

**Dossier de candidature**

**Appel à Projet de**

**L’Agence Régionale de Santé Normandie**

**Développement et /ou promotion de l’offre d’éducation thérapeutique des patients**

**atteints d’une maladie**

**neurodégénérative et de leurs proches**

**Date limite de soumission des projets : 30 Octobre 2018**

**IDENTIFICATION DE L’ETABLISSEMENT OU DE LA STRUCTURE**

Nom de la structure porteuse : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Code postal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ville : Département : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type de structure :

Associations de patients,

Associations de professionnels libéraux,

Structures ambulatoires de soins (maisons ou pôles de santé pluridisciplinaires,

Réseaux territoriaux de santé)

Etablissements et services de santé ou médico-sociaux (SSIAD, SPASAD, EHPAD…),

Autre : Préciser

## Nom du représentant légal (directeur de la structure porteuse) :

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tél : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom du responsable ETP au sein de la structure :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fonction du responsable ETP au sein de la structure :**

**Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tél : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Pathologie concernée

Maladie de Parkinson

Sclérose en plaque

Maladie d’Alzheimer

**OBJECTIF DE VOTRE PROJET**

Développement d’un nouveau programme**d’éducation thérapeutique** concernant l’une ou l’autre de ces pathologies

**Adaptation d’un programme d’éducation thérapeutique déjà autorisé** aux critères de l’appel à projets

Ne concerne pas un programme ETP autorisé spécifique mais permet la **Promotion du recours à l’éducation thérapeutique** pour ces pathologies

**Description de votre projet et articulations avec les obligations réglementaires relatives aux programmes d’éducation thérapeutique**

# 1er cas de figure : Nouveau programme ETP

# Votre projet concerne le développement d’un nouveau programme ETP concernant l’une de ces pathologies :

Les projets entrant dans cette catégorie peuvent concerner toutes ou partie des étapes d’élaboration d’un programme ETP (recherche de documentation, d’outils de collaborations, …, formation des professionnels à l’ETP, élaboration du cahier des charges et de la demande d’autorisation pour le programme …)

OBJECTIFS DU PROJET

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LIEU DE REALISATION

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DECRIRE LES DIFFERENTES ETAPES ET ECHEANCES DU PROJET

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COMPOSITION DE LA FUTURE EQUIPE ET SON NIVEAU DE FORMATION EN ETP

|  |  |  |  |
| --- | --- | --- | --- |
| **Fonction** | **Nom/Prénom** | **Nombre** | **Niveau de formation ETP (1, 2, 3 ou 4)** |
| Assistante sociale |  |  |  |
| Aide-soignant |  |  |  |
| Association de patients |  |  |  |
| Cadre de Santé |  |  |  |
| Diététicien(ne) |  |  |  |
| Educateur médico-sportif |  |  |  |
| Ergothérapeute |  |  |  |
| IDE |  |  |  |
| Kinésithérapeute |  |  |  |
| Médecin |  |  |  |
| Orthophoniste |  |  |  |
| Patient intervenant |  |  |  |
| Podologue |  |  |  |
| Pharmacien |  |  |  |
| Psychologue |  |  |  |
| Psychomotricien |  |  |  |
| Autre association |  |  |  |
| Autre |  |  |  |

DESCRIPTION DU PROGRAMME ETP (MAX 4 PAGES)

Cette description doit préciser en particulier la population cible, le territoire concerné, les acteurs en jeu, le lien avec les partenaires, le calendrier prévu….etc.

Les différentes étapes du programme ETP doivent être décrites :

- le diagnostic éducatif,

- les modalités de réalisation d’un programme éducatif personnalisé,

- les ateliers (intitulés, déroulement, animation outils évaluation)

- ainsi que les modalités mises en place pour l’évaluation à la fois des compétences acquises des patients mais également du programme.

Les nouveaux programmes devront répondre au cahier des charges national d’un programme ETP figurant dans [**l’arrêté du 14 janvier 2015**](http://www.legifrance.gouv.fr/eli/arrete/2015/1/14/AFSP1501146A/jo/texte) ainsi qu’aux critères de l’AAP.

A noter que la mise en place d’un nouveau programme ETP est soumise à autorisation de l’ARS.

Vous trouverez sur le site de l’ARS toutes les informations utiles pour préparer et déposer votre demande d’autorisation.

# <https://www.normandie.ars.sante.fr/quest-ce-que-leducation-therapeutique-du-patient>

La demande d’autorisation pourra être déposée en même temps que la demande de financement.

Si votre programme n’est pas suffisamment avancé pour déposer une demande d’autorisation, une description complète des étapes à mettre en place pour y arriver est attendue. Ce financement pourra faciliter le développement du programme ETP. Dans ce cas un bilan quantitatif et qualitatif sera demandé en fin d’année.

# 2ème cas de figure : Adaptation d’un programme ETP déjà autorisé

# Votre projet consiste en une modification « substantielle » d’un programme déjà autorisé afin de l’adapter aux besoins des patients porteurs de l’une de ces pathologies :

**Intitulé du programme qui va être modifié :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date d’autorisation :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom du coordonnateur :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Niveau de formation en ETP du coordonnateur :**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB : Niveau de formation :

* *Niveau 1* : Expert en éducation thérapeutique (formations spécialisées)
* *Niveau 2* : Responsable d'éducation thérapeutique (DU de 120 à 200 h)
* *Niveau 3* : Sensibilisation intensive à l'éducation thérapeutique (modules de formation de 30 à 50 h)
* *Niveau 4*: Sensibilisation à l’éducation thérapeutique (congrès, enseignements post – universitaires)

LES MODIFICATIONS CONCERNENT

□ Un changement dans l’équipe avec le recrutement de nouveaux professionnels pour une adaptation du contenu des ateliers : Préciser la nouvelle composition de l’équipe.

**Composition de l’’EQUIPE ETP (en liens direct avec les patients)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fonction** | **Nom/Prénom** | **Nombre** | **Niveau de formation ETP (1, 2, 3 ou 4)** |
| Assistante sociale |  |  |  |
| Aide-soignant |  |  |  |
| Association de patients |  |  |  |
| Cadre de Santé |  |  |  |
| Diététicien(ne) |  |  |  |
| Educateur médico-sportif |  |  |  |
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| Médecin |  |  |  |
| Orthophoniste |  |  |  |
| Patient intervenant |  |  |  |
| Podologue |  |  |  |
| Pharmacien |  |  |  |
| Psychologue |  |  |  |
| Psychomotricien |  |  |  |
| Autre association |  |  |  |
| Autre |  |  |  |

□ Organisation du programme d’ETP permettant la réalisation au plus près des lieux de vie des patients.

□ Etendre à la ville un programme hospitalier.

□ Expérimenter ou étendre le programme à des stades plus avancés de la maladie et aux besoins des patients.

□ Restructurer un programme prévu uniquement pour une ETP initiale en prévoyant dans les programmes des séances de suivi et de soutien conformément aux recommandations de la HAS : [http://www.has-sante.fr/portail/jcms/c\_1241714/fr/education-therapeutique-du-patientetp 5](http://www.has-sante.fr/portail/jcms/c_1241714/fr/education-therapeutique-du-patientetp%205)

□ Mieux associer des représentants des patients et leurs proches à la conception (ou l’amélioration) et à la conduite du programme.

□ Proposer des séances individuelles de soutien des apprentissages au domicile du patient si besoin.

□ Systématiser la place des aidants dans le programme d’ETP.

# Adaptation du programme envisagé aux critères de l’AAP (décrire les modifications)

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## 3ème cas de figure : Promotion du recours à l’ETP

La promotion du recours à l’éducation thérapeutique concerne principalement les stratégies mises en place qui devraient permettre de faciliter le recrutement des personnes bénéficiaires.

par la sensibilisation à l’ETP dans le domaine des MND des professionnels de santé et des personnes malades en impliquant l’ensemble des acteurs concernés par les maladies neurodégénératives : associations de patients, professionnels libéraux, réseaux de santé, maisons et pôles de santé, centres experts.

OBJECTIFS DU PROJET

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LIEU DE REALISATION

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DECRIRE LES DIFFERENTES ETAPES ET ECHEANCES DU PROJET

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## Pour tous les projets :

Dans tous les cas décrire :

**Les modalités de partenariat à établir pour impliquer l’ensemble des professionnels, des services et des établissements sanitaires et médico-sociaux concernés par la pathologie.**

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**Lien avec la ou les plateformes d’accompagnement et de répit du territoire ou du bassin de santé du programme.**

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**La participation de représentants des patients à la conception et dans le déroulement du programme**

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**La place de l’aidant dans la conception et le déroulement des programmes d’éducation thérapeutique**

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**La prise en compte du besoin d’accompagnement psycho-social.**

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**Mise en place d’un plan de communication** destiné à faire connaitre le programme aux patients et aux professionnels du territoire concerné, en particulier aux consultations spécialisées les prenant en charge.

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**Modalités d’évaluations annuelles et quadriennales**

Description des modalités d’évaluations, des acteurs, des indicateurs, des outils mis en place pour permettre ces évaluations du rythme …

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**BUDGET PREVISIONNEL**

Décrire la nature et les postes de dépenses les plus significatifs :

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**A noter que ce dossier est une première étape de sélection. Seules les structures retenues dans le cadre de cet appel à projet recevront une demande de subvention plus précise à compléter.**