

CFIR Constructs with ORCA Items Mapped to each

CFIR Domain	CFIR Construct	CFIR Subconstruct	ORCA Item
	Intervention Source	Perception of key stakeholders about whether the intervention is externally or internally developed.	
	Evidence Strength & Quality	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the intervention will have desired outcomes.	<p>1a. Based on your assessment of the evidence basis for this statement, please rate the <u>strength of the evidence in your opinion</u>, on a scale of 1 to 5 where 1 is very weak evidence and 5 is very strong evidence.</p> <p>1b. Now, please rate the strength of the evidence basis for this statement based on <u>how you think respected clinical experts in {your organization} feel about the strength of the evidence</u>, on a 1 to 5 scale similar to the one above.</p> <p>2a. The {proposed practice changes or guideline implementation} are (is) supported by randomized control trials (RCTs) or other scientific evidence from the VA.</p> <p>2b. The {proposed practice changes or guideline implementation} are (is) supported by randomized control trials (RCTs) or other scientific evidence from other health care systems.</p> <p>2c. The {proposed practice changes or guideline implementation} should be effective, based on current scientific knowledge.</p> <p>3a. The {proposed practice changes or guideline implementation} are supported by clinical experience with VA patients.</p> <p>3b. The {proposed practice changes or guideline implementation} are supported by clinical experience with patients in other health care systems.</p> <p>4a. The {proposed practice changes or guideline implementation} have been well-accepted by VA patients in a pilot study.</p> <p>4b. The {proposed practice changes or guideline implementation} are consistent with clinical practices that have been accepted by VA patients.</p>
	Relative Advantage	Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution.	<p>4d. The {proposed practice changes or guideline implementation} appear to have more advantages than disadvantages for VA patients.</p>
	Adaptability	The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.	
	Trialability	The ability to test the intervention on a small scale in the organization [8], and to be able to reverse course (undo implementation) if warranted.	
	Complexity	Perceived difficulty of implementation, reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement	

ORCA Items Mapped to CFIR Domains and Constructs

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	Design Quality & Packaging	Perceived excellence in how the intervention is bundled, presented, and assembled	
	Cost	Costs of the intervention and costs associated with implementing that intervention including investment, supply, and opportunity costs.	
	Patient Needs & Resources	The extent to which patient needs, as well as barriers and facilitators to meet those needs are accurately known and prioritized by the organization.	<p>4c. The {proposed practice changes or guideline implementation} take into consideration the needs and preferences of VA patients.</p> <p>5c. Senior leadership/clinical management in {your organization} seek ways to improve patient education and increase patient participation in treatment.</p> <p>18c. The following are available to make the selected plan work: patient awareness/need.</p>
	Cosmopolitanism	The degree to which an organization is networked with other external organizations.	
	Peer Pressure	Mimetic or competitive pressure to implement an intervention; typically because most or other key peer or competing organizations have already implemented or in a bid for a competitive edge.	
	External Policy & Incentives	A broad construct that includes external strategies to spread interventions including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.	
	Structural Characteristics	The social architecture, age, maturity, and size of an organization.	7b. Senior leadership/Clinical management in {your organization} clearly define areas of responsibility and authority for clinical managers and staff.
	Networks & Communications	The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organization.	<p>5b. Senior leadership/clinical management in {your organization} solicit opinions of clinical staff regarding decisions about patient care.</p> <p>7a. Senior leadership/Clinical management in {your organization} provide effective management for continuous improvement of patient care.</p> <p>7c. Senior leadership/Clinical management in {your organization} promote team building to solve clinical care problems.</p> <p>7d. Senior leadership/Clinical management in {your organization} promote communication among clinical services and units.</p> <p>16a. Communication will be maintained through regular project meetings with the project champion and team members.</p>

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Culture	Norms, values, and basic assumptions of a given organization.		16b. Communication will be maintained through involvement of quality management staff in project planning and implementation.
			5a. Senior leadership/clinical management in {your organization} reward clinical innovation and creativity to improve patient care.
			6a. Staff members in {your organization} have a sense of personal responsibility for improving patient care and outcomes.
			6b. Staff members in {your organization} cooperate to maintain and improve effectiveness of patient care.
			6c. Staff members in {your organization} are willing to innovate and/or experiment to improve clinical procedures.
			6d. Staff members in {your organization} are receptive to change in clinical processes.
			8a. Senior Leadership/clinical management in {your organization} provide staff with information on VA performance measures and guidelines.
			8b. Senior Leadership/clinical management in {your organization} establish clear goals for patient care processes and outcomes.
			8c. Senior Leadership/clinical management in {your organization} provide staff members with feedback/data on effects of clinical decisions.
			8d. Senior Leadership/clinical management in {your organization} hold staff members accountable for achieving results.
			11a. Senior leadership/clinical management will propose a project that is appropriate and feasible.
			11b. Senior leadership/clinical management will provide clear goals for improvement in patient care.
			11c. Senior leadership/clinical management will establish a project schedule and deliverables.
11d. Senior leadership/clinical management will designate a clinical champion(s) for the project.			
Implementation Climate			
	Tension for Change	The degree to which stakeholders perceive the current situation as intolerable or needing change.	
	Compatibility	The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.	3c. The {proposed practice changes or guideline implementation} conform to the opinions of clinical experts in this setting.
	Relative Priority	Individuals' shared perception of the importance of the implementation within the organization.	13d. Senior leadership/clinical management/staff opinion leaders set a high priority on the success of the intervention.

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		Organizational Incentives & Rewards	Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary and less tangible incentives such as increased stature or respect.
		Goals & Feedback	The degree to which goals are clearly communicated, acted upon, and fed back to staff and alignment of that feedback with goals.
		Learning Climate	A climate in which: a) leaders express their own fallibility and need for team members' assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.
Readiness for Implementation			
		Leadership Engagement	Commitment, involvement, and accountability of leaders and managers with the implementation.
		Available Resources	The level of resources dedicated for implementation and on-going operations including money, training, education, physical space, and time.
		Access to Knowledge & Information	Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.
	Knowledge & Beliefs about the Intervention		Individuals' attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.
	Self-Efficacy		Individual belief in their own capabilities to execute courses of action to achieve implementation goals.

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	Individual Stage of Change	Characterization of the phase an individual is in, as he or she progresses toward skilled, enthusiastic, and sustained use of the intervention.	
	Individual Identification with Organization	A broad construct related to how individuals perceive the organization and their relationship and degree of commitment with that organization.	
	Other Personal Attributes	A broad construct to include other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.	
Planning		The degree to which a scheme or method of behavior and tasks for implementing an intervention are developed in advance and the quality of those schemes or methods.	15a. The implementation plan for this intervention identifies specific roles and responsibilities.
			15b. The implementation plan for this intervention clearly describes tasks and timelines.
			15c. The implementation plan for this intervention includes appropriate provider/ patient education.
			15d. The implementation plan for this intervention acknowledges staff input and opinions.
			18f. The following are available to make the selected plan work: evaluation protocol.
			19a. Plans for evaluation and improvement of this intervention include periodic outcome measurement
			19b. Plans for evaluation and improvement of this intervention include staff participation/ satisfaction survey.
			19c. Plans for evaluation and improvement of this intervention include patient satisfaction survey.
			19d. Plans for evaluation and improvement of this intervention include dissemination plan for performance measures.
			19e. Plans for evaluation and improvement of this intervention include review of results by clinical leadership.
Engaging	Opinion Leaders	Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modeling, training, and other similar activities. Individuals in an organization who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention	
	Formally Appointed Internal	Individuals from within the organization who have been formally appointed with	14a. The implementation team members share responsibility for the success of this project.

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		Implementation Leaders	<p>responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.</p> <p>14b. The implementation team members have clearly defined roles and responsibilities.</p> <p>18e. The following are available to make the selected plan work: intervention team.</p>
		Champions	<p>“Individuals who dedicate themselves to supporting, marketing, and ‘driving through’ an [implementation]” [101](p. 182), overcoming indifference or resistance that the intervention may provoke in an organization.</p> <p>12a. The project clinical champion accepts responsibility for the success of this project.</p> <p>12b. The project clinical champion has the authority to carry out the implementation.</p> <p>12c. The project clinical champion is considered a clinical opinion leader.</p> <p>12d. The project clinical champion works well with the intervention team and providers.</p> <p>18d. The following are available to make the selected plan work: provider buy-in.</p>
		External Change Agents	<p>Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.</p>
	Executing		<p>Carrying out or accomplishing the implementation according to plan.</p>
Reflecting & Evaluating		<p>Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience.</p> <p>16c. Communication will be maintained through regular feedback to clinical management on progress of project activities and resource needs.</p> <p>16d. Communication will be maintained through regular feedback to clinicians on effects of practice changes on patient care/outcomes.</p> <p>17a. Progress of the project will be measured by collecting feedback from patients regarding proposed/implemented changes.</p> <p>17b. Progress of the project will be measured by collecting feedback from staff regarding proposed/implemented changes.</p> <p>17c. Progress of the project will be measured by developing and distributing regular performance measures to clinical staff.</p> <p>17d. Progress of the project will be measured by providing a forum for presentation/discussion of results and implications for continued improvements.</p>	