CARD IMPLEMENTATION PLAN TEMPLATE

- Organizations can use the CARD implementation plan template to guide the implementation of CARD into their practice settings.
- The CARD implementation plan template is grounded in implementation science theory. Recommended actions have been used in prior CARD implementation projects. Use it as a starting point to plan implementation. This implementation plan may be updated. Go to https://www.aboutkidshealth.ca/globalassets/assets/card_implementation_plan_template.pdf for the most recent version and links to updated resources.
- Some actions require repeated use over time. This supports long-term sustainability and incorporating new knowledge into practice.

Action	Description	What's involved?	Why is it important?	Additional tips for implementation success
1. Identify the problem, determine the know-do gap	Define the problem CARD will address and clarify the gap between current practice and evidence-based practice (i.e., CARD).	• Establish a project team. Include relevant people from vaccination services, such as healthcare providers administering the vaccine, program coordinators, managers, leaders, support staff, vaccine recipients, external partners, as applicable; identify their respective roles in CARD implementation (e.g., responsible, accountable, consulted, informed). • Identify the problem, share perspectives, and identify knowledge, attitude, or skill gaps. • Clarify the problem in a way that can be communicated clearly to others (e.g., vision statement, elevator pitch).	Clearly identifying the problem creates a shared rationale for change with CARD and helps build team commitment to addressing it.	• Ensure project sponsors (e.g., managers, leaders) are knowledgeable about how CARD differs from usual practice as they will need to communicate the rationale for implementing CARD to staff, support the practice changes and ensure adequate resources and oversight. • CARD can be used to address several problems, such as high rates of immunization stress-related responses (e.g., pain, fear, dizziness), negative vaccination experiences, and negative attitudes towards vaccination. Identify your 'why' and revisit this rationale to ground your implementation goals and communications with staff.

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2. Identify, select, review knowledge, adapt knowledge to the local context	Review CARD activities and materials and determine how they can fit in your vaccination setting and population.	• Review CARD resources from the CARD website. • Examine how CARD activities and materials may need to be adapted for the local context (e.g., tailoring CARD checklist options for the population served).	Reviewing and adapting knowledge ensures CARD activities and materials are relevant, feasible, and aligned with the needs of the local context.	• Key recommended CARD activities and materials are included separately in the CARD toolkit. • Pair this action with barrier and facilitator assessment, since findings may inform adaptation of CARD activities and materials.
3. Assess barriers and facilitators to knowledge use	Identify what may help or prevent CARD from being used. This can include barriers and facilitators to CARD itself (i.e., materials and activities) as well as implementation strategies that facilitate CARD use by people (i.e., plans for changing behaviour and organizational routines so that people actually do the intended practice).	• Identify local barriers and facilitators related to the population served and the vaccination setting (*these determinants are used to inform step 2 which involves adapting CARD activities and materials*). • Identify local barriers and facilitators related to the knowledge, skills, or attitudes of staff (*these determinants are used to inform step 3 which involves tailoring implementation strategies*). • Collect these data from staff, vaccine recipients, and other relevant knowledge users using surveys, interviews, focus groups, observations, and literature reviews.	Identifying barriers and facilitators within the local context helps to inform how you will adapt CARD activities and materials, and what implementation strategies will be selected.	• See examples of barriers and remedies and common Q&A for CARD. • Pair this action with adapting knowledge, so that information collected on barriers and facilitators can inform adaptation of CARD activities and materials. • Pair this action with selection and tailoring of implementation strategies, so that information collected on barriers and facilitators can inform tailoring of implementation strategies.
4. Select, tailor, and implement interventions	Select implementation strategies that will be used to support CARD uptake.	• Consistent with the introduction of any new program, an implementation strategy is needed so that people actually do CARD. • Establish regular meetings for the project team to maintain ongoing engagement and support from project sponsors. • Identify and train local healthcare providers who will be administering the vaccine as CARD champions to act as	Tailoring your implementation strategies to your local barriers/facilitators is likely to improve your CARD implementation.	• The implementation strategies listed in the table are the ones commonly used in CARD implementation projects. The list does not include all implementation strategies. • You can select additional implementation strategies according to your context.

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		liaisons between implementing staff and the project team. • Document your implementation plan, specifying project goals, implementation strategies, training materials, data collection tools. Specify how CARD activities and materials have been adapted for different populations or sites. • Review and revise policies and procedures, including professional roles and workflows to systematically integrate CARD activities and materials. • Train staff on CARD and support them during implementation with regular communication and opportunities for practice and knowledge sharing (e.g., weekly debriefs, group chats). • Incorporate vaccine recipient feedback in staff communications and knowledge sharing to inform ongoing refinement to implementation (i.e., ongoing changes are data-driven). • Respond to new or emerging barriers related to CARD activities and materials and develop new tools/resources, as needed to address them (e.g., guide for staff on how to simulate privacy if a private room is not available). • Respond to new or emerging barriers related to CARD implementation and use additional implementation strategies to address them (e.g., educational outreach visits prompted by below target results).		Implementation strategies can be found here: Expert Recommendations for Implementing Change Implementation Strategies. • Pair this action with barrier and facilitator assessment, since findings may inform selection and tailoring of implementation strategies. • Pair this action with knowledge monitoring and outcome evaluation to ensure implementation goals are being met.
5. Monitor knowledge use, evaluate outcomes	Track whether CARD is being used as intended, effects on	• Monitor staff use of CARD (e.g., track adherence to CARD activities) using process checklists.	Monitoring shows whether CARD is being used, how well	• Pair this action with selecting, tailoring and implementing interventions. Assign responsibility

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	clinical, service and implementation outcomes.	• Evaluate clinical and service outcomes (e.g., vaccine recipient symptoms and experiences, vaccine uptake) using surveys and administrative data. • Evaluate implementation outcomes on staff (e.g., acceptability, feasibility, fidelity) using discussions, surveys, and observations. • Determine the timing of data collection. Some data, for instance, are ideally collected immediately after vaccination (e.g., process checklists, vaccine recipient symptoms and experiences). • Determine the frequency of data collection, including formative data collection. Collect data at the beginning of CARD implementation to track progress and identify areas for improvement (e.g., new or emerging barriers). • Review data with staff. Use the results to guide real-time improvements.	it is being used, and whether it is improving outcomes for vaccine recipients, staff, and the organization. It also helps identify when adjustments and refinements are needed.	and accountability for monitoring and evaluation steps and results to specific individuals in the organization who are ideally team members. • See the CARD toolkit for surveys that can be used to track clinical and implementation outcomes.
6. Sustain knowledge use	Embed CARD into your practice setting culture and routines.	• Ensure CARD activities and processes are formalized within organizational policies and standard practices, including training and continuing education for staff. Where possible, integrate CARD activities into automated work processes (e.g., automatic vaccination appointment email reminders include CARD education for vaccine recipients). • Embed resources, activities and outcomes within vaccination program logic model and evaluation framework.	Sustained use of CARD is important for achieving long term outcomes.	• Champions are still important to reinforce the practice change and motivate others. • Long term outcomes of sustained CARD use can include reducing the development of needle fears and improving acceptance of vaccines.

Steps based on: Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, Robinson N. Lost in knowledge translation: time for a map? J Contin Educ Health Prof. 2006 Winter;26(1):13-24) and the RNAO Leading Change Toolkit (https://rnao.ca/bpg/leading-change-toolkit).