



The Implementation Game© Worksheet



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INTRODUCTION

This worksheet is designed to capture an implementation plan as it is developed using The Implementation Game ©, an educational and planning resource that simplifies implementation planning into five main components. The worksheet is retrievable from www.melaniebarwick.com/implementation.php, and the TIG order form is here <http://www.cvent.com/d/dgq6zc/1Q>

The TIG Worksheet is informed by several empirical resources. It is laid out according to the 14 steps of the Quality Implementation Framework (Myers DC, Durlak JA, and Wandersman A, 2012). The worksheet also uses elements of the Quality Implementation Frameworks developed by the National Implementation Research Network; retrievable here <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>, implementation strategy work by Bryon Powell and colleagues, the Implementation Outcome Taxonomy by Enola Proctor and colleagues, the Consolidated Framework for Implementation Research (Laura Damschroder and colleagues), and the RE-AIM framework (Russell Glasgow and colleagues).

As you work through The Implementation Game with your team, you can capture the key elements of your tailored implementation plan on this worksheet in the right-hand column. The final document will be your implementation roadmap and can be tracked and updated as you work through your implementation endeavor.

Feedback about this worksheet is very welcome and can be provided directly to Dr. Melanie Barwick, melanie.barwick@sickkids.ca

INTELLECTUAL PROPERTY DISCLOSURE

Modifications or adaptations to the TIG Worksheet are NOT permitted. Any innovation based on or informed by this work must include a citation to the original work:

Barwick M. (2018). *The Implementation Game Worksheet*. Toronto, ON The Hospital for Sick Children.

SOURCES

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Describe your Implementation Scenario:

TITLE OF IMPLEMENTATION ENDEAVOR

DESCRIPTION

TIMELINE FOR IMPLEMENTATION

FUNDING & INITIATING CIRCUMSTANCE

How is the implementation funded and what funds will support ongoing activities to sustain this change?

The “initiating circumstance for the implementation endeavor” refers to the entity initiating and driving the implementation endeavor, the source and type of implementation support, the timeline, approach, pacing, and endorsement of implementation outcomes. Four types of common initiating circumstances have been proposed: i] researcher initiated; ii] government initiated, typically with some provision of technical assistance; iii] organizationally initiated; and, iv] EBT developer, intermediary, or purveyor initiated [e.g. MST, Triple P] (Barwick et al., 2018).

IMPLEMENTATION TEAM

Identify members of your implementation team. Can you repurpose an existing team or do you need to develop a new one? What core competencies are needed? Consider members within your organization as well as strategic partners from outside. Include members who (i) are flexible and adaptive to challenges; (ii) know the new innovation; (iii) are familiar with implementation science methods; (iv) work at multiple system levels (see big picture); (v) practice Plan, Do, Study, Act cycles, usability testing, and effective communication practices.

IMPLEMENTATION STEPS

CAPTURE YOUR PLAN

PREPARING FOR PRACTICE CHANGE

OPTIONAL PRE-PHASE 1

CHOOSING AN INNOVATION

If you don't know what evidence-based innovation is best for your context, discuss the following:

- 1) Identify **needs**: The underlying needs should be identified and articulated as the basis for exploration of appropriate practices.
- 2) Establish desired **outcomes**: A clear statement of what is to be achieved by introducing a new innovation.
- 3) Identify potential **evidence-based practices (EBPs)**: Consider various EBPs that may address the need and achieve the outcomes
- 4) Assess **resources and capacity**: Context is critical; whatever practice is chosen has to be "usable" and pragmatic in terms of resources and capacity.
- 5) Choose the **best-fit practice**: Consider needs/outcomes and resources/capacity and choose the innovation with the best fit.

- 1) What are your needs?
- 2) What are the desired outcomes; consider all partners perspectives?
- 3) What potential EBPs might meet these needs and outcomes?
- 4) How usable and pragmatic are these EBPs?
- 5) What is the best fit?

IMPLEMENTATION STEPS	CAPTURE YOUR PLAN
<p>PHASE 1: PREPARING FOR PRACTICE CHANGE</p> <p>Readiness</p> <ol style="list-style-type: none"> 1) Describe how well the target innovation aligns with identified needs. 2) Describe how well the target innovation fits with current services, priorities, structures, supports, community or organizational values. 3) Describe whether adaptation is required and what that would entail (will you be evaluating to ensure good outcomes?) 4) Describe the resources available for training, staffing, technology supports, data systems & administration. 5) What evidence is there of good outcomes if the innovation is implemented well? How well does that evidence align with your context? 6) Describe your capacity to implement as intended and to sustain implementation over time. 	<p>Your plan:</p> <ol style="list-style-type: none"> a) Needs: b) Fit: c) Adaptation: d) Resource availability: e) Evidence: f) Capacity:

IMPLEMENTATION STEPS	CAPTURE YOUR PLAN
<p>PHASE 1: PREPARING FOR PRACTICE CHANGE</p> <p>7) How will you obtain and maintain buy-in across all levels?</p> <ul style="list-style-type: none"> • Individual • Organization • System <p>8) How will you foster a supportive change climate?</p> <p>9) How and when will you communicate the goal and the pathway?</p> <p>10) Staff selection and support mechanisms: who will deliver the innovation; how will they be supported (coaching, supervision, technical assistance)?</p> <p>11) How will you provide ongoing staff training (if needed) and assess staff competency and adherence (fidelity)?</p>	<p>Strategies for:</p> <p>7) Creating and maintaining buy in:</p> <ul style="list-style-type: none"> • Individual level • Organizational level • System level <p>8) Fostering a supportive change climate:</p> <p>9) Communicating the change:</p> <p>10) Staff selection and support:</p> <ul style="list-style-type: none"> • How will staff be selected? • How will staff be supported? <p>11) How will staff be trained?</p> <p>How will you assess:</p> <ul style="list-style-type: none"> • Staff competency in delivering the innovation? • Staff fidelity to the innovation?

IMPLEMENTATION STEPS	CAPTURE YOUR PLAN
<p>PHASE 2: IMPLEMENTATION STRUCTURE AND ORGANIZATION</p> <p>Discuss the following:</p> <ol style="list-style-type: none"> 1) What partnerships do you need? How will you develop them? 2) What training do you need? Who will do it? Where will it occur (think about sustainability of ongoing training)? How will it recur, over time, for new staff? 3) What physical space is needed for delivery of the innovation? What materials or equipment? How will these be procured? 4) How will you maintain buy-in, across all levels? 5) How will you communicate (and to whom?) about the implementation endeavor and your progress? 6) How will you evaluate (i) fidelity to implementation process, and (ii) fidelity to the innovation? 7) What technology/systems/workflow are needed to collect evaluation data? Who will be primarily responsible for ensuring quality of data collection, analysis, dissemination and discussion about changes the data may suggest? 	<ol style="list-style-type: none"> 1) Partnerships: 2) Training needs: 3) Physical space / materials / equipment. How procured? 4) Maintaining buy-in across all levels: 5) Communicating your progress with whom? How? 6) Evaluating fidelity: <ul style="list-style-type: none"> • To the implementation process (did you follow your implementation plan/steps as intended?): • To the innovation (was it delivered as intended?): 7) What do you need to collect data? Who will do it? How and when will you review it (build business process)?

IMPLEMENTATION STEPS

CAPTURE YOUR PLAN

PHASE 3: ONGOING IMPLEMENTATION SUPPORT

Discuss the following:

The structures and processes set up by the team in phase 2 related to skills, organizational capacity and culture begin to mature. This is a time to work through difficulties and where Plan Do Study Act cycles can be instructive. In assessing how you are doing, consider how to refine the following:

1) Staff training

1) Describe how you will refine staff training over time.

2) Technical assistance, coaching, and/or supervision of staff

2) Describe how you will maintain technical assistance, coaching and supervision of those providing the innovation.

3) What are your **evaluation data showing you?**
Consider evidence from PDSA cycles, usability testing, or communication loops, as appropriate.

3) What are you learning from your PDSA cycles?

4) How can you **improve your processes with sustainability in mind?**

4) Describe how will you improve your process with sustainability in mind

IMPLEMENTATION STEPS

PHASE 4: MAINTAINING FIDELITY AND SUSTAINING

When you arrive at a point when the new innovation is considered standard practice, your implementation is nearing completion. At this point, implementation teams work to ensure that the gains in the use of the new innovation are maintained and improved over time, as the organization or environment changes. The work may morph into quality assurance.

- 1) Discuss how you will **maintain fidelity and quality** over time.
- 2) Who will be involved in reviewing **performance and quality data**, and when will it be reviewed and discussed?

CAPTURE YOUR PLAN

- 1) How will you maintain fidelity? How will you maintain program quality?
- 2) Who and when will you review staff and program performance?

IMPLEMENTATION FACTORS

Circle the factors that will likely be relevant for your implementation endeavor, and discuss why and when (phase).

Factor	Short Description	Phases of relevance (1 – 4)
INTERVENTION CHARACTERISTICS		
Intervention Source	Perception of key stakeholders about whether the intervention is externally or internally developed.	
Evidence Strength and Quality	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the intervention will have desired outcomes.	
Relative Advantage	Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution.	
Adaptability	The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.	
Trialability	The ability to test the intervention on a small scale in the organization, and to be able to reverse course (undo implementation) if warranted.	
Complexity	Perceived difficulty of the intervention, reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement.	
Design Quality and Packaging	Perceived excellence in how the intervention is bundled, presented, and assembled.	
Cost	Costs of the intervention and costs associated with implementing the intervention including investment, supply, and opportunity costs.	

OUTER SETTING	Short Description	Phases of relevance (1 – 4)
Patient/Recipient Needs and Resources	The extent to which patient needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the organization.	
Cosmopolitanism	The degree to which an organization is networked with other external organizations.	
Peer Pressure	Mimetic or competitive pressure to implement an intervention; typically because most or other key peer or competing organizations have already implemented or are in a bid for a competitive edge.	
External Policies and Incentives	A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.	

IMPLEMENTATION FACTORS

Circle the factors that will likely be relevant for your implementation endeavor, and discuss why and when (phase).

INNER SETTING	Short Description	Phases of relevance (1 – 4)
Structural Characteristics	The social architecture, age, maturity, and size of an organization.	
Networks and Communications	The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organization.	
Culture	Norms, values, and basic assumptions of a given organization.	
Implementation Climate	The absorptive capacity for change, shared receptivity of involved individuals to an intervention, and the extent to which use of that intervention will be rewarded, supported, and expected within their organization.	
Tension for Change	The degree to which stakeholders perceive the current situation as intolerable or needing change.	
Compatibility	The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.	
Relative Priority	Individuals' shared perception of the importance of the implementation within the organization.	
Organizational Incentives and Rewards	Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary, and less tangible incentives such as increased stature or respect.	
Goals and Feedback	The degree to which goals are clearly communicated, acted upon, and fed back to staff, and alignment of that feedback with goals.	
Learning Climate	A climate in which: a) leaders express their own fallibility and need for team members' assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.	
Readiness for Implementation	Tangible and immediate indicators of organizational commitment to its decision to implement an intervention.	
Leadership Engagement	Commitment, involvement, and accountability of leaders and managers with the implementation.	
Available Resources	The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.	
Access to Knowledge and Information	Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.	

IMPLEMENTATION FACTORS

Circle the factors that will likely be relevant for your implementation endeavor, and discuss why and when (phase)

CHARACTERISTICS OF INDIVIDUALS	Short Description	Phases of relevance (1 – 4)
Knowledge and Beliefs about the Intervention	Individuals' attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.	
Self-efficacy	Individual belief in their own capabilities to execute courses of action to achieve implementation goals.	
Individual Stage of Change	Characterization of the phase an individual is in, as he or she progresses toward skilled, enthusiastic, and sustained use of the intervention.	
Individual Identification with Organization	A broad construct related to how individuals perceive the organization, and their relationship and degree of commitment with that organization.	
Other Personal Attributes	A broad construct to include other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.	

PROCESS	Short Description	Phases of relevance (1 – 4)
Planning	The degree to which a scheme or method of behavior and tasks for implementing an intervention are developed in advance, and the quality of those schemes or methods.	
Engaging	Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modeling, training, and other similar activities.	
Opinion Leaders	Individuals in an organization who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention.	
Formally Appointed Internal Implementation Leaders	Individuals from within the organization who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.	
Champions	"Individuals who dedicate themselves to supporting, marketing, and 'driving through' an [implementation]" [101] (p. 182), overcoming indifference or resistance that the intervention may provoke in an organization.	
External Change Agents	Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.	
Executing	Carrying out or accomplishing the implementation according to plan.	
Reflecting and Evaluating	Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience	

IMPLEMENTATION STRATEGIES

Identify the strategies that will likely be relevant for your implementation endeavor, and discuss why and when (phase)

PLANNING STRATEGIES		USEFUL	PHASES
Gather Information	Conduct local needs assessment		
	Assess readiness and identify barriers		
	Visit other sites		
Organize Strategies	Develop a formal implementation blueprint		
	Tailor implementation		
	Stage implementation scale up		
Build Buy In	Model and simulate the change		
	Conduct local consensus discussions		
	Identify and prepare champions		
Initiate Active Leadership	Involve executive boards and governing structures		
	Involves patients (consumers)		
	Recruit, designate and train leaders		
Develop Relationships	Mandate change		
	Build a coalition		
	Develop resource sharing agreements		
EDUCATE STRATEGIES	Obtain formal commitments		
	Develop academic partnerships		
Develop Materials	Develop materials		
	Develop a glossary of implementation terms		
	Distribute educational materials		
Educate	Hold educational meetings		
	Make training dynamic		
	Conduct professional outreach		
Educate through Peers	Conduct ongoing, sustainable training		
	Train the Trainer		
	Provide ongoing consultation or coaching		
Inform & Educate Stakeholders	Local opinion leaders		
	Shadow other implementers		
	Create a learning collaborative		
FINANCE STRATEGIES	Use media		
	Increase demand		
	Engage patients/consumers/recipients		
Modify Incentives			
	Alter incentive or allowance structure		
	Use capitated payments		
Facilitate Financial Support	Use other payment schemes		
	Reduce or increase consumer fees		
	Penalize		
	Place innovation on fee for service lists		
	Access new funding		
	Fund and contract for clinical innovation		
	Make billing easier		

IMPLEMENTATION STRATEGIES

Identify the strategies that will likely be relevant for your implementation endeavor, and discuss why and when (phase)

FINANCE STRATEGIES		USEFUL	PHASES
Restructure Strategies	Change service sites		
	Shift or revise roles		
	Create new teams		
	Facilitate data sharing		
	Change the situation		
	Change records systems		
	Start a purveyor organization		
QUALITY MANAGEMENT			
	Develop quality monitoring tools		
	Use advisory boards and work groups		
	Audit and provide feedback		
	Develop and organize quality monitoring systems		
	Reminders		
	Obtain and use feedback		
	Provide supervision		
	Use data warehousing techniques		
	Intervene with recipients to enhance uptake		
	Purposefully re-examine the implementation effort		
	Conduct cyclical small tests of change		
	Centralize technical assistance		
	Organize implementation team meetings		
	Use data experts		
	Capture and share local knowledge		
	Use an improvement or implementation advisor		
	Change accreditation or membership requirements		
	Create or change credentialing and/or licensure standards		
	Change liability laws		

IMPLEMENTATION OUTCOMES

Identify which implementation outcomes you will measure and when. You can also use this sheet to identify other types of outcomes (clinical, system).

To find measures, search here: <https://societyforimplementationresearchcollaboration.org/sirc-instrument-project/>

OUTCOME	DESCRIPTION	MEASURE	WHEN
Acceptability	The perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory. Lack of acceptability has long been noted as a challenge in implementation.		
Adoption	The intention, initial decision, or action to try an innovation or evidence-based practice. Adoption is also referred to as 'uptake'.		
Appropriateness	<p>The perceived fit, relevance, or compatibility of the innovation or evidence-based practice for a given setting, provider or consumer; and/or the perceived fit of the innovation.</p> <p>Appropriateness is conceptually similar to acceptability, but note that a given treatment/innovation may be perceived as appropriate but not acceptable, and vice versa.</p>		
Costs	The cost impact of implementation. Note this varies according to three factors: the cost of delivering the new intervention/innovation; the complexity of the particular implementation used; and setting.		
Feasibility	The extent to which a new treatment or innovation can be successfully used or carried out with a given agency or setting.		
Fidelity	The degree to which an intervention/innovation is implemented as prescribed/intended in the original protocol (manual).		
Penetration	The integration of a practice within a setting. This can be represented by the number of eligible persons who use/receive the service divided by the total number of persons eligible for the service; or, by the number of persons who deliver the service divided by the total number of persons trained in or expected to deliver it. This is similar to the RE-AIM construct of 'Reach'.		
Sustainability	The extent to which a newly implemented treatment/innovation/service is maintained or institutionalized within a setting's ongoing, stable operations.		