

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



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/s13012-022-01245-0>. Image adapted by The Center for Implementation, © 2022. Version: V2024.01. <https://thecenterforimplementation.com/toolbox/cfir>

*“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



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.

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

Definition: 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.

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

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 Queensland & Children's Health Queensland.

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

Citation: Damschroder, L.J., Reardon, C.M., Widerquist, M.A.O. et al. The updated Consolidated Framework for Implementation Research based on user feedback. Implementation Sci 17, 75 (2022). https://cfirguide.org/

CFIR 2.0 Domain	Construct	CFIR Construct Definition	Operationalized Definition for X study	Additional comments relevant for context	Interview Questions (from IV guide)
Innovation (the "thing" being implemented)	A. Innovation source	The group that developed and/or visibly 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 available innovations or current practice	The extent to which clinician's perceive that the X intervention provides additional benefit for promoting attendees through (brief) structured education and advice compared to usual care	The X intervention aims to address commonly reported barriers to X - lack of time, lack of resources and lack of protocols. As such, the X intervention may offer a time-efficient and easy-to-implement X intervention that can be used to promote X in X populations.	
	D. Innovation adaptability	The innovation can be modified, tailored, or refined to fit local context or needs	The degree to which the X intervention was/should be adapted, tailored, or refined to meet local needs.	The X intervention can be delivered face-to-face, via telephone, or via email dependent upon the requirements of the individual	

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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