

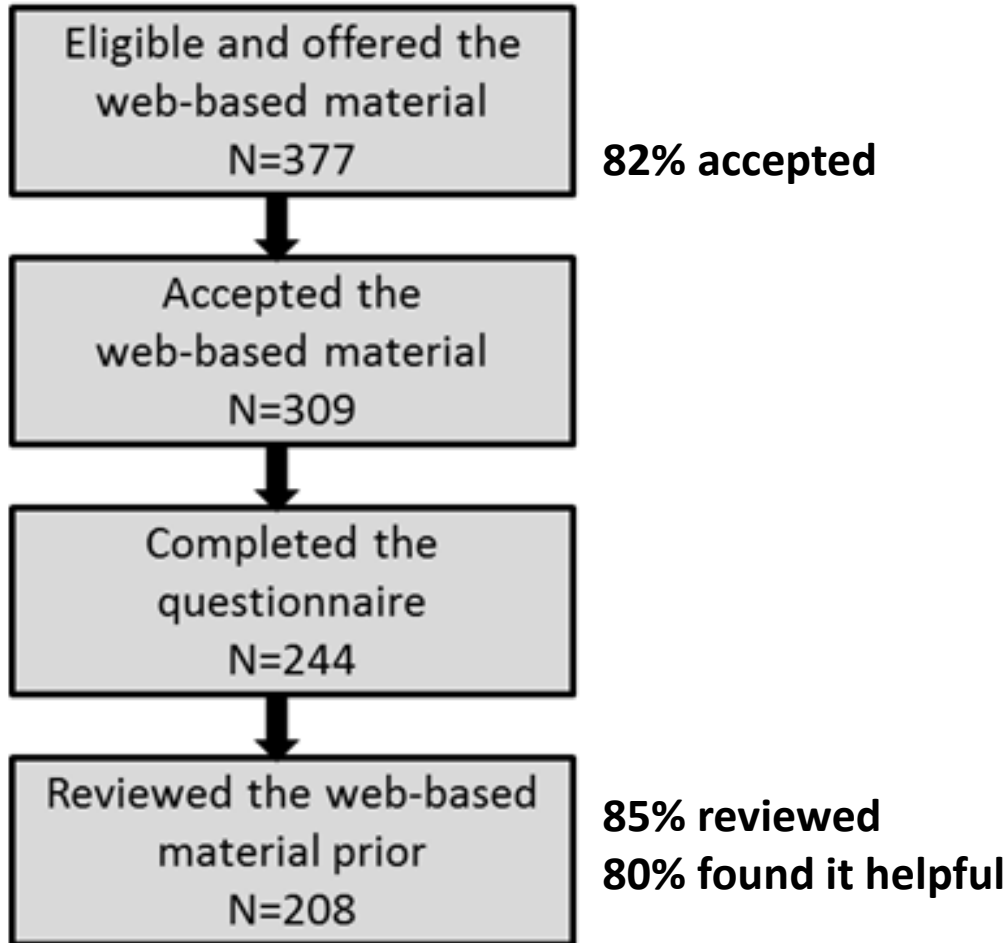
# Problem

Multiple RCT's demonstrate that decision aids support cancer patients' decision making about treatment decisions but few patients ever receive one

# Challenges

- Needs to fit “seamlessly” into clinical flow
- Can’t rely on surgeon administration
- Informational gap is the time between diagnosis and surgeon consultation
- Stakeholder input
  - Patients, clinic staff, surgeons

# UW Pilot Study



Surgeons thought:

- increased the visit efficiency (5/6)
- would result in patients making more informed decisions (6/6)

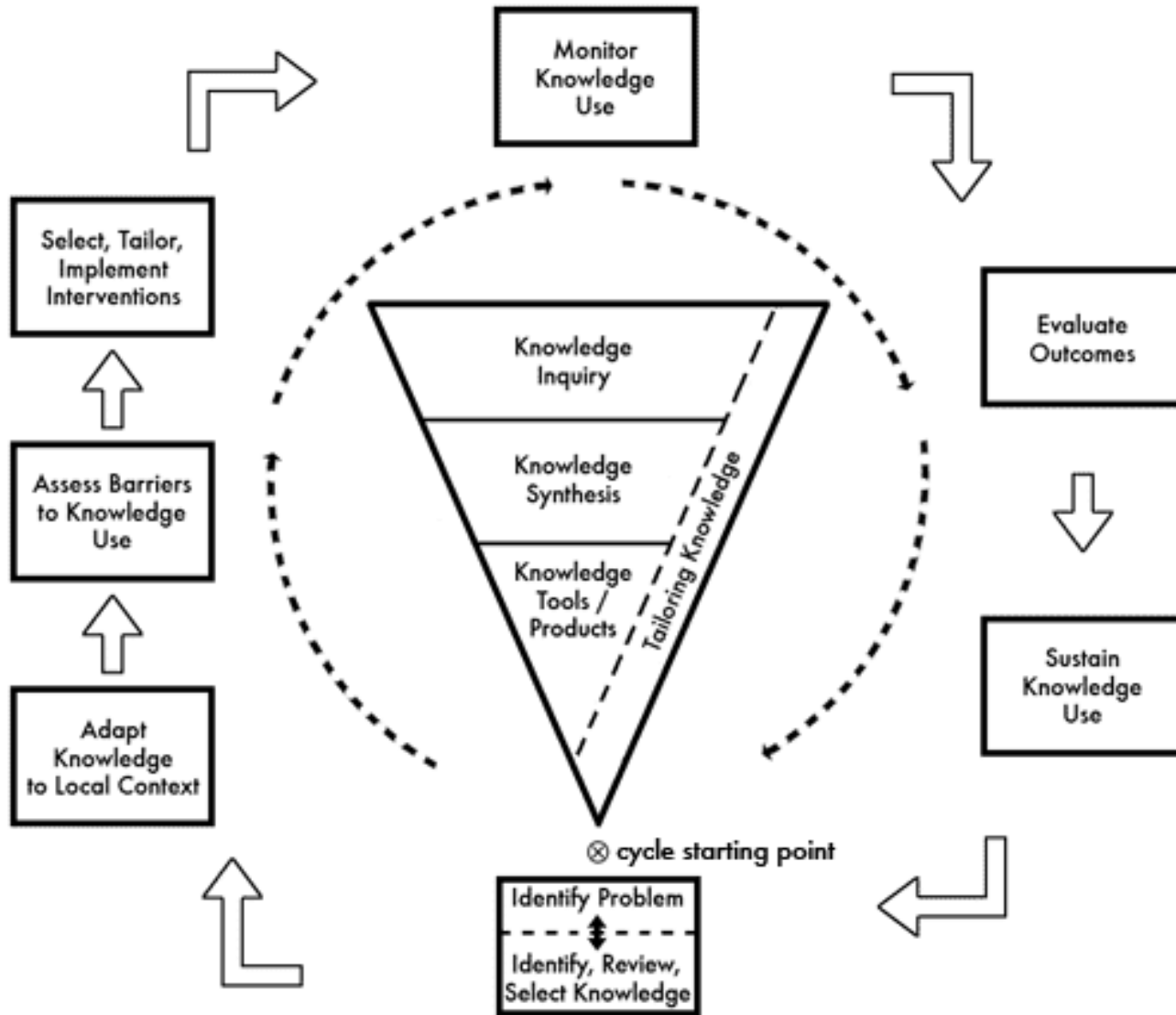
**Table 1. Overview of Barriers to Decision Aid Use and Targeted Implementation Strategies Utilized<sup>10-23,37</sup>**

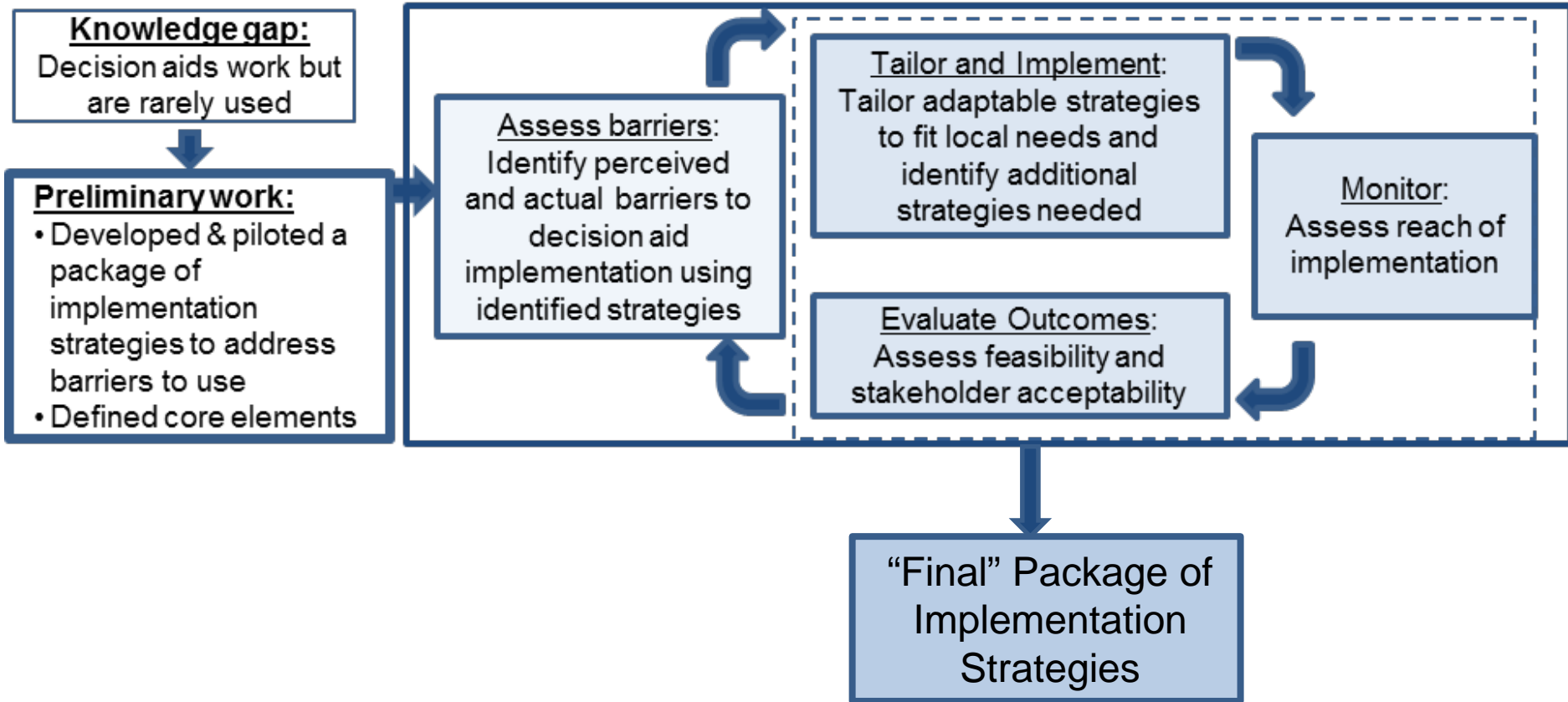
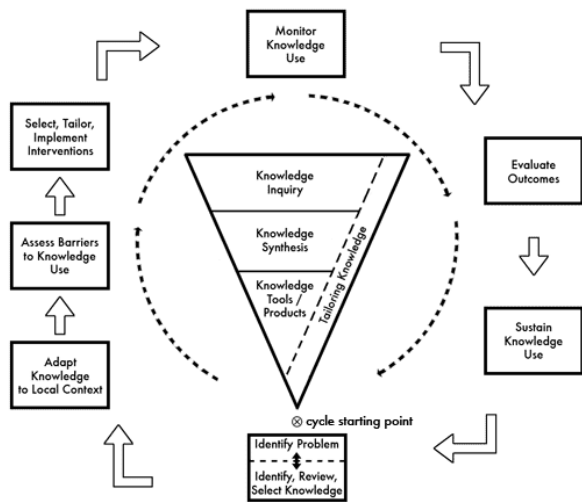
Barrier	Level	Implementation Strategy Utilized
Lack of clinic space and time	Clinic	Use a web-based decision aid administered prior to clinic
Identification of right patient at right time	Clinic	Clinic level intervention to offer to all newly diagnosed patients
Incorporation into routine clinic flow	Clinic	Proactively identify barriers/ facilitators specific to local site
		Tailor modifiable elements of implementation strategy to meet local needs. Examples: identify best time to identify patients (e.g., time of communication of cancer diagnosis or time of scheduling surgeon consult)
		Utilize audit feedback to address unanticipated barriers
Awareness of decision aid benefits	Surgeon/ clinic staff	Develop stakeholder team that will champion implementation and educate other stakeholders about decision aid benefits to local population
Prefer to receive information from surgeon	Patient	Strong surgeon endorsement of the decision aid as preparation for visit

White/Non-Hispanic	98%
Years of education	
High school or less	9%
Some college (no degree)	25%
College degree or higher	62%
Area Deprivation Index	
Quartile 1 (lowest SES)	3%

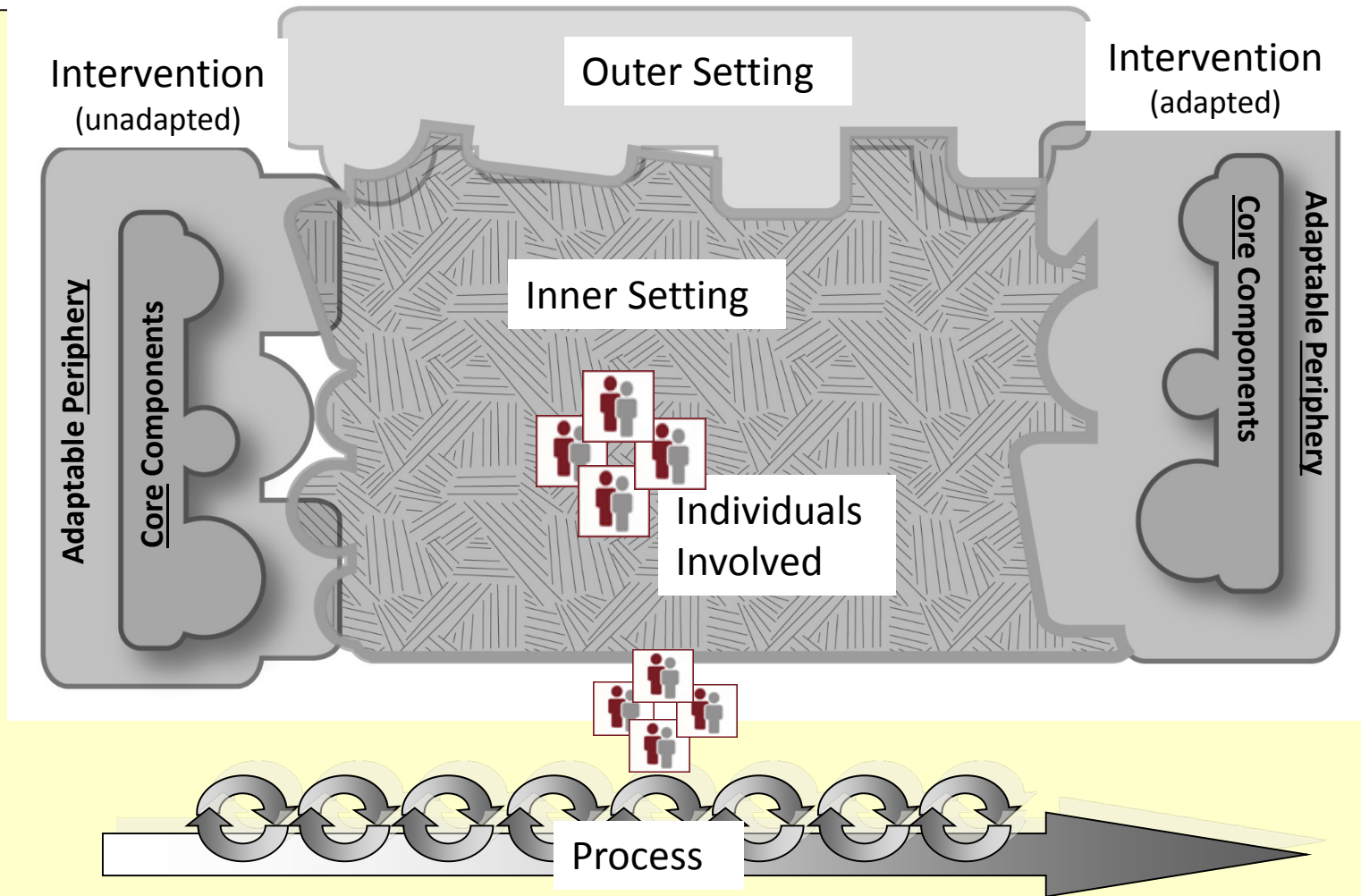
*Consider unique barriers and facilitators at more varied clinical locations and refine implementation package*

# Knowledge-to-Action Cycle





# Barrier Assessment- CFIR



# CFIR- Barrier Assessment

- Outer Setting
  - Patient Needs & Resources
  - Peer Pressure
- Inner Setting
  - Culture
    - Norms, values of the organization
  - Implementation climate
    - Compatability, relative priority
  - Readiness for implementation
    - Leadership engagement, resources
- Intervention Characteristics
  - Evidence strength
  - Relative advantage
  - Adaptability
  - Complexity
- Characteristics of individuals
  - Knowledge & beliefs about intervention
- Process
  - Engaging: champions, opinion leaders
  - Executing
  - Reflecting & evaluating



# CFIR Website

Home

CFIR Constructs

Design an Evaluation

- Overview
- Qualitative Data
- Quantitative Data
- Implementation Outcomes

Design an Implementation Strategy

Tools and Templates

- Interview Guide

Published Studies

Additional Resources

Participate

Contact Us

## Welcome to the CFIR Technical Assistance Website

You have come to the right place if you are looking for more information about the Consolidate [Implementation Science in 2009](#). This site is created for individuals considering using the CFIR

[Implementation Science Basics](#)

[What is the CFIR](#)

[Benefits of using the CFIR](#)

[Published Citations of the CFIR](#)

[Future Plans for the CFIR](#)



## Structural Characteristics

- *This construct can be used to capture any relevant information regarding the social architecture, age, maturity, size, or physical layout of the organization. Ins under Available Resources.*
1. How will the infrastructure of your organization (social architecture, age, maturity, size, or physical layout) affect the implementation of the intervention?
    - How will the infrastructure facilitate/hinder implementation of the intervention?
    - How will you work around structural challenges?
  2. What kinds of infrastructure changes will be needed to accommodate the intervention?
    - Changes in scope of practice? Changes in formal policies? Changes in information systems or electronic records systems? Other?
    - What kind of approvals will be needed? Who will need to be involved?
    - Can you describe the process that will be needed to make these changes?

## Engaging

*Engaging constructs mostly focus on the strategies used to engage individuals as well as the outcome of those strategies. However, you may also want to code the ultimate their "quality" - their capabilities, motivation, and skills, i.e. how good they are at their job. Coding between Access to Knowledge and Information, Engaging, and Networks a some general guidelines:*

- *Access to Knowledge and Information:*  
*Statements related to implementation leaders' and users' access to knowledge and information regarding using the program, i.e. the mechanics of the program.*
- *Engaging:*  
*Statements related to getting stakeholders "sold" on the program, i.e. getting them involved, regardless of if they know how to use the program.*
- *Networks and Communication:*  
*Statements related to team formation, quality, and functioning; statements about general communication and relationships in the organization.*

## Opinion Leaders

1. Who are the key influential individuals to get on board with this implementation?
2. What are influential individuals saying about the intervention?
  - Who are these influential individuals?
  - To what extent will they influence others' use of the intervention? The success of the implementation?

# Barrier Assessment- CFIR

