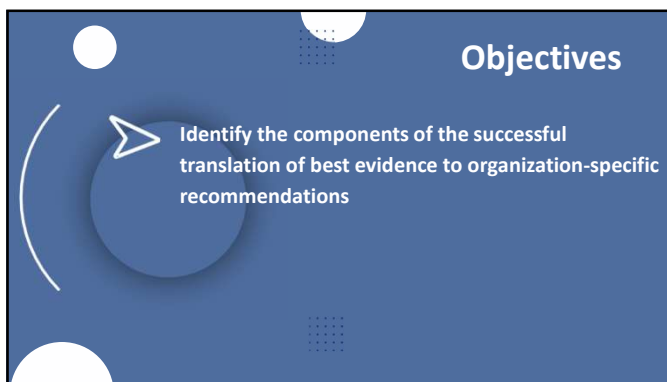
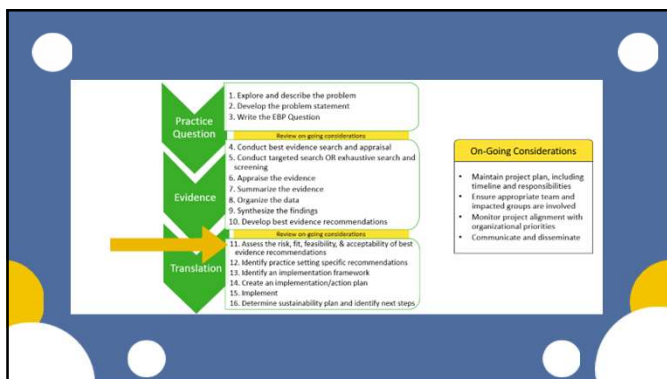




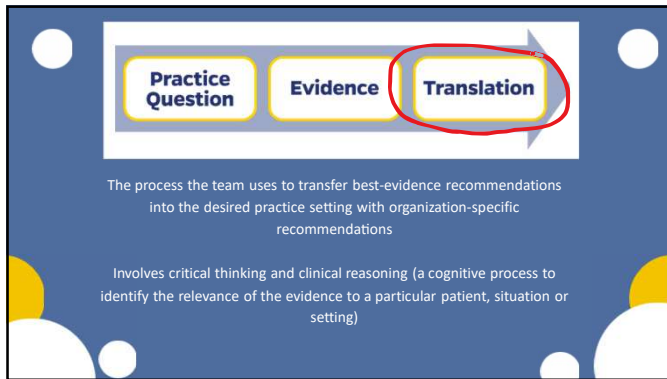
1



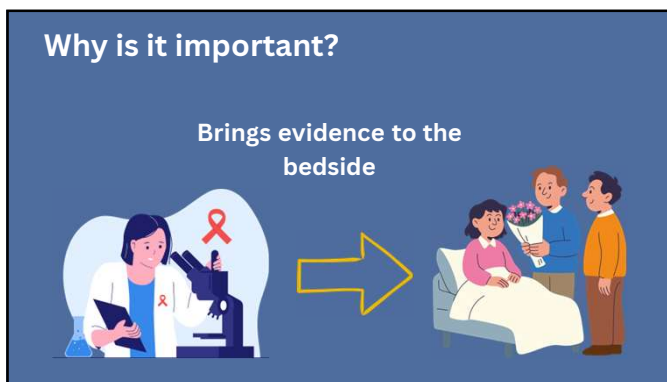
2



3



4



5

Example: Antipsychotic Medication Use in Psychiatry



- Antipsychotics are often prescribed outside the evidence-informed effective range.
- Evidence-based psychosocial interventions, such as family therapy for schizophrenia, which have proven benefits, are underutilized and often only available to a small subset of patients.

© 2026 Johns Hopkins Health

6

Example: Antipsychotic Medication Use in Psychiatry



- **Lack of awareness** or familiarity with the latest evidence among clinicians.
- **Systemic barriers**, such as limited access to trained therapists or funding for non-pharmacological interventions.
- **Cultural inertia** in clinical settings—"this is how we've always done it."
- **Time lag**

© 2025 Johns Hopkins Health

7

Example: Antipsychotic Medication Use in Psychiatry



- Patients may receive **suboptimal care**.
- Increased risk of **side effects** from inappropriate medication use.
- **Wasted resources** and **missed opportunities** for better outcomes.

© 2025 Johns Hopkins Health

8

Translation involves...

Characterizing the evidence as determined in the best-evidence step (Appendix H)

Determining the level of risk

Assessing the fit, feasibility, and acceptability of the recommendations to the setting of interest

Recording organization-specific recommendations

9

Translation involves...



Refer to the recommendations developed on Appendix H. Consider the certainty of each best-evidence recommendation, as well as the fit, feasibility, acceptability, and risk to develop organization-specific recommendations.

Certainty	Risk	Fit	Feasibility	Acceptability
Do the recommendations have high or reasonable certainty? (Recommendations with reasonable to low and low certainty do not provide adequate support to change current practice; see instructions below)	What is the potential negative impact on patient or staff safety? (Interventions with higher risk require higher certainty evidence to put into practice.)	- How well does the change align with existing practices? - Values? - Norms? - Goals? - Skills?	- Is the change doable and are barriers realistic to overcome? - Is the practice environment ready for change? - Are necessary materials or human resources available? - Can the change be successfully implemented?	- Do impacted groups find the change agreeable? - Does leadership support the change and trust it is reasonable? - Does the change align with organizational priorities?

10

Translation involves...

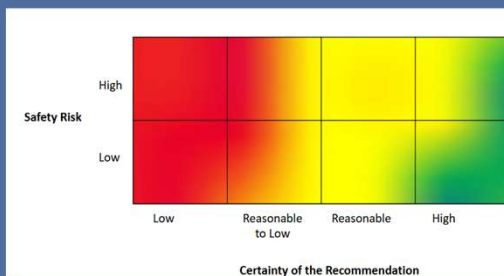


Refer to the recommendations developed on Appendix H. Consider the certainty of each best-evidence recommendation, as well as the fit, feasibility, acceptability, and risk to develop organization-specific recommendations.

Certainty	Risk	Fit	Feasibility	Acceptability
Do the recommendations have high or reasonable certainty? (Recommendations with reasonable to low and low certainty do not provide adequate support to change current practice; see instructions below)	What is the potential negative impact on patient or staff safety? (Interventions with higher risk require higher certainty evidence to put into practice.)	- How well does the change align with existing practices? - Values? - Norms? - Goals? - Skills?	- Is the change doable and are barriers realistic to overcome? - Is the practice environment ready for change? - Are necessary materials or human resources available? - Can the change be successfully implemented?	- Do impacted groups find the change agreeable? - Does leadership support the change and trust it is reasonable? - Does the change align with organizational priorities?

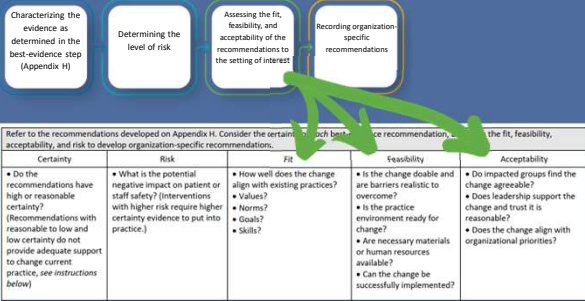
11

Assessing Risk



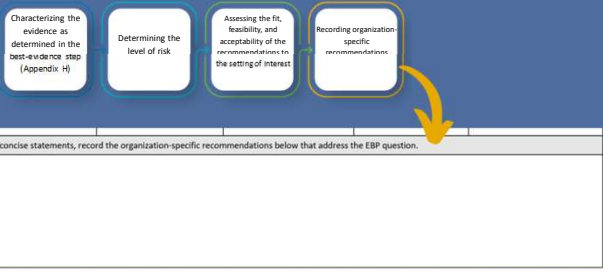
12

Translation involves...



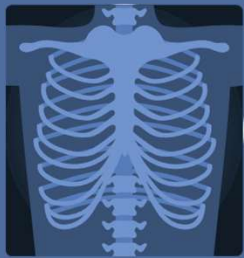
13

Translation involves...



14

Best evidence states all nasogastric (NG) tube placements should be verified with chest x-ray



15

Fit

Consider the certainty of each best-evidence recommendation.

Fit	
- How well does the change align with existing practices? - Values? - Norms? - Goals? - Skills?	- Is the change... - Are there... - Over... - Is the... - Is the... - Are... - or l... - ava... - C... - suc...



This is compatible with end-user and consumer expectations and is relevant

16

Feasibility

Consider the certainty of each best-evidence recommendation.

Fit	
- How well does the change align with existing practices? - Values? - Norms? - Goals? - Skills?	- Is the change... - Are there... - Over... - Is the... - Is the... - Are... - or l... - ava... - C... - suc...



XR techs or nurses don't think there is enough staff or equipment to perform more CXR

17

Acceptability

Consider the certainty of each best-evidence recommendation.

Fit	
- How well does the change align with existing practices? - Values? - Norms? - Goals? - Skills?	- Is the change... - Are there... - Over... - Is the... - Is the... - Are... - or l... - ava... - C... - suc...



Administration and physician groups are not buying-in to the proposed changes

18

[illegible]

Feasibility

Consider the certainty of *each* best-evidence recommendation.

Fit

- How well does the change align with existing practices?
- Values?
- Norms?
- Goals?
- Skills?



Do-able and relatively low risk

22

Acceptability

Consider the certainty of *each* best-evidence recommendation.

Fit

- How well does the change align with existing practices?
- Values?
- Norms?
- Goals?
- Skills?



The physicians are apprehensive it will limit the amount of practice residents get to place ultra-sound guided IVs, a requirement of their residency

23

Org. Recommendations



Train a very small amount of nurse volunteers and limit the pool of trainees so residents still have ample opportunity to perform the skill

24

Questions?



25

Thank You

kjewett1@jhmi.edu

26
