

Inventory of Factors Affecting Successful Implementation and Sustainment (IFASIS)



C-DIAS

Center for Dissemination & Implementation at Stanford
PREPARE IMPLEMENT SUSTAIN

Inventory of Factors Affecting Successful Implementation and Sustainment (IFASIS)

PURPOSE AND GENERAL INSTRUCTIONS

This inventory gathers information about factors within an organization or team that could influence efforts to implement a new intervention, program, or service.

Ratings are not meant to be overly difficult to choose. If you believe the best answer falls between two ratings, select the lower of the two ratings-- choosing the lower rating in these circumstances allows room for improvement.

This inventory is best completed as a team. It should take approximately 30 minutes.

Please specify which intervention, program, or service (hereafter referred to as [intervention]) your team seeks to implement. The scoring reflects both the status of each item within your organization (rating), and the importance of each item to your implementation effort (importance).

A summary table of your ratings is provided on page 8.

DATE:

_____/_____/_____

ORGANIZATION NAME:

SPECIFY THE INTERVENTION:

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Domain	Items	1	2	3	4	5	Rating	Importance	Status
D1	FACTORS OUTSIDE YOUR ORGANIZATION								
1.1	EXTERNAL POLICIES								
1.1.1	Support from system-level leadership (federal, state agencies) for [INTERVENTION] is...	Non-existent; no relationship or support from system-level leadership	Between 1&3	Mixed; relationships exist, but support for [INTERVENTION] is not uniform or consistent	Between 3 & 5	Strong; strong relationships with system-level leadership and robust support for [INTERVENTION]			
1.1.2	System level policies and regulations to ensure our clinics and patients can access [INTERVENTION] are...	Non-existent; no policies are in place for [INTERVENTION] availability	Between 1&3	Mixed; some policies exist, but no regulations mandate [INTERVENTION] availability	Between 3&5	Strong; policies and regulations ensure [INTERVENTION] availability			
1.2	COMMUNITY SUPPORT								
1.2.1	Support from community organizations (e.g., schools, social service, faith-based) for [INTERVENTION] is...	Non-existent; community organizations do not support [INTERVENTION]	Between 1&3	Mixed; some community organizations mildly support [INTERVENTION], others do not	Between 3&5	Strong; wide range of community organizations strongly support [INTERVENTION]			
1.2.2	Consultations with community members about the overall fit and acceptability of [INTERVENTION] from a diversity and inclusivity perspective are...	Non-existent; no consultations with community members	Between 1&3	Mixed; occasional consultations with community members	Between 3&5	Ongoing and frequent; routine consultations with community members			
1.2.3	Close partnerships with other health and social service organizations in our community are...	Non-existent; no relationships with other organizations	Between 1&3	Mixed; relationships with a few organizations	Between 3&5	Strong; close relationships with many organizations			

Domain	Items	1	2	3	4	5	Rating	Importance	Status
D2	FACTORS WITHIN YOUR ORGANIZATION CONT.								
2.1	LEADERSHIP								
2.1.1	The support from our organization's leadership for clinical and non- clinical training opportunities regarding [INTERVENTION] is ...	Non-existent: our leadership does not provide any clinical and non-clinical training opportunities about [INTERVENTION].	Between 1&3	Mixed: our leadership offers training opportunities for clinical staff, but not for all staff members about [INTERVENTION].	Between 3&5	Strong: our leadership provides training opportunities for both clinical and non-clinical staff members about [INTERVENTION].			
2.1.2	The commitment of our organization's leadership to the implementation of [INTERVENTION] is...	Non-existent: our leadership does not have a long- term strategy to implement [INTERVENTION].	Between 1&3	Mixed: our leadership has a wavering long-term strategy and commitment to implement [INTERVENTION].	Between 3&5	Strong: our leadership has a well-defined long-term strategy and commitment to implement [INTERVENTION].			
2.2	RESOURCES								
2.2.1	Staff shortage and turnover within our organization is...	A serious issue: there is a lack of qualified staff to deliver [INTERVENTION], which poses significant challenges.	Between 1&3	Challenging but manageable: while there are some staff members with experience, high turnover rates remain a concern.	Between 3&5	Not an issue for our organization; we have enough qualified staff to deliver [INTERVENTION].			
2.2.2	The financial means available to implement [INTERVENTION] are...	Non-existent: we do not have the financial resources to implement [INTERVENTION].	Between 1&3	Stretched: Our organization has some funds available to implement [INTERVENTION], but it would require cuts in other areas.	Between 3&5	Plenty: the organization has the financial means to implement and sustain [INTERVENTION].			
2.2.3	The cost/benefit of [INTERVENTION] is...	Non-existent	Between 1&3	To be determined	Between 3&5	Evident			

Domain	Items	1	2	3	4	5	Rating	Importance	Status
D2	FACTORS WITHIN YOUR ORGANIZATION CONT.								
2.3	ORGANIZATIONAL READINESS								
2.3.1	Organizational policies to implement [INTERVENTION] are...	Non-existent: we do not have any organizational policies in place nor are any planned.	Between 1&3	Under discussion and consideration: organizational policies for implementing [INTERVENTION] are being discussed and considered.	Between 3&5	Already in place.			
2.3.2	[INTERVENTION] integration into our workflow is...	Challenging: [INTERVENTION] cannot be readily incorporated into our workflow and will require significant effort.	Between 1&3	Feasible with challenges: [INTERVENTION] can be incorporated into our workflow, but it will present some difficulties.	Between 3&5	[INTERVENTION] can easily be incorporated into our workflow.			
2.3.3	The flexibility of our staff in adapting to [INTERVENTION] is...	Non-existent: our staff will not readily adapt to [INTERVENTION].	Between 1&3	Mixed: Some staff members will be flexible and quickly adapt to [INTERVENTION], while others may not.	Between 3&5	Our staff are flexible and will adapt quickly to [INTERVENTION]			
2.4	DOABILITY								
2.4.1	The feasibility of implementing/expanding [INTERVENTION] is...	Daunting and seemingly impossible: Implementing/expanding [INTERVENTION] appears challenging and unachievable for our team.	Between 1&3	Challenging but attainable: Implementing/expanding [INTERVENTION] will pose challenges, but we are determined to accomplish it.	Between 3&5	Doable: Implementing/expanding [INTERVENTION] seems feasible.			

Domain	Items	1	2	3	4	5	Rating	Importance	Status
D2	FACTORS WITHIN YOUR ORGANIZATION CONT.								
2.5	PERSON FOCUSED CARE								
2.5.1	Our leadership and staff ...	Does not include individuals with lived experience reflective of the community in terms of race/ethnicity or place of residence.	Between 1&3	Includes individuals with lived experience OR reflective of the community in terms of race/ethnicity or place of residence, but not all of the above.	Between 3&5	Includes individuals with lived experience reflective of the community in terms of race/ethnicity or place of residence.			
2.5.2	Health equity is...	Not prioritized or documented in the mission, vision, and values statements, which would help identify disparities and implement strategies to address them.	Between 1&3	Documented in the mission, vision, and values statements, but there is no strategy to identify disparities or implement strategies to address them.	Between 3&5	Prioritized and documented in the mission, vision, and values statements to identify disparities and implement strategies to address them.			
2.5.3	Our program collects and examines patient data by demographic or other social indicators to identify potential inequities in delivery of [INTERVENTION]...	Our program collects demographic data but does not examine it for potential inequities.	Between 1&3	Our program collects demographic data and examines it for potential inequities, but the results are not shared within the clinic.	Between 3&5	Our program collects demographic data for potential inequities and uses it to set quality improvement aims to address inequity, sharing results within the clinic regularly.			

Domain	Items	1	2	3	4	5	Rating	Importance	Status
D3	FACTORS ABOUT THE INTERVENTION								
3.3	FIT								
3.1.1	[INTERVENTION] fit for our organization and patients...	The majority of patient care staff are not convinced that this intervention is a suitable fit for our organization and patients.	Between 1&3	Patient care staff hold mixed opinions, with some believing that this intervention is a good fit for patients while others have reservations.	Between 3&5	Patient care staff are firmly convinced that this intervention is a suitable fit for both our organization and patients.			
3.2	USABILITY / COMPLEXITY								
3.2.1	[INTERVENTION] is..	[INTERVENTION] is complex to use and lack value.	Between 1&3	[INTERVENTION] use is occasionally complex, and its value may vary	Between 3&5	[INTERVENTION] is easy to use and offers significant value.			
3.3	RELATIVE ADVANTAGE								
3.3.1	[INTERVENTION] advantage...	There is no clear advantage to [INTERVENTION]. Our current approach is satisfactory.	Between 1&3	There may be an advantage to [INTERVENTION], but it is unclear and may not be better than our current practices.	Between 3&5	There is a clear advantage to [INTERVENTION], and it is better than our current practices.			

Domain	Items	1	2	3	4	5	Rating	Importance	Status
D4	FACTORS ABOUT THE PERSONS RECEIVING THE INTERVENTION CONT.								
4.1	BENEFIT TO RECIPIENT								
4.1.1	The [INTERVENTION] is not equitably beneficial to patients...	[INTERVENTION] is not equitably beneficial to patients	Between 1&3	[INTERVENTION] is beneficial to patients in an equitable way on some but not all social determinant characteristics.	Between 3&5	[INTERVENTION] is beneficial to all patients regardless of social determinant characteristics.			
4.2	RECIPIENT NEEDS AND VALUES								
4.2.1	Adaptability to patient's cultural beliefs...	[INTERVENTION] is not adaptable to patients' cultural beliefs, it cannot be tailored and delivered in a way that fits patients' cultural beliefs.	Between 1&3	[INTERVENTION] is somewhat adaptable to patients' cultural beliefs. Some aspects can be tailored and delivered to fit patients' cultural beliefs.	Between 3&5	[INTERVENTION] is very adaptable to patients' cultural beliefs, it can be tailored and delivered in a way that fits patients' cultural beliefs.			
4.2.2	[INTERVENTION] meets patients' needs...	[INTERVENTION] does not meet the needs of most of our patients.	Between 1&3	[INTERVENTION] meets the needs of about half of our patients.	Between 3&5	[INTERVENTION] meets the needs of most patients.			
4.2.3	Patients perceive [INTERVENTION] as effective ...	Most patients do not perceive [INTERVENTION] as effective	Between 1&3	Some patients perceive [INTERVENTION] as effective	Between 3&5	Most patients perceive [INTERVENTION] as effective			
4.2.4	[INTERVENTION] burden for the patient (eg., transportation, frequency of visits)...	[INTERVENTION] is very burdensome for most patients	Between 1&3	[INTERVENTION] is somewhat burdensome for some patients	Between 3&5	[INTERVENTION] is not burdensome for most patients			
4.2.5	Patients are...	Patients are neither asking about [INTERVENTION] nor eager to engage in it when offered.	Between 1&3	Patients are not asking about [INTERVENTION], but are eager to engage in it.	Between 3&5	Patients are asking about and eager to engage in [INTERVENTION].			
4.2.6	Financial cost...	The majority of our patients cannot afford [INTERVENTION].	Between 1&3	About half of our patients can afford [INTERVENTION], while the other half cannot.	Between 3&5	Most of our patients can afford [INTERVENTION], or there is no cost to them because [INTERVENTION] is covered by public and/or private reimbursement mechanisms.			

SCORING SUMMARY

Item	Description	Status
D1. FACTORS OUTSIDE YOUR ORGANIZATION		
1.1.1	System level leadership support	
1.1.2	System level policies and regulations	
1.2.1	Community support	
1.2.2	Consultations with community members	
1.2.3	Partnership with other organizations	
D2. FACTORS WITHIN YOUR ORGANIZATION		
2.1.1	Leadership supported training	
2.1.2	Leadership commitment to implementation	
2.2.1	Staff shortage and turnover	
2.2.2	Funding for implementation	
2.2.3	Cost-benefit	
2.3.1	Implementation supported by policies	
2.3.2	Integration into existing workflows	
2.3.3	Staff flexibility/adaptability	
2.4.1	Feasibility of implementation	
2.5.1	Staff demographics mirrors patients'	
2.5.2	Considerations for health equity	
2.5.3	Monitoring of inequities in care delivery	
D3. FACTORS ABOUT THE INTERVENTION		
3.1.1	Fit of [INTERVENTION] for organization and patients	
3.2.1	[INTERVENTION] ease of use	
3.3.1	[INTERVENTION] relative advantage	
D4. FACTORS ABOUT THE PERSONS RECEIVING THE INTERVENTION		
4.1.1	Equitable benefits to patients	
4.2.1	[INTERVENTION] is adaptable to patients' cultural beliefs	
4.2.2	[INTERVENTION] meets patients' needs	
4.2.3	Patient perceptions of effectiveness	
4.2.4	[INTERVENTION] burden for patients	
4.2.5	Patient interest in [INTERVENTION]	
4.2.6	Affordability to patients	

The color intensity reflects the importance your team attributed to each factor (light – not important, medium – somewhat important, dark – very important)

