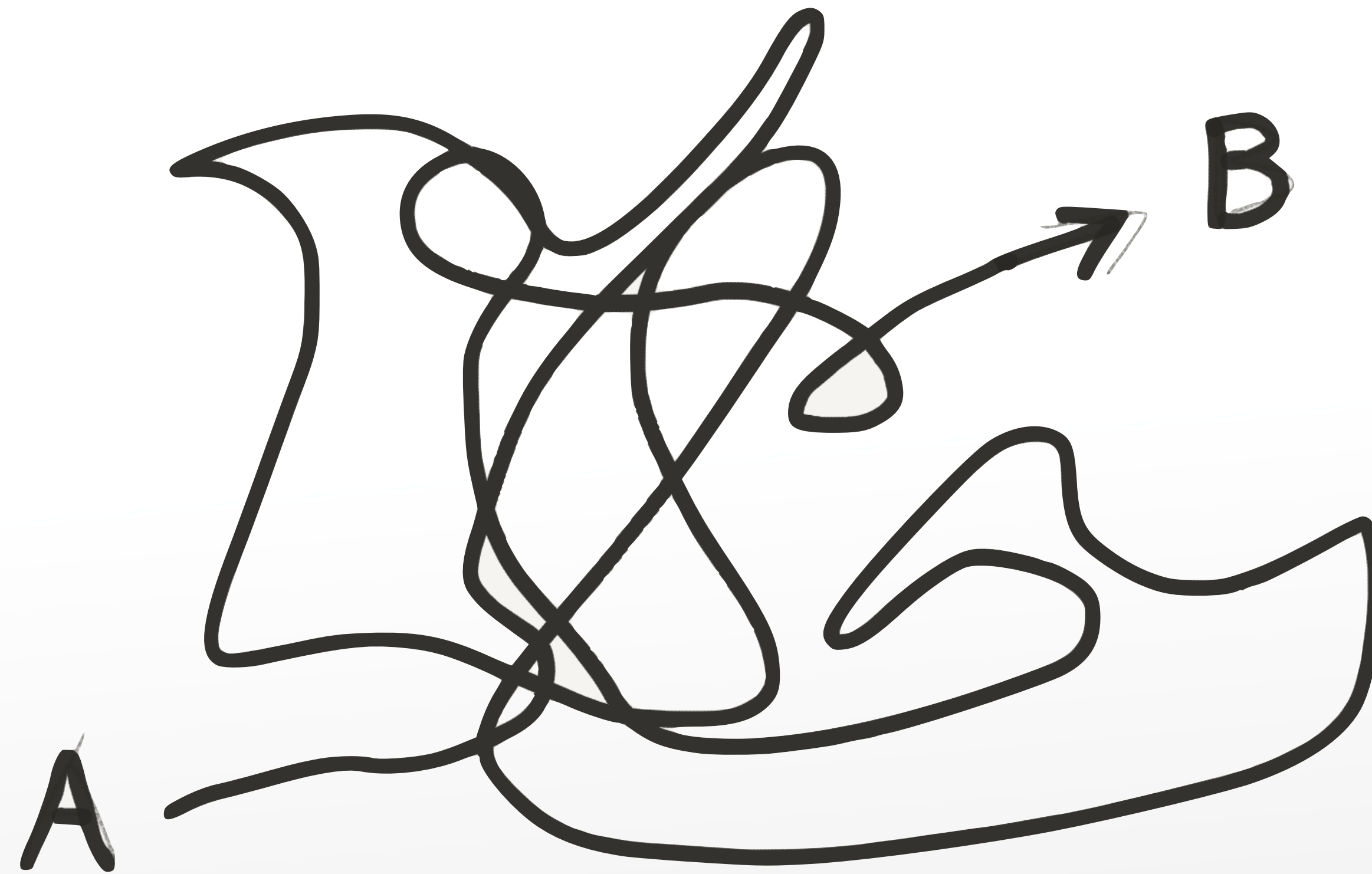


Implementation

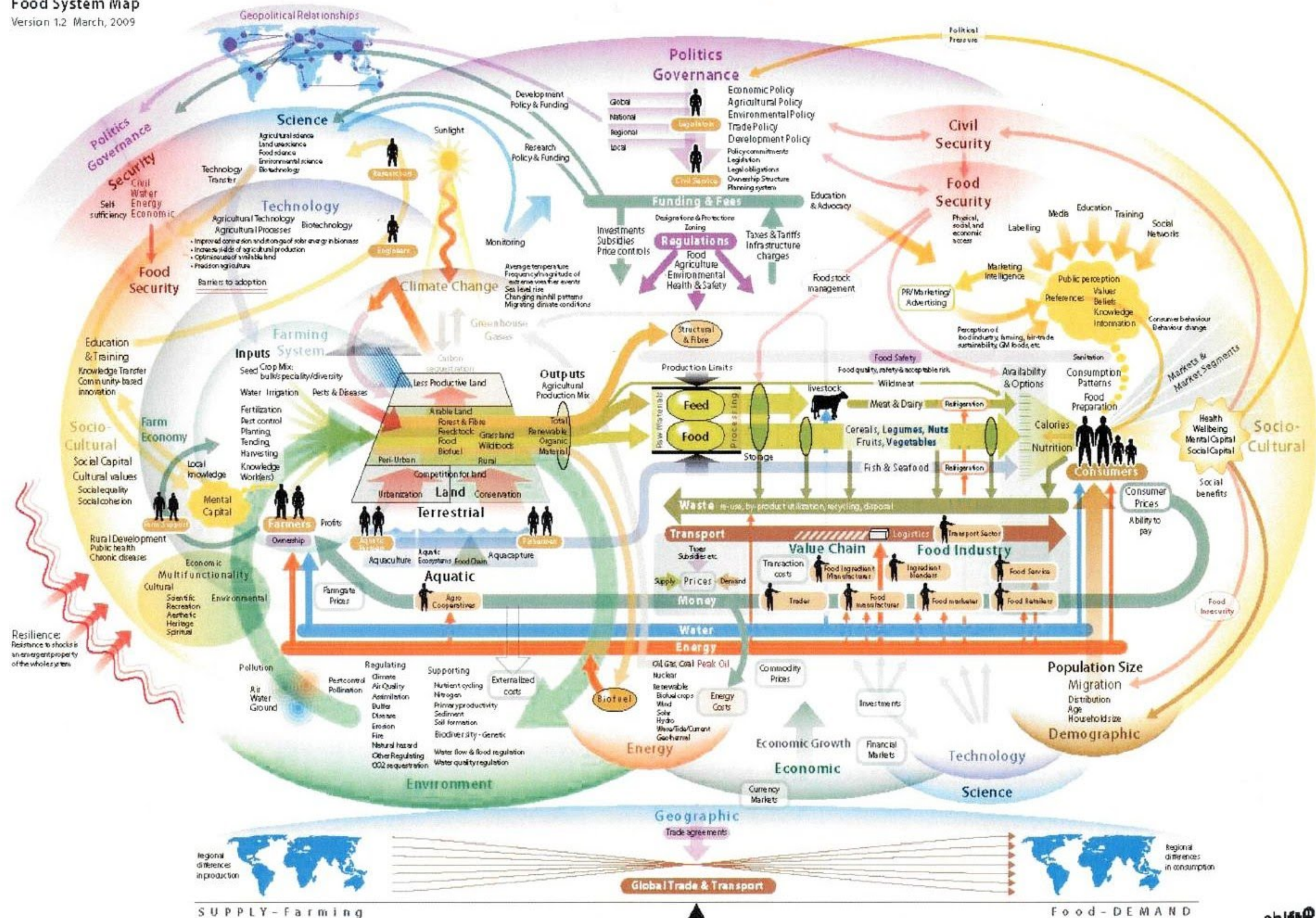
Hugo Sax, MD | Head Infection Control | Division of
Infectious Diseases and Hospital Epidemiology | USZ



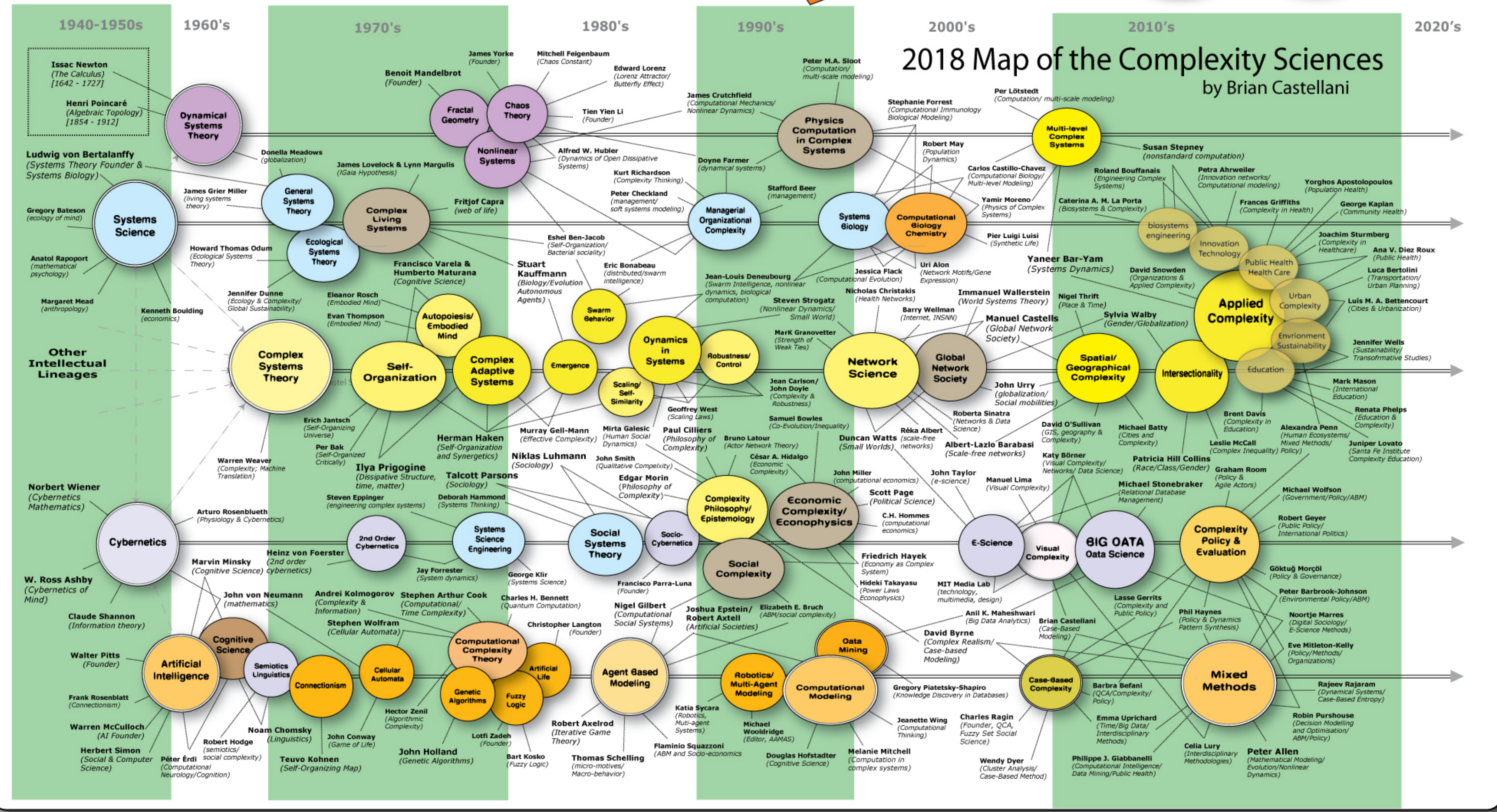


The Global Food System

Food System Map
Version 1.2 March, 2009



2018 Map of the Complexity Sciences by Brian Castellani



https://www.art-sciencefactory.com/complexity-map_feb09.html

ALL PROBLEMS RESULT FROM THE MISMATCH BETWEEN HOW REAL-WORLD SYSTEMS WORK AND HOW WE THINK THEY WORK.

THINK BETTER SOLUTIONS, SCIENCE, FAMILIES, SCHOOLS, BUSINESSES, GOVERNMENT, SOCIETIES.

BECOME A

SYSTEMS THINKER FOLLOW **4** SIMPLE RULES.

MAKE DISTINCTIONS AND RECOGNIZE SYSTEMS, RELATIONSHIPS, AND PERSPECTIVES (DSRP).

MIX AND MATCH THESE RULES LIKE PRIMARY COLORS.

SYSTEMS THINKERS CHALLENGE BOUNDARIES, SEE INTERCONNECTIONS, AND ARE PART OF A LARGER WHOLE. | WHEN YOU CHANGE THE WAY YOU LOOK AT THINGS, THE THINGS YOU LOOK AT CHANGE.

SYSTEMS THINKING IS A NEW ETHOS. | **SMALL THINGS DONE BY MANY CAN LEAD TO BIG CHANGES.** WHEN WE TAKE THE TIME TO THINK ABOUT THE WAYS WE THINK, IDEAS THAT CAN CHANGE THE WORLD BECOME POSSIBLE.

Thinking tools



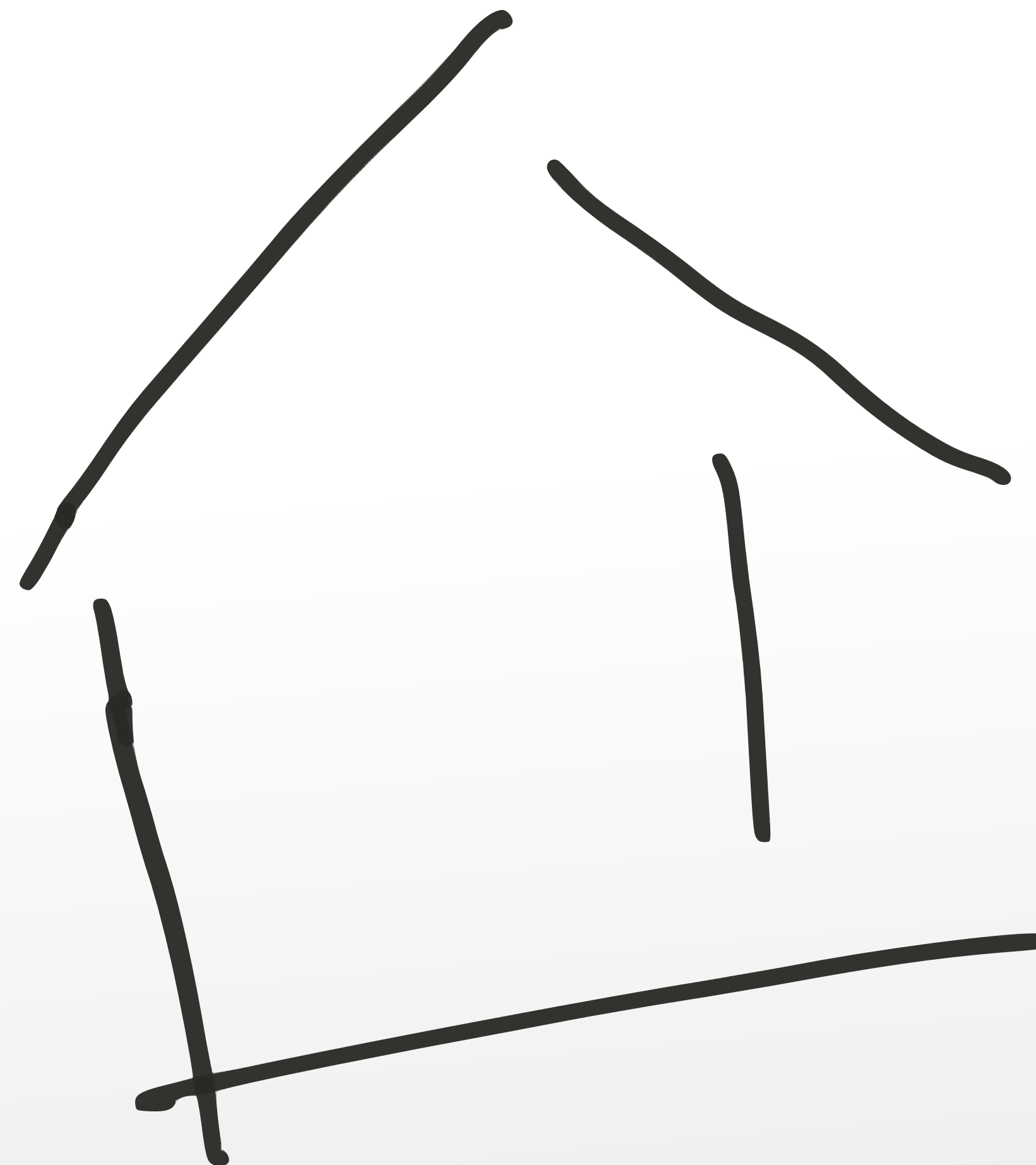
Daniel C. Dennett. Intuition Pumps and Other Tools for Thinking. Norton 2013, New York, NY.

Thinking tools

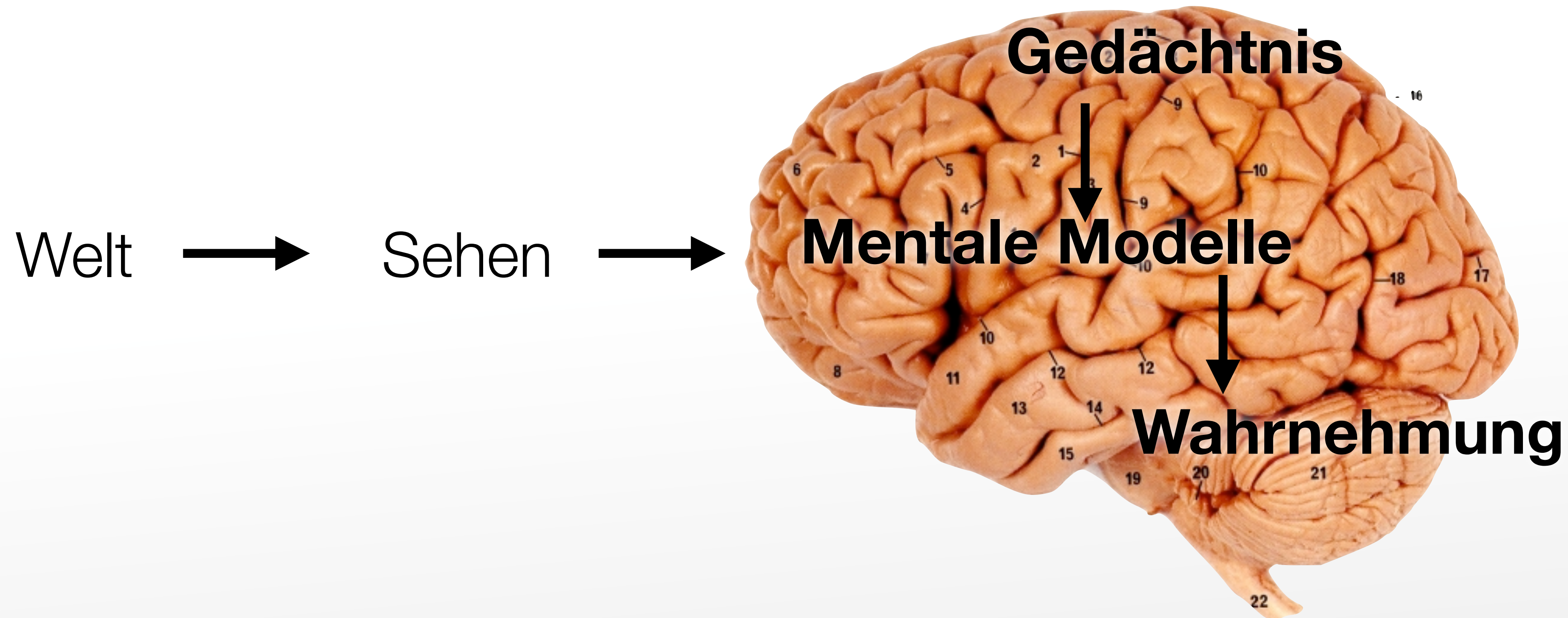
You can't do much carpeting with your bare hands, and you can't do much thinking with your bare brain. - **Bo Dahlbom**



Daniel C. Dennett. Intuition Pumps and Other Tools for Thinking. Norton 2013, New York, NY.



Die Welt (ist) in unserem Kopf.



Sax H, Clack L Mental models: a basic concept for human factors design in infection prevention. **J Hosp Infect** 2015;89(4):335–9. Doi: 10.1016/j.jhin.2014.12.008.

THE PSYCHOLOGIST'S VIEW OF
UX design

“ I take research and knowledge about the brain, the visual system, memory, and motivation and extrapolate UX design principles from that. ”
by Susan Weinschenk

Different people approaches UX design from different point of view. It can be helpful to understand what opportunities are available that

01 People Have Limitations
Make the information easy to scan and straight to the point. Use short blocks of info or text.

02 People Make Mistakes
Make the error easy to "undo". The best error message is no message at all.

03 Human Memory Is Complicated
Don't make people remember things from one task to another. People can only remember about 3-4 items at a time.

04 People are Social
People will always try to use technology to be social. Synchronous behavior bonds them together.

05 Attention
People pay attention to anything that is different or novel. Bright colors, large fonts, beeps, and tones will capture attention.

06 Unconscious Processing
Most mental processing occurs unconsciously. Small action will later commit to a larger action.

07 Visual System
Use grouping. Things that are close together are believed to "go" together.

LET'S C'mon go!

[Join us now!](#) [Subscribe](#)

Piktochart For more information about creating your own visual story, please visit us at www.piktochart.com

Resources taken from **UX MAGAZINE**



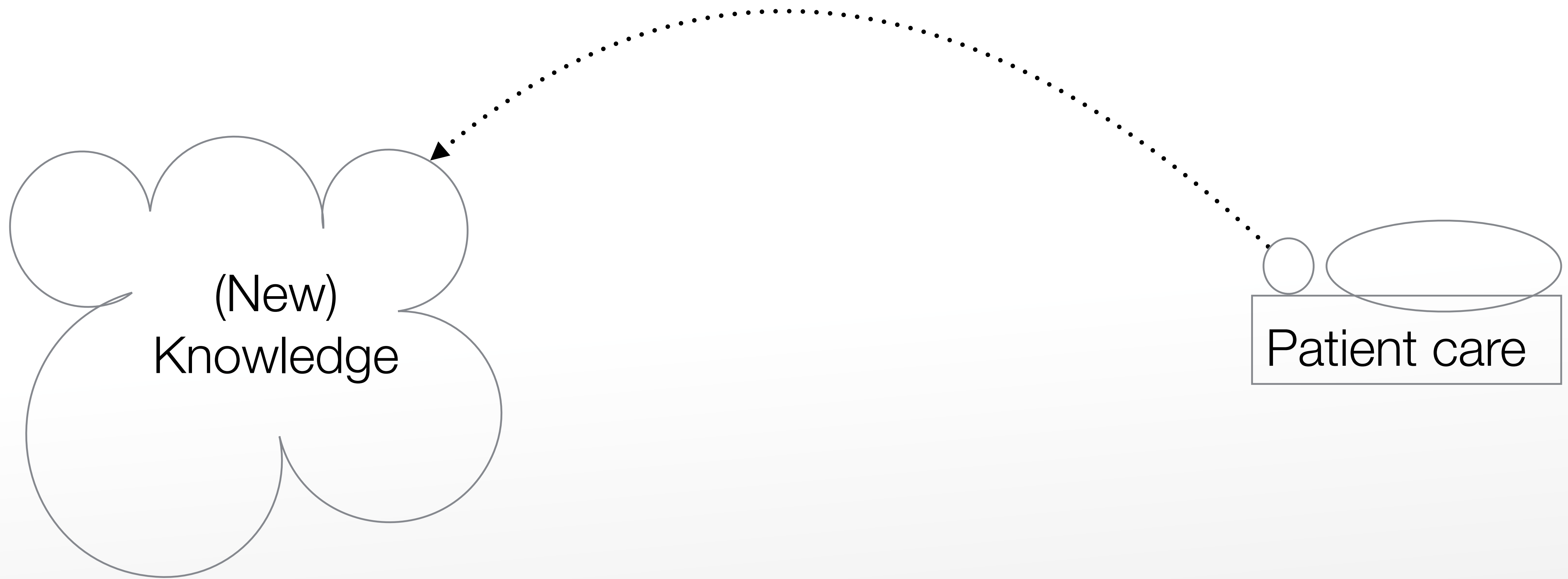




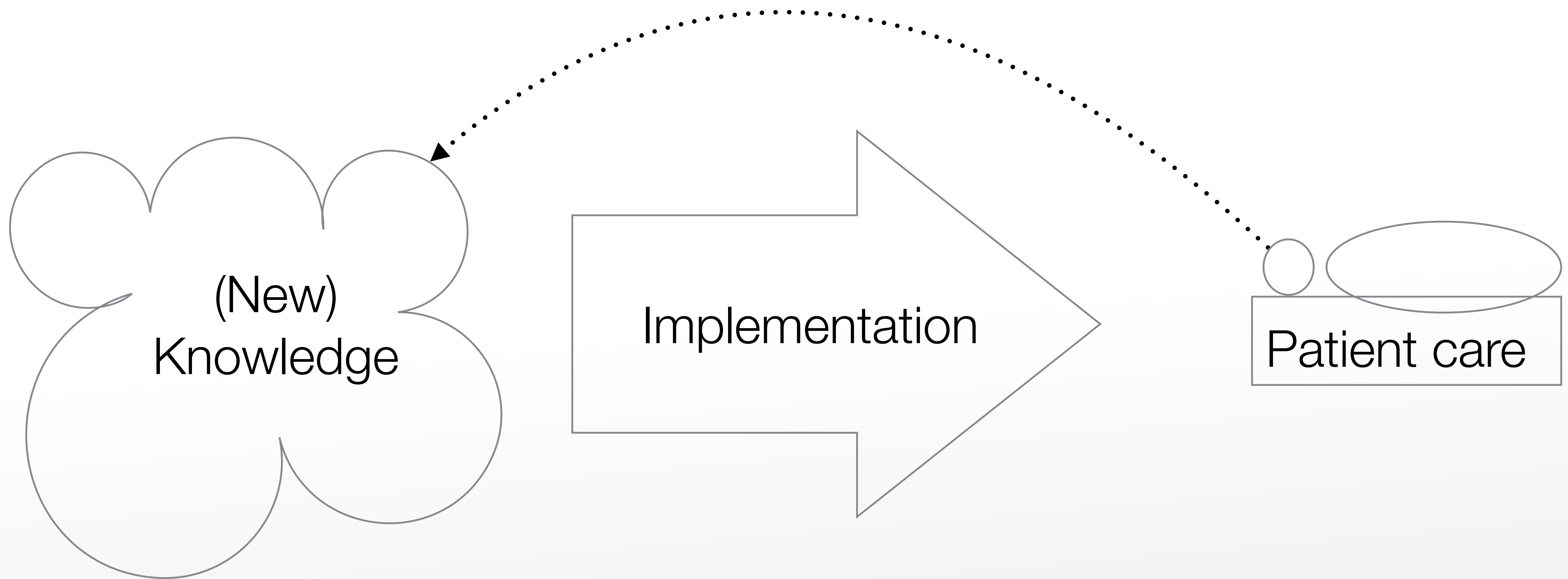
(New)
Knowledge

○ ○
Patient care

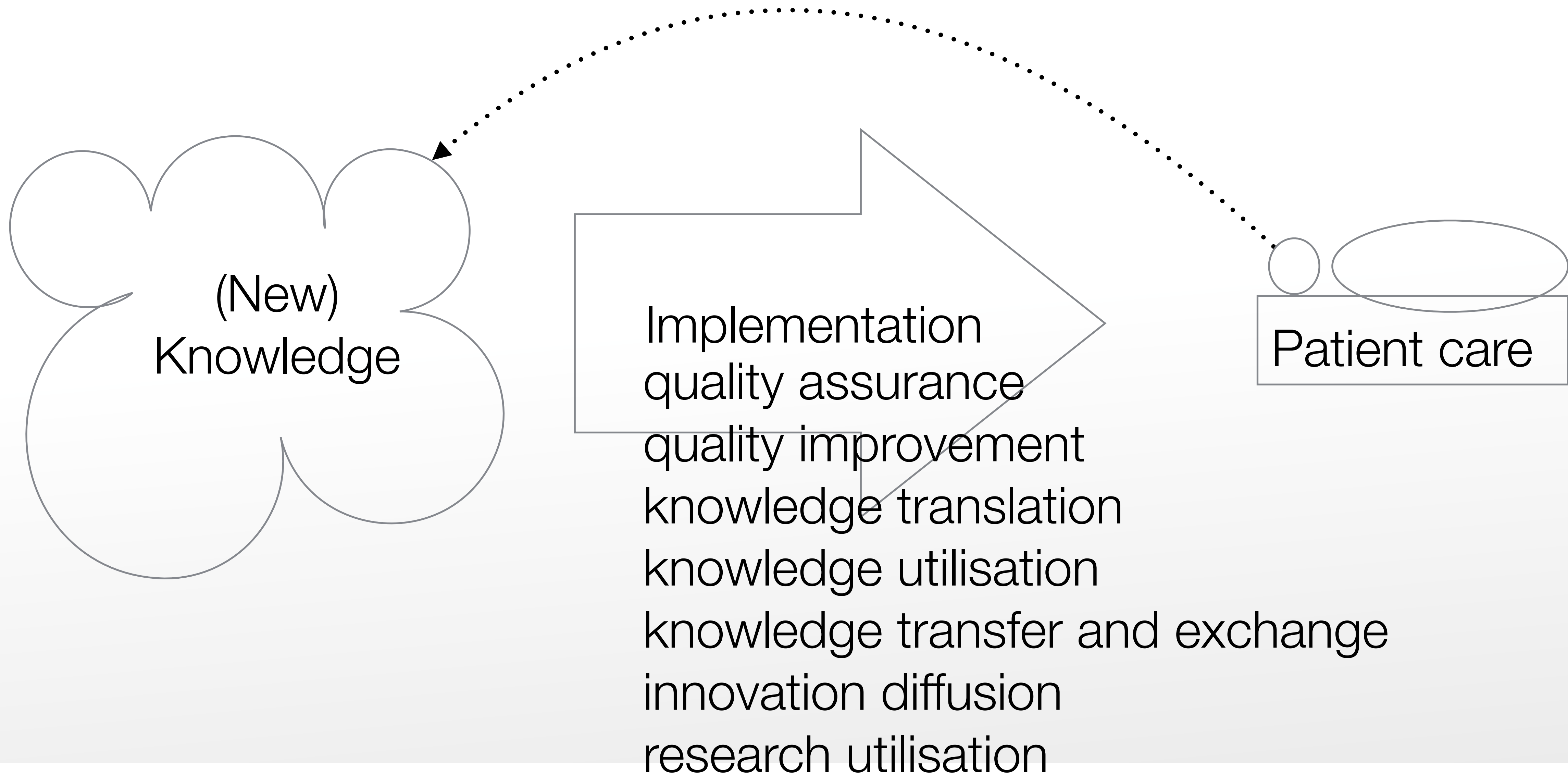
The (right) question

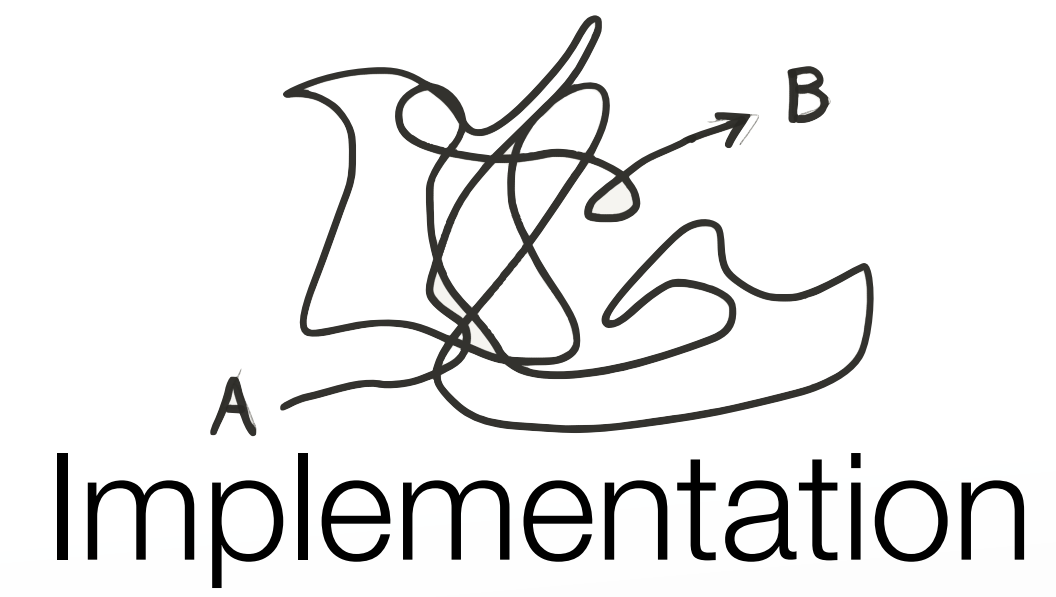


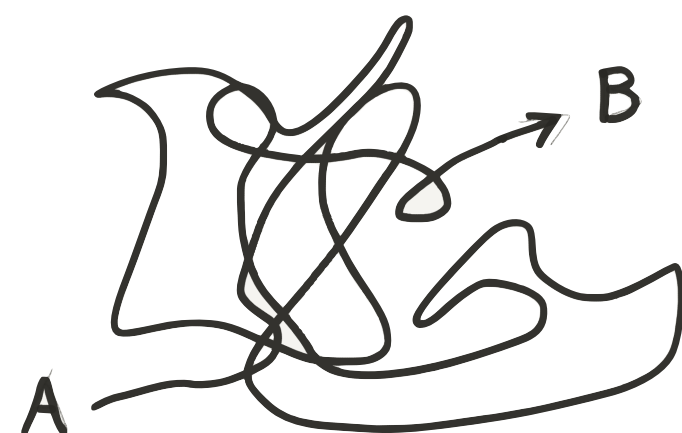
The (right) question



The (right) question

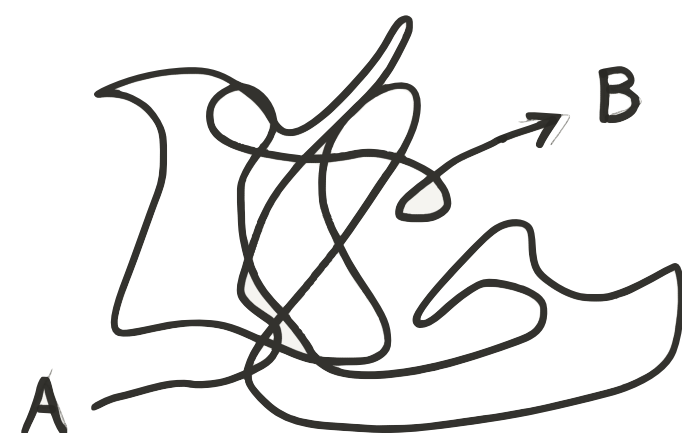




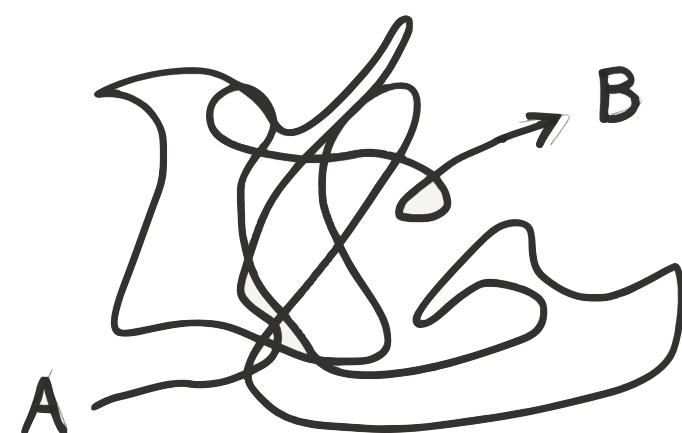


Adoption >> Implementation

Adoption >> Implementation

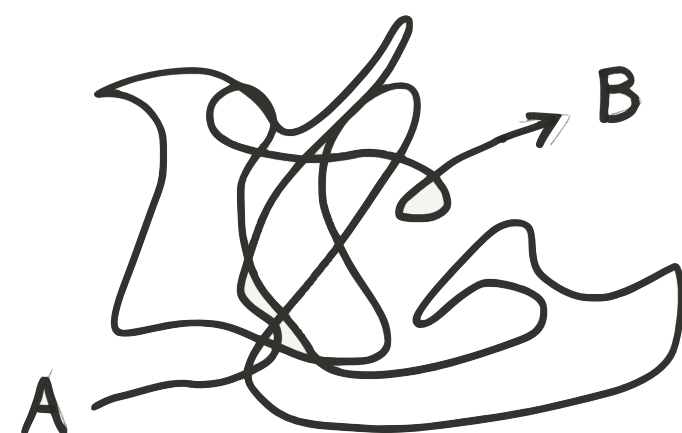


Sustainability?



Sustainability?

Adoption >> Implementation >> Institutionalisation



Sustainability?

Adoption >> Implementation >> Institutionalisation

Explemmentation

Erfolgreich und nachhaltig implementieren?

Implementation Science

“Wir können uns Naivität nicht mehr leisten.”

AIMD framework

- A - Aims (Warum?)
- I - Ingredients (Was?)
- M - Mechanism (Wie wirkt es?)
- D - Delivery (Wie wird es implementiert?)

Bragge P, Grimshaw JM, Lokker C, Colquhoun H, AIMD Writing/Working Group AIMD - a validated, simplified framework of interventions to promote and integrate evidence into health practices, systems, and policies. BMC Med Res Methodol 2017;17(1):38. Doi: 10.1186/s12874-017-0314-8.

$$SI = Fac^n (I + R + C)$$

Erfolgreiche Intervention = Facilitation (Innovation + Personen + Kontext)

Harvey G, Kitson A PARISHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. **Implement Sci** 2016;11(1):33. Doi: 10.1186/s13012-016-0398-2.

Consolidated Framework for Implementation Research | **CFIR**

Damschroder LJ, et al. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. **Implement Sci 2009;4:50.**

Conceptual Model for Considering the Determinants of Diffusion, Dissemination, and Implementation of Innovations in Health Service Delivery and Organization | Greenhalg 2004

Conceptual Model for Implementation Effectiveness | Klein 1996

Dimensions of Strategic Change | Pettigrew 1992

Theory-based Taxonomy for Implementation | Leeman 2007

PARiHS Framework: Promoting Action on Research Implementation in Health Services | Kitson 2002

Ottawa Model of Research Use | Graham 2004

Conceptual Framework for Transferring Research to Practice | 2007

Diagnostic/Needs Assessment | Kochevar 2006

Stetler Model of Research Utilization | Stetler 2001

Technology Implementation Process Model | Edmondson 2001

Replicating Effective Programs Framework | 2007

Organizational Transformation Model | VanDeusen Lukas 2007

Implementation of Change: A Model | Grol 2007

Framework of Dissemination in Health Services Intervention Research | Mendel 2008

Conceptual Framework for Implementation of Defined Practices and Programs | Fixsen 2005

Will it Work Here? A Decision-maker's Guide Adopting Innovations | Brach 2008

Availability, Responsiveness and Continuity: An Organizational and Community Intervention Model | Glisson 2005

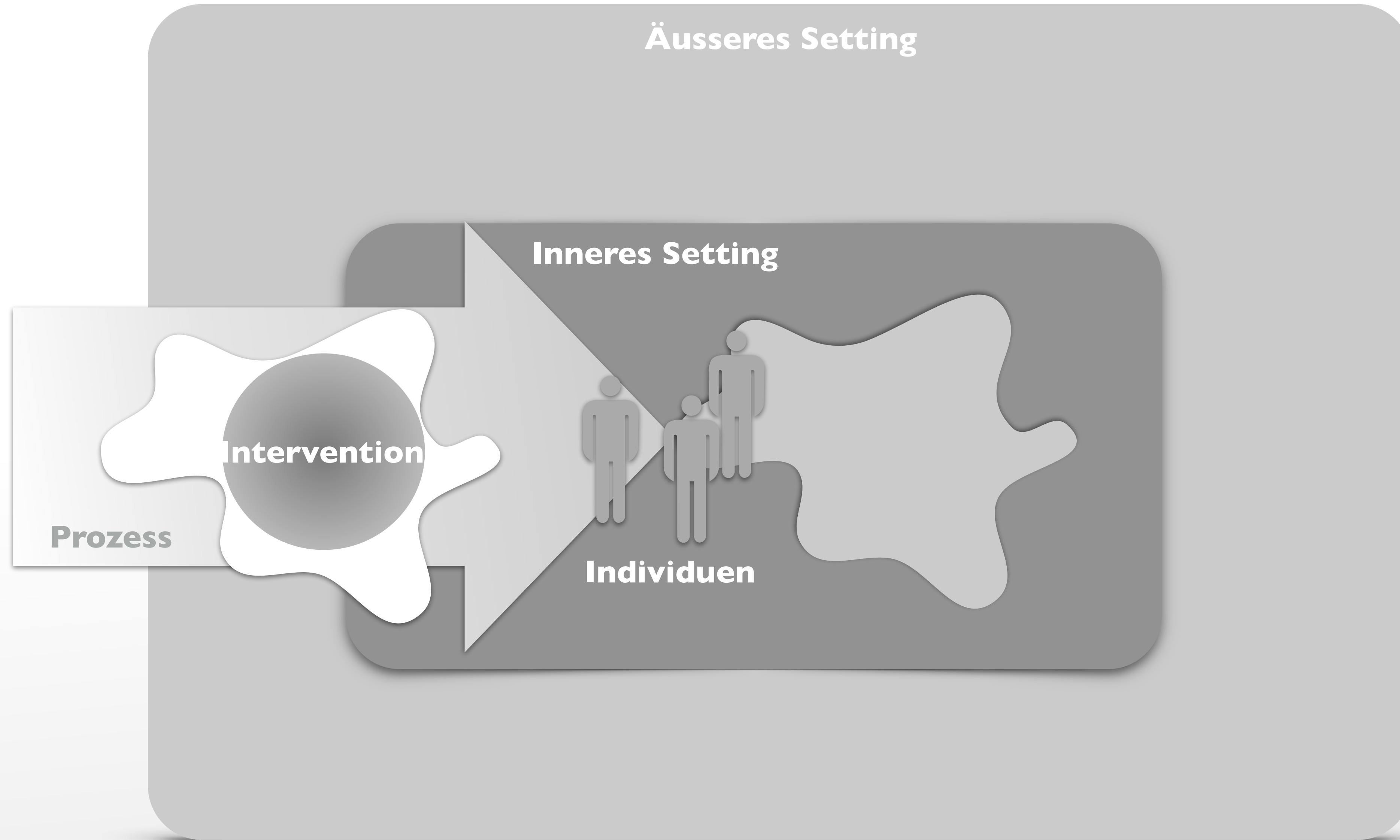
A Practical, Robust Implementation and Sustainability Model (PRISM) | Feldstein 2008

Multi-level Conceptual Framework of Organizational Innovation Adoption | Frambach 2001

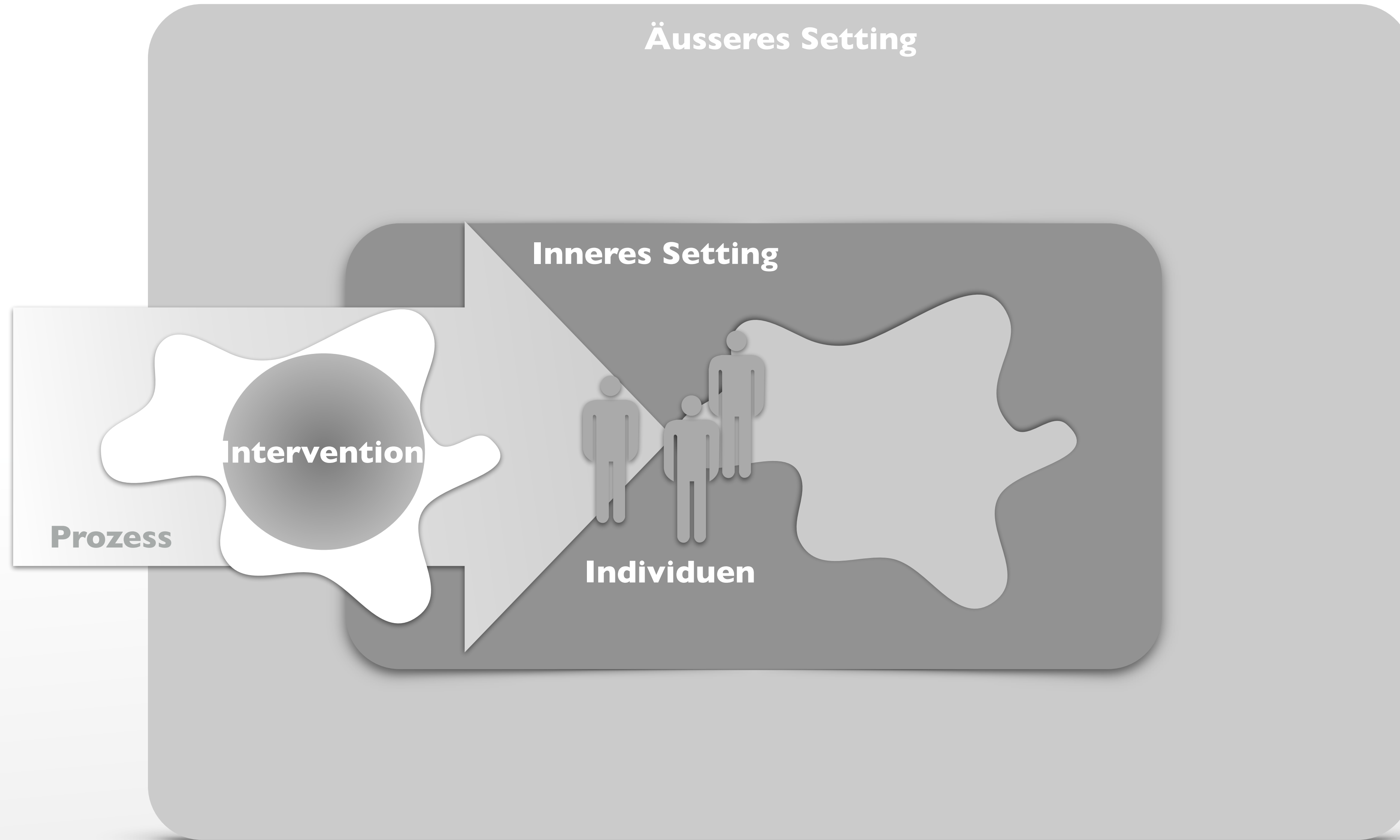
19 frameworks

>> constructs

CFIR



CFIR



CFIR

Patient needs & resources
Cosmopolitanism
Peer pressure
External policies & incentives

Outer Setting

Inneres Setting

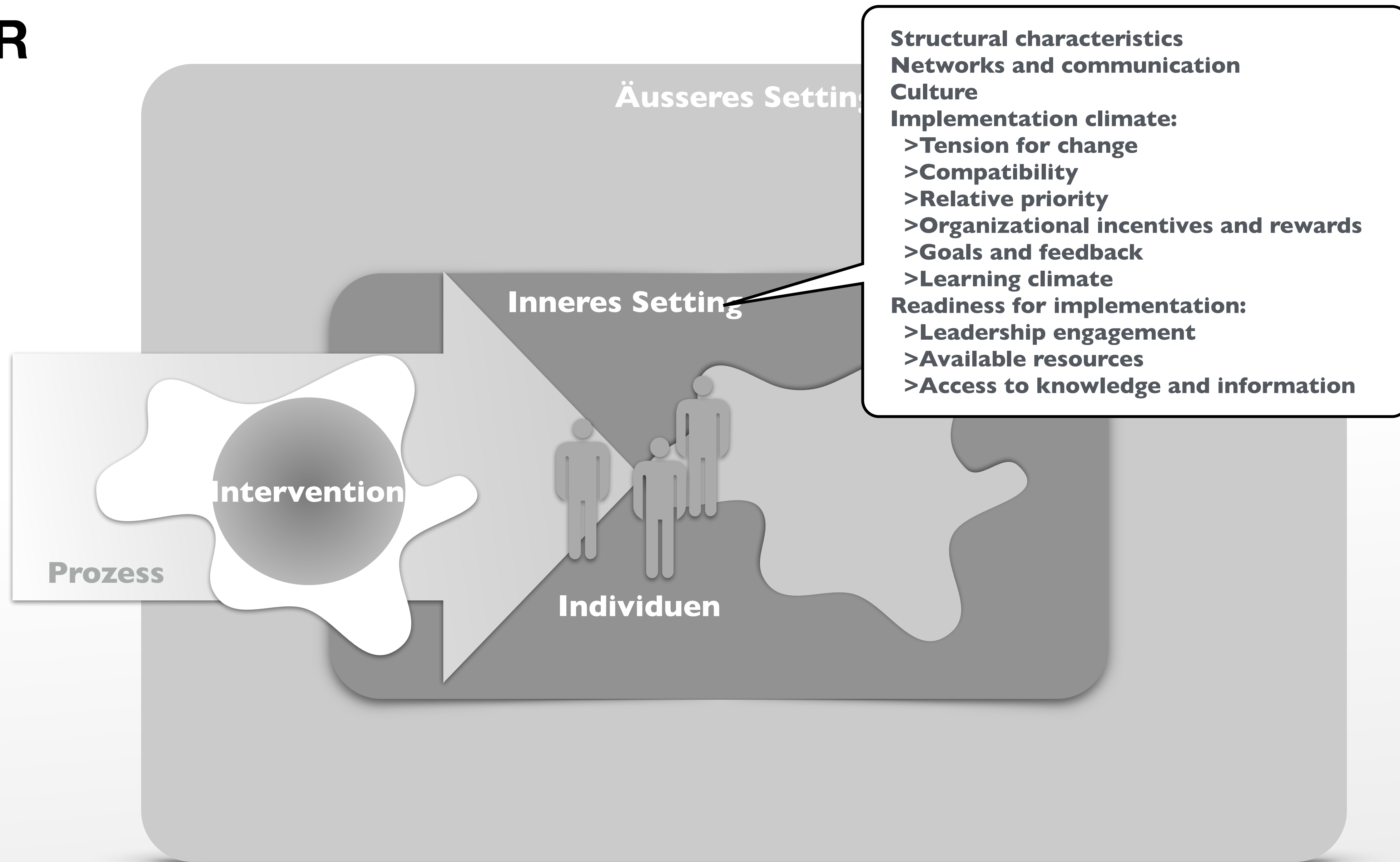
Intervention

Prozess

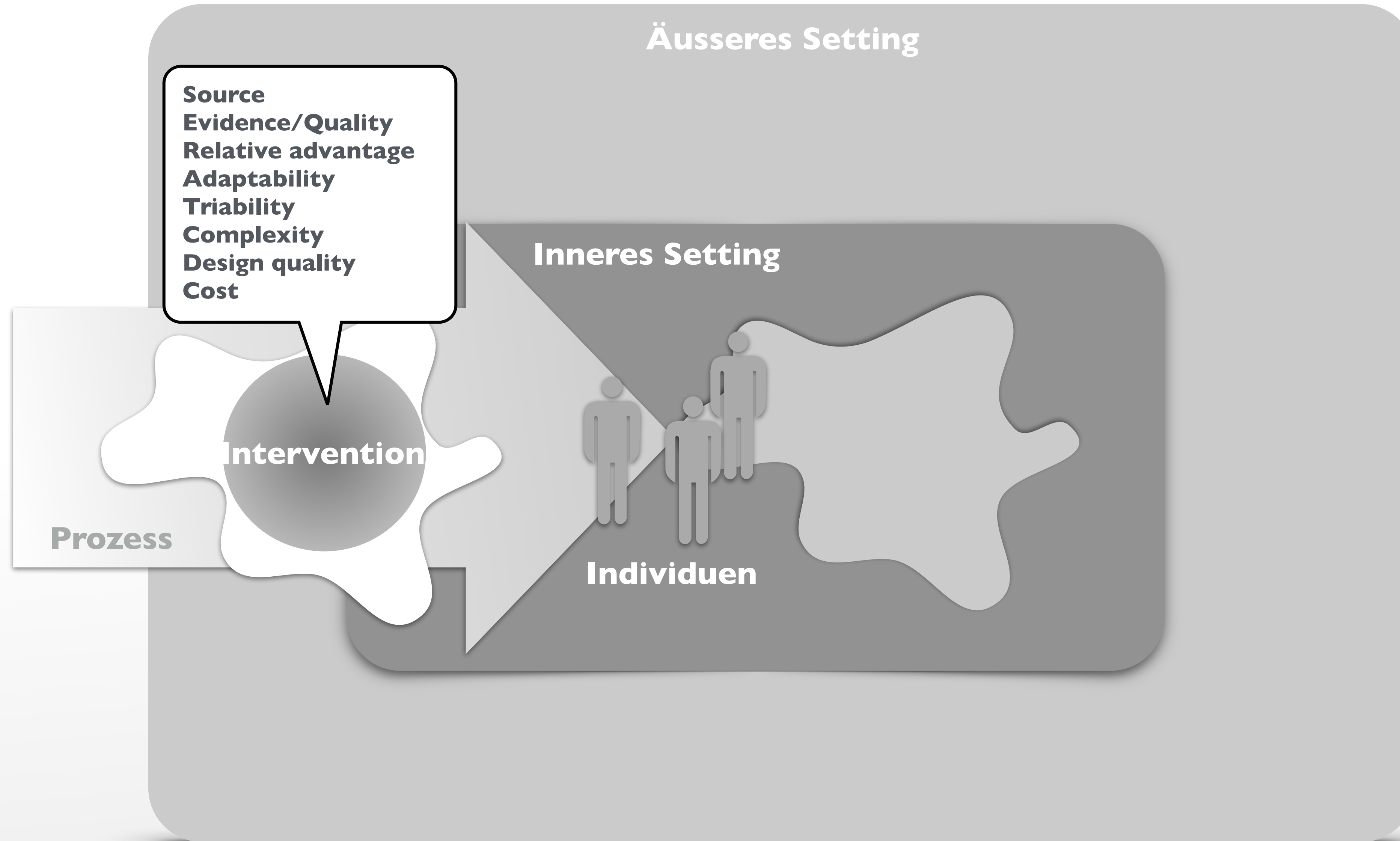
Individuen



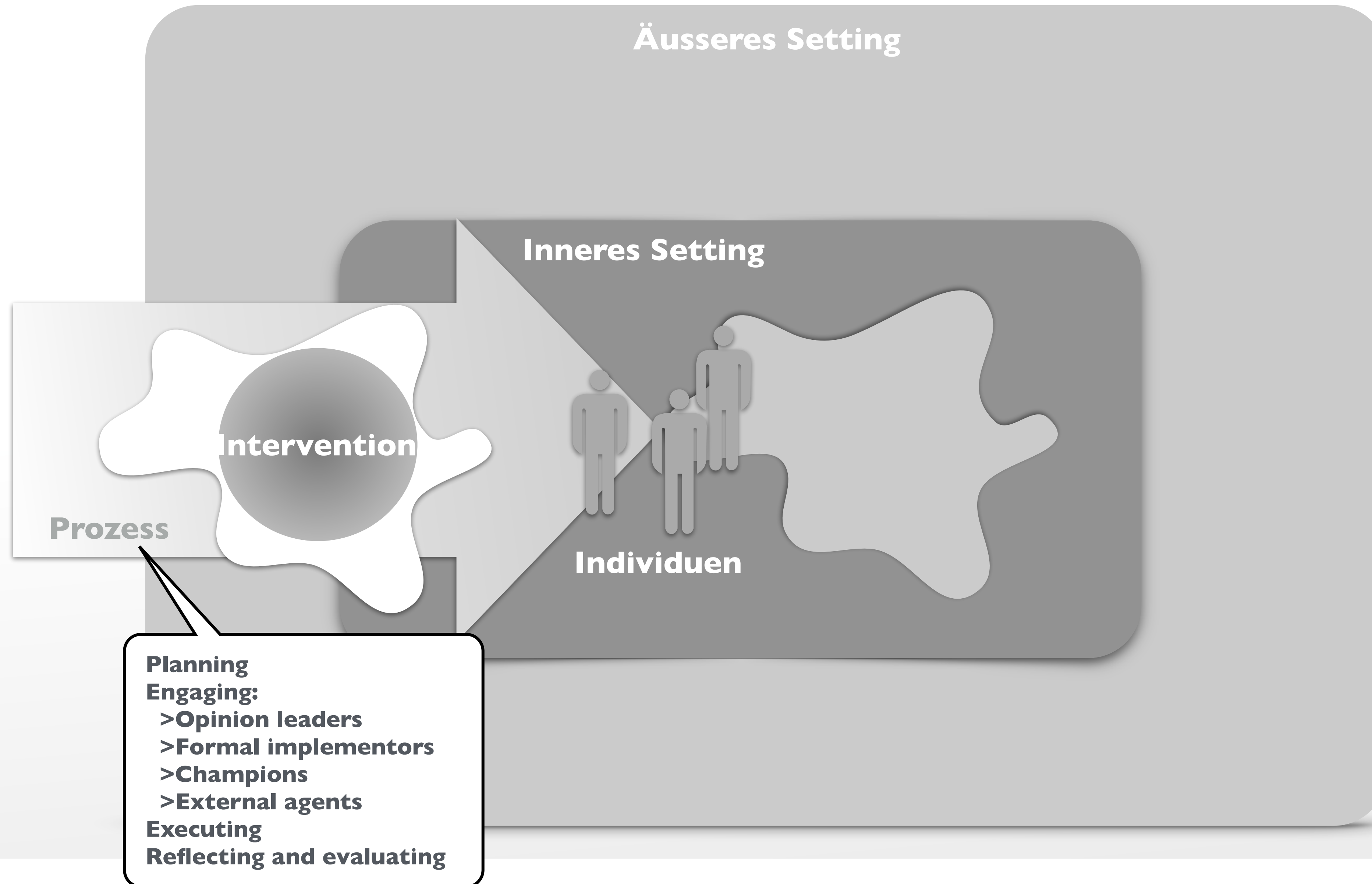
CFIR



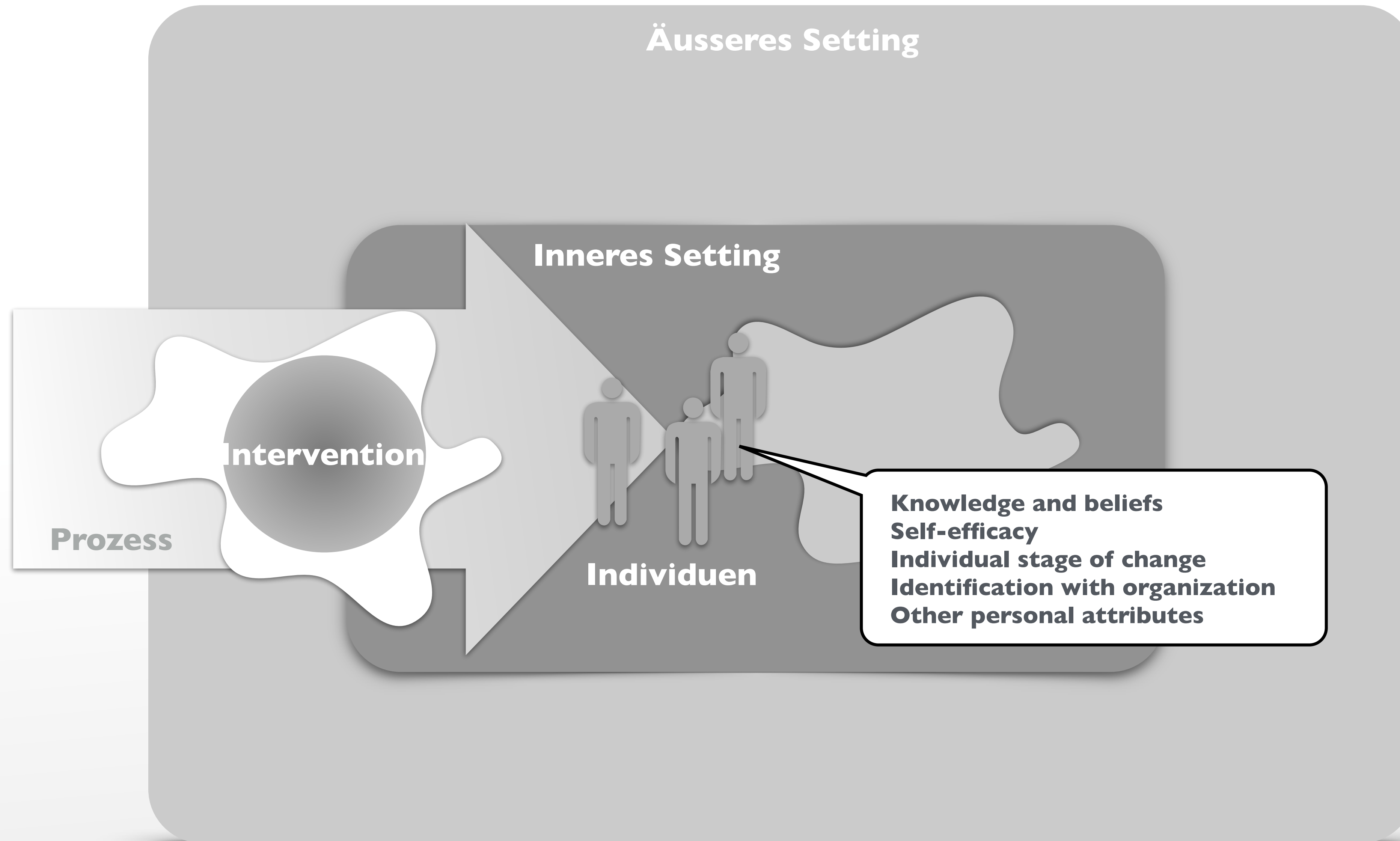
CFIR

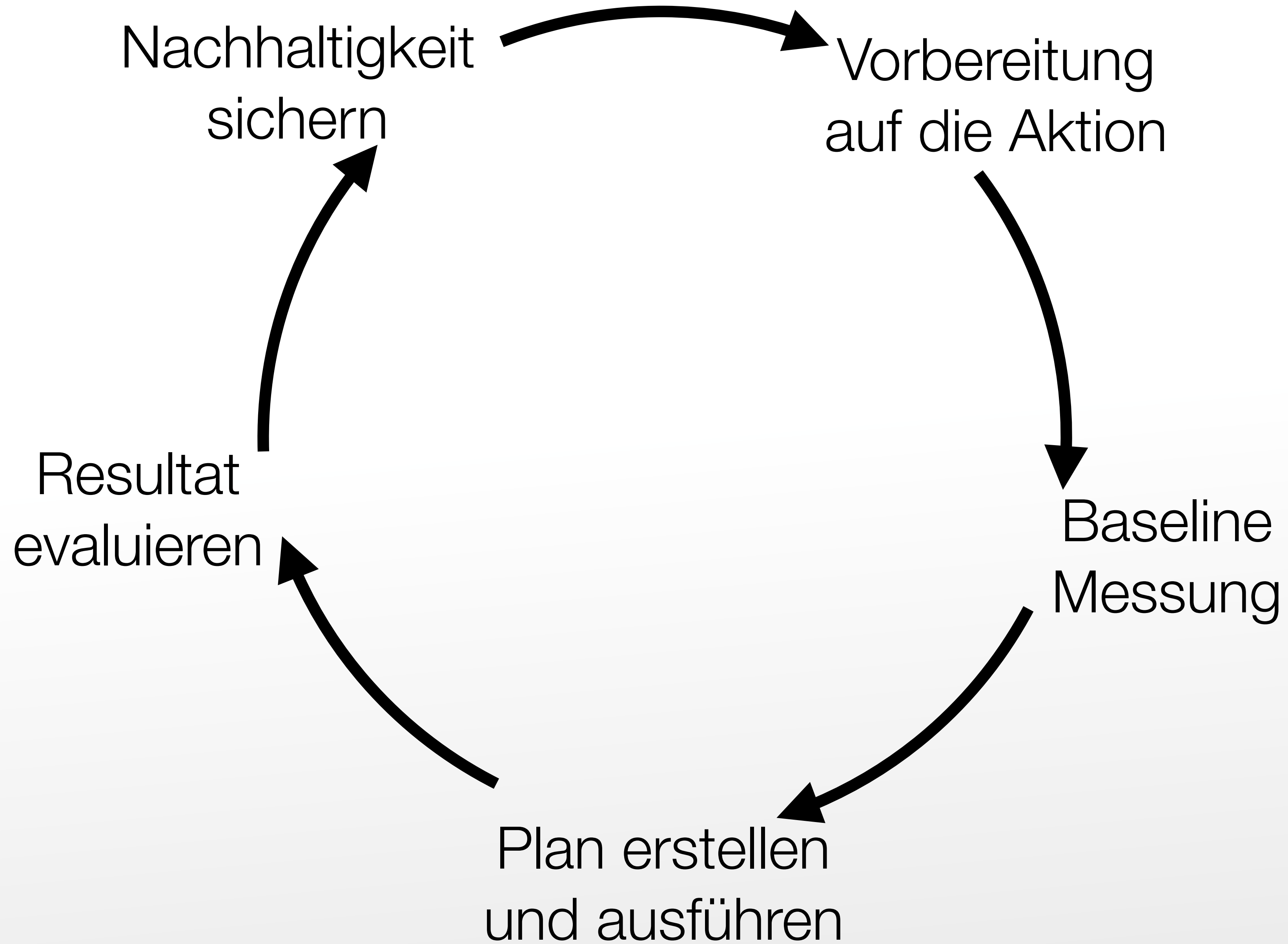


CFIR



CFIR





<https://www.who.int/infection-prevention/publications/core-components/en/>

Multimodale Strategie

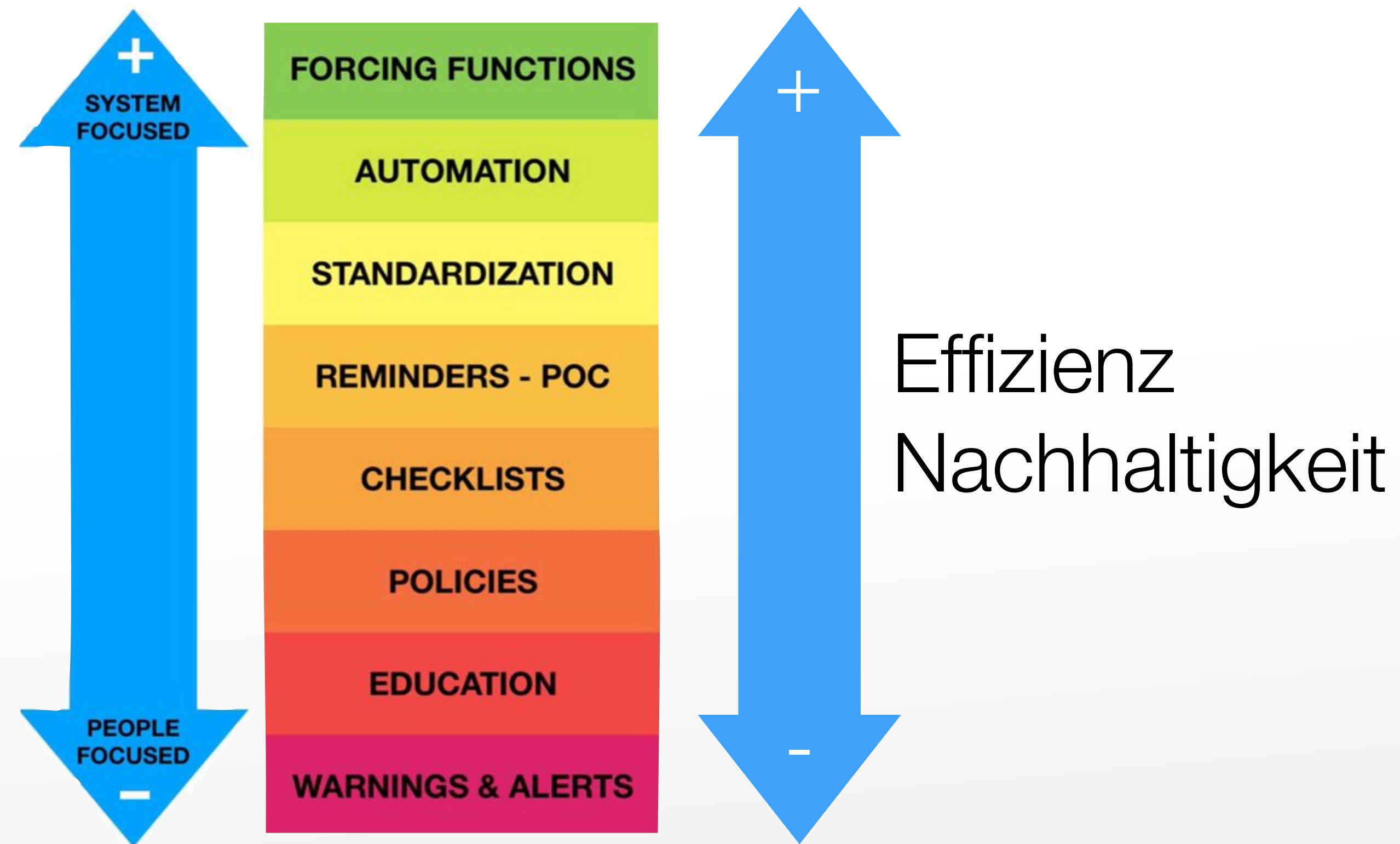
Leadership / Kultur

User-centered Infrastruktur- und Prozess-Design

Erinnerungshilfen

Training

Monitoring und Feedback



Cafazzo JA, St-Cyr O. From discovery to design: the evolution of human factors in healthcare. **Healthcare Quarterly (Toronto, Ont) 2012;15 Spec No:24-9.**

Implementing infection prevention practices across European hospitals: an in-depth qualitative assessment

Lauren Clack,^{1,2} Walter Zingg,² Sanjay Saint,^{3,4} Alejandra Casillas,⁵ Sylvie Touveneau,² Fabricio da Liberdade Jantarada,² Ursina Willi,¹ Tjallie van der Kooi,⁶ Laura J Damschroder,³ Jane H Forman,³ Molly Harrod,³ Sarah Krein,^{3,4} Didier Pittet,² Hugo Sax,^{1,2} PROHIBIT Consortium

Implementation Agendas
Resources
Boundary-spanning

Clack, L., Zingg, W., Saint, S., Casillas, A., Touveneau, S., da Liberdade Jantarada, F., et al. (2018). Implementing infection prevention practices across European hospitals: an in-depth qualitative assessment. *BMJ Quality & Safety*, 27(10), 771–780. <http://doi.org/10.1136/bmjqs-2017-007675>

Implementation Archetypes

Classics



Steered Ship



Disrupted



Surfers



Die 5% Story

Meine persönlichen Tipps

- ✓ Setze (gewagte und SMART) Ziele
- ✓ Sichere zuerst die nötigen Ressourcen
- ✓ Identifiziere das Problem vor Ort
- ✓ Finde sympathische, charismatische Leader
- ✓ Mach Lärm
- ✓ Lasse Gruppen sich gegenseitig sehen
- ✓ Favorisiere Systemlösungen vs. Menschenlösungen
- ✓ Scheitere früh und oft
- ✓ Habe viel Geduld

Ressourcen

Damschroder, Implement Sci 2009: CFIR framework

Harvey, Implement Sci 2016; i.PARIHS framework

Flottrop, Implement Sci 2013: Checklist for quality improvement

Gurses, Joint Commission J 2009; BIM tool

WHO Core components:<https://www.who.int/infection-prevention/publications/core-components/en/>

Holden, Ergonomics 2013; SEIPS 2.0

Clack, BMJ Q&S 2018; In-Depth

Sax, J Hosp Infect 2016; Mental models

Overtveit, BMJ Q&S 2011; Context

Cafazzo, Healthcare Quaterly 2012; Implementation hierarchy