

Name:	
Date:	

If you are completing this as part of the online training course, please save this document with the file name **hsl_task6_LW_first-last-name_YYYY-MM-DD**, and remember to copy and paste your answers into the online form.

Describe potential barriers to and facilitators of the successful implementation of one of your options	
Questions to consider (with examples to guide you)	Your description of the barriers/facilitators if you answered 'yes'
<p>Choose one of the options you have identified in order to work through this task and re-state what that option is.</p> <p><i>*Note: refer to task 4 if you don't remember the options you identified.</i></p>	<p>Provide a description of the option you have chosen to use when working through this task:</p>
<p>What are some potential barriers to and facilitators of the successful implementation of your option?</p> <p>Are there <u>barriers</u> or <u>facilitators</u> at the level of:</p> <p>1) Patients/citizens?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e.g., a barrier would be a lack of awareness of the availability of a free program, and a facilitator would be broad support for programs among patients/citizens)</p>	<p>Provide a description of the barriers/facilitators at the level of <u>patients/citizens</u>:</p> <p><u>Option 1</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 2</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 3</u></p> <p>Barriers:</p> <p>Facilitators:</p>

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<p>Are there <u>barriers</u> or <u>facilitators</u> at the level of: 2) Health workers? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g., a barrier would be non-adherence to clinical practice guidelines, and a facilitator would be physicians welcoming an increase in their patient registries)</p>	<p>Provide a description of the barriers/facilitators at the level of <u>health workers</u>:</p> <p><u>Option 1</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 2</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 3</u></p> <p>Barriers:</p> <p>Facilitators:</p>
<p>Are there <u>barriers</u> or <u>facilitators</u> at the level of: 3) Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g., a barrier would be performance management to ensure the delivery of high-quality care, and a facilitator would be capacity exists to effectively manage and deliver immunization programs)</p>	<p>Provide a description of the barriers/facilitators at the level of <u>organizations</u>:</p> <p><u>Option 1</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 2</u></p> <p>Barriers:</p>

	<p>Facilitators:</p> <p><u>Option 3</u></p> <p>Barriers:</p> <p>Facilitators:</p>
<p>Are there <u>barriers</u> or <u>facilitators</u> at the level of:</p> <p>4) The system?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(e.g., a barrier would be poor enforcement of regulations, and a facilitator would be the public health budget includes funding for health promotion)</p> <p><i>*Note: refer to task sheet 4 if you don't remember the options you considered.</i></p>	<p>Provide a description of the barriers/facilitators at the level of the <u>system</u>:</p> <p><u>Option 1</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 2</u></p> <p>Barriers:</p> <p>Facilitators:</p> <p><u>Option 3</u></p> <p>Barriers:</p> <p>Facilitators:</p>