

Compilation of Implementation Strategies

About

Implementation strategies are techniques used to enhance the adoption, implementation, sustainment and scale-up of practices, interventions, programmes or policies.

This collection of **73 implementation strategies** was compiled by Powell and colleagues in 2015.¹ The list was created for a clinical practice setting, but most of the strategies are relevant to other sectors. This list will be of use to policymakers, service providers and researchers interested in understanding different implementation strategies and selecting those most appropriate to benefit their implementation work

STRATEGY	DEFINITIONS
Access new funding	Access new or existing money to facilitate the implementation.
Alter incentive/ allowance structures	Work to incentivise the adoption and implementation of an intervention/innovation etc.
Alter patient/ consumer fees	Create fee structures where patients/consumers pay less for preferred treatments (the intervention) and more for less-preferred treatments.
Assess for readiness and identify barriers and facilitators	Assess various aspects of an organisation to determine its degree of readiness to implement, barriers that may impede implementation, and strengths that can be used in the implementation effort.
Audit and provide feedback	Collect and summarise performance data over a specified time period and give it to practitioners and administrators to monitor, evaluate, and modify provider behaviour.
Build a coalition	Recruit and cultivate relationships with partners in the implementation effort.
Capture and share local knowledge	Capture local knowledge from implementation sites on how implementers and practitioners made something work in their setting and then share it with other sites.

STRATEGY	DEFINITIONS
Centralise technical assistance	Develop and use a centralised system to deliver technical assistance focused on implementation issues.
Change accreditation or membership requirements	Strive to alter accreditation standards so that they require or encourage use of the intervention. Work to alter membership organisation requirements so that those who want to affiliate with the organisation are encouraged or required to use the intervention.
Change liability laws	Participate in liability reform efforts that make clinicians more willing to deliver the intervention.
Change physical structure and equipment	Evaluate current configurations and adapt, as needed, the physical structure and/or equipment (e.g., changing the layout of a room, adding equipment) to best accommodate the targeted intervention.
Change record systems	Change records systems to allow better assessment of implementation or user outcomes.
Change service sites	Change the location of clinical service sites to increase access.
Conduct cyclical small tests of change	Implement changes in a cyclical fashion using small tests of change before taking changes system-wide. Tests of change benefit from systematic measurement, and results of the tests of change are studied for insights on how to do better. This process continues serially over time, and refinement is added with each cycle.
Conduct educational meetings	Hold meetings targeted toward different stakeholder groups (e.g., providers, administrators, other organisational stakeholders, and community, patient/consumer, and family stakeholders) to teach them about the intervention.
Conduct educational outreach visits	Have a trained person meet with providers in their practice settings to educate providers about the intervention with the intent of changing the provider's practice.
Conduct local consensus discussions	Include local providers and other stakeholders in discussions that address whether the chosen problem is important and whether the intervention to address it is appropriate.
Conduct local needs assessment	Collect and analyse data related to the need for the intervention.

STRATEGY	DEFINITIONS
Conduct ongoing training	Plan for and conduct training in the intervention in an ongoing way.
Create a learning collaborative	Facilitate the formation of groups of providers or provider organisations and foster a collaborative learning environment to improve implementation of the intervention.
Create new clinical teams	Change who serves on the delivery team, adding different disciplines and different skills to make it more likely that the intervention is delivered.
Create or change credentialing and/or licensure standards	Create an organisation that certifies practitioners in the intervention or encourage an existing organisation to do so. Change governmental professional certification or licensure requirements to include delivering the innovation. Work to alter continuing education requirements to shape professional practice toward the intervention.
Develop a formal implementation blueprint	Develop a formal implementation blueprint that includes all goals and strategies. Use and update this plan to guide the implementation effort over time.
Develop academic partnerships	Partner with a university or academic unit for the purposes of shared training and bringing research skills to an implementation project.
Develop an implementation glossary	Develop and distribute a list of terms describing the innovation, implementation, and stakeholders in the organisational change.
Develop and implement tools for quality monitoring	Develop, test, and introduce into quality-monitoring systems the right input—the appropriate language, protocols, algorithms, standards, and measures (of processes, patient/consumer outcomes, and implementation outcomes) that are often specific to the intervention being implemented.
Develop and organise quality monitoring systems	Develop and organise systems and procedures that monitor processes and/or outcomes for the purpose of quality assurance and improvement.
Develop disincentives	Provide financial disincentives for failure to implement or use the intervention.

STRATEGY	DEFINITIONS
Develop educational materials	Develop and format manuals, toolkits, and other supporting materials in ways that make it easier for stakeholders to learn about the intervention and for practitioners to learn how to deliver the intervention.
Develop resource sharing agreements	Develop partnerships with organisations that have resources needed to implement the intervention.
Distribute educational materials	Distribute educational materials (including guidelines, manuals, and toolkits) in person, by mail, and/or electronically.
Facilitate relay of clinical data to providers	Provide as close to real-time data as possible about key measures of process/outcomes using integrated modes/channels of communication in a way that promotes use of the targeted intervention.
Facilitation	A process of interactive problem solving and support that occurs in a context of a recognised need for improvement and a supportive interpersonal relationship.
Fund and contract for the clinical innovation	Funders issue requests for proposals to deliver the intervention, use contracting processes to motivate providers to deliver the intervention, and develop new funding formulas that make it more likely that providers will deliver the intervention.
Identify and prepare champions	Identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke in an organisation.
Identify early adopters	Identify early adopters at the local site to learn from their experiences with the intervention.
Increase demand	Attempt to influence the market for the intervention to increase competition intensity and to increase the maturity of the market for the intervention.
Inform local opinion leaders	Inform providers identified by colleagues as opinion leaders or “educationally influential” about the intervention in the hopes that they will influence colleagues to adopt it.

STRATEGY	DEFINITIONS
Intervene with patients/consumers/users to enhance uptake and adherence	Develop strategies with users to encourage and problem solve around adherence.
Involve executive boards	Involve existing governing structures (e.g., boards of directors, medical staff boards of governance) in the implementation effort, including the review of data on implementation processes.
Involve patients/consumers and family members	Engage or include patients/consumers and families in the implementation effort.
Make billing easier	Make it easier to bill for the intervention.
Make training dynamic	Vary the information delivery methods to cater to different learning styles and work contexts, and shape the training in the innovation to be interactive.
Mandate change	Have leadership declare the priority of the intervention and their determination to have it implemented.
Model and simulate change	Model or simulate the change that will be implemented prior to implementation.
Obtain and use patients/consumers and family feedback	Develop strategies to increase patient/consumer and family feedback on the implementation effort.
Obtain formal commitments	Obtain written commitments from key partners that state what they will do to implement the innovation.
Organise clinician implementation team meetings	Develop and support teams of staff who are implementing the intervention and give them protected time to reflect on the implementation effort, share lessons learned, and support one another's learning.
Place innovation on fee for service lists/formularies	Work to place the intervention on lists of actions for which providers can be reimbursed (e.g., a drug is placed on a formulary, a procedure is now reimbursable).

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Prepare patients/consumers to be active participants	Prepare patients/consumers to be active in their care, to ask questions, and specifically to inquire about care guidelines, the evidence behind clinical decisions, or about available evidence-supported treatments.
Promote adaptability	Identify the ways an intervention can be tailored to meet local needs and clarify which elements of the intervention must be maintained to preserve fidelity.
Promote network weaving	Identify and build on existing high-quality working relationships and networks within and outside the organisation, organisational units, teams, etc. to promote information sharing, collaborative problem-solving, and a shared vision/goal related to implementing the intervention.
Provide practitioner supervision	Provide practitioners with ongoing supervision focusing on the intervention. Provide training for supervisors who will supervise practitioners who provide the intervention.
Provide local technical assistance	Develop and use a system to deliver technical assistance focused on implementation issues using local personnel.
Provide ongoing consultation	Provide ongoing consultation with one or more experts in the strategies used to support implementing the intervention.
Purposely re-examine the implementation	Monitor progress and adjust practices and implementation strategies to continuously improve service provision.
Recruit, designate, and train for leadership	Recruit, designate, and train leaders for the change effort.
Remind practitioners	Develop reminder systems designed to help practitioners to recall information and/or prompt them to use the intervention.
Revise professional roles	Shift and revise roles among professionals who provide care, and redesign job characteristics.
Shadow other experts	Provide ways for key individuals to directly observe experienced people engage with or use the targeted practice change/intervention.