

THE IMPLEMENTATION



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The Implementation Game



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The Implementation Game™

Simplifying learning and the implementation of evidence for health, human services, and education sectors

<https://buff.ly/2QovKNE>



LAUNCH

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Game Elements



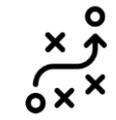
IMPL Team



Process



Factors



Strategies



Outcomes



Evaluation



"The concept is really great. I can tell that a lot of hard work was put into the game and I learned about a lot of concepts that I was not aware of and will carry forward. The packaging was great as well."

Melanie Barwick, PhD, CPsych
Senior Scientist, SickKids Hospital
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Implementation is HARD

A spoonful of sugar helps the medicine go down



When compared to traditional learning, game-based learning is more effective than e-learning

- Increases self-confidence by up to 20%
- Improves conceptual knowledge by 11%
- Increases retention of learned content by 90%
- Achieves 20% more practical knowledge.





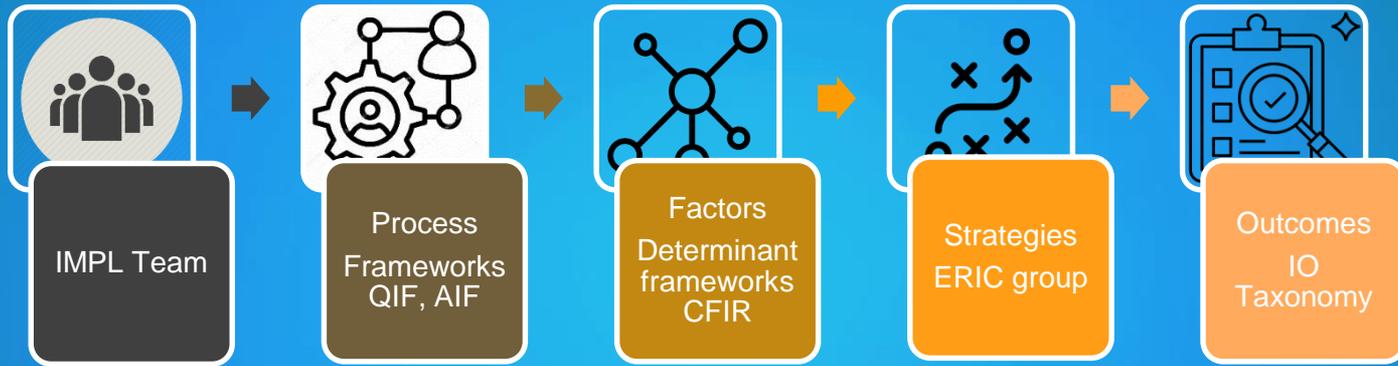
Game-Based Learning Advantages



- Stimulates the mind
- Improves self-esteem
- Applicable to the real world
- Immediate feedback
- Interactive nature
- Collaborative learning
- Unique model



Elements of Implementation



CONTEXT

The Implementation Kitchen Analogy

Cooking

A kitchen

The right tools

A cook with the right skills

A recipe

Adaptation to the recipe

Ingredients & chemistry

Evaluation of taste, nutrition

Implementing

An setting

A receptive context

Implementation team with the right skills

A step by step implementation process

Adaptation (fidelity vs going rogue)

Factors & mechanisms

Evaluation of outcomes (clinical, impl)



The Implementation Kitchen



THE IMPLEMENTATION GAME



Purpose

TIG HAS THE STRONGEST PURPOSE!

- To help you plan, prepare, practice, and perform your implementation plan.
- To help you understand the process and the role of each part.

The Implementation Game (TIG) simplifies the process and makes it more engaging, so you can get the most out of your implementation plan. The Implementation Game is relevant to any discipline because the concepts are high level. There is no winner, the goal is either to learn, or to play, or both. Having TIG will help you grab that tiger by the tail and win at implementation.

How to Play

To prepare for playing The Implementation Game, follow these steps:

1. Read the Implementation Game and the Implementation Game Manual.
2. Use the Implementation Game Manual to prepare for the game.
3. Use the Implementation Game Manual to prepare for the game.
4. Use the Implementation Game Manual to prepare for the game.
5. Use the Implementation Game Manual to prepare for the game.
6. Use the Implementation Game Manual to prepare for the game.
7. Use the Implementation Game Manual to prepare for the game.
8. Use the Implementation Game Manual to prepare for the game.
9. Use the Implementation Game Manual to prepare for the game.
10. Use the Implementation Game Manual to prepare for the game.

Scenario

Implementation Team

Phase 1
Optional - Selecting an Evidence-based Intervention

Process

Phase 1
Preparing for Practice Change

Process

Phase 2
Implementation Structure and Organization

Process

Phase 3
Implementation Structure and Organization

Process

Phase 4
Maintaining Fidelity and Sustaining in the Long-term

Process

Implementation Factors

Process

Implementation Factors

Intervention Characteristics

Implementation Factors

Outer Setting

Implementation Factors

Inner Setting

Implementation Factors

Characteristics of Individuals

Planning Strategies

Plan

Educate Strategies

Educate

Finance Strategies

Finance

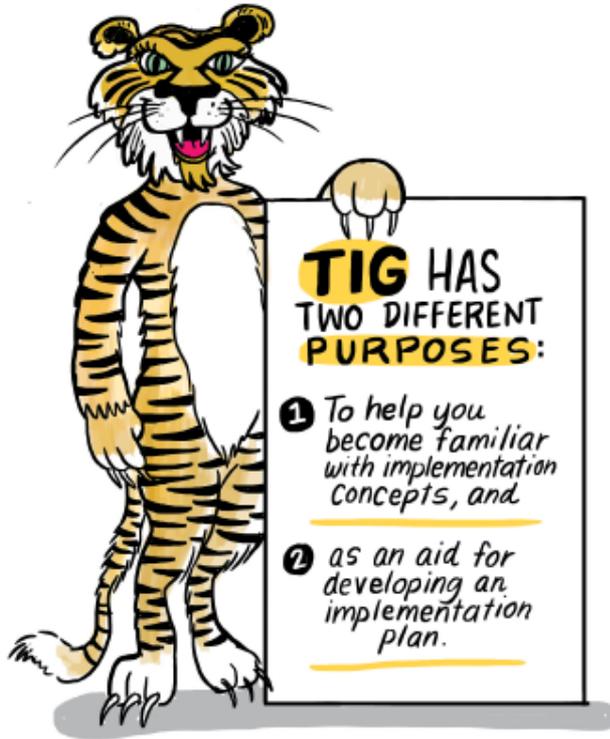
Quality Management

Quality

Implementation Outcomes

Outcomes

Purpose



Implementation is a complex process with many moving parts.

The Implementation Game© (TIG) simplifies the process into 5 main components to provide an implementation planning experience for an identified scenario or implementation endeavour.

The Implementation Game is relevant to any discipline because the concepts are high level.

There is no winner; the goal is either to learn, or to plan, or both.

Playing TIG will help you grab that tiger by the tail and win at implementation.



Instructions

To prepare for playing The Implementation Game, follow these steps:

- 1 Assemble your project team and allow for at least 90 minutes for this exercise.
- 2 Clear off a table space (roughly 6'x6') and lay out the game board.
- 3 Open up the card deck and lay out the cards on the TIG game board in their matching spots. If this is your first time playing TIG, read through each card aloud as you place them down on the board.
- 4 Select a scenario card and place it on the game board. Note that scenarios relate to different contexts. Alternatively, you can work through a scenario from your own project. We recommend using a TIG scenario if your aim is to learn about implementation; use your own scenario if using TIG to develop your own plan.
- 5 You can choose to capture your plan as you play using the TIG WORKSHEET; downloadable here:
<http://www.melaniebarwick.com/implementation.php>
- 6 Work through the main components of implementation planning using the card deck:
 - Identify members of your IMPLEMENTATION TEAM and discuss their purpose and role.
 - Discuss implementation process by working through the PROCESS cards, starting with the PHASE 1 card and working through to PHASE 4. If you have yet to identify an intervention, start with the PHASE 1 OPTIONAL card, otherwise, start with PHASE 1 PREPARING FOR READINESS card.
 - Next, discuss the FACTORS associated with implementation and consider in which phase they might be relevant for your context. Read through the FACTOR cards and place them on PHASE cards as you go. Note that some FACTOR cards will be applicable to more than one phase; you can place these at the top of the board above the PROCESS Card column.
 - Read through the STRATEGY cards and choose those you will want to use. Line them up with the PROCESS cards.
 - Discuss evaluation and the implementation OUTCOMES you will measure at each step in the PROCESS; group these cards onto PROCESS cards.

Tip: if you want to keep your TIG board game once you've finished the exercise, either for reference or to use it as a logic model for your implementation endeavor, use little Velcro strips to attach the cards to the game board, and then affix to a wall for easy reference.

Health



Research on reducing pain during routine immunization has shown that much can be done to reduce pain that is not being done, e.g., anesthetic cream, psychological strategies; sweet solutions. You want to implement these practices in your hospital, unit, or practice.

What is your *implementation plan*?

Alternate: choose another evidence-based practice or intervention.

Behavioural Health



Mental health service providers in 100 organizations across the state/province have been mandated by government to adopt an outcome measurement tool that assesses level of functioning for use with their client population.

What is your **implementation plan** for a mental health organization?

What are the state/province wide plans for scale up?

Alternate: choose another evidence based practice.

Public Health

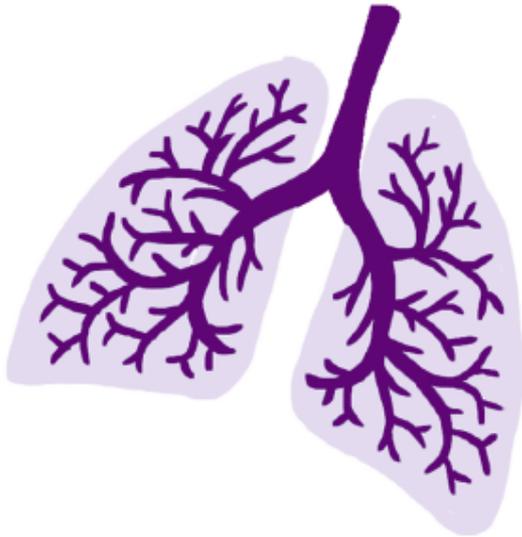


Decades of research has culminated in knowledge of how to prevent injury for children secured in infant and booster seats, and yet there is still a high incidence of injury or incorrect usage.

What is your **implementation plan** for improving use of safety seats in your community?

Alternate: choose another evidence-based practice or program.

Global Health



National and local public health tuberculosis (TB) control programs in majority world countries identify people exposed to infectious cases of TB. Systematic evaluation of people who have been exposed to potentially infectious cases of TB can be an efficient, targeted approach. WHO's new guideline for TB control has yet to be implemented in country x; what is your plan for doing so?

Alternate: choose another guideline.

Agriculture/Environment



Your team has developed an approach for rural emergency management to address climate change threats from extreme events. You've been invited to implement the approach in community x; what is your **implementation plan?**

Community



The community would like to expand its offering of early childhood programmes demonstrated as effective.

The community also wants to take a coordinated approach to implementing a cohesive and coordinated menu of programmes. Currently, there is a fragmented and uncoordinated approach with a number of programmes being delivered that are not supported by any level of evidence of the effectiveness.

What is your **implementation plan**?



Implementation Team

Implementation Teams have special expertise regarding the program being implemented, implementation science and practice, improvement cycles, and organization and system change methods. They are accountable for guiding the implementation. Decide who will be on your team (3-5 people) and consider the following:

- 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 intervention; (iii) know implementation science; (iv) work at multiple system levels (see big picture); (v) practice Plan, Do, Study, Act cycles, usability testing, and effective communication practices.

Source: <http://implementation.fpg.unc.edu/module-3/topic-4>

The Implementation Kitchen





Phase 1

Optional ~ Selecting an Evidence-based Intervention

If you don't know what evidence-based intervention 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 practice.
- 3 Identify potential **EBPs**: Consider various EBPs that may address the need and achieve the outcomes through the lens of resources and capacity to find the best fit.
- 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 practice with the best fit.



Phase 1

Preparing for Practice Change

Discuss the following:

- 1 Readiness
 - Does the program or practice align with identified **needs**?
 - Does it **fit** with current services, priorities, structures/supports, community values?
 - Is **adaptation** required and what they would entail?
 - Are **resource available** for training, staffing, technology supports, data systems & administration?
 - Is there **evidence** of good outcomes if the program/practice is implemented well?
 - Is there **capacity** to implement as intended and to sustain implementation over time?
- 2 How to obtain and maintain **buy-in** across all levels?
- 3 How to foster a **supportive change climate**?
- 4 How and when to **communicate the goal and the pathway**?
- 5 **Staff selection and support mechanisms**; who will deliver the intervention; how will they be supported (coaching, supervision, technical assistance).
- 6 How to provide **staff training** (if needed) and assess staff competency and adherence (fidelity)?



Phase 2

Implementation Structure and Organization

Discuss the following:

- 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 as new staff need training?
- 3 What **physical space** is needed for the program or intervention? 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** fidelity to implementation process? Fidelity to the intervention?
- 7 What technology/systems/workflow is 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.

Sources: <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>



Phase 3

Ongoing Implementation Support

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.
- 2 Technical assistance, coaching, and/or supervision of staff.
- 3 What are your evaluation data showing you? Consider evidence from PDSA cycles, usability testing, or communication loops, as appropriate.
- 4 How can you improve your processes with sustainability in mind?

Sources: (1) Myers, Durlak & Wandersman 2012 (*Quality Implementation Framework*);
(2) <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>

Phase 4

Maintaining Fidelity and Sustaining in the Long-term



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 effective practices are maintained and improved over time, as the organization changes. The work may morph into quality assurance.

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

Sources: (1) Myers, Durlak & Wandersman 2012 (Quality Implementation Framework); (2) <http://nirn.fpg.unc.edu/learn-implementation/implementation-stages>

The Implementation Kitchen



Implementation Factors

*Process * Intervention Characteristics * Inner Setting
* Outer Setting * Provider Characteristics*



Implementation Factors are associated with successful implementation. Discuss those that will be of particular relevance for you. Which implementation phase do they align with?

Resources: <http://cfirguide.org/>
Source: Damschroder, L., Aron, D., Keith, R., Kirsh, S., Alexander, J., and Lowery, J. (2009)



Process

Engaging

Attracting /involving individuals in the implementation and use of the intervention using combined strategies (i.e., social marketing, education, role modeling, training).

Planning

Developing an implementation plan in advance; one of four fundamental activities in the Plan-Do-Study-Act cycle for implementing change.

Executing

Carrying out the implementation according to plan. Quality of execution may consist of the degree of fidelity of implementation to planned courses of action, intensity (quality and depth) of implementation, timeliness of task completion, and degree of engagement of key involved individuals (e.g., implementation leaders) in the implementation process.

Reflecting & Evaluating

Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience. Evaluation includes traditional forms of feedback, such as reports, graphs, and qualitative feedback and anecdotal stories of success. Objectives should be specific, measurable, attainable, relevant, and timely the SMART rubric).

Resources: <http://cfirguide.org/>



Intervention Characteristics

Intervention Source

Stakeholders' perceptions about whether the intervention is externally or internally developed.

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.

Evidence Strength & Quality

Stakeholders' perceptions of the quality and validity of evidence supporting the intervention for desired outcomes.

Complexity

Perceived intricacy or difficulty of the innovation, reflected by duration, scope,, disruptiveness, intricacy, and number of steps required to implement.

Relative Advantage

Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution or status quo.

Design Quality & Packaging

Perceived excellence in how the intervention is bundled, presented, and assembled.

Adaptability

The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.

Cost

Costs of the intervention and costs associated with implementing the intervention including investment, supply, and opportunity costs.

Resources: <http://cfirguide.org/>



Outer Setting

Patient Needs & 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.

Peer Pressure

Mimetic or competitive pressure to implement an intervention; typically because most or other key peer or competing organizations have already implemented or in a bid for a competitive edge.

Cosmopolitanism

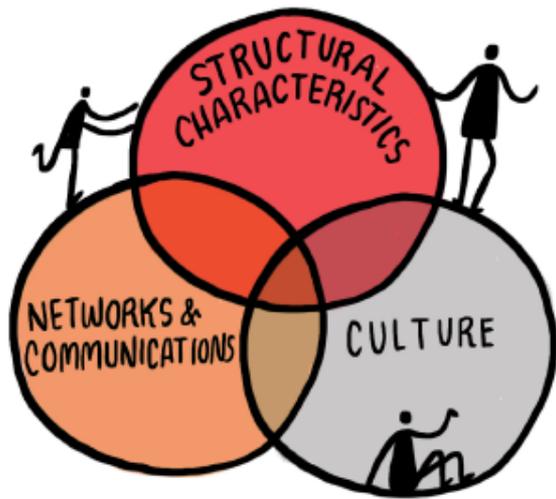
The degree to which an organization is networked with other organizations implementing or using the same intervention.

External Policies & Incentives

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.

Resources: <http://cfirguide.org/>

Inner Setting



Structural Characteristics

The age, maturity, and size of an organization.

Networks & Communications

The nature and quality of social networks and formal and informal communications within an organization.

Culture

Norms, values, and basic assumptions of a given organization

Resources: <http://cfirguide.org/>



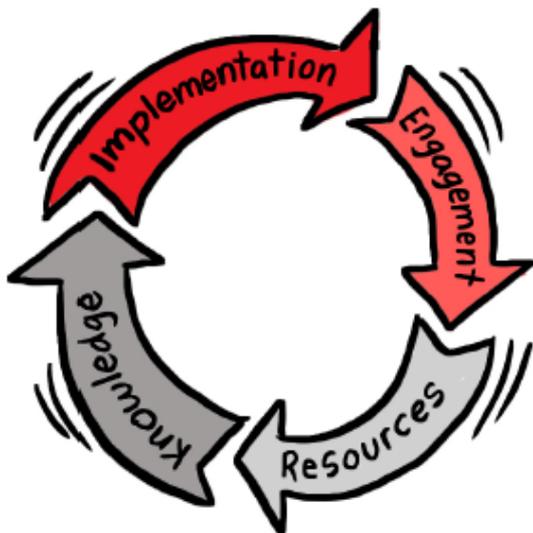
Inner Setting

Implementation Climate - Absorptive capacity, shared receptivity and extent to which use of that intervention will be rewarded, supported & expected within the organization.

- 1 **Tension for change** - Degree to which stakeholders perceive current situation as intolerable or needing change
- 2 **Compatibility** - Degree of tangible fit between meaning and values attached to the intervention, how those align with norms, values & perceived risks & needs, and how intervention fits with existing workflows/systems.
- 3 **Relative Priority** - Shared perception of importance of implementation within the organization
- 4 **Organizational incentives & rewards** - Extrinsic incentives (e.g., goal-sharing awards, performance reviews, promotions, salary raises, increased stature or respect.
- 5 **Goals and Feedback** - Degree to which goals are clearly communicated, acted upon, and shared with staff; alignment of that feedback with goals.
- 6 **Learning Climate** - a) leaders express their own fallibility and need for team members' assistance/ input; b) team members feel they are essential, valued, and knowledgeable change partners; c) individuals feel psychologically safe to try new methods; d) sufficient time and space for reflective thinking and evaluation.

Resources: <http://cfirguide.org/>

Inner Setting



Readiness for Implementation

Tangible and immediate indicators of organizational commitment to its decision to implement an intervention.

- 1 Leadership Engagement**
Commitment, involvement, and accountability of leaders and managers with the implementation.
- 2 Available Resources**
The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.
- 3 Access to Knowledge & Information**
Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.

Resources: <http://cfirguide.org/>



Characteristics of Individuals

Knowledge & Beliefs about the Intervention

Attitudes toward and value placed on the intervention, and 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

How individuals perceive the organization and their relationship and degree of commitment with that organization, this may affect staff willingness to fully engage in implementation efforts or use the intervention.

Other Personal Attributes

Other personal traits, such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style

Resources: <http://cfirguide.org/>

The Implementation Kitchen



Gather Information



Conduct local needs assessment

collect and analyze data related to the need for the innovation; could be focused on the description of usual care and its distance from evidence based care, outcomes of usual care, opinions from stakeholders on the needs for an innovation, or on special considerations for delivering the innovation in the local context.

Assess readiness and identify barriers

to determine degree of readiness to implement and strengths that can be leveraged. Consider assessing agency finances, other services provided, community support, practitioner attitudes and beliefs, organizational climate and culture, structure, and decision-making styles.

Visit other sites

where a similar implementation effort has been considered successful. Determine what worked for them that you can replicate in your context.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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Organize Strategies

Develop a formal implementation blueprint

that integrates multiple strategies from multiple levels or domains (e.g., staffing, funding, monitoring) using multiple theories or the use of an explicit theoretical framework. Use and update this plan to guide the implementation effort over time.

Tailor implementation

to address barriers and to honor stakeholder preferences that were identified through earlier data collection.

Stage implementation scale up

efforts by starting with small pilots or demonstration projects and gradually moving to system wide rollout.

Model and simulate the change

that will be implemented prior to implementation. These efforts could involve computer simulations, walkthrough simulation exercises, or modeling the overall impact of practitioners' intentions to change their clinical behaviors.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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Build Buy In



Conduct local consensus discussions with providers and other stakeholders that address whether the problem is important and whether the innovation to address it is appropriate.

Identify and prepare champions with people who will champion the innovation and spread the word of the need for it; includes preparing individuals for their role as champions, either internal or external to the organization.

Involve executive boards and governing structures (e.g., boards of directors, staff boards of governance) in the implementation effort, to review data on implementation processes and progress.

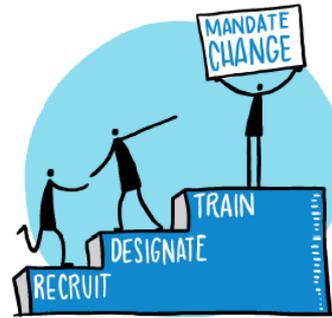
Involve patients/consumers and families in all phases of the implementation effort, including training in the innovation, and advocacy related to the innovation effort.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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30.

Initiate and Active Leadership



Recruit, designate, and train leaders for the change effort. Change efforts require certain types of leaders, and organizations may need to recruit accordingly, rather than assuming that their current personnel can implement the change. Designated change leaders can include an executive sponsor and a day-to-day manager of the effort.

Mandate change. Declare that the innovation will be implemented.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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31.



Modify Incentives

Alter incentive or allowance structures

to incent adoption and implementation. Could include increased rate of pay to cover incremental costs associated with implementing; loan reduction or forgiveness as an incentive to learn an innovation.

Use capitated payments.

Pay providers a set amount per patient/consumer or recipient for delivering the innovation; this frees and motivates the practitioner to provide services that they may have been de-incentivized to provide under a fee-for-service structure.

Use other payment schemes

such as prepayment and prospective payment for service, provider salaried service, alignment of payment rates with attainment of recipient outcomes, and the removal or alteration of billing limits (such as numbers of encounters that are reimbursable).

Reduce or increase patient/consumer fees

so patients/consumers pay less for preferred treatments (the innovation) and more for less-preferred treatments.

Penalize

providers financially for failure to implement or use the innovation.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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Facilitate Financial Support

Place innovation on fee for service lists/formularies

for which providers can be reimbursed (e.g., drug is placed on a formulary, a procedure is now reimbursable).

Access new funding

to facilitate the implementation; could involve new uses of existing money, accessing block grants, shifting funding from one program to another, cost-sharing, passing new taxes, raising private funds, or applying for grants.

Fund and contract for the clinical innovation;

could include requests for proposals to deliver the innovation, contracting processes to motivate providers to deliver the innovation, and new funding formulas that make it more likely that providers will deliver the innovation.

Make billing easier

for the innovation. Could involve requiring less documentation, “block” funding for delivering the innovation, and creating new billing codes for the innovation.

Sources: Byron J Powell et al., 2015; Powell et al., 2012

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Strategies 1



Develop quality monitoring tools with the appropriate language, protocols, algorithms, standards, and measures (of processes, recipient outcomes, and implementation outcomes) that are specific to the innovation being implemented.

Use advisory boards and work groups that involve multiple kinds of stakeholders/knowledge users to oversee implementation efforts and make recommendations.

Audit and provide feedback of performance data over a specified time period and give it to innovation providers and administrators to support behaviour change; may include recommendations and stem from a variety of sources, including medical records, computerized databases, observation, or feedback from patients. A performance evaluation could also be considered as audit and feedback if it included specific information on clinical performance.

Sources: *Byron J Powell et al., 2015; Powell et al., 2012*

Description

Implementation outcomes are the effects of deliberate and purposive actions to implement new innovations. Distinguishing implementation effectiveness from treatment effectiveness is critical for implementing innovations from research settings to real life contexts. If such efforts fail, it is important to know if the failure occurred because the intervention was ineffective in the new setting (intervention failure), or if a good intervention was deployed incorrectly (implementation failure).

Implementation outcomes are distinct from service system or clinical outcomes, and you may wish to measure these as well.

Source: *Proctor et al., 2011*

The Implementation Kitchen



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.

Source: Proctor et al., 2011. Resources: Seattle Implementation Research Collaborative Instrument. Review Project - <https://societyforimplementationresearchcollaboration.org/sirc-instrument-project/>

Adoption



The intention, initial decision, or action to try or employ an innovation or evidence-based practice. Adoption also may be referred to as “uptake.”

Source: Proctor et al., 2011. Resources: Seattle Implementation Research Collaborative Instrument Review Project here <https://societyforimplementationresearchcollaboration.org/sirc-instrument-project/>



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

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.

CAPTURE YOUR PLAN

- 1) What are your needs?

- 2) What are the desired outcomes; consider all partners perspectives?



IMPLEMENTATION STEPS

PHASE 1: PREPARING FOR PRACTICE CHANGE

7) How will you obtain and maintain buy-in across all levels?

- Individual
- Organization
- System

8) How will you foster a supportive change climate?

9) How and when will you communicate the goal and the pathway?

CAPTURE YOUR PLAN

Strategies for:

7) Creating and maintaining buy in:

- Individual level

- Organizational level

- System level

8) Fostering a supportive change climate:

9) Communicating the change:



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.	



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	Involves 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		



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>		



Dissemination



Influencers



Purchasers



Social Media



Word of Mouth



Evaluation

- Use
- Relevance
- Usefulness
- Clarity
- Quality
- Satisfaction
- Confidence in underlying evidence base
- Sample demographics





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The Implementation Game

What is The Implementation Game®?

Implementation is a complex process with many moving parts. The Implementation Game® (TIG) is a card game that simplifies the process into 5 main components to provide an implementation planning experience for an identified scenario or implementation endeavor. The Implementation Game is relevant to any discipline because the concepts are high level. There is no winner; the goal is either to learn, or to plan, or both. Playing TIG will help you grab that tiger by the tail and win at implementation.

Quick Facts:

- TIG is a learning and planning resource to support evidence-based implementation.
- TIG was developed by Dr. Melanie Barwick, an implementation scientist at The Hospital for Children and Professor at the University of Toronto.



Thank you 😊



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