

HOW TO USE THE TRIAGE TOOL

Purpose

The triage tool will be used to assess the readiness of completed CPWR research projects and findings to be disseminated and transferred into practice. It will be used to identify innovations of the highest priority for further dissemination and adoption. Each project will be scored and prioritized using the criteria included in the triage checklist. Guidance for how to apply the criteria is detailed below.

Ultimately, the tool and the scores for the projects will guide CPWR's decisions on further r2p action and recommendations. CPWR will be providing funding support to 2 high priority projects per grant year for 3 years, starting in Fall 2011. Mid- to high-priority projects that do not receive CPWR funding still may receive communications and promotional support, may be the subject of separate future funding opportunities through CPWR/NIOSH, or may be "handed off" to partners interested in additional follow-through.

Reviewers and process

You are 1 of 3 individuals who will evaluate and score each research project: 1) The CPWR project officer who was responsible for project oversight; 2) the project's lead investigator; and 3) a member of CPWR's r2p team. While the three reviewers may discuss their responses together in the process, each will fill out a separate triage tool. The r2p team will summarize scores and recommendations who will also track, support and document follow-up. Inter-rater variability will be monitored, documented, and discussed in arriving at a final overall level of priority for transfer for the projects.

Based on whether or not there is an intervention ready for broad dissemination, you will select one of two forms. We define *intervention stage research* as those projects that "develop or evaluate prevention/intervention strategies" and/or have "dissemination/adoption" as a primary aim of the project. Dissemination and adoption strategies should include some evaluation component for activities that move research into practice or "scale up" the adoption of the intervention. For the purposes of using this triage tool, communication activities (e.g., publishing in peer-review journals, trade publications, contacting stakeholders) that do not involve some assessment of those activities do not in and of themselves qualify as "dissemination and adoption."

Pre-intervention stage research includes projects focused on "problem definition/surveillance" or the "identification of risk and protective factors/health effects/exposure assessment."

Form #1: Pre-Intervention Stage Research

(To be used only for projects that are not yet at the intervention-ready stage)

Section A: OVERVIEW

Prior to review, the CPWR's r2p Project Assistant will fill in the background information on each project to the extent possible. Reviewers may supplement and update these sections as more information is acquired from the lead investigator or through other channels. In the overview section, you are asked to

provide background information on the project. Instructions are provided for each question when you place your cursor on top of a response field.

Section B: NEXT STEPS

Instructions are provided for each question when you place your cursor on top of a response field. Once Section B has been completed, you are at the end of the form.

Form #2: Intervention Stage Research

(To be used only for projects that are at the intervention stage. These may either be ready for broad dissemination and adoption, or ready for (further) testing and then broad dissemination. For projects with more than one significant finding or intervention, you may need to fill out multiple triage tools for each intervention.)

Section A: OVERVIEW

Prior to review, the CPWR's r2p Project Assistant will fill in the background information on each project to the extent possible. Reviewers may supplement and update these sections as more information is acquired from the lead investigator or through other channels. In the overview section, you are asked to provide background information on the project. Instructions are provided for each question when you place your cursor on top of a response field.

Section B: DETERMINE APPROPRIATE LEVEL OF TRANSFER EFFORT

Instructions are provided for each question when you place your cursor on top of a response field, but more detailed information about scoring in Section B2 is listed here:

B2. Use your best judgment to rank the intervention or product in terms of each of the following factors. 1 is the lowest rating, 3 the midpoint, and 5 the highest.

Note on approach to scoring:

After exploring numerous options for introducing objective/standardized criteria for scoring, we have concluded that this is not practical within the resources available. For example, precise estimations of impact and reach of the proposed intervention may not be available and a systematic review of the literature by reviewers is not feasible to understand the extent to which the findings are supported by other research. In addition, we do not want to limit the reviewers' assessment unduly. For example, assigning a final summary score will involve a degree of subjectivity, yet it may not be ideal to weight criteria the same way across all projects. For example, the extent to which the intervention addresses a high priority such as a high fatality rate or a particularly underserved population may be weighted more heavily even if the efficacy has only been demonstrated in a limited trial.

To address concerns related to subjectivity, we are involving multiple raters to triangulate assessment of the projects and to provide detailed descriptions of the rationale used to prioritize them. Inter-rater variability will be qualitatively noted and used to refine guidance for the tool.

At the end of Section B, continue to Section C.

Section C: METHOD(S) FOR DISSEMINATION

This section is to be completed for all projects or project components that involve an intervention, regardless of whether they have been deemed ready for broader dissemination or require further testing and refinement. It is our view that dissemination planning is important to consider and begin even before the intervention is finalized or the evidence conclusive.

This section does not take the place of a detailed dissemination plan. Rather, it provides some guidance regarding what type of dissemination plan may be called for. Any resulting dissemination plan will need to comprehensively address a range of factors including how formative research will be conducted, definition and segmentation of target audiences, key messages, communication tools and channels, evaluation methods, etc.

Instructions are provided for each question when you place your cursor on top of a response field. Once Section C is completed, you are at the end of the form. Please submit your responses to CPWR via the button on the form or by saving your form and emailing it to jbunting@cpwr.com.

**r2p Checklist for Completed Construction Research Projects
FORM #2: INTERVENTION STAGE RESEARCH**

A. OVERVIEW	Date:
1. Research project :	2. Dates of project:
3. Lead Investigator(s):	5. Reviewer:
4. Partner(s):	Type of reviewer: __ Project Officer __ Lead Investigator __ r2p staff __ Other:
6. NORA Priority:	7. Sources used (final report; other sources, as needed):
8. Major research findings:	Purpose of study: Problem definition/surveillance ID risk and protective factors/health effects/exposure assessment Develop or evaluate prevention/intervention strategies Dissemination/adoption Other

A. OVERVIEW (CONTINUED)

9. Major research outputs or products:

10. What efforts have been made to disseminate or transfer results to key audiences?

- Apprenticeship Programs
- Contractors/Trade Associations
- Insurers
- Owners/Employers
- Policy Makers
- Public Agencies/Regulators
- Professionals/Professional Agencies
- Researchers/Academia
- Workers/Labor
- Other: _____

B. DETERMINE APPROPRIATE LEVEL OF TRANSFER EFFORT							
1. Intervention/Product:						# ___ of ___	
2. Priority Ratings:	Priority for Transfer (1 = low, 3 = medium, 5 = high)						Comments
a. How strong are the findings? (strength of research design & results, findings supported by other research, etc.)	1	2	3	4	5	N/A	
b. How large are the potential impact and reach of the findings? (potential impact on injury & illness prevention, severity of the issue addressed, number of workers/trades affected, etc.)	1	2	3	4	5	N/A	
c. How strong is the potential for effective partnerships for the transfer effort? (e.g. Are there clear partners/stakeholders? Do relationships already exist to build on? Are partners likely to bring resources to the effort?)	1	2	3	4	5	N/A	
d. How achievable is the proposed action/intervention? (Is the proposed change an easy or hard one? Is the intervention readily available? Are there major barriers anticipated? What are the costs involved for the potential adopters? Can the intervention be "packaged" with other interventions?)	1	2	3	4	5	N/A	
e. How important are the findings in terms of addressing high priority areas (e.g. health disparities, NORA/National Academies Report priorities, gaps in the field, making a unique contribution, impacting safety culture, making "up-stream" change at the industry/societal level, etc).	1	2	3	4	5	N/A	
f. Summary: Overall, how high a priority is this for an r2p effort?	1	2	3	4	5	N/A	

C. METHOD(S) FOR DISSEMINATION	
1. Most Promising Methods:	Describe including type of effort and targeted audiences:
Education/training (integration into apprenticeship training, professional training, tailgate training, supervisor training, educational materials, peer training etc.)	
Outreach/marketing (social marketing campaign, targeted diffusion effort, health communications program, media advocacy, educational entertainment, etc.)	
Policy development (regulations, industry standards, building codes, labor-management agreements, licensing exam changes, etc.)	
Technology transfer (licensing, manufacture, market approaches)	
Coalition-building (multi-partner effort to promote interventions at the industry or trade level)	
Communications products (press release, materials for lay audience, web posting/links, mailings, new/social media, etc.)	
Other:	
4. Factors that may support or hinder an r2p effort (e.g., expertise, level of funding, partners, etc.):	
5. Recommended actions, if any:	
END HERE	