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):
  _____

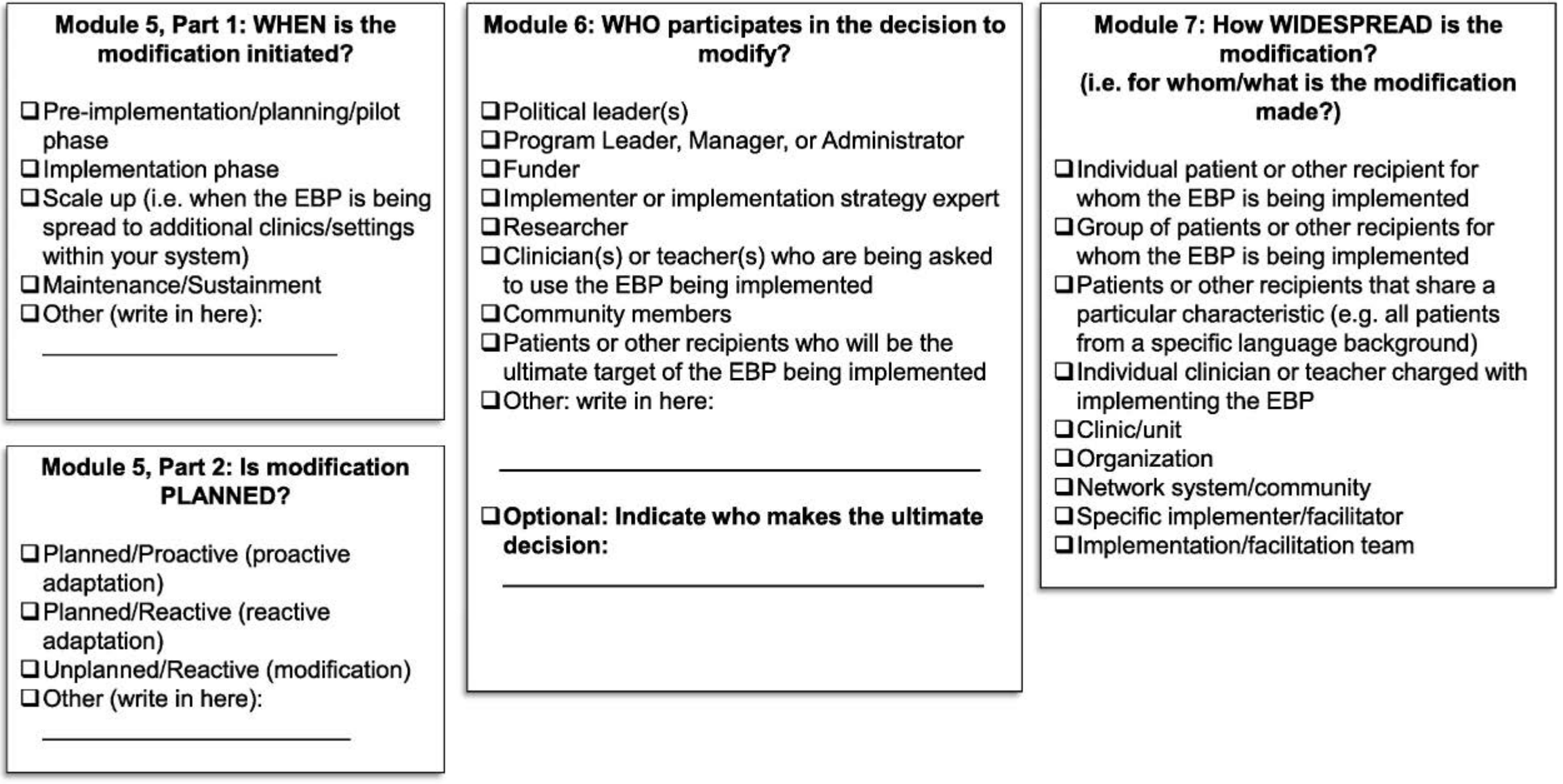
Module 4, Part 2: What is the LEVEL of the rationale for modification?

- ❑ 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):
  _____

The FRAME-IS (core modules)

Fig. 2

From: The FRAME-IS: a framework for documenting modifications to implementation strategies in healthcare



The FRAME-IS (optional modules)