Série de webinaires

Réseau-1 Québec 2017-2018

Diffuser, pérenniser et mettre à l'échelle les innovations dans les organisations et systèmes de santé : une revue rapide de la littérature

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1 mai 2018

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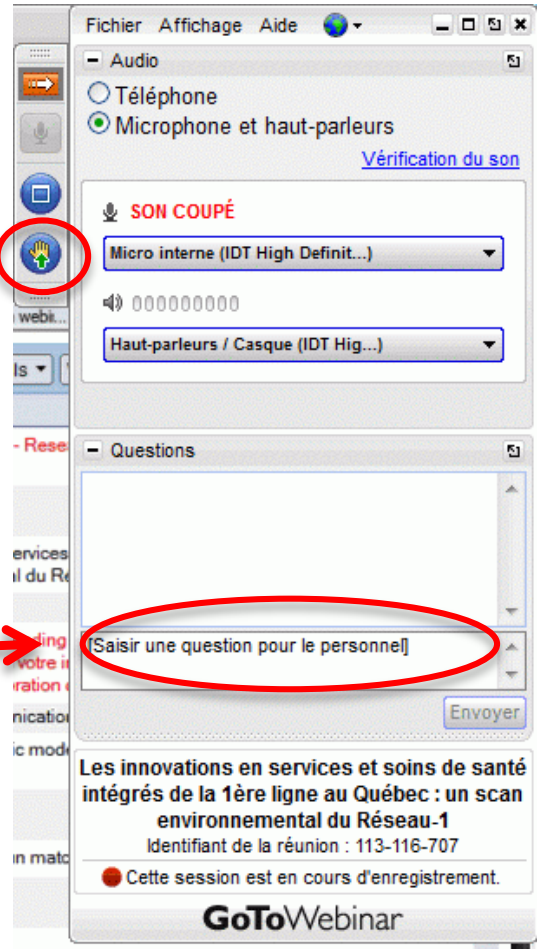
Réseau-1 Québec

Procédure pour les questions

- Vous pouvez **poser vos questions** de deux façons:

  1. ***Lever la main***:
     Nous ouvrirons votre micro et vous inviterons à poser votre question oralement durant la période de questions.

  2. ***Par écrit***:
     Tout au long de la présentation, vous pouvez écrire une question dans la boîte (cliquer sur Questions pour l'ouvrir).
     Nous répondrons à votre question durant la période de questions.



- Nous ferons notre possible pour répondre à toutes vos questions.

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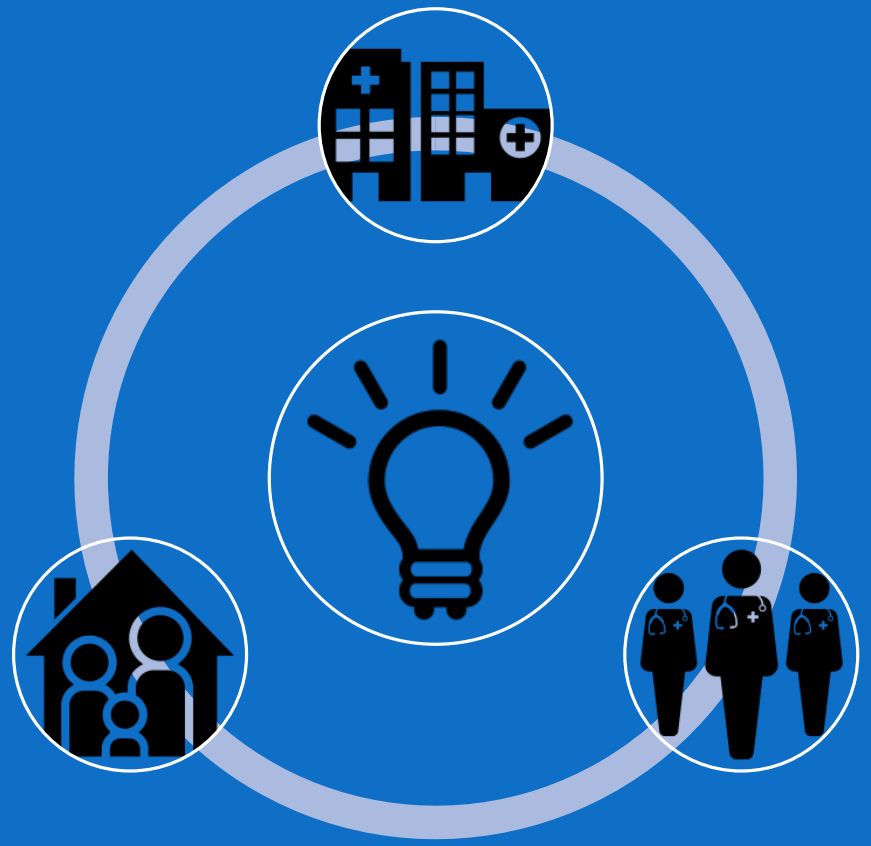

DIFFUSER, PÉRENNISER ET METTRE À L'ÉCHELLE LES INNOVATIONS DANS LES ORGANISATIONS ET SYSTÈMES DE SANTÉ: UNE REVUE RAPIDE DE LA LITTÉRATURE

WEBINAIRE RÉSEAU-1 QUÉBEC, 1ER MAI 2018

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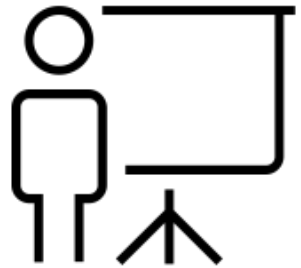
DIVULGATION DE CONFLITS D'INTÉRÊTS

Nom de la présentatrice: Élizabeth Côté-Boileau

Relations avec des intérêts commerciaux: Aucun

PLAN DE PRÉSENTATION



1. Pourquoi tant d'intérêt pour les innovations en santé?
2. Qu'est-ce que la diffusion, la pérennisation et la mise à l'échelle des innovations?
3. Des pistes futures pour la recherche et l'adaptation des organisations de santé?

I. POURQUOI TANT D'INTÉRÊT POUR LES INNOVATIONS EN SANTÉ?

INNOVER: UN LEVIER POUR LES SYSTÈMES DE SANTÉ

L'innovation est l'exploitation réussie de nouvelles idées ou de nouveaux produits, processus, services ou pratiques organisationnelles ou commerciales[1].

L'innovation en santé peut être de type technologique, processuelle ou sociale, et à visée préventive, curative réhabilitative, palliative, ou managériale[2].

« Le locus d'innovation n'est pas la firme ou les individus, mais le réseau dans lequel la firme est intégrée[3] ».

L'innovation est un processus critique pour la relation entre la croissance et la performance d'une organisation[4,5,6].

[1]Greenhalgh et al., 2005, [2]Dobbins, 2002, [3]Powell & Koput, 1996, [4]Damanpour et al., 1989, [4]Walker et al., 2010, [6]Özsari et al., 2017.

INNOVER: UN DÉFI POUR LES SYSTÈMES DE SANTÉ

« Moins de 40% des initiatives d'amélioration de la qualité des soins et services de santé réussissent à pérenniser dans le temps et à être diffusées à travers les organisations et les systèmes de santé[1] ».

L'experience canadienne montre que les sysèmes et organisations de santé ont une capacité limité à s'adapter, innover et s'améliorer à un rythme suffisant[2].

Défis pour comprendre comment les innovations circulent dans des environnements hautement institutionnalisés[3,4,5,6,7].

Tensions ↑ impact des innovations à travers/entre les jurisdictions[8,9].

↑ Intérêt pour la diffusion, la pérénisation et la mise à l'échelle des innovations[10,11,12,13].

"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."

[1]HQO, 2013, p. 4, [2]D. Naylor et al., 2015, [3]Aher & Luoma-Aho, 2017, [4]Atun, 2012, [5]Fitzgerald, 2017, [6]Herzlinger, 2006, [7]Paina & Peters, 2012, [8]Fitzgerald & McDermott, 2017, [9]Nixon, Pawson, & Sosenko, 2010, [10]Charif et al., 2017, [11]Shaw et al., 2017, [12]Ovretveit et al., 2017, [13]Slaghuis et al., 2016.

III. QU'EST-CE QUE LA DIFFUSION, LA PÉRÉNNISATION ET LA MISE À L'ÉCHELLE DES INNOVATIONS?

PLAN

1. Méthodologie
2. La théorie de la diffusion des innovations (Rogers)
3. Définitions
4. Mécanismes
5. Conditions communes

I. MÉTHODOLOGIE

MÉTHODOLOGIE
SCOPING REVIEW

Question de recherche: Comment diffuser, pérenniser et mettre à l'échelle les innovations dans les systèmes et organisations de santé?

Objectifs spécifiques:

1. Définir la diffusion, la pérennisation et la mise à l'échelle des innovations dans les systèmes et organisations de santé.

2. Décrire et comprendre les mécanismes pour diffuser, pérenniser et mettre à l'échelle les innovations dans les systèmes et organisations de santé.

3. Identifier les conditions communes pour diffuser, pérenniser et mettre à l'échelle les innovations dans les systèmes et organisations de santé.

MÉTHODOLOGIE
SCOPING REVIEW

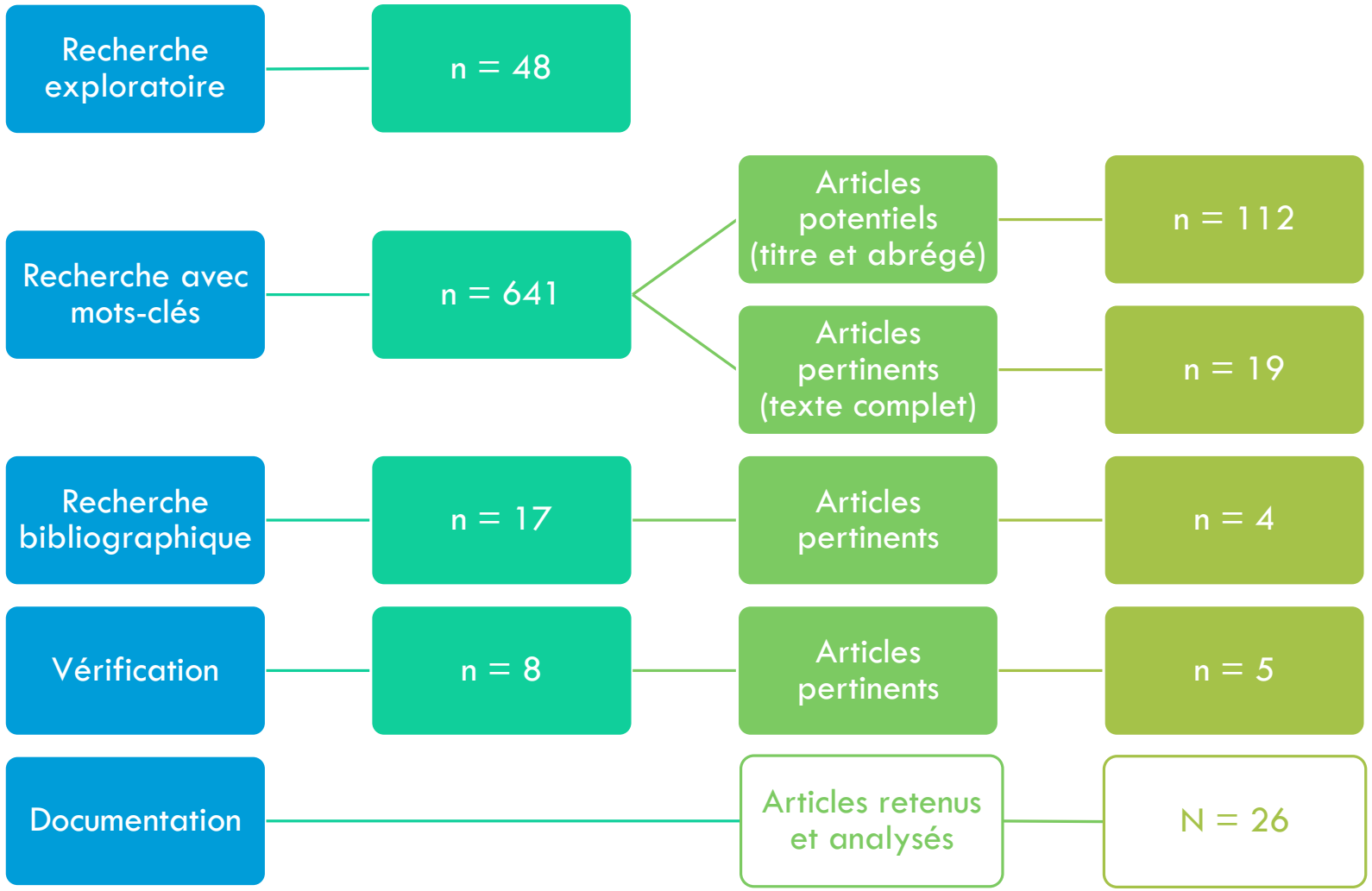
- Recherche exploratoire
- Recherche avec mots-clés
- Recherche bibliographique
- Vérification
- Documentation

- Stratégie de recherche
- Boule de neige
- Révision de la stratégie de recherche
- Analyse du contenu des articles

- Mots-clés (free-text & thesaurus*)
  - How to Spread OR How to Susain* OR How to Scal* → AND → Innov* → AND → Health OR health care OR health system OR health organization
- Moteurs de recherche
  - EBSCOhost
  - Google Scholar
- Bases de données
  - CINAHL Plus with Full Tex
  - Academic Search Complete
  - Business Source Complete
  - PsycINFO
  - SocINDEX with Full Text
  - MEDLINE with Full TextE
  - EconLit with Full Text
- Critères d'exclusion
  - Pas spécifique aux « SSS »
  - Ne traite pas de « comment » SSS
  - Pas dans les pays de l'OCDE
  - Langues étrangères
- Nouvelles recherches

Source: Booth, 2016, p. 72

MÉTHODOLOGIE
SCOPING REVIEW

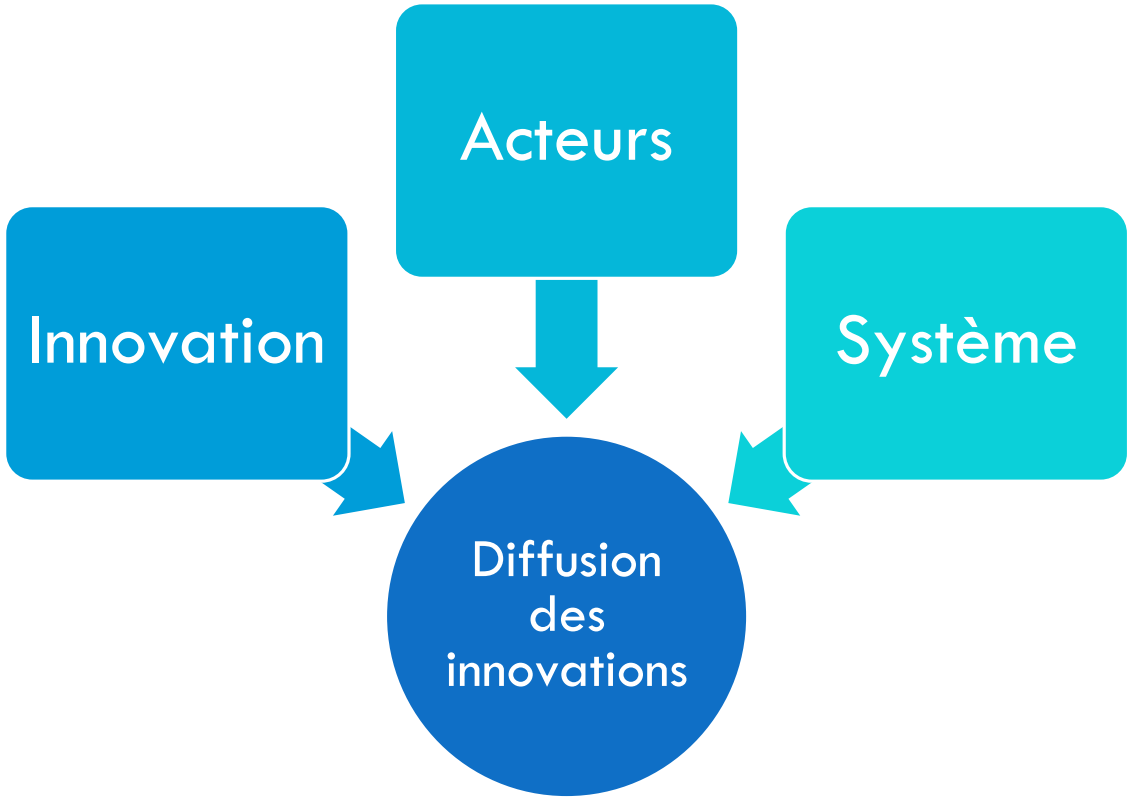


Sources: Booth, 2016, p. 72

II. LA THÉORIE DE LA DIFFUSION DES INNOVATIONS (ROGERS)

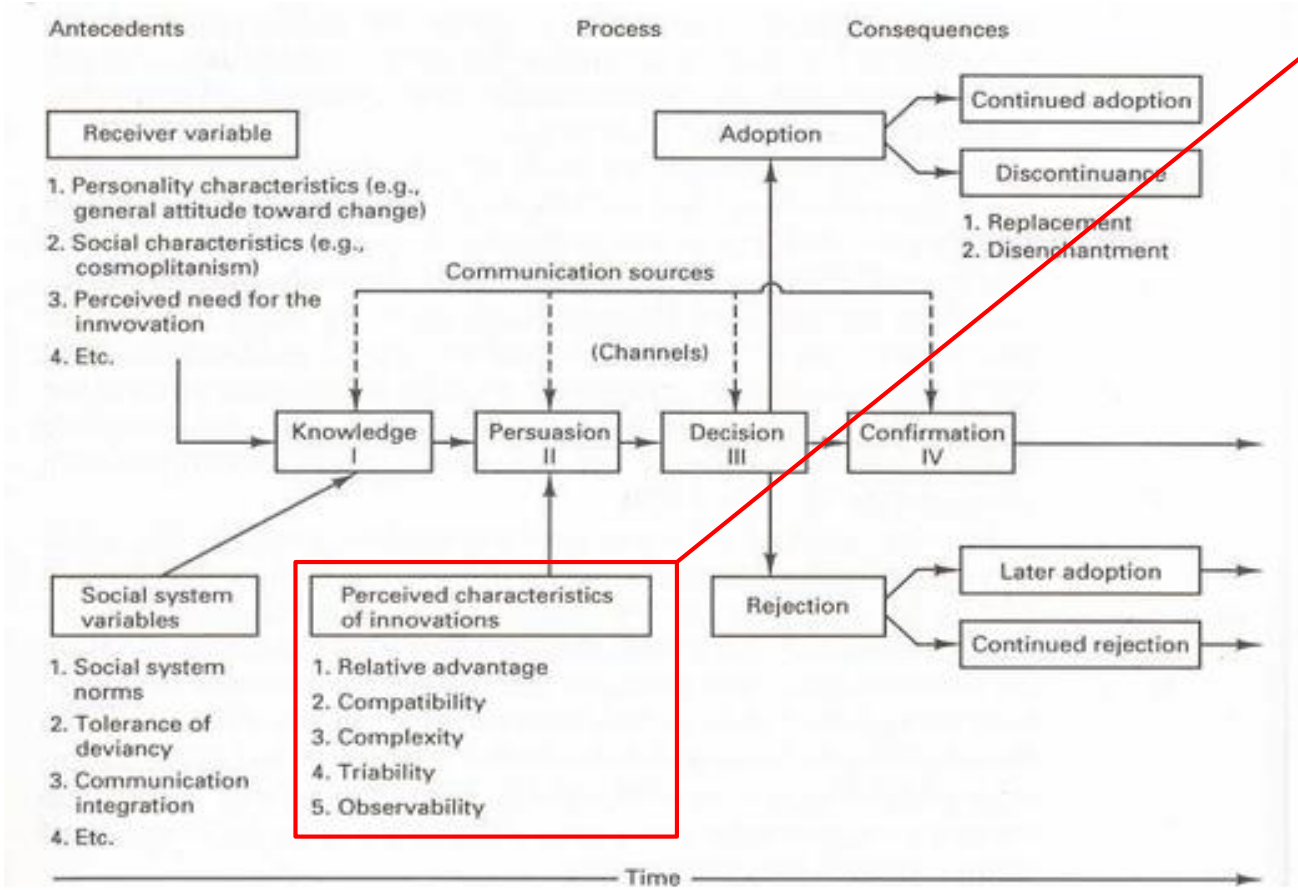
LA THÉORIE DE LA DIFFUSION DES INNOVATIONS
RETOUR AUX SOURCES

"Diffusion is essentially
a **social process**
through which
people talking to people
spread an innovation"
(Rogers, 2010, p. 10)



LA THÉORIE DE LA DIFFUSION DES INNOVATIONS

L'INNOVATION



Standard Attributes	Brief description
Relative Advantage	How clear the advantages or benefits of the innovation are in relation to the current situation.
Compatibility	Degree of compatibility of the innovation to be integrated within the potential adopters' systems.
Complexity	How simple the innovation is to use.
Triability	How easily the innovation can be experimented with by potential adopters on a trial basis.
Observability	How easily can potential adopters observe the innovation.
Re-invention	How easily can potential adopters adapt and modify the innovation to make it more suitable to their needs.

Table 1. Description of standard attributes of innovation

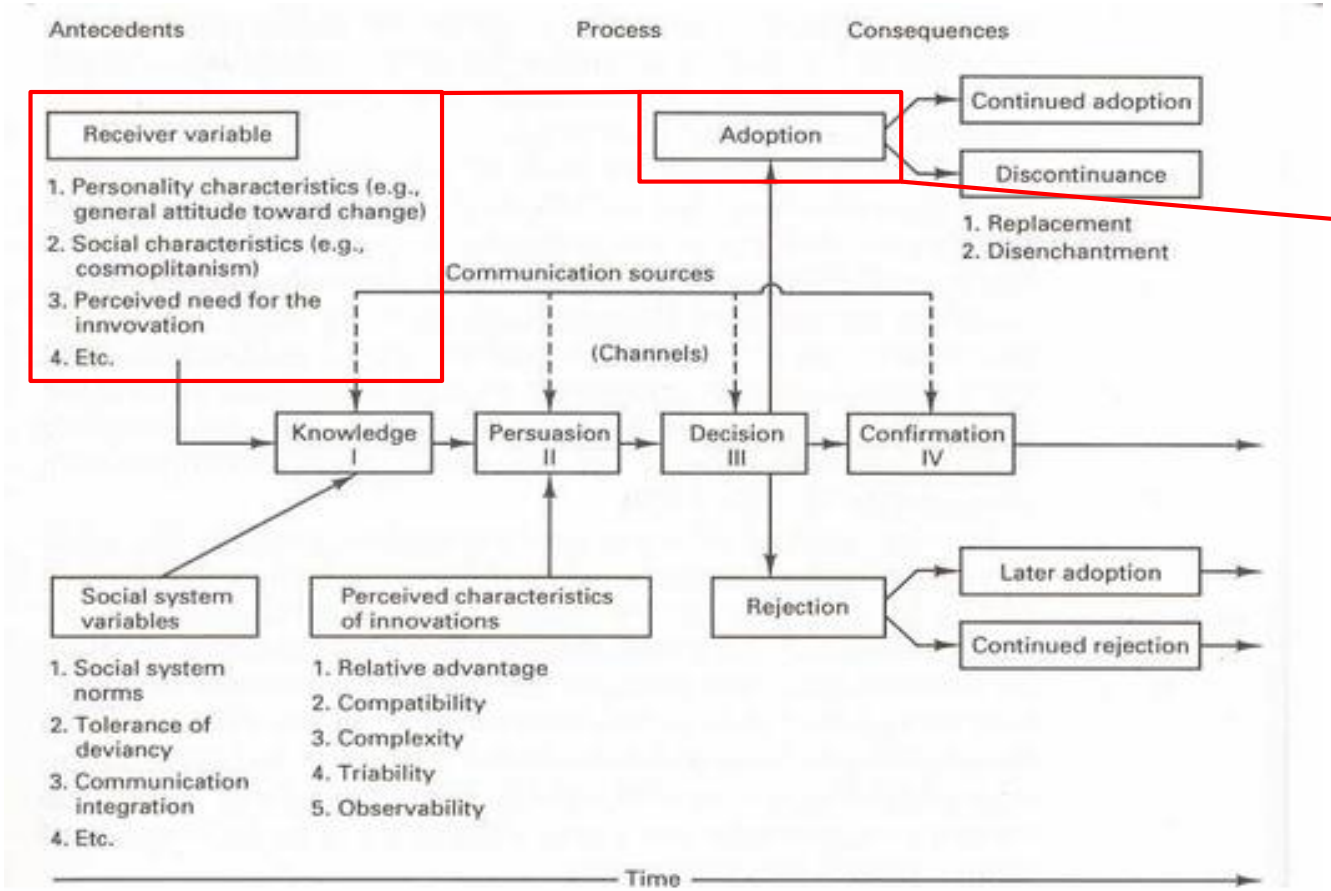
Operational Attributes	Brief description
Task Relevance	*'Innovation is relevant to the performance of the intended user's work'*[6]
Task Usefulness	*'Innovation improves task performance'*[6]
Feasibility	How feasible it is to adapt the innovation to the potential adopter's context.
Implementation Complexity	How easy it is to implement the innovation within the adopter's context.
Divisibility	*'Innovation can be broken down into more manageable parts & adopted on an incremental basis'*[6]
Nature of the knowledge required to use it	*'Knowledge required for the innovation can be codified and separated from one context'*[6]

Table 2. Description of operational attributes of innovation

Sources: Rogers, 1995; Health Improvement Scotland, 2013

LA THÉORIE DE LA DIFFUSION DES INNOVATIONS

LES ACTEURS



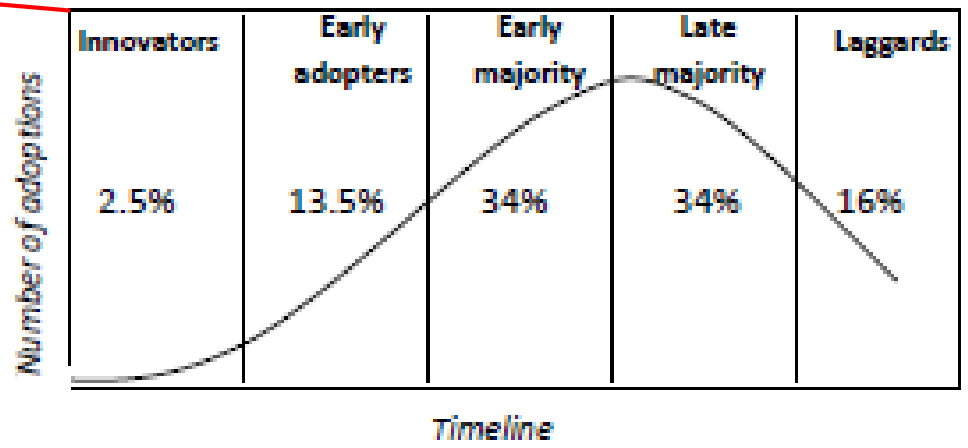
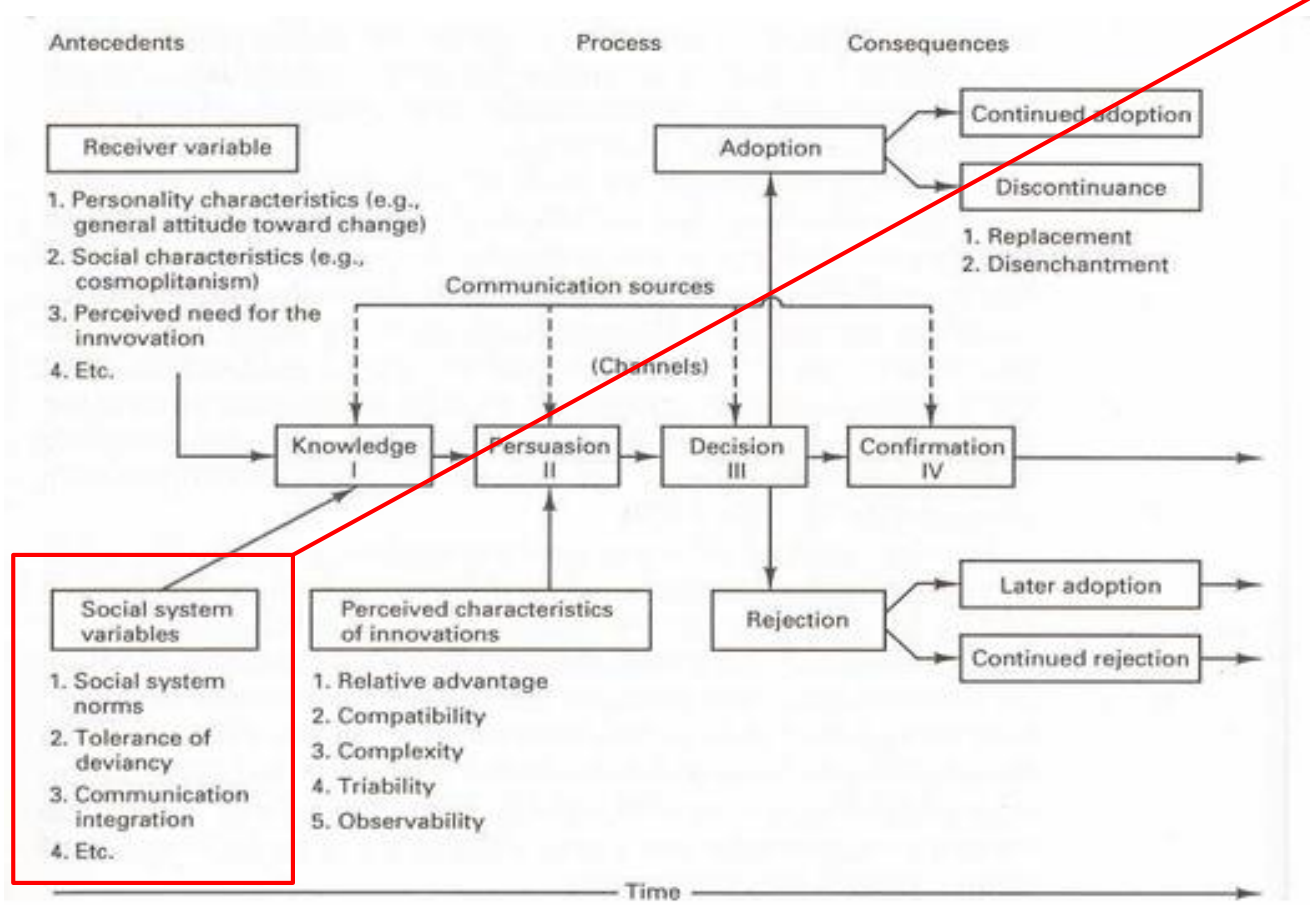


Figure 9. Rogers[1] adopter categories

Sources: Rogers, 1995; Health Improvement Scotland, 2013

LA THÉORIE DE LA DIFFUSION DES INNOVATIONS
LE SYSTÈME



8 composantes des systèmes pour favoriser la diffusion des innovations (adapté de Valente & Rogers, 1995)

- Une masse critique d'adopteurs
- ↑ contrôle de l'utilisateur sur l'innovation
- Liens structurels entre innovation & système
- Liens structurels entre innovation & sous-systèmes
- Communication entre les différentes composantes du système
- Système évolutif
- Système en contrôle sur son environnement

Sources: Rogers, 1995; Valente & Rogers, 1995; Health Improvement Scotland, 2013

LA THÉORIE DE LA DIFFUSION DES INNOVATIONS
LES LIMITES

L'innovation

- L'importance de mettre l'emphase sur les propriétés émergeantes des innovations et leur degré d'adaptabilité[1].

Les acteurs

- L'importance de reconnaître le pouvoir d'action des acteurs dans le cheminement de l'innovation[2,3].

Le système

- L'importance de porter attention au cheminement non-linéaire des innovations dans les systems sociaux[4,5].

[1]Patton, 1978, [2]Rogers, 2003, [3]Rogers, 2010, [4]Van de Ven & Rogers, 1988, [5]Van de Ven, 1999.

II. DÉFINITIONS

DÉFINITIONS

Scale → Metre à l'echelle

- Scalability[1]
- Expandability[2]
- Fidelity[3]
- Replication[4,5]

Sustainability → Pérénniser

- Adoption[3]
- Implementation[6]

Spread → Diffuser

- Dissemination[7]
- Diffusion[7,8]

[1]Milat et al., 2015, [2]Gupta et al., 2016, [3]WWS, 2015, [4]Card et al., 2011, [5]Buchanan et al., 2006, [6]Salveron et al., 2006, [7]Greenhalgh et al., 2004, [8]Rogers, 2005

DÉFINITIONS

Diffuser

- "The **process** through which new working methods developed in one setting are **adopted**, perhaps with appropriate modifications, in other organizational contexts[1]".

Pérenniser

- "The **process** through which new working methods, performance, enhancements, and continuous improvements are **maintained** for a period appropriate to a given context[2]".

Mettre à l'échelle

- "The **process** of **expanding** the coverage of health interventions, but can also refer to increasing the financial, human and capital resources required to expand coverage[3]".

[1]Buchanan et al., 2006, p. xxiii in Ploeg et al., 2014, p. 2, [2]Buchanan et al., 2006, p. xxiii, [3]Mangham & Hanson, 2010, p. 85.

DÉFINITIONS

Diffuser

- Mécanismes actifs et passifs pour communiquer et implanter une innovation
- Degré d'itération entre la diffusion, la dissémination et l'adoption peu connu

Pérenniser

- Résultat et levier de la diffusion et de la mise à l'échelle des innovations
- Différence entre pérennisation et implantation +- claire
- Implantation définie temporellement vs pérennisation

Mettre à l'échelle

- Processus impliqués dans la mise à l'échelle peu connus
- Ampleur, complexité, cibles de couverture populationnelle

DÉFINITIONS

Processus

- Sociaux
- Dynamiques
- Entremêlés
- Itératifs
- Contextuels
- Imprévisibles

IV. MÉCANISMES

MÉCANISMES

La littérature scientifique soutien qu'**il n'existe pas de mécanismes standardisés** pour diffuser, pérenniser et mettre à l'échelle les innovations dans les organisations et systèmes de santé[1,2].

[1]Buchanan et al., 2006; [2]Shaw et al., 2017

MÉCANISMES

Recommendation

1. Increase awarene
policy activity.
1.1 Educate healt
scale-up and
1.2 Provide profe
1.3 Convene an I
of research, p
1.4 Convene a m
research, prac
1.5 Educate the g
2. Facilitate better i
2.1 Synthesize ex
spread practic
2.2 Develop and
stakeholder g
2.3 Increase clinic
Health Resou
2.4 Create a Cent
and progress
2.5 Create an onl
engage with
3. Develop, evaluat
3.1 Develop new
(e.g., natural e
3.2 Develop new
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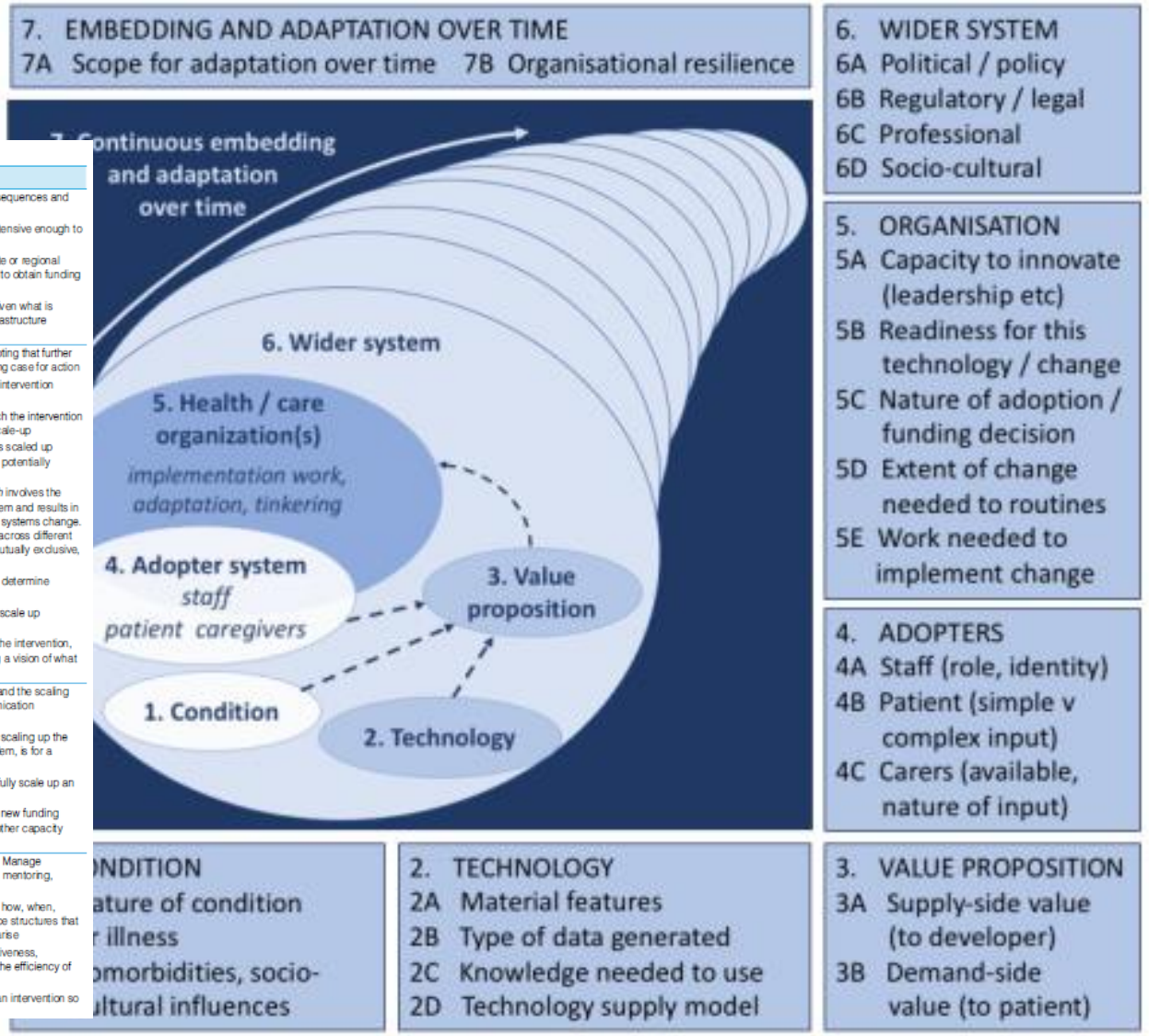
3.4 Develop taxo
4. Develop and app
4.1 Develop, eval
research and
4.2 Convene a pl
spread in the
4.3 Convene con
processes and
strategies ope
4.4 Convene a pl
and other cha
5. Expand capacity
5.1 Identify fundi
credentialing,
5.2 Identify exper
5.3 Develop cour
programs (e.g
5.4 Develop non-
on scale-up a
5.5 Convene a gr

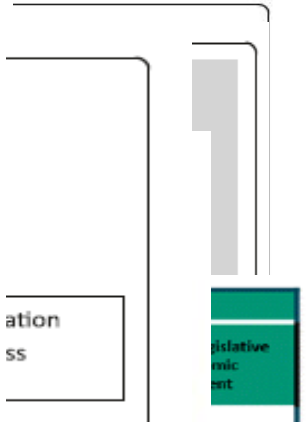
Note. Response option
importance of recomm
lowest score (*i.e.*, lowes

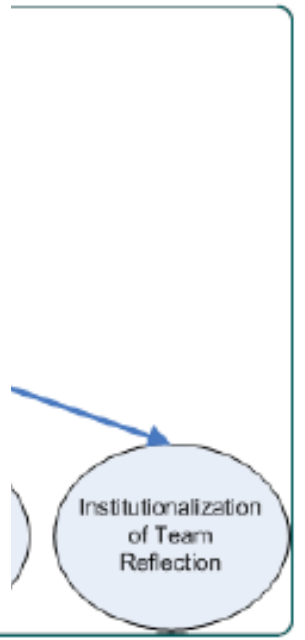
Acknowledg

Table 1. Steps in the scaling up process

Step	Action	Description
Step 1. Scalability assessment: assess the suitability of the intervention for scaling up	1.1 Assess effectiveness	Determine effectiveness, intervention effect size, unintended consequences and differential effects
	1.2 Assess potential reach and adoption	Determine if the likely reach and adoption of the intervention is extensive enough to have a population impact
	1.3 Assess alignment with the strategic context	Determine whether the intervention is consistent with national, state or regional policy directions. Even highly effective interventions may struggle to obtain funding if they are not aligned with the priorities of funding agencies
	1.4 Assess acceptability and feasibility	Judge whether the intervention could realistically be scaled up, given what is known about its costs, workforce requirements, time required, infrastructure requirements and acceptability to stakeholders
Step 2. Develop a scaling up plan: outline a vision of scale-up and a compelling case for action	2.1 Document a rationale for scale-up	Draw up a rationale for scaling up from the information in Step 1, noting that further investigation and analysis may be necessary to provide a compelling case for action
	2.2 Describe the intervention	Describe 'what' will be scaled up and where possible the original intervention should be simplified and streamlined
	2.3 Complete a situational and stakeholder analysis	Map the social, political and organisational environment(s) in which the intervention will be scaled up and identify potential barriers and enablers to scale-up
	2.4 Determine who could be involved in scale-up and what their role will be	Consider who might perform key functions when the intervention is scaled up by mapping key functions and matching them to those who could potentially be involved
	2.5 Select an approach to scaling up	There are two main approaches to scaling up. A *vertical approach* involves the introduction of an intervention simultaneously across a whole system and results in institutional change through policy, regulation, financing or health systems change. A *horizontal approach* involves the introduction of an intervention across different sites or groups in a phased manner. These approaches are not mutually exclusive, and a combination of approaches can be used
	2.6 Consider options for evaluation and monitoring	Determine what variables are important to measure over time and determine feasibility and associated cost of these systems
	2.7 Estimate resources required for scale-up	Estimate the human, technical and financial resources needed to scale up the intervention
	2.8 Write up the scaling up plan	The plan should present a clear and concise case for scaling up the intervention, as well as an overview of how this will be brought about, including a vision of what scaling up will look like if successfully completed
Step 3. Prepare for scale-up: secure resources and build a foundation of legitimacy for the scaling up plan	3.1 Consult with stakeholders	Assess the appropriateness and acceptability of the intervention and the scaling up plan and use this information to design advocacy and communication strategies
	3.2 Legitimise change	Gain the support of decision makers who must be convinced that scaling up the intervention is a credible and superior solution to a pressing problem, is for a priority population and that it is affordable
	3.3 Build a constituency	Mobilise the broader 'community of practice' required to successfully scale up an intervention
	3.4 Realign and mobilise resources	Mobilise financial resources through existing channels or through new funding streams. Ensure that resources are directed to address skill and other capacity deficits in delivery organisations
Step 4. Scale up the intervention: implement the scale-up plan, making necessary adjustments based on performance data	4.1 Modify and strengthen organisations	When scaling up interventions, most organisations need to adapt. Manage organisational change through processes such as staff retraining, mentoring, leadership development and coaching
	4.2 Coordinate action and governance	Develop and implement concrete and detailed agreements about how, when, where and by whom resources are to be used, and the governance structures that will be used to identify issues and resolve any disputes that may arise
	4.3 Monitor performance and efficiency	Develop systems that have an ongoing focus on measuring effectiveness, reach, fidelity, acceptability and costs, with a particular focus on the efficiency of intervention delivery
	4.4 Ensure sustainability	Implement organisational and cultural changes to institutionalise an intervention so that it becomes part of routine practice







GUIDES & OUTILS PRATIQUES: LITTÉRATURE GRISE

Sources	Associated process(es)	Year of publication	Jurisdiction
The Institute for Healthcare Improvement (IHI) spread framework	• Spread	2006	United States
The Clinical Excellence Commission guide on spread & sustainability	• Spread • Sustainability	2008	Australia
Formalised Informality: An action plan to spread proven health innovations	• Spread	2009	New Zealand
The Health Quality Ontario (HQO) framework	• Spread	2013	Canada
A guide on spread and sustainability (NHSScotland Quality Improvement Hub)	• Spread • Sustainability	2013	Scotland
The National Health Service (NHS) Institute for innovation and improvement sustainability model	• Sustainability	2013	United Kingdom
The spread and sustainability of quality improvement in healthcare: a resource to increase understanding of the 10 key factors underpinning successful spread and sustainability of quality improvement in NHSScotland (NHSScotland Quality Improvement Hub)	• Spread • Sustainability	2014	Scotland
The Canadian Foundation for Healthcare Improvement Spread plan	• Spread	2014	Canada
Making it big: strategies for scaling social innovations (Gabriel, 2014)	• Scale-up	2014	United Kingdom
The spread and sustainability of quality improvement in healthcare: a practical insight into spreading and sustaining change in an acute clinical setting (NHSScotland Quality Improvement Hub)	• Spread • Sustainability	2015	Scotland
What Works Scotland: Scaling-up innovations	• Scale-up	2015	Scotland
The Highly Adoptable Improvement Model (Hayes, under review)	• Sustainability	*Under review*	Canada
Unleashing innovation : Excellent Healthcare for Canada - Report of the Advisory Panel on Healthcare Innovation (Naylor, D., Girard, F., Mintz, J., Fraser, N., Jenkins, T., & Power, C., 2015).	• Spread • Scale-up	2015	Canada
Quality Improvement in Healthcare (The King's Fund, Ross & Naylor, 2017)	• Sustainability	2017	United Kingdom

GUIDES & OUTILS PRATIQUES: LITTÉRATURE SCIENTIFIQUE

Sources	Study design	Associated process(es)	Year of publication
Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Quarterly, 82(4), 581-629.	Systematic review	• Spread • Sustainability	2004
Ferlie, E., Fitzgerald, L., Wood, M., & Hawkins, C. (2005). The nonspread of innovations: the mediating role of professionals. Academy of management journal, 48(1), 117-134.	Qualitative comparative case study	• Spread	2005
Buchanan, D. A., Fitzgerald, L., & Ketley, D. (Eds.). (2007). The sustainability and spread of organizational change: Modernizing healthcare. Routledge.	Book	• Spread • Sustainability	2007
An organizational framework and strategic implementation for system-level change to enhance research-based practice: QUERI Series (Stetler, McQueen, Demakis & Mittman, 2008)	Qualitative descriptive study	• Sustainability • Scale	2008
A framework and a measurement instrument for sustainability of work practices in long-term care (Slaghuis, A., MH Starting MH, M., A Bal, R., P Nieboer, A., 2011)	Mixed-Method study	• Sustainability	2011
Norton, W. E., McCannon, C. J., Schall, M. W., & Mittman, B. S. (2012). A stakeholder-driven agenda for advancing the science and practice of scale-up and spread in health. Implementation Science, 7(1), 118.	Quantitative survey	• Scale	2012
Kaplan, H.C., Provost, L.P., Froehle, C.M., et al. (2012). The Model for Understanding Success in Quality (MUSIQ): building a theory of context in healthcare quality improvement. BMJ Qual Saf 21: 13-20.	Qualitative descriptive research	• Spread • Sustainability • Scale	2012
Lanham, H. J., Leykum, L. K., Taylor, B. S., McCannon, C. J., Lindberg, C., & Lester, R. T. (2013). How complexity science can inform scale-up and spread in health care: understanding the role of self-organization in variation across local contexts. Social Science & Medicine, 93, 194-202.	Case study	• Scale	2013
Ploeg, J., Markle-Reid, M., Davies, B., Higuchi, K., Gifford, W., Bajnok, McConnel, H., Plenderleith, J., Foster, S., & Bookey-Bassett, S. (2014). Spreading and sustaining best practices for home care of older adults: a grounded theory study. Implementation Science, 9(1), 162.	Qualitative grounded theory	• Spread	2014
Brewster, A. L., Curry, L. A., Cherlin, E. J., Talbert-Slagle, K., Horwitz, L. I., & Bradley, E. H. (2015). Integrating new practices: a qualitative study of how hospital innovations become routine. Implementation Science, 10(1), 168.	Qualitative multiple case study	• Sustainability	2015
Milat, A. J., Bauman, A., & Redman, S. (2015). Narrative review of models and success factors for scaling up public health interventions. Implementation Science, 10(1), 113.	Narrative review	• Scale	2015
Milat, A. J., Newson, R., King, L., Rissel, C., Wolfenden, L., Bauman, A., ... & Giffin, M. (2016). A guide to scaling up population health interventions. Public Health Res Pract, 26(1), e2611604.	Systematic review	• Scale	2016
Birken, S. A., Lee, S. Y. D., Weiner, B. J., Chin, M. H., & Schaefer, C. T. (2013). Improving the effectiveness of health care innovation implementation: middle managers as change agents. Medical Care Research and Review, 70(1), 29-45.	Quantitative survey	• Sustainability	2016
Gupta, A., Thorpe, C., Bhattacharyya, O., & Zwarenstein, M. (2016). Promoting development and uptake of health innovations: The Nose to Tail Tool. F1000Research, 5.	Scoping review	• Scale	2016
Greenhalgh, T., Wherton, J., Papoutsi, C., Lynch, J., Hughes, G., A'Court, C., ... & Shaw, S. (2017). Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. Journal of medical Internet research, 19(11).	Sytematic review & case studies	• Spread • Sustainability • Scale	2017

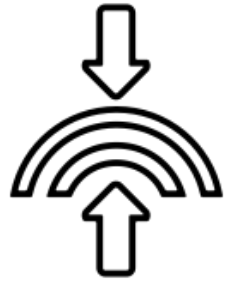
MÉCANISMES
DIFFUSER LES INNOVATIONS

"The management of spread, and the avoidance of containment, depends on context. While it is possible to offer general guidelines on how the spread narrative can be managed, that advice has to be **translated into tailored action informed by local knowledge and judgement.** Two of the most significant issues concern the substance of the changes and the time frame over which spread can be expected to happen" (Buchanan et al., 2006, p. 260).

MÉCANISMES
PÉRENNISER LES INNOVATIONS

"Managing sustainability can be regarded as maintaining the narrative, **keeping the storyline going**, preventing sub-plots and diversions from taking over" (Buchanan et al., 2006, p. 254).

MÉCANISMES
METTRE À L'ÉCHELLE LES INNOVATIONS

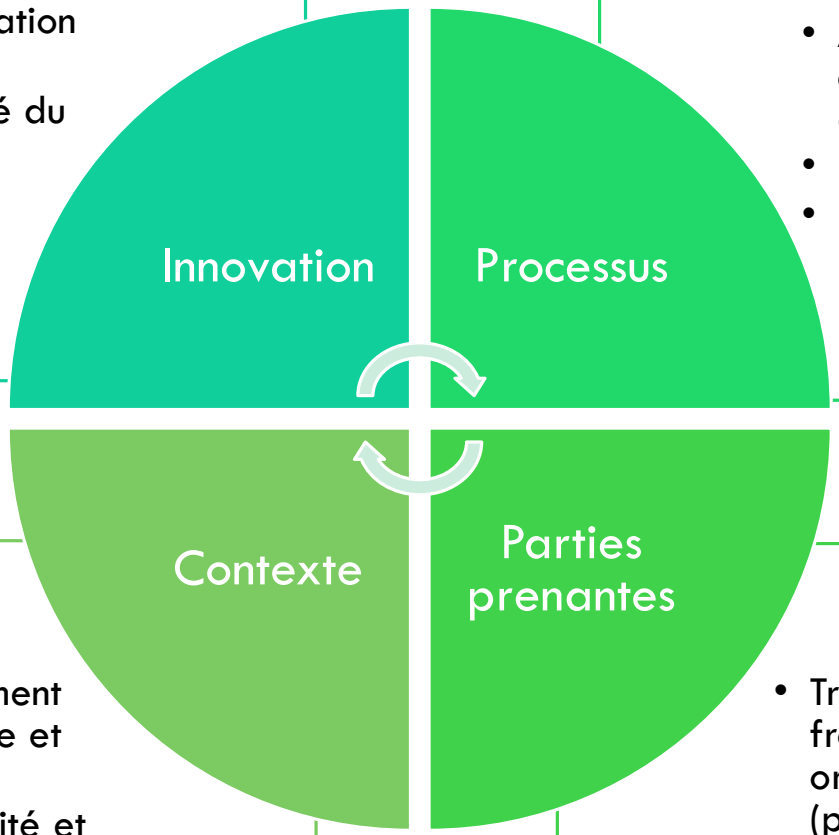


"Much of the evidence warns of assuming an innovation is worthy of dissemination simply because it is 'new', **a warning akin to Rogers' 'pro-innovation bias'** in which an innovation's weaknesses or limits may not be recognized simply because of its status as an innovation (2003) … **when thinking about the scaling-up of innovations, it is essential to balance insights** derived from studying 'hard' components (success metrics, commissioning plans) alongside the 'soft' components, as the historical, economic, socio-cultural, and interpersonal influences that gave rise to them"
(Greenhalgh et al., 2012 in WWS, 2015, p. 17).

MÉCANISMES

- Préciser le but de l'innovation et de sa diffusion/pérennisation /mise à l'échelle
- Balancer la fidélité du contenu et l'adaptabilité de l'innovation

- Évaluation & rétroaction fréquente
- Apprentissage collectif, réflexivité et échanges
- Routiniser
- Institutionnaliser

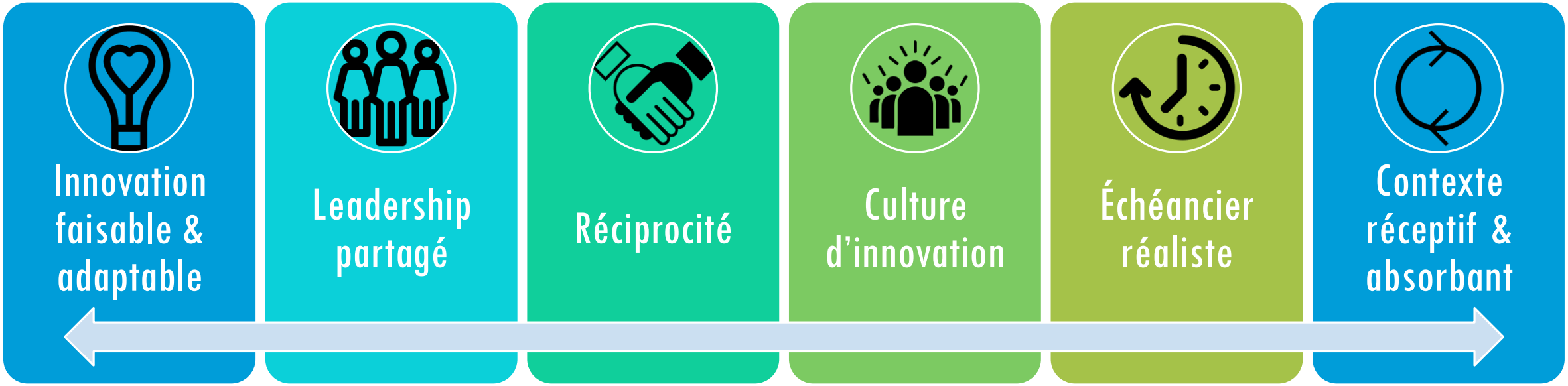


- Adapter constamment au contexte interne et externe
- Assurer la faisabilité et la valeur-ajoutée perçue de l'innovation

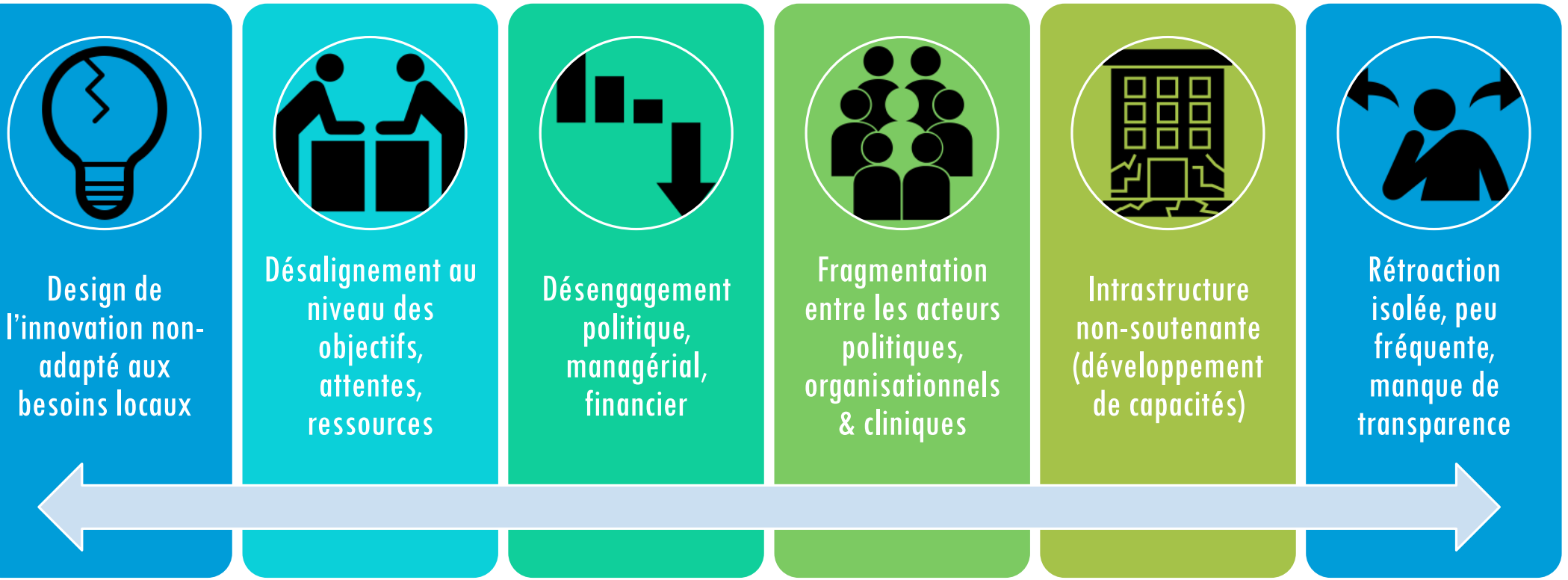
- Traverser les frontières organisationnelles (politiques, cliniques, sectorielles)
- Développer les capacités

V. CONDITIONS COMMUNES

CONDITIONS COMMUNES
FACILITATEURS



CONDITIONS COMMUNES
BARRIÈRES



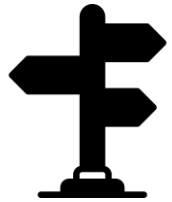
III. DES PISTES POUR LA RECHERCHE ET L'ADAPTATION DES ORGANISATIONS DE SANTÉ?

DES QUESTIONS QUI RESTENT . . . ?

1. Retour aux sources: le temps d'un renouvellement théorique de la diffusion des innovations?
2. Est-ce que la diffusion, la pérennité et la mise à l'échelle des innovations peuvent s'actualiser empiriquement de manière indépendante?
3. Est-ce que les barrières et facilitateurs à ces processus sont le « miroir » les uns des autres?
4. Comment est-ce que le cheminement de l'innovation (diffuser, pérenniser, mettre à l'échelle) diffère lorsqu'il s'agit d'une initiative « bottom-up » vs « top-down »; voire hybridée?
5. Quelles sont les capacités organisationnelles et systémiques requises pour actualiser ces processus?
6. Quel est le rôle et l'influence de la profession médicale, des patients et des citoyens à travers ces processus?
7. Quels sont les effets « inattendus/collatéraux » qui émergent de la mobilisation de ces processus?

- ✓ Est-ce que ces processus favorisent l'*empowerment* des professionnels, des patients et des communautés?
- ✓ Est-ce que ces processus constituent des parcours qui génèrent d'eux-mêmes des fenêtres d'innovation?

PISTES POUR DE FUTURES RECHERCHES



Revues et/ou évaluations réalistes

- Comprendre quoi fonctionne, pour qui et dans quel contexte[1,2].

Perspective des théories de la traduction

- Comprendre comment les innovations se traduisent en pratiques à travers les frontières organisationnelles, juridictionnelles et temporelles[3 à 10].

Perspective des théories institutionnelles

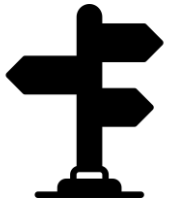
- Comprendre comment les acteurs parviennent à créer, diffuser, pérenniser et/ou mettre à l'échelle des innovations dans des organisations hautement institutionnalisées, que sont les systèmes de santé (*embedded agency*)[11,12,13,14].

Perspectives des « Learning Health Systems »

- Explorer les capacités requises pour capitaliser sur les évidences partagées à l'intérieur et entre les organisations et systèmes de santé, pour générer des dynamiques d'innovation à grande échelle[15,16].

[1]Pawson & Tilley, 1997, [2]Kirsh, 2017, [3]Serres, 1982, [4]Latour, 1986, [5]Czarniawska & Sevón, 2005, [6]Waeraas & Nielsen, 2016, [7]Teulier & Rouleau, 2013, [8]Ferlie et al., 2005, [9]Nicolini, 2011, [10]Nicolini, 2016, [11]Garud, Hardy & Maguire, 2007, [12]Zietsma & Lawrence, 2010, [13]Cloutier et al., 2015, [14]Fleiszer et al., 2015, [15]Dougherty & Dunne, 2011, [16]Friedman & et al., 2017

PISTES POUR LES ORGANISATIONS DE SANTÉ



Les innovations ont plusieurs significations

- Focus: « pourquoi »

Innover est demandant pour les individus, les communautés et les organisations

- Focus: valeur-perçue et faisabilité

Le rythme du parcours des innovations est déterminant

- Focus: ce que les individus font, plutôt que ce qu'ils sont attendus de faire

Le parcours des innovations comme un processus social

- Focus: dialogue entre les niveaux politiques, cliniques et inter-sectoriels du système

Le parcours des innovations comme un processus politique

- Focus: capacités de gouvernance inclusives et distribuées (mix *top-down* & *bottom-up*)

Source: Côté-Boileau & Denis, *unpublished*

CONCLUSION

MERCI DE VOTRE ATTENTION

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Questions?

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Source: www.phdcomics.com

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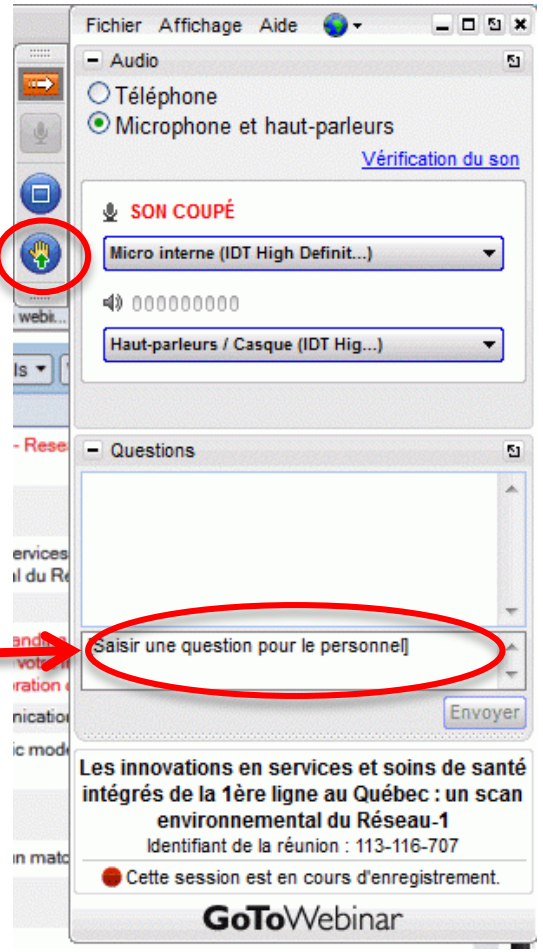
Procédure pour les questions

- Vous pouvez **poser vos questions** de deux façons:

  1. ***Lever la main***:
     Nous ouvrirons votre micro et vous inviterons à poser votre question oralement durant la période de questions.

  2. ***Par écrit***:
     Tout au long de la présentation, vous pouvez écrire une question dans la boîte (cliquer sur Questions pour l'ouvrir).
     Nous répondrons à votre question durant la période de questions.

- Nous ferons notre possible pour répondre à toutes vos questions.



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À venir…

- **Prochain webinaire :** 11 mai 2018 par Maman Joyce Dogba: « Les ateliers délibératifs, un moyen d'impliquer des gestionnaires dans la recherche axée sur le patient »
- Tous nos webinaires sont accrédités et disponibles sur Youtube
- La prochaine journée scientifique aura lieu le 15 juin à l'Université Laval, inscrivez-vous! http://reseau1quebec.ca/journee-scientifique-2018/
- La date limite pour soumettre un résumé d'affiche pour la journée scientifique est le 2 mai, faites-vite! http://reseau1quebec.ca/journee-scientifique-2018/
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- Si vous avez des idées pour des webinaires à venir, contactez-nous: info@reseau1quebec.ca

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