

Standards for Reporting Implementation Studies: the StaRI checklist for completion

The StaRI standard should be referenced as: Pinnock H, Barwick M, Carpenter C, Eldridge S, Grandes G, Griffiths CJ, Rycroft-Malone J, Meissner P, Murray E, Patel A, Sheikh A, Taylor SJC for the StaRI Group. Standards for Reporting Implementation Studies ([StaRI](#)) statement. *BMJ* 2017;356:i6795



The detailed Explanation and Elaboration document, which provides the rationale and exemplar text for all these items is: Pinnock H, Barwick M, Carpenter C, Eldridge S, Grandes G, Griffiths C, Rycroft-Malone J, Meissner P, Murray E, Patel A, Sheikh A, Taylor S, for the StaRI group. Standards for Reporting Implementation Studies ([StaRI](#)). [Explanation and Elaboration document](#). *BMJ Open* 2017 2017;7:e013318

Notes: A key concept of the StaRI standards is the dual strands of describing, on the one hand, the implementation strategy and, on the other, the clinical, healthcare, or public health intervention that is being implemented. These strands are represented as two columns in the checklist.

The primary focus of implementation science is the implementation strategy (column 1) and the expectation is that this will always be completed.

The evidence about the impact of the intervention on the targeted population should always be considered (column 2) and either health outcomes reported or robust evidence cited to support a known beneficial effect of the intervention on the health of individuals or populations.

The StaRI standards refers to the broad range of study designs employed in implementation science. Authors should refer to other reporting standards for advice on reporting specific methodological features. Conversely, whilst all items are worthy of consideration, not all items will be applicable to, or feasible within every study.

Checklist item		Reported on page #	Implementation Strategy	Reported on page #	Intervention
			“Implementation strategy” refers to how the intervention was implemented		“Intervention” refers to the healthcare or public health intervention that is being implemented.
Title and abstract					
Title	1	Reported on page 1	Identification as an implementation study, and description of the methodology in the title and/or keywords		
Abstract	2	Reported on page 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.		
Introduction					
Introduction	3	Reported on page 4-5	Description of the problem, challenge or deficiency in healthcare or public health that the intervention being implemented aims to address.		

Rationale	4	Reported on page 5	The scientific background and rationale for the implementation strategy (including any underpinning theory/framework/model, how it is expected to achieve its effects and any pilot work).	Reported on page 5	The scientific background and rationale for the intervention being implemented (including evidence about its effectiveness and how it is expected to achieve its effects).
Aims and objectives	5	Reported on page 5	The aims of the study, differentiating between implementation objectives and any intervention objectives.		
Methods: description					
Design	6	Reported on page 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		
Context	7	Reported on page 6	The context in which the intervention was implemented. (Consider social, economic, policy, healthcare, organisational barriers and facilitators that might influence implementation elsewhere).		
Targeted 'sites'	8	Reported on page 6	The characteristics of the targeted 'site(s)' (e.g locations/personnel/resources etc.) for implementation and any eligibility criteria.	Reported on page 6	The population targeted by the intervention and any eligibility criteria.
Description	9	Reported on page 6-8	A description of the implementation strategy	Reported on page 6-8	A description of the intervention
Sub-groups	10	none	Any sub-groups recruited for additional research tasks, and/or nested studies are described		
Methods: evaluation					
Outcomes	11	Reported on page 7-8	Defined pre-specified primary and other outcome(s) of the implementation strategy, and how they were assessed. Document any pre-determined targets	Reported on page 7-8	Defined pre-specified primary and other outcome(s) of the intervention (if assessed), and how they were assessed. Document any pre-determined targets
Process evaluation	12	Reported on page 7-8	Process evaluation objectives and outcomes related to the mechanism by which the strategy is expected to work		
Economic evaluation	13	none	Methods for resource use, costs, economic outcomes and analysis for the implementation strategy	none	Methods for resource use, costs, economic outcomes and analysis for the intervention
Sample size	14	none	Rationale for sample sizes (including sample size calculations, budgetary constraints, practical considerations, data saturation, as appropriate)		

Analysis	15	Reported on page 8	Methods of analysis (with reasons for that choice)		
Sub-group analyses	16	none	Any a priori sub-group analyses (e.g. between different sites in a multicentre study, different clinical or demographic populations), and sub-groups recruited to specific nested research tasks		

Results					
Characteristics	17	Reported on page 8	Proportion recruited and characteristics of the recipient population for the implementation strategy	Reported on page 8	Proportion recruited and characteristics (if appropriate) of the recipient population for the intervention
Outcomes	18	Reported on page 8	Primary and other outcome(s) of the implementation strategy	Reported on page 8	Primary and other outcome(s) of the Intervention (if assessed)
Process outcomes	19	Reported on page 9-13	Process data related to the implementation strategy mapped to the mechanism by which the strategy is expected to work		
Economic evaluation	20	none	Resource use, costs, economic outcomes and analysis for the implementation strategy	none	Resource use, costs, economic outcomes and analysis for the intervention
Sub-group analyses	21	none	Representativeness and outcomes of subgroups including those recruited to specific research tasks		
Fidelity/adaptation	22	none	Fidelity to implementation strategy as planned and adaptation to suit context and preferences	none	Fidelity to delivering the core components of intervention (where measured)
Contextual changes	23	Reported on page 11-12	Contextual changes (if any) which may have affected outcomes		
Harms	24	none	All important harms or unintended effects in each group		
Discussion					
Structured discussion	25	Reported on page 13-16	Summary of findings, strengths and limitations, comparisons with other studies, conclusions and implications		

Implications	26	Reported on page 13-16	Discussion of policy, practice and/or research implications of the implementation strategy (specifically including scalability)	Reported on page 13-16	Discussion of policy, practice and/or research implications of the intervention (specifically including sustainability)
General					
Statements	27	Reported on page 17	Include statement(s) on regulatory approvals (including, as appropriate, ethical approval, confidential use of routine data, governance approval), trial/study registration (availability of protocol), funding and conflicts of interest		

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