Chapter 1 : 4 Key Obstacles in Strategy Implementation and How to Overcome Them - Boardview

Barriers to Strategy Implementation: A Case Study of Air New Zealand A thesis submitted to Auckland University of Technology in partial fulfilment of the degree of Master of Business.

What Are the Most Important Barriers? The process of design and adoption of electronic health records may face a number of barriers. This survey study was completed in The potential participants 62 experts included faculty members who worked in departments of health information technology and individuals who worked in the Ministry of Health in Iran and were in charge of the development and adoption of electronic health records. No sampling method was used in this study. Data were collected using a Likert-scale questionnaire ranging from 1 to 5. The response rate was Financial and ethical-legal barriers, with the mean value of 3. Strategic planning for the creation and adoption of electronic health records in the country, creating a team of experts to assess the potential barriers and develop strategies to eliminate them, and allocating financial resources can help to overcome most important barriers to the adoption of electronic health records. Obviously, standardization of other systems will accelerate the process of integration and creation of EHRs. Gradually, hospital information systems were developed by private information technology IT companies. To achieve this goal, a number of private IT companies were requested to get involved in the process of standard development and defining system specifications. Methods Two groups of experts participated in this survey study. The first group included faculty members who worked in the departments of health information technology and medical informatics across the country, and the second group included staff who worked in the Ministry of Health and were in charge of the development and adoption of EHRs. In total, 62 experts were invited to participate in the study 55 faculty members and seven experts in the Ministry of Health. Because of the limited number of the study population, no sampling method was used. The content validity and face validity of the questionnaire were confirmed by experts in the field of health IT and medical informatics. To collect data, a list of potential participants with their e-mail addresses, the addresses of their workplaces, and their phone numbers was obtained. The questionnaires were distributed either by visiting the participants or by e-mail, especially when visiting individuals was not possible because of the geographical distances. After two weeks, a reminder letter was sent to the individuals who had not completed the questionnaire. All data were collected and analyzed on a confidential basis. Ethical principles were considered in all stages of study, for example, by providing the participants with information about the research and gaining their informed consent to complete the questionnaire. Before the research was conducted, the university ethics committee approved the study. Results As mentioned above, the potential participants included 62 experts. However, despite the reminders that were sent, only 32 questionnaires The average age of the participants was Half of the respondents had a PhD degree; 25 participants The average length of work experience was 8. The results showed that the most important barriers to the development and adoption of EHRs were technical barriers see Table 1. Financial and ethical-legal barriers, with mean values of 3. Among technical barriers, the highest mean value 4. Among these barriers, a lack of efficient planning for developing EHRs in the private sector Similarly, the importance of individual barriers was assessed at a moderate level see Table 1. In this category, the shortage of funds for the design, development, and use of EHRs Among the ethical and legal barriers, the respondents rated unauthorized access to patient information Less than half of the respondents Discussion EHRs are a complex part of the field of e-health. Among the technical barriers, a lack of efficient hospital information systems and a lack of national standards for data exchange were the most important barriers. Similarly, in a survey conducted by a New York healthcare network, the results showed that hardware infrastructure, networks, and information systems were among the most important factors influencing the adoption of EHRs. Their findings showed that one of the major barriers to EHR adoption is associated with the exchange of information among different systems. Therefore, it is essential to assess the technical infrastructure, equipment, and standards prior to the adoption of the system to prevent potential failures.

Several studies have mentioned financial issues as the major barriers to EHR adoption. The most important financial issues were the lack of strategic planning for budgeting activities and the shortage of funds for the design, development, and adoption of EHRs. These findings are consistent with the results of a study conducted by the Medical Records Institute of America in , which indicated that the lack of financial resources has been one of the main issues influencing system design and development. Ethical and legal barriers formed the third category of important barriers. Concerns about the security of computer systems and data confidentiality were identified as the most important items in this area. Similarly, the results of the study conducted by Thakkar and Davis showed that the concern of breaching the confidentiality of health data and a lack of control of unauthorized access were the main barriers in this area. The readiness of employees should be assessed prior to system implementation because they may not be ready to accept the change and the new system. In this case, organizational culture may work as the most important barrier to the adoption of the system. Among these barriers, insufficient senior management support of the creation and adoption of EHRs was found to be the most important factor. In other studies, the full support of senior managers has been reported as the most important factor in accelerating the implementation of EHRs. Similarly, other studies have found EHRs to be a workflow facilitator, not a hindrance. To eliminate current barriers, strategic planning for the creation and adoption of EHRs in the country, creating a team of experts to assess potential barriers and to develop strategies to eliminate the barriers, and clarifying the objectives and benefits of EHRs for all senior managers, users, and healthcare providers are suggested. Limitations of the Study Because of the geographic dispersion of potential participants, the data collection process was accompanied by some problems. Despite the efforts made by the researchers, only half of the potential participants completed the questionnaire. Therefore, the study findings are not likely to be generalizable. It is also notable that the participants who answered the questionnaires had different backgrounds; some worked in the Ministry of Health, and others worked in medical universities across the country. Research Implications The findings have implications for policy makers, system developers, those who are involved in the process of EHR implementation, and researchers. Policy makers may use the results as objective evidence to plan for the future and allocate resources on the basis of priorities and the level of importance. System developers should be aware of the technical and financial challenges and choose appropriate solutions. The results may help people who are involved in the process of EHR implementation to understand the barriers that may hinder the process of system implementation. Finally, this study presents an opportunity for the researchers to conduct similar studies elsewhere and compare the results to recognize how perceptions of EHR barriers might differ in other countries. Conclusion Although the use of EHRs is recommended to improve the quality of healthcare by making healthcare data accessible and available at the point of need, a number of barriers may influence successful implementation of such a system. Therefore, it is necessary to identify and eliminate these barriers before designing and implementing systems. The study findings showed that in Iran, technical barriers were the most important, and organizational barriers were of least importance. Therefore, strategic planning for national infrastructure, encouraging private sector companies to invest more, and recruiting a team of experts to lead related projects are suggested to overcome the main technical barriers. Understanding and Using Computerized Medical Records. Upper Saddle River, NJ: Pearson Prentice Hall, Structure, Content and Evaluation. Statistics and Information Technology Management Centre. Electronic Health Records Prototype: A Report version 1. Ministry of Health and Medical Education, A Study of E-health in Iran. Majlis Research Centre, Healthcare Financial Management Association. A Review of the Research Literature. Sedghi Jahromi, and Z. A Comparative Study based on Size of Hospital. Ben Abdeljelil, and F. EHR System in Iran. Key Factors in Primary Care.

Chapter 2 : Barriers and Strategies in Guideline Implementation—A Scoping Review

policy implementation barriers will require commitment and perseverance by a range of stakeholders, possibly over a prolonged period (Bhuyan et al.,). The ability to address policy implementation barriers is a key capability for.

Page viii Share Suggested Citation: Transit Technical Training, Volume 2: The National Academies Press. Cooperative Research Programs CRP grants permission to reproduce material in this publication for classroom and not-for-profit purposes. It is expected that those reproducing the material in this document for educational and not-for-profit uses will give appropriate acknowledgment of the source of any reprinted or reproduced material. For other uses of the material, request permission from CRP. NOTICE The research report was reviewed by the technical panel and accepted for publication according to procedures established and overseen by the Transportation Research Board and approved by the National Academies of Sciences, Engineering, and Medicine. The opinions and conclusions expressed or implied in this report are those of the researchers who performed the research and are not necessarily those of the Transportation Research Board; the National Academies of Sciences, Engineering, and Medicine; or the program sponsors. Cur- rent systems, some of which are old and in need of upgrading, must expand service area, increase service frequency, and improve efficiency to serve these demands. Research is necessary to solve operating prob- lems, adapt appropriate new technologies from other industries, and introduce innovations into the transit industry. The Transit Coopera- tive Research Program TCRP serves as one of the principal means by which the transit industry can develop innovative near-term solutions to meet demands placed on it. The scope of TCRP includes various transit research fields including planning, service configuration, equipment, facilities, operations, human resources, maintenance, policy, and administrative practices. Proposed by the U. On May 13, , a memorandum agreement outlining TCRP operating procedures was executed by the three cooperating organi- zations: It is the responsibility of the TOPS Committee to formulate the research program by identi- fying the highest priority projects. Once selected, each project is assigned to an expert panel appointed by TRB. The panels prepare project statements requests for propos- als , select contractors, and provide technical guidance and counsel throughout the life of the project. The process for developing research problem statements and selecting research agencies has been used by TRB in managing cooperative research programs since Because research cannot have the desired effect if products fail to reach the intended audience, special emphasis is placed on disseminat- ing TCRP results to the intended users of the research: TRB provides a series of research reports, syntheses of transit practice, and other supporting material developed by TCRP research. APTA will arrange for workshops, train- ing aids, field visits, and other activities to ensure that results are imple- mented by urban and rural transit industry practitioners. TCRP provides a forum where transit agencies can cooperatively address common operational problems. TCRP results support and complement other ongoing transit research and training programs. Members are elected by their peers for outstanding contributions to research. Marcia McNutt is president. The National Academy of Engineering was established in under the charter of the National Academy of Sciences to bring the practices of engineering to advising the nation. Members are elected by their peers for extraordinary contributions to engineering. The National Academy of Medicine formerly the Institute of Medicine was established in under the charter of the National Academy of Sciences to advise the nation on medical and health issues. Members are elected by their peers for distinguished contributions to medicine and health. The three Academies work together as the National Academies of Sciences, Engineering, and Medicine to provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions. The National Academies also encourage education and research, recognize outstanding contributions to knowledge, and increase public understanding in matters of science, engineering, and medicine. The mission of the Transportation Research Board is to increase the benefits that transportation contributes to society by providing leadership in transportation innovation and progress through research and information exchange,

conducted within a setting that is objective, interdisciplinary, and multimodal. The program is supported by state transportation departments, federal agencies including the component administrations of the U. Department of Transportation, and other organizations and individuals interested in the development of transportation. Learn more about the Transportation Research Board at www. Transit Technical Training is a two-volume set that presents guidance on technical training programs and the implementation of those for transportation agencies. Transit Technical Training, Vol. Guide to Applying Best Practices and Sharing Resources documents the best models of technical training programs serving U. A product of this research also includes a training resource catalog to help transit agencies provide technical training for their employees. Training course information listed includes course descriptions, objectives, target audience, length, cost, training standards, and directions on how to access the course. The training resource catalog is available at https: Guide to Overcoming Barriers to Implementing Best and Innovative Training provides public transportation agencies with best practices, strategies, and resources to assist with the implementation of effective and innovative training programs and techniques for frontline employees. The products of this research will be useful to senior managers and public transportation frontline employees, including operators and maintenance personnel across all modes, all disciplines, and all system sizes. Public transportation strives to achieve customer satisfaction by providing safe, efficient, accessible, and reliable service. Technical training has played an important role in how public transportation agencies accomplish this mission. The current economic climate has forced many larger transit agencies to reduce their technical training opportunities, while a signifi- cant number of small and medium-size agencies have limited access to technical training opportunities. The shortage of training comes at a time when the technical complexity of transit vehicles and infrastructure is at its greatest and increasing each year. Keeping these complex technologies operational requires skilled technicians. The primary objectives of this research were to document the best models of technical training programs used in the U. To accom- plish these objectives, a focused review of domestic and international literature, research in progress, and current practices related to technical training programs was conducted. In addition, a survey of a cross-section of transportation organizations with technical training programs was conducted to provide the foundation for a best practices report on training approaches and to assist with the development of an electronic training resource catalog that organizes training materials for transit technical skills. Finally, ICF developed and piloted a web-based application for disseminating and updating the web-based catalog and a prepared plan for long-term maintenance of the web-based application.

Volume II illustrates how educators in a range of settings have dealt with obstacles to successful implementation of inquiry-based approaches. Each chapter focuses on a particular barrier or barriers, and has a primary focus on learners, teachers, or the curriculum.

Overcoming barriers to success involves assessing the situation, consulting experts, considering alternatives and taking action. To manage your career effectively, you need to take charge of your own development. By assessing your own skills, getting advice from others, learning new skills and making informed decisions, you can achieve your goals. Overcoming challenges and setbacks usually requires a positive attitude, as well as dedication and commitment. Get Feedback To communicate more effectively and overcome objections, start by collecting information about the problem at hand. Avoid misinterpretation, misunderstanding and mistakes by assembling all the facts. Depending on the situation, you can conduct surveys, run focus groups or simply start a conversation with a colleague. Listen carefully and pay attention to the subtle nuances of what people say. Then take action to use the feedback and address the problem, tell people what you did, evaluate the outcome and refine your approach if necessary. For example, to improve your chances of getting a new position, ask a friend or colleague to review your resume and cover letter. Does it reflect your skills and knowledge in the best manner? Make modifications based on their feedback and submit your application. Join a professional organization in your industry to network with other business professionals. By making new contacts, you can learn about new opportunities to use your unique skills and experience. Commit to Change Barriers to change include reluctance to part with old ways, sadness and regret associated with loss, and fear of the unknown. Managing change effectively and overcoming these obstacles involves setting a clear course for the future and establishing realistic goals. Recognize that change can be disruptive. Then commit to the transition and form new strategies. For example, once you decide that you want to pursue a new a career in a higher-paying field, get the training and experience you need to succeed, according to your budget and time availability. Define goals that are specific, measurable, attainable, realistic and time constrained. Make Decisions Barriers to success often involve an inability to make good choices. Learning how to evaluate options efficiently can help you ensure career success. Sometimes you need to make a quick decision without consulting others to ensure your safety and well being. Other times, get input from other people you trust to help you make an informed decision about the next step to take in your development. When you work on a team, there may be times when the group needs to collaborate to make a choice that impacts everyone. This can take time but the results are typically beneficial in the long run. This might include tasks such as approving travel expenses that are under a certain amount. Examine your work habits. Manage your work day effectively to achieve your short and long-term goals. For example, use online time management tools to focus your attention on the task at hand and complete work in short segments. Managing your own productivity tends to improve your long-term success.

Chapter 4 : Barriers to Implementation

Overcoming Barriers to Implementing Barriers to successful implementation of EBP (Parahoo,) most commonly cited by nurses include lack of time, lack of.

Why are barriers important? A barrier is an obstacle which prevents a given policy instrument being implemented, or limits the way in which it can be implemented. In the extreme, such barriers may lead to certain policy instruments being overlooked, and the resulting strategies being much less effective. For example, demand management measures are likely to be important in larger cities as ways of controlling the growth of congestion and improving the environment. But at the same time they are often unpopular, and cities may be tempted to reject them simply because they will be unpopular. If that decision leads in turn to greater congestion and a worse environment, the strategy will be less successful. The emphasis should therefore be on how to overcome these barriers, rather than simply how to avoid them. ECOCITY provides a useful illustration of the ways in which such barriers arise, and of how obstacles have been overcome, in case study cities. What are the principal barriers? More recent work in TIPP has demonstrated that failure to adopt a logical approach to the process of strategy development can also impose a barrier to effective planning. This Guidebook is designed to help cities avoid this happening. TIPP also provides a set of recommendations. Information measures are substantially less constrained than other measures. Information provision is the least affected. Public transport operations and information provision are generally the least affected by acceptability constraints. For land use and infrastructure these may well include land acquisition. For management and pricing, enforcement and administration are key issues. For infrastructure, management and information systems, engineering design and availability of technology may limit progress. Generally, lack of key skills and expertise can be a significant barrier to progress, and is aggravated by the rapid changes in the types of policy being considered. How should we deal with barriers in the short term? It is important not to reject a particular policy instrument simply because there are barriers to its introduction. One of the key elements in a successful strategy is the use of groups of policy instrument which help overcome these barriers. This is most easily done with the financial and political and cultural barriers, where one policy instrument can generate revenue to help finance another as, for example, fares policy and service improvements , or one can make another more publicly acceptable for example rail investment making road pricing more popular. These principles are discussed more fully in Section A second important element is effective participation, as outlined in Section 5 , which can help reduce the severity of institutional and political barriers, and encourage joint action to overcome them. Finally, effective approaches to implementation can reduce the severity of many barriers, as discussed in Section How can we overcome barriers in the longer term? It is often harder to overcome legal, institutional and technological barriers in the short term. There is also the danger that some institutional and political barriers may get worse over time. However, strategies should ideally be developed for implementation over a year timescale Section 3. Many of these barriers will not still apply twenty years hence, and action can be taken to remove others. For example, if new legislation would enable more effective instruments such as pricing to be implemented, it can be provided. If split responsibilities make achieving consensus impossible, new structures can be put in place. If finance for investment in new infrastructure is justified, the financial rules can be adjusted. TIPP makes a number of recommendations for longer term institutional change. Barriers should thus be treated as challenges to be overcome, not simply impediments to progress. A key element in a long term strategy should be the identification of ways of resolving these longer term barriers. Where can I find out more?

Chapter 5 : Electronic Health Records: What Are the Most Important Barriers?

A barrier to constructability is any significant inhibitor that prevents effective implementation of the constructability program. Barriers to successful implementation of constructability programs are present in almost all organizations at both corporate and project levels.

Logistic regression analysis Age has been shown to be a significant factor in the determination of whether mothers will accept HIV testing because of higher risk perception among older women [17]. Therefore, age was not considered to be a confounder in this study. The proportion of mothers who listen to or own a radio was unequally distributed among the rural and urban areas. For this reason radio ownership or radio listening were not considered as confounding variables in the assessing the relationship between rural or urban location of women and willingness to accept HIV testing. In the assessment of factors associated with the willingness to accept HIV testing, no confounding factors were identified and therefore only a univariate analysis was performed. For this reason the mothers who had been pregnant before were asked where they delivered their last pregnancy. Discussion As many countries in the developing world roll out programs for the prevention of mother to child transmission of HIV, there is need to consider the potential barriers that these programs may face. In addressing these barriers, it is crucial that any differences between rural and urban areas are addressed since the significant proportion of people in developing countries live in the rural areas. This study has shown that there are no major differences in terms of the potential barriers that might hinder the success of implementation of PMTCT programs in rural areas as compared to urban areas. This indicates that experiences learned from programs in the urban areas will apply to rural PMTCT programs. One major challenge identified is that a significant proportion of mothers deliver outside the health facility, and this occurs more frequently in the rural areas compared to the urban areas. Health facility-based delivery is helpful to ensure compliance to infant antiretroviral dosing but also to ensure the practice of modified obstetric practices that have been shown to reduce MTCT [18]. Though rural and urban populations are perceived as differing in knowledge, readiness and ability to follow advice [19], this study suggests the contrary in regards to MTCT. The level of knowledge was high and the readiness to accept HIV testing was equally high in both rural and urban areas. This high level of knowledge may be attributed to various programs being broadcast on the radio in this district, reaching even the distant rural areas, where some of the study participants reside. Radio ownership was high in both rural and urban areas and the proportion of mothers listening to the radio was also high. PMTCT programs should utilize this medium of communication in areas where it is available. Most of the mothers interviewed preferred same day HIV test results however some mothers preferred to receive results later. It has been shown that same day results can be provided in counseling without compromising the quality of counseling and testing [20]. It is possible that the mothers who prefer to receive results later may be the ones who decline to test for HIV when the test offered is rapid, or may undergo the test but not receive their results. However more studies are required to explore this hypothesis. In the meantime, PMTCT programs should identify the mothers who are likely to refuse testing or would prefer to receive their results at a later date and design a customized schedule to accommodate them since they may be at a higher risk [21]. Conversely, some studies have indicated that those who refuse testing may actually be at lower risk for HIV [22 , 23]. Many mothers understand that there is a benefit in taking an HIV test as indicated by the large number who said that they would advise someone else to take an HIV test. There is a gap between knowledge about the benefit and acceptance to have the HIV test done. Though there is an almost universal recommendation from the mothers to take the test themselves, not all of them will choose to have the test for themselves. Whereas some studies have shown that a lower education level is associated with higher likelihood to request for HIV testing [24], this study showed the opposite, with those having at least a post-primary education more likely to choose to test compared to those with lower education. These study findings are supported by a study among Hispanic farm workers in South Florida [25] in which participants

with at least twelve years of education were four times more likely to test compared to those without the same education. In a Vietnamese study, low education was associated with not returning for results [26]. The Universal Primary Education campaigns currently underway in some developing countries like Uganda [27] may facilitate implementation of health programs such as PMTCT. In some circumstances women have tested for HIV without their husbands consent and have suffered domestic violence [28]. This may be an inhibitory factor to the willingness to accept VCT. This study reinforces the recommendations made by a study in Tanzania [29] that emphasized the role of the male partner in PMTCT. One limitation of this survey is that mothers were questioned regarding their willingness to accept HIV testing, but were not followed to determine those who eventually accepted the HIV test. This would have enabled us to establish the relationship between willingness to take the test if it were offered and actually taking it. Actual acceptance of HIV testing would be more informative than answers to the question about willingness to accept testing. In addition, the rural sites chosen for the survey were those that were implementing PMTCT in an ongoing scale-up program at the time the survey was conducted. Since they were not randomly selected, it is possible that these clinics may not be representative of other rural areas in the district. Additionally, the survey was based at the health facility and therefore only mothers seeking antenatal care at a health unit were eligible for the study. Conclusion Lessons learned in the implementation of PMTCT programs in urban areas can easily be generalized to rural areas since there are no major differences in terms of attitudes towards acceptance of interventions for PMTCT. Willingness to accept the PMTCT program is high in both rural and urban health units but the lower proportion of births occurring at the health facility, particularly in rural areas, may be a barrier to ensuring neonatal antiretroviral dosing. Competing interests The author s declare that they have no competing interests.