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**An Insight Into the Hybrid Adaptation of the  
RE-AIM Framework in the Evaluation of the  
Impact of a Multiagency Patient Care Transfer  
Pathway: The “Red Bag”**

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## Abstract

The Reach, Effectiveness, Adoption, Implementation, and Maintenance framework is a methodological approach, now widely recognized for its reliably effective assessment of the impact of practice-based health service interventions. This case study provides an insight into the development of a new hybrid adaptation model of the Reach, Effectiveness, Adoption, Implementation, and Maintenance methodology, which was consequently implemented in a research evaluation commissioned by Health Education England. This research case study contributes to the currently limited published dissemination of the way that the Reach, Effectiveness, Adoption, Implementation, and Maintenance framework can be adapted to evaluate implementation interventions in the context of multiagency health care settings. The focus and contextual setting for the evaluation is a regional Hospital Transfer Pathway product (the “Red Bag”) across the North of England, UK.

## Learning Outcomes

By the end of this case, students should be able to

- Understand the practical uses and application of Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) methodology in NHS and Health Services Research
- Apply design principles of RE-AIM methodology to the process of evaluation in health care
- Appreciate the need for the adaptation of purist approaches to research in the context of work-based practice and research evaluation

## Project Overview

As researching academics, we were commissioned by Health Education England to undertake an evaluation of an NHS and Health Services initiative called the “Red Bag” Hospital Transfer Pathway (HTP). Part of the responsibility of active researchers is to appropriately align focuses of research inquiry with fitting methodological approaches and to capture credible information, which can then be used to inform future practice. In this instance, we specifically needed to identify and implement an evaluation mechanism that was pragmatic and could serve to drive reflection on current practice and enable critically reflexive responses. Our assessment of optimal methodological approaches led us to implement the RE-AIM methodological framework and it is this that forms the basis of our final case study report. Most importantly, RE-AIM was identified as straightforward to implement in the context of health care practice, which is important as approaches to research necessitate minimal interruption to the context of patient-centered care, where staff work to tight schedules and are time-poor in relation to being able to undertake lengthy evaluations of their work-based activities. As an acronym, RE-AIM acts to abbreviate five key terms, **R**each, **E**ffectiveness, **A**doption, **I**mplementation, and **M**aintenance.

To date, the implementation of RE-AIM has been widely reported in evaluative practice, although few of these have been specifically focused on multiagency level, collaborative organizational partnerships. Our development of a hybrid model is presented here as a means of sharing how purist methodological approaches can be subtly adapted in practice while maintaining their methodological rigor to collect and analyze data, which provides an insight into knowledge, which can be strategically considered for the operational development of everyday health care praxis.

## Context

The “Red Bag” was predominantly designed as a quality improvement scheme to ensure that patient records are transferred to and from secondary care settings in such a manner that medical documentation can be transferred from one health care context to another in an optimal manner. While our study focused specifically on the implementation phase, it is worth mentioning that it is also possible for the methodology to focus on specific aspects identified by the RE-AIM acronym, such as reach or sustainability (maintenance).

The overall purpose of this report is to investigate the usefulness of RE-AIM as a methodological approach for the capture of the implementation phase of the Red Bag scheme in practice, between residential care home settings, paramedic practice, and secondary care settings in regional hospitals across the North of England, UK.

In 2015, the National Institute for Health and Care Excellence (NICE; 2015) introduced guidance on the transfer of patients with social care needs from care homes and community settings to hospital. Transfer Pathway is designed to support care homes, ambulance services, and the local hospitals to meet the recommendations of the NICE guideline NG27: “Transition between inpatient hospital settings and community or care homes.”

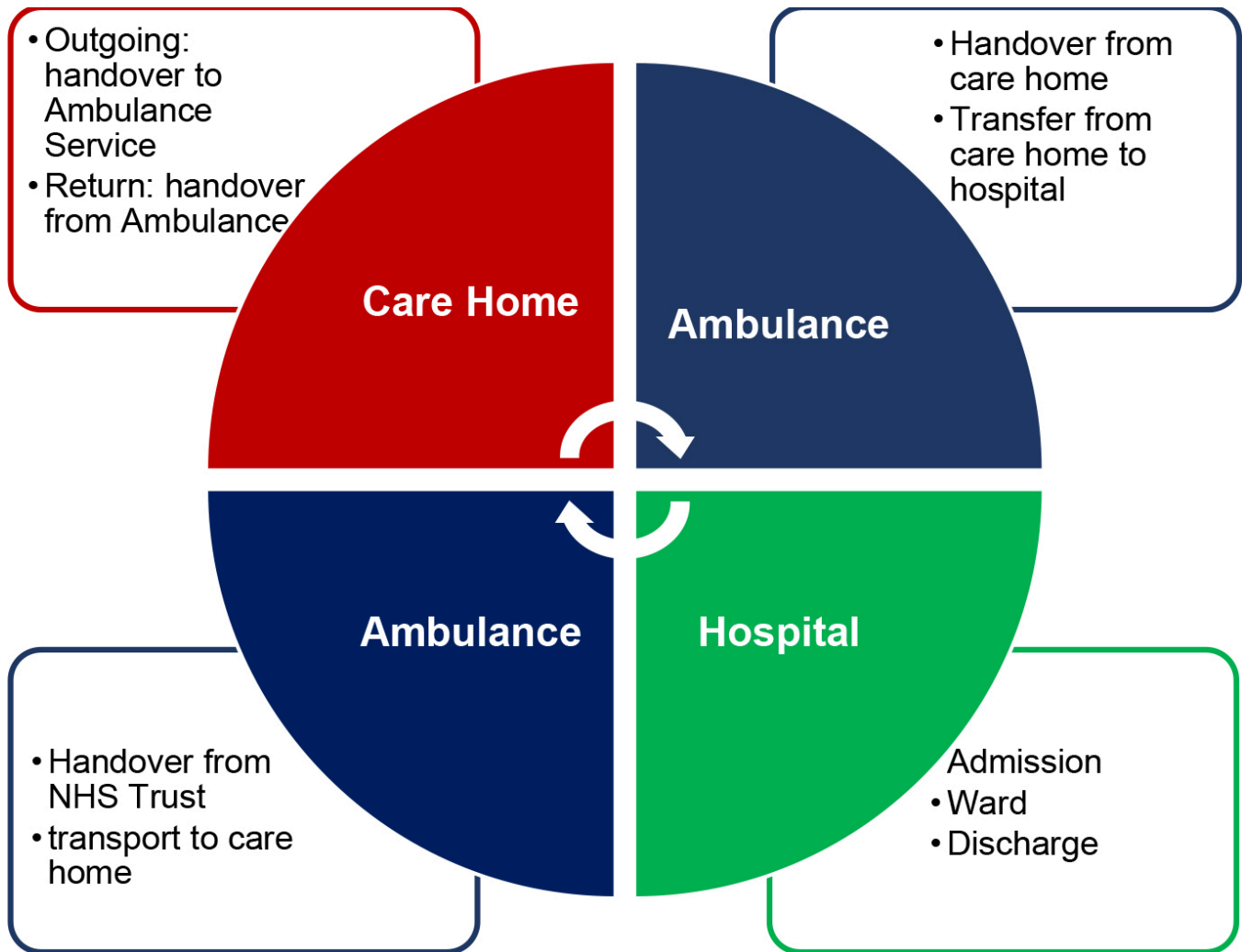
The HTP, which incorporated the Red Bag, was introduced by Sutton Clinical Commissioning Group in 2016 to improve the handover process between care homes and ambulance staff when a resident is admitted to hospital in Sutton. The aim of the HTP was to improve communication and minimize delays in transfers while paperwork was collated, loss or lack of personal belongings not going with the resident to hospital, and medical teams not having baseline information on the residents’ health, medications, or specific needs, which can result in unnecessary delays and lack of communication ([Sutton Clinical Commissioning Group, 2016](#)).

The principles of the HTP were adopted by NHS England with a launch across localities in Northern England in early 2018. The process involves cross-organizational collaboration across the care continuum, with NHS, local authority, and the private sector working together.

The HTP relies on communication between multiagency NHS organizations during handover periods. This is where key communication and processes occur and a visual representation is shown to give context to the evaluation (see [Figure 1](#)).

### **Figure 1. The hospital transfer pathway: Key times for the initiation of communication and transfer of**

responsibility.



## Section Summary

- To date, implementation of RE-AIM has been widely reported in evaluative practice, although few of these have been specifically focused on multiagency level, collaborative organizational partnerships.
- Our development of a hybrid model is presented here as a means of sharing how purist methodological approaches can be subtly adapted in practice while maintaining their methodological rigor to collect and analyze data, which provides an insight into knowledge, which can be strategically considered for the operational development of everyday health care praxis.
- The context specificity of the RE-AIM implementation in a HTP provides opportunities to consider the transferability of the approach to other settings and situations in health care practice.

## Research Design

This methodological framework provided a pragmatic starting point for establishing the degree of impact certain interventions in health care may have had by assessing each multidisciplinary professional group's

engagement with the intervention, in this study, the patient hospital care transfer pathway.

As a framework, RE-AIM is undertaken over five key areas, namely, as follows:

**Reach (R)**, which we had to ensure, provided an insight into the uptake of a particular scheme of intervention, their evaluation of the process, and any issues for address, in this case, “Red Bags.” What was noteworthy here was that although the “Red Bag” scheme had recommendations for optimal implementation, at a level of local implementation, pragmatically speaking, the only thing common to the implementation was that it involved a red-colored bag.

**Effectiveness (E)**, in this study, was operationally defined as the most salient positive and negative perceptions of the Red Bag HTP implementation across Northern England, UK.

**Adoption (A)** was functionally aligned to the percentage of possible uptake of the scheme relative to the organization numbers invited to do so. In any approach to health services research, it is imperative that pragmatic consideration of organizations is made, as these are ultimately affected by time constraints, staff availability, and the pragmatics of research implementation in work-based praxis.

**Implementation (I)** was an opportunity for us to give an insight into the extent to which the Red Bag HTP scheme had been implemented as it was originally intended and finally aligned with the overall sustainability of the initiative in practice. This was where we had to hybridize the model and take a less purist approach to the implementation of the original RE-AIM methodology, as undertaking the study across complex multidisciplinary and multiagency settings added levels of complexity that the original approach outlined.

**Maintenance (M)** provided an insight into how sustainable the implementation of the intervention might actually be, beyond an initial implementation phase of 12 months.

## Section Summary

- RE-AIM is now a widely recognized methodological framework in health services research. It is pragmatic, systematic in approach, and affords a degree of straightforward accessible information with relative immediacy, which can be used to inform future practice.
- Incorporating RE-AIM into multidisciplinary and multiagency settings necessitates an awareness of the complexity of interprofessional working than other more traditional qualitative research approaches.

## Research Practicalities

One of the greatest challenges in undertaking this piece of work was ensuring that communication could be effectively captured within the context of both multidisciplinary and multiagency working. This involved strategically and appropriately using knowledge, skills, and best practice from multiple disciplines and across

service provider boundaries to redefine, re-scope, and reframe health and social care delivery issues surrounding the implementation of the HTP in practice. The organizations we worked with all had their own specific professional identities and interrelationships, which defined and framed the patient-centered care they contributed to as a collective. As with all evaluations pertaining to the outcomes-based approaches to patient care, this had to be carefully managed to reflect the complex nature of providing individually tailored care for all patients.

As there is no one prescriptive approach to the provision of multiagency and multidisciplinary care (all are situationally context specific), then, the levels of integration that needed to be investigated provided the liminality between handover points that were soon identified as being significant to the quality of patient care that could be provided (see [Figure 1](#)).

Ethical approval for the project was multilayered and complex, as this had to be undertaken at both the levels of the individual organizations involved at Hospital Trust level, where appropriate, alongside all of the other individual care homes, which sat outside of this jurisdiction as independent care holders. Time is always an issue in terms of ethical clearance as absolutely no data collection or approach of participants can take place until this has been formally sanctioned. What we learned from this aspect of the project was never to underestimate the level of detail required for consideration by ethics committees and also being mindful of the need to ensure quite subtle and nuanced differences in the ethical approval required for each institution and organization involved in the study.

We adopted a purposive sampling technique, which focused on those HTPs we knew we needed to evaluate as an integral part of the study and then added snowball sampling as an effective way of increasing participant numbers and recruitment to the evaluation. At all stages, we wished to permit every contributing organization to have an individual context-specific “voice” that enabled critical reflexivity of individual aspects of the HTP to be achieved, with the aim of improving future responsive practice, and that reflected the findings of the research evaluation well. We achieved this by presenting our results from each context-specific area and then collectively looking at the impact they all had on applied practice across them all. Our research team all served different roles in the evaluation, which meant also having to have regular update meetings so that the different stages of the research being implemented could be contextually framed alongside one another and identifiable issues are addressed at source before moving to the next phase of the research. For any researcher using the RE-AIM methodology, we feel it is important that each member of the research team remains completely at ease with the activities of the others, so that overall coherence and consistency in approach can be assured. Regular meetings and information sharing are pivotal to this.

## Section Summary

- Ensuring optimal communication pathways was pivotal in the context of the multidisciplinary and multiagency research we undertook.
- Purposive and snowball sampling were an effective means of ensuring a sample size that was both pragmatic and strategically focused by the overall aims and objectives of the evaluation.

## Method in Action

RE-AIM is a systematic approach that, in principle, ought to be relatively straightforward in its implementation. While we conclude that it is an effective mechanism of capturing data pragmatically and that it serves its purpose well in identifying key issues for address at both strategic and operational levels, we also need to acknowledge the challenges that arose in our research journey with it. As mentioned previously, working across multiagency and multidisciplinary contexts is challenging in research. While, as a research team, the collection of data and its subsequent analysis were priorities for us, the demands placed upon health care workers mean that if the patients are to remain a first and foremost priority (which without question they did across all organizations we worked with), then we had to fit around the availability of staff to engage in the methodological process. We also had to carefully manage interprofessional relationships where it was clear that there was a lack of understanding of the role of other health care workers and their contribution to professional practice, on behalf of participants in the study. While this became an important part of the recommendations we made in addressing key issues of interprofessional and multidisciplinary health care working practice, we could not afford to be swayed by any one particular group, as all had resonance in relation to the area of practice being evaluated.

### Methodology

A mixed-methods approach was used for the evaluation. The incorporation of qualitative and quantitative methods ensured both tangible and illuminating aspects of the HTP could be effectively captured at source. Qualitative approaches facilitated the capture of the more nuanced elements of the organizational hierarchies involved, the intersectionality between the private sector, local authority, and the NHS, in diversely situated contexts of care. A thematic analytic approach was used to provide a robust, structured analysis of the qualitative data. Quantitative methods were used to provide numerical data that evidenced the prevalence of the identified themes.

### Data Collection

Owing to the broad geographical area, complexity, and diverse range of organizations over which the evaluation was conducted, a bricolage approach to data collection was adopted. Bricolage is a broad concept but, for the purposes of this work, was operationally defined as the researchers bringing together different representations of a complex situation from the data collected, through flexibly collecting, using, and adapting tools to make meaning and understand the phenomena under investigation ([Denzin & Lincoln, 2000](#)). The research team was also cognizant that organizations were at different stages of implementation of the Red Bag HTP, of existing evaluation, and of data collection at individual organizational levels.

To more fully understand the sociodynamics of the red bag implementation “in situ,” the researchers attended as many formal and informal meetings across the NHS, local authority, and care home settings as was feasibly possible. This allowed engagement with potential participants in their natural working environments, where the dynamics of interprofessional working discourse could be fully observed and contextualized.



Three surveys that were specifically designed for each organization involved in the process of transferring of patients in relation to their individual delineating characteristics and features transcending the disciplinary expertise across the broad range of care settings. Each survey was pilot-tested with a representative sample of participants, to ensure questions were both understood and reflective of the current context of practice. This ensured that the responses would provide purposive information that could potentially inform the future sustainability of the Red Bag HTP scheme.

The surveys were administered via a range of purposive and snowball sampling mechanisms to ensure effectively targeted and wide distribution of potential data capture. Care Home surveys were sent out by a Quality Nurse in the community who had existing relationships with Local Authority and Clinical Commissioning Group contacts; this person was known to others and was aware of the regional contacts and the subtleties of individual locality variance. Three separate reminder emails were issued. Surveys were sent out between the months of November 2018 and February 2019.

### **Early Engagement Work**

Early engagement work to map a typical process in an NHS Trust revealed that care home residents admitted to hospital progressed through a variety of people, places, and processes and variables such as gender, health condition influenced how and where each person was treated. Initially, the link to the survey was piloted on the Intranet in the reference Trust, but despite repeated efforts to highlight this, there were no responses. One Trust suggested using hospital volunteers to go onto the wards, but this was impractical as the method could not be replicated across the localities, and seasonal pressures meant that staff could not take time to respond during their shifts. After discussion and feedback from NHS colleagues, the decision was made to email Directors of Nursing with the rationale for the evaluation, the link to the survey, and enlist their support to have the link cascaded to staff on elderly care wards. There were positive responses from four of the Trusts, who confirmed that the survey had been duly distributed to staff. Surveys were sent between October 2018 and March 2019.

To triangulate data findings between care homes and NHS Trusts, understand gaps in survey data, and provide a wider perspective on regional practices, the North East Ambulance Service was subcontracted to advise on this phase of the evaluation and collect data from paramedics. A research paramedic worked with the research team to provide insight into the specific disciplinary role of paramedics within the HTP, develop and pilot test the survey questions, and advise on the best methods of recruiting participants, as the nature of paramedic work meant that there were only limited times to collect data, and that participants would be more receptive to participating if a peer was collecting the data. Both the research team and North East Ambulance Service agreed that the paramedic data should be collected toward the end of the evaluation, given that localities had implemented the Red Bag across a wide timeframe, and it was important to maximize the opportunities for paramedics to observe the Red Bag in practice across the region to provide meaningful perspectives on practice. This has been an iterative cycle and is currently continuing.

Further data were collected via individual and face-to-face meetings, telephone calls, and locality reports from

across the organizations. This was undertaken on a voluntary basis, and there was a need to be cognizant of encouraging participation, but not coercing potential participants in localities who did not respond to specific survey or meeting requests. People who did choose to participate in these meetings were assured that their participation would be confidential; however, some were comfortable with being identified and sharing best practice. Permission was given to the researchers prior to any identifiable “in vivo” quotes being used in this report.

For every member of personnel in each organization asked to participate in the survey, it was made explicit that participation was entirely voluntary, and that any data would be treated confidentially and anonymized to protect the potential identification of participants. Owing to the nature of the sampling techniques, it was not possible to know the exact number of respondents; however, the surveys were used to achieve “reach” and were consequently supplemented by other data sources in line with the bricolage approach to the evaluation.

## Data Analysis

Data sets were analyzed using a thematic analytic approach. This involved the inductive identification of words and actions of interest which were found in the data and generating codes from these (3). Codes were discussed with the research team and grouped into themes in the context of the relevance to the research questions and interpretation of the social processes in the organizations.

A constant comparative framework was implemented, where data were sequentially compared with other collated data, which facilitated the identification of tacit meanings and actions underlying specific processes (Charmaz, 2014). A consensus on the final confirmed set of themes was collectively agreed between research team members.

The most salient themes were then mapped against a hybrid version of the RE-AIM framework, which the researchers developed for the purposes of this “real life” research context.

## Overview of the Principles of the Hybrid RE-AIM Framework for the Evaluation

The implementation and adoption of the Red Bag was mapped out and guided by the principles of the RE-AIM framework (see Table 1) in the implementation of a consequently hybrid version of the methodology. The hybrid framework consists of five dimensions (reach, effectiveness, adoption, implementation, maintenance), which can be used to illuminate more than just traditional outcomes, for example, effectiveness, and capture the tacit processes and areas which may be perceived as tangential, but are critical to producing and achieving impact (Holtrop, Rabin, & Glasgow, 2018).

### Table 1. Hybrid RE-AIM mapping framework.

RE-AIM dimension	Addresses
Reach	Define participants across the organizations involved
Effectiveness	Define benefits that are trying to be achieved and identify any negative consequences
Adoption	Where is the pathway being applied and who is applying it?
Implementation	How consistently is the Red Bag scheme being applied, what are the barriers and enablers, and how will best practice be shared?
Maintenance	When did the Red Bag scheme become operational in each locality and what can be shared to inform development of sustainability?

These dimensions occur at multiple levels, for example, service users, surgeries, organizations, and communities ([Glasgow, Vogt, & Boles, 1999](#)), which need to be taken into account when evaluating the success of the locality interventions. The principles of the framework have been used for this evaluation, rather than using it as a prescriptive tool, in line with other evaluations that have used this method ([Finch & Donaldson, 2010](#)), as we sought to be guided by induction as is congruent with qualitative methodology to allow a wide range of possibilities when evaluating the Red Bag HTP scheme in practice ([Sweet, Ginis, Estabrooks, & Latimer-Cheung, 2014](#)).

## Section Summary

- The hybrid adaptation of RE-AIM enabled us to be less prescriptive in the use of the overall framework. This was a pragmatic consideration that enhanced the level of information that was available to us across a range of multidisciplinary and multiagency settings.
- Constant comparison was an approach that permitted iterative enrichment of data that were sequentially collected, analyzed, and used to reinform interview schedules.

## Practical Lessons Learned

### The Influence of Structure and Agency of Organizational Hierarchies

To account for the structure and agency of organizational hierarchies and the situated nature of the organizations involved in the transfer of care home residents, critical realism was implemented as a philosophical framework in the evaluation. Key tenets of critical realism posit that the social world is complex and can be stratified into distinctive and delineated layers, for example, individuals, groups, and institutions, with explanation being guided by structures and mechanisms as opposed to phenomena and events ([Robson, 2011](#)). It incorporates the perspectives of participants, the consequent plethora of explanatory

possibilities, the potential for some to be mistaken, and the acknowledgment that lay thoughts and actions ought to be critically examined (Corson, 1991). This was an entirely pragmatic approach to the evaluative process given the diverse range of processes, organizations, and people involved in the HTP.

Being able to balance a pragmatic practice-based approach with the rigor of a scientific approach to evaluation in practice necessitated using available data that were readily accessible, had minimal or no impact on the patients for whom the work was being undertaken, and had a due regard for the potential pragmatic sustainability of the scheme in the context of “real world practice.”

The use of the hybrid RE-AIM methodology in the alignment of the data analysis phase of the evaluation is described in our case study. Hopefully this will provide an insight into how successfully the research team involved in evaluating the processes of the implementation and adoption of the Red Bag Scheme using the hybrid RE-AIM in the data analysis phase of the evaluation. By using the HTP as an example, we have effectively demonstrated the usefulness of the hybrid RE-AIM in the alignment of emergent themes from the evaluation. As a secondary objective, the results of our hybrid RE-AIM analysis of the Red Bag implementation provide data regarding the collaborative working between secondary care settings, residential care settings, and paramedic services.

The hybrid RE-AIM Framework approach enabled the analysis phase of this research to delineate between complex multifactorial operations that take place within and between disparate health care professional disciplines in practice.

The hybrid model itself also facilitated and strengthened the willingness of multiagency staff from different professional backgrounds to work together in truly patient-centered care. It opened avenues of opportunity for interprofessional awareness raising, in relation to the scope of practice of health care practitioners and their own professional backgrounds. The strong collaborative relationships forged between the University and the multiagencies involved were another positive outcome as a consequence of the implementation of the RE-AIM methodology in practice. Most importantly though, the approach ensured that the outcome of the research could be most beneficial to the end users, the patients. Many of these are vulnerable older adults, whose capacity for communication may be diminished by medical illness. Our approach to increasing the effectiveness of interprofessional and multidisciplinary working relationships via the implementation of this adapted version of the RE-AIM methodology serves to identify a potential means of undertaking further pragmatically centered work, in which there can be a move toward tokenism in integrating all members of these teams so they can contribute to truly patient-centered care, equitably and with maximal effectiveness in their communication within and between professional disciplines.

The implementation of our hybrid model of the RE-AIM methodology has several implications for practice that we are eager to disseminate. This is of particular relevance to the potential of multiprofessional research that transcends hierarchical structures in patient-centered care, namely, as follows:

1. We advocate the use of RE-AIM methodology in the strategic co-constructed scoping and design of

collaborative research.

2. We recommend using RE-AIM methodological principles in initial scoping exercises where there may have been interprofessional dissonance or simply a lack of understanding of the scope of practice for interdisciplinary professional working contexts, “in situ.”
3. We recommend not applying the RE-AIM methodology in a legalistic fashion but maintaining enough of the parameters implementation to ensure robust data collection and consequently systematic analysis of qualitative data.

## Section Summary

- The situation and context of the implementation of RE-AIM methodology are important in relation to the potential capture of meaningful information. Thinking about scoping exercises and the design of multiagency research was pivotal to apply RE-AIM in practice.
- Professional identities and disciplinarity matter—the hybrid model also facilitated and strengthened the willingness of multiagency staff from different professional backgrounds to work together in truly patient-centered care. It opened avenues of opportunity for interprofessional awareness raising, in relation to the scope of practice of health care practitioners, relative to their own professional backgrounds.

## Conclusion

This project highlighted the usefulness of being able to use specific facets of the hybrid RE-AIM methodology in the context of multiagency working where there are numerous interprofessional and collaborative working relationships that affect the dynamics of everyday patient care. The fact that this could be applied in a real-world setting illuminated the potential of the hybrid RE-AIM framework adaptation to be both pragmatic and systematically robust. This has potentially wider pedagogic implications for incorporation of the hybrid RE-AIM framework into taught doctoral programs, where mid-career professionals often seek to undertake work-based research, which is both purposive and straightforward to execute in the context of the workplace. As such, it has the potential to become another tool in the armory of systematic, yet pragmatic, doctoral research approaches. The study has a wider relevance to the gaps in both implementation science and the general extant literature base surrounding hybrid RE-AIM methodological applications in practice. This study provides evidence that could potentially inform other large multiagency methodological approaches to systematic data collection and analysis.

The hybrid model implementation of the RE-AIM methodological framework has facilitated the development of viable and sustainable relationships between the multiagencies involved in the North of England. As a consequence, the research undertaken has an implication for the potential use of the framework in future research evaluation projects. Most significantly, the approach is potentially transferrable to other “in situ” or “real world” settings, where organizational hierarchies and sociocultural dynamics can affect the potential for purposeful evaluation to be executed in practice.

## Section Summary

- Being able to distinguish between purely theoretical and work-based research is pivotal to both the design and execution of research. This is of particularly greater significance when undertaking research that has been commissioned by the public purse, as the results ought to be pragmatically focused as well as trustworthy and authentic.
- Sociocultural dynamics play a big part in ensuring effective multiagency working. RE-AIM provides an opportunity for all members of the organizations involved to contribute in a respected manner and to raise specific instances where they might have concerns about the overall functionality of the multiagency and multidisciplinary sessions.

### Classroom Discussion Questions

## Classroom Discussion Questions

1. It could be argued that the RE-AIM methodology is overly prescriptive in its purist form—debate in 10 min whether you agree or disagree with this assertion.
2. RE-AIM has the potential to contribute to knowledge surrounding the potential sustainability of an effective health care intervention—discuss this in pairs and then share your thoughts with others.
3. We applied RE-AIM in a multiagency health care setting—can you think of any key challenges with this approach? Discuss and debate in small groups.
4. As an integral part of establishing evidence-based approaches to health care, cynics might argue that this is simply a contrived mechanism of rationing resources in health care settings—how would you respond to such a contentious statement if it was posed to you, having read our account of using it?
5. How far do you think that being objective in the implementation of RE-AIM Methodology actually is for the researchers using it? Discuss your reasons for the case you present.

## Declaration of Conflicting Interests

The Authors declare that there is no conflict of interest.

## Further Reading

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## Web Resources

For a valuable insight into purist approaches to the RE-AIM methodology, please access:

<http://www.re-aim.org/about/applying-the-re-aim-framework/>

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