Below are strategies you could consider using to improve different categories of PRISM

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| --- | --- |
| PRISM category | Possible strategies to improve  |
| *Patient/Community* P*erspective of* **Program Characteristics** | * Change how the program is framed or presented
* Adapt the program (or guideline) to patients/community recipients
* Create and communicate a relative advantage of using this program compared to alternatives (e.g., time saved, quality of life)
* Provide opportunities for patients to make positive steps regardless of stage of change
* Reduce barriers to using or accessing the program (e.g., complexity, high costs)
 |
| *Organizational* P*erspective of* **Program Characteristics** | * Adapt the program (or guideline) to the setting
* Integrate as part of standard workflows
* Create and communicate a relative advantage of using the program compared to alternatives (e.g., time saved, alignment with business imperative)
* Engage implementation partners to increase program alignment with perspectives and priorities of opinion leaders in your setting
* Reduce barriers to staff using or accessing the program (e.g., complexity, high costs)
 |
| *Patient/Community* **Recipient Characteristics** | * Adapt the program activities to fit the priorities, preferences, culture, demographic, historical and other characteristics of your participants (e.g., patients/community recipients)
* Provide training, technical assistance, or other support to patient/community recipients to increase demand and skills in engaging with the program
* Engage those who are directly or indirectly impacted for advice, especially those groups who have historically experienced inequities
* Conduct pilot tests of activities and materials with representativeness of key groups
 |
| *Organizational* **Recipient Characteristics** | * Change modifiable aspects of the setting to fit the program needs
* Engage organizational champions and leaders who can communicate the program and expectations to participants
* Provide training, technical assistance, and other support to staff
* Adapt the program to fit the priorities, preferences, culture, workforce, historical and other characteristics of your organization and staff
 |
| **Implementation & Sustainability Infrastructure** | * Establish the program as part of standard processes and procedures (e.g., supervision, coordination, delivery)
* Use audit and feedback or some type of automated periodic data reporting to monitor and encourage uptake, implementation and sustainability
* Engage leadership and others for ongoing support (e.g., commitment, resource allocation)
* Invest in capacity building efforts (e.g., train the trainer)
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| **External Environment** | * Align with reimbursement metrics and policies
* Refer patients or recipients of the program to key community resources (e.g., WIC, YMCA, Quitline)
* Create alignment with public health priorities (e.g., Healthy people 2030), policy statements and regulatory issues
* Engage key players (e.g., law enforcement, community advocates, policy makers)
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**Below are additional resources for information regarding implementation strategies**

1. Some possible implementation strategies corresponding to different phases/stages of a project are described in the original PRISM paper (*see Table 4*):

Feldstein AC, Glasgow RE. A practical, robust implementation and sustainability model (PRISM) for integrating research findings into practice. Jt Comm J Qual Patient Saf. 2008;34:228.

1. A paper summarizing 73 different types of implementation strategies (*see Table 1*):

Waltz et al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. Implement Sci. 2015;10:109