmental impact evaluation for facilitating learning in innovation networks.

Citation: American Journal of Evaluation, Jun 2011, vol. 32, no. 2, p. 227-245, 1098-2140 (Jun 2011)

Author(s): Saari, Eveliina; Kallio, Katri

Abstract: Innovations and new project ideas often emerge in networks of researchers, users of research, and societal actors. This article analyzes and discusses how research scientists learn to conduct research that has an impact on their clients, scientific community, and society. We describe a new developmental impact evaluation method based on the theory of expansive learning. The pilot process was conducted for bioenergy researchers at MTT Agrifood Research Finland. Developmental impact evaluation offers networks a process for evaluating completed projects, learning from them, and constructing a new research concept via pilot projects. The method opens up the concept of 'research impact' as a qualitative learning challenge, rather than an accountable target to be judged. It may be adopted as a continuous way of managing and renewing cross-disciplinary research programs, research groups, or networks. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

21. Identifying, monitoring, and assessing promising innovations: using evaluation to support rapid-cycle change.

Citation: Issue brief (Commonwealth Fund), Jun 2011, vol. 12, p. 1-12, 1558-6847 (June 2011)

Author(s): Gold, Marsha; Helms, David; Guterman, Stuart

Abstract: The Center for Medicare and Medicaid Innovation (Innovation Center) was created by the Affordable Care Act to identify, develop, assess, support, and spread new approaches to health care financing and delivery that can help improve quality and lower costs. Although the Innovation Center has been given unprecedented authority to take action, it is being asked to produce definitive results in an extremely short time frame. One particularly difficult task is developing methodological approaches that adhere to a condensed time frame, while maintaining the rigor required to support the extensive

policy changes needed. The involvement and collaboration of the health services research community will be a key element in this endeavor. This issue brief reviews the mission of the Innovation Center and provides perspectives from the research community on critical issues and challenges.

Source: Medline

22. Health services innovation: evaluating process changes to improve patient flow.

Citation: International Journal of Healthcare Technology & Management, 01 June 2011, vol./is. 12/3/4(280-292), 13682156

Author(s): Fitzgerald, Janna Anneke; Eljiz, Kathy; Dadich, Ann; Sloan, Terry; Kathryn J. Hayes

Language: English

Abstract: The article discusses a study on organisational culture changes supported by the use of simulation as an impartial form of analysis and communication. It presents a review of literature from animated computer simulation and organisational culture. The use of animated computer simulation to apply lean thinking to improve patient flow in a public hospital's emergency department (ED) is outlined and the results achieved with those predicted by animated computer simulation are compared. Suggestions for further improvement are offered.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE

23. Innovation and evaluation: taming and unleashing telecare technology.

Citation: Sociology of health & illness, Mar 2011, vol. 33, no. 3, p. 484-498, 1467-9566 (March 2011)

Author(s): Pols, Jeannette; Willems, Dick

Abstract: Telecare is advocated in most European countries with great, if not grandiose, promises: improving healthcare, lowering costs, solving workforce shortage. This paper does not so much question these specific promises, but rather the 'register of promising' as such, by comparing the promises with actual processes of incorporating technologies in healthcare practices. The case we study is the use of webcams in follow-up care from a Dutch rehabilitation clinic for people with severe chronic obstructive pulmonary disease (COPD). This process shows many changes and contingencies, and corresponding shifts in goals and aims. The conclusion is that when innovative technologies such as telecare are actually put to work, 'the same' technology will perform differently. In order to function at all, technology has to be tamed, it has to be tinkered with to fit the practices of the users. The technology, however, is not meekly put to use (tamed), but is unleashed as well, affecting care practices in unforeseen ways. The untenability of pre-given promises and the fluidity of locally evolving goals has important implications for the way in which innovations are promoted, as well as for the way innovative technologies may be evaluated. © 2010 The Authors. Sociology of Health & Illness © 2010 Foundation for the Sociology of Health & Illness/Blackwell Publishing Ltd.

Source: Medline

Full Text: Available from *EBSCOhost* in [Sociology of Health & Illness](#)

24. The e-Health Implementation Toolkit: qualitative evaluation across four European countries.

Citation: Implementation science : IS, Jan 2011, vol. 6, p. 122., 1748-5908 (2011)

Author(s): MacFarlane, Anne; Clerkin, Pauline; Murray, Elizabeth; Heaney, David J; Wakeling, Mary; Pesola, Ulla-Maija; Waterworth, Eva Lindh; Larsen, Frank; Makiniemi, Minna; Winblad, Ilkka

Abstract: Implementation researchers have attempted to overcome the research-practice gap in e-health by developing tools that summarize and synthesize research evidence of factors that impede or facilitate implementation of innovation in healthcare settings. The e-Health Implementation Toolkit (e-HIT) is an example of such a tool that was designed within the

context of the United Kingdom National Health Service to promote implementation of e-health services. Its utility in international settings is unknown. We conducted a qualitative evaluation of the e-HIT in use across four countries--Finland, Norway, Scotland, and Sweden. Data were generated using a combination of interview approaches (n = 22) to document e-HIT users' experiences of the tool to guide decision making about the selection of e-health pilot services and to monitor their progress over time. e-HIT users evaluated the tool positively in terms of its scope to organize and enhance their critical thinking about their implementation work and, importantly, to facilitate discussion between those involved in that work. It was easy to use in either its paper- or web-based format, and its visual elements were positively received. There were some minor criticisms of the e-HIT with some suggestions for content changes and comments about its design as a generic tool (rather than specific to sites and e-health services). However, overall, e-HIT users considered it to be a highly workable tool that they found useful, which they would use again, and which they would recommend to other e-health implementers. The use of the e-HIT is feasible and acceptable in a range of international contexts by a range of professionals for a range of different e-health systems.

Source: Medline

Full Text: Available from *Directory of Open Access Journals* in [Implementation Science](#)
Available from *BioMed Central* in [Implementation Science](#)
Available from *National Library of Medicine* in [Implementation Science : IS](#)

25. Evaluation of patient centered medical home practice transformation initiatives.

Citation: Medical Care, Jan 2011, vol. 49, no. 1, p. 10-16, 0025-7079 (Jan 2011)

Author(s): Crabtree, Benjamin F.; Chase, Sabrina M.; Wise, Christopher G.; Schiff, Gordon D.; Schmidt, Laura A.; Goyzueta, Jeanette R.; Malouin, Rebecca A.; Payne, Susan M. C.; Quinn, Michael T.; Nutting, Paul A.; Miller, William L.; Jaén, Carlos Roberto

Abstract: Background: The patient-centered medical home (PCMH) has become a widely cited solution to the deficiencies in primary care delivery in the United States. To achieve the magnitude of change being called for in primary care, quality improvement interventions must focus on whole-system redesign, and not just isolated parts of medical practices. Methods: Investigators participating in 9 different evaluations of Patient Centered Medical Home implementation shared experiences, methodological strategies, and evaluation challenges for evaluating primary care practice redesign. Results: A year-long iterative process of sharing and reflecting on experiences produced consensus on 7 recommendations for future PCMH evaluations: (1) look critically at models being implemented and identify aspects requiring modification; (2) include embedded qualitative and quantitative data collection to detail the implementation process; (3) capture details concerning how different PCMH components interact with one another over time; (4) understand and describe how and why physician and staff roles do, or do not evolve; (5) identify the effectiveness of individual PCMH components and how they are used; (6) capture how primary care practices interface with other entities such as specialists, hospitals, and referral services; and (7) measure resources required for initiating and sustaining innovations. Conclusions: Broad-based longitudinal, mixed-methods designs that provide for shared learning among practice participants, program implementers, and evaluators are necessary to evaluate the novelty and promise of the PCMH model. All PCMH evaluations should as comprehensive as possible, and at a minimum should include a combination of brief observations and targeted qualitative interviews along with quantitative measures. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

26. Evaluating innovations in the delivery and organization of endoscopy services in England and Wales.

Citation: Qualitative Health Research, Jul 2010, vol. 20, no. 7, p. 922-930, 1049-7323 (Jul 2010)

Author(s): Rapport, Frances; Jerzembek, Gabi; Seagrove, Anne; Hutchings, Hayley; Russell, Ian; Cheung, Wai-Yee; Williams, John G.

Abstract: This article presents four focus groups conducted with health professionals, part of a mixed-method evaluation of modernization of endoscopy services in England catalyzed by the UK National Health Service Modernisation Agency. Transcripts were analyzed adapting van Manen's "sententious" or "wholistic" approach to thematic analysis. Seven analysts worked to distil lengthy transcripts into summative paragraphs to capture the essentiality of text. Five major themes emerged: lack of senior management understanding and appropriate management systems, inadequate resources, loss of personal autonomy and erosion of professionalism, barriers and facilitators to change, and differences between English and Welsh units—the Welsh perspective. Achieving long-lasting, positive effects of modernization within complex systems demands senior management to actively support innovations, consider staff morale, and provide appropriate levels of funding. However, although professional morale was low, ambition to improve services was strong. The methodological framework offered a comprehensive and applicable approach to data analysis, and our analysis approach was inclusive and collaborative, with far-reaching possibilities for experimental studies and large-scale, mixed-method studies, including trials. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

27. Deploying a spreadsheet tool for early economic value assessment of medical device innovations with healthcare decision makers.

Citation: Journal of Management & Marketing in Healthcare, 01 July 2009, vol./is. 2/3(278-292), 17533031

Author(s): Craven, Michael P.; Morgan, Steve P.; Crowe, John A.; Lu, Bo

Language: English

Abstract: Early-stage evaluation of medical device innovations is important for both healthcare decision makers and manufacturers. Basic cost-effectiveness analysis is therefore becoming increasingly necessary outside the usual base of health technology assessment specialists. This paper describes a spreadsheet tool for both healthcare delivery professionals and healthcare technology innovators who are non-experts in health economics. Via a simplified decision-tree model, the tool can be used to compare costs and patient benefit for a new device-related procedure versus standard care with an incumbent device or other alternative. To be broadly comparable across treatments, the tool uses the standard quality-adjusted life-year (QALY) measure of clinical outcome. The tool helps the innovator/manufacturer focus on development needs in order to fill gaps in the input data and so further strengthen their case from a health economics perspective. The results show that mapping device-related innovations to the tool is achievable using expected costs, outcomes data from the literature and estimated ranges for unknown input data. While the result of a simplified analysis is not expected to be definitive, the process of reasoning is illuminating for the parties involved, enabling innovators to articulate the benefits of their innovations and for all parties to highlight gaps in the data and evidence required to take the innovation forward.

Publication Type: Academic Journal

Source: HEALTH BUSINESS ELITE

Full Text: Available from EBSCOhost in [Journal of Management & Marketing in Healthcare](#)

28. Stakeholder approach for evaluating organizational change projects.

Citation: International journal of health care quality assurance, Jan 2008, vol. 21, no. 5, p. 418-434, 0952-6862 (2008)

Author(s): Peltokorpi, Antti; Alho, Antti; Kujala, Jaakko; Aitamurto, Johanna; Parvinen, Petri

Abstract: This paper aims to create a model for evaluating organizational change initiatives from a stakeholder resistance viewpoint. The paper presents a model to evaluate change projects and their expected benefits. Factors affecting the challenge to implement change were defined based on stakeholder theory literature. The authors test the model's practical

validity for screening change initiatives to improve operating room productivity. Change initiatives can be evaluated using six factors: the effect of the planned intervention on stakeholders' actions and position; stakeholders' capability to influence the project's implementation; motivation to participate; capability to change; change complexity; and management capability. The presented model's generalizability should be explored by filtering presented factors through a larger number of historical cases operating in different healthcare contexts. The link between stakeholders, the change challenge and the outcomes of change projects needs to be empirically tested. The proposed model can be used to prioritize change projects, manage stakeholder resistance and establish a better organizational and professional competence for managing healthcare organization change projects. New insights into existing stakeholder-related understanding of change project successes are provided.

Source: Medline

Full Text: Available from *ProQuest* in [International Journal of Health Care Quality Assurance](#)

29. Assessing your organization's innovation capabilities.

Citation: Leader to leader 2: Enduring insights on leadership from the Leader to Leader Institute's award-winning journal., Jan 2008, (2008), p. 317-680 (2008)

Author(s): Christensen, Clayton M.

Abstract: Warnings are all about us that the pace of change is accelerating. The amount of information available to managers--as well as the amount of work and judgment required to sort the important from the less important--is increasing dramatically. The pervasive emergence of the Internet is exacerbating these trends. This is scary news--because when the pace of change was slower, most managers' track records in dealing with change weren't that good. For example, none of the minicomputer companies such as Digital, Data General, and Wang succeeded in developing a competitive position in the personal computer business. Only one of the hundreds of department stores, Dayton Hudson, now Target, became a leader in discount retailing. Medical and business schools have struggled to change their curricula fast enough to train the types of doctors and managers that their markets need. The list could go on. In most of these instances, seeing the innovations coming at them hasn't been the problem. The organizations just didn't have the capability to react to what their employees and leaders saw in a way that enabled them to keep pace with required changes. This chapter offers a framework to help managers confronted with necessary change understand whether the organizations over which they preside are capable or incapable of tackling the challenge. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)

Source: PsycInfo

30. The business of change: A leader's guide to ongoing evaluation.

Citation: The 2008 Pfeiffer annual: Consulting., Jan 2008, (2008), p. 63-356, 1046-333X (2008)

Author(s): Preziosi, Robert C.

Abstract: Presents a real-time activity that identifies and evaluates aspects of a change activity. The goals of this chapter are: (1) to identify the level of business results that a change project might have; (2) determine whether a change project is having an acceptable/unacceptable impact on business results; and (3) to assess the final level of impact that a change project has had on business results. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(create)

Source: PsycInfo

31. Evaluation of clinical innovation: A gray zone in the ethics of modern clinical practice?

Citation: Journal of General Internal Medicine, Jan 2008, vol. 23, no. Supp 11, p. 27-31, 0884-8734 (Jan 2008)

Author(s): Patenaude, Johane; Grant, Andrew M.; Xhignesse, Marianne; Leblanc, Frédéric; Courteau, Josiane

- Abstract:** Background: Various stakeholders can have differing opinions regarding ethical review when introducing new procedures with patients. Objective: This pilot study examines the way in which Research Ethics Boards (REBs; Institutional Review Boards) and clinical biochemists (CBs; laboratory medicine specialists) differ in their interpretation of what is research and what should be considered common practice versus innovation versus experimentation when introducing new procedures with patients. It also explores whether these groups agree on who is responsible for the ethical review of new procedures. Methods: A validated case scenario for the introduction of a new diagnostic test into clinical practice was sent to CBs and REBs across Canada. Participants were asked to determine whether the scenario constituted research; whether the test procedure should be considered as experimental, innovative, or commonly accepted care; and whether the project required approval by a REB and, if not, who should be responsible for ethical review. Results: Results showed 81% of 37 CBs and 52% of 27 REBs identified the scenario as research. Responsibility for ethical review was assigned to REBs by 44% of REBs and 54% of CBs. Of all participants, 53% classified the test procedure as 'innovative', 8% as 'experimental', whereas 17% classified it as 'commonly accepted'. Conclusions: This pilot study indicates a substantial variation in the ethical assessment of innovation in clinical care. This suggests the need to further elaborate on the types of innovation in health care and categorize the nature of the risks associated with each. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo
- Full Text:** Available from ProQuest in [Journal of General Internal Medicine](#)
Available from National Library of Medicine in [Journal of General Internal Medicine](#)
Available from EBSCOhost in [JGIM: Journal of General Internal Medicine](#)

32. Using organizational assessment as a tool for program change.

- Citation:** Journal of Substance Abuse Treatment, Sep 2007, vol. 33, no. 2, p. 131-137, 0740-5472 (Sep 2007)
- Author(s):** Courtney, Katherine Ortega; Joe, George W.; Rowan-Szal, Grace A.; Simpson, D. Dwayne
- Abstract:** Organizational functioning within substance abuse treatment organizations is important to the transfer of research innovations into practice. Programs should be performing well for new interventions to be implemented successfully. This study examined the characteristics of treatment programs that participated in an assessment and training workshop designed to improve organizational functioning. The workshop was attended by directors and clinical supervisors from 53 community-based treatment units in a single state in the Southwest. Logistic regression analysis was used to examine attributes related to program-level decisions to engage in a structured process for making organizational changes. Findings showed that programs with higher needs and pressures, more limited institutional resources, and poorer ratings on staff attributes and organizational climate were the most likely to engage in a change strategy. Furthermore, organizations with greater staff consensus (i.e., smaller standard deviations) on ratings of organizational climate were also more likely to engage in change. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)
- Source:** PsycInfo

33. EVALUATING RADICAL INNOVATION PORTFOLIOS.

- Citation:** Research Technology Management, 01 September 2007, vol./is. 50/5(17-29), 08956308
- Author(s):** Paulson, Albert S.; O'Connor, Gina Colarelli; Robeson, Daniel
- Language:** English
- Abstract:** Radical innovation in large firms is a risky endeavor, exacerbated by high levels" of uncertainty and long cycle times. Moreover, management lacks evaluation tools that are appropriate for the degree of ambiguity of the information available from these types of projects. Add to this the difficulties of managing in the context of the large firm where many processes are tuned toward repetition and continuous improvement, and it becomes

clear that commercialization of radical innovation (RI) is a difficult proposition at best. Portfolio managers will almost invariably build a team, learn appropriate processes, clarify their mandate within the company, generate initial projects, and begin to enrich their portfolios, only to have their efforts cancelled out due to an unsatisfactory financial return. The "what have you done for me lately?" question plagues these groups, and ends up costing the company investment of resources in opportunities that are never leveraged. Having an evaluation tool to assess the relative values of projects within the context of the entire radical innovation portfolio, and to track changes in the relative value of the portfolio over time, can help RI portfolio managers articulate their contribution to the company's growth strategy and can aid in innovation strategy development.

Publication Type: Academic Journal
Source: HEALTH BUSINESS ELITE
Full Text: Available from *EBSCOhost* in [Research Technology Management](#)

34. The Situational Outlook Questionnaire: Assessing the context for change.

Citation: Psychological Reports, Apr 2007, vol. 100, no. 2, p. 455-466, 0033-2941 (Apr 2007)
Author(s): Isaksen, Scott G.
Abstract: The Situational Outlook Questionnaire has been in use for many years as an assessment of the climate that supports change, innovation, and creativity. This study reports the descriptive statistics, internal consistency, factor structure, and other psychometric results from a sample of 4,730 respondents. Further areas for improvement of the questionnaire and assessment approach are identified. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)
Source: PsycInfo

35. Assessing the impact of a care innovation: Telecare.

Citation: System Dynamics Review, Mar 2007, vol. 23, no. 1, p. 61-80, 0883-7066 (Spr 2007)
Author(s): Bayer, Steffen; Barlow, James; Curry, Richard
Abstract: The provision of health and social care for an increasing elderly population is a challenge facing many societies. Telecare, the delivery of health and social care to individuals within the home or wider community, with the support of information and communication technologies, has been advocated as an approach to reduce the rise in the number of elderly people in institutional care and to contain costs. A dynamic model is required to understand the systemic impact of telecare implementation over time. The paper cautions against overoptimistic expectations about the impact of telecare in the short term and emphasizes that the benefits for healthcare systems may take a considerable time to be realized. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)
Source: PsycInfo

36. Back to the future: Innovation, evaluation and reverse survival analysis.

Citation: Community safety: Innovation and evaluation., Jan 2007, (2007), p. 285-669 (2007)
Author(s): Bowers, Kate; Johnson, Shane; Pease, Ken
Abstract: Much ink has been spilled and many trees felled to fuel debates about evaluation strategy. In particular, the status of the Randomized Control Trial (RCT) as the ne plus ultra of evaluation has been extensively debated, and will not be discussed further here, beyond noting a sympathy for the approach advocated by Pawson & Tilley (1997) as scientific realism. The debate about the putative effect of lighting on crime, which will be referred to later, is sterile insofar as it simply compares one state (lit) to another (not lit). Pease (1999) argued that the thrust of the research enterprise should move towards an examination of lighting variation (by time and place) and its crime co-variates. The suggestion is in line with the Pawson & Tilly emphasis on understanding context-mechanism-outcome relationships, and is developed below as 'effect signatures'. The starting point for this chapter is that the RCT, however desirable it may be, is not

always, indeed not often, practicable for community safety evaluations, limited as they typically are by time and budget. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(chapter)

Source: PsycInfo

37. Tailored program evaluation: Past, present, future.

Citation: Evaluation and Program Planning, Nov 2006, vol. 29, no. 4, p. 426-432, 0149-7189 (Nov 2006)

Author(s): Suggs, L. Suzanne; Cowdery, Joan E.; Carroll, Jennifer B.

Abstract: This paper discusses measurement issues related to the evaluation of computer-tailored health behavior change programs. As the first generation of commercially available tailored products is utilized in health promotion programming, programmers and researchers are becoming aware of the unique challenges that the evaluation of these programs presents. A project is presented that used an online tailored health behavior assessment (HBA) in a worksite setting. Process and outcome evaluation methods are described and include the challenges faced, and strategies proposed and implemented, for meeting them. Implications for future research in tailored program development, implementation, and evaluation are also discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

38. A participatory program evaluation of a systems change program to improve access to information technology by people with disabilities.

Citation: Disability and Rehabilitation: An International, Multidisciplinary Journal, Oct 2006, vol. 28, no. 19, p. 1185-1199, 0963-8288 (Oct 2006)

Author(s): Mirza, Mansha; Anandan, Navaraj; Madnick, Frances; Hammel, Joy

Abstract: Purpose: To pilot-test and evaluate an innovative program providing information technology (IT) access to people with disabilities transitioning out of nursing homes into the community using a participatory approach. Methods: Pre- and post-training data was collected on the 61 program participants to reflect three broad areas related to the IT training experience: performance; self-efficacy; importance, satisfaction and control. Additionally, semi-structured interviews were conducted with seven participants and five members of the program staff to explore environmental barriers to IT access for this group and the efficacy of the program in addressing these barriers. Data analyses followed a mixed methods approach incorporating both qualitative and quantitative techniques. Results: Participants showed substantive changes in different spheres of IT use after completion of training. Post-training changes were significant particularly in areas related to self-efficacy, importance and satisfaction pertaining to use of IT. Qualitative findings substantiated the quantitative results and also revealed the numerous barriers to IT access that persons with disabilities continue to face within their communities. Conclusion: Results indicate the feasibility, effectiveness and value of IT access to people with disabilities particularly those transitioning from institutional life to community living. Further action research aimed at increasing IT access for this group within local communities and neighborhoods is needed to address this issue at a broader societal level. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Source: PsycInfo

Full Text: Available from *EBSCOhost* in [Disability & Rehabilitation](#)
Available from *Taylor & Francis* in [Disability and Rehabilitation](#)

39. From Fear to Loathing? How Emotion Influences the Evaluation and Early Use of Innovations.

Citation: Journal of Marketing, Jul 2006, vol. 70, no. 3, p. 44-57, 0022-2429 (Jul 2006)

Author(s): Wood, Stacy L.; Moreau, C. Page

Abstract: Innovation adoption is rarely a short process for consumers; accordingly, recent research has explored adoption as a dynamic process that is characterized by changing patterns, or

diffusion, of consumer use of the innovation. This research suggests that adoption is rarely a neutral process and that consumers can experience strong emotions in the initial use of innovations. However, given such emotions, two opposing arguments can be made as to whether the inclusion of emotional responses increases the predictive power of traditional models of diffusion. On the one hand, experienced emotion may simply be a function of gained benefits and, as such, may already be captured in extant models through cognitive assessments of net benefits. On the other hand, and as data from two empirical and longitudinal studies demonstrate, the learning process is potentially emotion generating (independent of net benefits), and this emotion colors product evaluations. The emotional influence is sizable and, importantly, not a straightforward case of "easier is better." In this work, the authors present the E3 (expectation → emotion → evaluation) model, which describes how managers can better predict and influence the successful diffusion of complex technological products. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

40. The Trident: A Three-Pronged Method for Evaluating Clinical, Social and Educational Innovations.

Citation: Evaluation: The International Journal of Theory, Research and Practice, Jul 2006, vol. 12, no. 3, p. 372-383, 1356-3890 (Jul 2006)

Author(s): Ellis, Roger; Hogard, Elaine

Abstract: This contribution describes a 'trident' approach to programme evaluation, which focuses on three 'prongs' that might be used to structure an evaluation. These prongs represent the measurement of outcomes; the description and analysis of process; and the sampling of multiple stakeholder perspectives. The prongs thus address the questions: did it work, what happened and what did stakeholders think of it? The origins of the approach are described and its approach related to the needs of contractors and the purposes of evaluation. The methodological implications of the three 'prongs' are considered, including objective specification and outcome measurement; approaches to process description and analysis; and the techniques available to sample stakeholder perspectives. Three case studies of the trident in action are presented, including evaluations of clinical facilitation for student nurses; a skills laboratory for the acquisition of clinical techniques; and a scheme for the educational, social and health development of children under the age of four. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Source: PsycInfo

41. Disruptiveness of innovations: measurement and an assessment of reliability and validity.

Citation: Strategic Management Journal, 01 February 2006, vol./is. 27/2(189-199), 01432095

Author(s): Govindarajan, Vijay; Kopalle, Praveen K.

Language: English

Abstract: Strategic management scholars have long explored the broad topic of innovation, a cornerstone in creating competitive advantage. Any attempt at theory construction in this area must encompass reliable and valid measures for key innovation characteristics. Yet, with respect to an important construct, i.e., disruptiveness of innovations, there has been relatively little academic research. Without formalizing the disruptiveness concept with a reliable and valid measure, it is difficult to conduct rigorous research to uncover the causes of the innovator's dilemma and identify mechanisms to help incumbents develop such innovations. In this paper, we develop a scale for the disruptiveness of innovations. We collected data from senior executives (vice president or general manager level) at 199 strategic business units (SBUs) in 38 Fortune 500 corporations and performed a series of analyses to establish the reliability and validity of the disruptiveness scale. The reliability measures, exploratory factor analysis, confirmatory factor analysis, and subsequent statistical tests strongly support our measure. Further, we also present nomological validity of the disruptiveness construct, thus establishing its predictive validity. Thus, this paper distinguishes the disruptiveness concept from other established innovation constructs, such as radicalness and competency destroying. Finally, we discuss the

significance of our results and how this study might be useful to other researchers.
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Publication Type: Academic Journal
Source: HEALTH BUSINESS ELITE

42. Primary health care teams. Opportunities and challenges in evaluation of service delivery innovations.

Citation: The Journal of ambulatory care management, Jan 2003, vol. 26, no. 1, p. 22, 0148-9917 (2003 Jan-Mar)

Author(s): Roblin, Douglas W; Vogt, Thomas M; Fireman, Bruce

Abstract: Quality of service and corporate productivity may be improved when employees are formed into semi-autonomous teams that are empowered to be innovative in service and are rewarded for attaining performance goals. This article describes the planned staffing and implementation strategies for three models of primary health care teams (HCTs) in a managed care organization (MCO). Implementation of each model focussed on (1) changes to primary care staffing mix (structural integration of roles) and (2) development of teamwork (functional integration of roles). Evidence from other industries suggests that the planned changes to structural and functional integration of existing primary care delivery models could improve system productivity, patient satisfaction, clinical quality, and employee morale. Retrospective evaluations of whether the planned improvements were achieved, and whether these achievements can be attributed to changes in staffing mix or teamwork, are now being conducted. Opportunities and limitations in conducting these retrospective evaluations are discussed, particularly with reference to use of existing data sources. The article concludes with recommendations for evaluation of natural experiments in primary care redesign.

Source: Medline

Full Text: Available from *EBSCOhost* in [Journal of Ambulatory Care Management](#)

43. The change capacity of organisations: General assessment and five configurations.

Citation: Applied Psychology: An International Review, Jan 2003, vol. 52, no. 1, p. 83-105, 0269-994X (Jan 2003)

Author(s): Bennebroek Gravenhorst, Kilian M.; Werkman, Renate A.; Boonstra, Jaap J.

Abstract: Realizing major organizational change and innovation is a complex process and many organizations do not obtain the outcomes they desire. The purpose of this study is to investigate which factors hinder or contribute to far-reaching change. These factors are sought in characteristics of organizations, and in the design and management of change processes. Altogether, we evaluate 16 aspects when assessing the change capacity of organizations. In addition, we explore underlying patterns in the change capacity of organizations. General results suggest that the change capacity of organizations is neither low nor high. This is counterintuitive and opposite to what we know about differences between changing organizations. Additional cluster analyses revealed a limited number of configurations in the change capacity of organizations. Five configurations show distinct patterns in factors that frustrate or contribute to change. We interpreted the configurations as the innovative organization, the longing organization, the organization with aged technology, the organization with a clumsy change approach, and the cynical organization. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycInfo

44. Exploring the relationship between the use of evaluation in business process re-engineering and organisational learning and innovation.

Citation: Journal of Management Development, Jan 2000, vol. 19, no. 10, p. 812-835, 0262-1711 (2000)

Author(s): Vakola, Maria

Abstract: Explores the role of evaluation in a business process re-engineering (BPR) initiative and its relationship with organizational learning and innovation. This paper presents the evaluation of the implementation of a business process re-engineering project in 3 case studies. The implementation of the BPR project was based on an 8-stage BPR methodology. The participating companies were asked to evaluate the implementation, describe the decisions made in order to adapt to the change process, and analyze the potential benefits that they expect in terms of business performance improvement, organizational effectiveness, and user acceptability. The author discusses the evaluation results of the implementation of business process re-engineering model in 3 case studies in order to identify links with organizational learning and innovation. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

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45. Theory and framework for evaluating the implementation of change.

Citation: Innovating in community mental health: International perspectives., Jan 1995, (1995), p. 19-210 (1995)

Author(s): Schulz, Rockwell; Greenberg, Gregory

Abstract: reviews some of the barriers for change to improved community care [for persons with severe and persistent mental illness] / examines some of the forces that influence innovation and change, which can be facilitators as well as barriers / the literature on the implementation of change is examined . . . to find theories that might help explain why some organizations have been able to create innovations, overcome barriers, and implement change (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)

Source: PsycInfo

46. Clinical innovation and evaluation: Integrating practice with inquiry.

Citation: Clinical Psychology: Science and Practice, Jan 1994, vol. 1, no. 2, p. 157-168, 0969-5893 (Win 1994)

Author(s): Davison, Gerald C.; Lazarus, Arnold A.

Abstract: Explores the interplay of clinical discovery and controlled evaluation. The importance of attending to the idiographics of individual cases is explored, and the inherent limitations of group designs in shedding light on how particular patients change in therapy research are described. The authors argue that innovation and creative advancement are most readily nurtured via immersion in clinical/applied work, but the nature of that work is inevitably shaped by theories and hypotheses that clinicians bring into the applied setting. Six characteristics of case studies are described as they relate to controlled research. Case studies may cast doubt upon general theories, permit the investigation of rare but important phenomena, or provide the opportunity to apply principles in entirely new ways. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Source: PsycInfo

47. Monitoring Unit-Based Innovations: A Process Evaluation Approach.

Citation: Nursing Economic\$, 01 May 1993, vol./is. 11/3(137-143), 07461739

Author(s): Ingersoll, Gail L.; Bazar, Mary T.; Zentner, Justine B.

Language: English

Abstract: When introducing change in dynamic health care settings, process evaluation helps track innovation progress and facilitates decision making about future direction. It focuses on the who and the what of the intervention and identifies how things happen. It is an essential component of any program evaluation plan and is as important to understanding the effect of an innovation as is outcome evaluation. Without it, the evaluator can never be certain that what was intended actually occurred. A process evaluation map can facilitate oversight and monitoring of professional practice innovations.

Publication Type: Academic Journal
Source: HEALTH BUSINESS ELITE
Full Text: Available from *EBSCOhost* in [Nursing Economic\\$](#)
Available from *EBSCOhost* in [Nursing Economic\\$](#)
Available from *EBSCOhost* in [Nursing Economic\\$](#)

48. Organizational change efforts: Methodologies for assessing organizational effectiveness and program costs versus benefits.

Citation: Evaluation Review, Jun 1982, vol. 6, no. 3, p. 301-372, 0193-841X (Jun 1982)
Author(s): Macy, Barry A.; Mirvis, Philip H.
Abstract: Presents a methodology for evaluating organizational effectiveness that describes the development of a standardized approach for identifying, defining, and measuring indicators of work behavior and performance that fit a broader concept of organizational effectiveness than that of traditional production and financial outcomes. A 2nd methodology describes cost and benefit estimates of work innovation or change programs in terms of both economic and social utility. A framework for assessing organizational change is provided from which behavior and financial results can be estimated and compared with program costs to develop a cost-benefit ratio. Both methodologies are used to assess a longitudinal experiment on the quality of work life. (86 ref) (PsycINFO Database Record (c) 2013 APA, all rights reserved)
Source: PsycInfo