



# CHRODIS+

IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

# GUIDELINE ON IMPLEMENTATION STRATEGY

Module I: Pre-Implementation phase

Final Version

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## Preface

In order to support partners during the complex process of implementing practices, a dedicated implementation strategy has been developed. The strategy provides a series of methods and techniques to enhance the adoption and sustainability of practices and the use of tools developed in JA CHRODIS that can be applied in different settings and contexts.

The opinion and perspective of future users has been extensively collected and taken into consideration to ensure that the final strategy meets their particular needs, interests and expectations. The first proposal has been shaped during several months by gathering very valuable feedback from implementers and other partners of JA CHRODIS PLUS consortium in meetings, teleconferences, webinars and workshops. This version of the “Implementation Strategy: Pre-implementation phase” document is the result of a productive collaborative work between authors and JA CHRODIS PLUS partners. Therefore we acknowledge all contributors for their support and effort.



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## 1. Introduction

Population-wide health improvements depend on wide-scale implementation of health interventions that have been found to be effective in a controlled research setting (1).

Implementation refers to a set of planned, intentional activities, that aim to put into practice evidence-informed tools, policies and practices in real-world services. The goal of effective implementation is to benefit end-users of services. Existing evidence indicates that a structured process facilitates implementation of pilot and innovative practices.

A great deal of knowledge about what works in human and social services has been amassed in recent years. Outcomes for end-users, however, have not improved in line with these advances in knowledge. This deficit has become known as the ‘implementation gap’, and refers to the difference between our knowledge of ‘what works’ and the application of this knowledge in real-life practice. Evidence suggests that carefully planned and sufficiently resourced implementation is key to successful outcomes in human services (2).

In this context, this document aims to serve as a guideline for the JA CHRODIS PLUS implementation sites to facilitate the uptake in routine practice of good practices, policies and tools. It includes a series of methods and techniques, concrete procedures and recommendations to enhance the adoption and sustainability of practices and the use of JA CHRODIS tools with demonstrated success.



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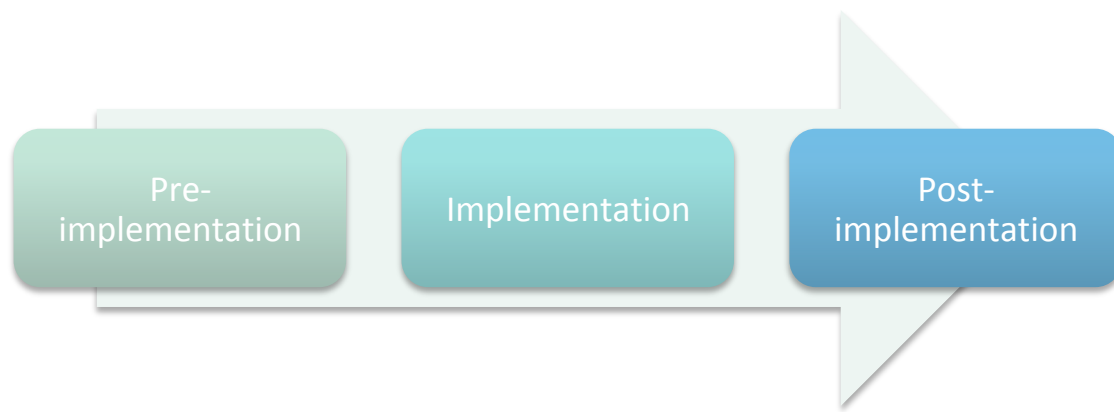
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## 2. Implementation strategy. Phases

Implementation science refers to the scientific study of methods to promote the systematic uptake of evidence-based interventions into practice and policy and hence improve health (3). In this context, implementation strategy is defined as methods and techniques used to enhance the adoption, implementation and sustainability of an under-utilized intervention (4).

In JA CHRODIS PLUS, a three-step implementation strategy has been defined that will be followed by all implementation sites. It has been designed to be appropriate from the scientific point of view, applicable considering data availability and feasible according to project's timeline and resources.



*Figure 1: Implementation strategy phases*

The implementation strategy is composed of two main documents:

1. Module I: including the guidelines to perform the Pre-Implementation phase
2. Module II: including the guidelines to perform the Implementation phase and the Post-implementation phase

This document is focused only on techniques of the Pre-Implementation phase. Further details on this phase (SWOT analysis and Maturity Model) can be found in the Reference material.



### 3. Local Implementation Working Group

The Local Implementation Working Group (LIWG) is the responsible to conduct the pilot implementation of the different practices in JA CHRODIS PLUS in the local health care, social, and legal context.

The LIWG is composed of Beneficiaries, Collaborative Partners and local stakeholders. WP and task leaders monitor their activities and provide advice and feedback, with the overall coordination of Scientific Coordinator and Coordinator. During their work, they will be receiving expert support to conduct the specific implementation tasks work if necessary as well as guidance from Kronikgune. Resources, financial and others, to conduct this implementation could come from Beneficiaries JA CHRODIS PLUS budget or other local sources.

LIWG will elaborate their specific organizational structures and processes of work. LIWG will identify the appropriate local stakeholders to collaborate in the pilot implementations.

Local stakeholders are individuals, institutions or organizations that are in any way interested by the activity, program, intervention or policy promoted. In JA CHRODIS PLUS, the stakeholders are interested parties that can include institutions or organizations that come from different fields and distinct expertise and experience (health, education, social, employment, research and Information and Communication Technology (ICT) sectors, NGOs, patients and their associations and civil society, to be as enriching and comprehensive as possible. Although teams can vary in size and composition, each implementation site needs to include the appropriate persons in the group to ensure that all perspectives are covered.

Irrespective of the composition of the implementation group, the following functions and roles will be preferably covered by the LIWG:

- **Organizer**
  - Plan, prepare, chair and run the group workshops
  - Run the secretariat (prepare agendas and minutes)
  - Write reports
- **Experts**
  - Provide knowledge and faculty on specific matters depending on the intervention selected
- **Decision makers**
  - Provide strategic vision
  - Support and sponsorship of the implementation process



- Eliminate bottlenecks during the implementation process
- **Front-line stakeholders**
  - Give knowledge and expertise on real-life practice experience
  - Choose the right type of subject to implement
  - Motivate and empower implementers
  - Equip and support implementers to deal with the implementation
- **Implementers** (can be same individuals as the front-line professionals)
  - Implement the intervention following the agreed plan
  - Continuously assess the implementation process
  - Provide input and feedback to the local implementation group

According to the interest, influence and importance for success, the LIWG can consider different levels of involvement of the stakeholders:

- Full participation. The stakeholder is fully involved in the decision-making process.
- Consultation. The stakeholder is consulted during the decision-making process and its opinions are then discussed within the LIWG.
- Information. The stakeholder is fully informed on decisions and decision-making process.
- Passivity. The stakeholder is briefly informed.

The LIWG is responsible for performing the implementation steps described below.

## 4. Organization of the LIWG meetings

All the LIWG members will be invited to participate in all activities to ensure that a wide variety of opinions and interests are taken into consideration. The LIWG's Organizer would be responsible for:

- Schedule, coordinate and run the meetings
- Identify and engage appropriate stakeholders
- Prepare the needed documentation
- Propose the agenda and oversee the minutes
- Produce the corresponding reports
- Share the results and report with the LIWG members





- Liaise with WP leaders
- Deliver the Pilot Action Plan

Preferably, meetings with the LIWG will be in-person and each of them is expected to require between 2 to 3 hours. However, online meetings could be an option when face-to-face meetings are not possible.

Below the scheme to organize the working sessions:



### 1<sup>st</sup> meeting: SCOPE

- Get to know each other
- Explain objectives of the session
- Introduce the JA CHRODIS PLUS
- Identify appropriate stakeholders
- Present the pre-implementation phase
- Topic selection
- Perform the scope definition as described below

Material needed:

- Brief presentation on the JA CHRODIS PLUS
- Presentation on the pre-implementation phase
- Guidelines on scope definition
- Template to collect data on scope definition
- PC and projector
- White boards
- Markers

### 2<sup>nd</sup> meeting: SWOT

- Explain objectives of the session
- Explain the background and aims of the SWOT analysis
- Perform SWOT analysis following the methodology described in the guidelines



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- Review and adapt scope definition, if needed

Material needed:

- Presentation on the basis of the SWOT analysis
- Guidelines on SWOT analysis
- Template to collect data on SWOT analysis
- PC and projector
- White boards
- Markers

### **Optional meeting: Scirocco Maturity Model**

- Explain objectives of the session
- Present the Maturity Model
- Individual self-assessment by each member
- Negotiation and consensus building

Material needed:

- Presentation on the Maturity Model
- Guideline to run the workshop
- Dimension narratives, prompts and scales
- Template to collect reasoning behind each score and radar diagram template
- PC and projector
- Whiteboard for the consensus building
- Markers

### **3<sup>rd</sup> meeting: Action plan, collaborative methodology I**

- Explain objectives of the session
- Review briefly the information gathered in the previous activities
- Select the specific topic to work on
- Identify the improvement areas
- Define feasible objectives aligned with the improvement areas
- Review and adapt scope definition, if needed

Material needed:

- Brief presentation on the whole Collaborative methodology



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- Guidelines to run the workshop
- Templates to collect participants' feedback
- PC and projector
- Whiteboard
- Markers

#### **4<sup>th</sup> meeting: Action plan, collaborative methodology II**

- Explain objectives of the session
- Review briefly the improvement areas and the objectives defined in the previous session
- Define the actions to be implemented with the “change package”
- Specify the key performance indicators to assess the impact of the actions
- Review and adapt scope definition, if needed

#### Material needed:

- Brief presentation on the Collaborative methodology
- Presentation showing the alignment of the improving areas and the objectives agreed during the previous working session
- Guidelines to run the workshop
- Templates to collect participants' feedback
- PC and projector
- Whiteboard
- Markers



## 5. Pre-Implementation phase

The objective of this phase is to identify, specify and analyze determinants that act as barriers and enablers that could influence implementation outcomes, and then to elaborate the Pilot Action Plans to be followed during the implementation and post-Implementation phases. The Pilot Action Plans will be integrated in the corresponding WP implementation deliverables.

The Pre-Implementation phase runs between months 9 and 13 of the project, from May 2018 to September 2018.

This first phase consists of the following actions:

1. Definition of the scope of the intervention and selection of topics to implement
2. Situation analysis using the Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis
3. Elaboration of the Pilot Action Plans

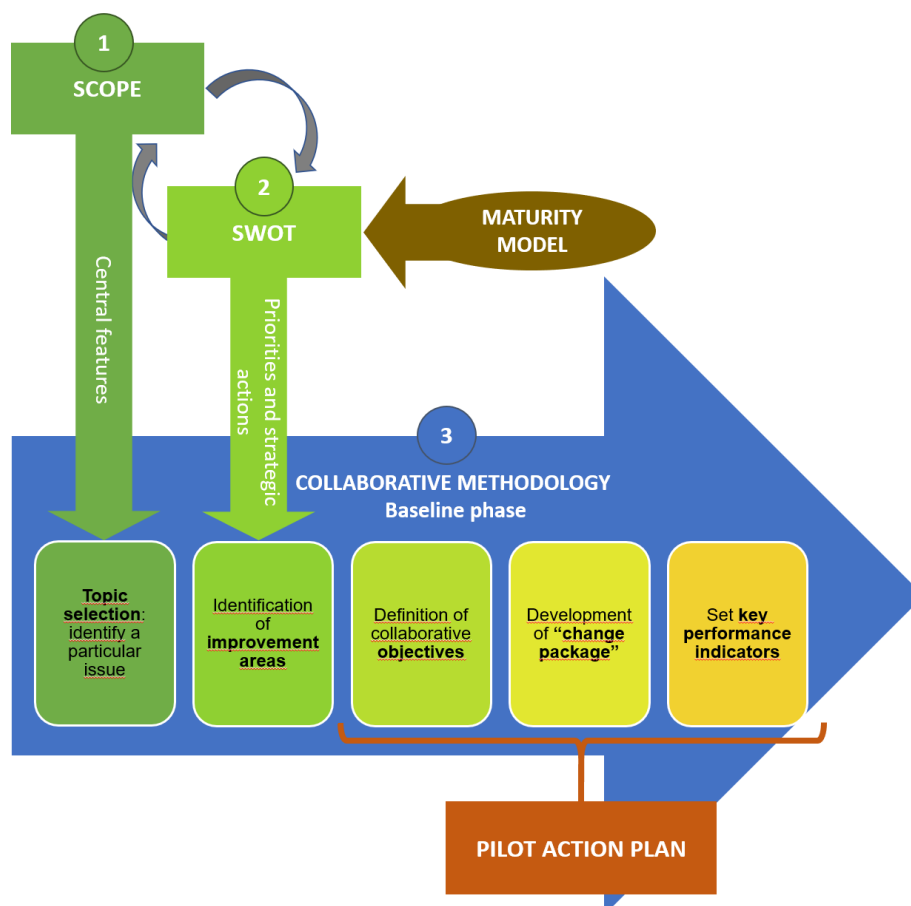


Figure 2: Pre-implementation strategy phase's scheme



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All implementers will perform the actions listed above. On the other hand, practice owners will support WP5 implementers during the implementation process. In the pre-implementation phase practice owners will provide valuable information which will result from the application of the techniques (scope definition, SWOT analysis and collaborative methodology) and the study visits.

An adapted version of the SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines will be used to report the whole implementation study in each region from both implementation process and intervention effectiveness perspectives to enhance the evidence base and transferability potential. The adaptation has been made based on other published protocols (5-9). The execution of the techniques included in the pre-implementation phase will provide information to partially feed the adapted SQUIRE template.

## 5.1 Scope of the intervention

### Rationale

The scope of an intervention means the extent of the area or subject matter that practices deal with, the range of operation. The scope of the intervention depends on local needs, expectations, strategic objectives and real possibilities. In consequence, the criteria for scope definition will vary from site to site. The scope is delimited by selecting the features or elements of the intervention that will be finally implemented and integrated in routine practice.

In JA CHRODIS PLUS, the definition of the scope might follow slightly different procedures between implementation sites of distinct WPs. Given the specifics of JA CHRODIS PLUS, scope selection will mean defining the central features or elements of the best practice or the JA CHRODIS tools that will be implemented by each LIWG. In WP5 the features of the original intervention that will be implemented in the adopting region will be selected, whereas in WP6 and WP7 components of the Integrated Care Model for Multimorbidity (ICMM) or Quality Criteria and Recommendations (QCR tool) will be chosen, respectively. For WP8 the source will be Task 8.2 Intervention.

### Objective

To select the specific features or elements of the practice or of the JA CHRODIS tool that will be implemented by the LIWG according to local needs, interests and capabilities.

### Technique

Following the collaborative methodology approach, structured group discussion, the LIWG will reflect on the intervention elements that can be integrated in their context.

### Methodology

The definition of the scope can follow the steps below:

1. Identify and describe the problem/challenge.



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2. Describe the general purpose of the intervention.
3. Describe the target population.
4. Analyze the evidence-based good practices or the JA CHRODIS tool that are related to the intervention and identify the central features that are essential to achieve the desired results.

Central features or requirements of a good practice can include: policy, political commitment, legal change, regulations, norms and guidelines, financing and budgets, logistics, management information systems, supervision, staff evaluation, performance incentives, training, health workforce changes, information, education and communication materials and others.

Central features of Integrated Care Model for Multimorbidity and Quality Criteria and Recommendations (QCR tool) are described in the JA CHRODIS results.

5. Selection of the central features or elements from the evidence-based good practices or the JA CHRODIS tool that will be implemented

## Output

A battery of central features or elements from practices or JA CHRODIS tools contributing to the general purpose identified by each LIWG that will be implemented in each site.

The template for scope definition is included in Annex I.

## 5.2 Situation analysis. Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis

### Rationale

The pertinence of environment in implementation science is significantly high. In contrast to efficacy studies that aim to reduce the signal-to-noise ratio by controlling the environment, implementation science seeks to understand and examine it, how it shapes and interacts with interventions, and how interventions are modified in response to shifting contextual circumstances.

Thus, implementing a new intervention requires taking into account the current situation or system context. It is necessary to identify the environmental factors influencing and understand how they can affect the implementation of an intervention. It is not only necessary for the system where the implementation takes place but also for future adopters who might need to know the characteristics of the original system.

### Objective

To identify organization's strengths and weaknesses, as well as broader opportunities and threats to develop a fuller awareness of the situation and to help with both strategic planning and decision making.



## Technique

SWOT analysis is an analytical method which is used to identify and categorize significant internal (Strengths and Weaknesses) and external (Opportunities and Threats) factors faced either in a particular area, such as an organization, or a territory, such as a region, nation, or city. This analysis helps an organization to determine how to allocate the resources to accomplish its goals (10,11).

The SWOT analysis is particularly suited to the objectives of JA CHRODIS PLUS due to its features:

- Flexible: it can be applied to any context, program, and stage of implementation;
- Simple: the methodology is easy-to-use and accessible by non-technical stakeholders;
- Structured: the frame is well structured, making it easy to explore the different areas of analysis (S, W, O, T), to identify internal categories and to verify internal coherence;
- Comparable: being a structured method, it is possible to generate a meta-SWOT, comparing different analysis from different contexts;
- Participatory; the analysis can be performed by involving different stakeholders. This is valuable to develop the sense of ownership of the intervention or practice that is being implemented.

The purpose of performing a SWOT is to reveal positive forces that work together, and potential problems that need to be recognized and possibly addressed. It also enables participants to make a judgment and share their vision in a structured way, in order to enrich the common perception.

The SWOT analysis also offers a simple way of communicating in a glance about a project, intervention, program or policy, describing both internal attributes and external conditions:

- Strengths are positive internal attributes that are controlled by a country, region or a local organisation, and which provide foundations for the future (examples: integration between primary care and hospital services at regional level).
- Weaknesses are negative internal attributes, which are controlled by a country, region or a local organisation, that need to be addressed (examples: lack of an integrated health information system through levels of care).
- Opportunities are external positive conditions that may facilitate the implementation. They are often beyond the influence of a region or a local organisation or are at the margins (for example: existence of a national policy on health information systems).
- Threats are external conditions that may stand in the way of the implementation (for example: limited allocation of resources to the local level).

The SWOT analysis addresses and highlights all the characteristics, relationships and synergies among internal and external variables of an initiative (i.e. policy or program). For this reason, the



stakeholders involved in the analysis need to have a specific knowledge of the topic and have an overview of the context.

The timing of the SWOT varies depending on the objectives. The analysis can be:

- Ex-ante: to improve planning and integration of a program in its context, to perform a situation-analysis and to evaluate the preconditions for the program implementation;
- Intermediate: to check the relevance and coherence of strategies, programmes and interventions, to explore elements that need to be addressed and to decide appropriate changes;
- Ex-post, for evaluation purpose.

In the frame of JA CHRODIS PLUS, the SWOT analysis will be used ex-ante, for situation analysis, preceding the implementation.

Further details on the SWOT analysis can be found in the Reference material "SWOT analysis".

## Methodology

The steps to conduct a SWOT analysis are:

1. **Introduction and objectives (~30 min)**. The organizer of the LIWG illustrates the aim of the SWOT analysis, explaining how each participant (as key stakeholder), can contribute to the session and how the emerging data will be used to improve local practices.
2. **SWOT analysis in small groups (~60 min)** - The organizer illustrates the methodology. Each group will identify a facilitator that will ease the discussion and the SWOT analysis. Anyone can be the facilitator but, to support effective communication, the ideal is to involve participants with specific communication skills or experience. During the discussion, all participants will express their opinion according to the SWOT frame and dimensions. There are no good or bad opinions, all ideas are taken into consideration. The ideas are discussed within the group and can be written on a flipchart or post it, that can be easily placed and replaced on the flipchart following the group discussion. The facilitator encourages the active participation of all participants and reports on the flipchart the emerging ideas. Once the internal (S&W) and external (O&T) attributes and conditions of the topic have been described in depth, priorities and strategic actions can be identified. The discussion is focused on how leverage on S&O in order to address W&T, as well as a cross analysis of internal and external factors with the micro and macro environments of the practice. The group will then set recommendations, lines and priority of actions that can support the implementation process.
3. **Plenary session (~60 min)**. At the end of the group work, in plenary session, each group will present its SWOT analysis to the rest of the participants. If discordant aspects emerge, they will be discussed until an agreement is reached.
4. **Next steps**. The final output of the SWOT session will be a set of flipcharts that represents a shared situation analysis made by all the relevant stakeholders according to the SWOT frame





and dimensions. In the next few days, the organizer will integrate the contents of the different groups in a short report. The report may include the narrative as well as the images of the SWOT produced by the groups.

The **material** necessary for the organization of the local SWOT Analysis Workshop are: computer, video projector, flipchart and coloured markers, Post it, handouts.

General dimensions that can be considered for the SWOT analysis are:

- Sustainability
- Organization
- Empowerment
- Communication
- Monitoring and evaluation

These dimensions may be adapted/integrated to reflect the specificity of each WP.

Questions that can help guiding the SWOT:

STRENGTHS	WEAKNESSES
What are your advantages?	What could you improve?
What do you do well?	What do you do badly?
What relevant resources do you have access to?	What should you avoid?
What do other people see as your strengths?	
OPPORTUNITIES	THREATS
Where are the good opportunities in front of you?	What obstacles do you face?
What are the interesting trends you are aware of?	What is your competition doing?
	Are the specifications for your services changing?

Templates for the SWOT analysis are included in the ANNEX II.

Examples of SWOT and related strategic actions and priorities can be found in the Reference material SWOT analysis: “6. A practical example of SWOT analysis”.

## Output

The main output is a matrix presenting the most important strengths, weaknesses, opportunities and threats for the organization examined and (i) aiming at giving a reasonable overview of major issues



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and (ii) setting priorities and strategic actions that have to be considered when planning the implementation of the intervention.

The process of defining the scope and analyzing the situation can be iterative, meaning that findings arisen in a given step can feed the previous one and result in modifications with the aim of approaching the most appropriate decision.

As an ancillary technique, the Scirocco Maturity Model, which helps recognizing the maturity requirements of healthcare systems to deliver integrated care can facilitate or guide the situational analysis. In the Maturity Model, the many activities that need to be managed in order to provide integrated care have been grouped into 12 dimensions: breadth of ambition, capacity building, citizen empowerment, evaluation methods, finance and funding, information and eHealth services, innovation management, population approach, readiness to change, removal of inhibitors, standardization and simplification, and structure and governance.

In JA CHRODIS PLUS, The Maturity Model might be useful especially for those groups aiming at implementing interventions related to integrated care, mHealth solutions and ICMM components. More information of the Maturity Model dimensions and scales and template for the final diagram are included in the “Reference Material. Scirocco Maturity Model” document.

### 5.3 Action Plan. Collaborative methodology

#### Rationale

The Action Plan is the way the LIWG's vision is made concrete. It describes a sequence of steps that need to be taken, or activities that need to be carried out. In JA CHRODIS PLUS, the action plan outlines the concrete activities that will support LIWG to implement changes and meet its objectives in their site.

In JA CHRODIS PLUS an adapted version of the iterative cyclic nature of the Collaborative Methodology (12) will be used for drafting the local Action Plans. A major challenge in implementing interventions is the traditionally slow healthcare sector and barriers to organizational change. Collaborative methodologies based on Plan-Do-Study-Act (PDSA) cycles are effective for multidisciplinary teams and help implementing changes.

#### Objective

To define the local Pilot Action Plan that will guide the implementation of the intervention.



## Technique

The collaborative approach, and consequently the adapted version that will be used in JA CHRODIS PLUS, is a simple, yet powerful tool for implementing changes. This methodology requires multidisciplinary teams, as the LIWGs, to come together periodically to learn change ideas and quality methods, and to exchange experiences with making changes. Collaborative learning methods can stimulate implementation of changes, promote learning skills among participants and fasten the dissemination of good ideas.

During this step the LIWG will answer three questions:

- What are we trying to accomplish?
- What changes can make that will result in improvement?
- How will we know that a change in an improvement?

## Methodology

In order to provide an answer to the questions above, LIWGs will identify improvement areas, define objectives, develop the “Change Package” and set key indicators, through the following steps:

### 1. Identify the specific issues to work on

The central features or elements of the intervention to work on have been already selected during the definition of the scope.

In WP5 the elements of the original intervention that will be implemented in the adopting region are selected, whereas in WP6 and WP7 components of the Integrated Care Model for Multimorbidity (ICMM) or Quality Criteria and Recommendations (QCR) tool are chosen, respectively.

### 2. Detect improvement areas

Based on the situational analysis, LIWG will identify concrete improvement areas. The priorities and strategic actions defined in the SWOT analysis help defining precise and specific improvement areas to work on.

### 3. Define specific objectives

According to the improvement areas detected, the LIWG will specify achievable and realistic objectives.

### 4. Develop the Change Package

Based on the improvement areas and the associated objectives, concrete activities will be described and documented in the Change Package. The Change Package is the set of changes that lead to improvement and successful implementation of the practice or JA CHRODIS tool during the Implementation Phase. Each objective defined in the previous step will require at least one activity.

### 5. Set key performance indicators



Key performance indicators will be defined by the LIWG ensuring that the expected impact of the interventions can be measured. The LIWG needs a defined challenging, achievable and measurable target which encourages and motivates team members to work on the implementation goal. It is important to use existing data to measure the progress towards the target. Evaluation and measurement skills (data collection and analysis) needs be in place and the results need to be provided to the LIWG to ensure good quality of the work and keep teams focused. The Change Package will include for each objective at least one key performance indicator.

The indicators can be of two types depending on the implementation site's preferences: health-related outcomes and/or process indicators.

### Output

Pilot Action Plans will result from the steps described above (objectives, activities, and indicators), which, in turn, are directly linked to scope definition/topic identification and situation analysis.

As mentioned elsewhere, the Pilot Action Plans will follow the structure of the adapted SQUIRE 2.0. Specifically, Pilot Action Plans will partially feed the adapted SQUIRE template which is the tool to report the whole implementation process.

The Pilot Action Plan template is included in Annex III.



## 6. Timeline



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## ANNEX I. Template for the scope definition and topic identification

Item	Description
Problem/challenge	
General purpose of the intervention	
Target population	
Topic identification: central features/elements	



## ANNEX II. Template for the SWOT analysis

Strengths	Weaknesses
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
Opportunities	Threats
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>



## ANNEX III. Pilot Action Plan template

Below the Pilot Action Plan template which is an extract of the adapted version of the SQUIRE 2.0. The source of information to complete the items is stated in italics.

Introduction	<i>Why did you start?</i>
1. Problem Description	<ul style="list-style-type: none"> <li>Nature and significance of the local problem</li> </ul> <i>“Problem/challenge” of the scope definition template</i>
2. Available knowledge	<ul style="list-style-type: none"> <li>Summary of what is currently known about the problem, including relevant previous studies</li> </ul>
3. Rationale	<ul style="list-style-type: none"> <li>Informal or formal frameworks, models, concepts, and/or theories used to explain the problem, any reasons or assumptions that were used to develop the intervention(s), and reasons why the intervention(s) was expected to work</li> </ul>
4. Specific aims	<ul style="list-style-type: none"> <li>Purpose of the project and of this report</li> </ul> <i>“General purpose of the intervention” of the scope definition template</i> <i>“Objectives” of the collaborative methodology</i>
Methods	<i>What did you do?</i>
5. Context	<ul style="list-style-type: none"> <li>Contextual elements considered important at the outset of introducing the intervention(s)</li> </ul> <i>Main output of the Situation Analysis. SWOT analysis</i>
6. Intervention(s)	<ul style="list-style-type: none"> <li>Description of the intervention(s) in sufficient detail that others could reproduce it</li> </ul> <i>“Target population” of the scope definition</i> <i>Areas of improvement and Change package of the Collaborative methodology</i> <ul style="list-style-type: none"> <li>Specifics of the team involved in the work</li> </ul> <i>Description of the LIWG participants (number, profiles, roles)</i>
7. Study of the Intervention(s)	<ul style="list-style-type: none"> <li>Approach chosen for assessing the impact of the intervention(s) (quantitative or qualitative analysis)</li> <li>Approach used to establish whether the observed outcomes were due to the intervention(s)</li> </ul>





8. Measures	<ul style="list-style-type: none"><li>• Measures chosen for studying processes and outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability</li><li>• <i>Key Performance Indicator of the Collaborative methodology</i></li></ul>
9. Chronogram	Expected timing of the activities of the Change package, scheduling the start and end month



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