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Dynamic diffusion network QUERI Program: evaluating strategies to support successful spread of integrated mental health and chaplain moral injury groups across the Veterans Health Administration

Submission date 29/05/2026	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol
Registration date 30/06/2026	**Overall study status** Ongoing	[_] Statistical analysis plan [_] Results
Last Edited 10/07/2026	**Condition category** Other	[_] Individual participant data [X] Record updated in last year

Plain English summary of protocol

Background and study aims

Many successful evidence-based practices (EBPs) within the VA system reach an inflection point between early implementation and broad dissemination. These EBPs face the challenge of simultaneously supporting continued spread to new sites/facilities (i.e., Rogers Diffusion of Innovations early and late majority sites) and sustainment at existing early adopter sites. Given that over half of implemented innovations are not sustained over the long term, Aarons et al. describe the need to study sustainment as “critical,” and “as important as the study of implementation” – without sustainment, “time and fiscal investments in implementation are wasted and public health impact is limited.” Our group’s prior examination of EBPs though the VA Innovation Ecosystem revealed that initial implementation outcomes often do not predict long-term sustainment among successful EBPs, further emphasizing the need for regular assessments of sustainment. Unfortunately, based on a VA Evidence Synthesis Program review, there has been little research examining national spread and sustainment of successful EBPs.

The Veterans Affairs (VA) Dynamic Diffusion Network (DDN) QUERI Program is designed to support quality improvement efforts and provide information to VA to continue to better understand different implementation support strategies, especially for spreading and sustaining complex clinical EBPs beyond successful earlier adopters across the VA healthcare system.

Specific aims for Moral Injury Groups will focus on measurements in the areas of implementation effectiveness, fidelity and improvement efforts, clinical effectiveness, and implementation costs to deliver moral injury groups.

Who can participate?
Facilities in the United States Veterans Health Administration (VHA) who are seeking to implement moral injury groups co-led by healthcare chaplains and mental health providers as part of a quality improvement program.

What does the study involve?
Participating facilities that are offering, or will be offering, collaborative (mental health and healthcare chaplain co-led) moral injury groups will be assigned to one of two implementation support strategies – community of practice or network-based facilitated implementation (DDN). The Dynamic Diffusion Network was developed as a method for implementing and adapting complex clinical interventions. It is designed to enhance the evidence-based implementation of clinical EBPs that utilize existing structures within facilities. The DDN recognizes the need to: 1) have engaged facilities; 2) plan to link quality goals and EBP components to the workflow; 3) facilitate rapid cycle quality improvement and 4) plan for sustainment and further spread. The DDN QUERI Program will evaluate these strategies with selected VA facilities.

What are the possible benefits and risks of participating?
This non-research quality improvement project seeks to understand how to help VA facilities improve the quality of care provided to Veterans who are experiencing moral injury.

Where is the study run from?
The Durham Veterans Affairs Health Care System

When is the study starting and how long is it expected to run for?
June 2026 to June 2028

Who is funding the study?
United States Veterans Affairs Quality Enhancement Research Initiative

Who is the main contact?
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Study information

Scientific Title
Dynamic diffusion network QUERI Program: a randomized quality improvement evaluation comparing a high-support vs. lower-support network-based implementation facilitation strategy for mental health and chaplain co-led group-based care for moral injury among veterans receiving care within the Veterans Health Administration

Acronym
DDN QUERI MIG QI Evaluation

Study objectives
Guided by the EPIS (exploration, preparation, implementation, sustainment) framework, the objective of this quality improvement evaluation is to compare network-based implementation facilitation strategy (i.e., Dynamic Diffusion Network or DDN) to a Community Practice (COP) among a group of facilities implementing Integrated Mental Health and Chaplaincy (MH&C) Moral Injury Groups. The project will ascertain whether patients in the group receiving DDN support are more likely to attend a greater percentage of group sessions than the COP group. Secondary, clinical impact and group effectiveness on measures of moral injury outcomes, PTSD symptomatology, depressive symptomatology (including suicidality), and mental well-being will be examined. Evidence-based principles of moral injury care (i.e. "core components") and rapid improvement processes will be applied during site implementation. A mixed-methods evaluation of factors influencing outcomes at each EPIS stage based on the Consolidated Framework for Implementation Research (CFIR) will be conducted.

Ethics approval required
Ethics approval not required

Ethics approval(s)

Primary study design
Observational

Secondary study design
Multicenter hybrid type 3 randomized quality improvement evaluation

Study type(s)

Health condition(s) or problem(s) studied
Mental health and chaplain co-led group-based treatment of moral injury in Veterans receiving care in the United States Veterans Health Administration system.

Interventions
Enrolled sites will enter an 18-month implementation phase. For the initial 6 months of implementation (implementation phase A), a Community of Practice (COP), lower intensity strategy will be used among both new and sustaining sites to: 1) assess implementation and sustainment needs at both sites (via surveys and semi-structured interviews); and 2) simultaneously support preparation for implementation among new sites and sustainment at existing sites (via facilitated individual and group calls).

Following the 6 months, both new and sustaining sites with the lowest pre-specified implementation metrics (conducting moral injury groups and/or reporting needing additional help with implementation) will be randomized in a stratified fashion to receive either: (a) continued COP; or (b) Dynamic Diffusion Network (DDN) facilitation (higher intensity strategy) for months 6-12 (implementation phase B).

At the end of the 18-month implementation phase, post-implementation and/or sustainment outcomes will be assessed via surveys and semi-structured interviews. Clinically significant change will be assessed by measures of moral injury outcomes (e.g., PTSD symptomatology, depressive symptomatology including suicidality, and mental well-being) available via patient

record data pulls. A small sub-set of patients attending groups will also be interviewed to examine factors associated with patient satisfaction. In support of establishing a business case for implementation of moral injury groups across VHA, implementation costs will be assessed via self-reporting.

Intervention Type
Other

Primary outcome(s)
1. Percentage of group visits measured using Electronic patient attendance lists at Each scheduled group (approximately 10-16 sessions over approximately 3-4 months)

Key secondary outcome(s)
1. Patient retention of 80% or more measured using Electronic health record and provider-reported attendance at 18 months and 24 months

2. Number and type of core and adaptable components of moral injury groups measured using descriptions of group session content via quarterly reports and qualitative interviews at 18 months

3. Description of quality improvements efforts undertaken by participating facilities measured using facility self-report at 18 months

4. Moral injury group clinical effectiveness (moral injury outcomes, PTSD symptomatology, depressive symptomatology including suicidality, and mental well-being) measured using electronic patient record at prior to or during first group session and during or following last group session (pre/post)

5. Factors influencing implementation and sustainment measured using surveys and semi-structured interviews at at start and completion of the 18-month implementation phase

6. Implementation cost measured using facility self-report at 18 months

Completion date
30/06/2028

Eligibility

Key inclusion criteria
Healthcare facilities in the Veterans Health Administration will be randomly assigned as part of this quality improvement evaluation. The work of these facilities will be led by teams of individuals who are:
1. VHA-employed healthcare chaplain or VHA employed mental health provider
2. Willing and able to co-lead mental health and chaplain co-led collaborative moral injury group (s) for Veterans in VHA setting
3. Willing and able to be randomly assigned to one of two implementation support conditions (community of practice or network-based structured implementation facilitation)
4. Willing and able to obtain facility-level leadership support and approval to participate
5. Invited by DDN QUERI staff to participate in a quality improvement program

Healthy volunteers allowed

No

Age group
Mixed

Lower age limit
0 Years

Upper age limit
1 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Must meet all inclusion criteria noted above, including being invited to participate in QI program by DDN QUERI staff

Date of first enrolment
01/06/2026

Date of final enrolment
02/06/2026

Locations

Countries of recruitment
United States of America

Sponsor information

Organisation
United States Department of Veterans Affairs

ROR
https://ror.org/05rsv9s98

Funder(s)

Funder type

Funder Name

Quality Enhancement Research Initiative

Alternative Name(s)
VA Quality Enhancement Research Initiative, QUERI

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United States of America

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available