# Towards large-scale adaptation and tailored implementation of evidence-based primary cancer prevention programmes in Europe and beyond (PIECES)

**Project Number:** 101104390

**Project Acronym:** PIECES

**Call:** HORIZON-MISS-2022-CANCER-0

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**Deliverable:** Tailored implementation toolkit

**Doc. Ref. No.:** D2.4

**WP:** 2

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**Lead Beneficiary:** AUMC

**Dissemination level:** Sensitive

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**Statement of originality**: This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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# 1 INTRODUCTION

In recent years, large amounts of time and money have been invested in the development, testing, and implementation of innovative Primary Cancer Prevention (PCP) programs. Yet, their uptake into routine practice remains low, as only a limited number of such programs make it into routine practice, often requiring several years to get there. PIECES sets out to address this challenge. Accordingly, a central element of this effort is focused on developing and evaluating an implementation support toolkit.

The toolkit is freely accessible online through the following URL: **https://itfits-toolkit.com**

## 1.1   Purpose of this document

This document reports on Deliverable D2.4 and provides a high-level overview of the development of the toolkit, drawing on the extensive work carried out across the work packages (WPs) and their tasks. In particular, this deliverable is the result of tasks T2.1 – T2.5 and feeds directly into WP3 shaping the functional requirements and technical architecture of the toolkit (Deliverable D3.1, D3.2, D3.3 and D3.4) as well as the design of the evaluation study in WP4 (Deliverable D4.1).

## 1.2   Structure

First, a brief introduction of the main conceptual background is provided. This concerns the issue of context and an explanation of tailored implementation. Then an overview of the Logic Model is presented that is used to theorize the mechanisms of action and causality of the toolkit. Subsequently, the various workflows, materials and resources are described. The details are included in the appendix and the Deliverable is concluded with an overview of the next steps (study and beyond).

Note that the work on the toolkit in PIECES is an extension of the ItFits-toolkit (Buhrmann et al., 2020; Finch & al., 2022; Vis et al., 2023). In what follows and throughout other deliverables and reporting, the term *toolkit* refers to both PCP-IT as well as ItFits-toolkit. In a later stage of the project, and as part of Deliverable D6.3 Beyond PIECES: development of future deployment (of the toolkit), the name and branding will be settled.

# 2 THE ISSUE OF CONTEXT

Context plays a crucial role in shaping implementation outcomes. Contextual factors are intrinsic to real-world settings where innovations must operate (May et al., 2016). Understanding the interplay between an evidence-based program and its embedding into existing ways of working is essential for addressing implementation challenges in healthcare. Contextual factors can significantly influence whether and how certain implementation outcomes are achieved, and neglecting these factors can limit the applicability of study findings to diverse settings (May et al., 2016). These factors, acting as barriers or facilitators, contribute to variations in outcomes across different settings. Contextual factors that hinder implementation in one setting might facilitate it in another, underscoring the need to understand how these dynamics function to improve implementation across health systems. Context is to be understood not only the physical environment, but also the roles, interactions, and relationships, as well as beliefs, norms and habits the various actors and stakeholders have within it.

The evidence-based medicine paradigm typically views contextual factors as isolated barriers or facilitators. However, a more holistic view conceptualizes the intervention and context as a co-evolving relationship (Pfadenhauer, 2021). Innovations are embedded within and alter their context, necessitating a reciprocal adaptation process. This perspective shifts the focus from whether an intervention solves a problem, to how it reconfigures the system in beneficial ways. Therefore, the organic view of the intervention-context relationship requires explanatory analysis and account of context and its influence on implementation outcomes, accounting for both intended and unintended effects (Nilsen & Bernhardsson, 2019; Pfadenhauer, 2021).

# 3 TAILORED IMPLEMENTATION

Tailored implementation - in PIECES - is a systematic process that involves 1) adapting an evidence-based Primary Cancer Prevention (PCP) program to improve its fit with the local context, and 2) developing implementation strategies that are tailored to the local context (Kirk et al., 2020).

Adaptations are modifications to the evidence-based program in order to improve its fit in with the target group and context in which it is to be implemented. Adaptation is a multi-faceted and dynamic process (Chambers, 2023);  a single intervention may undergo multiple adaptations, each potentially impacting various outcomes in both intended and unintended ways. Intended adaptations are those that are planned and responsive to emerging issues (Kirk et al., 2020). Since contextual factors can change over time, as well as between settings, an important aspect in selecting and adapting a program is the distinction between core functions and functions of form (Perez Jolles et al., 2019). Core functions, also known as mechanisms of action or theory of change, are the aspects of the program that are responsible for achieving the intended effects. In contrast, functions of form, such as the delivery format, are less critical. Both core functions and functions of form can be modified. Implementers must decide what changes to make, why to make them, and how these changes will impact the program's effectiveness in the target setting (Baker et al., 2015; Lee et al., 2008).

The second domain of tailored implementation concerns the development of one or more implementation strategies that are aligned to the local needs, requirements, and constraints. Implementation strategies are methods used to enhance the adoption, implementation, and sustainability of evidence-based programs (Wensing et al., 2010). Implementers face different barriers that are contextual. Barriers can affect the selection and success of strategies (Baker et al., 2015).

As such and besides adapting a program, tailoring in the ItFits-toolkit involves identifying barriers that might hinder the implementation of a PCP program in a particular context. The second step involves selecting and modifying (also known as matching) implementation strategies to address the selected barrier. This can be done proactively and prospectively throughout the implementation and depends on the involvement of stakeholders (McHugh et al., 2022). This involves collaborative methods with the target population, ensuring a fit between the tailored strategy and organizational context, and maintaining fidelity to the evidence. Mechanisms that lead from tailoring to improved

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implementation outcomes include raising awareness of issues, building stakeholder consensus, generating buy-in or acceptance, and creating a greater coherence between the context and the implementation strategy (McHugh et al., 2022). Decisions made during the identification and prioritization of barriers are often based on stakeholder perceptions of the modifiability and importance of these barriers, while strategy selection is typically guided by the perceived feasibility and impact of the strategies (McHugh et al., 2022; Proctor et al., 2009).

Tailored implementation as a whole is perceived as a promising and effective way to implement new interventions. Studies have shown that it is associated with better uptake in comparison to non-tailored implementation or no implementation (Baker et al., 2015). In fact, the approach taken in PIECES builds on a toolkit for tailored implementation of which the effectiveness is proven (Vis et al., 2023). Despite this evidence, it is unknown what exactly contributes to the effectiveness of tailored implementation and further advancements and evidence are required in terms of what works for whom and in what circumstances.

The PIECES project set out to evaluate if tailored implementation as conceptualized above can make the implementation and upscaling of new programs more efficient, emphasizing on what works for whom and in what circumstances.

To realize this, the project covers the development, validation, and delivery of an evidence-informed toolkit for the selection and adaptation of PCP programs, and the development and evaluation of context-specific implementation strategies. The toolkit is operationalized as a web-based platform with evidence-informed methods and materials, offering step-by-step guidance towards tailored implementation to enable more efficient implementation of evidence-based PCP programs in routine practice.

# 4 THE TOOLKIT

This toolkit supports implementers to implement evidence-based programs that fit their purpose in their target setting. Users are guided step-by-step in selecting and adapting programs and tailoring implementation strategies to their needs and capabilities. Evidence from implementation science and practice with various resources, materials and tools are integrated into the system.

The toolkit is divided into two parts comprising six modules. The first part focuses on selecting and preparing the program for implementation. Users can work with their own PCP program, or they can select and adapt programs from the comprehensive PCP repository developed in WP1 (see deliverable D1.3). The second part focuses on developing a set of strategies to implement the program they selected. The general workflow is depicted in **Error! No s'ha trobat l'origen de la r eferència.** and explained in what follows.

*Part 1 - program selection and adaptation*

- **Select** the program and health problem that will be addressed.
- **Adapt** the program to increase the fit with users' needs and target group.

*Part 2 - implementation strategies*

- **Identify** and prioritise the goals users want to achieve and barriers to reaching those goals.
- **Match** the barriers with a range of strategies users can apply to overcome the barriers.
- **Design** a work plan addressing the needs of people and organizations users work with.
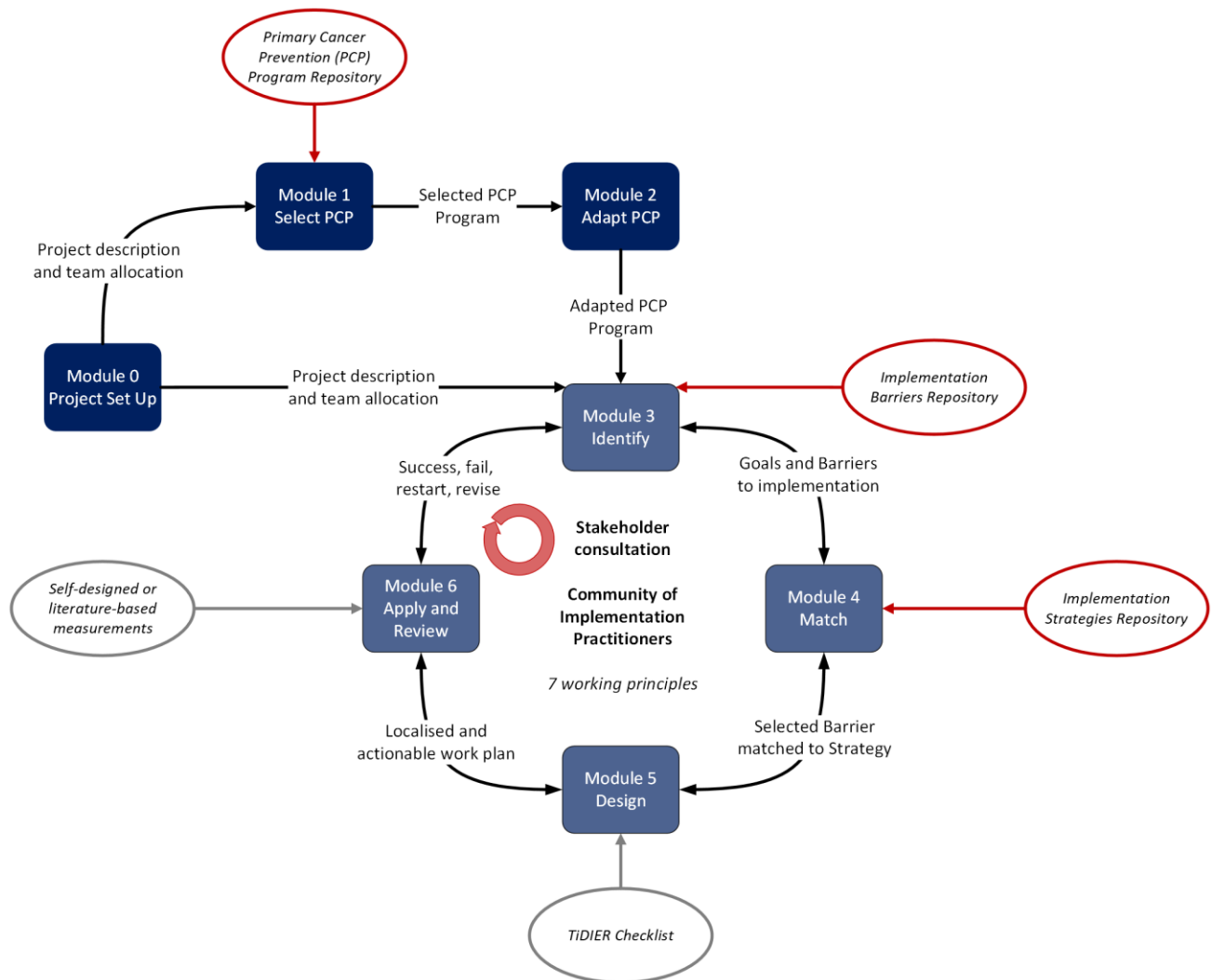- **Apply & review** the implementation plans in practice.

*Figure 1: General overview of the toolkit workflow*

In developing the underlying process and tools of the toolkit, a theory-based approach was deployed in WP2, organising and combining scientific outputs and theories in the field of implementation science. This process involved extensive reviews of relevant literature, which were carried out to establish a detailed understanding of the mechanisms of effective tailored implementation, including adapting evidence-based programs, the barriers, and relevant implementation strategies.

Through these reviews, a repository of barriers to implementing PCP programs interventions was compiled, refined, and mapped on the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009; Damschroder et al., 2022). This work is reported in Deliverable D2.2 and a manuscript for scientific publication is in development. The Expert Recommendations on Implementing Change (ERIC) (Powell et al., 2015) taxonomy of 73 implementation strategies is

included in a repository of implementation strategies. This repository is mapped on CFIR (Waltz et al., 2019) making it possible to provide expert opinion-based recommendations for implementation strategies. The strategies repository was further supplemented with supporting information, examples of application, links to associated tools, guidance on use, and more.

Another important element in the toolkit is the seven core working principles, guiding the users in working with the toolkit. These guiding principles are based on Normalization Process Theory (NPT) (May & Finch, 2009) and the combined academic experience of working with implementers, alongside the knowledge collected from the scientific literature on for example the issue of equity. The seven principles are all embedded within the step-by-step process of the toolkit. They are:

- Be pragmatic: focus on realistic, achievable, next steps

- Be focused: focus on one thing at a time

- Be organised: each step needs an owner to take responsibility for delivery

- Be different: do not only focus on the things that you feel most comfortable with or the things you normally would do

- Be flexible: the same solution may not work for everyone, so be prepared to adapt

- Be open: listen to and value your stakeholders' knowledge and experience

- Be inclusive: consider your plans' impact on various population groups and strive to reduce inequalities.

Besides the two repositories and guiding principles, a third element has been added: explicit and detailed guidance on stakeholder consultation. Apart from the iterative consultation of stakeholders in each of the six major steps (modules, see below), the toolkit includes a separate module on stakeholder analysis. This includes a science-based approach to stakeholder identification, mapping of interests, and designing methods for engagement and consultation. The stakeholder analysis results in a list of relevant stakeholders which can be worked with in each stakeholder consultation step of the workflow.

A fourth major resource in the toolkit is the repository of existing evidence and practice-based PCP programs. This is developed in WP1 in which a comprehensive review (of reviews) was conducted to identify relevant programs. In addition, exiting databases were searched and consortium partners provided PCP programs they are familiar with which were not identified through the review. The PCP repository functions as a source of information in the program selection and adaptation modules and

includes a.o., a description of the program and program materials, an assessment of the effectiveness and strength of proof, and a logic model of the program. There are currently over 130 programs included and procedures for submitting new programs and maintenance will be developed the coming period. Details on the development of the repository are reported in Deliverable D1.1 and D1.2. The repository is accessible through the toolkit as well as stand-alone through the following URL: https://pieces.itfits-toolkit.com

Finally, the toolkit is complemented with a forum-tool to establish an online Community of Implementation practitioners. The forum is built using existing software solutions (discourse) and is structured in such way that toolkit users can ask questions, exchange ideas, and help others in their implementation work. As part of the Guidance & Support (see below) for implementation teams, a standard operating procedure is being developed to detail rules of engagement and moderation.

## 4.1  A learning device – logic model

The toolkit is to be seen as a learning device. Implementers require particular knowledge, competences and experiences to efficiently and effectively initiate, do, and reflect on their implementation task. The toolkit is built around three distinct strategies that employ the above-mentioned complementary resources for the implementers to work with. The three strategies are empowered by six generative mechanisms that contribute to specific outputs related to the knowledge, skills, commitment to, and valance of individual implementers and their teams to initiate, manage and coordinate tailored implementation. As a result, the three strategies aim to enhance the competences of implementers in tailored implementation which will result in improved implementation outcomes and, on the longer term, a reduction of the risk citizens have on developing cancer at a later stage in their life. A schematic overview of the initial logic model is provided in Figure 2.
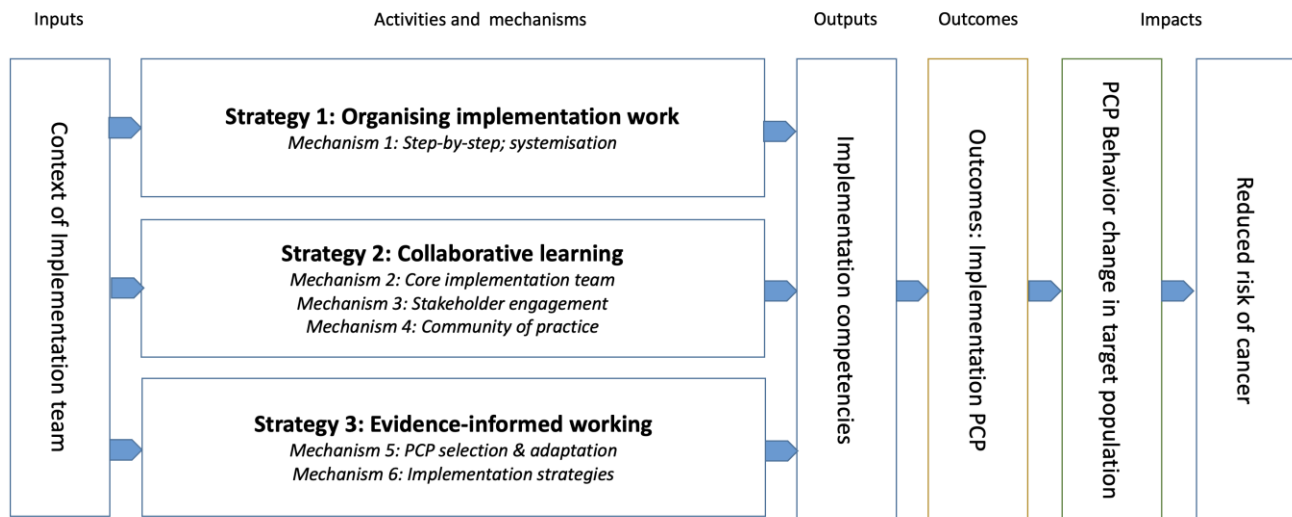
*Figure 2: Schematic representation of the (initial) logic model of the toolkit*

As a first strategy, the toolkit supports implementers in organising their implementation work. This concerns breaking down and ordering aspects of implementation work into manageable tasks with clear start and end points, methods, and roles (Finch et al., 2024). Moreover, throughout using the toolkit, implementers are encouraged to reflect on both the process and outcomes of each task to improve and refine their work.

Secondly, the toolkit aims to enhance competences of implementers through collaborative learning. This involves working as a team in articulating and justifying decision making and continuous reflection on the work that has been done. Iterative and recurring stakeholder consultation is an integral part of this collaboration to confirm, refute, and adapt ideas as well as gain new suggestions for improving the implementation work.

As a third strategy, the toolkit stimulates to have their work informed by evidence. This concerns working with the three repositories (PCP programs, barriers, strategies) that includes assessments of the level and quality of evidence of effectiveness, accessibility and issues of equity. By working with these materials, as well as applying methods that are known to be effective in identifying barriers to implementation, it is expected that implementers make better informed and conscious decisions.

More information about the logic model, initial program theory, and underlying (hypothetical) causal relations are included in deliverable D4.1 Study protocol.

## 4.2   Toolkit users

In the context of the PIECES project, we foresee two types of toolkit users: 1) local implementation site coordinators and 2) local implementation teams.

The local implementation coordinator oversees the implementation process and can coordinate one or multiple implementation teams. For example, they can coordinate the adaptation and tailoring process of a program by various implementation teams across different hospitals, or only one hospital and team at a time. Implementation coordinators can be a member of a local implementation team, but this is not mandatory. The implementation site coordinators 'recruit' implementation teams and provide guidance & support to the implementation teams at their site.

The local implementation team consists of the toolkit users who are the group responsible for selecting and adapting the PCP, as well as developing and applying a tailored implementation plan. Each team has an implementation lead who is the driving force behind the (organisational) aspects of the implementation project. An implementation lead has writing access to the project in the toolkit. Team members support the lead and have viewing rights. Team members and team leads can participate in different implementation teams and have different roles in those teams.

## 4.3   Guidance & Support

The toolkit is designed as a community supported self-help toolkit. Nevertheless, previous experiences with the toolkit (ImpleMentAll, Forhelse), indicated that some level of guidance and support is necessary to get users started with the toolkit and maintain certain levels of usage to ensure exposure. Considering matters of sustainability of the toolkit after the PIECES study, a minimal guidance modality is chosen. That is, the working mechanisms of tailored implementation are conceptualized and operationalized in the online toolkit and should not result from the guidance provided that exists outside or apart from the toolkit.

Therefore, the guidance & support is designed to focus on supporting implementers in understanding and applying the toolkit, i.e. providing the skills and support to the implementers to use the toolkit. The guidance will not contain active or passive advice on matters of the tailoring process. As such, the guidance & support will have the following general scope:

- any kind of technical questions relating to the use of the toolkit.
- the provision of technical skills necessary to use the toolkit.
- to help users understand the workflow of the toolkit.
- to help set up an implementation team and infrastructure.

The guidance and support are provided on two levels: central and local. The central guidance & support team (AUMC and Trimbos) is there to support local implementation site coordinators. They train the local coordinators to provide guidance to their teams and are there to answer any questions and resolve any technical issues with the toolkit that might arise during the study. A set of materials and procedures are produced to support central guidance team and local site coordinators to provide the guidance.

The guidance and support consist of the following two main elements:

1. A train-the-trainer for site coordinators detailing the purposes and how the toolkit can be used. This includes:
   a. Explanation of relevant implementation science concepts and the theoretical underpinning of the toolkit
   b. an introduction training and materials coordinators can use and adapt to train their implementers to use the toolkit.
   c. a protocol for organizing support during the evaluation study, including monthly support calls.
2. Moderation protocol for the Community of Implementation Practitioners (i.e. the forum).

These elements are detailed in a Standard Operating Procedure (see Appendix 2) that includes a number of "do's and don'ts" to ensure equal levels of guidance in each of the implementation sites.


## 4.4  Instances and localization

In tailored implementation, context and local stakeholders play a pivotal role. Since the toolkit focuses on consolidating and leveraging local knowledge and addressing specific needs, it must align well with the context in which it is applied. To achieve this, the toolkit is designed to be both structured and highly adaptable. Its architecture, content, and resources balance specific guidance with broad applicability.

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To enhance the toolkit's alignment with users' practices, the toolkit supports the creation of local instances. An instance is a duplicate of the content elements mentioned earlier, running on the same technical architecture. Only the content is duplicated, while the underlying architecture remains consistent. The duplicated content can be adapted in an easy-to-use content management system that includes automatic translation functionalities.

The toolkit is web-based and secured with SSL and encryption protocols. No software is installed locally. Its structure comprises a series of interconnected screens. Aside from the welcome and project management screens, each screen includes three main components: explanatory texts, worksheet sections, and module tools. All text elements are stored in organized tables, allowing multiple toolkit instances to run on the same system architecture, which facilitates efficient technical maintenance. The structure of modules, workflow, and architecture are not modifiable. Modifiable elements of the toolkit include:

- The Toolkit Overview which outlines all components of the toolkit.
- Modules and Sub-Modules: Each (sub)module follows a structured process of ideation, stakeholder consultation, and decision-making. This cannot be changed. Each (sub) module includes instructions, explanatory text, concept definitions, worksheets, and tools specific to the module. These can be changed.
- Repositories: implementation barriers, and implementation strategies.
- System functions text.

The toolkit consists of a frontend and a backend. The **frontend** is the user interface where implementers (e.g., implementation leads and core team members) perform their work. The **backend** provides access to a content manager to manage the various text elements. The backend is only accessible to administrator accounts.

The technical setup and implementation of localization are further detailed in deliverables D3.1 and D3.2. Local administrators have received training to localize their instance effectively. The procedure and a detailed manual for localization are provided in Appendix 3.

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# 5 NEXT STEPS

In the remaining time until December 2024, when the study starts, local implementation site coordinators are localising their toolkit instance. This process runs in parallel to the localisation of the study protocol (see deliverable D4.1) and preparing for data collection. In addition, the community of implementation practitioners (forum and rules for guidance and support) are currently finalised.

In December, the local implementation site coordinators will receive the train-the-trainer so that they can start working with their implementation teams. Throughout the study, the central implementation guidance and support team will assist local implementation site coordinators in their tasks to engage and support local implementation teams. In addition, assistance is available for technical issues with the toolkit.

# 6 CONCLUSIONS

This deliverable outlines the components of the tailored implementation toolkit. It provides an overview of the theoretical background, design principles, and the logic model that explains how the toolkit can drive lasting change.

The toolkit is designed to support implementers in organizing their work, learning and collaborating with others, and making evidence-informed decisions. It offers a structured, step-by-step work process and includes a range of materials and tools, such as a repository of PCP programs, barriers, and strategies.

The development of the toolkit represents a significant collective effort, integrating contributions from various work packages (WP1, WP2, WP3, and WP4). All consortium partners have played a vital role in its creation, reflecting the culmination of extensive collaborative work.

www.itfits-toolkit.com

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# APPENDIX 1: FLOW DIAGRAMS AND MODULE MATERIALS

An overview of the modules is presented in the table on the next page. The flow diagrams and module texts are presented in separate files:

**Generic**

- M0 Project setup.docx – the module that enables users to set the scope of the tailoring project and allocate an implementation team.

- M Stakeholders.docx – Identification and analysis of relevant stakeholders that can be consulted throughout the process.

- M Community.docx – the functionalities of the community of implementation practitioners and operationalisation into a forum.

**Part 1: Select & Adapt**

- M1 PCP-Select.docx –allows users to select a PCP program to work on and links to the repository of PCP programs (see Deliverable D1.3)

- M2 PCP-Adapt.docx – guides users to a process of adapting the selected PCP program to improve fit with the target group and setting.

**Part 2: Implementation strategies**

- M3 Identify.docx – identification of implementation objectives and barriers.

- M4 Match.docx – selecting and prioritising implementation strategies to address the selected barriers.

- M5 Design.docx – design a work plan including an evaluation plan.

- M6 Apply and Review.docx – apply the strategies and monitor progress.

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**Overview of PCP-IT with modules and steps**

| | Who | Methods | Resources | Output/ Worksheets | Timeline |
|---|---|---|---|---|---|
| **Module 0: Project setup** | | | | **Project description and team** | **1-2 weeks** |
| **M0.1** Project demographics & implementation team | Implementation lead | Informal discussion | Instructions to identify project and implementation core team | Project ID and implementation team selected | Less than a day |
| **M0.2** Identify health problem | Implementation team | Informal discussion | Instructions to describe problem, target group and setting | Problem description, target group and delivery and implementation setting | a few days |
| Reference to **M Stakeholder** | Implementation team | Module Stakeholder: S1, S2 and S3 | | Stakeholder map | 1 week |
| **Module 1: Select** | | | | **Candidate PCP program** | **4-6 weeks** |
| **M1.1** Select candidate PCP and assess fit | Implementation team | Brainstorming | Instructions to select and appraise PCP; PCP Repository; Instructions to assess gap between original and target setting | candidate PCP from repository incl. a justification; Context map: population, program, local and organisational setting | 1 week |
| **M1.2** Understand stakeholder views | Stakeholders | Interviews; survey | Stakeholder module; instructions to engage with stakeholders | Stakeholder feedback | 2-3 weeks |
| **M1.3** Review and select PCP-program | Implementation team | Structured discussion | Instructions to decide on candidate PCP program | Selected PCP program supported with justifications | 1-2 day |
| **Module 2: Adapt** | | | | **Adapted PCP program** | **6-8 weeks** |
| **M2.1** Identify adaptations | Implementation team | Brainstorming | Instructions to identify adaptations | Potential adaptations mapped on logic model of PCP | 1 week |
| **M2.2** Understand stakeholder views | Stakeholders | Interviews, group discussion | Stakeholder map; instructions to engage with stakeholders | Prioritised list of feasible adaptations | 1-2 weeks |
| **M2.3** Review and select adaptations | Implementation team | Structured discussion | Instructions to decide on adaptations; stakeholder feedback | Adaptations selected | Few days |
| **M2.4** Develop materials | Implementation team | Collaborative teamwork | Instructions to develop materials; TiDIER | Adapted materials | 2 weeks |
| **M2.5** Understand stakeholder views | Stakeholders | Interviews; survey | Stakeholder module; instructions to engage with stakeholders | Stakeholder feedback about adapted materials | 1-2 weeks |
| **M2.6** Review and select adapted PCP | Implementation team | Collaborative teamwork | Instructions to decide on adapted materials; stakeholder feedback | Adapted PCP program | Few days |
| **Module 3: Identify** | | | | **1-3 goals & barriers identified** | |
| **M3.1** Generate initial ideas on barriers | Implementation team | Brainstorming | Instructions to select barriers; repository of barriers (CFIR) | Initial list of implementation goals (n=1-5); Initial list barriers per goal (n=1-5) | |

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| **M3.2** Understand stakeholder views | Stakeholders | Brainstorming Interviews; Surveys | Stakeholder module; instructions to engage with stakeholders | Revised list of goals (n=1-3) Reviewed list of barriers per goal (n=1-3) | |
| **M3.3** Review and select barriers | Implementation team | Four principles | APEASE criteria; stakeholder feedback | Final list of implementation goals (n=1-3); Final list of barriers per goal (n=1-3) | |
| **Module 4: Match** | | | | **1-3 sets of strategies selected** | |
| **M4.1** Match barriers to strategies | Implementation team | Brainstorming | Map of barriers linked to strategies informed by CFIR-ERIC | Initial list of strategies (n=1-2 per barrier) | |
| **M4.2** Understand stakeholder views | Stakeholders | Brainstorming Interviews Surveys | Stakeholder module; instructions to engage with stakeholders | Revised list of strategies (n=1-2 per barrier) | |
| **M4.3** Review and select on strategies | Implementation team | Consensus approach | APEASE criteria; stakeholder feedback | Final list of strategies (n=1-2 per barrier) | |
| **Module 5: Design** | | | | **Work plan developed including evaluation plan** | |
| **M5.1** Develop initial plan of strategies | Implementation team | Brainstorming | TiDIER | Initial plan of strategies including how whom, when and how often and evaluation | |
| **M5.2** Understand stakeholder views | Stakeholders | Informal conversation; Telephone; Email | APEASE criteria | Revised plan of strategies including how, when and how often and evaluation | |
| **M5.3** Review and finalise implementation work plan | Implementation team | Consensus Literature review Project management tools | TiDIER; stakeholder feedback | Final plan of strategies including how whom, when and how often and evaluation. Materials for delivery and evaluation | |
| **M5.4** Develop evaluation plan | Implementation team | Consensus; literature review | Evaluation instructions; outcome measures repository; approaches to process evaluation | Evaluation plan including timing, outcomes, and measurement instruments | |
| **Module 6: Apply and Review** | | | | **Decision made on continuation of strategy** | Depends on strategy |
| **M6.1** Monitor delivery of plan | Implementation team; stakeholders | Apply work plan and Collect data following evaluation plan | Implementation work plan and evaluation plan | Data for evaluation | Depends on strategy |
| **M6.2** Assess impact | Stakeholders | Evaluation plan Surveys | Evaluation plan from M5.4 | Evaluation plan | Depends on strategy |
| **M6.3** Review plan | Implementation team | Review of outcomes of measures of | Criteria for stopping, keeping, modifying or changing the | Decision on further course of action + reasoning | Few weeks |

pieces

| | | | implementation work plan, the strategy, or barriers / goals. | |
|---|---|---|---|---|
| | | implementation success | implementation work plan, the strategy, or barriers / goals. | |
| **M Stakeholder** | | | | Stakeholder map; list of stakeholders |
| **S1** Identify stakeholders | Implementation team | Brainstorming | Instructions for identifying stakeholders | List of potentially relevant stakeholders |
| **S2** Stakeholder analysis and mapping | Implementation team | Stakeholder mapping | Instructions for conducting a stakeholder analysis | Stakeholder map |
| **S3** Prioritise level of consultation | Implementation team | Structured discussion | Instructions for stakeholder consultation | List of consultation methods and priorities per stakeholder |
| **M Community** | Implementation team / lead | Posting questions / discuss topics | Project showcase / forum | Project showcase and Forum/ Wiki |
| **M Surveying** | Implementation team | | | Surveys for stakeholder engagement and strategy evaluation |

# APPENDIX 2: STANDARD OPERATING PROCEDURE FOR GUIDANCE AND SUPPORT

The Standard Operating Procedure describing the guidance and support that will be provided during the PIECES study is included in a separate file: SOP Guidance and Support.docx

# APPENDIX 3: STANDARD OPERATING PROCEDURE FOR LOCALISING TOOLKIT' INSTANCES

The Standard Operating Procedure describing the localisation that is required for implementation sites prior to commencing PIECES study is included in a separate file: SOP - localisation toolkit.docx