



Case example 1: Developing & implementing a digital platform to support trauma informed care using CFIR



Consolidated Framework for Implementation

Research

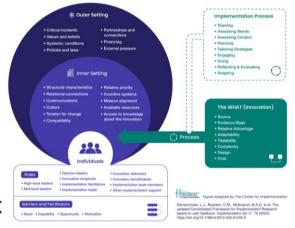


Determinants framework (D = influencing factors)

- Multi-level, 5 domains, 37 constructs
- A consolidated, meta-theoretical framework
- Why might you choose CFIR? CFIR + add ons?

CFIR 2.0. Adapted from Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O., et al. (2022). The updated consolidated framework for implementation research based on user feedback Implementation Science, 17, 75. https://doi.org/10.1186/s13012-02201245-0. Image adapted by The Center for Implementation, © 2019 Version: V2024.01.

 CFIR limitations: client needs & resources (Safaeinilli 2019; Means 2020), no interactions (Damschoeder 2009), no bridging factors







Original CFIR Guidance



"Implementation researchers should assess each construct for salience, carefully adapt and operationalize definitions for their study...."

"Each decision and rationale should be documented along with findings related to each construct."

Damschroder et al. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Sci* **4**, 50.

CFIR website https://cfirguide.org/

- Under construction
- Links to CFIR-ERIC tool
- CFIR codebook with definitions

CFIR Codebook

Note: This template provides inclusion and exclusion criteria for most constructs. Please post additional inclusion and exclusion criteria, guidance, or questions to the CFIR Wiki discussion tab in order to help improve the CFIR.

This template only includes CFIR definitions and coding criteria; codebooks may include other information, such as examples of coded text, rating guidelines, and related interview questions.

I. Innovation Characteristics

A. Innovation Source

<u>Definition</u>: Perception of key stakeholders about whether the innovation is externally or internally developed.

Inclusion Criteria: Include statements about the source of the innovation and the extent to which interviewees view the change as internal to the organization, e.g., an internally developed program, or external to the organization, e.g., a program coming from the outside. Note: May code and rate as "I" for internal or "E" for external.

Exclusion Criteria: Exclude or double code statements related to who participated in the decision process to implement the innovation to Engaging, as an indication of early (or late) engagement. Participation in decision-making is an effective engagement strategy to help people feel ownership of the innovation.

<u>Definition</u>: Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the innovation will have desired outcomes.

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CFIR

Consolidated Framework for Implementation Research

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Updated CFIR Constructs

Note: We have archived the list of 2009 CFIR constructs.



We will continue to provide updates as they become available.

The table below lists **Updated CFIR** constructs. This information is taken from the published article and Additional File 6, published in *Implementation Science*. Click on the domain or construct to see more details for each.

Background & problem

Aim: To determine:

- (1) Contextual factors influencing implementation
- (2) Feasibility of intervention and implementation strategies



 Paediatric Medical Traumatic Stress (PMTS) = child and their families' reaction to a potentially traumatic event in the medical context



 Staff need knowledge of trauma informed care (CFIR) - up to 80% of children or their parents after paediatric injury experience 1+ symptom of PMTS





Rationale for selecting CFIR

Successfully used previously to examine the role of staff and system-level contextual factors on the implementation (Simons...Tyack 2023 Burns)

Robey et al. Understanding staff- and system-level contextual factors relevant to trauma-informed care implementation. Psychol Trauma: Theory Res Pract Policy 2021;13(2):249–57.





Study methods & design

Mixed methods: Context assessment Intervention:

'Responsive Care' e-learning package

Implementation strategies:

- champions
- audit and feedback
- educational materials and meetings

4 STEPS OF CARE





From: Simons M, Tyack Z, Montague G, Kenardy J, Ziviani J, De Young A. (2019). Responsive Care Intervention— Online: a web based trauma-informed care training for health professionals. Brisbane, Australia; University of Oueensland & Children's Health Oueensland.





Study context

Who?: Target group - health professionals in burn care & line managers

Where?: Major metropolitan children's hospital

When?: 2019

How?: Development process with international experts & clinicians, i-learn build, implementation in research & practice, evaluation





Code books & coding

Research Questions 1. What are the contextual factors influence clinician's implementation and delivery of the X' intervention to patients with X? 2. What contextual factors influence the extent of implementation success or failure of the X intervention from the perspective of patients? 3. What factors influenced the extent of implementation success or failure of X intervention considering feasibility, acceptability, fidelity, sustainability and implementation cost? 4.What potential strategies could be used to address barriers and leverage facilitators to optimally implement the X intervention in X settings? **CFIR 2.0** https://cfirguide.org/ **CFIR 2.0 Domain** Construct **CFIR Construct Definition** Operationalized Definition for X Additional comments relevant for Interview Questions (from IV guide) study Innovation A. Innovation source The group that developed and/or visibly (the "thing" being implemented) sponsored use of the innovation is reputable, credible, and/or trustable B. Innovation evidence base The innovation has robust evidence supporting its effectiveness C. Innovation relative advantage The innovation is better than other The extent to which clinician's The X intervention aims to address available innovations or current perceive that the X intervention commonly reported barriers to X practice provides additional benefit for lack of time, lact of resources and promoting attendees through (brief) lack of protocols. structured education and advice compared to usual care As such, the X intervention may offer a time-efficient and easy-toimplement X intervention that can be used to promote X in X populations. D. Innovation adaptability The innovation can be modified, The degree to which the the X The X intevention can be delivered tailored, or refined to fit local context intervention was/should be adapted. face-to-face, via telephone, or via tailored, or refined to meet local email dependent upon the or needs requirements of the individual needs.

Acknowledgement: Developed by Jess Seymour & Nicole Freene, The University of Canberra & Zephanie Tyack, QUT

Key take away messages



Discuss & document rationale & fit



 Document study specific definitions prior to coding



 Don't be afraid to report factors that fall outside CFIR



