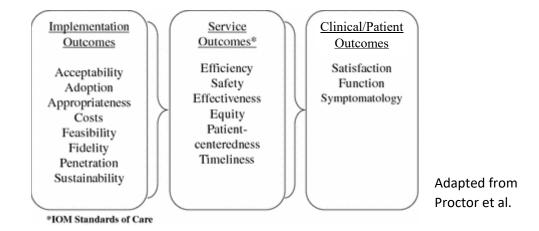
Implementation Research Logic Model (IRLM)

IRLM – Implementation Outcomes Worksheet

Smith, Rafferty, & Li, 2020



Implementation outcomes are "the effects of deliberate and purposive actions to implement new treatments, practices, and services" (Proctor et al., 2011). They serve as (1) indicators of implementation success, (2) proximal indicators of implementation processes, and (3) *intermediate outcomes in relation to service and clinical/patient outcomes*:



Unlike clinical/patient outcomes, implementation outcomes are often at the level of the system, setting, or service provider and typically not at the level of the patient/client. Some outcomes may be measured by researchers, whereas other may be measured through administrative records.

To identify implementation outcomes for your project, it is helpful to work backward from the most downstream/distal/long-term to more upstream/proximal/short-term outcomes.

- 1. For the evidence-based intervention that is the focus of your project, what are the clinical/patient outcomes you are interested in? These may include clinical indicators, patient behaviors, patient-reported outcomes, etc. Add these to your **IRLM**.
- 2. From the list of service outcomes below, place a checkmark (V) next to ones that may be relevant to your project. Add these to your **IRLM**.

| ٧ | Service | Definition |
|---|---------------|--|
| | outcome | |
| | Efficiency | Avoiding waste, including waste of equipment, supplies, ideas, and energy. |
| | Safety | Avoiding harm to patients from the care that is intended to help them. |
| | Effectiveness | Providing services based on scientific knowledge to all who could benefit and |
| | | refraining from providing services to those not likely to benefit (avoiding underuse |
| | | and misuse, respectively). |
| | Equity | Providing care that does not vary in quality because of personal characteristics such |
| | | as gender, ethnicity, geographic location, and socioeconomic status. |
| | Patient- | Providing care that is respectful of and responsive to individual patient preferences, |
| | centeredness | needs, and values and ensuring that patient values guide all clinical decisions. |
| | Timeliness | Reducing waits and sometimes harmful delays for both those who receive and those |
| | | who give care. |

3. From the list of implementation outcomes below, place a checkmark (V) next to ones that may be germane to your project. For each outcome, operationalize it for your project and add it to your **IRLM**.

| ٧ | Implementation outcome | Definition |
|---|------------------------|---|
| | RE-AIM Model | |
| | Reach | The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program. |
| | (Effectiveness) | (See service outcomes.) The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes. |
| | Adoption | The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program. |
| | Implementation | At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients' use of the intervention strategies. |
| | Maintenance | The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after 6 or more months after the most recent intervention contact. |
| | Proctor et al., 2011 | |
| | Acceptability | The perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory. |
| | Adoption | The intention, initial decision, or action to try or employ an innovation or evidence-based practice. |
| | Appropriateness | 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. |
| | Cost | The cost impact of an implementation effort. |
| | Feasibility | The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting. |
| | Fidelity | The degree to which an intervention was implemented as it was prescribed in the original protocol or as it was intended by the program developers. |
| | Penetration/Uptake | The integration of a practice within a service setting and its subsystems. |
| | Sustainability | The extent to which a newly implemented treatment is maintained or institutionalized within a service setting's ongoing, stable operation. |