Supplementary references

- w1 Committee on Quality of Health Care in America, Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century.* National Academies Press, 2001.
- w2 NHS England. NHS England research and development strategy 2013–2018: Research is everybody's business. <u>www.invo.org.uk/wp-content/uploads/2014/02/NHS-England-Research-Strategy-Consultation.pdf</u>.
- w3 National Health and Medical Research Council. *How to put the evidence into practice: implementation and dissemination strategies.* Commonwealth of Australia, 2000. <u>www.nhmrc.gov.au/ files nhmrc/publications/attachments/cp71.pdf.</u>
- w4 Harvard Catalyst. *Clinical and translational research spectrum*. <u>https://catalyst.harvard.edu/pathfinder</u>.
- w5 Westfall JM, Mold J, Fagnan L. Practice-based research: "Blue Highways" on the NIH roadmap. *JAMA* 2007;297:403-6.
- w6 Grimshaw J, Eccles M, Thomas R, et al. Toward evidence-based quality improvement: evidence (and its limitations) of the effectiveness of guideline dissemination and implementation strategies 1966–1998. *J Gen Intern Med* 2006;21:S14–20.
- w7 Newhouse R, Bobay K, Dykes PC, et al. Methodology issues in implementation science. *Med Care* 2013;51(suppl 2):S32-40
- w8 Begg C, Cho M, Eastwood S, et al. Improving the quality of reporting of randomized controlled trials. The CONSORT statement. *JAMA* 1996;276:637-9.
- w9 Plint AC, Moher D, Morrison A, et al. Does the CONSORT checklist improve the quality of reports of randomised controlled trials? A systematic review. *Med J Aust* 2006;185:263-7.
- w10 Moher D, Jones A, Lepage L. Use of the CONSORT statement and quality of reports of randomized trials: a comparative before-and-after evaluation. *JAMA* 2001;285:1992e5.
- w11 Kane RL, Wang J, Garrard J. Reporting in randomized clinical trials improved after adoption of the CONSORT statement. *J Clin Epidemiol* 2007;60:241-9.
- w12 Eccles MP, Armstrong D, Baker R, et al. An implementation research agenda. *Implement Sci* 2009;4:18.
- w13 Prasad V, Ioannidis JPA. Evidence-based de-implementation for contradicted, unproven, and aspiring healthcare practices. *Implement Sci* 2014;9:1.
- w14 Blase KA, Fixsen DL, Sims BJ, Ward CS. *Implementation Science–changing hearts, minds, behavior, and systems to improve educational outcomes*. Presented at the Wing Institute's Ninth Annual Summit on Evidence-Based Education, Berkeley, CA 2015.
- w15 Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health* 1999;89:1922-7.
- w16 May C, Finch T. Implementing, embedding, and integrating practices: an outline of normalization process theory. *Sociology* 2009;43:535–54.
- w17 McMullen H, Griffiths C, Leber W, Greenhalgh T. Explaining high and low performers in complex intervention trials: a new model based on diffusion of innovations theory. *Trials* 2015;16:242.
- w18 Greenhalgh T. Role of routines in collaborative work in healthcare organisations. *BMJ* 2008;337:a2448.

- w19 Green LW, Glasgow RE. Evaluating the relevance, generalization, and applicability of research: issues in external validation and translation methodology. *Eval Health Prof* 2006;29;126.
- w20 Ogrinc G, Davies L, Goodman D, et al. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): revised publication guidelines from a detailed consensus process. *BMJ Qual Saf* 2015;46:501–7.
- w21 Hales S, Lesher-Trevino A, Ford N, et al. Reporting guidelines for implementation and operational research. *Bull World Health Org* 2016;94:58-64.
- w22 Moher D, Schulz KF, Simera I, et al. Guidance for developers of health research reporting guidelines. *PLoS Med* 2010;7:e1000217.
- w23 Pinnock H, Taylor S, Epiphaniou E, et al. *Developing standards for reporting phase IV implementation studies.* <u>www.equator-network.org/wp-</u> <u>content/uploads/2013/09/Proposal-for-reporting-guidelines-of-Implementation-</u> <u>Research-StaRI.pdf</u>.
- w24 Proctor E, Brownson RC. Measurement issues in dissemination and implementation research. In: Brownson RC, Colditz GA, Proctor EK, eds. *Dissemination and implementation research in health*. Oxford University Press, 2012.
- w25 Pinnock H, Adlem L, Gaskin S, et al. Accessibility, clinical effectiveness and practice costs of providing a telephone option for routine asthma reviews: Phase IV controlled implementation study. *Br J Gen Pract* 2007;57:714-22.
- w26 Proctor EK, Powell BJ, McMillen JC. Implementation strategies: recommendations for specifying and reporting. *Implement Sci* 2013;8:1–11.
- w27 Campbell MK, Piaggio G, Elbourne DR, et al, for the CONSORT Group. Consort 2010 statement: extension to cluster randomised trials. *BMJ* 2012;345:e5661.
- w28 von Elm E, Altman DG, Egger M, et al, for the STROBE initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *J Clin Epidemiol* 2008;61:344-9.
- w29 Dane AV, Schneider BH. Program integrity in primary and early secondary prevention: are implementation effects out of control? *Clin Psychol Rev* 1998;18:23-45.
- w30 Moore G, Audrey S, Barker M, et al, for the MRC Population Health Science Research Network. Process evaluation of complex interventions. UK Medical Research Council (MRC) guidance. *BMJ* 2015;350:h1258.
- w31 Edward N, Barker PM. The importance of context in implementation research. J Acquir Immune Defic Syndr 2014;67(suppl 2):S157-62.
- w32 Montini T, Graham ID. "Entrenched practices and other biases": unpacking the historical, economic, professional, and social resistance to de-implementation. *Implement Sci* 2015;10:24.