

# Fig. 1

From: [The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare](#)

## Module 1: BRIEFLY DESCRIBE the EBP, implementation strategy, and modification(s)

The EBP being implemented is: \_\_\_\_\_

The implementation strategy being modified is: \_\_\_\_\_

The modification(s) being made is/are: \_\_\_\_\_

The reason(s) for the modification(s) is/are: \_\_\_\_\_

## Module 2: WHAT is modified?

### **Content**

Modifications made to content of the implementation strategy itself, or that impact how aspects of the implementation strategy are delivered

### **Evaluation**

Modifications made to the way that the implementation strategy is evaluated

### **Training**

Modifications to the ways that implementers are trained

### **Context**

Modifications made to the way the overall implementation strategy is delivered. For Context modifications, specify which of the following was modified:

- Format** (e.g. group vs. individual format for delivering the implementation strategy)
- Setting** (e.g. delivering the implementation strategy in a new clinical or training setting than was originally planned)
- Personnel** (e.g. having the implementation strategy be delivered by a systems engineer rather than a clinician facilitator)
- Population** (e.g. delivering the implementation strategy to middle managers instead of frontline clinicians)
- Other** context modification: write in here:  
\_\_\_\_\_

## Module 3: What is the NATURE of the content, evaluation, or training modification?

- Tailoring/tweaking/refining
- Changes in packaging or materials
- Adding elements
- Removing/skipping elements
- Shortening/condensing (pacing/timing)
- Lengthening/ extending (pacing/timing)
- Substituting
- Reordering of implementation modules or segments
- Spreading (breaking up implementation content over multiple sessions)
- Integrating parts of the implementation strategy into another strategy (e.g., selecting elements)
- Integrating another strategy into the implementation strategy in primary use (e.g. adding an audit/feedback component to an implementation facilitation strategy that did not originally include audit/feedback)
- Repeating elements or modules of the implementation strategy
- Loosening structure
- Departing from the implementation strategy ("drift") followed by a return to strategy within the implementation encounter
- Drift from the implementation strategy without returning (e.g., stopped providing consultation, stopped sending feedback reports)
- Other (write in here):  
\_\_\_\_\_

## Module 3, OPTIONAL Component: Relationship to fidelity/core elements?

- Fidelity Consistent/Core elements or functions preserved
- Fidelity Inconsistent/Core elements or functions changed
- Unknown

## Module 4, Part 1: What is the GOAL?

- Increase reach of the EBP (i.e. the number of patients receiving the EBP)
- Increase the clinical effectiveness of the EBP (i.e. the clinical outcomes of the patients or others receiving the EBP)
- Increase adoption of the EBP (i.e. the number of clinicians or teachers using the EBP)
- Increase the acceptability, appropriateness, or feasibility of the implementation effort (i.e. improve the fit between the implementation effort and the needs of those delivering the EBP)
- Decrease costs of the implementation effort
- Improve fidelity to the EBP (i.e. improve the extent to which the EBP is delivered as intended)
- Improve sustainability of the EBP (i.e. increase the chances that the EBP remains in practice after the implementation effort ends)
- Increase health equity or decrease disparities in EBP delivery
- Other (write in here):  
\_\_\_\_\_

## Module 4, Part 2: What is the LEVEL of the rationale for modification?

- Sociopolitical level (i.e. existing national mandates)
- Organizational level (i.e. available staffing or materials)
- Implementer level (i.e. those charged with leading the implementation effort)
- Clinician or Teacher level (i.e. those implementing the EBP)
- Patient or Other Recipient level (i.e. those who will ideally benefit from the EBP)
- Other (write in here):  
\_\_\_\_\_

# Fig. 2

From: [The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare](#)

## Module 5, Part 1: WHEN is the modification initiated?

- Pre-implementation/planning/pilot phase
- Implementation phase
- Scale up (i.e. when the EBP is being spread to additional clinics/settings within your system)
- Maintenance/Sustainment
- Other (write in here):  
\_\_\_\_\_

## Module 5, Part 2: Is modification PLANNED?

- Planned/Proactive (proactive adaptation)
- Planned/Reactive (reactive adaptation)
- Unplanned/Reactive (modification)
- Other (write in here):  
\_\_\_\_\_

## Module 6: WHO participates in the decision to modify?

- Political leader(s)
- Program Leader, Manager, or Administrator
- Funder
- Implementer or implementation strategy expert
- Researcher
- Clinician(s) or teacher(s) who are being asked to use the EBP being implemented
- Community members
- Patients or other recipients who will be the ultimate target of the EBP being implemented
- Other: write in here:  
\_\_\_\_\_

**Optional: Indicate who makes the ultimate decision:**  
\_\_\_\_\_

## Module 7: How WIDESPREAD is the modification? (i.e. for whom/what is the modification made?)

- Individual patient or other recipient for whom the EBP is being implemented
- Group of patients or other recipients for whom the EBP is being implemented
- Patients or other recipients that share a particular characteristic (e.g. all patients from a specific language background)
- Individual clinician or teacher charged with implementing the EBP
- Clinic/unit
- Organization
- Network system/community
- Specific implementer/facilitator
- Implementation/facilitation team