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| **Supplement 6: Summary of initial and revised 10 recommendations** | | | |
| # | Original Recommendation | **Final Recommendation** | Changes |
| 1 | Physician practice change is most readily achieved if ED physicians, as a collective group, are the ones who agree on the evidence they are willing to implement and set a group target to achieve. | **Physician practice change occurs in an environment where most ED physicians agree on the evidence, are willing to participate in implementation, and set group-level targets.** | Clarification of the language and acknowledgement that agreement among an entire group is rarely reached. |
| 2 | Beware of evidence that is not ready for implementation; keep your radar up for the recommendation cart placed ahead of the evidence horse. | **Consideration must be given to whether evidence is ready for implementation. Both premature and delayed implementation can have negative consequences.** | Clarification and formalization of the language and acknowledgement that some areas of practice will never achieve the highest levels of evidence. |
| 3 | It is important to choose a clinical problem that has both high certainty in the evidence and a known gap in clinical practice when designing practice changing interventions. | **Practice changing interventions should address clinical problems which result from known gaps in clinical practice with reasonable evidence of certainty.** | Clarification of the language and acknowledgement that practice change often occurs without certainty. |
| 4 | Develop implementation strategies with facilitators that address local barriers, much like a key fits a lock. | **Develop implementation strategies that address local circumstances.** | Removal of the metaphor and changed to address local circumstances, rather than just barriers. |
| 5 | Effective practice change interventions in the ED setting may include institutional support, local champions, standardized order sets, education, audit and feedback. | **Effective practice change interventions in the ED setting may include, but are not limited to, institutional support, local champions, standardized order sets, education, audit and feedback.** | Clarification that the included list was not comprehensive. |
| 6 | A team based approach to developing, integrating and supporting an implementation strategy is the key to success. Involve all relevant stakeholders - including physicians, nurses, patients, administrators, and allied health care providers. | **A team based approach to developing, integrating, and supporting an implementation strategy is the key to success. Involve all relevant stakeholders - including physicians, nurses, patients, administrators, and allied health care providers.** | No substantive changes. |
| 7 | Plan ahead to measure the impact of the implementation strategy (both compliance with the implementation strategy and relevant patient oriented outcomes). When possible, also monitor for unanticipated consequences. | **When possible, measure the impact of the implementation strategy by tracking compliance, following directly and indirectly related patient-oriented outcomes, and investigating unanticipated consequences.** | Minor edits for clarity and brevity. |
| 8 | To ensure success and sustainability, plan for adequate resourcing from the start by incorporating the implementation strategy into the business plan and relevant job descriptions, roles and responsibilities. | **Make successful interventions sustainable by ensuring that the relevant business plan provides adequate resources and that key tasks are incorporated into relevant job descriptions, roles, and responsibilities.** | Clarification and specification that only successful interventions should be sustained. |
| 9 | ED implementation trials should be rigorously designed, including a thorough assessment of individual provider, patient and system level barriers prior to designing and implementing the intervention. | **Formal ED implementation studies should be rigorously designed and include assessments of individual provider, patient and system level barriers prior to designing and implementing the intervention.** | Clarification that this recommendation references implementation studies rather than all knowledge translation initiatives. |
| 10 | Protocols of ED implementation trials should be registered, outlining the rationale for intervention components and assumptions about how the implementation strategy will work. | **Protocols of ED implementation studies/trials should be registered in an appropriate database. Registration information should outline the rationale for the intervention components and assumptions about how the implementation strategy will work.** | Clarification that this recommendation references implementation studies rather than all knowledge translation initiatives and that no specific database was preferred. |