

# Comment changer les comportements : de la théorie à la pratique ?

*Gabriel Birgand*

# Déclaration d'intérêts de 2014 à 2019

- Intérêts financiers : **Aucun**
- Liens durables ou permanents : **Aucun**
- Interventions ponctuelles : **Cepheid, Puressentiel**
- Intérêts indirects : **Aucun**



# Ce qui est recommandé !



## 2015 ESC Guidelines for the management of infective endocarditis

The Task Force for the Management of Infective Endocarditis of the European Society of Cardiology (ESC)

Endorsed by: European Association for Cardio-Thoracic Surgery (EACTS), the European Association of Nuclear Medicine (EANM)

**Authors/Task Force Members:** Gilbert Habib<sup>1</sup> (Chairperson) (France), Fabrizio Lenzi<sup>2</sup> (co-Chairperson) (Belgium), Manuel J. Antunes (Portugal), Maria Grazia Boggiorno (Italy), Jean-Paul Casalta (France), Francesco Del Zotti (Italy), Raluca Dulghera (Belgium), Gebrine El Khoury (Belgium), Paola Anna Erba<sup>3</sup> (Italy), Bernard Hoen (France), Jose M. Miró<sup>4</sup> (Spain), Barbara J. Mulder (The Netherlands), Edyta Pionka-Gosciniak (Poland), Susanna Price (UK), Jolien Roos-Hesselink (The Netherlands), Ulrika Sjöqvist-Martén (Sweden), Franck Thuery (France), Pilar Tornos Mas (Spain), Inés Vilacosta (Spain), and Jose Luis Zamorano (Spain)

## Guidelines on the management of infectious encephalitis in adults

09/2019  
DOI: 10.1016/j.medpl.2019.03.005  
J.P. Stahl<sup>1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000</sup>

## Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America

Lindsay E Nicolle, Kalpana Gupta, Suzanne F Bradley, Richard Colgan, Gregory P DeMuri, Dimitri Drekonja, Linda O Eckert, Suzanne E Geerlings, Béla Köves, Thomas M Hooton ... Show more

Clinical Infectious Diseases, Volume 68, Issue 10, 15 May 2019, Pages e83–e110, <https://doi.org/10.1093/cid/ciy1121>

Published: 21 March 2019 Article history v

### Recommandations pour la

### Les infections génitales Mise à jour des recommandations pour la pratique clinique (texte court)

Élaborées par le Collège national des gynécologues et obstétriciens français en collaboration avec la Société de pathologie infectieuse de langue française



Ministère des Solidarités et de la Santé  
Direction générale de la santé  
Bureau directeur de la santé des populations et de la prévention des maladies chroniques  
Prévention (Direction de la Santé)  
Mise à jour des recommandations

INSTRUCTION N° 2019-03-001111 du 21 juin 2019 relative à la prophylaxie des infections nosocomiales à méningocoques

## Management of acute community-acquired bacterial meningitis (excluding newborns). Long version with arguments - 17/08/19

Prise en charge des méningites bactériennes aiguës communautaires (à l'exclusion du nouveau-né)  
Doi: 10.1016/j.medpl.2019.03.009

B. Hoen<sup>a,1</sup>, E. Varon<sup>b,1</sup>, T. De Debroucker<sup>c,1</sup>, B. Fantin<sup>d,1</sup>, E. Grimpel<sup>e,1</sup>, M. Wolff<sup>f,1</sup>, X. Duval<sup>g,1</sup> the expert and reviewing group

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- <sup>g</sup> Service des maladies infectieuses et tropicales, centre d'investigation clinique, hôpital Bichat - Claude-Bernard, 46, rue Henri-Huchard, 75018 Paris, France



## GUIDELINES Treatment of Nontuberculous Mycobacterial Pulmonary Disease: An Official ATS/ERS/ESCMID/IDSA Clinical Practice Guideline Executive Summary

Charles L Daley, Jonathan M Iaccarino, Jr, Christoph Lange, Emmanuel Richard J Wallace, Claire Andrejak, Erik C Böttger, Jan Brozek, David E Gri Lorenzo Guglielmetti ... Show more

Clinical Infectious Diseases, Volume 71, Issue 4, 15 August 2020, Pages e1-  
<https://doi.org/10.1093/cid/ciaa241>  
Published: 06 July 2020 Article history v

COVID-19 Guideline, Part 1: Treatment and Management  
Status: Current  
Date: 09/2020  
Summarized here are the recommendations with comments related to the clinical practice guideline for the treatment and management of COVID-19

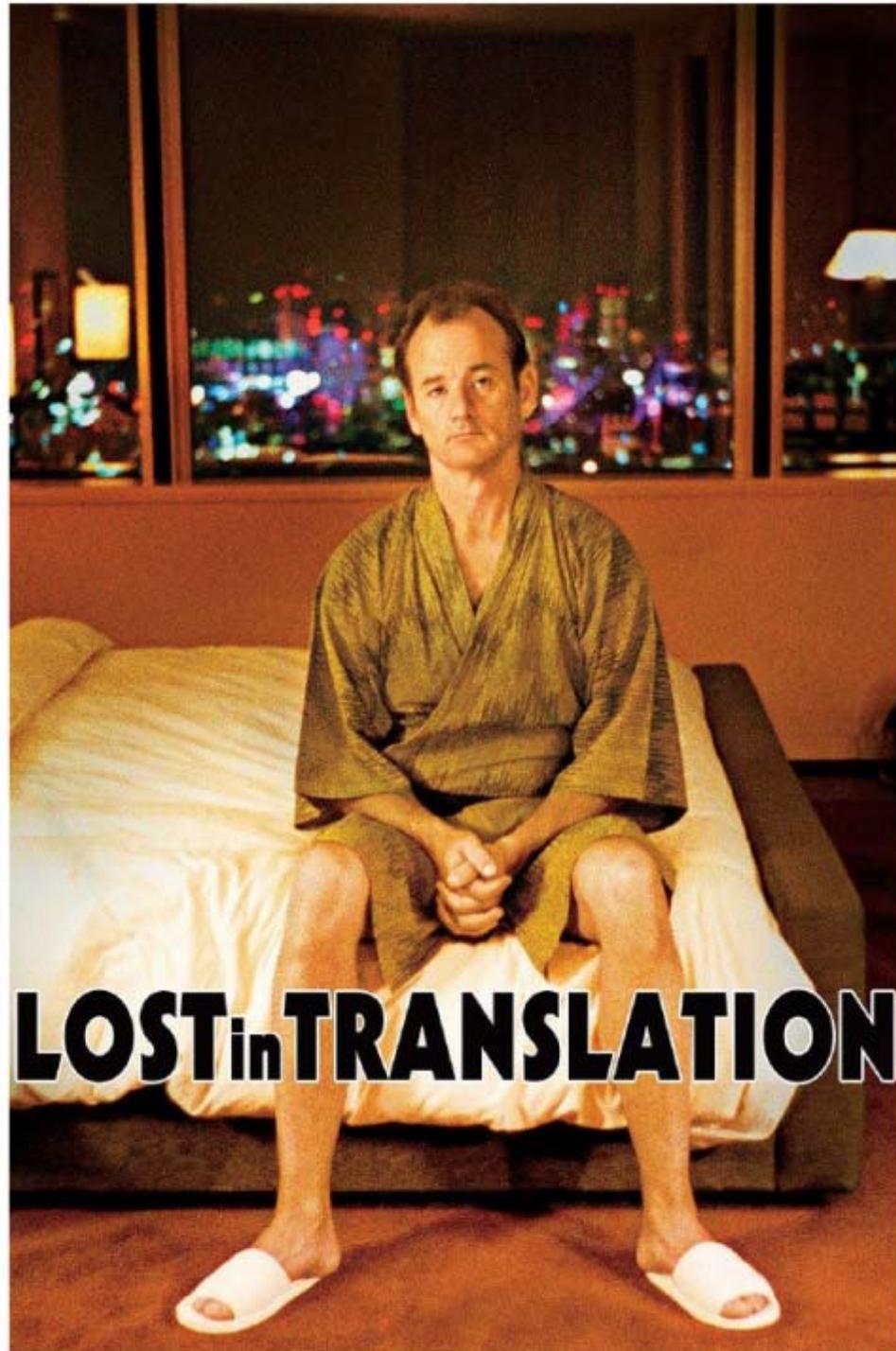
COVID-19 Guideline, Part 4: Serology  
Status: Current  
Date: 09/2020  
Serologic tests for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are now widely available. IDSA has developed recommendations related to the use of SARS-CoV-2 serologic testing in clinical practice and public health.

Nontuberculous Mycobacterial (NTM) Diseases  
Status: Current  
Date: 09/2020  
This is the third statement in the last 15 years dedicated entirely to disease caused by NTM (1, 2). The current unprecedented high level of interest in NTM disease is the result of two major recent trends: the association of NTM infection with AIDS and...

COVID-19 Guideline, Part 3: Diagnostics  
Status: Current  
Date: 09/2020  
Direct detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) nucleic acids in respiratory tract specimens allows earlier, healthcare institution, and public health event decision-making. IDSA has developed an evidence-based diagnostic...

COVID-19 Guideline, Part 2: Infection Prevention  
Status: Current  
Date: 09/2020  
SARS-CoV-2 is a highly transmissible virus that can enter health-care personnel and patients in health-care settings. Specific care activities, in particular aerosol-generating procedures, may have a higher risk of transmission. The rapid emergence and g...

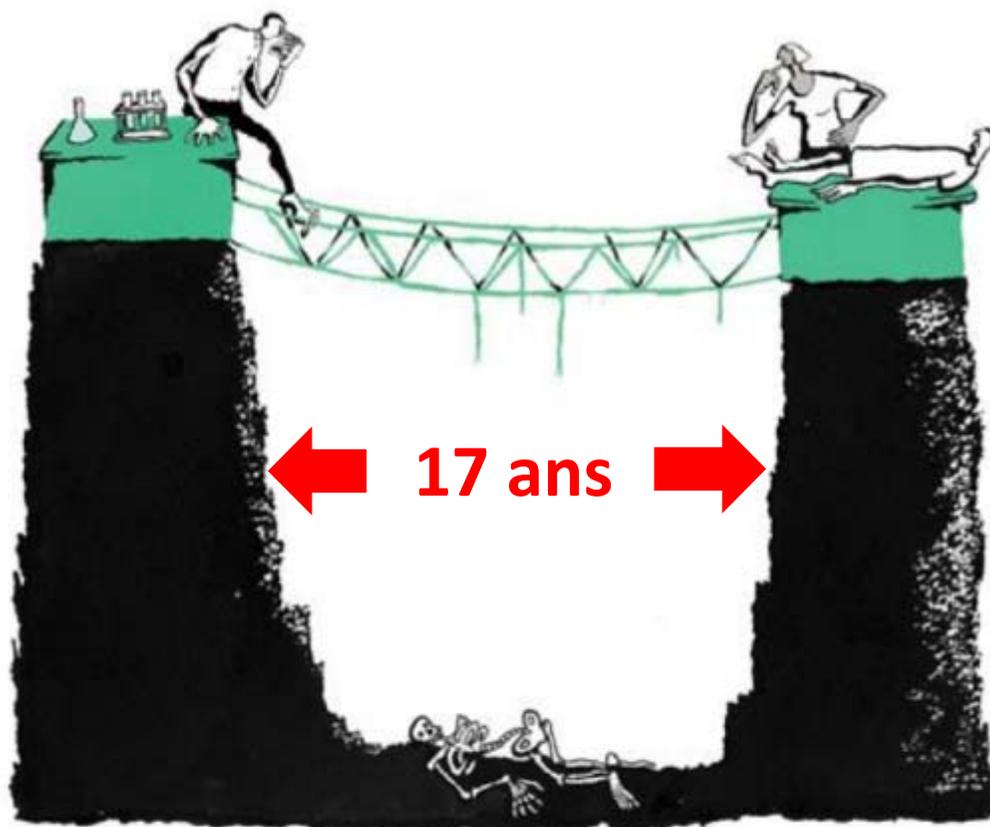
Vaccinology  
Status: Current  
Date: 09/2020  
This document is an executive summary of the new systematic evidence guidelines for vaccination timing and monitoring. It was developed by the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, the Pediatric Infect...



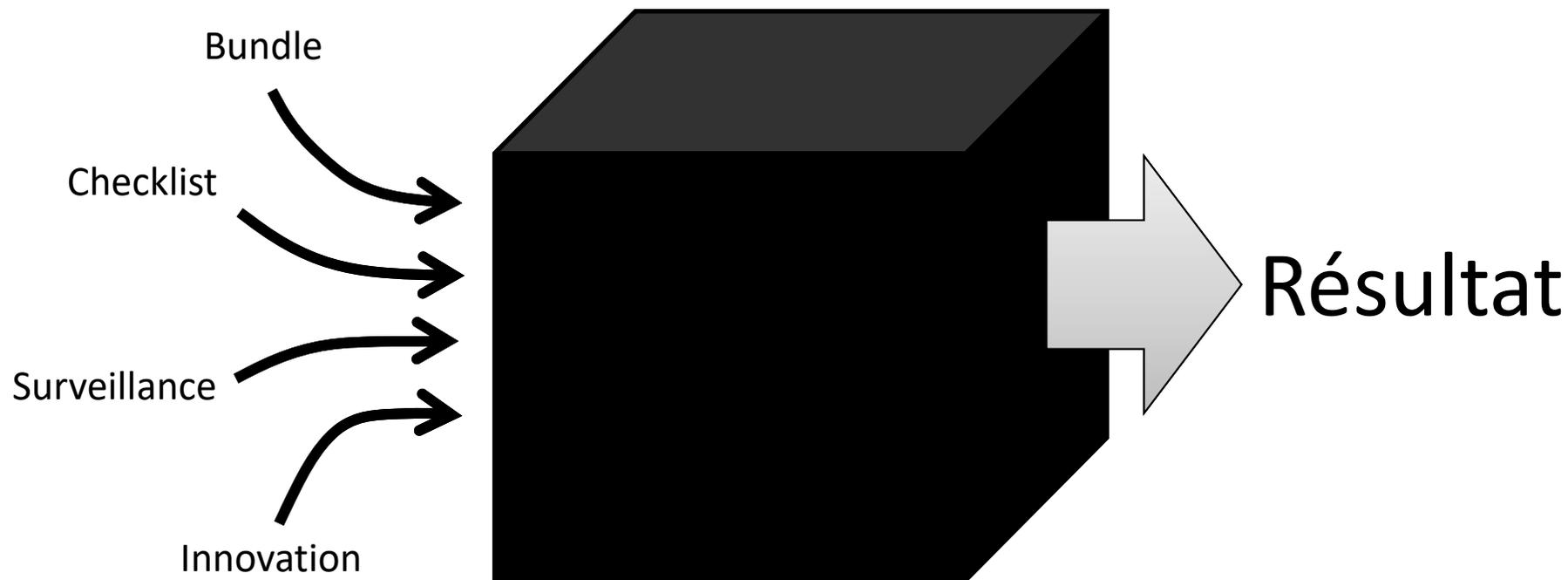
# Fossé mortel entre la recherche et la vie réelle

Démonstration  
de la preuve

Application sur  
le terrain



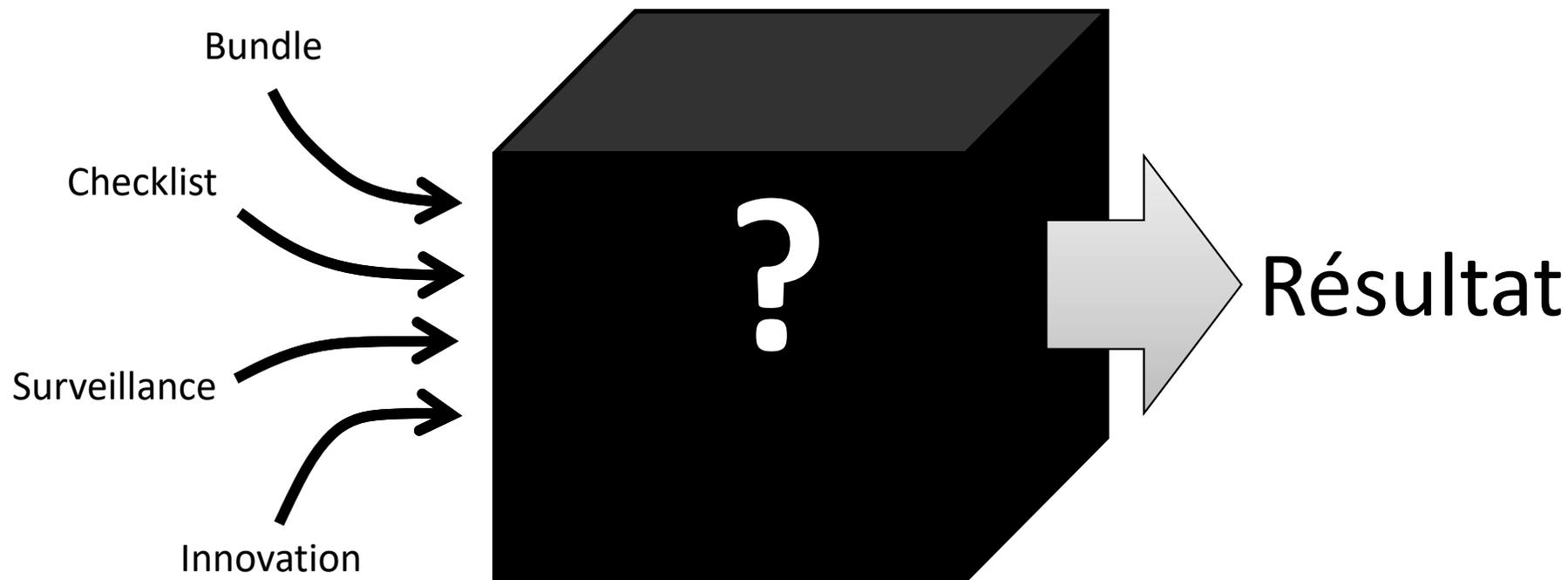
50-70% des patients américains  
recevaient des soins  
recommandés,  
Et 20-30% des soins contre-  
indiqués  
(Schuster 1998)



**Intervention**

**Outcome**

*Remerciement Dr Walter Zingg*

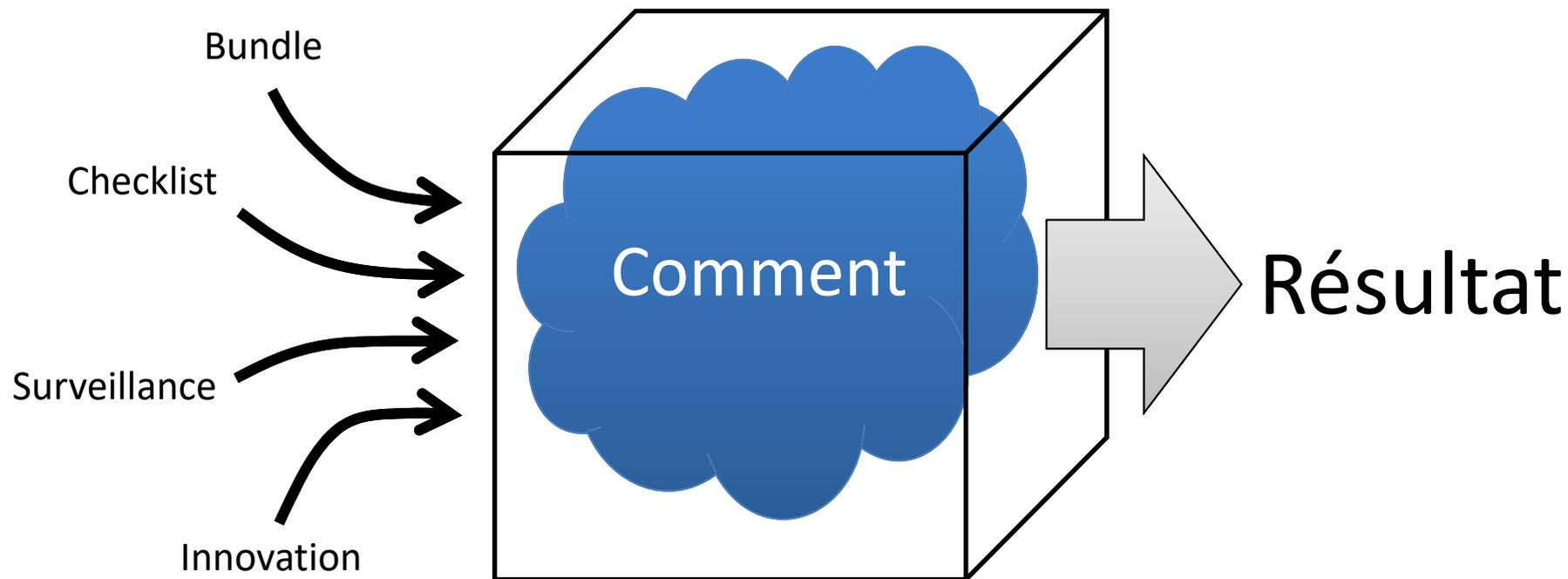


**Intervention**

**Implémentation?**

**Outcome**

*Remerciement Dr Walter Zingg*



**Intervention**

**Implémentation!**

**Outcome**

*Remerciement Dr Walter Zingg*

# Exemples d'intervention efficace?



**Interventions to improve antibiotic prescribing practices for hospital inpatients (Review)**

Davey P, Marwick CA, Scott CL, Charani E, McNeil K, Brown E, Gould IM, Ramsay CR, Michie S

## Davey et al. 2017



221 études/120 interventions

- ✓ Interventions persuasives
    - Educational meetings, reminders, audit and feedback etc
  - ✓ Interventions restrictives
    - Compulsory order form, expert approval, or financial rewards or punishments etc
- 
- Les deux sont efficaces
  - Les interventions persuasives améliore l'effet des interventions restrictives.
  - Interventions incluant un feedback sont plus efficaces

# Il n'y a PAS de solution miracle

## NO MAGIC BULLETS: A SYSTEMATIC REVIEW OF 102 TRIALS OF INTERVENTIONS TO IMPROVE PROFESSIONAL PRACTICE

Andrew D. Oxman, MD, MSc; Mary Ann Thomson, BHSc(PT);  
David A. Davis, MD; R. Brian Haynes, MD, PhD

### Abstract • Résumé

**Objective:** To determine the effectiveness of different types of interventions in improving health professional performance and health outcomes.

**Data sources:** MEDLINE, SCISEARCH, CINAHL and the Research and Development Resource Base in CME were searched for trials of educational interventions in the health care professions published between 1970 and 1993 inclusive.



**Conclusion:** There are no “magic bullets” for improving the quality of health care, but there are a wide range of interventions available that, if used appropriately, could lead to important improvements in professional practice and patient outcomes.

# IMPLEMENTATION = C'est l'adaptation!



# Approche systématique de l'implémentation

1. Définir les “bonnes pratiques de soins”



2. Analyser l'application actuelle de ces “bonnes pratiques de soins”



3. Analyser les freins influençant l'application (ou non) des “bonnes prat.”



4. Développer une stratégie d'amélioration basée sur le diagnostic



5. Développer un plan, exécuter, évaluer cette stratégie d'amélioration

# Approche systématique de l'implémentation

1. Définir les "bonnes pratiques de soins"

2. Analyser l'application actuelle de ces "bonnes pratiques de soins"

3. Analyser les facteurs de succès et d'échec des "bonnes prat."

Phase  
d'évaluation/diagnostic

4. Développer une stratégie d'amélioration basée sur le diagnostique

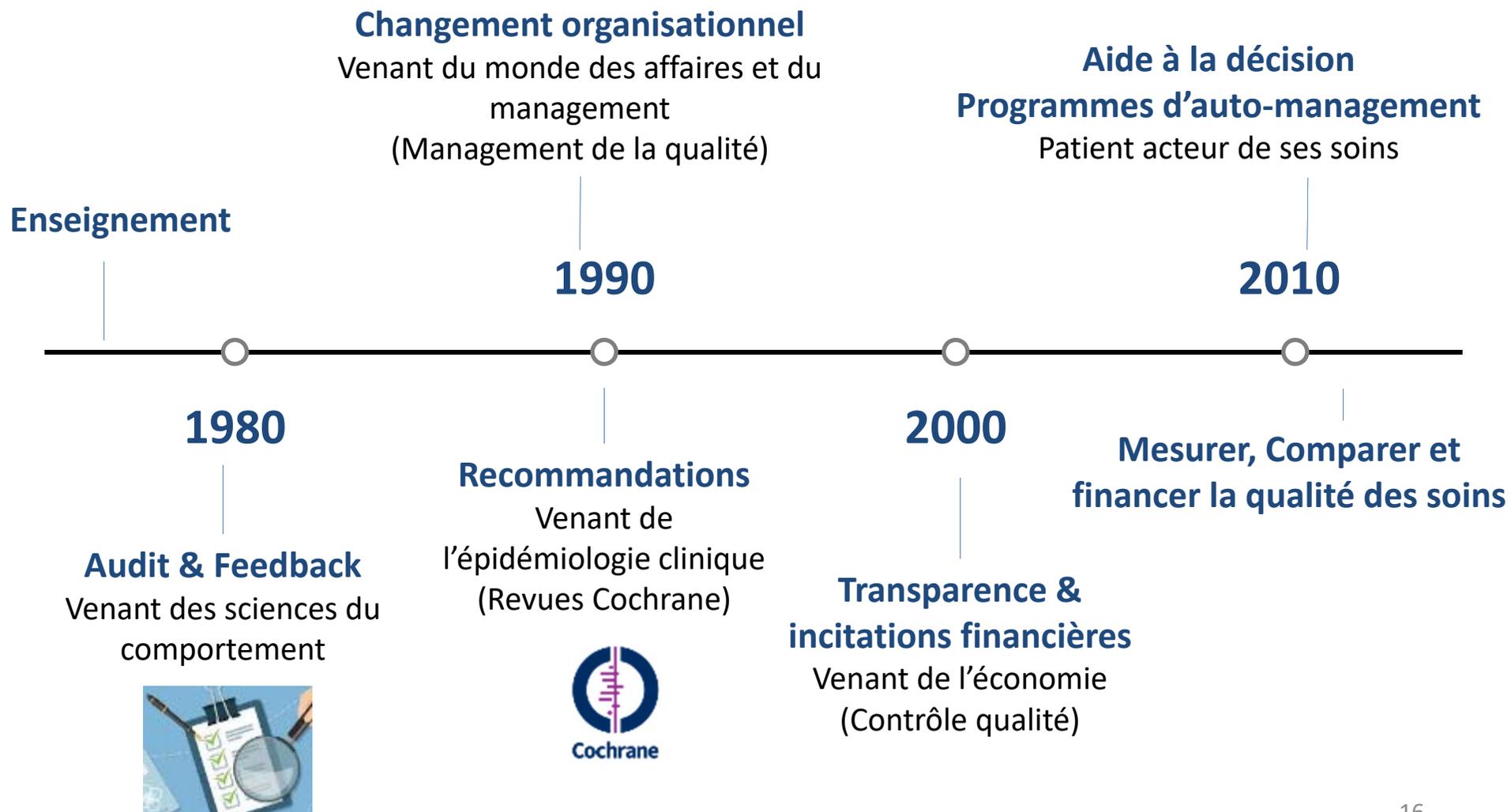
5. Développer un plan, exécuter, évaluer cette stratégie d'amélioration

# Qu'est ce que l'implémentation

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- Les sciences de l'implémentation sont : *“L'étude des méthodes promouvant **l'intégration** des découvertes scientifiques et de l'évidence en politique de santé et en pratique”*
- *“Cela cherche à comprendre les **comportements** des professionnels de santé comme des **variables clés** l'intégration **durable, l'adoption**, et l'implémentation des interventions se basant sur l'évidence.”*

# Evolution des Sciences de l'implementation



# Principes et méthodes

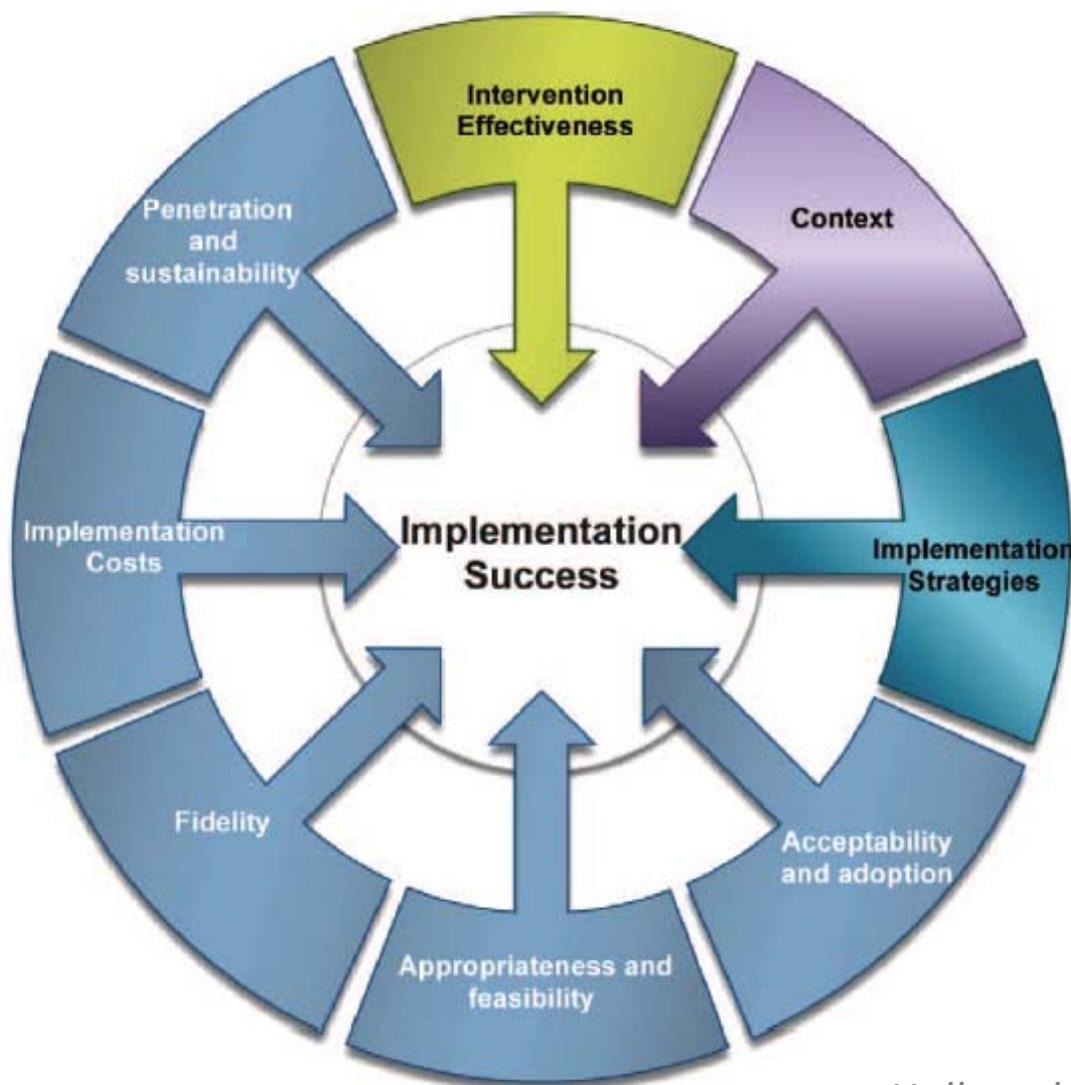
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- **Intervention d'implémentation**
  - Méthode ou technique unique pour faciliter le changement
  - Au niveau du patient, professionnels, organisation, politique
- **Stratégie d'implémentation**
  - Cocktail, faisceau d'interventions d'implémentation sélectionnées pour lever des barrières identifiées au succès de l'implémentation
- **Différence étude Clinique / implémentation**
  - Clinique: effets sur la santé
  - Implémentation: effet sur les taux et qualité d'utilisation des recommandations



Tout ca est bien compliqué à comprendre...  
Aspect multimodale / multifacettes  
Soit s'adapté au contexte local

# Recette d'une implémentation réussie



## Recommendations

### Intervention effectiveness

- Assess strength, quality and quantity of clinical efficacy and clinical effectiveness evidence.

### Context

- Gain a deep understanding of the contextual factors likely to affect implementation efforts.

### Implementation Strategies

- Select and tailor implementation strategies according to barriers and facilitators to implementation.

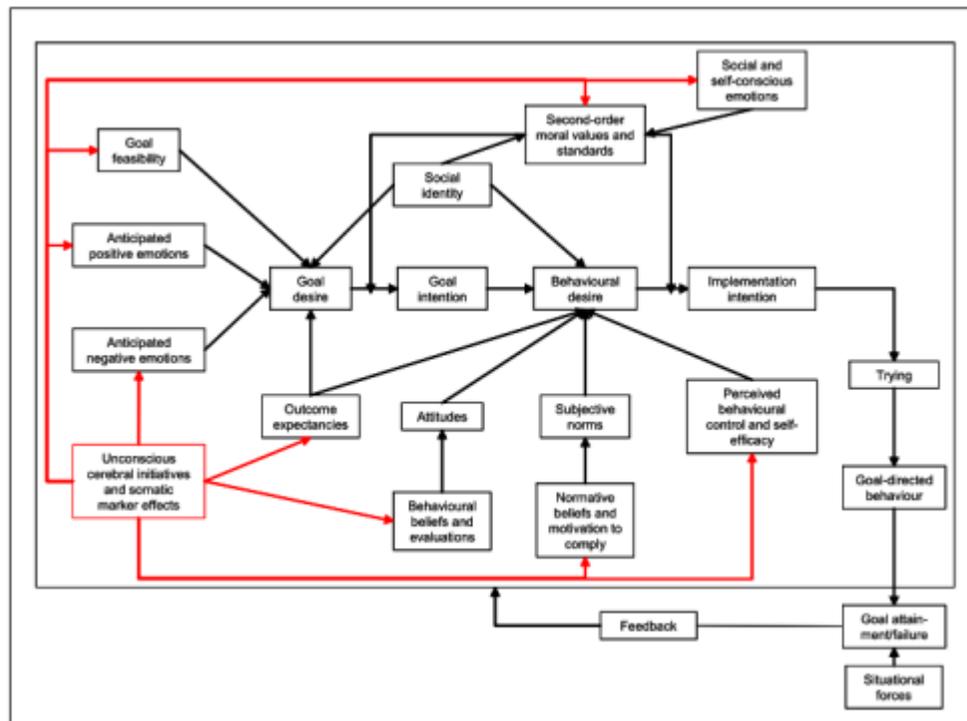
### Implementation Outcomes

- Measure and assess implementation outcomes throughout the implementation process and at various stakeholder levels (e.g. individual, team, department, organisational)

# Théories comportementales

*Littérature « énorme », « proche de l'inabordable »*

62 modèles ou théories...



# Méthode n°1:

## Roue de changement des comportements

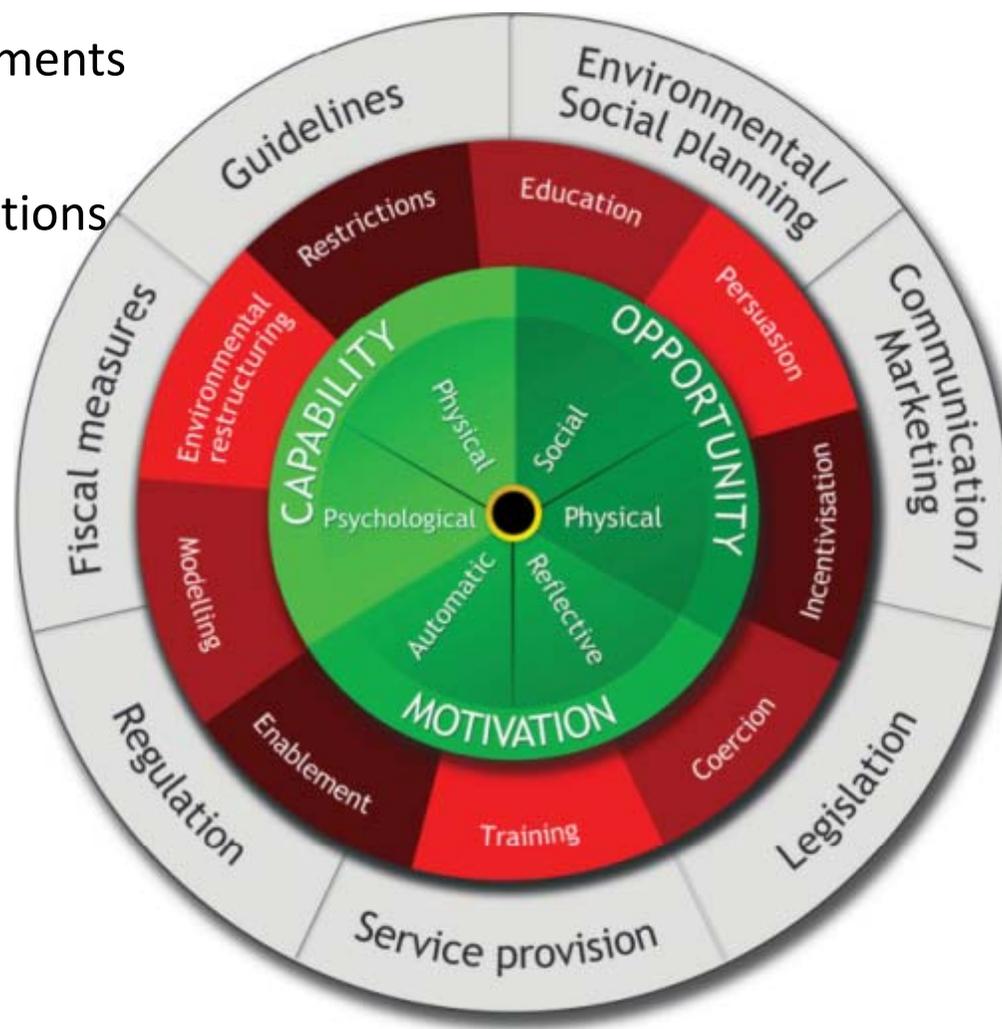
 Source des comportements

 Fonction des interventions

 Réglementation

### réglementation:

Décisions prises par les autorités concernant l'intervention



## Méthode n°2: Cadre consolidé pour la recherche sur l'implémentation

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**How to apply best practices in infection prevention and control and antimicrobial stewardship? Reflexion on implementation methods.**

# CFIR

**Consolidated Framework for Implementation Research**

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC

Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science

*Implementation Sci* 2009;4: 50

# Domaine 1 : Caractéristiques de l'intervention



Origine de l'intervention



Evidence et qualité de la preuve



Avantage de l'intervention / alternatives



Adaptabilité



Possibilité d'évaluation à faible échelle (pilote)

$$\begin{aligned} 22t + 3 &= 4t + 2t \\ \Leftrightarrow 22t - 4t &= 4t - 3 \\ \Leftrightarrow (22 - 4)t &= 4t - 3 \\ \Leftrightarrow 18t &= 4t - 3 \\ \Leftrightarrow 18t - 4t &= 4t - 3 - 4t \\ \Leftrightarrow 14t &= -3 \\ \Leftrightarrow t &= \frac{-3}{14} \\ \Leftrightarrow t &= -\frac{3}{14} \end{aligned}$$

Complexité



Design et packaging



Coûts

## Domaine 2 : Processus d'implémentation

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### Planifier

- La mesure dans laquelle un schéma ou une méthode de changement de comportement et de tâches sont élaborés à l'avance pour mettre en œuvre une intervention

### Engager

- Avoir les **“bonnes personnes au bon endroit”**
- Impliquer tous les acteurs tot dans l'impémentation (multidisciplinaire/multi-professional)

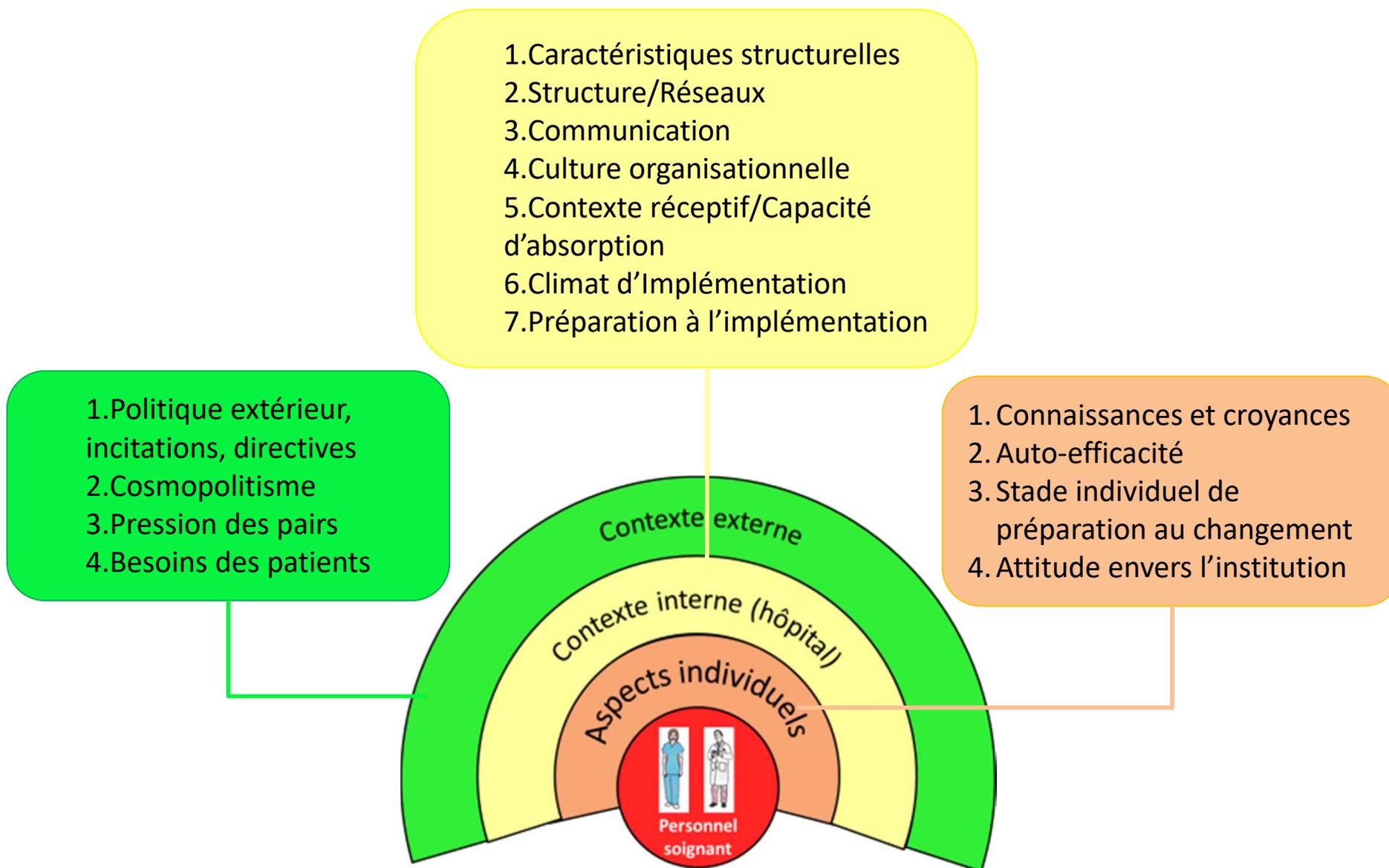
### Executer

- Simulation
- Pilotes
- Séparer l'intervention en partie manageable.

### Evaluer

- Réflexion quantitative & qualitative sur les progrès et la qualité de implémentation accompagnés de debriefing régulier d'équipe avec retours d'expérience.

## Domaine 3, 4 et 5 : Contexte



## Etape n°1: Phase d'évaluation

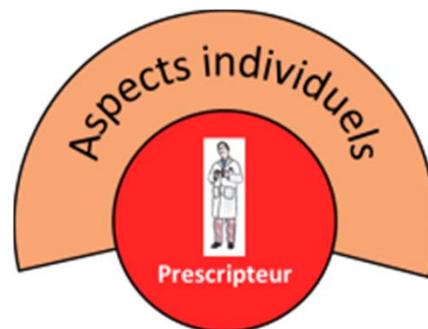
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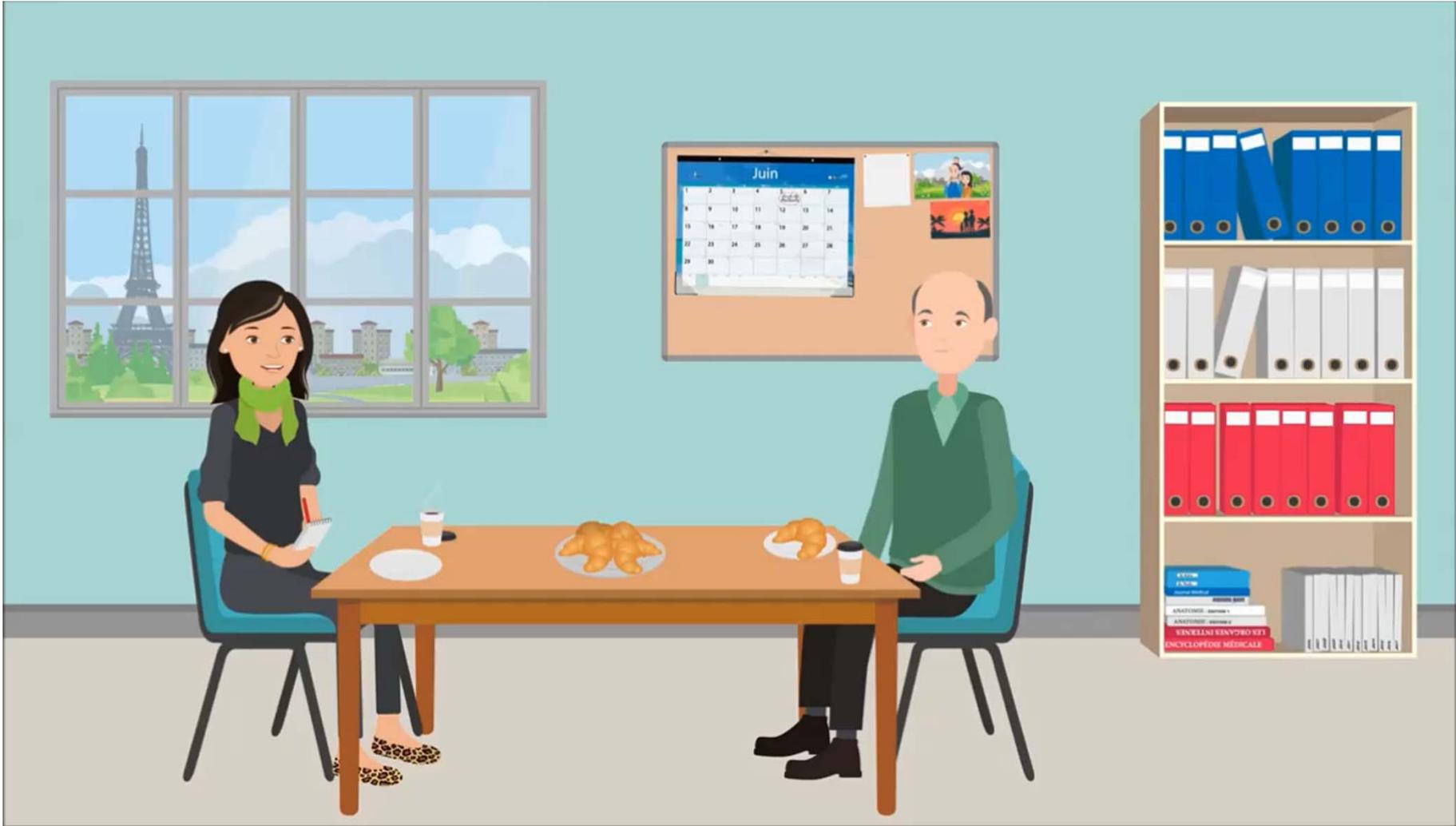
- Evaluer le contexte en terme de potentielles barrières ou facilitateurs à l'implémentation
  - Méthode qualitative : Entretiens individuels ou de groupe
  - Méthode quantitative : Grilles d'évaluation
  - Exemple d'ASPIRES: *"Optimising antibiotic usage along surgical pathways: addressing antimicrobial resistance and improving clinical outcomes."*
- Choisir parmi les 39 « items » les + pertinents
- Définir le niveau d'analyse: acteurs ou institution
- Définir avec les acteurs les voies de communication

# Facteurs individuels

## *Connaissances autour du bon usage des ATB*

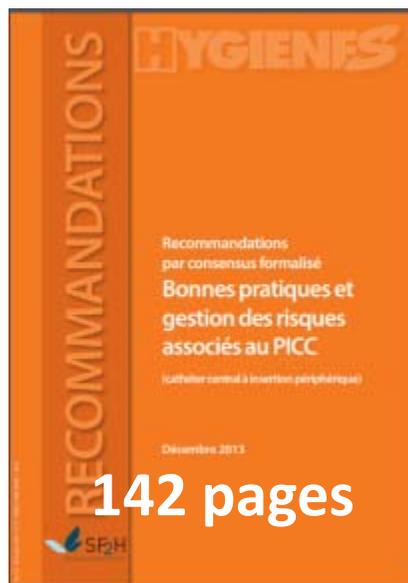
- Manque de **familiarité ou de sensibilisation** à l'évidence ou au consensus
  - Priorité des juniors : prévenir le désastre dans les 24h (large spectre/combinaisons..)
- Formation, expérience et confiance
  - **Difficulté de diagnostic** : ATB = anxiolytique du docteur, rassure tout le monde et donc pas de critique
- Pratiques guidées par la Rationnel < Expérience < **Hiérarchie**
- ATBR **affecte les autres services** plus que le mien





# Facteurs recommandations

## Clarté et accessibilité des recommandations



### Practice guidelines for the management of adult community-acquired urinary tract infections - 25/07/18

Recommandations pour la prise en charge des infections urinaires communautaires de l'adulte  
Doi: 10.1016/j.meep.2018.03.005

F. Caron<sup>a</sup>, T. Galperine<sup>b</sup>, C. Flateau<sup>c</sup>, R. Azria<sup>d</sup>, S. Bonacorsi<sup>e</sup>, F. Bruyère<sup>f</sup>, G. Cariou<sup>g</sup>, E. Clouqueur<sup>h</sup>, R. Cohen<sup>i</sup>, T. Deco-Lecompte<sup>j</sup>, E. Elefant<sup>k</sup>, K. Faure<sup>l</sup>, R. Gauzit<sup>m</sup>, G. Gavazzi<sup>n</sup>, L. Lemaître<sup>o</sup>, J. Raymond<sup>p</sup>, E. Simeonville<sup>q</sup>, A. Sotiu<sup>r</sup>, D. Subtil<sup>s</sup>, C. Trivalle<sup>t</sup>, A. Merms<sup>u</sup>, M. Ebieme<sup>v</sup>

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<sup>c</sup> Immunologie clinique et maladies infectieuses, centre hospitalier Henri-Mondor, 94000 Créteil, France

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<sup>j</sup> Maladies infectieuses, hôpitaux universitaires de Genève, Genève, Switzerland

<sup>k</sup> Centre de référence sur les agents tétracyclines, hôpital Armand-Trousseau, Groupe hospitalier Est, AP-HP, 75012 Paris, France

<sup>l</sup> Maladies infectieuses, CHRU de Lille, 59000, France

<sup>m</sup> Réanimation, CHU de Cochin, AP-HP, 75014 Paris, France

<sup>n</sup> Clinique de médecine gériatrique, CHU de Grenoble-Alpes, 38700 La Tronche, France

<sup>o</sup> Radiologie, CHRU de Lille, 59000 Lille, France

<sup>p</sup> Microbiologie, université Paris Descartes, CHU de Cochin, 75014 Paris, France

<sup>q</sup> Maladies infectieuses, CHRU de Lille, 59000 Lille, France

<sup>r</sup> Maladies infectieuses, hôpital universitaire Carmeaux, 30000 Nîmes, France

<sup>s</sup> Gynécologie-obstétrique, CHRU Lille, 59000 Lille, France

<sup>t</sup> Gériatrie, hôpital Paul-Strauss, 94800 Villejuif, France

<sup>u</sup> Microbiologie, hôpital Inter-armées Bégin, 94160 Saint-Mandé, France



Charani JAC 2013

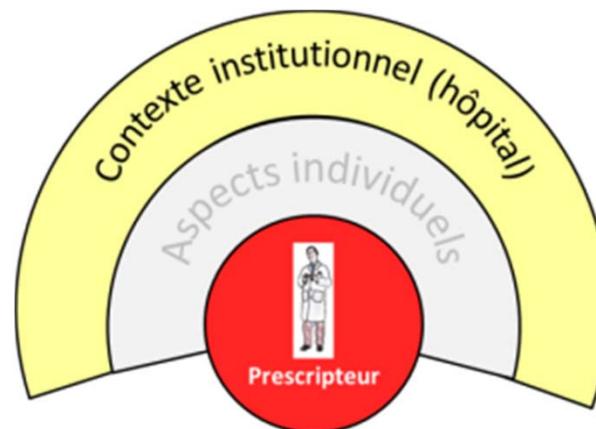


# Facteurs externes

## *Obstacles organisationnels*

---

- Délais d'obtention des **résultats de bactériologie**
  - Cf présentation David Morquin RICAI 2018
- Antibiotiques **non disponible** dans le service
- Manque de **temps/personnel**, priorités
- Un **protocole** par service
- Intensité de travail, disponibilité de lits, manque de brancardiers pour la radio, pb d'interprétation des résultats
- Manque de **séniors**



# Facteurs externes

## *Contexte national et culturel*

### Facteurs socio-culturels

#### Evitement à l'incertitude

- Faible tolérance à l'incertitude ou ambiguïté

#### Distance au pouvoir

- Société hiérarchique vs égalitaire

#### Religions

- Catholiques: hiérarchique, rituels
- Protestants: Austérité, égalitaire

lecture des textes

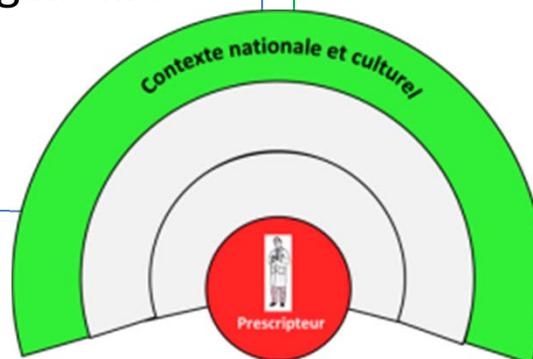
### Facteurs socio-économiques

#### Remboursement

- Nouveaux ATB vs génériques
- Basé sur l'évidence ATBP en Belgique

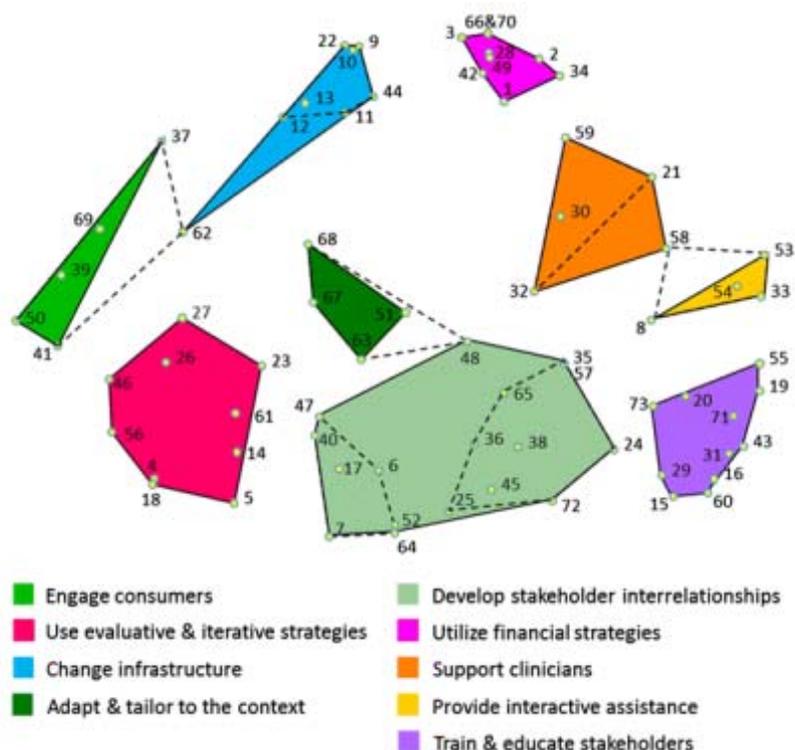
#### Influence de l'industrie pharmaceutique

- Campagnes agressives



## Etape n°2: Choix de la stratégies d'implémentation

### Analyse de 73 stratégies



#### Ce qui fonctionnent:

- Support de formation papier (flyer)
- Réunion de formation
- Formations de proximité
- Leaders d'opinion locaux
- Audit et feedback
- Rappels informatisés
- Interventions tallée sur mesure par rapport au contexte

# Etape n°2: Choix de la stratégies d'implémentation

## 39 Constructs

73 Stratégies

CFIR-ERIC-Matching-Tool-v1.0 (1) - Excel

FICHIER ACCUEIL INSERTION MISE EN PAGE FORMULES DONNÉES RÉVISION AFFICHAGE COMPLÉMENTS

Normal Avec sauts de ligne Mise en page Personnalisation de page Modes d'affichage Règle Barre de formule Quadrillage En-têtes Zoom 100% Zoom sur la sélection Nouvelle fenêtre Réorganiser tout Figer les volets Fractionner Masquer Afficher Côté à côté Défilement synchrone Rétablir la position de la fenêtre Fenêtre

D52 : 24.1379310344828%

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
		Intervention Source	Evidence Strength & Quality	Relative Advantage	Adaptability	Triability	Completing	Design Quality & Packaging	Cost	Patient Needs & Resources	Compatibility	Peer Pressure	External Policy & Incentives	Structural Characteristics	Networks & Communications	Culture	Implementation Climate	Tension for Change	Compatibility	Relative Priority	Organizational Incentives & Rewards	Goals and Feedback	Learning Climate
1	ERIC Strategies																						
2	Alter incentive/allowance structures	26	32	28	26	28	30	27	25	21	26	32	27	22	23	27	27	23	29	28	24	33	28
3	Alter patient/consumer fees	4%	0%	0%	0%	0%	0%	0%	##	0%	0%	47%	41%	0%	15%	44%	22%	0%	0%	0%	0%	0%	0%
4	Alter patient/consumer fees	12%	13%	24%	31%	35%	30%	7%	16%	33%	16%	16%	4%	36%	13%	41%	52%	35%	34%	36%	13%	6%	19%
5	Assess for readiness and identify barriers and facilitators	8%	15%	10%	4%	15%	3%	4%	8%	5%	0%	18%	0%	5%	17%	4%	11%	17%	7%	14%	21%	61%	15%
6	Build a coalition	31%	6%	14%	15%	15%	0%	0%	4%	14%	62%	8%	32%	27%	29%	19%	19%	9%	21%	18%	17%	15%	18%
7	Capture and share local knowledge	23%	25%	17%	35%	23%	17%	15%	4%	10%	23%	6%	26%	23%	26%	22%	15%	13%	14%	14%	8%	12%	8%
8	Centralize technical assistance	0%	3%	0%	0%	4%	10%	4%	0%	0%	4%	0%	0%	5%	26%	4%	0%	0%	10%	0%	0%	5%	0%
9	Change accreditation or membership reqs	0%	0%	3%	0%	0%	0%	0%	0%	4%	8%	8%	15%	0%	5%	0%	0%	0%	0%	4%	8%	0%	4%
10	Change liability laws	0%	0%	3%	0%	0%	0%	0%	0%	0%	0%	3%	18%	0%	0%	0%	7%	4%	7%	0%	0%	0%	0%
11	Change physical structure and equipment	0%	0%	3%	0%	0%	3%	0%	4%	0%	0%	0%	0%	32%	0%	0%	4%	0%	7%	0%	4%	0%	0%
12	Change record system	0%	0%	0%	0%	0%	0%	0%	0%	0%	5%	4%	4%	9%	9%	0%	0%	4%	0%	7%	0%	5%	0%
13	Change service sites	4%	3%	0%	0%	0%	0%	0%	0%	0%	0%	4%	4%	14%	0%	0%	0%	0%	3%	0%	0%	0%	0%
14	Conduct cyclical small tests of change	0%	3%	33%	23%	30%	37%	1%	0%	10%	0%	8%	4%	23%	9%	0%	11%	4%	38%	4%	3%	12%	12%
15	Conduct educational meetings	27%	47%	24%	12%	8%	13%	22%	12%	10%	12%	9%	10%	5%	13%	22%	15%	17%	10%	7%	0%	2%	8%
16	Conduct educational outreach visits	18%	24%	10%	12%	8%	7%	15%	4%	5%	23%	13%	0%	0%	4%	4%	7%	14%	0%	14%	4%	12%	4%
17	Conduct local consensus discussions	18%	41%	24%	31%	8%	7%	25%	4%	28%	15%	28%	22%	14%	22%	22%	19%	43%	4%	46%	8%	18%	27%
18	Conduct local needs assessment	12%	3%	35%	18%	3%	15%	4%	57%	12%	18%	17%	18%	9%	22%	26%	42%	2%	32%	0%	6%	18%	18%
19	Conduct ongoing training	8%	6%	3%	0%	37%	4%	0%	0%	0%	0%	4%	0%	0%	4%	3%	1%	0%	4%	0%	0%	8%	8%
20	Create a learning collaborative	12%	18%	7%	23%	12%	33%	7%	8%	0%	31%	18%	18%	35%	30%	19%	3%	14%	4%	13%	12%	15%	15%
21	Create new clinical teams	0%	0%	7%	0%	0%	3%	0%	0%	10%	0%	0%	0%	9%	13%	4%	0%	0%	7%	0%	0%	0%	0%
22	Create or change credentialing and/or licensure standards	0%	0%	7%	8%	18%	43%	15%	8%	4%	0%	0%	0%	7%	18%	13%	7%	13%	3%	14%	8%	42%	12%
23	Develop a formal implementation blueprint	15%	25%	0%	0%	4%	0%	4%	4%	5%	50%	0%	11%	5%	9%	0%	4%	4%	0%	0%	4%	3%	12%
24	Develop an implementation glossary	0%	0%	0%	0%	4%	3%	4%	4%	0%	4%	0%	4%	4%	0%	0%	0%	0%	0%	0%	0%	3%	0%
25	Develop and implement tools for quality monitoring	0%	0%	7%	0%	12%	7%	30%	0%	14%	0%	8%	11%	5%	0%	4%	4%	9%	3%	7%	2%	27%	0%
26	Develop and organize quality monitoring systems	0%	3%	3%	4%	8%	10%	0%	4%	0%	0%	0%	15%	5%	0%	0%	7%	8%	3%	0%	4%	24%	4%
27	Develop disincentives	0%	0%	3%	0%	0%	0%	0%	15%	0%	0%	6%	7%	5%	0%	4%	4%	3%	0%	7%	8%	3%	4%
28	Develop educational materials	12%	28%	14%	12%	0%	13%	33%	0%	10%	4%	0%	4%	0%	0%	0%	0%	0%	3%	7%	0%	9%	4%
29	Develop resource sharing agreements	0%	0%	7%	0%	4%	0%	0%	##	0%	31%	0%	0%	5%	4%	0%	0%	0%	3%	0%	0%	0%	4%
30	Distribute educational materials	12%	31%	10%	12%	12%	3%	18%	0%	5%	0%	0%	0%	0%	4%	4%	0%	13%	0%	4%	0%	3%	4%
31	Facilitate relay of clinical data to providers	12%	6%	10%	4%	4%	3%	7%	0%	10%	0%	6%	4%	0%	4%	4%	7%	22%	3%	7%	4%	36%	8%
32	Facilitation	12%	0%	10%	27%	23%	20%	7%	8%	0%	12%	13%	4%	9%	26%	30%	22%	0%	24%	14%	4%	18%	54%
33	Fund and contract for clinical innovation	0%	0%	7%	0%	4%	0%	0%	##	0%	31%	0%	0%	14%	0%	0%	7%	9%	0%	10%	1%	2%	0%
34	Identify and prepare champions	31%	41%	45%	23%	12%	30%	15%	12%	5%	16%	38%	22%	27%	17%	62%	37%	48%	21%	18%	25%	12%	31%
35	Identify early adopters	18%	22%	17%	27%	15%	20%	11%	8%	0%	4%	28%	7%	23%	17%	11%	30%	13%	10%	7%	13%	6%	12%
36	Increase demand	8%	0%	24%	4%	0%	3%	4%	12%	10%	0%	34%	0%	0%	0%	4%	7%	13%	0%	29%	8%	0%	4%
37	Inform local opinion leaders	27%	35%	28%	15%	23%	13%	18%	12%	0%	18%	25%	22%	14%	22%	22%	7%	38%	3%	14%	17%	18%	18%
38	Intervene with patients/consumers to enhance uptake & adhere	12%	3%	7%	8%	0%	7%	4%	24%	0%	4%	0%	0%	0%	0%	4%	4%	0%	3%	4%	4%	0%	0%
39	Involve executive boards	12%	6%	3%	0%	8%	0%	4%	##	5%	23%	28%	41%	14%	9%	19%	11%	13%	3%	12%	13%	0%	15%
40	Involve patients/consumers and family members	15%	13%	3%	8%	0%	0%	15%	0%	7%	4%	28%	11%	9%	9%	11%	15%	22%	10%	18%	4%	9%	12%
41	Make billing easier	4%	0%	0%	4%	0%	0%	0%	##	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%
42	Make training dynamic	0%	8%	0%	0%	0%	10%	11%	0%	0%	0%	0%	0%	5%	0%	0%	4%	0%	3%	7%	8%	6%	8%
43	Mandate change	0%	0%	7%	0%	4%	7%	0%	8%	0%	0%	9%	15%	5%	4%	11%	15%	13%	3%	32%	13%	0%	4%
44	Model and simulate change	0%	3%	10%	18%	31%	27%	11%	##	0%	8%	13%	4%	14%	4%	7%	19%	13%	3%	0%	0%	9%	12%
45	Obtain and use patients/consumers and family feedback	27%	6%	7%	4%	4%	0%	30%	4%	76%	0%	3%	0%	5%	0%	0%	7%	9%	0%	10%	7%	13%	9%
46	Obtain formal commitments	4%	0%	7%	0%	0%	4%	0%	0%	18%	4%	15%	8%	0%	8%	0%	0%	0%	0%	14%	13%	12%	8%
47	Organize clinician implementation team meetings	8%	3%	14%	8%	8%	20%	4%	0%	0%	0%	3%	0%	14%	52%	4%	11%	8%	14%	4%	8%	36%	27%
48	Place innovation on fee for service lists/formularies	0%	6%	3%	0%	0%	0%	0%	##	0%	0%	6%	18%	0%	0%	0%	0%	4%	3%	7%	8%	0%	0%
49	Promote patient/consumers to be active participants	4%	0%	0%	0%	0%	0%	0%	0%	48%	0%	8%	0%	0%	0%	7%	7%	9%	3%	0%	4%	3%	0%
50	Promote adaptability	31%	3%	24%	73%	27%	40%	4%	15%	4%	15%	14%	0%	22%	0%	22%	15%	17%	45%	18%	4%	23%	23%
51	Promote network weaving	4%	0%	3%	4%	0%	0%	0%	0%	0%	50%	13%	11%	4%	0%	4%	7%	4%	0%	4%	8%	6%	12%
52	Provide clinical supervision	0%	3%	0%	0%	0%	7%	0%	0%	5%	0%	0%	0%	0%	4%	4%	4%	0%	10%	0%	8%	15%	4%
53	Provide local technical assistance	0%	3%	0%	4%	15%	17%	4%	4%	5%	4%	3%	7%	18%	9%	0%	0%	0%	14%	0%	0%	12%	0%
54	Provide ongoing consultation	15%	3%	3%	8%	15%	20%	7%	0%	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	4%	15%	12%
55	Purposely reexamine the implementation	12%	6%	7%	12%	15%	17%	22%	0%	5%	4%	6%	11%	0%	4%	7%	4%	4%	28%	4%	4%	12%	4%
56	Recruit, designate and train for leadership	15%	3%	3%	0%	0%	7%	0%	4%	0%	15%	6%	0%	18%	17%	33%	26%	4%	0%	11%	21%	18%	35%
57	Remind clinicians	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	0%	4%	0%	3%	0%
58	Revise professional roles	0%	0%	0%	4%	0%	3%	0%	0%	0%	0%	0%	4%	18%	0%	0%	4%	0%	0%	10%	0%	12%	4%

% de cotation par un panel d'experts

## Etape n°2: Choix de la stratégies d'implémentation

CFIR-ERIC-Matching-Tool-v1.0 (1) - Excel

FICHIER ACCUEIL INSERTION MISE EN PAGE FORMULES DONNÉES RÉVISION AFFICHAGE COMPLÉMENTS

Normal Avec sauts de page Mise en page Personnalisé de page

Modes d'affichage Règle Barre de formule

Zoom 100% Zoom sur la sélection

Nouvelle fenêtre Réorganiser tout Figer les volets

Fractionner Masquer Afficher

Côte à côte Défilement synchrone Rétablir la position de la fenêtre

Changer de fenêtre

Macros

A3

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Clear All	Topic/Description	Related Barrier													
2	Select All	<b>INTERVENTION CHARACTERISTICS</b>														
3	0	Intervention Source	Stakeholders have a negative perception of the innovation because of the entity that developed it and/or where it was developed.													
4	0		Stakeholders have a negative perception of the quality and validity of evidence supporting the intervention.													
5	0		Stakeholders do not see the advantage of implementing the innovation compared to an alternative solution or keeping things the same.													
6	0		Stakeholders do not believe that the innovation can be sufficiently adapted, tailored, or re-invented to meet local needs.													
7	0		Stakeholders believe they cannot test the innovation on a smaller scale within the organization or undo implementation if needed.													
8	0	Complexity	Stakeholders believe that the innovation is complex based on their perception of duration, scope, radicalness, disruptiveness, centrality, and/or intricacy and number of steps needed to implement.													
9	0	Design Quality and Packaging	Stakeholders believe the innovation is poor quality based on the way it is bundled, presented, and/or assembled.													
10	0	Cost	Stakeholders believe the innovation costs and/or the costs to implement (including investment, supply, and opportunity costs) are too													
11		<b>OUTER SETTING</b>														
12	0	Patient Needs & Resources	Patient needs, including barriers and facilitators to meet those needs, are not accurately known and/or this information is not a high priority for the organization.													
13	0	Cosmopolitanism	The organization is not well networked with external organizations.													
14	0	Peer Pressure	There is little pressure to implement the innovation because other key peer or competing organizations have not already implemented the innovation nor is the organization doing this in a bid for a competitive													
15	0	External Policy & Incentives	External policies, regulations (governmental or other central entity), mandates, recommendations or guidelines, pay-for-performance, collaborative, or public or benchmark reporting do not exist or they undermine efforts to implement the innovation.													
16		<b>INNER SETTING</b>														
17	0	Structural Characteristics	The social architecture, age, maturity, and size of an organization hinders implementation.													
18	0	Networks & Communications	The organization has poor quality or non-productive social networks and/or ineffective formal and informal communications.													
19	0	Culture	Cultural norms, values, and basic assumptions of the organization hinder implementation.													
20	0	Implementation Climate	There is little capacity for change, low receptivity, and no expectation that use of the innovation will be rewarded, supported, or expected.													
21	0	Tension for Change	Stakeholders do not see the current situation as intolerable or do not													

Attention  
Enter 0 if this barrier is not relevant  
Enter 1 if this barrier is relevant  
No other values are accepted

# Etape n°2: Choix de la stratégies d'implémentation

<p>leaders has not been formally appointed or recognized within the organization. Individuals acting as champions who support, market, or 'drive through' implementation in a way that helps to overcome indifference or resistance by key stakeholders are not involved or supportive.</p> <p>Champions</p> <p>External Change Agents Individuals from an outside entity formally facilitating decisions to help move implementation forward are not involved or supportive. Multi-faceted strategies to attract and involve key stakeholders in implementing or using the innovation (e.g., through social marketing, education, role modeling, training) are ineffective or non-existent.</p> <p>Key Stakeholders Multi-faceted strategies to attract and involve patients/customers in implementing or using the innovation (e.g., through social marketing, education, role modeling, training) are ineffective or non-existent. Implementation activities are not being done according to plan.</p> <p>Patients/Customers There is little or no quantitative and qualitative feedback about the progress and quality of implementation nor regular personal and team debriefing about progress and experience.</p> <p>Executing &amp; Evaluating</p>		CFIR-ERIC-Matching-Tool-v1.0 (1) - Excel												
		<p>INSERTION MISE EN PAGE FORMULES DONNÉES RÉVISION AFFICHAGE COMPLÉMENTS</p> <p>Calibri 11 A A</p> <p>Renvoyer à la ligne automatiquement Pourcentage</p> <p>Fusionner et centrer</p> <p>Police Alignement Nombre</p> <p>36.6666666666667%</p>												
		A	B	C	D	E	F	G	H	I	J	K	L	Pee
			Cumulative Percent	Intervention Source	Evidence Strength & Quality	Relative advantage	Adaptability	Trialability	Complexity	Design Quality & Packaging	Cost	Patient Needs & Resources	Cosmopolitanism	
1	ERIC Strategies													
2	Identify and prepare champions	1163%	31%	41%	45%	23%	12%	30%	15%	12%	5%	15%		
3	Assess for readiness and identify barriers and facilitators	839%	12%	13%	24%	31%	38%	30%	7%	16%	33%	15%		
4	Conduct local consensus discussions	839%	19%	41%	24%	31%	8%	7%	26%	4%	29%	15%		
5	Build a coalition	725%	31%	6%	14%	15%	15%	0%	0%	4%	14%	62%		
6	Inform local opinion leaders	725%	27%	38%	28%	15%	23%	13%	18%	12%	0%	15%		
7	Alter incentive/allowance structures	667%	4%	3%	28%	0%	0%	7%	0%	44%	10%	0%		
8	Conduct local needs assessment	655%	12%	3%	34%	35%	19%	3%	15%	4%	57%	12%		
9	Conduct educational meetings	654%	27%	47%	24%	12%	8%	13%	22%	12%	10%	12%		
10	Capture and share local knowledge	652%	23%	25%	17%	35%	23%	27%	15%	4%	10%	23%		
11	Create a learning collaborative	647%	12%	16%	7%	23%	12%	33%	7%	8%	0%	31%		
12	Facilitation	611%	12%	0%	10%	27%	23%	20%	7%	8%	0%	12%		
13	Promote adaptability	611%	31%	3%	24%	73%	27%	40%	48%	16%	14%	0%		
14	Identify early adopters	598%	19%	22%	17%	27%	15%	20%	11%	8%	0%	4%		
15	Develop a formal implementation blueprint	532%	0%	0%	7%	8%	19%	43%	15%	8%	5%	4%		
16	Use advisory boards and workgroups	487%	23%	9%	10%	4%	8%	0%	19%	0%	29%	35%		
17	Tailor strategies	477%	15%	6%	17%	35%	23%	27%	15%	12%	14%	0%		
18	Involve executive boards	473%	12%	6%	3%	0%	8%	0%	4%	20%	5%	23%		
19	Recruit, designate and train for leadership	462%	15%	3%	3%	0%	0%	7%	0%	4%	0%	15%		
20	Organize clinician implementation team meetings	458%	8%	3%	14%	8%	8%	20%	4%	0%	0%	0%		
21	Involve patients/consumers and family members	445%	15%	13%	3%	8%	0%	0%	19%	0%	71%	4%		
22	Conduct cyclical small tests of change	434%	8%	3%	31%	23%	38%	37%	11%	8%	10%	0%		
23	Audit and provide feedback	428%	8%	13%	10%	4%	15%	3%	4%	8%	5%	0%		
24	Conduct educational outreach visits	405%	19%	34%	10%	12%	8%	7%	15%	4%	5%	23%		
25	Provide ongoing consultation	394%	15%	9%	3%	8%	19%	20%	7%	0%	5%	0%		
26	Obtain and use patients/consumers and family feedback	389%	27%	6%	7%	4%	4%	0%	30%	4%	76%	0%		
27	Use an implementation adviser	380%	8%	6%	7%	8%	23%	10%	15%	4%	5%	8%		
28	Promote network weaving	374%	4%	0%	3%	4%	0%	0%	0%	0%	0%	50%		
29	Visit other sites	373%	23%	13%	21%	19%	12%	3%	4%	16%	0%	38%		
30	Develop educational materials	369%	12%	28%	14%	12%	0%	13%	33%	0%	10%	4%		
31	Develop and implement tools for quality monitoring	349%	0%	6%	7%	0%	12%	7%	30%	0%	14%	0%		
32	Model and simulate change	349%	0%	3%	10%	19%	31%	27%	11%	20%	0%	8%		
33	Purposely reexamine the implementation	343%	12%	6%	7%	12%	15%	17%	22%	0%	5%	4%		
34	Access new funding	315%	0%	3%	0%	0%	4%	3%	4%	72%	0%	4%		
35	Conduct ongoing training	314%	8%	6%	3%	0%	8%	37%	4%	0%	0%	0%		
36	Provide local technical assistance	292%	0%	3%	0%	4%	15%	17%	4%	4%	5%	4%		
37	Obtain formal commitments	289%	4%	0%	7%	0%	4%	0%	0%	0%	0%	19%		
38	Facilitate relay of clinical data to providers	289%	12%	6%	10%	4%	4%	3%	7%	0%	10%	0%		
39	Distribute educational materials	284%	12%	31%	10%	12%	12%	3%	19%	0%	5%	0%		
40	Develop academic partnerships	271%	15%	25%	0%	0%	4%	0%	4%	4%	5%	50%		
41	Stage implementation scale up	270%	0%	3%	10%	0%	27%	30%	4%	8%	0%	0%		
42	Fund and contract for clinical innovation	269%	0%	0%	14%	0%	8%	3%	4%	28%	0%	0%		
43	Increase demand	266%	8%	0%	24%	4%	0%	3%	4%	12%	10%	0%		

## Etape n°3: Mesure d'impact de la stratégie d'implémentation

**Outcomes cliniques essentiels mais pas suffisant pour évaluer l'impact de la stratégie**

Critères	Définition	Checklist
Acceptabilité	Degré auquel un intervention est perçue comme acceptable	Bénéfice de la checklist? Remise en question des compétences?
Adoption	Intention d'adopter ou initier l'implémentation de l'intervention	Vient de la HAS.
Pertinence	Adéquation et utilité perçue de l'intervention pour traiter le problème	Pas adapté à certains actes, choix des mots utilisés, format, rôles, doublons, perturbation du travail
Faisabilité	Adéquation de l'intervention pour l'utilisation au quotidien	
Fidélité	Le degré avec lequel l'intervention est implémentée comme prévu	Items partiellement remplis, remplis retrospectivement → devient normal
Coûts d'Implémentation	Inclut les couts de mise en œuvre de l'intervention et les couts de la stratégie d'implémentation utilisée	\$12,635: 40 heures d'implémentation/pers \$103,829 d'économie par an
Pénétration	Diffusion dans la pratique	Taux d'utilisation de la checklist
Durabilité	Utilisation durable de l'intervention	

# En résumé

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Les clés du succès :

- **Structurer** son projet : choix d'un cadre de travail (ex: CFIR)
- **Adaptation au contexte**
  - Phase d'évaluation est la principale clé
  - Nécessite du temps
- **Choix des interventions (co-design)**
- Choix de la bonne **stratégie d'implémentation**
  - Planifier, **engager**, exécuter et évaluer
- Ne pas être trop ambitieux

