A Guidebook to the Pragmatic and Iterative Use of the

Practical, Robust Implementation
and Sustainability Model (PRISM)
&
Reach, Effectiveness, Adoption, Implementation,
Maintenance framework (RE-AIM)

for Planning, Implementation, and Sustainment

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For the Colorado Implementation Science Center in Cancer Control

Publication Information here:

The information contained is as of 2023. There have been several newer applications of iterative PRISM and RE-AIM. This resource will be periodically updated.

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2.2 Implementation

The implementation phase is where most of the work happens. This is when project delivery begins in one or more setting, taken up (or not) by staff, and provided to recipients. The implementation phase is also known as the midstream or implementing phase. During this phase, adaptations to the original project or implementation plans occur very frequently. A balance is needed between preserving fidelity to the project's original intent, key functions, or goals and its implementation and guiding appropriate adaptations to improve the fit with your setting, culture, resources, and clientele. Iterative use of PRISM and RE-AIM can occur multiple times during this phase to help periodically assess progress, measure outcomes and context, and direct next steps in implementation (e.g., adaptations to the project or its delivery, use of implementation strategies to reduce barriers to specific outcomes).

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Two assessments—one for PRISM domains and one for RE-AIM outcomes—are provided in the appendix for use during the implementation phase. We strongly encourage these be used together, but in some projects, using only PRISM assessments or only RE-AIM assessments may be appropriate. In addition, these same assessments can be used for Iterative PRISM and RE-AIM (discussed in more depth below).

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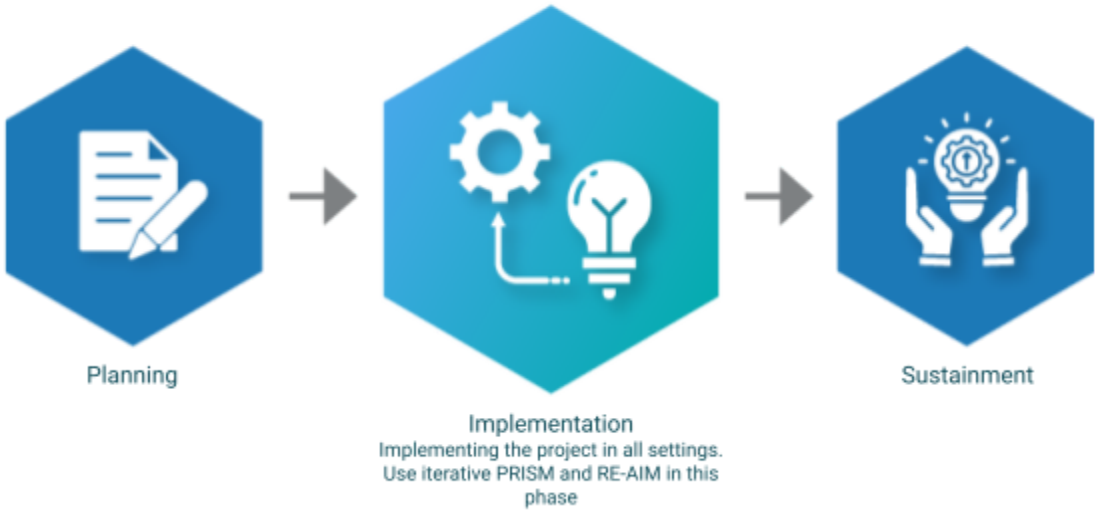
Figure 2.3: Implementation Phase of Project



See appendix 2 for the Implementation Phase Prism Assessment

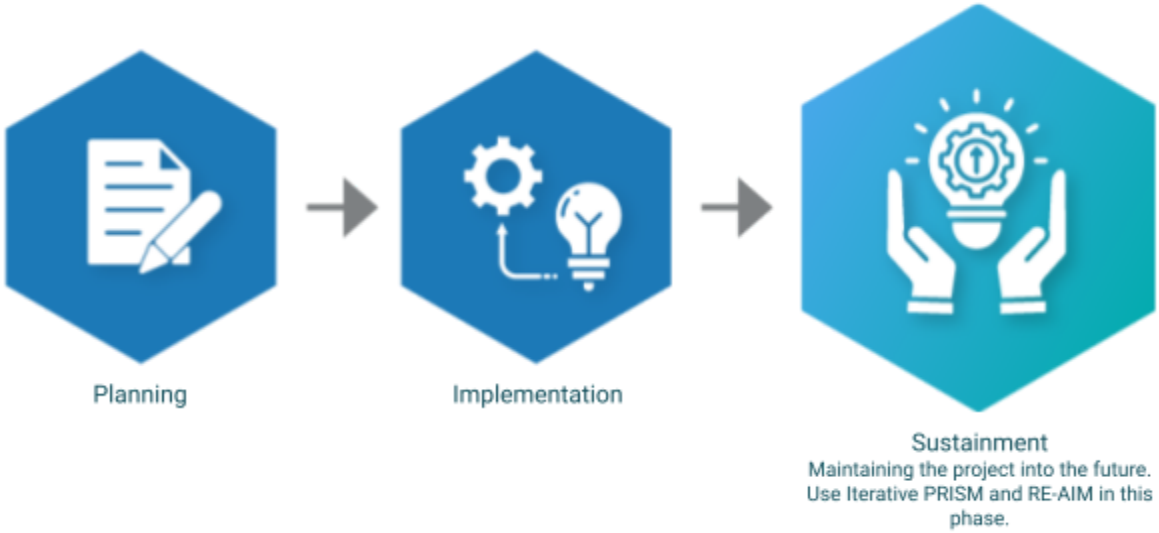
See appendix 5 for the Implementation Phase RE-AIM Assessment

2.3 Sustainment

The sustainment phase is when you maintain implementation into the future for at least one year. During this phase, the team continues to work at, adapt, and improve intervention implementation to meet their needs and goals while also maintaining fidelity. Iterative use of PRISM and RE-AIM can occur during this phase to help measure changes in context and RE-AIM outcomes to guide additional adaptations or implementation strategies needed—or to determine that implementation should end (e.g., if new evidence has emerged against the project, or if population needs have changed).

Two assessments—one for PRISM and one for RE-AIM—are provided in the appendix for use before and during the sustainment phase. We strongly encourage these be used together. In addition, these same assessments can be used for Iterative PRISM and RE-AIM (discussed in more depth below).

Figure 2.4: Sustainment Phase of Project



See appendix 3 for the Sustainment Phase Prism Assessment

See appendix 6 for the Sustainment Phase RE-AIM Assessment

Section Summary

1. The lifecycle of a project consists of three phases: **Planning, Implementation,** and **Sustainment**
2. The **Planning Phase** is when to plan for implementation, taking into consideration all key players, context, resources, and other elements available for the implementation of a project.
3. The **Implementation Phase** is when the project is implemented in the given settings. The iterative application of PRISM and RE-AIM can be used during this phase to evaluate and assess progress and adaptations.
4. The **Sustainment Phase** is for maintaining the project into the future. Iterative PRISM and RE-AIM can be used during this phase to help assess and evaluate the sustainability of an intervention.

Section Three: Iterative PRISM and RE-AIM

3.1 What is Iterative PRISM and RE-AIM?

Iterative PRISM and RE-AIM is a structured approach to guide the goal setting and monitoring of progress for a project as a new approach, guideline, or evidence-based intervention is implemented. The structured approach allows for assessment of progress at regular intervals. It also establishes ongoing meaningful engagement of the implementation team, including keeping all members of the team on the same page and focused on the implementation goals set by the team. A strength of Iterative PRISM and RE-AIM is that it acknowledges that adaptations occur naturally in a project as new approaches, guidelines, or evidence-based projects are implemented in various contexts and settings. Adaptations are changes or modifications to an intervention, an implementation delivery strategy, or the context in which they occur.

Iterative PRISM and RE-AIM

It is a structured way to:

- Guide the implementation of interventions
- Assess progress over time
- Evaluate adaptations and make modifications as the team wants and needs
- Bring and keep the team on the same page

The Iterative PRISM and RE-AIM process guides teams in: (1) determining which PRISM context domains and RE-AIM outcomes are most important at given stage/state/phase of a project (while acknowledging that needs and context may change), (2) assessing progress for these prioritized domains and/or outcomes, and (3) identifying implementation adjustments and adaptations (i.e., goals and action plan) to improve progress for the prioritized domains and outcomes. Key components in this new application of PRISM and RE-AIM include strong partnership with implementation teams who set priorities for the PRISM domains and RE-AIM outcomes, measures that allow for the rapid and reliable assessment of PRISM domains and RE-AIM outcomes, and a well-defined collaborative goal setting and action planning process based on emerging data.

Adaptations have a better chance of improving the outcomes of a project if (a) they are implemented deliberately and systematically with the input of all key project implementers; (b) they are guided by a TMF such as PRISM and/or RE-AIM; and (c) they are made based on emerging data.

Adaptations

Adaptations have a better chance of improving the outcomes of a project if they are implemented deliberately and systematically with the input of 1) all key programs implementers and if they are based on 2) a framework such as PRISM or RE-AIM; and 3) emerging data rather than haphazard

A major limitation of many academic TMF is that they work much more slowly than needed for real world settings, rapidly changing situations, and participants. In addition, rarely are TMFs used throughout a project or proposal but more so for only planning or evaluation. Iterative PRISM and RE-AIM provide a solution for these issues. Using the directions and materials in this guide should help you to iteratively speed up the feedback, goal setting, and improvement process during the entire life course of your project.

It is important to note that Iterative PRISM or Iterative RE-AIM can be used either together ro separately depending on the needs, funding, time, and resources available to the project.

It is important to note that Iterative PRISM and Iterative RE-AIM can be used either together or separately depending on the needs, funding, time, and resources available to the project.

Methods and resources are available to guide the repeated assessment, prioritization, and planning efforts needed to optimize EBI implementation by those involved (1, 18).

This brief animated video explains Iterative RE-AIM in another way:
https://www.youtube.com/watch?v=klADlNCa_yU

Please refer to these publications for more information on Iterative RE-AIM:

Glasgow RE, Battaglia C, McCreight M, Ayele R, Maw A, Fort MP, et al. Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions. 2022 Oct 17;2.

Glasgow RE, Battaglia C, McCreight M, Ayele RA, Rabin BA. Making Implementation Science More Rapid: Use of the RE-AIM Framework for Mid-Course Adaptations Across Five Health Services Research Projects in the Veterans Health Administration. Frontiers in Public Health. 2020 May 27;8.

3.2 When and Why Should You Use the Iterative PRISM and RE-AIM?

Iterative PRISM and RE-AIM can be used during the planning, implementation, and/or sustainment phases of a project.

Until recently, neither PRISM and RE-AIM nor most other implementation science TMFs have been used very often to guide changes during the implementation phase of a project. Our team has had success doing so. Traditional outcomes research requires strong fidelity in intervention delivery, expecting that the intervention was delivered according to plan. However, project delivery outside (and sometimes inside!) of highly controlled research trials routinely involves adaptation—planned or unplanned modifications to the

content or delivery of a project to “make it work” (19). Adaptations have typically been ignored or underreported—but to understand the ramifications of adaptations (both positive and negative), they must be acknowledged, expected, and assessed.

Iterative PRISM and RE-AIM help to assess, and plan for the adaptations of any project. Iterative PRISM and RE-AIM can help you address emerging issues and changing priorities during implementation and as a result make the project more effective and efficient.

Project Phases

Iterative PRISM and RE-AIM can be used during the implementation and sustainability phases of a project. It is best used for projects that will last several months or more to have time to complete all of the steps to benefit your program

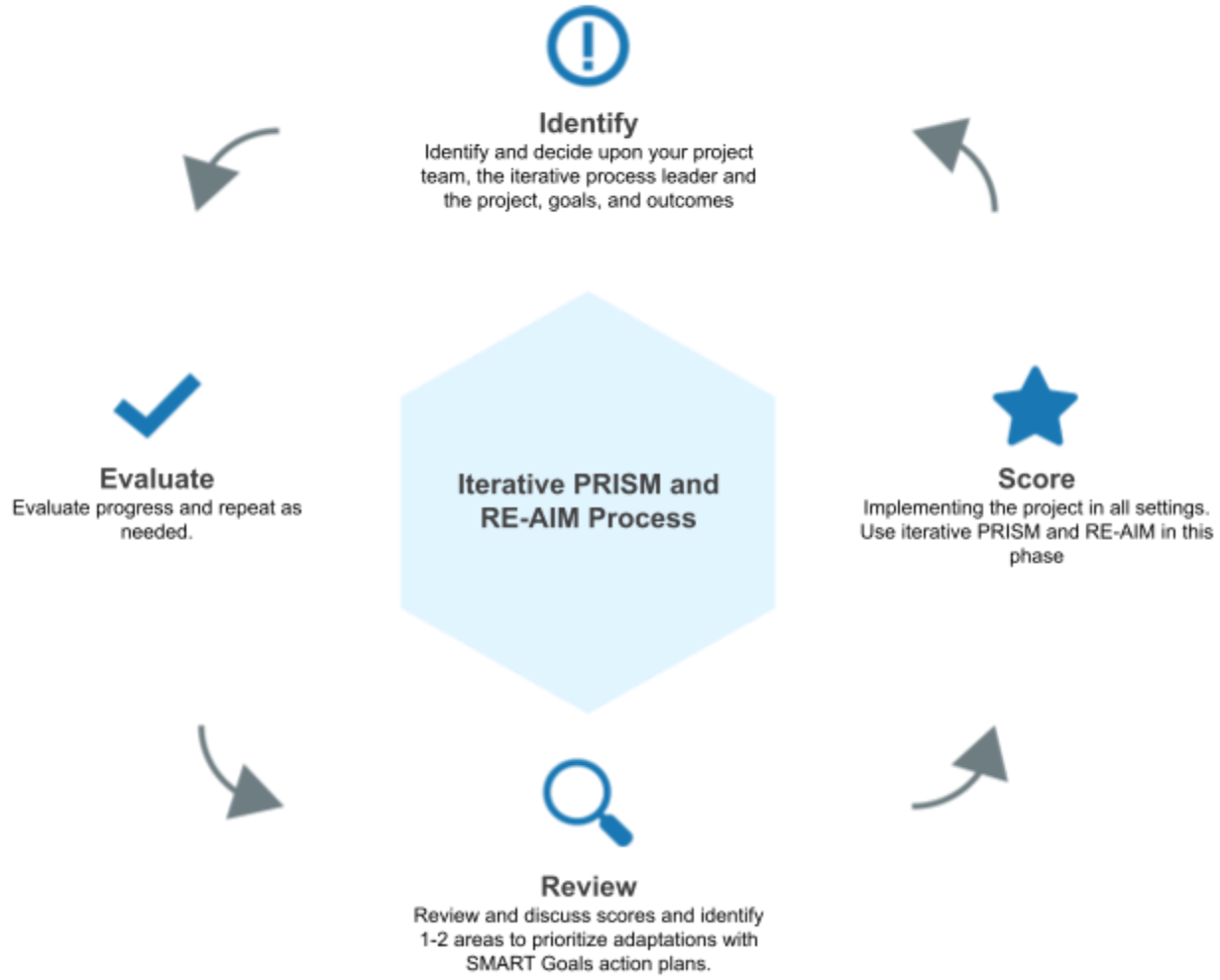
Even with perfect planning, unforeseen obstacles to project implementation can occur. Iterative PRISM and RE-AIM provide a consistent and structured approach to address these as they arise.

3.3 How do you use Iterative PRISM and RE-AIM?

The PRISM and RE-AIM evaluation tools (Appendices 1-6) can be used for Iterative PRISM and RE-AIM. Figure 10 and the text below explain the use of these tools in an iterative fashion to facilitate the evaluative process during the Implementation and Sustainment phases.

Iterative PRISM and RE-AIM contains a four-step process: Identify, Score, Review and Evaluate. These steps are pictured in Figure 3.1 and explained further below.

Figure 3.1: Four-Step Process of Iterative PRSIM and RE-AIM



For a streamlined version of this iterative PRISM and RE-AIM Four Step Process, including questionnaires and strategies, please visit PRISM webtool here: https://prismtool.org

3.3.a Identify

- Identify and decide who is on the team. This should include all key implementers of the project and decision makers concerning adoption and sustainment. It is often helpful to include a patient, family member or community leader, but this is not required.
- Identify/designate a process coordinator (coach or facilitator) who will be responsible for guiding the team through the steps of Iterative PRISM and RE-AIM, manage the distribution and collection of the mini- surveys, and present results.
- Identify or review the PRISM contextual domains and RE-AIM goals and outcomes of the current project (e.g. to reach at least 30% of the target population; to have participants lose at least 7 pounds; to reduce disparities in quality of life). For greater representation from your team, it is important to ensure everyone on the team is on the same page about what the priorities are, the status of the project as well as their individual roles. However, not every situation is perfect and if one individual in the team disagrees, that is ok.
- Distribute this list of specific goals to all for use when doing ratings below.

3.3.b Score

- Distribute the survey (s) (Appendices 1-6) to each person on the team to obtain their individual perception of the importance of each identified RE-AIM outcome or PRISM contextual domains at that point in time and the progress currently being made in those outcomes and domains. Individual scores should be based on any objective data if available (e.g., such as enrollment records for reach; weights in the health record; or quality ratings for implementation) and estimates (subjective) when such data are not available.
- Team members independently and confidentially complete and return the scored survey to the project coach at that meeting or within 2-3 days.

Tools for Score

Appendices 1-6 contain the PRISM and RE-AIM surveys that can be used iteratively as presented in Table 3.A. These can be used as they are, or modified with project specific language to fit your project's needs.

The designated coach gathers the surveys, aggregates the scores, and creates a visual representation of the 'gap' between the importance at that stage of the project and progress of each dimension. This person is also responsible for prompting any team members that have not returned scores.

Table 3.A: Tools to Use per Phase

Phase	Iterative PRISM	Iterative RE-AIM
Planning	See Appendix 1: Planning Phase PRISM Assessment	See Appendix 4: Planning Phase RE-AIM Assessment
Implementation	See Appendix 2: Implementation Phase PRISM Assessment	See Appendix 5: Implementation Phase RE-AIM Assessment
Sustainment	See Appendix 3: Sustainment Phase PRISM Assessment	See Appendix 6: Sustainment Phase RE-AIM Assessment

For a survey tabulation tool, visit the RE-AIM.org website to download that tool:

https://re-aim.org

Survey Feedback Display options

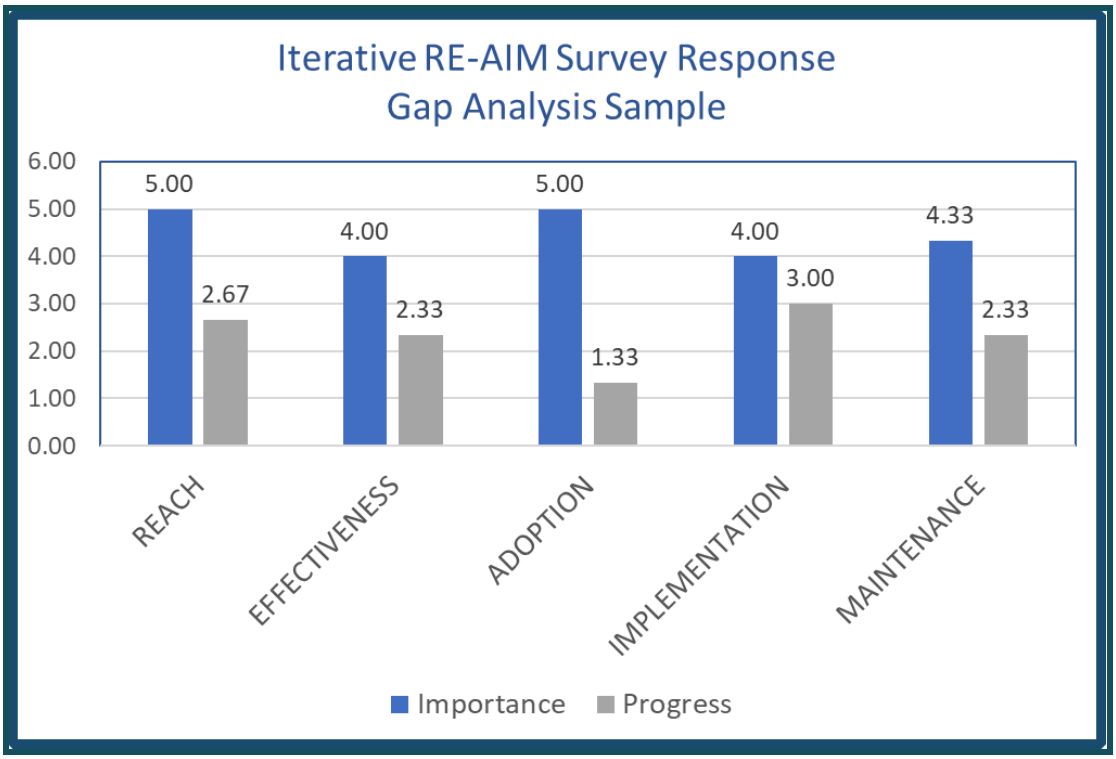
The results from the surveys can be reviewed in tabular or graphical formats. Team coaches are responsible for summarizing the results in a manner that is best for their team. Below are examples of how the survey feedback can be displayed graphically.

Survey feedback option 1: Gap Analysis

The gap analysis display (Figure 3.2 below) shows the results of the importance and progress of RE-AIM domains surveys. This type of graphical representation can be used for the PRISM contextual domains as well. The blue bar is the average team rating of the importance of each RE-AIM outcome. The grey bar shows the average team rating for how well the team thinks progress is being made in those same outcomes. The difference between the importance and progress shows the team in which dimensions progress has been made (if compared to results from a previous iterative RE-AIM survey), where improvements can be made, and gives a starting point to develop SMART goals to address the discrepancies (more on this in section 3.3.c).

Figure 3.2 shows an example of a ‘ Gap Analysis’ first used by Glasgow et al. 2022 (1). It compares and shows the ‘gap’ between rated importance and current progress on each of the 5 RE-AIM outcomes. Specific survey questions on both importance and progress were asked (see Appendix 13). You will note that these questions are only for the RE-AIM dimensions (not PRISM domains) and are condensed and slightly different than the ones in earlier Appendices which assess status at one point in time. In the current iPRISM webtool, slightly different questions are asked regarding progress but the issues are the same, and it does not ask about importance which is assessed in other sections on PRISM.

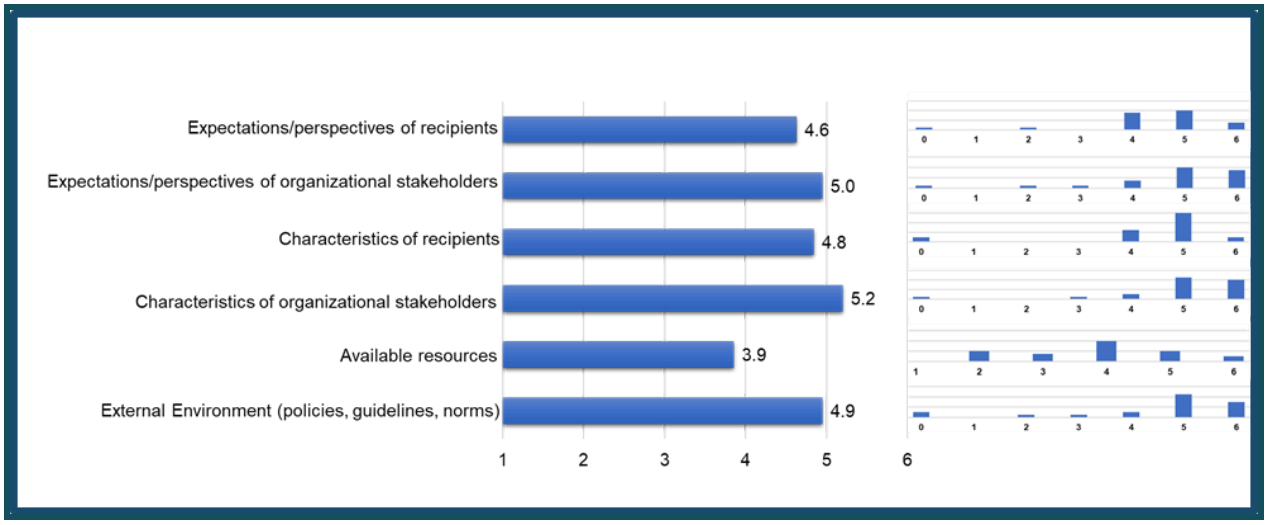
Figure 3.2: Survey Feedback Option 1 Gap Analysis of RE-AIM Outcomes



Survey feedback option 2: Variability Display

The variability display shows not only the average team ratings of the importance and progress of each PRISM contextual domains and RE-AIM outcome but also the distribution of responses amongst the team members by role- the smaller figures in the right of the figure. This shows the level of agreement/disagreement on the importance and progress of the implementation or sustainment of the project from different advantage points. This display helps teams better understand view points of the project and how it is going depending on the role of folks and where and how they interact with the project. Given this information, this should help teams make better tailored SMART goals to address discrepancies (more on this in section 3.3.c).

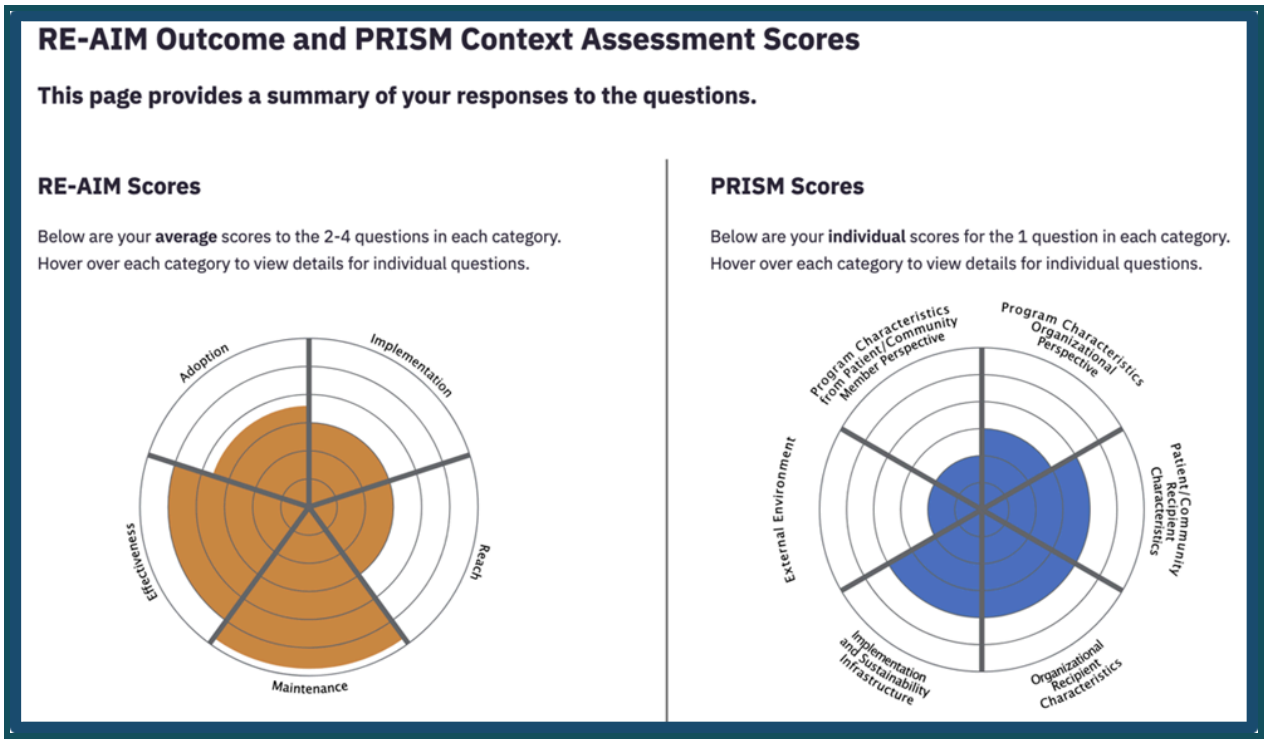
Figure 3.3: Survey Feedback Option 2 Variability Display



Survey feedback option 2: Radar Plot

The radar plot shows the results on either or both PRISM contextual domains and RE-AIM outcome scores in a more visual manner from either an individual or team. The fuller the slice indicates a better outcome. The importance results would be one radar plot and the progress results would be another radar plot displayed side by side to show the discrepancies. Figure 3.4 below shows the results of progress made for the RE-AIM outcomes (on the left) and PRISM contextual domains (on the right) at one point in time. Additionally, this figure shows an individual's results and not that of a team.

Figure 3.4: Survey Feedback Option 3 PRISM and RE-AIM Radar Plot



3.3.c Review

- Convene the project team to review the survey results. Discuss each of the PRISM contextual domains and the RE-AIM outcomes and how and why the importance and progress scores may differ. The team discussion and reflections should focus on reasons for the present results and also why there may be differences on ratings of different team members on a given dimension.
- Identify one or two (no more) PRISM and/or RE-AIM dimensions to address for the next period of time. Usually, these will be the dimensions with the largest gap between importance and progress. Have the team take into consideration the feasibility and impact of proposed action plans.
- For these areas you want to improve, consider what types of strategies or adaptations might address them. Find examples of PRISM and RE-AIM strategies in Appendices 8 and 9.
- Develop a specific action plan as a team (Appendix 10) for each PRISM and/or RE-AIM dimension selected for improvement.
- Decide upon a timeline for implementing the action plan before meeting to evaluate their impact (dependent on overall project timeline, but typically 1-2 months).

Setting SMART Goals

Table 3.B provides an example of how five different projects set Specific, Measurable, Attainable, Relevant, Time-based (SMART) goals and action plans for specific RE-AIM Dimensions.

Table 3.B: Examples of SMART Goals set by Projects

Project Name	RE-AIM Dimension Focus	SMART Goals and Action Plans
Patient-Reported Health Status Assessment	Reach Adoption	1. Conduct workflow assessments to learn where it would fit and how 2. Perform chart review to learn about actions taken after decline status note in the EMR
Multimodal Pain	Effectiveness Adoption	1. Effectiveness: summarize feedback from semi-structured interviews with providers and review for opportunities to improve project sessions; share the feedback with operational partners 2. Adoption: inform providers of the upcoming sessions; 3. Engage/re-engage with project community, clinical, and research partners for assistance and guidance
Community Transitions	Reach	1. Conduct in-services with community hospital to educate about the project enrollment criteria 2. Interview other investigators about how they approach REACH in their projects 3. Consider giving out Veterans project cards pro-actively 4. Review and revise project exclusion criteria
Advanced Care Coordination	Reach	1. Schedule and conduct educational in-services in participating community hospitals. 2. Project social worker to identify best practices of approach at each participating community hospital
Rural Transitions	Reach Maintenance	1. Review existing literature and plan to collect and analyze real-time return on investment-type data 2. Access operational data and performance measures to compare with project outcomes 3. Discuss with site champions about what leadership and community, clinical, and research partners need to sustain the project

See appendix 7 for a blank version of this table

See appendices 8 and 9 for examples of PRISM and RE-AIM strategies

See appendix 10 for more in depth SMART goals worksheet

3.3.d Evaluate

- After the specified period, often 1-2 months from implementing the action plan, project leads and coach should meet to evaluate how successful the adaptations and actions plans have been. This might include collecting quantitative data or talking to people involved to get qualitative data (e.g., interviews, informal debriefs).
- Based on this decide when to conduct the next round of Iterative PRISM and RE-AIM if you think there is a reasonable chance that the project context will have changed evaluations. Note that while it is helpful to have most of the same raters and implementers throughout the project, you may want to have the raters include only the active implementers during middle phases of the project.

3.4 Iterative RE-AIM Example: Hospital Based Point of Care Lung Ultrasound

Project Overview

This year long lung ultrasound (LUS) implementation project utilized Iterative PRISM. It used the RE-AIM domains of Reach, Adoption and Implementation as to iteratively assess the progress of implementation and the contextual domains of PRISM to guide interview questions designed to evaluate the dynamic determinants of LUS implementation. LUS is a type of chest imaging that is performed at the bedside by a treating clinician. In contrast to traditional chest imaging, it doesn't require a technologist to acquire the images or a radiologist to interpret them. This project was conducted in an academic medical center in response to the COVID pandemic. The goal of the project was twofold: 1) quickly implement LUS among hospitalist clinicians for patients hospitalized with COVID, 2) conserve personal protective equipment and reduce COVID exposure required for other chest imaging modalities. The implementation team developed an operational dashboard that displayed Reach and Adoption data pulled from the EHR that was automatically updated every 48 hours, allowing the implementation team to make adaptations to implementation strategies throughout the implementation period based on real time quantitative data of RE-AIM outcomes. Interviews of hospitalists were performed during implementation to understand barriers of LUS implementation and adapt strategies to overcome them.

Identify

Project/Setting: Hospital	
Health Topic	Point of care lung ultrasound (LUS)
Team members involved (# and Type)	- 4 hospitalist implementors - 86 hospitalists eligible for adoption
Number of iterations	24: Twice monthly over a period of 12 months
RE-AIM Dimensions most frequently selected	Reach Adoption

The baseline rate of LUS use in the intervention setting was low having the research team focus on Reach and Adoption primarily. The goal of the project was to see how many eligible patients would receive the LUS intervention (Reach) and to see what proportion of hospitalists would take up LUS as part of their clinical care (Adoption). Implementation was evaluated by evaluating adaption to implementation strategies and fidelity of LUS. Given this project was a pragmatic application of RE-AIM and a short-term pilot study, Effectiveness and Maintenance were not evaluated (1).

Score and Review

RE-AIM Outcomes	Data collected for Score	Frequency of Data Review
Reach	Use of a dashboard in the EMR allowed for low burden iterative evaluations of quantitative measures of Reach. Patients demographics including race and ethnicity were displayed on the RE-AIM dashboard, allowing for frequent monitoring of disparities in implementation Results of the data pull were not scored in the manner discussed in the guidebook. Rather counts of LUS completed, on what which patients, and by which clinicians were collected.	The data automatically updated every 48 hours. The team met twice monthly and held open discussions.
Effectiveness	Not evaluated because of the pragmatic application and short-term pilot constraints.	N/A
Adoption	Three prong approach: 1) Review of RE-AIM dashboard displaying how many and which hospitalists were ordering and interpreting LUS 2) "On the ground feedback." General observation and casual conversation by the implementation team with participating colleagues about the adoption and implementation facilitators and barriers of the intervention 3) Semi – Structured interviews with participating hospitalists to understand barriers to adoption	1) Every other week 2) Intermittent throughout study period

RE-AIM Outcomes	Data collected for Score	Frequency of Data Review
Implementation	Three prong approach: 1) Review of the imaging archive and clinical notes in the EHR to understand the quality of image acquisition, image interpretation and clinical decisions using LUS 2) "On the ground feedback." General observation and casual conversation by the implementation team with participating colleagues about barriers to implementation 3) Semi – Structured interviews with participating colleagues to understand barriers to implementation and possible strategies to overcome them	1) Weekly or every other week data pulls 2) Every other week 3) Intermittent throughout study period
Maintenance	Was not a primary outcome evaluated given the short-term pilot constraints of the project. But the dashboard facilitated maintenance post completion of the intervention. The team pulls data a year past the end of grant funding.	Yearly

Evaluate

The implementation team met at meetings every other week. During these meeting the team discussed the most recent RE-AIM dashboard data as well as any barriers to implementation that had been revealed through interval interviews or field notes. All team members shared their thoughts on the ongoing data and possible adaptations to implementation strategies. Selection of implementation strategies were made through consensus of all team members. Through this iterative use of PRISM, the research team developed and deployed six implementation strategies during the implementation phase.

Key Adaptations and Implementation Strategies	1. Reminder emails sent to hospitalists about use of LUS for COVID patients 2. Creation and implementation of a new policy mandating proceduralist hospitalists become credentialed in LUS 3. Creation of new opportunity for ordering of LUS imaging study to be performed by the procedure services instead of the hospitalist 4. Introduction and implementation of LUS teleguidance software for remote supervision to increase the efficiency of implementation efforts 5. Distribution of educational materials about the advantages of LUS in COVID patients 6. Intensity accountability of credentialing mandate for proceduralists and De-implement implementation strategy number 1

For more information on the Iterative RE-AIM application in this project please see this reference:

Maw A, Morris MA, Glasgow RE, Barnard J, P. Michael Ho, Ortiz-López C, et al. Using Iterative RE-AIM to enhance hospitalist adoption of lung ultrasound in the management of patients with COVID-19: an implementation pilot study. Implementation Science Communications. 2022 Aug 12;3(1).

Glasgow RE, Battaglia C, McCreight M, Ayele R, Maw A, Fort MP, et al. Use of the reach, effectiveness, adoption, implementation, and maintenance (RE-AIM) framework to guide iterative adaptations: Applications, lessons learned, and future directions. 2022 Oct 17;2.

For more information on the findings and for the interview guide please see this reference:

Maw AM, Morris MA, Barnard JG, Wilson J, Glasgow RE, Huebschmann AG, Soni NJ, Fleshner M, Kaufman J, Ho PM. Multi-level stakeholder perspectives on determinants of point of care ultrasound implementation in a US academic medical center. Diagnostics. 2021 Jun 28;11(7):1172.

Adapted from (1)

3.5 Iterative PRISM and RE-AIM Example: Hypertension Control in Guatemala

Project Overview

The hypertension control study in Guatemala focused mostly on the PRISM contextual domains and on the Implementation outcome of RE-AIM. The project took places in five departments (provinces) and 36 districts in Guatemala. PRISM and RE-AIM were utilized for planning and evaluation and assessment of contextual domains and outcomes at multiple time points.

Identify

The implementation team did not do formal identification or prioritization of PRISM domains or RE-AIM outcomes with community and intervention members. Rather, the team did a needs assessment (20) of their sites and identified domains and outcomes that

Project/Setting: Guatemala (24-26)	
Health Topic	Hypertension control
Team members involved (# and Type)	- Ministry of Health staff - Research project staff: 3 MDs, local-level evaluators
Number of iterations	Quarterly for Implementation (primary focus)
RE-AIM Dimensions most frequently selected	Implementation and Context (relevant to PRISM)

prioritized needs such as monitoring availability of medications. Also prioritized was the implementation outcome assessed through the delivery of five implementation strategies and the assessment of the contexts of delivery on regular intervals. Reach was considered but recognized as having natural limitations (as an example: fewer men patients participated than women) that the implementation team would be unable to overcome without drastically changing the intervention. Effectiveness would be measured by the number of patients that received the intervention compared to census data. Adoption and Maintenance were given because the intervention was being administered through the Ministry of Health which guaranteed the adoption by clinics and sites.

Score, Review

The implementation team developed various tracking forms to assess the Implementation outcome. Local-level project evaluators used forms to capture key contextual domains within their assigned sites. Example of items captured are: availability of medication, blood pressure monitors, and staff turnover.

PRISM Domains	Data Collected for Score	Frequency of Data Review
Project characteristics from the perspective of the patients or community members	Project specific forms filled out by local implementers	Monthly Meetings
Project characteristics from the perspective of the organizational (setting) community, clinical, and research partners	Project specific forms filled out by local implementers	Monthly Meetings
Recipient characteristics – patients of community members	Project specific forms filled out by local implementers	Monthly Meetings
Recipient characteristics – organizational (setting) community, clinical, and research partners	Facilitated by the Ministry of Health	NA
Implementation and Sustainability Infrastructure	Facilitated by the Ministry of Health	NA
External Environment	Project specific forms filled out by local implementers	Monthly assessments discussed at monthly meetings
RE-AIM Outcomes	**Data Collected for Score**	**Frequency of Data Review**
Reach	Data review of patients receiving intervention	Monthly Meetings
Effectiveness	Data review of patients receiving intervention	Monthly Meetings
Adoption	Facilitated by the Ministry of Health	NA
Implementation	Project specific forms filled out by local implementers	Monthly assessments discussed at monthly meetings
Maintenance	Facilitated by the Ministry of Health	NA

Despite these expansions and new directions, applying PRISM and RE-AIM is not without challenges. These include the lack of consistent widely available characteristics on which to assess representativeness; until recently, a lack of validated survey items; and the complexity of analyzing data at three or more socio-ecologic levels. Despite hundreds of studies using RE-AIM, there are currently no quantitative norms available to judge, for example, a “good” or “poor” level of reach for a given situation. And although it is clear that the RE-AIM outcomes are not independent, a detailed understanding of their interrelationships—as well as the associations of different PRISM context domains to RE-AIM outcomes—has not yet been attained (25). A final challenge is accessing rapid, reliable, and valid measures of RE-AIM outcomes and PRISM context domains for use in pragmatic, time-sensitive situations. This guidebook addresses this challenge and provides the most current versions of the tools created by interventions utilizing iterative PRISM and RE-AIM.

In the future, PRISM and RE-AIM will continue to evolve. Health professionals, clinicians and clinical staff, implementation scientists, researchers, community members and others can apply the PRISM and RE-AIM TMF to expand the traditional focus on individual-level effectiveness outcomes and make significant contributions to speeding the translation of research to practice. The challenges described in applying PRISM and RE-AIM also offer important opportunities for future research, and we call on the interested to bring their skills, knowledge, and insights to join these efforts. Please give us your feedback by visiting www.re-aim.org.

Section Summary

1. RE-AIM/PRISM is not static. A major development was the integration of PRISM contextual domains with RE-AIM outcomes, defining four domains of context that influence RE-AIM outcomes. Adaptations to an intervention are to be expected and Iterative PRISM and RE-AIM helps guide those adaptations.
2. The Iterative PRISM and RE-AIM approach guides assessment and prioritization of PRISM contextual domains and RE-AIM outcomes, followed by adjustments in implementation to meet prioritized goals. Score, Review and Evaluate **can be repeated several times** throughout the course of a project as needed.
3. This guidebook recommends that completing iterative PRISM and RE-AIM together, however, for pragmatic reasons and as explained in the examples in the previous section, it is possible to only use PRISM or RE-AIM or even only certain domains or outcomes from either.

Appendix 1.b: Planning Phase PRISM Assessment

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project as currently planned align with the expectations/ perspectives of the intended patients or community members?	o	o	o	o	o	o
How well does your project as currently planned align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	o	o	o	o	o	o
How well does your project as currently planned align with the characteristics of the intended patients and/or community members?	o	o	o	o	o	o
How well does your project as currently planned align with the characteristics of the organizational community, clinical, and research partners?	o	o	o	o	o	o
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	o	o	o	o	o	o
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	o	o	o	o	o	o

Appendix 2.a: Implementation Phase PRISM Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the PRISM framework that you heard about.

Area 1: Project characteristics from the perspective of the patients or community members

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/ perspectives of the intended patients or community members?	o	o	o	o	o	o

Area 2: Project characteristics from the perspective of the organizational (setting)

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of organizational (setting) community, clinical, and research partners - all members of the delivery team.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	o	o	o	o	o	o

Area 3: Recipient characteristics - patients or community members

This domain is concerned with the characteristics of the patient or community member recipients of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who will be eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of your patients and/or community members?	o	o	o	o	o	o

Area 4: Recipient characteristics - organizational (setting) community, clinical, and research partners

This domain is concerned with the characteristics of the organizational community, clinical, and research partners of the project that is being developed, or implemented, or sustained/scaled.

Think about recipients who are involved with decision making or delivering the project and consider these recipients at multiple levels.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your current project align with the characteristics of the organizational community, clinical, and research partners?	o	o	o	o	o	o

Area 5: Implementation and Sustainability Infrastructure

This domain is concerned with the implementation and sustainability infrastructure for the project that is being developed, or implemented, or sustained/scaled.

Think about a diverse set of resources and structures that might influence the success of the initial project or continuing in the future.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	o	o	o	o	o	o

Area 6: External environment

Think about a diverse set of resources and structures that might influence the success of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	o	o	o	o	o	o

Appendix 2.b: Implementation Phase PRISM Assessment

Please fill out the below questions

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project currently align with the expectations/ perspectives of the intended patients or community members?	o	o	o	o	o	o
How well does your project currently align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners?	o	o	o	o	o	o
How well does your project align with the characteristics of your patients and/or community members?	o	o	o	o	o	o
How well does your current project align with the characteristics of the organizational community, clinical, and research partners?	o	o	o	o	o	o
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce?	o	o	o	o	o	o
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms)?	o	o	o	o	o	o

Appendix 3.a: Sustainment PRISM Impact Assessment

Impact Assessment

Here are some questions about how the project performs on various aspects of the PRISM framework that you heard about.

Area 1: Project characteristics from the perspective of the patients or community members

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the expectations/ perspectives of the intended patients or community members to support future success?	o	o	o	o	o	o

Area 2: Project characteristics from the perspective of the organizational (setting)

This domain is concerned with how the people receiving the project find the project's components to be useful or beneficial.

Think about multiple types of organizational (setting) community, clinical, and research partners - all members of the delivery team.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the expectations/ perspectives of the organizational (setting) community, clinical, and research partners to support future success?	o	o	o	o	o	o

Area 3: Recipient characteristics - patients or community members
This domain is concerned with the characteristics of the patient or community member recipients of the project that is being developed, or implemented, or sustained/scaled. Think about recipients who will be eventual beneficiaries of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of your patients and/or community members to support future success?	o	o	o	o	o	o

Area 4: Recipient characteristics - organizational (setting) community, clinical, and research partners
This domain is concerned with the characteristics of the organizational community, clinical, and research partners of the project that is being developed, or implemented, or sustained/scaled. Think about recipients who are involved with decision making or delivering the project and consider these recipients at multiple levels.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your current project align with the characteristics of the organizational community, clinical, and research partners to support future success?	o	o	o	o	o	o

Area 5: Implementation and Sustainability Infrastructure
This domain is concerned with the implementation and sustainability infrastructure for the project that is being developed, or implemented, or sustained/scaled. Think about a diverse set of resources and structures that might influence the success of the initial project or continuing in the future.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the available resources, staff, workflow, responsibilities and support functions to produce future success?	o	o	o	o	o	o

Area 6: External environment

Think about a diverse set of resources and structures that might influence the success of the project.

	not at all	slightly	somewhat	moderately	largely	completely
How well does your project align with the characteristics of the external environment (e.g., policies, guidelines, norms) to support future success?patients or community members?	o	o	o	o	o	o