

Innovation Scalability Self-Administered Questionnaire – ISSaQ 4.0

Questionnaire and user guide

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This tool is the result of a project entitled Development of a tool for evaluating the scalability of innovations in community-based primary health care [“Développement d’un outil d’évaluation du potentiel de mise à l’échelle des innovations en soins de santé communautaires de première ligne (outil validé par un Delphi)”] which was financed by the Unité de Soutien SSA Quebec. The project was conducted in collaboration with the Canada Research Chair on Shared Decision Making and Knowledge Mobilization at Université Laval and received support from the Centre de recherche en santé durable – VITAM. The original French version of ISSaQ 4.0 was released in March 2023. In April 2024, we made some adjustments informed by feedback from scaling teams who utilized this tool, suggestions made by knowledge users in training workshops, and on our own experiences.

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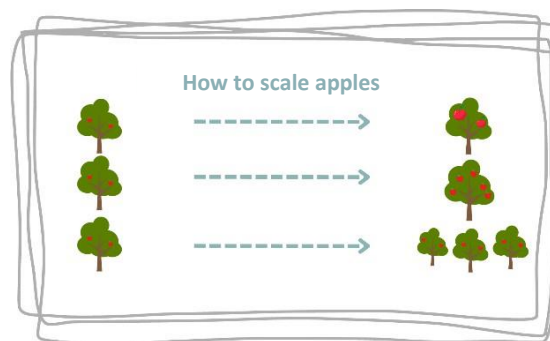
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1 Introduction

** Definitions of terms and concepts in blue can be found in the Glossary on page 9.*

1.1 Scaling of innovations in health and social services

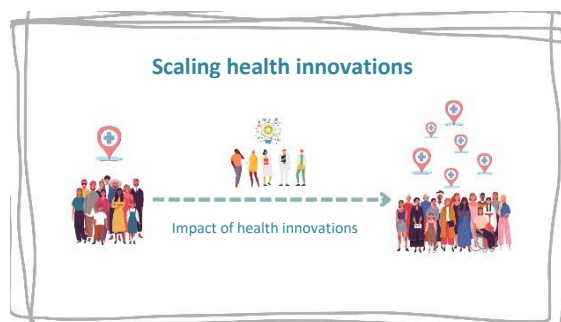
The **scaling** of **innovations in health and social services** is the effort to increase the impact of a health innovation proven effective in **local or experimental contexts** through deliberately expanding, replicating and adapting it (1). Scaling is an **evidence-based** practice that aims to improve the care and wellbeing of a **target population** (1). The rapid expansion of efforts to increase vaccine coverage against COVID-19 is an example of successful scaling. Over the past few years, the scientific literature and many organizations have emphasized the value of scaling as essential for reducing waste and inequities in health (2-5).



Adapted from McLean & Gargani, 2022

1.2 Scalability

Assessing the **scaling potential, or scalability**, of an innovation in health and social services is recommended before scaling it (1, 6-9). The goal of this assessment is to ensure that the innovation can be expanded, replicated and adapted to new contexts while maintaining its effectiveness and increasing its impact (10).



ISSaQ 4.0, 2023

1.3 ISSaQ 4.0: an evidence-based tool

This tool enables [innovation teams](#) in health and social services to assess the scalability of their innovations. It is a self-administered questionnaire with 37 statements divided into 12 [scalability components](#) (11,12).

Scalability components
1. The social or health issue addressed by the scaling
2. Scaling development
3. Characteristics of the innovation to be scaled
4. Political context of the scaling
5. Effectiveness of the innovation to be scaled
6. Costs of the scaling
7. Adaptability of the innovation to be scaled
8. Coverage of the scaling
9. Acceptability of the innovation to be scaled
10. Scaling setting
11. Infrastructure required for scaling
12. Sustainability of scaling

Innovators can use this tool to make informed decisions about planning, initiating and executing the scaling of an innovation in health and social services. The tool can also help them identify areas for improvement in their innovations and scaling projects.

This is a reliable tool that was rigorously and systematically developed using evidence-based data. Version 1.0 was created in 2017 for assessing the scalability of primary care innovations (6,7). It was based on a systematic review (13) and existing scaling guidelines (1,De 14). Version 2.0 included small changes to the wording of the questions but was never published.

Version 3.0 was delivered in 2022 to the Unité de Soutien SSA Québec after a new systematic review of scalability evaluations of health innovations (11). The review found 21 tools, from which 320 items were extracted. Sixteen selection criteria (15) were applied to ensure they were valid and relevant. In keeping with the Integrated Knowledge Transfer approach (IKT), the items retained were revised by knowledge users outside the research team, including a researcher, two decision-makers and a patient partner. ISSaQ 3.0 contained 45 statements covering 14 components of scalability. It has exceptionally broad scope and incorporates criteria from the most relevant and up-to-date tools yet published. Unlike Versions 1.0 and 2.0, it can be used to assess the scalability of innovations from all levels of health and social services.

This current Version 4.0 is the result of a Delphi study that validated and improved Version 3.0. Participants were 24 experts, including citizens, patients, public policy officials, members of various SPOR (Canada's Strategy for Patient-Oriented Research) organizations, clinicians and researchers. They assessed the relevance, clarity and necessity of each statement in the tool and could suggest new ones. Eleven statements that did not have high enough scores were excluded

and 3 new statements were added. Questions and comments by Delphi study participants helped us improve Version 4.0 by making its components and statements clearer and more precise.

2 How to use ISSaQ 4.0 ?

2.1 Navigation

Each component is introduced by a definition to help you understand the statements. The glossary in Section 3 (page 9) further explains terms and concepts. Although following the suggested order of components and statements is recommended for understanding the overall logic of the scaling process, it is not mandatory. You can skip sections if you need more time to reflect on them with your team and come back to them later. You can also leave and return to the questionnaire at any time to continue or revise your evaluation. The tool contains space for taking notes.

2.2 Using response scales

Each statement has a response scale for assessing the scalability of your innovation. On the scale of 1 to 7, 1 means “Strongly disagree,” and 7 means “Strongly agree.” **Please note that there is no minimum or ideal score recommended for proceeding with the scaling. However, your responses will help you think critically about the scalability of your innovation before moving to the next phase.**

2.3 The need for evidence

Several statements focus on what evidence is available on your innovation. You can use different kinds of data (qualitative and/or quantitative), including data that is already published and collected in other contexts or produced specifically for your innovation. The main thing is that data should be **relevant and of high-quality**. Relevant data would depend on the nature of the innovation and the goal of scaling. For example, qualitative data from a small sample of interviews could be enough to support the scaling of a health innovation that encourages meditation to improve well-being and mental health among members of a community. On the other hand, for scaling a drug, robust data from clinical trials are essential, with sampling protocols that are clearly defined, respected and reported. Data quality assessment criteria can vary depending on the data type. They can include criteria for data collection methodology, sampling, and measurement validity and reliability. To help innovation teams judge the quality of their data, we encourage them to partner with qualified research teams.

2.4 Records

We recommend documenting all data, reflections and any relevant information that emerges while you are using ISSaQ 4.0. This practice will facilitate team communication and will provide a clear record of the progress of your scaling project. Create a separate folder for each component

where you can keep data, discussion notes and additional documents. This will help you reflect on your responses and make informed decisions about scaling. In addition, this documentation could help you justify further scaling at the institutional level.

2.5 When to use the ISSaQ 4.0 tool?

You can use the ISSaQ 4.0 tool at different stages of the scaling of your innovation:

Before piloting the innovation: ISSaQ 4.0 will help you reflect on the scalability of your innovation at the research stage when you are designing or implementing the [innovation pilot](#). It will help you integrate and document elements needed for scaling the innovation into new contexts in the future.

Before scaling the innovation: You can use ISSaQ 4.0 after piloting the innovation. A scalability evaluation is highly recommended for the scaling preparation stage. It will help you identify the potential strengths and weaknesses of the scaling and will make it easier to gather the data and information needed to plan it.

During or after scaling the innovation: Using ISSaQ retroactively can help reveal the shortcomings and gaps of scaling as well as why it was successful and contribute to ongoing improvement. This is recommended for meeting sustainability requirements and further institutional mainstreaming of the scaled innovation.

2.6 Who the tool is for?

ISSaQ 4.0 is designed to be used by any person or organization working in health and social research or health and social services, with and for patients and citizens. Given the complexity of the scaling process and the detailed nature of some of the statements, we recommend that the whole scaling team participate in filling out the questionnaire. The team should establish partnerships with all the [scaling stakeholders](#), including users or user representatives, beneficiaries, organizations working in health research or health and social services, funding bodies and decision makers, all of whose perspectives are necessary for developing the scaling of the innovation. Thus, the data, information and reflections can be shared by the group considering their experiences and possibilities.

We mobilized best practices for inclusive patient-centred research in designing this tool. ISSaQ 4.0 was created using the iKT approach (Integrated Knowledge Translation) with input from patient and citizen partners at every stage of its development. The tool therefore encourages [patient and citizen involvement in scaling](#). For involving patients and citizens, teams should use plain language in their discussions and clearly identify the skills of patient and citizen participants that can help in assessing the scalability of the innovation.

3. Glossary

Effectiveness: Refers to how well it achieves its intended outcomes or goals in addressing a specific problem or need. It typically measures the impact, efficiency, and overall success of the innovation in practical applications.

Ethnic and racialized minorities: Groups of people distinguished by their ethnic background, culture, or perceived race, who experience social, economic, or political marginalization due to societal structures and biases. The term "racialized" highlights the social process of assigning racial identities, often leading to discrimination or unequal treatment.

Evidence-based data: Data obtained using rigorous scientific methods such as experimental or observational studies. Evidence-based data can include quantitative data (numbers, statistics) and/or qualitative data (observations, testimonials).

Innovation pilot: The first implementation of the innovation in a pilot or experimental context.

Scaling team: Team responsible for scaling the innovation.

Innovations in health and social services: Interventions that are new, or perceived as new by their beneficiaries, or interventions adapted to new contexts.

Local or experimental contexts: The context in which an innovation was implemented for the first time.

Monitoring and assessment infrastructure: Infrastructure such as equipment, measures and qualified human resources necessary for guiding and monitoring scaling.

Local multi-stakeholder partnerships: Partnerships necessary for scaling the innovation, e.g. partners from various sectors such as financial organizations, suppliers, community associations and governments.

New contexts: The context/s into which an innovation will be scaled.

Organizational Infrastructure: The institutional arrangements needed to scale an innovation, such as authorizations from management, a governance committee and political and community support.

Patient and citizen involvement in scaling: Active participation of patients and citizens in the scaling of innovations in health and social services through collaboration and the co-production of ideas, plans, documents, tools, solutions and evaluations throughout all phases of the process.

Plain language: Language that is understandable and usable by as many people as possible, including those with different abilities or needs.

Political obstacles: Barriers at the level of political decision-making and public policy implementation that may block scaling. These may be conflicts of interest between different groups, bureaucracy and institutional resistance to change, and legal or regulatory constraints.

Qualified human personnel: Qualified personnel who are either already able to contribute to scaling the innovation, or who are willing and able to be trained to do so.

Relevant and high-quality data: Relevant data are consistent, appropriate and respond to a specific question or scaling goal. High-quality data are reliable in terms of the data collection methodology, the sampling, and the validity of the measures.

Scalability: Potential of an innovation to be expanded, replicated and adapted to **new contexts** while maintaining its effectiveness and thus increasing its impact.

Scalability components: Components that have been identified in the scientific literature as essential to the success of scaling innovations in health and social services.

Scaling: Effort to increase the impact of a health innovation proven effective in **local or experimental contexts** through expanding, replicating and adapting it.

Scaling preparation: The stage before scaling, including establishing the team, partnerships, infrastructure and everything else necessary for proceeding with scaling. Some authors recommend developing a scaling plan at this stage.

Stakeholders: User representatives, beneficiaries, organizations and persons working in health research or health and social services, funding bodies and decision makers, all of whose perspectives are necessary for scaling the innovation.

Sex- and gender sensitive: Elements that take into account inherent social and power inequalities in society that result in, for example, differences in access to health care for women, men, cisgender, transgender and non-binary persons.

Target population: The population and/or services that will benefit from scaling the innovation.

Underserved groups: Persons, communities and groups frequently faced with discrimination and prejudice because of their characteristics or position in the social structure. These are people of African descent, Indigenous people, Roma, Sinti and Travellers, people belonging to national, ethnic, religious or linguistic minorities, migrants, refugees, asylum seekers, internally displaced people, people living in extreme poverty, women, LGBTQ2S+ people, people with disabilities, and older people.

4. Innovation Form

Name of innovation

Social or health issue the innovation addresses

Target population of scaling

Description of innovation and of scaling project

Scaling team and scaling stakeholders

5. Scalability components (C)

5.1 C1: Social or health issue addressed by the scaling

The statements for this component relate to the issue addressed by the scaling of the innovation. The scaling must respond to a relevant social or health issue, i.e., it must benefit a [target population](#) and respond to its health and wellbeing needs. It is thus important that the decision to scale considers the perspectives of [scaling stakeholders](#) and the [target population](#), and that the team communicate with them and involve them in every step of the process.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C1.1 This innovation* responds to a social or health issue.	☐	☐	☐	☐	☐	☐	☐
C1.2 Scaling stakeholders* explicitly requested that the innovation be scaled.	☐	☐	☐	☐	☐	☐	☐
C1.3 The target populations* explicitly requested that the innovation be scaled.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.2 C2: Scaling development

The statements for this component relate to the development of the scaling of the innovation. Development should involve [scaling stakeholders](#) and the [target population](#). Using a guideline, model or theoretical framework can be helpful in this phase.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C2.1 Scaling stakeholders* gave their perspectives on the scaling project.	☐	☐	☐	☐	☐	☐	☐
C2.2 The target populations* gave their perspectives on the scaling project.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.3 C3: Characteristics of the innovation to be scaled

The statements for this component relate to the ethical and social aspects of the scaling of the innovation. The goal is that the scaling will contribute to social and health-related equity and not inequity. Innovations should be designed to treat Indigenous communities, **ethnic and racialized minorities** with respect and dignity, as well as other **underserved groups** such as women, LGBTQ2I+ persons, older people and people with disabilities. By following these principles, the scaling can benefit everyone and contribute to a more inclusive and equitable society.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C3.1 The stakeholders share a common vision of the goal of scaling.	☐	☐	☐	☐	☐	☐	☐
C3.2 The innovation is easy to understand for the target populations*.	☐	☐	☐	☐	☐	☐	☐
C3.3 The innovation is sex- and gender-sensitive*.	☐	☐	☐	☐	☐	☐	☐
C3.4 The innovation respects Indigenous, ethnic and racialized minorities* and their cultures.	☐	☐	☐	☐	☐	☐	☐
C3.5 Scaling the innovation follows guidelines that ensure equity, diversity and inclusion of underserved groups. *	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.4 C4: Political context of the scaling

The statements for this component relate to barriers linked to the political context of the scaling. These barriers are political because they relate to political decision-making and public policy implementation. For example, conflicts of interest between different groups, bureaucracy, institutional resistance to change, and legal or regulatory constraints. These political obstacles can be at the local, national or even international level; it might be structural or systemic factors that make scaling the innovation difficult. The scaling project should align with the plans and programs of the various authorities at different levels, such as the World Health Organization (WHO), national ministries of health and other local, national and international regulatory bodies.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C4.1 There are no political obstacles* to the scaling of this innovation.	☐	☐	☐	☐	☐	☐	☐
C4.2 The scaling of the innovation aligns with national and local legislation.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.5 C5: Effectiveness of the innovation to be scaled

The statements for this component relate to **evidence-based** data on the **effectiveness** of the innovation to be scaled. This should be relevant and **high-quality data** that consider the impacts of the innovation in the short, middle and long term. It involves relevant and high-quality data. These impacts can be positive, such as improvements in the health and wellbeing of populations and services, or negative, such as risks or undesirable consequences.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C5.1 There are relevant and high-quality data* on the effectiveness* of the innovation.	☐	☐	☐	☐	☐	☐	☐
C5.2 The advantages of the innovation and its impacts on the health and wellbeing of individuals and communities are clearly demonstrated in evidence-based data.	☐	☐	☐	☐	☐	☐	☐
C5.3 There are relevant and high-quality data* on the disadvantages of the innovation.	☐	☐	☐	☐	☐	☐	☐
C5.4 The potential disadvantages of not scaling the innovation have been considered.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.6 C6: Costs of the scaling

The statements for this component relate to the costs of the scaling of the innovation. It is important to make sure that there is sufficient funding to cover the total costs of the scaling of the innovation (e.g., material, human and financial costs). In addition, these costs must be justifiable in terms of the quantifiable benefits of scaling the innovation (cost-effectiveness). It is also interesting to compare the cost-effectiveness of scaling the innovation with the cost-effectiveness of the alternatives (e.g., other existing innovations or health programs) to see if scaling is advantageous.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C6.1 Relevant and high-quality data* are available on the material, human and financial resources (total costs) needed to scale the innovation.	☐	☐	☐	☐	☐	☐	☐
C6.2 The innovation requires material, human, and financial resources that one can expect to be minimally available during scaling.	☐	☐	☐	☐	☐	☐	☐
C6.3 Relevant and high-quality data* are available on the cost-effectiveness of scaling the innovation (compared to existing alternatives).	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.7 C7: Adaptability of the innovation to be scaled

The statements for this component relate to how well the innovation can be adapted to [new contexts](#). Innovations need to be adapted during scaling to accommodate the different environments, values and needs of the [target populations](#), as well as changes over time. At the same time, the innovation should stay true to its characteristics and goals. Most of all, its positive impacts should be maintained despite any adaptations necessary during scaling.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C7.1 Relevant and high-quality data* are available on the adaptability of the innovation.	☐	☐	☐	☐	☐	☐	☐
C7.2 What is needed to adapt the innovation locally (to a new context*) has been considered.	☐	☐	☐	☐	☐	☐	☐
C7.3 Adaptations can be (or have been) made to the innovation without changing its fundamental characteristics, goals or impacts.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.8 C8: Coverage of the scaling

The statements for this component relate to potential coverage of the scaling and adoption of the innovation after scaling. Coverage refers to the number of people or services that will benefit from scaling. Adoption refers to its integration into existing practices, which can vary from the intention to adopt to partial or total adoption by individuals or services.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C8.1 There is a clear definition of the target population* of the innovation to be scaled (i.e. what population will be covered, and what are its characteristics).	☐	☐	☐	☐	☐	☐	☐
C8.2 The innovation to be scaled has the potential to cover all the target populations*.	☐	☐	☐	☐	☐	☐	☐
C8.3 There are relevant and high-quality data* on adoption of the innovation that consider the number of units (persons, services etc.) expected to adopt it as well as the actual number adopting it.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.9 C9: Acceptability of the innovation to be scaled

The statements for this component relate to the acceptability of the innovation to be scaled. The innovation should be well accepted and considered appropriate by the [stakeholders](#) and the [target population](#) of the scaling.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C9.1 Relevant and high-quality data* are available on the acceptability of the innovation to be scaled among target populations.	☐	☐	☐	☐	☐	☐	☐
C9.2 The innovation to be scaled is presented to the target populations* in an appropriate way, using plain language*.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.10 C10: Scaling setting

The statements for this component relate to the environment into which the innovation will be scaled. The setting should be similar to or compatible with the [pilot or experimental context](#) in which the evidence-based data on the effectiveness of the innovation were collected. In addition, the main local partnerships should be in place for the scaling of the innovation.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C10.1 The innovation was tested in the same type of setting to the one in which it will be scaled.	☐	☐	☐	☐	☐	☐	☐
C10.2 Multipartite local partnerships* are in place to support scaling.	☐	☐	☐	☐	☐	☐	☐
C10.3 Qualified human resources* are available in the setting in which the innovation will be scaled.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.11 C 11: Infrastructure required for the scaling

The statements for this component relate to infrastructure required for the scaling of the innovation. For scaling to be feasible, the various infrastructures necessary should be achievable and in place by the time scaling occurs. Organizational infrastructure involves getting the necessary institutional authorization, establishing a governance committee, and obtaining political and community support for scaling. Monitoring and evaluation infrastructures means that qualified personnel, measurements and equipment are available to monitor and evaluate the scaling of the innovation throughout the process.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C11.1 There are relevant and high-quality data* on the feasibility of the innovation.	☐	☐	☐	☐	☐	☐	☐
C11.2 The infrastructure requirements for the scaling of the innovation are achievable.	☐	☐	☐	☐	☐	☐	☐
C11.3 The organizational infrastructure* required is available for the scaling the innovation.	☐	☐	☐	☐	☐	☐	☐
C11.4 Structures are in place for monitoring the scaling process.	☐	☐	☐	☐	☐	☐	☐
C11.5 Structures are in place for evaluating the scaling process.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

5.12 C12: Sustainability of the scaling

The statements for this component relate to the sustainability of the innovation to be scaled. This involves reflecting on the availability of material, human and financial resources over time. The sustainability of scaling refers to the ability to maintain and support the scaling of the innovation in a long-lasting and continuous manner.

Please choose a number that best reflects your level of agreement with the following statements.

	strongly disagree				strongly agree		
	1	2	3	4	5	6	7
C12.1 The sustainability of the innovation to be scaled has been considered.	☐	☐	☐	☐	☐	☐	☐
C12.2 The material, human and financial resources required for scaling the innovation are sustainable.	☐	☐	☐	☐	☐	☐	☐

* Terms defined in the glossary.

Notes 

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7. Appendices

Appendix 1: List of tools from which elements of ISSaQ 4.0 (11) were sourced

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