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Title

Applying the Consolidated Framework for Implementation Research (CFIR) in acute care and primary care evaluations

Priority 1 (Research Category)

Dissemination and implementation research

Presenters

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Abstract

Context: Implementing new innovations into healthcare settings is challenging. The Consolidated Framework for Implementation Research (CFIR) can provide guidance on the design, implementation strategies, and evaluation processes. CFIR's versatility offers several advantages: (1) promotes use of a shared language across diverse settings, (2) applicable at various stages of implementation, and (3) ability to map results to the Expert Recommendations for Implementation Change (ERIC) strategies to address barriers. Objective: Here we describe three applications of CFIR for pre and post implementation evaluations. Study Design: Descriptive Setting & Participants: Primary care practices and pediatric emergency departments (ED) within two large healthcare systems based in North Carolina and Georgia. Population studied: Researchers, stakeholders, practice facilitators, administrators, healthcare providers, clinic staff, patients, and caregivers. Intervention/Instrument: First, an early study applied CFIR retrospectively to identify barriers and facilitators to adoption of a shared decision-making intervention. Researchers interviewed practice facilitators to score practices on CFIR constructs. Second, a follow-up study used CFIR to prospectively evaluate readiness for change prior to implementation. Third, as a follow-up study progressed, data from periodic CFIR guided surveys and key informant interviews were used to tailor implementation. Outcome Measure: CFIR Analyses Results: First: Retrospective analysis from the early study distinguished 7 high, 1 medium, and 2 low implementation adopters. Weaknesses, such as little interest in setting performance goals, were consistent among the 2 low adopter practices. Second: Pre-implementation results in the follow-up study revealed comparable high levels of compatibility across ED settings; however, there was less agreement on leadership supporting change efforts. Third: Key facilitators and barriers emerged throughout CFIR survey periods. For example, evaluations at full implementation revealed providers felt initial training waned over time. Mapping identified barriers to ERIC strategies led to the development of re-education resources.

Conclusion: CFIR is an effective framework to employ at multiple stages of implementation. While retrospective analysis was useful, the ability to gain insight and provide actionable process improvements during implementation was a key strength to improve outcomes.