Optimal care for elderly in transition

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Introduction

- Geriatric care in the Netherlands under pressure
- 2030: 1.160.000 frail elderly
- Zeeland shows similar trends with regard to ageing population
  - Specific island setting
  - Too few dedicated teams
  - Limited interdisciplinary collaboration
- Unfavourable outcomes

(Van Campen, 2011; Slenter, van der Meeren & van Heukelom, 2015)

Prevention and Reactivation Care Program

- Reducing hospital related functional decline
- Multidisciplinary, integrated and goal-oriented intervention components
- Functional decline - frailty
- Intervention fidelity **50%**

(Covinsky, 2003; Hoogerduijn et al., 2007; de Vos et al., 2012; Metzelthin et al., 2013

de Vos et al. BMC Geriatrics 2012, 12:7
http://www.biomedcentral.com/1471-2318/12/7

BMC Geriatrics

STUDY PROTOCOL Open Access

Integrated approach to prevent functional decline in hospitalized elderly: the Prevention and Reactivation Care Program (PReCaP)

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Intervention fidelity

de Vos *et al. BMC Health Services Research* 2013, **13**:29
http://www.biomedcentral.com/1472-6963/13/29

BMC Health Services Research

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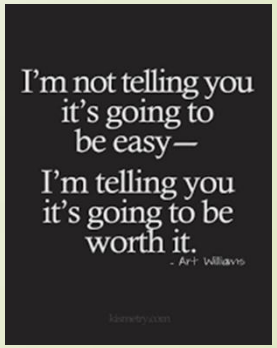
The Prevention and Reactivation Care Program: intervention fidelity matters

Annemarie JBM de Vos[1*], Ton JEM Bakker[2], Paul L de Vreede[3], Jeroen DH van Wijngaarden[1], Ewout W Steyerberg[3], Johan P Mackenbach[3] and Anna P Nieboer[1]

- How adequately a program has been implemented
- To assess conformity with prescribed components and absence of non-prescribed components
- To provide assurances to policy-makers that services are being implemented as intended AND are reaching the target audience
    1. Protocol adherence → content, frequency and duration
    2. Competence → skills

Mechanisms/factors causing low intervention fidelity

- Unavailability of protocol
- Organisational constraints
- Insufficient planning
- Complexity of intervention
- Limited attention for effective implementation
- What do professionals and elderly experience?
  - Difficulty in executing multidisciplinary interventions for frail elderly and their informal care givers in a structured and effective way
  - Tasks - responsibilities insufficiently defined
  - Professionals insufficiently equipped



Consequences of ineffective chain care

- Failing decision making with regard to treatment or no treatment
- Delayed consultation e.g. physiotherapist
- Insufficient information @ handover or discharge
- Increased burden for informal care giver
- Insecurity about relative's care situation

Professional education….the key to success?

- Curricula lack specific content and expertise
- Lack of multidisciplinary collaboration skills
- Knowledge gap - essential care aspects, e.g. multi morbidity, identification of frail elderly
- Lack of motivated teachers and role models
- Geriatrics not offered as stand alone subject
- Students -> lack of motivation and knowledge

(Schuurmans, Habes & Strijbos, 2011; Hoogerduijn & Schuurmans 2014)

Optimal care for frail elderly through improved education

- Gerontology and geriatrics should be taught as stand alone subjects
- Health Care Inspectorate → More educated professionals
- In Rotterdam → restart of post-Bachelor program in geriatric care @ Breederode Institute
- Review and update of curricula

BACHELORNURSING 2020
EEN TOEKOMSTBESTENDIG OPLEIDINGSPROFIEL 4.0

(Hoogerduijn & Schuurmans, 2014; Lambregts, Grotendorst & van Merwijk, 2015; Gloudemans, 2014)

Elderly care…there is more to it than meets the eye

Optimal care for older people: How can we do the right things right in Zeeland?

- Transmural Elderly Care Zeeland
- @ Home
  - Pro active screening (Groningen Frailty Indicator)
  - Multi disciplinary team meeting and casemanager (community nurse)
  - Care plan
- Hospital
  - Timely identification functional decline
  - Consultation geriatric team
  - Transfer (transfer nurse → community nurse)
- @ Home
  - Home visits by nurse within 48 hours after discharge
  - After 2, 6, 12 and 24 weeks
- Triple aim
  1. Prevention and reduction functional decline
  2. Improvement of structures and processes (improved care)
  3. Increased efficiency

Zeeuwse Zorgschakels

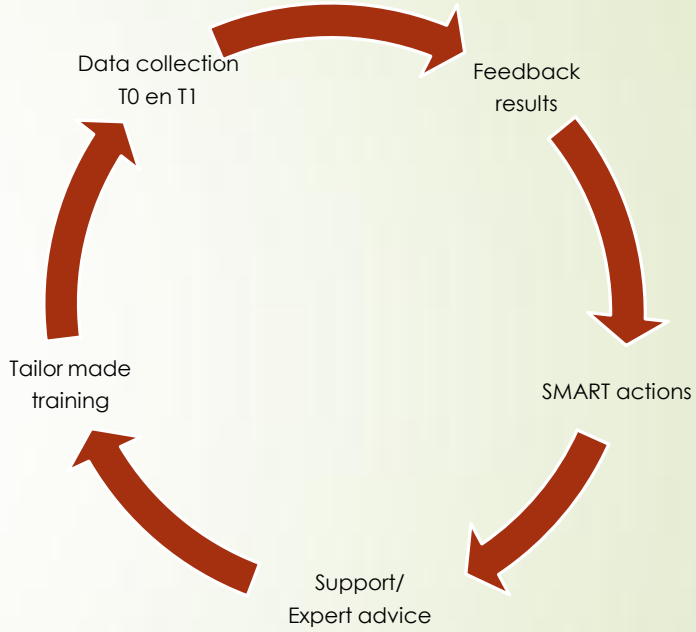
Methods - data collection

Domain	Type	T_0	T_1	T_2
Care practice				
Quantitative				
• Percentage executed components	Document analysis	X	X	-
• Quality MTM	Logbook	X	X	-
• Percentage attendance professionals MTM	Checklists	X	X	-
• Satisfaction/competence professionals	Visual Analogue Scale	X	X	-
• Satisfaction/competence managers	Visual Analogue Scale	X	X	-
Qualitative				
• Description practices	Document analysis	X	X	-
Implementation research				
• Intervention fidelity	Questionnaire Fidelity	X	X	-
• Adoption	Questionnaire Adoption	X	X	-
Education				
Quantitative				
Percentage gerontology/geriatrics in curricula	Document analysis	X	X	-
• Number of subjects ageing	Document analysis	X	X	-
• Number of students	Document analysis	X	X	-
• Satisfaction teachers/lecturers	Visual Analogue Scale	X	X	-
• Satisfaction students	Visual Analogue Scale	X	X	-
Qualitative				
• Description curricula	Document analysis	X	X	-
Implementation research				
• Intervention fidelity	Questionnaire Fidelity	X	X	-
• Adoption	Questionnaire Adoption	X	X	-
Patient - Informal care giver				
Quantitative				
• Risk for function loss	MDS elderly client	X	X	X
• ADL	MDS elderly client	X	X	X
• Cognitive functioning	MDS elderly client	X	X	X
• Psychopathological symptoms	MDS elderly client			
• Quality of life	MDS elderly client	X	X	X
• Satisfaction	MDS elderly client	X	X	X
		X	X	X
• Informal care giver burden	MDS Informal care giver			
• Quality of life informal care giver	MDS Informal care giver	X	X	X
• Satisfaction informal cae giver	MDS Informal care giver	X	X	X
		X	X	X

Methods - action research

Action research @ 3 levels

1. Elderly care practice
2. Bachelor of Nursing curricula
3. Patient and informal carer level



$T_0 \rightarrow X_{SMART\ plan\ care\ practice} \rightarrow T_1 \rightarrow$ Modification care practice

$T_0 \rightarrow X_{SMART\ plan\ BN} \rightarrow T_1 \rightarrow$ Modification BN curricula

Anticipated results

80% intervention fidelity - sustainable improvement of :

- Care practice: 80% intervention fidelity
  1. Early identification of the frail elderly; and
  2. Execution of the multi disciplinary team meeting (in primary care and hospital)
- Bachelor of Nursing
  - Increased knowledge and competence levels
  - Development of elderly proof curricula
- Prevention/reduction of functional decline and improvement of quality of life of the Zeeland frail elderly in transition

Thanks for your attention