

**Tool 3.4: IMPLEMENTATION WORKPLAN TEMPLATE**

**Section in Planner: Phase 1, Step 3 (3.4)**

**Why is this important?**

The preparation of a detailed work plan will ensure that critical elements are addressed and that your implementation planning process, including all decisions and actions taken, are documented and visible to everyone.

**How to use this tool:**

The implementation workplan addresses the **complete planning cycle, Phases 1,2 and 3,** including activities related to e.g., your initial proposal for an exercise program through its launch, delivery, an evaluation of the program and participant outcomes, and plans for sustainability. The Progress Checklists for each Phase of planning have been incorporated to help you track your activities and decisions. Use and adapt this template to suit your own setting and circumstances by adding activities, as needed.

**User Comments:**

*“For the municipality we kind of quickly do those assessments in our head and kind of have a good idea of our demographics, but really, the implementation plan nicely pulls everything together in one place.”* (Program Coordinator)

*“I think the implementation work plan can help keep you on track. I’ve done a few project management and quality improvement courses, and this supports a lot of that learning, just being systematic with respect to moving through the phases of development.”* (Stroke Rehabilitation Specialist)

**Phase 1, Step 3: Implementation Workplan Template**

| Activities | | | Progress Check List | | 🗹 | | NOTES: Decisions/Actions | | Assigned to: | | Date Completed | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Phase 1 - Step 1: Define the Call to Action | | | | | | | | | | | |
| 1.1 Form the planning team; involve the community and identify key partners | 1.1a. Define the team’s terms of reference and create a project charter  1.1b. Determine decision-making approach | We have assembled a planning team which includes our stakeholders including key community partners and exercise program participants and provides the knowledge and skills we need to proceed with planning. | |  | |  | |  | |  | |
| We have identified our champions, leadership and member roles and responsibilities, and decision-making processes for the planning team. | |  | |  | |  | |  | |
| 1.2 Understand the evidence supporting exercise for people with stroke |  | We are familiar with the aims, strengths and benefits of exercise designed for people with stroke. | |  | |  | |  | |  | |
| We are familiar with the sources of research evidence, best practice principles, and standards for exercise designed for people with stroke. | |  | |  | |  | |  | |
| We are familiar with the delivery requirements for an exercise program designed for people with stroke including space, equipment, fitness instructor training, staffing requirements, and support from a health care partner. | |  | |  | |  | |  | |
| Phase 1 - Step 2: Conduct a community scan | | | | | | | | | | | |
| 2.1 Gather community information | An inventory and history of existing local programs and services | We have conducted a thorough community assessment to determine number and level of interest of eligible program participants (our ‘target’ population); opportunities for exercise: services/programs currently available; and community partner interests, priorities, attitudes, concerns. | |  | |  | |  | |  | |
| Collect information about the local/target population including community awareness and attitudes towards a program |  | |  | |  | |  | |
| Phase 1 - Step 3: Select an exercise program and initiate implementation planning | | | | | | | | | | | |
| 3.1 Assess program fit for our community | | We have conducted feasibility applicability, acceptability, equity, and affordability (FAAEA) checks for an exercise program designed for people with stroke. | |  | |  | |  | |  | |
| We have examined the cost implications including necessary budget for introducing and sustaining a program. | |  | |  | |  | |  | |
| 3.2 Achieve agreement to proceed with planning (or not) | | Based on our findings, we have reached consensus to proceed with the introduction of a program. | |  | |  | |  | |  | |
| 3.3 If proceeding, firm up the business case | | We have prepared a business case to negotiate necessary support with identified partner organizations including referral networks and program sponsors. | |  | |  | |  | |  | |
| 3.4 If proceeding, begin developing the implementation workplan | | We have documented our Phase 1 findings and started preparation of an implementation workplan. | |  | |  | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Phase 2 - Step 4: Identify barriers and drivers to program implementation | | | | | | |
| 4.1 Assess the barriers and drivers related to  the program,  program users, and  program setting | The Exercise Program | We have previewed potential exercise programs, completed a comparative assessment, and reached a preliminary decision on which program best meets our needs. We have considered barriers and drivers associated with our preferred program, including the following characteristics and factors: |  |  |  |  |
| History of the exercise program, supporting research evidence and adherence to established best practice guidelines for exercise designed for people with stroke |  |
| Availability of expertise and resources to meet stated delivery requirements including necessary training and supervision of fitness instructors |  |
| Level of flexibility; degree to which program can be adapted to meet our needs |  |
| Monitoring and evaluation processes for program and participants |  |
| Space and equipment requirements |  |
| The Program Users | Participant eligibility criteria and implications for stroke-specific or mixed classes |  |  |  |  |
| Participant readiness, receptiveness, and commitment |  |
| Fitness instructor training, motivation, skill/expertise, experience, confidence |  |
| Health partner belief in value of program; supportive leadership within community |  |
| Participant culture and language factors |  |
| The Program Setting | Compatibility with provider organizational mandate, culture, and values |  |  |  |  |
| Organizational stability, administrative capacity; investment in program |  |
| Continuous funding supports |  |
| Health partner discharge planning and referral patterns |  |
| Participant recruitment and retention factors |  |
| Partnership and collaboration agreements; licensing and insurance requirements |  |
| Participant transportation needs |  |
| Other Barriers or Drivers? |  |
| 4.2 Confirm program choice | | |  |  |  |  |
| Phase 2 - Step 5: Develop solutions tailored to specific implementation barriers | | | | | | |
| 5.1 Prioritize barriers and drivers | | We have prioritized each identified challenge. |  |  |  |  |
| 5.2 Develop strategies and tactics (solutions) to address priority barriers | | We have developed an action plan tailored to stakeholder  interests and concerns, including: | |  |  |  |
| Program strategies (outline plan) |  |  |  |  |
| User strategies (outline plan) |  |
| Setting strategies (outline plan) |  |
| Phase 2 - Step 6: Plan for Evaluation | | |  |  |  |  |
| 6.1 Develop evaluation methods | | We have developed an evaluation plan including: |  |  |  |  |
| 6.1a defined indicators and methods for evaluating our implementation process and monitoring program use |  |
|  | | 6.1b. defined indicators and methods for assessing participant and program outcomes (impact) |  |  |  |  |
| 6.2 Assess sustainability capacity | | We have completed a sustainability capacity assessment |  |  |  |  |

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| Phase 3 - Step 7: Implement exercise program | | | | | |
| 7.1 Prepare to Launch | We have completed our launch-readiness check including: |  |  |  |  |
| Program funding is secured |
| Space, equipment, circuit stations are ready |
| Fitness instructors hired, trained, and scheduled |
| Licensing, insurance, and health partner agreements have been established |
| Marketing, promotion, and communications strategies are in place |
| Participant screening process is established |
| Participant eligibility/medical waivers process is in place |
| Enrolment/registration procedures are stablished |
| Participant/member fee structure is established |
| 7.2 Deliver the program | Program is being delivered as planned |  |  |  |  |
| 7.3 Celebrate the launch | |  |  |  |  |
| Phase 3 - Step 8: Evaluate, Adjust, Sustain | | | | | |
| 8.1 Conduct evaluation in the Implementation period | *We have activated our evaluation plan and are:* |  |  |  |  |
| 8.1a. Monitoring program use and collecting data in implementation process including program fidelity |
| 8.1b. Collecting data on program and participant outcomes |
| 8.2 Adjust implementation plan | 8.2a. Reviewing the data on a regular basis; sharing results with participants, staff, partners, and community; co-creating solutions; and responding swiftly to identified *barriers to implementation* |  |  |  |  |
| 8.3 Continue evaluation and adjustments in the Sustainability period | We are responding swiftly to identified *barriers to program sustainability* |  |  |  |  |
|  | We are co-creating solutions with participants, staff, partners, and community |  |  |  |  |