

Navigating the implementation of quality standards: Barriers and strategies

This resource outlines common factors that influence the implementation of quality standards. It provides transparency into the implementation science approach that informs the Knowledge Institute's Standard Development Process (Knowledge Institute, 2022) and builds on previous research examining implementation barriers and facilitators (Knowledge Institute, n.d.). These cross-cutting implementation considerations complement the implementation guidance and topic-specific barriers and mitigating strategies included within each quality standard.

Key terms

- **Implementation science:** The study of methods to help put research into practice.
- **Implementation of a quality standard:** Implementing a quality standard is an intentional, ongoing process toward a common aspirational vision, rather than a one-time effort. Implementation requires continuous work to demonstrate each quality statement and embody the core principles in everyday practice. Implementation is both a process and an outcome. Progress, rather than perfection, is evidence of meaningful, intentional action toward greater consistency and better-quality care.
- **Barriers:** Factors hindering effective implementation of quality standards.
- **Facilitators:** Factors supporting effective implementation of quality standards.
- **Mitigating strategies:** These are the specific actions, processes, or resources that can be leveraged to directly address the identified barriers in practice. We use this term to emphasize an action-oriented approach.

Standard development with an implementation lens

Effective implementation of voluntary quality standards in Ontario's community-based child and youth mental health, substance use health, and addictions sector (the sector) depends on system-level conditions, and organizational and individual readiness. Implementation considerations are embedded throughout the Knowledge Institute's Standard Development Process (Knowledge Institute, 2022). As each quality standard is developed, the Knowledge Institute conducts a **topic-specific needs assessment** to identify likely barriers to implementation and strategies to address them. This **implementation science approach** helps to show what components of a standard are most feasible and relevant across diverse settings, clarifies current practices, and highlights risks to fidelity and existing strengths that can be leveraged.

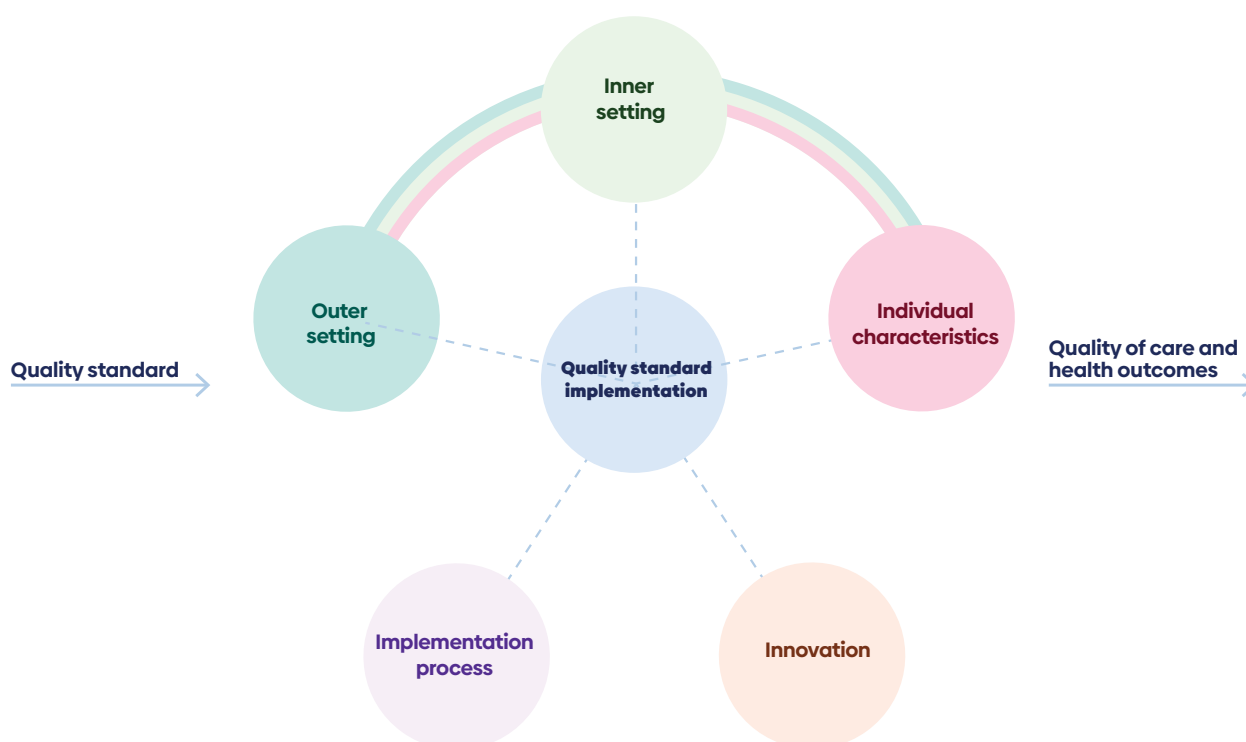
The topic-specific implementation needs assessment is informed by expert consultations, relevant literature, ongoing engagements with interest-holders, and the Quality Standard Advisory Committee—including service providers, system leaders, young people, and caregivers. We use the **Consolidated Framework for Implementation Research** (CFIR; Damschroder et al., 2022) to prospectively identify and organize factors that support or hinder the anticipated implementation of our quality standards. The CFIR provides a structured, evidence-informed approach to understanding implementation complexity and supports the selection of practical and applicable implementation supports (Reardon et al., 2025).

Although each quality standard has its own implementation considerations, common patterns emerge across the sector. These themes informed the Knowledge Institute's Standard Development Process (how we engage the sector throughout standard development) and the format of our quality standards (including practical examples). These core implementation considerations also underpin the decision to provide a general set of implementation supports alongside topic-specific tools and guidance. Together, these implementation resources allow for local adaptation of each quality standard based on specific organizational, geographic, cultural, and population needs.

Implementing voluntary, principles-based quality standards

Here, we summarize some of **the barriers and mitigating strategies related to implementing voluntary, principles-based quality standards in the sector** across the five CFIR domains (Figure 1). These themes are derived from data collected through ongoing standard development work. While this analysis was not conducted through a formal research process, themes were identified inductively and refined through critical team-based discussion.

Figure 1. The five domains from the CFIR influence implementation of a quality standard. Each domain includes barriers and facilitators. When mitigating strategies are applied across each domain, they can help the system achieve the promising practices described by quality standards.



Based on concepts presented in Damschroder et al. (2022).

Outer setting

The external context influencing implementation of a quality standard, referring to the sector and system-level factors in Ontario.

Barriers

- High levels of unmet client needs and resource constraints, including long wait times and inequitable access.
- Limited access to services in rural, remote, or underserved communities.
- Siloed service delivery and fragmented communication and collaboration across sectors.
- Conflicting or unclear policy directions and incentives.
- Lack of formal accountability mechanisms to voluntary quality standards.
- System strain resulting from critical incidents (e.g., COVID-19-related disruptions).

Mitigating strategies

- Provide equity-focused funding and resource allocation.
- Respond to diverse needs through client- and youth-centred approaches.
- Grow strong cross-sector partnerships with intentional knowledge sharing.
- Align quality standards with accreditation requirements, system mandates, and existing sector initiatives.
- Set consistent and clear policy direction across ministries and funders.
- Leverage system priorities to increase urgency for coordinated service planning.

Inner setting

The organization, agency, or community where implementation of a quality standard occurs.

Barriers

- Limited available resources, including staffing shortages, time constraints, funding, and restricted service options to implement the quality standard.
- Competing organizational priorities and poor compatibility between standards and existing workflows, systems, or processes.
- Limited access to knowledge and information about quality standards or available implementation supports to integrate into workflow.
- Organizational culture lacks psychological safety or a culture of continuous quality improvement.
- Resistance to change and low readiness for implementation.
- Limited leadership engagement or visible support.

Mitigating strategies

- Invest in workforce training and professional development to improve readiness for implementation.
- Develop robust data systems to support monitoring and improvement.
- Use clear, accessible guidance, onboarding resources, and capacity-building supports.
- Build an organizational culture that supports equity, diversity, and inclusion and continuous quality improvement.
- Align organizational strategic priorities with quality standards.
- Foster active and visible leadership engagement, including championing and resourcing implementation.
- Communicate with and between staff on an ongoing basis.

Individual characteristics

The individuals involved in implementing or delivering the quality standard, and those who are affected by the quality standard.

Barriers

- Limited awareness of or familiarity with the quality standard, and how to implement the standard.
- Low self-efficacy and confidence in applying the standard in practice.
- Lack of agreement with the quality standard and potential to improve outcomes.
- Change fatigue or initiative overload.
- Burnout and competing time demands.

Mitigating strategies

- Champion client-centred, high-quality care.
- Articulate clearly the purpose, value, and vision of the standard.
- Identify implementation leads and champions.
- Structure implementation planning and role clarity.
- Provide training opportunities and feedback loops to build confidence.
- Recruit and support dedicated, motivated staff.
- Emphasize small wins and alignment with existing initiatives to build momentum.
- Set expectations for adoption by leadership and support the translation of standards into operational plans.

Innovation

The creation, design and development of the quality standard itself.

Barriers

- Limited adaptability, where overly rigid criteria do not reflect diverse service contexts.
- High complexity and lack of clarity, leading to confusion about expectations due to intricate or unclear components.
- Poor design, including content that is duplicative or burdensome.
- Lack of specificity to address a particular situation/context.
- Low perceived relative advantage due to overlap with existing tools or frameworks.
- Variable perceptions of evidence strength and quality, particularly for specific populations.

Mitigating strategies

- Design standards to be adaptable and allow for contextual adaptation by emphasizing values-based principles, rather than rigid criteria.
- Embed client-centred voices throughout the standard and emphasize them using illustrative quotes (what this means for young people and family members).
- Present the core content and scope of the standard and make it available in a variety of ways.
- Leverage related standards and policies to reduce duplication and strengthen evidence.
- Communicate the relative advantage of each standard over current practice.
- Highlight credibility and use transparent evidence summaries that demonstrate co-development with sector experts.
- Engage diverse interest-holders in the development of the standard, prioritizing those that experience the greatest health equity barriers.
- Articulate the audience of the standard and clearly explain the promising practices and expectations to reduce complexity.

Implementation process

The activities and strategies used to plan, execute, and sustain the implementation of a quality standard.

Barriers

- Insufficient or rushed implementation planning, often owed to limited time.
- Limited coordination across teams or partner organizations.
- Lack of engagement from youth, caregivers, or frontline staff.
- Absence of champions to drive and sustain change, sometimes owing to staff transitions.
- Lack of tracking, measurement, or feedback mechanisms.

Mitigating strategies

- Use detailed, practical implementation and measurement guides.
- Access external planning or facilitation support.
- Create teams intentionally and collaborate across interdependent partners.
- Engage meaningfully with young people, families, and staff early on.
- Identify and support champions at multiple levels.
- Dedicate implementation roles and use cross-functional teams.
- Collect information and practice continuous quality improvement processes related to implementation.
- Share the quality standard in a manner that is clear and usable, for example in summary documents.



For more information on implementing quality standards, refer to [Putting quality standards into action: An implementation guide](#).

References

- Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O., & Lowery, J. (2022). [The updated Consolidated Framework for Implementation Research based on user feedback](#). *Implementation Science*, 17(1), 1-16.
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- Reardon, C. M., Damschroder, L. J., Ashcraft, L. E., Kerins, C., Bachrach, R. L., Nevedal, A. L., Domlyn, A. M., Dodge, J., Chinman, M., Rogal, S. (2025). [The Consolidated Framework for Implementation Research \(CFIR\) User Guide: A five-step guide for conducting implementation research using the framework](#). *Implementation Science*, 20(39).