Dartmouth GEISEL SCHOOL OF MEDICINE | Dartmouth Center for IMPLEMENTATION SCIENCE

Application of the Consolidated Framework for Implementation Research (CFIR) in Implementation Research

Caitlin Reardon, MPH
Faculty, MS in Implementation Science
Geisel School of Medicine at Dartmouth

Implementation Scientist & Qualitative Methodologist
VA Pittsburgh Healthcare System

Ariel Domlyn, PhD
Clinical-Community Psychologist
U.S. Veterans Health Administration

CUH/UCC Cancer Centre Manager
University College Cork/Cork University Hospital

Hosted by:

Kelly Aschbrenner, PhD
Co-Director, DCIS

Sarah Lord, PhD
Director, DCIS

Jeremiah Brown, PhD
Director, DCIS

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Continuing Education

Learning Objectives:

1. Discuss the Consolidated Framework for Implementation Research (CFIR) as an implementation determinant framework to assess barriers and facilitators to implementing an innovation in the Inner Setting (organizational level).
2. Identify appropriate implementation outcomes to use when assessing determinants via CFIR.
3. Apply CFIR in implementation research: study design, data collection, data analysis, data interpretation, and knowledge dissemination.

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Continuing Education

Mobile Text-In Code: 159558

Phone Number: **833-884-3375**

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Fundamentals Series: **Theories, Models, and Frameworks**

Wednesday, March 11
12:00 – 1:00PM ET

Application of the Consolidated Framework for Implementation Research (CFIR) in Implementation Research

Caitlin Reardon, MPH
Implementation Scientist & Qualitative Methodologist
Center for Health Evaluation, Research, & Promotion (CHERP)
VA Pittsburgh Healthcare System

Ariel Domlyn, PhD
Clinical-Community Psychologist
U.S. Veteran's Health Administration

Wednesday, April 8
12:00 – 1:00PM ET

Application of the Exploration, Preparation, Implementation, and Sustainment (EPIS) Model in Implementation Research

Gregory Aarons, PhD
Professor of Psychiatry
University of California San Diego

Wednesday, May 13
12:00 – 1:00PM ET

Application of the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) Framework in Implementation Research

Christina Studts, PhD
Associate Professor of Pediatrics
University of Colorado Anschutz School of Medicine

Wednesday, June 10
12:00 – 1:00PM ET

Application of the Implementation Research Logical Model (IRLM) in Implementation Research

J.D. Smith, PhD
Associate Professor of Population Health Science
University of Utah Spencer Fox Eccles School of Medicine

Register: impsci.link/fundamentals

Application of the Consolidated Framework for Implementation Research (CFIR) in Implementation Research

Dartmouth Center for Implementation Science

March 11, 2026

12 – 1 pm ET

CFIR Leadership Team

- LauraEllen Ashcraft
- Matthew Chinman
- Laura Damschroder
- Jessica (Jessie) Dodge
- Ariel Domlyn *(presenter)*
- Claire Kerins
- Jennifer Kononowech
- Andrea Nevedal
- Caitlin Reardon *(presenter)*
- Shari Rogal

Development of this presentation was supported by the VA QUERI CFIR Learning Hub QIS 23-187. The views presented are those of the speakers and do not necessarily represent the views of the Department of Veterans Affairs (VA) or its components.

Consolidated Framework for Implementation Research

Overview

What is the Consolidated Framework for Implementation Research?

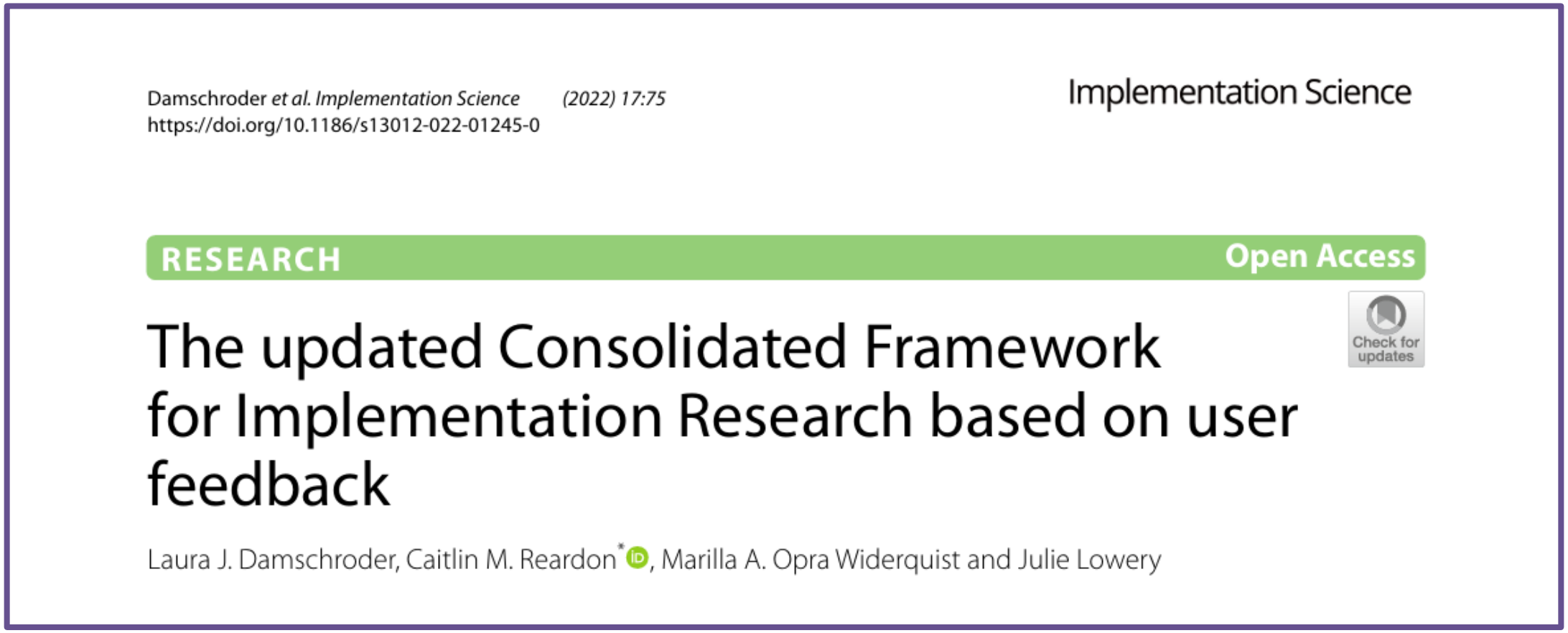
CFIR is a ***determinant framework*** – constructs in CFIR *predict* and/or *explain* implementation outcomes **at the Inner Setting (i.e., organizational) level**

- The original CFIR was published in 2009
- The updated CFIR was published in 2022

Laura Damschroder MS, MPH
Lead CFIR Developer

CFIR technical assistance website:
www.cfirguide.org

Updated CFIR Publication



Damschroder *et al. Implementation Science* (2022) 17:75
https://doi.org/10.1186/s13012-022-01245-0

Implementation Science

RESEARCH

Open Access

Check for updates

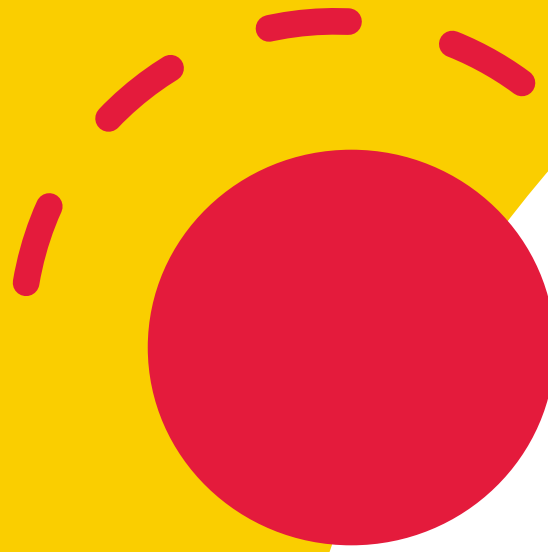
The updated Consolidated Framework for Implementation Research based on user feedback

Laura J. Damschroder, Caitlin M. Reardon*, Marilla A. Opra Widerquist and Julie Lowery

Original CFIR Users: Read Additional File 5 for a mapping of the original to the updated CFIR constructs with rationale for each update based on user feedback!

CFIR Domains

Innovation	The "thing" (Curran 2020) being implemented, e.g., a clinical treatment, educational program, or city service.
Outer Setting	The setting(s) in which the Inner Setting exists, e.g., hospital system, school district, state.
Inner Setting	The setting(s) in which the innovation is being implemented, e.g., hospital, school, city.
Individuals: Roles & Characteristics	The roles and characteristics of individuals involved with implementing, delivering, and/or receiving the innovation.
Implementation Process	The activities and strategies used to implement the innovation.



CFIR Outcomes Addendum

Overview

What is the CFIR Outcomes Addendum?

The CFIR Outcomes Addendum is a tool to understand which outcomes are appropriate to use with CFIR

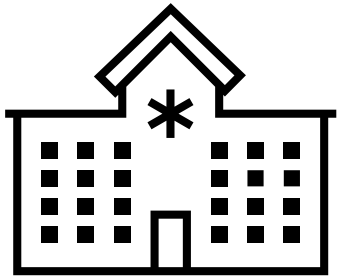
The addendum clarifies the scope and purpose of CFIR by making conceptual distinctions between:

- CFIR-based Implementation Determinants vs. Innovation Effectiveness Determinants
- Anticipated vs. Actual Implementation Outcomes
- Implementation vs. Reach vs. Innovation Effectiveness outcomes

What are different types of outcomes?

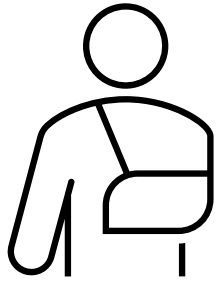
Implementation Outcomes

The success (or lack of success) getting the innovation into routine use in the inner setting.



Innovation Effectiveness Outcomes

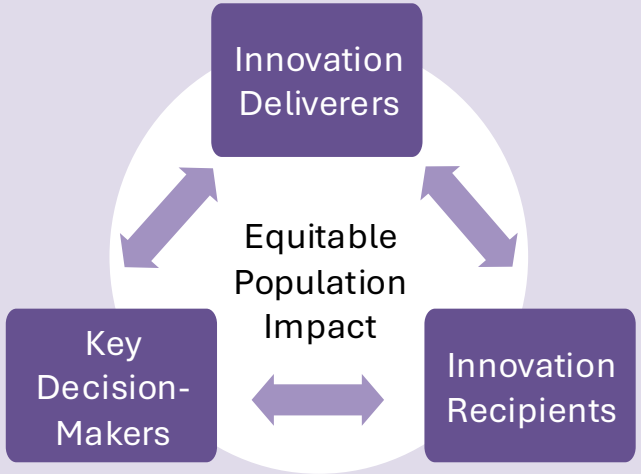
The impact of “the thing” on innovation recipients (e.g., patients).



Innovation Effectiveness Outcomes

Innovation Effectiveness Outcomes

Indicators of innovation success or failure: innovation impact on key constituents



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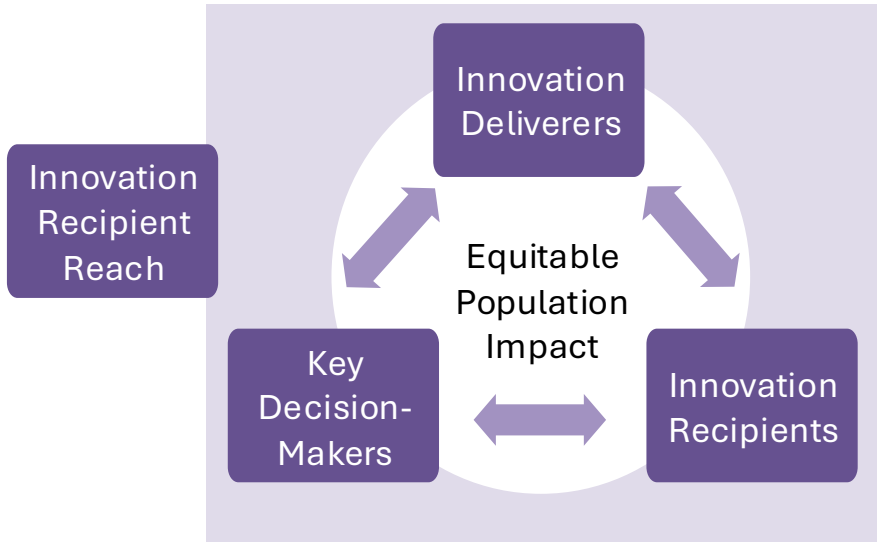


Implementation Outcomes

Anticipated Implementation Outcomes

Indicators of anticipated implementation success or failure

- Adoptability
- Implementability
- Sustainability

Actual Implementation Outcomes

Indicators of actual implementation success or failure

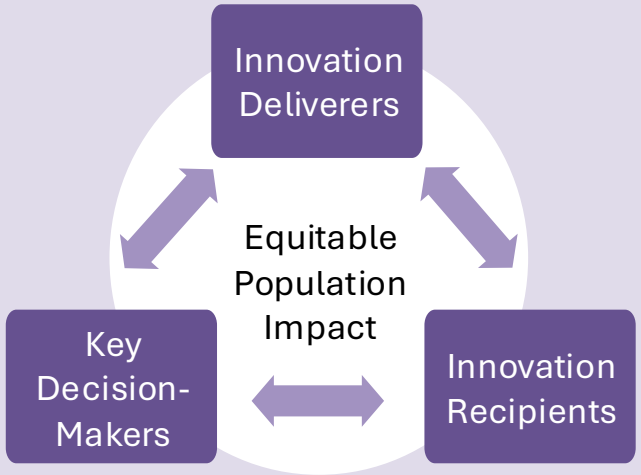
- Adoption
- Implementation
- Sustainment

Innovation Effectiveness Outcomes

Innovation Effectiveness Outcomes

Indicators of innovation success or failure: innovation impact on key constituents

Innovation Recipient Reach



Remember!

When using CFIR:
Implementation Outcomes

= Implementation by staff in the ***Inner Setting*** (e.g., hospital, school, city)

≠ Implementation by the recipient (e.g., patient, student, resident)

Antecedent Assessments
Acceptability, Appropriateness, Feasibility
Implementation Climate, Implementation Readiness

Implementation Outcomes

Anticipated Implementation Outcomes
Indicators of anticipated implementation success or failure

- Adoptability
- Implementability
- Sustainability

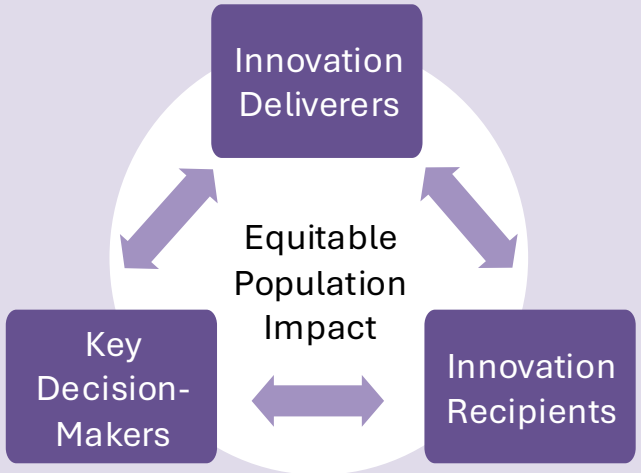
Actual Implementation Outcomes
Indicators of actual implementation success or failure

- Adoption
- Implementation
- Sustainment

Innovation Recipient Reach

Innovation Effectiveness Outcomes

Innovation Effectiveness Outcomes
Indicators of innovation success or failure: innovation impact on key constituents



Antecedent Assessments
Acceptability, Appropriateness, Feasibility
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Implementation Outcomes

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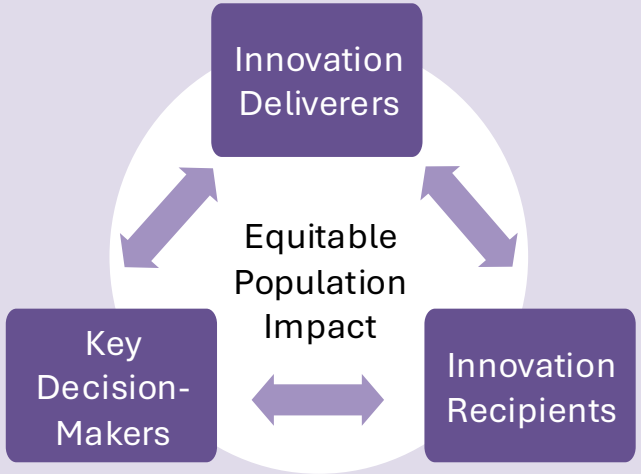
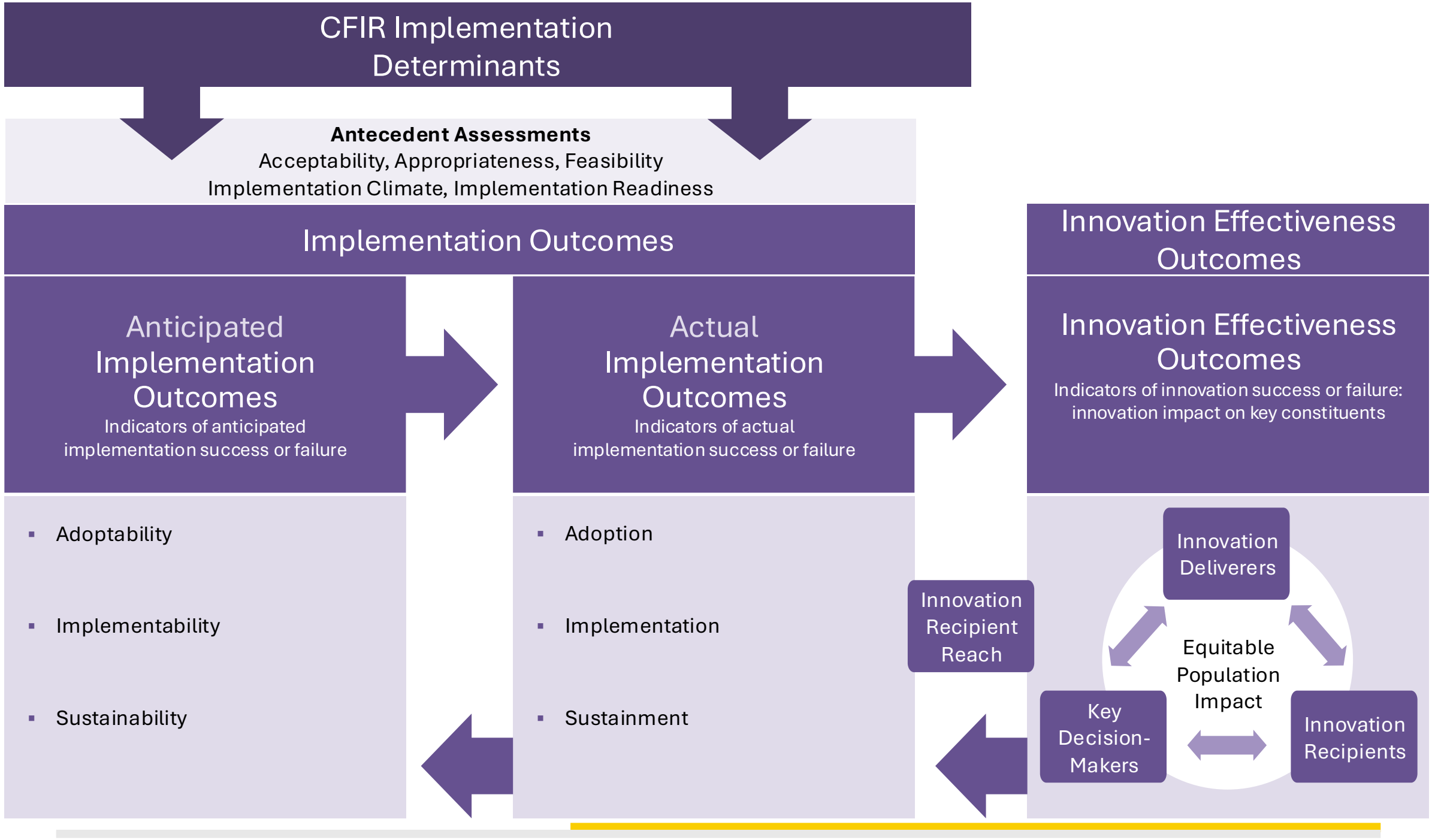
Innovation Effectiveness Outcomes

Innovation Effectiveness Outcomes
Indicators of innovation success or failure: innovation impact on key constituents

Innovation Recipient Reach




CFIR Implementation Determinants
Antecedent Assessments
Acceptability, Appropriateness, Feasibility
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Implementation Outcomes
Anticipated Implementation Outcomes
Indicators of anticipated implementation success or failure
Actual Implementation Outcomes
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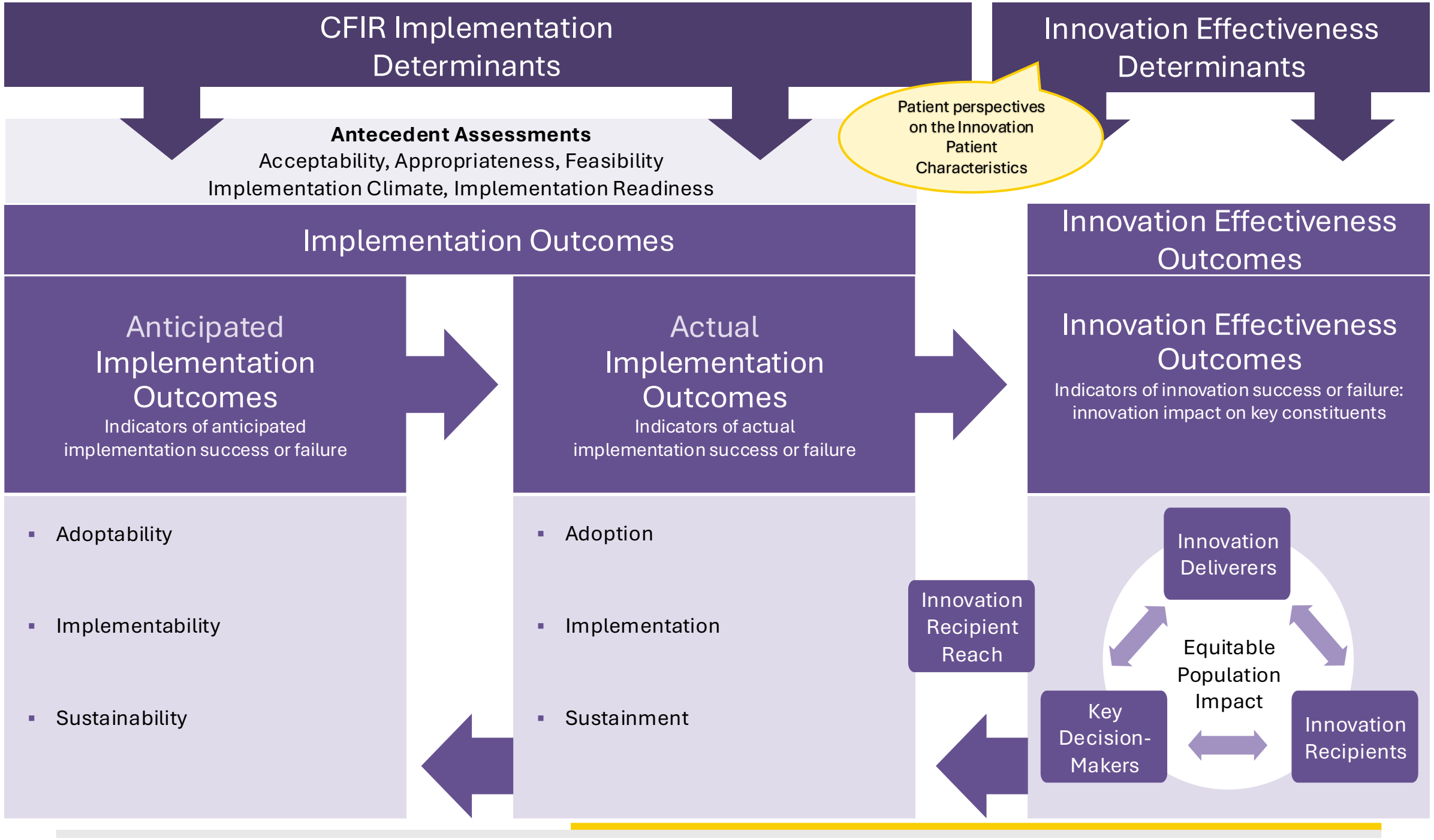
Innovation Effectiveness Outcomes
Indicators of innovation success or failure: innovation impact on key constituents
Adoptability
Implementability
Sustainability
Adoption
Implementation
Sustainment
Innovation Recipient Reach
Innovation Deliverers
Equitable Population Impact
Key Decision-Makers
Innovation Recipients


CFIR Implementation Determinants
Innovation Effectiveness Determinants
Patient perspectives on the Innovation Patient Characteristics
Antecedent Assessments
Acceptability, Appropriateness, Feasibility
Implementation Climate, Implementation Readiness
Implementation Outcomes
Innovation Effectiveness Outcomes
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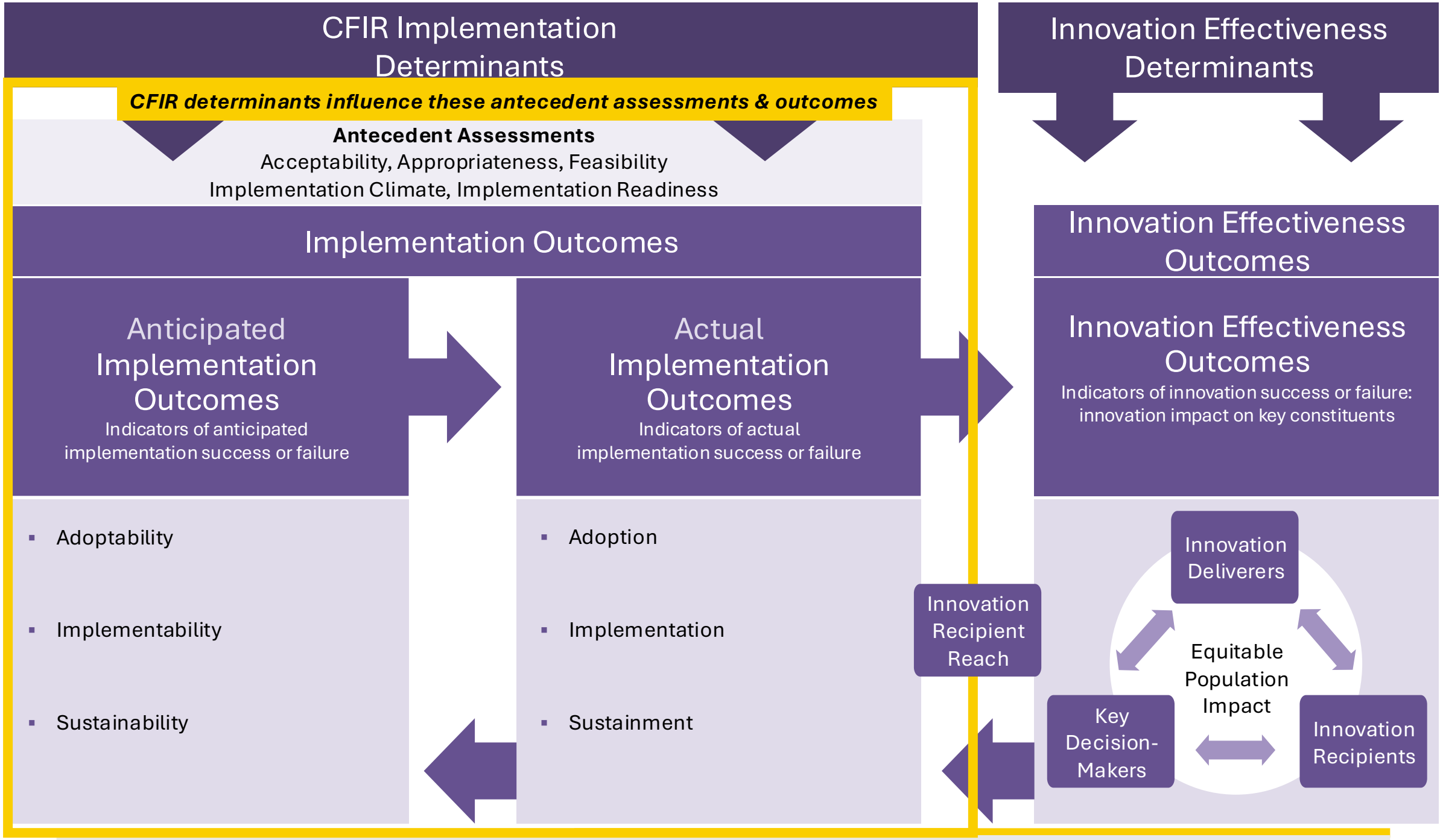
CFIR Implementation Determinants
Innovation Effectiveness Determinants
CFIR determinants influence these antecedent assessments & outcomes
Antecedent Assessments
Acceptability, Appropriateness, Feasibility
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Sustainment
Innovation Recipient Reach
Innovation Deliverers
Equitable Population Impact
Key Decision-Makers
Innovation Recipients

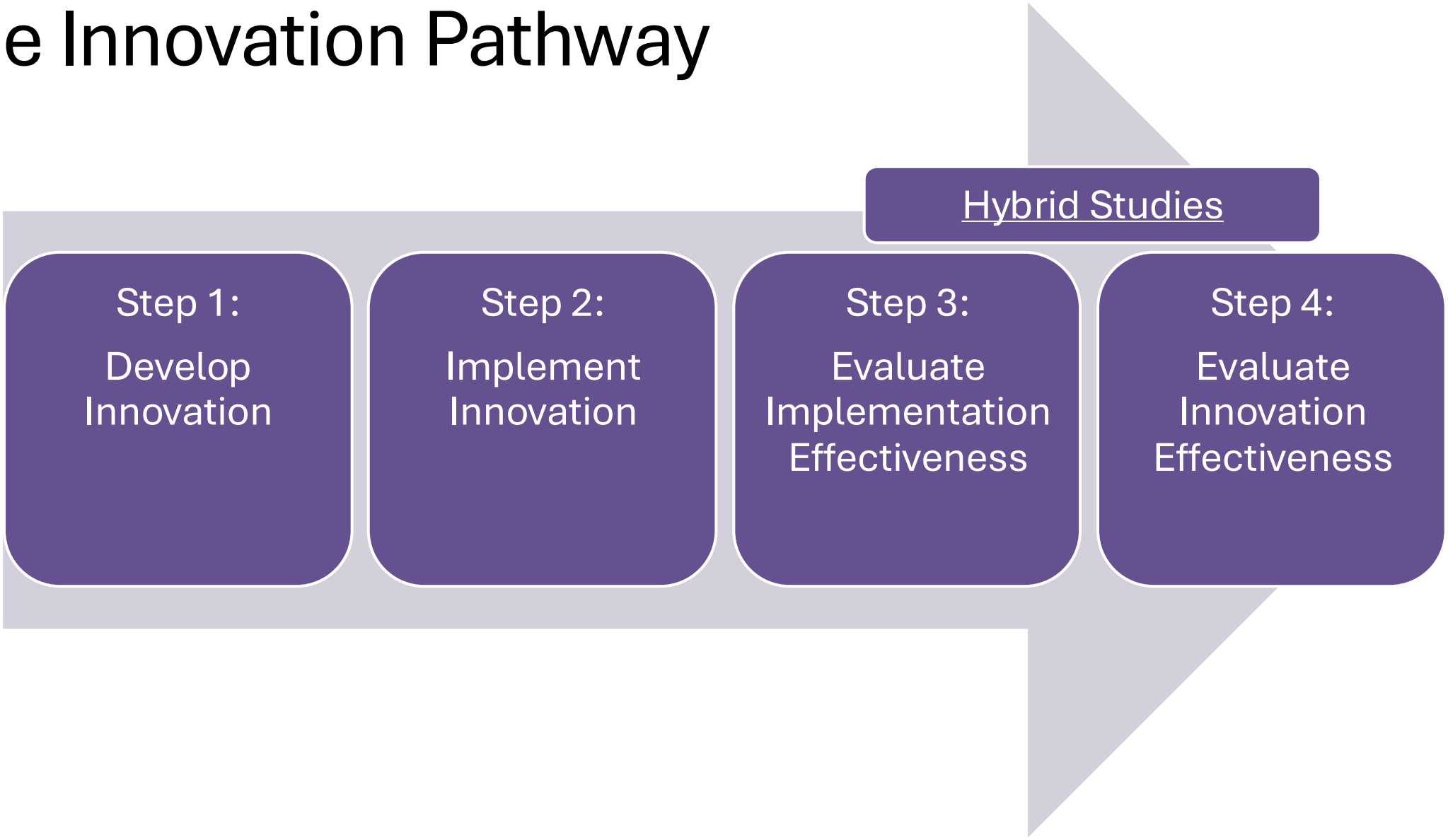
Remember!

When using CFIR: Data is best collected from individuals that have influence and/or power over implementation in the ***Inner Setting***

= Inner Setting Individuals

≠ Innovation Recipients (usually)

The Innovation Pathway

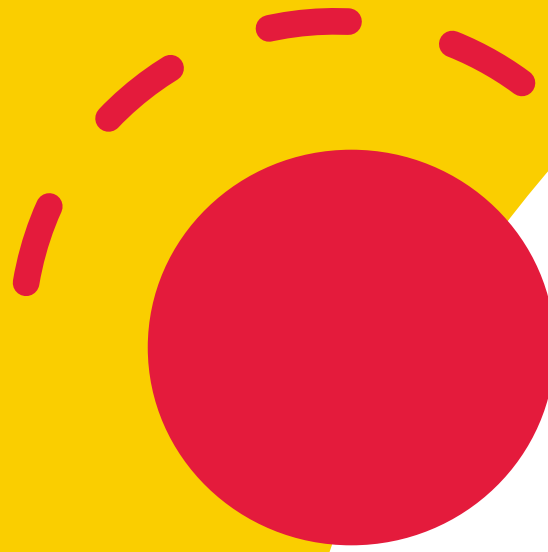


What can you do with CFIR?

3. Implementation Research: Assess CFIR constructs (barriers/facilitators) **to *predict and/or explain implementation outcomes in the Inner Setting***

What can you do with CFIR?

1. Innovation Development: Assess CFIR constructs (barriers/facilitators) ***to guide innovation development,*** *i.e., "design with implementation in mind"*
2. Implementation Planning: Assess CFIR constructs (barriers/facilitators) ***to plan implementation in the Inner Setting***
3. Implementation Research: Assess CFIR constructs (barriers/facilitators) **to *predict and/or explain implementation outcomes in the Inner Setting***
4. Hybrid Studies: Assess CFIR constructs (barriers/facilitators) **to *predict and/or explain implementation outcomes in the Inner Setting*** while using ***another framework to predict and/or explain innovation outcomes***



CFIR & Implementation Research

TBM

ORIGINAL RESEARCH

Implementation evaluation of the Telephone Lifestyle Coaching (TLC) program: organizational factors associated with successful implementation

Laura J. Damschroder,[1] Caitlin M. Reardon,[1] Nina Sperber,[2] Claire H. Robinson,[1] Jacqueline J. Fickel,[3] Eugene Z. Oddone[2]

Telephone Lifestyle Coaching Pilot

Coaching to support lifestyle change for Veterans

- Eat Wisely
- Be Physically Active
- Be Tobacco Free
- Strive for Healthy Weight
- Manage Stress
- Limit Alcohol

Up to 10 calls over 6 months

- November 2011 – May 2013

Pilot Outcomes:

- 9,357 Veterans referred over 19-month period
- 57% enrolled (n=5321)
- 43% completed 7+ coaching sessions (n=2299)

Step 1: CFIR & Study Design

Research Question and Implementation Outcome

Implementation research question

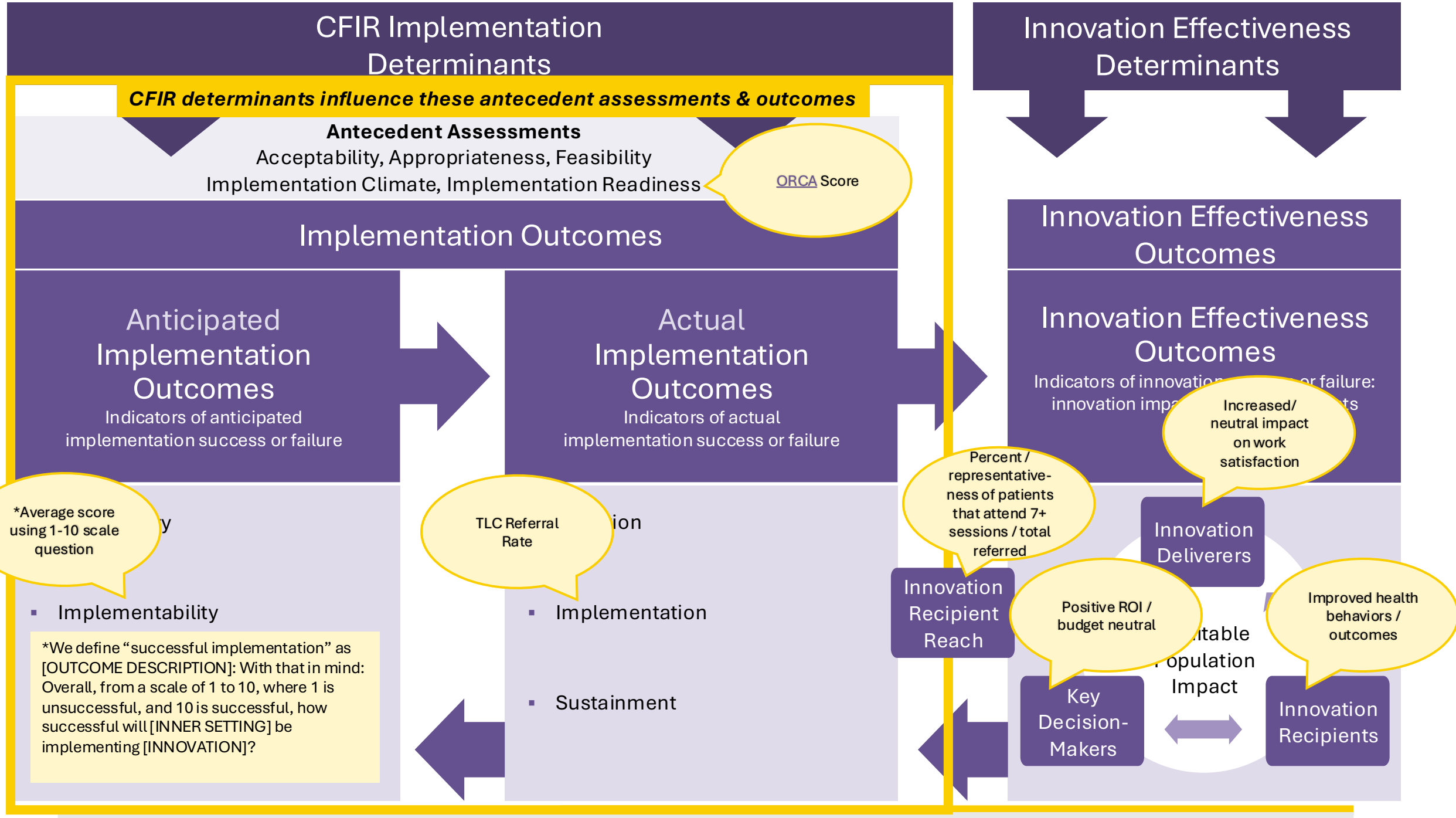
What barriers and facilitators influenced *implementation* of the TLC program by each hospital?

What barriers and facilitators distinguished between VA hospitals with low vs. high implementation success?

Implementation outcome & measure

Outcome: Implementation

Measure: TLC Referral Rate (Number of TLC referrals divided by average number of Veterans enrolled in Primary Care at the hospital)


CFIR Implementation Determinants
Innovation Effectiveness Determinants
CFIR determinants influence these antecedent assessments & outcomes
Antecedent Assessments
Acceptability, Appropriateness, Feasibility
Implementation Climate, Implementation Readiness
ORCA Score
Implementation Outcomes
Anticipated Implementation Outcomes
Indicators of anticipated implementation success or failure
Actual Implementation Outcomes
Indicators of actual implementation success or failure
Innovation Effectiveness Outcomes
Innovation Effectiveness Outcomes
Indicators of innovation
or failure:
innovation
*Average score using 1-10 scale question
TLC Referral Rate
Percent / representative-ness of patients that attend 7+ sessions / total referred
Increased/ neutral impact on work satisfaction
Implementability
Implementation
Sustainment
*We define "successful implementation" as [OUTCOME DESCRIPTION]: With that in mind: Overall, from a scale of 1 to 10, where 1 is unsuccessful, and 10 is successful, how successful will [INNER SETTING] be implementing [INNOVATION]?
Innovation Deliverers
Innovation Recipient Reach
Positive ROI / budget neutral
Improved health behaviors / outcomes
Key Decision-Makers
Innovation Recipients

CFIR Domains & Outcomes

Innovation	Telephone Lifestyle Coaching (TLC) Program
Outer Setting	VA Healthcare System
Inner Setting	VA Hospitals (n=25 in pilot, 11 in research)
Individuals: Roles & Characteristics	TLC Implementation Leads, MOVE! Coordinators, Clinical Managers & Administrators, Primary Care Providers, Patients
Implementation Process	Facilitation by VA's National Center for Health Promotion and Disease Prevention (NCP)

Step 2: CFIR & Data Collection

Instrument Development: Construct Selection

We did not include a question about every CFIR construct in our interview guide!

To identify relevant constructs, we had NCP (our operational partner) review constructs and highlight those they felt were likely to:

1) Be a potential barrier or facilitator to TLC being implemented and delivered; and/or
2) Have sufficient variation across the hospitals (i.e., the unit of analysis

Instrument Development: Non-CFIR Specific Questions

Open-ended non-construct specific questions were also included to explore the possibility of other determinants or influences not captured in CFIR:

- Why did [Inner Setting] implement [Innovation]?
- What made implementation more difficult?
- What made implementation easier?

Hospital Sampling

Table 1 | Distribution of demonstration facilities by ORCA score and facility complexity

ORCA score[b]	Facility complexity[a]		
	High	Low	Total
Missing	2	6	8
0–3.9	3	4	7
4.0–5.0	5	4	9
Total	10	14	24

a Based on size, academic affiliation, trauma center level, and service mix of the hospital
b Organizational Readiness to Change Assessment (ORCA) tool: Evidence, Context, and Facilitation Scales

Sampling:

- 12 hospitals selected for the evaluation
  - 2 hospitals within Complexity (2) X ORCA (3) = 6 X 2 = 12
    - 11 after one hospital lost to follow-up
- 6 hospitals selected for “deeper” exploration
  - 1 hospital within Complexity (2) X ORCA (3) = 6

Individuals Sampling

- Implementation Leads: TLC program implementation leads and other prevention program coordinators
- Mid-Level Leaders: Clinical managers and administrators
- Indirect Deliverers: Primary care providers and nurse care managers (referring providers)

Data Collection: Implementation Determinants

- Data Collection Approach: Interviews and Field Notes
- Purpose: Identify barriers and facilitators influencing implementation success (referral rates)
    - Identify which barriers and facilitators distinguished between hospitals with low vs. high implementation success (referral rates)

Step 3: CFIR & Data Analysis: Coding and Rating Data

Coding Data

Coding Data

- Code transcripts (as a group and independently)
- Maintain qualitative codebook
- Finalize coding via consensus discussions

Aggregating Data

Rating Data

Aggregating Data

Coding Data

- Code transcripts (as a group and independently)
- Maintain qualitative codebook
- Finalize coding via consensus discussions

Aggregating Data

- Aggregate data by construct for each Inner Setting
- Summarize data for each construct
- Finalize summaries via consensus discussions

Rating Data

Rating Data

Coding Data

- Code transcripts (as a group and independently)
- Maintain qualitative codebook
- Finalize coding via consensus discussions

Aggregating Data

- Aggregate data by construct for each Inner Setting
- Summarize data for each construct
- Finalize summaries via consensus discussions

Rating Data

- Rate construct summaries (as a group and independently)
- Maintain rating codebook
- Finalize ratings via consensus discussions

Innovation Domain

Innovation Evidence-Base*

Most TLC Implementation Leads were familiar with the evidence base for the program, but primary care staff were frequently unaware of evidence supporting the program.

- In effect, the poor dissemination of evidence, rather than the strength and quality of the evidence itself, was most relevant in this construct.

*Not distinguishing construct

Outer Setting Domain

Performance-Measurement Pressure*

Few staff mentioned any linkage of TLC with performance measures.

However, one hospital recognized TLC's potential for helping meet measures related to increasing non-face-to-face access.

*Not distinguishing construct

Inner Setting Domain

Compatibility

+2

High referring hospitals: A wide range of staff (e.g., PCPs, RN care managers) could refer patients.

-2

Low referring hospitals: Only PCPs could refer patients.

- *Our nurses are specifically forbidden to write orders that can be held for a physician's signature. So everything [...] has to be written by a physician [...] this has formed a really labor intensive situation for practitioners, so they are super rebelling against anything else coming down.*

Individuals Domain

Implementation Leads

+2

High referring hospitals: Two or more TLC Implementation Leads actively leading implementation efforts.

-2

Low referring hospitals: Vacancies (because of unfilled positions or longer-term leave) in their NCP-established prevention- and coaching-related positions.

Implementation Process Domain

Engaging: Deliverers

+2

High referring hospitals: Ongoing, multi-faceted communication and engagement strategies to engage referring providers.

-2

Low referring hospitals: Limited strategies used to engage referring providers (in part due to vacancies).

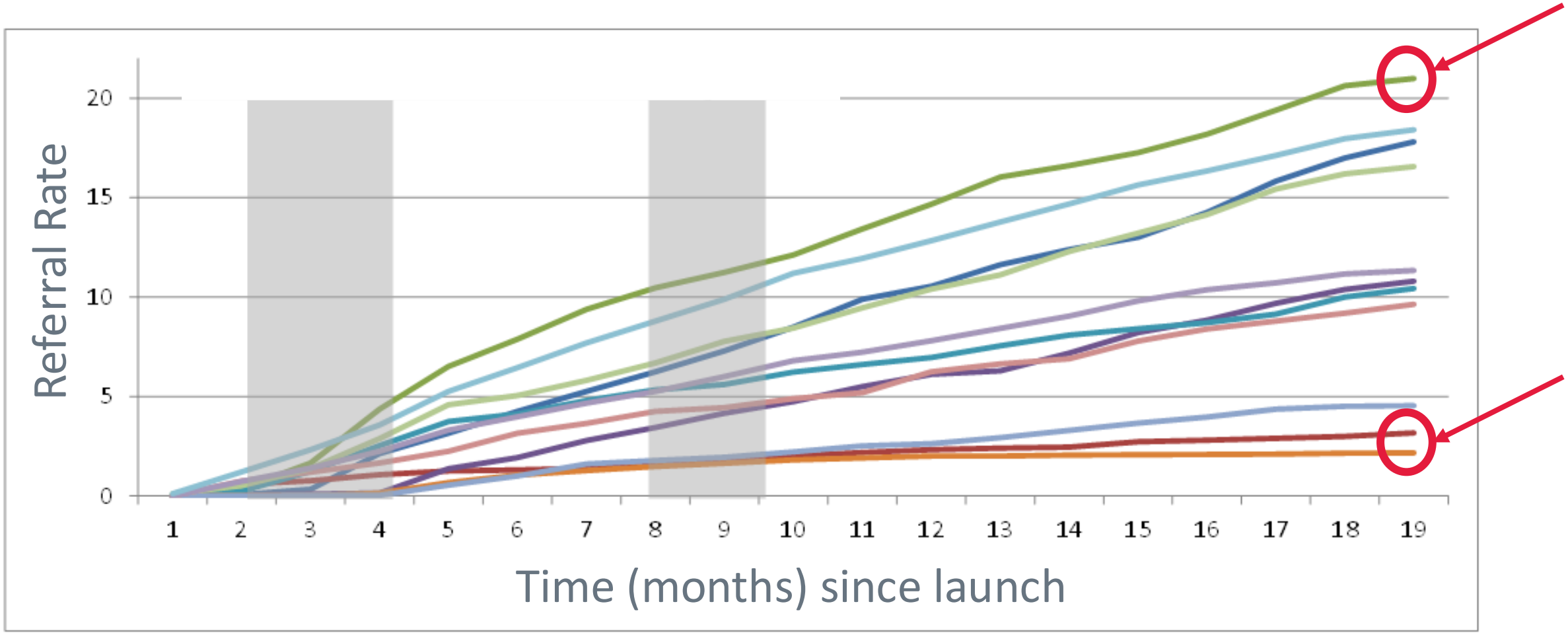
- *[…] in hindsight I realized that I went into this naively because, I just thought I was going bearing gifts and everybody was going to be uber excited about this resource. And even when they are, I think that I missed the boat as far as follow-up.*

Data Collection: Implementation Outcomes

Implementation Outcome Measurement

- Referral rates for each hospital

Variable Referral Rates



Step 4: CFIR & Data Interpretation

Hospital x Construct Matrix

- Hospitals ordered (left to right) by referral rate
- CFIR constructs rated -2 to +2

Hospital	1	2	3	4	5	6	7	8	9	10	11	Pearson Correlation	
Referral Rate (Referrals per 1000 Veterans)	2.01	2.32	2.59	6.00	6.04	6.88	7.72	10.24	10.49	12.73	14.53	r	p
Intervention Characteristics Domain													
Evidence Strength & Quality	+1	+1	+1	0	M	+1	+1	+1	+1	+1	+1	0.1233	0.7344
Relative Advantage	+1	+2	+2	+2	+1	+2	+1	+2	+1	+1	+2	-0.0873	0.7986
Adaptability	0	+1	0	+1	0	0	0	+1	0	0	0	-0.1865	0.5829
Complexity	-1	M	-1	M	M	+2	+1	-1	+1	+1	-1	0.1772	0.6746
Design Quality & Packaging	0	+2	+2	+1	+1	+1	+1	+1	+2	+1	+1	-0.0562	0.8695
Outer Setting Domain													
Patient Needs & Resources	-1	+2	+2	+1	+1	-1	-1	+1	+2	-1	+2	0.0156	0.9637
External Policy & Incentives	M	+1	M	M	M	M	M	0	+1	0	+1	-0.2777	0.651
Inner Setting Domain													
Structural Characteristics	-2	-2	-2	-1	0	-1	-1	-1	-1	-1	+2	**0.7343	0.0101
Networks & Communications	-1	+1	M	M	M	-1	-1	0	0	+2	+2	*0.5762	0.1349
Implementation Climate													
Tension for Change	+1	+1	0	M	+1	+1	-1	0	+1	0	+1	-0.2381	0.5373
Relative Priority	-1	-2	M	M	-1	-1	-1	-1	-2	-2	+1	0.3623	0.3379
Compatibility	+1	-1	+1	+1	-1	+1	-1	+1	+2	+2	+2	*0.552	0.0783
Organizational Incentives & Rewards	M	M	-1	+1	M	+1	M	M	M	M	M	*0.9807	0.1254
Goals & Feedback	-1	+1	+1	+2	-1	+1	-1	+1	-1	-1	+1	-0.1068	0.7547
Readiness for Implementation													
Leadership Engagement	1	-2	1	2	M	0	+1	2	0	1	1	0.3141	0.3767
Available Resources	+1	0	0	+2	-1	+1	0	0	+1	+1	0	-0.1661	0.6694
Access to Knowledge & Information	2	+1	1	2	M	+1	+1	+2	+1	-1	1	-0.4227	0.2236
Process Domain													
Planning	+1	+1	+1	+2	+1	0	0	-1	0	M	M	**-0.6798	0.044
Engaging	-	-	-	-	-	-	-	-	-	-	-		
Implementation Leader	-2	+2	-2	+2	+1	+1	+1	+2	+2	+2	+2	**0.6487	0.0308
Patients	-1	+1	+1	+2	-1	+1	-1	+1	+1	0	+1	0.1414	0.6783
Key Stakeholders	-1	+1	-1	+2	+1	+2	+1	+2	+2	+1	+2	**0.6559	0.0284
Reflecting & Evaluating	M	-1	0	+2	0	-1	+1	+1	+1	+1	0	0.3296	0.3863
Key: M: missing data | 0: mixed or neutral data |**: strongly distinguishing construct |*: weakly distinguishing construct													

Hospital x Construct Matrix

- Hospitals ordered (left to right) by referral rate
- CFIR constructs rated -2 to +2

Hospital	1	2	3	4	5	6	7	8	9	10	11	Pearson Correlation	
Referral Rate (Referrals per 1000 Veterans)	2.01	2.32	2.59	6.00	6.04	6.88	7.72	10.24	10.49	12.73	14.53	r	p
Intervention Characteristics Domain													
Evidence Strength & Quality	+1	+1	+1	0	M	+1	+1	+1	+1	+1	+1	0.1233	0.7344
Relative Advantage	+1	+2	+2	+2	+1	+2	+1	+2	+1	+1	+2	-0.0873	0.7986
Adaptability	0	+1	0	+1	0	0	0	+1	0	0	0	-0.1865	0.5829
Complexity	-1	M	-1	M	M	+2	+1	-1	+1	+1	-1	0.1772	0.6746
Design Quality & Packaging	0	+2	+2	+1	+1	+1	+1	+1	+2	+1	+1	-0.0562	0.8695
Outer Setting Domain													
Patient Needs & Resources	-1	+2	+2	+1	+1	-1	-1	+1	+2	-1	+2	0.0156	0.9637
External Policy & Incentives	M	+1	M	M	M	M	M	0	+1	0	+1	-0.2777	0.651
Inner Setting Domain													
Structural Characteristics	-2	-2	-2	-1	0	-1	-1	-1	-1	-1	+2	**0.7343	0.0101
Networks & Communications	-1	+1	M	M	M	-1	-1	0	0	+2	+2	*0.5762	0.1349
Implementation Climate													
Tension for Change	+1	+1	0	M	+1	+1	-1	0	+1	0	+1	-0.2381	0.5373
Relative Priority	-1	-2	M	M	-1	-1	-1	-1	-2	-2	+1	0.3623	0.3379
Compatibility	+1	-1	+1	+1	-1	+1	-1	+1	+2	+2	+2	*0.552	0.0783
Organizational Incentives & Rewards	M	M	-1	+1	M	+1	M	M	M	M	M	*0.9807	0.1254
Goals & Feedback	-1	+1	+1	+2	-1	+1	-1	+1	-1	-1	+1	-0.1068	0.7547
Readiness for Implementation													
Leadership Engagement	1	-2	1	2	M	0	+1	2	0	1	1	0.3141	0.3767
Available Resources	+1	0	0	+2	-1	+1	0	0	+1	+1	0	-0.1661	0.6694
Access to Knowledge & Information	2	+1	1	2	M	+1	+1	+2	+1	-1	1	-0.4227	0.2236
Process Domain													
Planning	+1	+1	+1	+2	+1	0	0	-1	0	M	M	**-0.6798	0.044
Engaging	-	-	-	-	-	-	-	-	-	-	-		
Implementation Leader	-2	+2	-2	+2	+1	+1	+1	+2	+2	+2	+2	**0.6487	0.0308
Patients	-1	+1	+1	+2	-1	+1	-1	+1	+1	0	+1	0.1414	0.6783
Key Stakeholders	-1	+1	-1	+2	+1	+2	+1	+2	+2	+1	+2	**0.6559	0.0284
Reflecting & Evaluating	M	-1	0	+2	0	-1	+1	+1	+1	+1	0	0.3296	0.3863
Key: M: missing data | 0: mixed or neutral data |**: strongly distinguishing construct |*: weakly distinguishing construct													

Step 5: Knowledge Dissemination

Knowledge Dissemination

- Hospital Reports: Preliminary evaluation findings including strengths, challenges, and recommendations
- TLC Implementation Toolkit: A toolkit for NCP to use with future hospitals implementing TLC
- Manuscript: Implementation evaluation of the Telephone Lifestyle Coaching (TLC) program: organizational factors associated with successful implementation

Discussion

Thank you!

Please visit www.cfirguide.org or email us at vhaannhsrdcfir@va.gov

if you want to connect!

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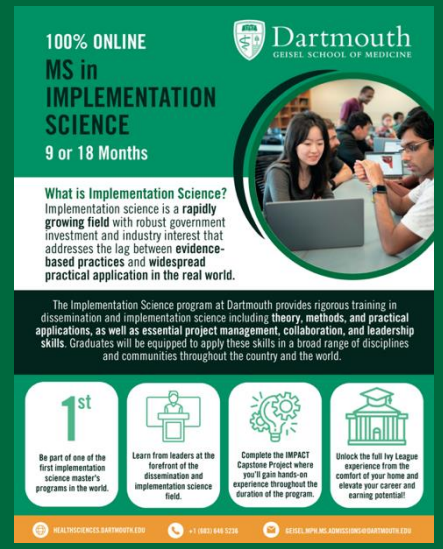

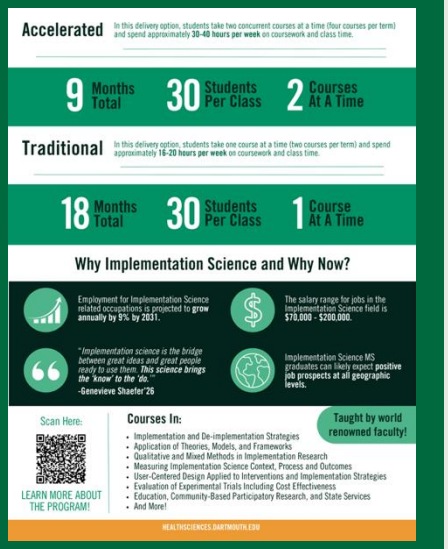

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