

Implementation Outcome Repository



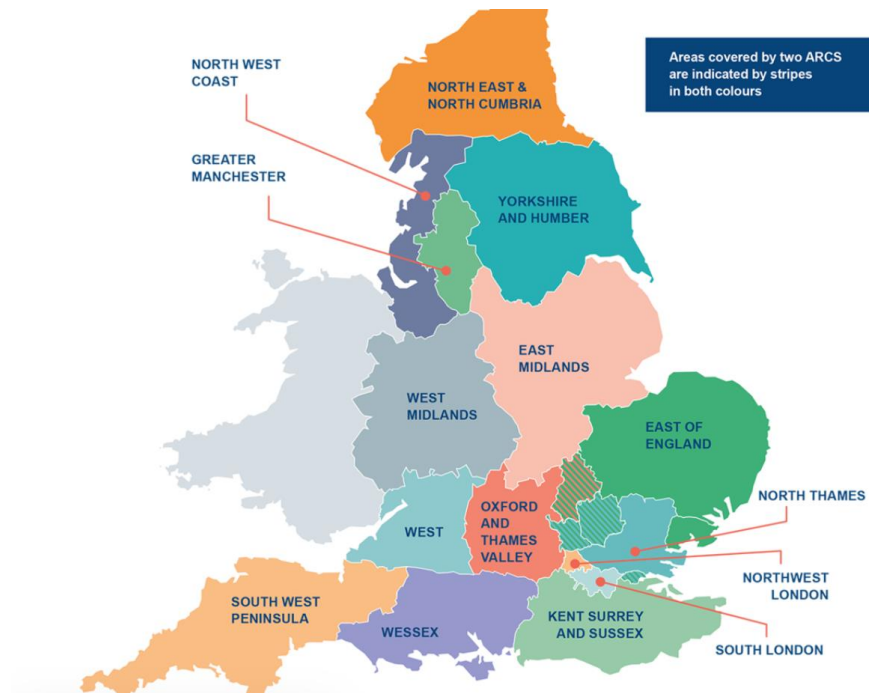
Dr Louise Hull, Senior Research Associate, The Centre for Mental
Health Policy and Evaluation, King's College London



Funding acknowledgements

NIHR | Applied Research Collaboration
South London

NIHR | Applied Research Collaboration
East of England



- 15 ARCs in England

- Local partnerships between NHS providers, universities, charities, local authorities, Health Innovation Networks and other organisations funded to undertake **implementation research** to increase the rate at which research findings are implemented into practice.

Collaborators

- Zarnie Khadjesari
- Sabah Boufkhed
- Silia Vitoratou
- Laura Schatte
- Alexandra Ziemann
- Christina Daskalopoulou
- Eleonora Uglik-Marucha
- Nick Sevdalis
- Louise Hull

Open Access Protocol

BMJ Open Implementation outcome assessment instruments used in physical healthcare settings and their measurement properties: a systematic review protocol

Zarnie Khadjesari,¹ Silia Vitoratou,² Nick Sevdalis,¹ Louise Hull¹

Khadjesari *et al.* *Implementation Science* (2020) 15:66
<https://doi.org/10.1186/s13012-020-01027-6> Implementation Science

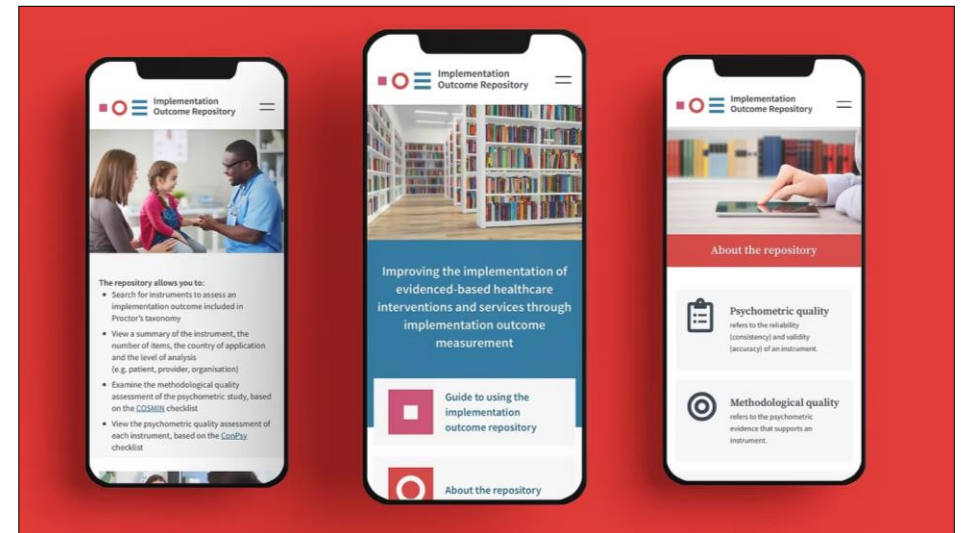
SYSTEMATIC REVIEW Open Access

Implementation outcome instruments for use in physical healthcare settings: a systematic review 

Zarnie Khadjesari^{1,2*}, Sabah Boufkhed^{1†}, Silia Vitoratou³, Laura Schatte¹, Alexandra Ziemann^{1,4}, Christina Daskalopoulou⁵, Eleonora Uglik-Marucha³, Nick Sevdalis¹ and Louise Hull¹

Overview

- Implementation outcomes
- Measurement and measurement issues
- Implementation Outcome Repository
- Live tour of the repository



Implementation outcomes (IOs)

- ‘The **effects of deliberate actions** to implement new treatments, practices and services’ [Proctor et al, 2011]
- **Implementation Outcome Framework** [Proctor et al, 2011]
 - **Eight** conceptually distinct IOs
- All studies of implementation should measure IOs in some form

Adm Policy Ment Health (2011) 38:65–76
DOI 10.1007/s10488-010-0319-7

ORIGINAL PAPER

Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda

Enola Proctor · Hiie Silmere · Ramesh Raghavan ·
Peter Hovmand · Greg Aarons · Alicia Bunger ·
Richard Griffey · Melissa Hensley

Implementation outcomes

Acceptability
Adoption
Appropriateness
Costs
Feasibility
Fidelity
Penetration
Sustainability

Proctor et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Heal.* 2011;38:65–76.

IO measurement



From: [Ten years of implementation outcomes research: a scoping review](#)

| | All (n = 400) | Acceptability (n = 210) | Adoption (n = 106) | Appropriateness (n = 87) | Cost (n = 31) | Feasibility (n = 154) | Fidelity (n = 157) | Penetration (n = 64) | Sustainability (n = 63) |
|--|------------------|----------------------------|-----------------------|-----------------------------|------------------|--------------------------|-----------------------|-------------------------|----------------------------|
| <i>Type of data used to assess</i> | | | | | | | | | |
| Qualitative | 17.5% | 33.3% | 19.8% | 44.8% | 19.4% | 23.4% | 13.4% | 12.5% | 28.6% |
| Quantitative | 48.5% | 37.1% | 66.0% | 24.1% | 67.7% | 48.1% | 66.2% | 68.8% | 44.4% |
| Multi/mixed | 32.5% | 28.6% | 12.3% | 29.9% | 12.9% | 27.9% | 17.2% | 17.2% | 23.8% |
| <i>Role in analysis</i> | | | | | | | | | |
| Descriptive (e.g., univariate) | 62.5% | 87.6% | 78.3% | 92.0% | 87.1% | 87.0% | 68.8% | 76.6% | 79.4% |
| Correlation (e.g., association) | 8.3% | 6.2% | 12.3% | 4.6% | 3.2% | 5.2% | 12.7% | 14.1% | 19.0% |
| Independent variable (e.g., predictor) | 4.5% | 3.8% | 3.8% | 2.3% | 3.2% | 1.3% | 9.6% | 6.3% | 3.2% |
| Dependent variable (e.g., outcome) | 24.3% | 11.0% | 19.8% | 8.0% | 12.9% | 11.7% | 29.3% | 23.4% | 22.2% |

- **Acceptability** most frequently measured | **Cost** least frequently measured
- **Quantitative** measurement of IOs more frequent than qualitative and multi/mixed (except for appropriateness)

Measurement issues

Martinez et al. Implementation Science 2014, 9:118
<http://www.implementationscience.com/content/9/1/118>



DEBATE

Open Access

Instrumentation issues in implementation science

Ruben G Martinez^{1*}, Cara C Lewis^{2,3} and Bryan J Weiner⁴

- Lack of quantitative instruments that have established **psychometric properties** (e.g. reliability, validity) → *‘Unless instruments’ psychometric properties are evaluated, confidence cannot be placed in study findings and/or interpretations.’*
- Lack of **pragmatic** (i.e., practical) instruments → ‘dilemma wherein researchers must choose between instruments that are practical versus those with validated psychometrics’.
- Use of **home-grown** (developed quickly ‘in house’) instruments and/or **adapted instruments** → *‘Tend to be appropriate only for one-time use’* and *‘do not report how adaptations affect the instrument’s psychometric properties’*

Martinez R, et al. Instrumentation issues in implementation science. Implement Sci. 2014; :9:118.

Efforts to address measurement issues

Lewis et al. *Implementation Science*
DOI 10.1186/s13012-015-0342-x

Clinton-McHarg et al. *Implementation Science* (2015)
DOI 10.1186/s13012-016-0512-5

Khadjesari et al. *Implementation Science* (2020) 15:66
<https://doi.org/10.1186/s13012-020-01027-6>

Implementation Science

SYSTEMATIC REVIEW

Outcomes for enhanced systems using evidence

Cara C. Lewis^{1,2*}, Sarah Fisch

SYSTEMATIC REVIEW

Psychometric properties of measures for public health settings and mapping the Consolidated Implementation Reporting Checklist: a systematic review

Tara Clinton-McHarg^{1,2}, Sze Lin Yoong¹, Melanie Kingsland^{1,3}, Jia Ying Ooi¹ and

SYSTEMATIC REVIEW Open Access

Implementation outcome instruments for use in physical healthcare settings: a systematic review

Zarnie Khadjesari^{1,2*†}, Sabah Boufkhed^{1†}, Silia Vitoratou³, Laura Schatte¹, Alexandra Ziemann^{1,4}, Christina Daskalopoulou⁵, Eleonora Uglik-Marucha³, Nick Sevdalis¹ and Louise Hull¹

Check for updates

- Identified and appraised the psychometric strength of quantitative implementation instruments
- Common finding: Number of instruments (**particularly for some IOs**) is limited AND the availability of psychometrically robust instruments is limited.

Existing implementation outcome repository



Instruments relevant to mental health settings, fee-paying members of the Society for Implementation Research Collaboration



Grid-Enabled Measures Database (GEM)

Includes instruments that measure IOs

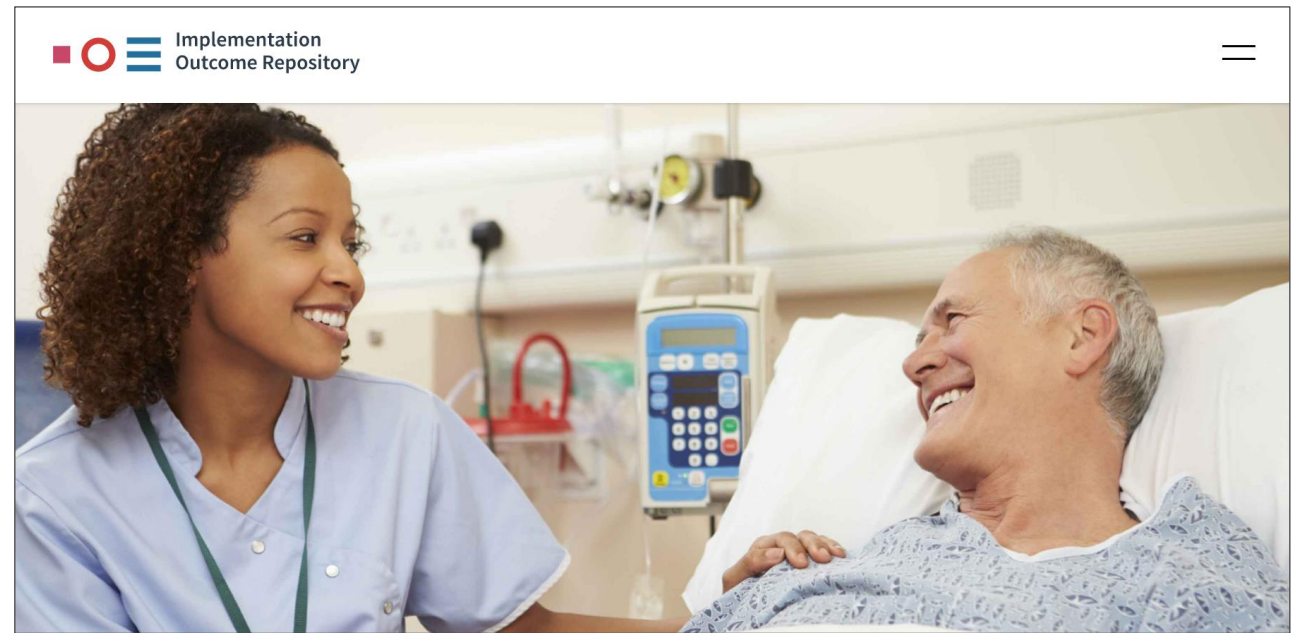
Importance of systematic reviews and IO repositories

- Encourage implementation stakeholders to **search for existing instruments** before contemplating developing new instruments
- **Discourage use of home-grown measures** (if appropriate/promising measures are available)
- **Identify key gaps in the measurement of core implementation outcomes** that can be used to focus future research efforts



Implementation outcome repository

- Developed and launched in 2021 containing instruments developed and validated for use in physical healthcare settings
- Free to access, online, user-friendly resource, more accessible to a wider range of implementation stakeholder



www.implementationoutcomerepository.org

Repository based upon systematic review

Khadjesari *et al.* *Implementation Science* (2020) 15:66
<https://doi.org/10.1186/s13012-020-01027-6> Implementation Science

SYSTEMATIC REVIEW Open Access

Implementation outcome instruments for use in physical healthcare settings: a systematic review

Zarnie Khadjesari^{1,2*†} , Sabah Boufkhed^{1†}, Silia Vitoratou³, Laura Schatte¹, Alexandra Ziemann^{1,4}, Christina Daskalopoulou⁵, Eleonora Uglik-Marucha³, Nick Sevdalis¹ and Louise Hull¹



- Identify and appraise studies that assessed the measurement properties of quantitative IO instruments used in physical healthcare settings
- Proctor et al.'s IOF was used to guide the inclusion of IO instruments

55 instruments



Acceptability instruments

The perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory. Commonly used terms: Satisfaction with various aspects of the innovation (e.g. content, complexity, comfort, delivery, and credibility).



Adoption instruments

The intention, initial decision, or action to try or employ an innovation or evidence-based practice. Commonly used terms: Uptake; utilisation; initial implementation; intention to try.



Appropriateness instruments

The perceived fit, relevance, or compatibility of the innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem. Commonly used terms: Perceived fit; relevance; compatibility; suitability; usefulness; practicability.



Feasibility instruments

The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. Commonly used terms: Actual fit or utility; suitability for everyday use; practicability.



Penetration instruments

The integration of a practice within a service setting and its subsystems. Commonly used terms: Level of institutionalisation; Spread; Service access.

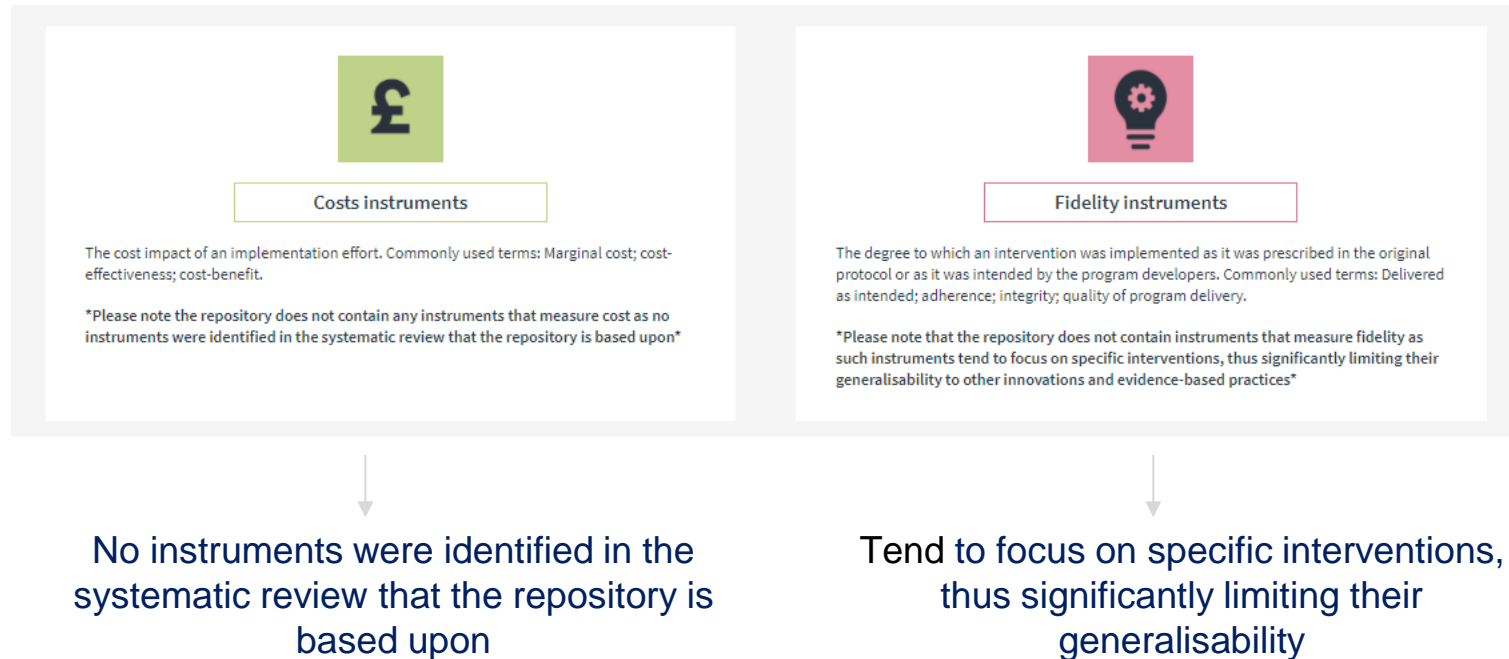


Sustainability instruments

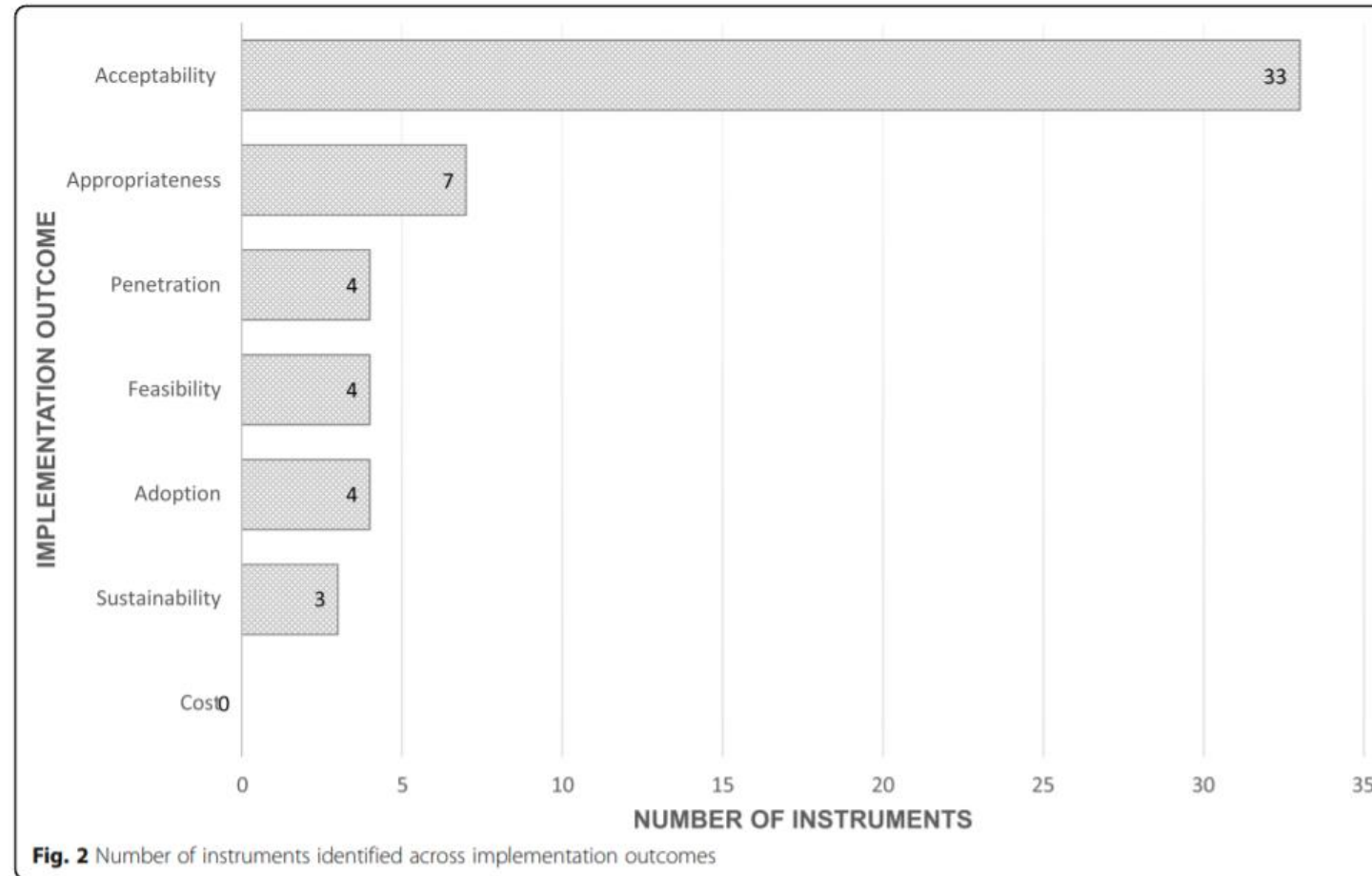
The extent to which a newly implemented treatment is maintained or institutionalised within a service setting's ongoing, stable operations. Commonly used terms: Maintenance; continuation; durability; incorporation; integration; institutionalisation; sustained use; routinisation.

Instruments measuring cost and fidelity

- Repository does not contain instruments measuring costs or fidelity



Implementation outcome instruments



Quality and usability assessment

Methodological quality of included studies

Assessed using the Consensus-based Standards for the selection of health Measurement INstruments (COSMIN) checklist



Psychometric quality of the included instruments

Assessed using the Contemporary Psychometrics checklist (ConPsy)

Checklist based on a literature review of seminal papers in the field of contemporary psychometrics and popularity of methods, the ConPsy checklist represents a consolidation of the most up-to-date statistical tools that complement the recommendations included within the COSMIN checklist.

Usability of included instruments

Determined by number of items per instrument (previously developed usability criteria, Lewis et al, 2015)

Usability (instrument length)

| | |
|-----------|-------------|
| Excellent | <10 items |
| Good | 10-49 items |
| Adequate | 50-99 items |
| Minimal | >99 items |

LIVE TOUR



www.implementationoutcomerepository.org



Implementation Research Proposal Appraisal Criteria (ImpResPAC)

Chloe Sweetnam
Petauri Kinect



Chloe.sweetnam@petauri.com

10th March 2025



Collaborators and Funders

- Louise Hull (King's College London)
- Chloe Sweetnam (Petauri Kinect, New York)
- Rachel E Davis (Evidera, London)
- Zarnie Khadjesari (University of East Anglia, UK)
- Andy Healey (King's College London)
- Annette Boaz (King's College London)
- Ioannis Bakolis (King's College London)
- Nick Sevdalis (National University of Singapore, Singapore)
- Lucy Goulding (UCLPartners, London)

NIHR | Applied Research Collaboration
South London

KING'S
IMPROVEMENT
SCIENCE

Overview

- Implementation Research Appraisals
- ImpResPAC Description
- ImpResPAC Development
- ImpResPAC Structure
- ImpResPAC Domains and Scoring
- ImpResPAC Evaluation
- Questions



Appraising Implementation Research

- Poor-quality implementation research - unlikely to result in the **successful implementation of evidence-based interventions** and **improvements in healthcare delivery and outcomes**.
- Funding is limited
 - Identifying the 'best' implementation research proposals to allocate research funds is critical
- Implementation and Improvement Science Proposals Evaluation Criteria (**INSPECT**), developed by Crable et al in 2018:
 - Appraises research grant proposals - but is based on proposal development guidance developed specifically for US funding bodies ('*Ten Key Ingredients*' by Proctor et al)

DEBATE

Open Access

Writing implementation research grant proposals: ten key ingredients

Enola K Proctor*, Byron J Powell, Ana A Baumann, Ashley M Hamilton and Ryan L Santens

METHODOLOGY

Open Access

Standardizing an approach to the evaluation of implementation science proposals



Erika L. Crable^{1,2*}, Dea Biancarelli^{1,2}, Allan J. Walkey^{1,2,3}, Caitlin G. Allen⁴, Enola K. Proctor⁵ and Mari-Lynn Drainoni^{1,2,6,7}

ImpResPAC Description

- A quantitative tool to appraise the **conceptual and methodological quality** of implementation research proposals
- ImpResPAC content is based on **ImpRes** and key conceptual and methodological implementation research literature:
 - ImpRes is an evidence-based, expert-derived tool, consolidating **implementation science research design guidelines and recommendations**
- ImpResPAC – suitable for a range of implementation research proposal stakeholders (including **grant reviewers, researchers and practitioners, and educators**) to appraise implementation research proposals.

Open access Protocol

BMJ Open Development and psychometric evaluation of the Implementation Science Research Project Appraisal Criteria (ImpResPAC) tool: a study protocol

Chloe Sweetnam ¹, Lucy Goulding ², Rachel E Davis ²,
Zarnie Khadjesari ³, Annette Boaz ⁴, Andy Healey ^{2,5}, Nick Sevdalis ²,
Ioannis Bakolis ^{2,6}, Louise Hull ²

RESEARCH Open Access

Designing high-quality implementation research: development, application, feasibility and preliminary evaluation of the implementation science research development (ImpRes) tool and guide

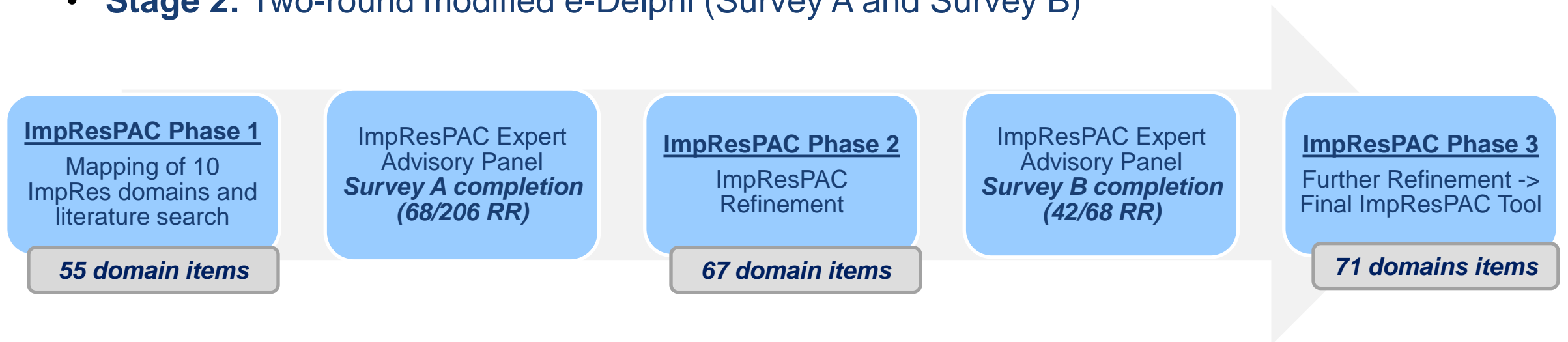
Louise Hull^{1*} , Lucy Goulding¹, Zarnie Khadjesari^{1,2}, Rachel Davis¹, Andy Healey^{1,3}, Ioannis Bakolis^{1,4} and Nick Sevdalis¹



ImpResPAC Development

A two-stage sequential mixed-methods design was employed:

- **Stage 1:** Content development (mapping from ImpRes Tool and Guide, and more recently published key conceptual and methodological literature)
- **Stage 2:** Two-round modified e-Delphi (Survey A and Survey B)



RR = Response Rate

Expert = Someone widely recognized as a reliable source of knowledge, technique, or skill whose judgement is accorded authority and status by the public or his or her peers

ImpResPAC Development: Expert Advisory Panel

- Purposive and snowball sampling was used to form an **Expert Advisory Panel (EAP)**, consisting of 68 academics across the world who have made a significant contribution to the conceptual and methodological advancement of implementation science.

370+
**cumulative
years**

EAP experience reviewing
implementation research
funding proposals

730+
**cumulative
years**

EAP expertise in
implementation science

ImpResPAC Development

| Survey A: Content, Style and Comprehensiveness | Survey B: Acceptability, Feasibility and Appropriateness |
|---|---|
| <ul style="list-style-type: none">- 68/206 respondents (33% RR)- Domain items: 55 >> 67 <p>Modifications made from ImpResPAC phase 1 – 2:</p> <ul style="list-style-type: none">- 41 Modifications- 20 New- 6 Merged and modification of two into one- 5 Removed- 1 Split of one into two | <ul style="list-style-type: none">- 42/68 respondents (62% RR)- Domain items: 67 >> 71 <p>Modifications made from ImpResPAC phase 2 – 3:</p> <ul style="list-style-type: none">- 18 Modifications- 4 New- 0 Merged and modification of two into one- 0 Removed- 2 Split of one into two |

ImpResPAC Structure

Tool structure:

- ImpResPAC contains **10 distinct, but interrelated, domains**
 - Each domain representing a core element of implementation research
 - ImpResPAC domains are weighted equally
 - Each ImpResPAC domain contains several items
- Each item is indicative of high-quality implementation research
 - ImpResPAC domain items are weighted equally

ImpResPAC Interactive PDF:

- 26 pages, available online
- Includes:
 - Introduction to ImpResPAC
 - Comprehensive user and scoring instructions
 - ImpResPAC
 - ImpResPAC worksheet, including further instructions on 'what to do next' once a proposal has been appraised using ImpResPAC
 - ImpResPAC glossary (definitions of all the terms and acronyms used)

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Contents page: Click icon to navigate back to the contents page.

Website links: All **hyperlinked** text are URL references.

ImpResPAC worksheet: Click icon to view the ImpResPAC worksheet.

Linked pages: Click bold text to see related information.

Search this guide: Press Ctrl-F and enter your search terms.

Designed by www.creativeedge.com

ImpResPAC domains 05

ImpResPAC is a comprehensive and in-depth quantitative appraisal tool to evaluate the conceptual and methodological quality of implementation research proposals in healthcare.

ImpResPAC contains 10 distinct, but interrelated, domains. Each domain represents a core element of implementation research. ImpResPAC domains are weighted equally.

Implementation research characteristics

Implementation theories, models and frameworks

Implementation determinants

Implementation strategies

Service and patient outcomes

Implementation outcomes

Unintended consequences

Economic evaluation

Stakeholder involvement and engagement

Patient and public involvement and engagement

Click on domains to view the ImpResPAC tool

ImpResPAC Domain Example: Research Characteristics (11 items)

| Implementation research characteristics | Not applicable | Not addressed | Partially/fully addressed |
|--|--------------------------|--------------------------|---------------------------|
| The proposed study explicitly seeks to address an implementation problem; it clearly identifies and describes both the associated quality and/or coverage of care gap, and the evidence-based intervention selected to address the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and strong justification is provided to support the selection of the evidence-based intervention to be implemented to address the quality and/or coverage of care gap (e.g., prior efficacy and/or effectiveness studies, patient preference). Literature and/or local data used to support the evidence-based intervention to be implemented is up to date and has been critically appraised. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Implementation and wider study aims and objectives are explicitly and clearly articulated, and align with the proposed study design, methods, measures, outcomes and analysis plan. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues relating to scientific and health equity have been thoroughly considered and described in detail. Existing inequities in the quality and/or coverage of care gap have been considered with the aim of achieving equity and avoiding exacerbating existing inequities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Design and methods of the proposed study are clearly stated and comprehensively described (e.g., qualitative, semi-structured interviews) and align appropriately with the aims and objectives of the proposed study. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The conceptual linkages between all elements of the proposed study (i.e., the evidence-based intervention , implementation determinants , implementation strategies , mechanisms of action and outcomes) are comprehensively depicted in a programme theory , logic model or theory of change . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stage(s) of implementation of the proposed study and the associated activities planned at each stage are described in detail. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Planned adaptations and modifications to the evidence-based intervention are clearly described. Reasons (e.g., available resources), goals (e.g., to reduce costs) and the process of adaptations and modifications are clearly described. ¹ Core components of the evidence-based intervention are retained. Clear intention to explore the impact of planned adaptations and modifications to the evidence-based intervention on service and patient outcomes and implementation outcomes is stated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear intention to document unplanned adaptations and modifications to the evidence-based intervention that arise is described. Clear intention to explore the impact of unplanned adaptations and modifications on service and patient outcomes and implementation outcomes is stated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How the proposed study will contribute to the conceptual and/or methodological advancement of the field is clearly articulated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking into consideration the expertise and capacity of the research team, the proposed study can be accomplished within the available timeframe, requested budget and resources. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domain score - implementation research characteristics | | | |

ImpResPAC Domain Example: Implementation Outcomes (7 items)

| Implementation outcomes | Not applicable | Not addressed | Partially/fully addressed |
|--|--------------------------|--------------------------|---------------------------|
| The proposed study includes the evaluation of one or more implementation outcomes as appropriate to address the study aims and objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clear and explicit evidence that all relevant stakeholders (e.g., those responsible for implementation/delivery and those expected to benefit) were involved , or will be involved , in the identification and selection of relevant and important implementation outcomes to be evaluated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Each implementation outcome to be evaluated is clearly stated and an operational definition provided. ⁸ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The method(s) (qualitative/quantitative/mixed methods) to be used to evaluate implementation outcomes are clearly described and appropriate to address the study aims and objectives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The proposed measurement method(s), level(s) of measurement/analysis, timing and frequency of implementation outcome data collection are appropriate to address the study aims and objectives. ⁸ The time horizon over which implementation outcomes are to be evaluated is clearly stated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where quantitative implementation outcome instruments are proposed to be used to assess implementation outcomes , justification for the selection of an existing instrument or development of a new instrument is reported. Psychometric properties (e.g., validity and reliability) and/or pragmatic (i.e., practical) qualities and/or previous application to the population of interest are stated to justify the selection of an existing instrument or development of a new instrument. If a new instrument is being developed, there is a clear intention to evaluate its psychometric properties . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A clear and detailed description of the implementation outcome data analysis plan is presented. How the implementation outcomes are to be treated (e.g., as a predictor variable) and how implementation outcomes will be analysed (e.g., correlational analysis) relative to other constructs (e.g., implementation determinants) is clearly stated. ⁸ For qualitatively evaluated implementation outcomes , how data will be analysed and interpreted (e.g., thematic analysis) is clearly stated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domain score – implementation outcomes | <input type="text"/> | | |

ImpResPAC Scoring Instructions:

- Each domain is scored on a 1-5 point scale from very poor to excellent depending on number of items that are partially or fully addressed
- Global median score of all 10 scored (applicable) domains



| | |
|--|-----|
| Implementation research characteristics | 4 |
| Implementation theories, models and frameworks | 4 |
| Implementation determinants | 3 |
| Implementation strategies | 3 |
| Service and patient outcomes | N/A |
| Implementation outcomes | 4 |
| Unintended consequences | 1 |
| Economic evaluation | N/A |
| Stakeholder involvement and engagement | 4 |
| Patient and public involvement and engagement | 2 |
| Global ImpResPac median score: 3.5 (Fair/Good) | |

ImpResPAC Evaluation

79%

Appropriate

of the EAP agreed or strongly agreed that ImpResPAC is appropriate/acceptable/feasible to be used by

74%

Acceptable

reviewers to appraise the conceptual and methodological quality of implementation research proposals.

64%

Feasible

91%

Appropriate

of the EAP agreed or strongly agreed that ImpResPAC is appropriate/acceptable/feasible to be used by

86%

Acceptable

researchers and *practitioners* to appraise the conceptual and methodological quality of their implementation funding proposals.

81%

Feasible

83%

Appropriate

of the EAP agreed or strongly agreed that ImpResPAC is appropriate/acceptable/feasible to be used by

76%

Acceptable

educators to appraise the conceptual and methodological quality of implementation research proposals submitted as part of implementation capacity building initiatives.

71%

Feasible

Thank you

ImpRes Glossary

- 56 definitions used throughout the ImpResPAC tool
- Developed to eliminate subjectivity in use of terms

| ImpResPAC glossary | | |
|---|--|---|
| Term | Definition | Reference |
| The Actor [in relation to implementation strategies] | The stakeholder(s) who enacts the strategy. | https://pubmed.ncbi.nlm.nih.gov/24289295/ |
| The Action [in relation to implementation strategies] | Dynamic verb statements that indicate actions, steps or processes, and sequences of behavior. | https://pubmed.ncbi.nlm.nih.gov/24289295/ |
| Adaptation [in relation to the evidence-based intervention and/or implementation strategies] | A process of thoughtful and deliberate alteration to the design or delivery of an intervention, with the goal of improving its fit or effectiveness in a given context. Related to but distinct from modification . | https://pubmed.ncbi.nlm.nih.gov/31171014/ |
| Adaptation [in relation to theories, models and frameworks] | A process of thoughtful and deliberate alteration to a theory, model or framework, with the goal of improving its fit or appropriateness in a given context. | https://pubmed.ncbi.nlm.nih.gov/31171014/ |
| Context | The set of circumstances or unique factors that surround a particular implementation effort. | https://pubmed.ncbi.nlm.nih.gov/19664226/ |
| Contextual determinants | A sub-category of implementation determinants associated with the context in which implementation efforts are to take place, including for example organisational culture and climate, financial resources and social relations and support. See implementation determinants . | https://pubmed.ncbi.nlm.nih.gov/30909897/ |
| Core components | The essential and indispensable elements of an evidence-based intervention and/or implementation strategies. | https://pubmed.ncbi.nlm.nih.gov/19664226/ |
| Cost-benefit ratios | A ratio used in a cost-benefit analysis to summarise whether an evidence-based intervention is a worthwhile use of resource. The ratio is calculated by dividing monetised benefits by monetised costs. | https://yhec.co.uk/glossary/cost-benefit-analysis/Cost-benefit |
| Defined [in relation to implementation strategies] | The conceptual definition of the implementation strategy and the operational definition of any discrete components. | https://pubmed.ncbi.nlm.nih.gov/24289295/ |
| De-implementation | The discontinuation or abandonment of practices that are not proven to be effective, are less effective or less cost-effective than an alternative practice, or are potentially harmful. | https://pubmed.ncbi.nlm.nih.gov/34810122/ |
| Dose [in relation to implementation strategies] | The dosage or intensity of the strategy. | https://pubmed.ncbi.nlm.nih.gov/24289295/ |
| Economic evaluation | The analysis of the costs and effects of alternative interventions that may be given to a defined population in order to support decision-making about reimbursement or implementation of the preferred interventions. | https://yhec.co.uk/glossary/economic-evaluation/ |
| Engagement [in research] | Where information and knowledge about research is provided and disseminated. | https://www.nihr.ac.uk/explore-nihr/campaigns/supporting-patient-and-public-involvement-in-research.htm |
| Evidence-based intervention | Interventions with proven efficacy and effectiveness (i.e., evidence-based). | https://pubmed.ncbi.nlm.nih.gov/18287916/ |