Universität Zürich[UZH]

Institute for Implementation Science in Health Care

REVERSE

Configurational comparative analysis in REVERSE

Uncovering whether readiness for change makes a difference to implementing infection prevention and control in European acute care hospitals

work in progress

Background

- Readiness for change

  Psychological and behavioral preparedness for implementation

- Mixed evidence about its importance for implementation

REVERSE key characteristics

- Stepped wedge hybrid type 2 study
- Infection Prevention and Control (IPC) & Antibiotic Stewardship (ABS)
- Facilitated tailoring vs. basic implementation
- 24 acute care hospitals in Europe

Configurational comparative methods

- Coincidence Analysis **(CNA)**
- Designed to find conditions that are present when an outcome is present

  Implementation example: what determinants are constantly present in cases that show low intervention uptake?

- Built on principles of Boolean algebra

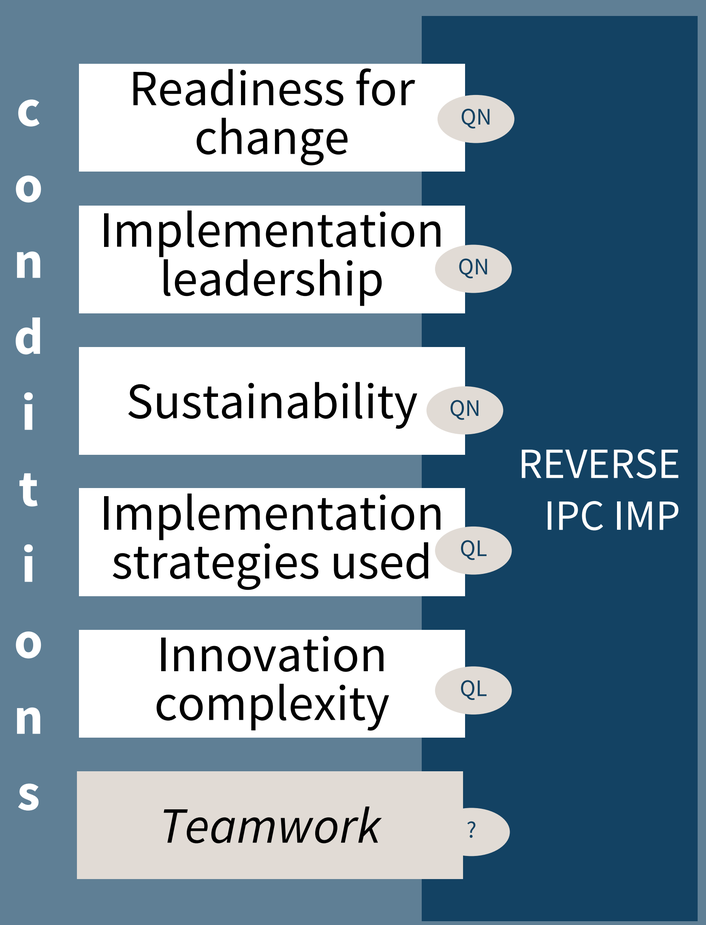
Conjunctivity
A *and* B must be present jointly to instantiate C

Disjunctivity
Either A *or* B instantiate C

Aim: To find *necessary* and *sufficient conditions* for REVERSE IPC implementation – is readiness for change one of them?

Methods

- Systematic process to identify potential conditions to investigate alongside readiness
  - Systematic review
  - Nominal group technique
  - Project workshop
- Quantitative (QN) and qualitative (QL) data collection
- CNA in RStudio



CNA challenges

- Difficulty to operationalize
- Model interpretation requires case knowledge

CNA opportunities

- Braided analysis of quan and qual data
- Complex data structures
- Analysis on any case level & sample size

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