

Article title: Learning Care Pathways Framework: A New Method to Implement, Learn, Replicate, and Scale up Care Pathways for and With the Patient

Journal name: International Journal of Health Policy and Management (IJHPM)

Authors' information: Jean-Baptiste Gartner^{1,2,3,4,5,6,*}, Célia Lemaire^{7,8}, André Côté^{1,2,3,4,5,6}

¹Département de management, Faculté des sciences de l'administration, Université Laval, Québec City, QC, Canada.

²Centre de recherche en gestion des services de santé, Université Laval, Québec City, QC, Canada.

³Centre de recherche de l'Institut Universitaire de Cardio-Pneumologie de Québec, Université Laval, Québec City, QC, Canada.

⁴Centre de recherche du CHU de Québec, Université Laval, Québec City, QC, Canada.

⁵VITAM, Centre de recherche en santé durable, Université Laval, Québec City, QC, Canada.

⁶Centre de recherche du CISSS de Chaudière-Appalaches, Université Laval, Québec City, QC, Canada.

⁷iaelyon School of Management, Université Lyon 3, Lyon, France.

⁸Institut Universitaire de France, Paris, France.

***Correspondence to:** Jean-Baptiste Gartner; Email: jean-baptiste.gartner@fsa.ulaval.ca

Citation: Gartner JB, Lemaire C, Côté A. Learning care pathways framework: a new method to implement, learn, replicate, and scale up care pathways for and with the patient. Int J Health Policy Manag. 2025;14:8517. doi:[10.34172/ijhpm.8517](https://doi.org/10.34172/ijhpm.8517)

Supplementary file 1. Standards for Reporting Implementation Studies

This checklist has been adapted for use with this publication but follows in every respect the checklist from Table 1 Standards for Reporting Implementation Studies: the StaRI Checklist of items to be reported, in Pinnock H, Barwick M, Carpenter CR, Eldridge S, Grandes G, Griffiths CJ, et al. Standards for reporting implementation studies (StaRI) statement. *bmj*. 2017;356. <https://doi.org/10.1136/bmj.i6795>

| Checklist item | | Implementation strategy | Intervention† | Information reported | | Line number(s) | |
|-----------------------------|----|--|---|-------------------------------------|-------------------------------------|-------------------------------------|---------|
| | | | | Yes | No | | |
| Title | 1 | Identification as an implementation study, and description of the methodology in the title and/or keywords | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Title | |
| Abstract | 2 | Identification as an implementation study, including a description of the implementation strategy to be tested, the evidence-based intervention being implemented, and defining the key implementation and health outcomes | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abstract | |
| Introduction | 3 | Description of the problem, challenge, or deficiency in healthcare or public health that the intervention being implemented aims to address | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1-15 | |
| | 4 | The scientific background and rationale for the implementation strategy (including any underpinning theory, framework, or model, how it is expected to achieve its effects, and any pilot work) | The scientific background and rationale for the intervention being implemented (including evidence about its effectiveness and how it is expected to achieve its effects) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 40-53 | |
| Aims and objectives | 5 | The aims of the study, differentiating between implementation objectives and any intervention objectives | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17-38 | |
| Methods: description | 6 | The design and key features of the evaluation (cross referencing to any appropriate methodology reporting standards) and any changes to study protocol, with reasons | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 325-341 | |
| | 7 | The context in which the intervention was implemented (consider social, economic, policy, healthcare, organisational barriers and facilitators that might influence implementation elsewhere) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| | 8 | The characteristics of the targeted “site(s)” (locations, personnel, resources, etc) for implementation and any eligibility criteria | The population targeted by the intervention and any eligibility criteria | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | 9 | A description of the implementation strategy | A description of the intervention | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 151-442 |
| | 10 | Any subgroups recruited for additional research tasks, and/or nested studies are described | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Methods: evaluation | 11 | Defined pre-specified primary and other outcome(s) of the implementation strategy, and how they were assessed. Document any pre-determined targets | Defined pre-specified primary and other outcome(s) of the intervention (if assessed), and how they were assessed. Document any pre-determined targets | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 325-341 | |
| | 12 | Process evaluation objectives and outcomes related to the mechanism(s) through which the strategy is expected to work | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 325-341 | |
| | 13 | Methods for resource use, costs, economic outcomes, and analysis for the implementation strategy | Methods for resource use, costs, economic outcomes, and analysis for the intervention | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 325-341 |
| | 14 | Rationale for sample sizes (including sample size calculations, budgetary constraints, practical considerations, data saturation, as appropriate) | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| | | | | | |
|-------------------|----|---|---|-------------------------------------|-------------------------------------|
| | 15 | Methods of analysis (with reasons for that choice) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 325-341 |
| | 16 | Any a priori subgroup analyses (such as between different sites in a multicentre study, different clinical or demographic populations) and subgroups recruited to specific nested research tasks | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Results | 17 | Proportion recruited and characteristics of the recipient population for the implementation strategy | Proportion recruited and characteristics (if appropriate) of the recipient population for the intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 18 | Primary and other outcome(s) of the implementation strategy | Primary and other outcome(s) of the intervention (if assessed) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 19 | Process data related to the implementation strategy mapped to the mechanism by which the strategy is expected to work | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 20 | Resource use, costs, economic outcomes, and analysis for the implementation strategy | Resource use, costs, economic outcomes, and analysis for the intervention | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 21 | Representativeness and outcomes of subgroups including those recruited to specific research tasks | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 22 | Fidelity to implementation strategy as planned and adaptation to suit context and preferences | Fidelity to delivering the core components of intervention (where measured) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 23 | Contextual changes (if any) which may have affected outcomes | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | 24 | All important harms or unintended effects in each group | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Discussion | 25 | Summary of findings, strengths and limitations, comparisons with other studies, conclusions and implications | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 26 | Discussion of policy, practice and/or research implications of the implementation strategy (specifically including scalability) | Discussion of policy, practice and/or research implications of the intervention (specifically including sustainability) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| General | 27 | Include statement(s) on regulatory approvals (including, as appropriate, ethical approval, confidential use of routine data, governance approval), trial or study registration (availability of protocol), funding, and conflicts of interest | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

*Implementation strategy refers to how the intervention was implemented.

†Intervention refers to the healthcare or public health intervention that is being implemented.