Online Resource 1: Implementation process

The implementation of PROMs at the centre was guided by the Quality Implementation Framework (QIF), an implementation process model which was designed to guide the "how-to" processes of implementation [1]. It has 14 steps divided into four phases: (1) Initial considerations regarding the host setting, (2) Creating a structure for implementation, (3) Ongoing structure once implementation begins, (4) Improving future applications [1].

Phase 1. An MBC working group consisting of operational leadership and academic partners (clinical and health systems researchers with expertise in MBC), and the embedded research team was formed 18 months prior to the opening of the centre. The working group advised on the MBC design (selecting PROMs, frequency and mode of administration), training and implementation strategies. Clients with lived experience were engaged through the centre's youth advisory councils in designing the MBC processes, selecting the PROMs to use and informing the implementation strategies. The embedded researchers developed the information technology and workflow structure to collect, use and record MBC scores in the patient EHR; and designed the implementation strategies based on existing PROMs implementation guidelines [2–5].

Phase 2. Once an opening date for the centre was finalized, an implementation team was created, consisting of clinical leads from each service at The Summit and two embedded academic research team members. The implementation team finalized the MBC clinical workflows, conducted training to administrative support and clinicians, and created a detailed plan for implementation.

Phase 3. Once MBC was implemented, onsite technical and clinical support was offered through the implementation team.

Phase 4. This formative evaluation was part of phase four of the QIF: improving future applications by learning from the implementation.

References

1. Meyers DC, Durlak JA, Wandersman A. The quality implementation framework: a synthesis of critical steps in the implementation process. Am J Community Psychol. 2012 Dec;50(3–4):462–80.

2. International Consortium for Health Outcomes Measurement. Children & Young People with Anxiety & Depression, Including OCD & PTSD: Data Collection Reference Guide. Boston, MA: International Consortium for Health Outcomes Measurement,; 2022 p. 71.

3. International Society for Quality of Life Research. User's Guide to Implementing Patient-Reported Outcomes Assessment in Clinical Practice. (prepared by Aaronson N ET, editor. 2015.

4. Lewis CC, Boyd M, Puspitasari A, Navarro E, Howard J, Kassab H, et al. Implementing Measurement-Based Care in Behavioral Health: A Review. J Am Acad Child Adolesc Psychiatry. 2019 Mar 1;76(3):324–35.

5. Snyder CF, Aaronson NK, Choucair AK, Elliott TE, Greenhalgh J, Halyard MY, et al. Implementing patient-reported outcomes assessment in clinical practice: a review of the options and considerations. Qual Life Res. 2012;21:1305–14.