

Data Collection Mapped to the Proctor Model

Implementation Outcome	Proctor Definition	Evaluation Question	Outcome	Data Collection Source
Acceptability	The perception among stakeholders that an intervention is agreeable. Related terms: comfort, relative advantage, credibility	To what degree are site providers, staff, and leadership willing and able to take on the full terms of the intervention?	Level of acceptability of the intervention among providers, staff, and leadership	- Organizational Readiness to Change Assessment (ORCA) - Pre-implementation qualitative interviews
Appropriateness	The perceived fit or relevance of the intervention in a particular setting or for a particular target audience or issue. Related terms: Relevance, perceived fit, compatibility, trialability, suitability, usefulness, practicability.	To what degree does the provider think the intervention is the appropriate intervention for the target population?	Level of agreement among providers, staff, and leadership regarding the fit between the intervention and the needs of the clinic, clients, and community	- ORCA - Pre-implementation qualitative interviews
Adoption	The intention, initial decision, or action to try to employ a new intervention. Related terms: Uptake, utilization, intention to try	To what degree are providers and staff willing to implement the intervention by following the protocol outlined in the adapted intervention and implementation plan?	Ability of site staff to articulate intended plan to implement the protocol as outlined in the implementation plan and adapted intervention summary	- Pre-implementation qualitative interviews - Initial site visit report
Cost	The incremental cost of the delivery strategy. The total cost of the implementation would also include the cost of the intervention itself. Related terms: marginal cost	What does it cost to implement the intervention?	Labor Costs Cost of supplies and materials	- Cost analysis worksheet

<p>Feasibility</p>	<p>The extent to which an intervention can be carried out in a particular setting or organization. Related terms: Practicality, actual fit, utility, suitability, for everyday use</p>	<p>What are the barriers and facilitators to effective implementation of the intervention?</p>	<p>Feasibility of implementing the intervention components as outlined in the adapted interventions and implementation plan Training and preparation necessary to implement the interventions as prescribed</p>	<ul style="list-style-type: none"> - Site visit report form - Monthly site calls for - Key informant qualitative interviews - TA tracking form
<p>Fidelity</p>	<p>The degree to which an intervention was implemented as it was designed in an original protocol, plan, or policy. Related terms: Adherence, delivery as intended, treatment integrity, quality of program delivery, intensity, or dosage of delivery</p>	<p>To what degree is the intervention being implemented as designed in the adapted intervention and implementation plan?</p>	<p>Amount or number of intended units of each intervention or component delivered or provided by interventionists</p> <p>Extent to which the intended, methods, strategies, and/or activities were used by providers and intervention staff</p>	<ul style="list-style-type: none"> - Site visit report form - Monthly site call forr - Key informant qualitative interviews - Audio Recording - Patient Care Plan review
<p>Integration</p>	<p>Focusing on the degree to which an intervention is integrated and institutionalized in a service setting</p>	<p>To what degree do sites integrate the intervention into their other ongoing efforts to improve outcomes along the HIV Care Continuum? (Measured during maintenance and integration)</p>	<p>Level of incorporation into the clinical setting as part of the standard of care</p>	<ul style="list-style-type: none"> - Site visit report form - Monthly site call forr - Key informant qualitative interview

Service Outcomes	Proctor Definition	Evaluation Question	Outcome	Data Collection Source
Efficiency	Avoiding waste, including waste of equipment, supplies, ideas, and energy, duplication of services, duplication of staff efforts	Does the intervention avoid duplication and alleviate staff burden (“right-sizing” – equitable redistribution of work)?	Clearly defined roles in the clinic setting Duplication minimized	- Site visit report form - Monthly site call form - Key informant qualitative interviews - Encounter form
Safety	Avoiding injuries to patients from the care that is intended to help them. Patient and provider safety (i.e. mental health safety)	What policies and procedures are in place to protect patient and staff safety?	Written safety protocol available	- Site visit report form
Effectiveness	Providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those no likely to benefit	Does the site provide the intervention to the appropriate target audience?	Extent to which the target population is appropriate and meets the criteria	- Key informant qualitative interviews - Site data
Equity	Providing care that does not vary in quality because of personal characteristics	Does the site provide the intervention to all members of the target audience in the same way?	Fidelity by dose and demographic	- Key informant qualitative interviews - Audio recording
Patient-Centeredness	Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.	Do patients experience care in accordance with their needs and preferences?	Identification of patient barriers to completing the intervention, Extent to which patients report satisfaction with the intervention	- Key informant qualitative interviews - Qualitative client interviews
Timeliness	Reducing waits and sometimes harmful delays for both those who receive and those who give care.	Can patients access the intervention in a timely way?	Amount of time between enrollment and start of services	- Eligibility form - Encounter form (dates)
		Is the intervention effective in getting patients into care and/or community based services?	% of referrals completed Number of primary care and other health care visits attended	- Encounter form - Medical Chart Abstraction

Client Outcomes	Definition	Evaluation Questions	Outcomes	Data Collection Source
Satisfaction	Satisfaction with the intervention	Were clients satisfied with the intervention?	Extent to which patients were satisfied with the intervention	- Follow-up client survey - Qualitative client interviews
Function	Client quality of life and reduction of barriers	Which models improve physical and mental health function?	Extent to which the intervention improved a patients' quality of life	- Baseline and Follow-up client survey (SF-8) - Qualitative client interviews
Symptomatology	Clinical data, linkage and retention as measured by patient appointments and gaps in care, viral load.	Do the evidence-informed interventions lead to improvements in the common outcome measures put forward to monitor HHS funded prevention, treatment and care services with respect to: <ul style="list-style-type: none"> • ART among persons in HIV medical care • viral load suppression among persons in HIV medical care 	Extent to which the interventions lead to improvements in: <ul style="list-style-type: none"> • ART among persons in HIV medical care • viral load suppression among persons in HIV medical care 	- Medical chart abstraction