

Transmuraal valpreventiezorgpad op de SEH

Wilmar Charmant, Amsterdam UMC

Landelijk Valsymposium

de brug tussen wetenschap en praktijk





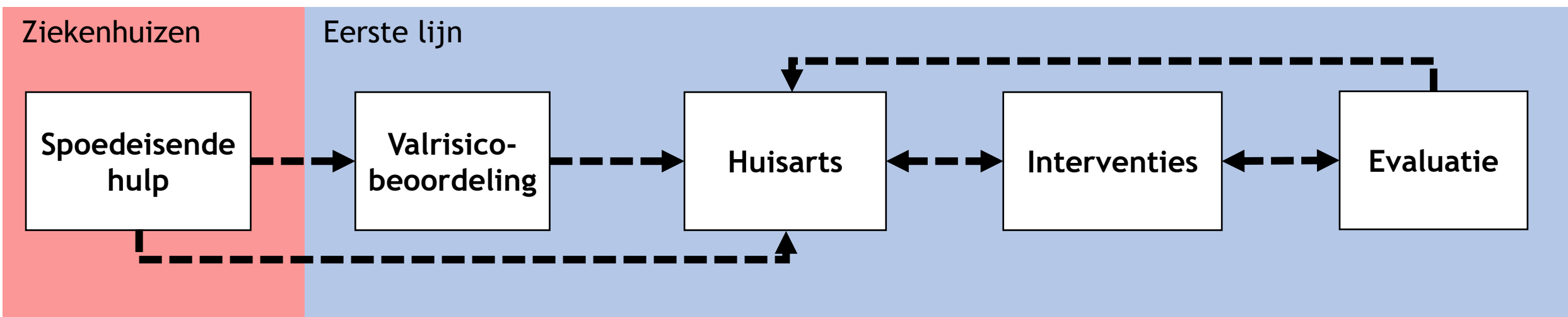
Achtergrond

- Verantwoordelijkheid SEH



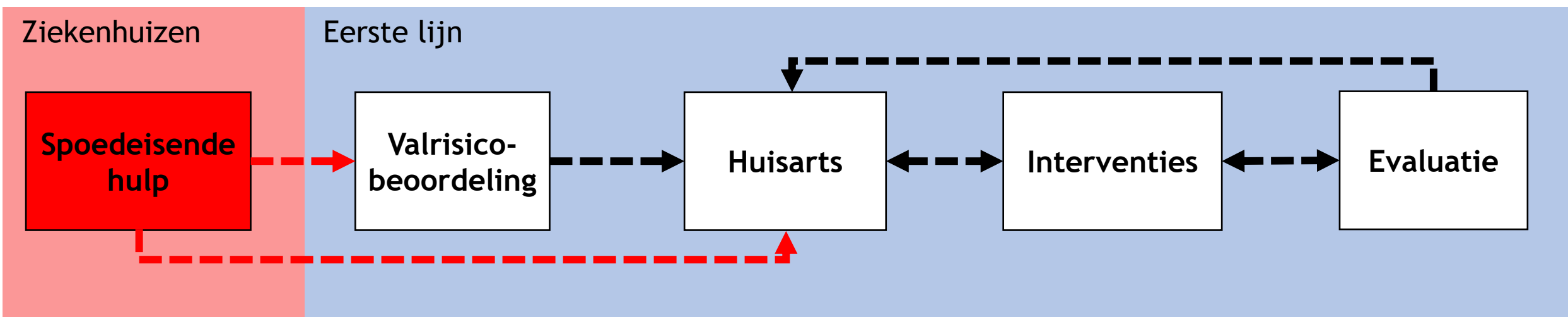


Transmurale zorg



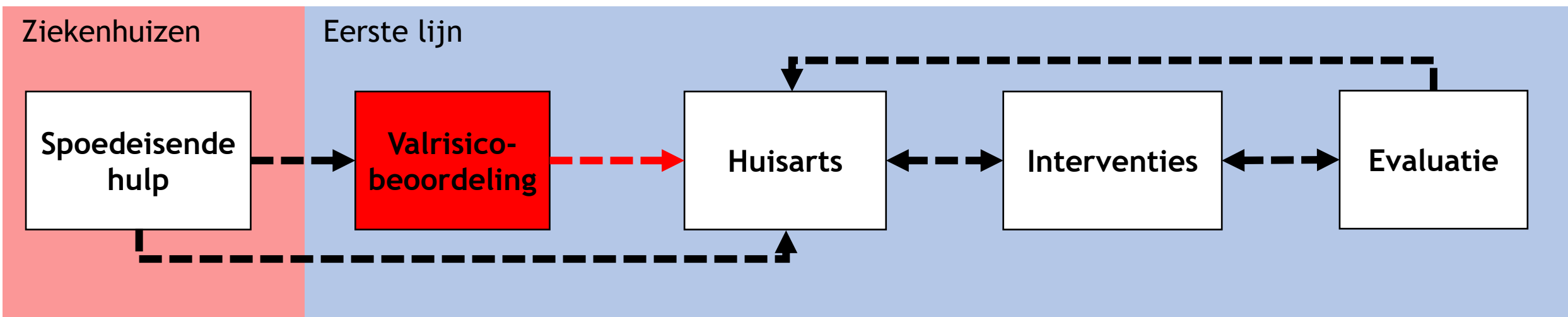


Transmurale zorg



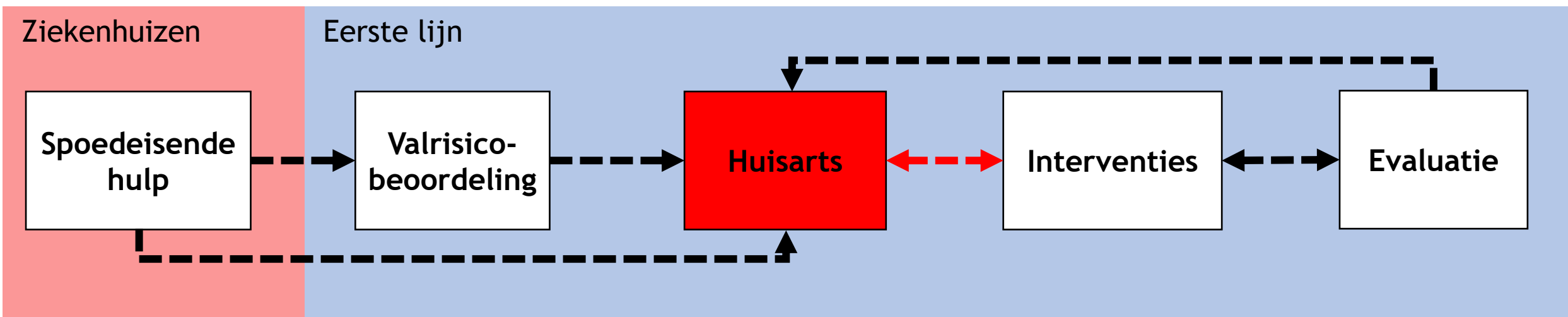


Transmurale zorg



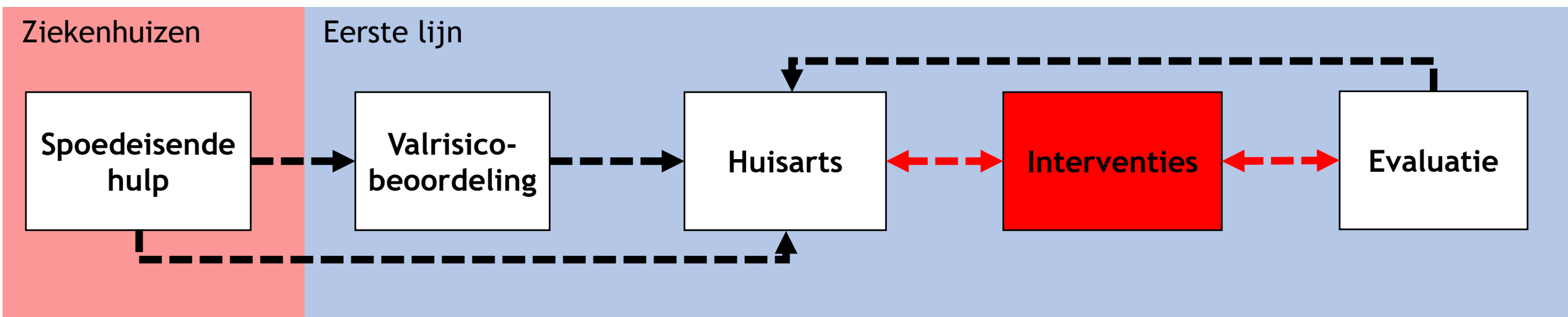


Transmurale zorg



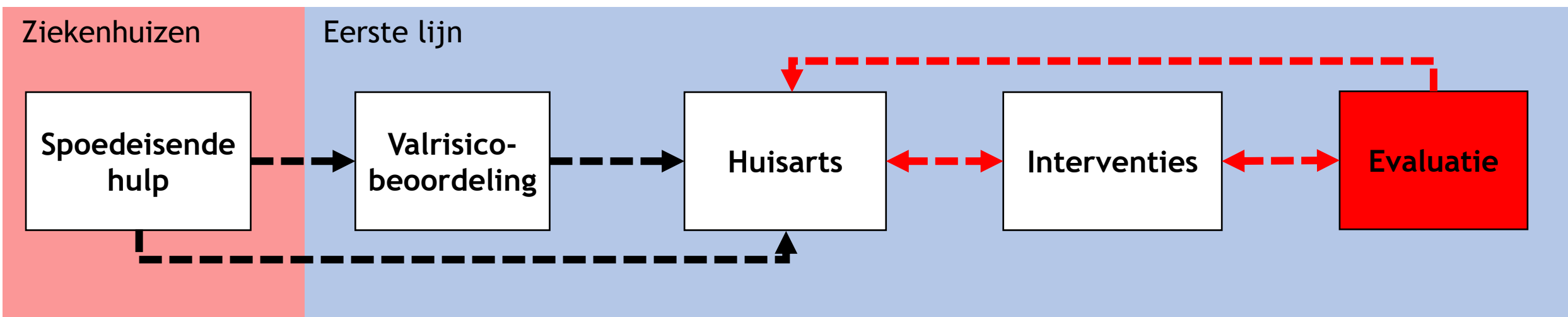


Transmurale zorg



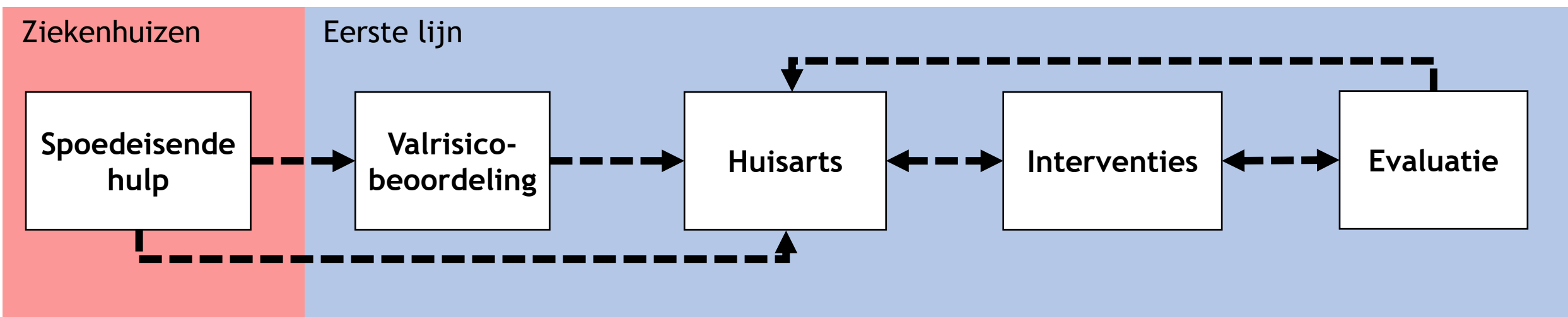


Transmurale zorg





Transmurale zorg





Achtergrond project



Pilotstudie



Kwalitatieve studie



Implementatiestudie



Blauwdruk



Achtergrond project



Pilotstudie



Kwalitatieve studie



Implementatiestudie



Blauwdruk



Achtergrond project



Pilotstudie



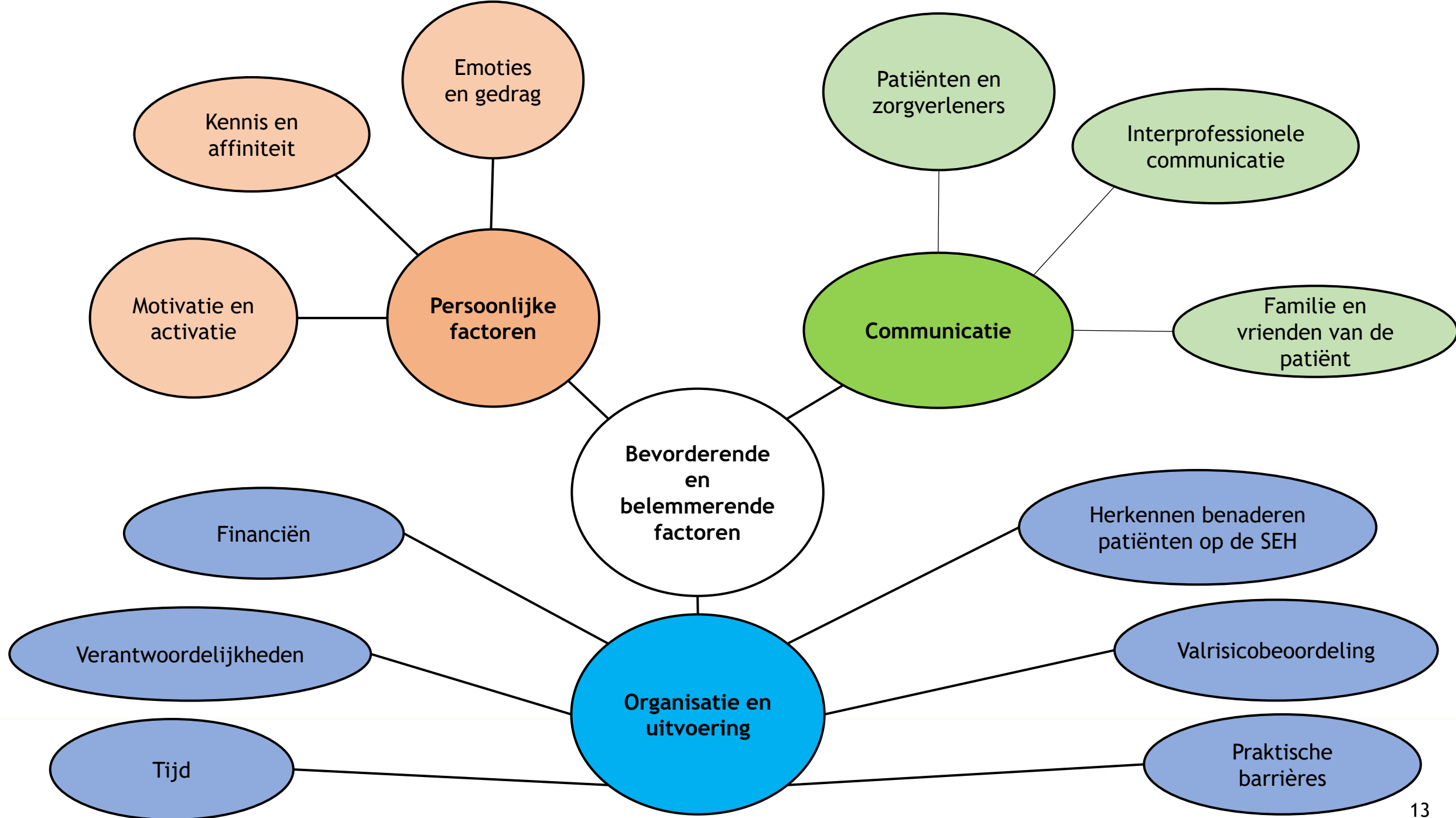
Kwalitatieve studie



Implementatiestudie



Blauwdruk





Achtergrond project



Pilotstudie



Kwalitatieve studie



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Implementatiestudie

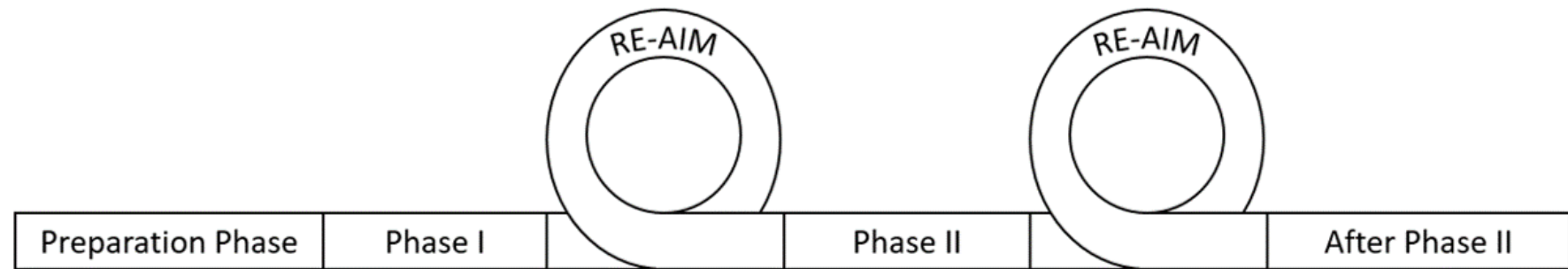


Blauwdruk



Methode

- Implementatiestudie
- Amsterdam UMC, locatie Vumc
- Twee fasen
 - Fase 1: Mei 2022 - November 2022
 - Fase 2: Januari 2023 - Mei 2023





Methode

 **Amsterdam UMC**
Universitair Medische Centra

Inclusiecriteria Draaideur Nazorg

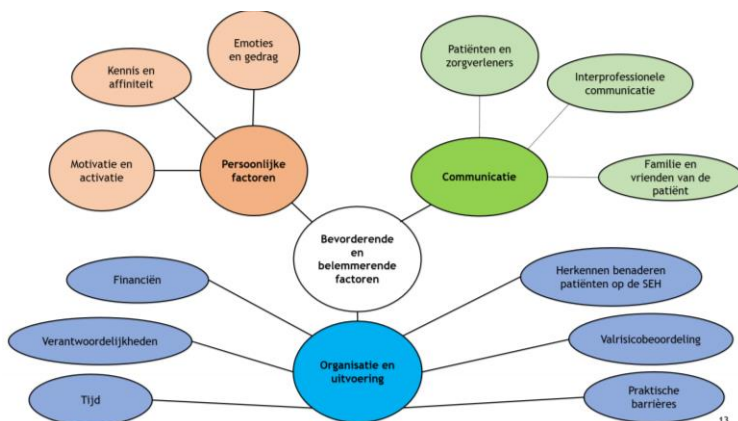
- ☐ 65 jaar of ouder
- ☐ SEH bezoek vanwege een vermijdbare val
- ☐ Gaat naar huis of max 48u opname. Geen operatie.
- ☐ Patiënt woont in Amsterdam-Zuid of Amstelveen
- ☐ Leeft (semi) zelfstandig thuis
- ☐ Clinical Frailty Score 4 t/m 6
- ☐ Levensverwachting > 1 jaar

In de kasten bij beide teamposten liggen de inclusiespullen en een lijstje met wat te doen als een patiënt aan de inclusiecriteria voldoet.
Bij vragen mail: w.m.charmant@amsterdamumc.nl of bel 06-12345678



Methode

- Ontwikkelen strategieën



CFIR ERIC Tool



CFIR ERIC Tool

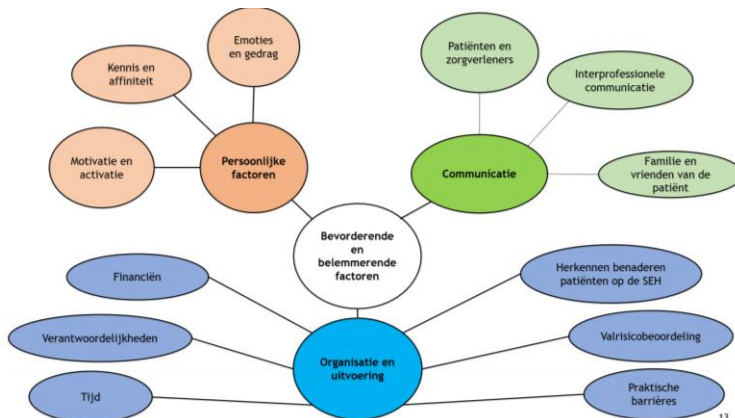
- Stellingen over vijf thema's
 - Interventie
 - Externe omgeving
 - Interne omgeving
 - Individuen
 - Proces

	<u>CHARACTERISTICS OF INDIVIDUALS</u>	
1	Knowledge & Beliefs about the Intervention	Stakeholders have negative attitudes toward the innovation, they place low value on implementing the innovation, and/or they are not familiar with facts, truths, and principles about the innovation.
1	Self-efficacy	Stakeholders do not have confidence in their capabilities to execute courses of action to achieve implementation goals.
1	Individual Stage of Change	Stakeholders are not skilled or enthusiastic about using the innovation in a sustained way.
0	Individual Identification with Organization	Stakeholders' are not satisfied with and have a low level of commitment to their organization.



Methode

- Ontwikkelen strategieën



CFIR ERIC Tool



ERIC Strategies	Cumulative Percent
Identify and prepare champions	550%
Assess for readiness and identify barriers and facilitators	405%
Promote adaptability	352%
Alter incentive/allowance structures	350%
Conduct educational meetings	346%
Conduct local consensus discussions	343%
Create a learning collaborative	309%
Inform local opinion leaders	308%
Identify early adopters	292%
Capture and share local knowledge	292%
Conduct local needs assessment	270%
Conduct cyclical small tests of change	246%
Tailor strategies	246%
Facilitation	241%
Build a coalition	227%
Develop educational materials	209%
Access new funding	204%
Model and simulate change	200%



Methode

- Specificeren strategieën
 - Wat?
 - Voor wie?
 - Door wie?
 - Wanneer?
 - Hoe vaak?
 - Welk effect?
 - Verantwoording

ERIC Strategies	Cumulative Percent
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Table 1 Specified implementation strategies with targets and justification			
Name of the strategy (CFIR)	Action	Targets	Justification

Phase I
Identify and prepare champions
Assess for readiness and identify barriers
Promote adaptability
Alter incentive/allowance structures
Conduct educational meetings

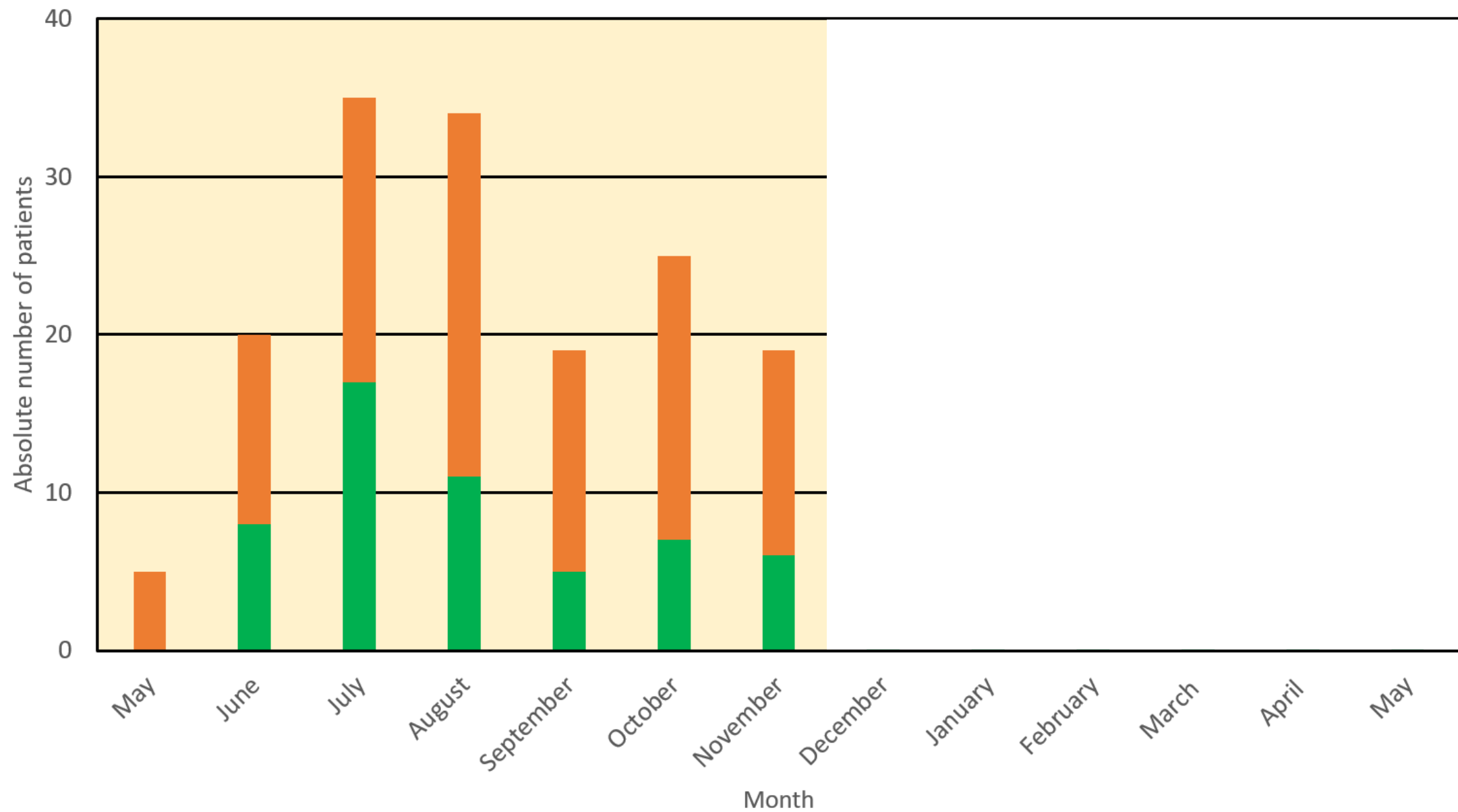
Table 1 (continued)			
Name of the strategy (CFIR)	Action	Targets	Justification
Phase II			
Promote adaptability	Construct feasible transmural communication.	ED	During Phase I, only a small percentage of the patients contacted the PTs. If contact details are provided, PTs may directly contact the patients.
	Construct reminder for TFCP in the electronic patient file.	ED	Although the ED personnel were familiar with the TFCP, they did not consider it at the appropriate time, resulting in a low reach percentage. Reminders in the electronic patient file can be a trigger.
	Construct a shorter fall risk assessment.	PTs	A shorter fall risk assessment will leave more time for PTs to discuss the plan of multidomain interventions within the same visit.
Identify and prepare champions	Increase the number of local champions at the ED.	ED	Local champions have a positive impact on clinician behaviour change and help promote awareness [30].
Access new funding	Find sustainable financial resources for the PTs to conduct fall risk assessments.	PTs	Limited and fragmented funding is a critical barrier to implementation [34].
Assess for readiness and identify facilitators and barriers	Evaluate during Phase II which facilitators and barriers for the implementation of TFCP were encountered.	ED, PTs,	Reducing the number of barriers improves the chances of successful implementation [34].

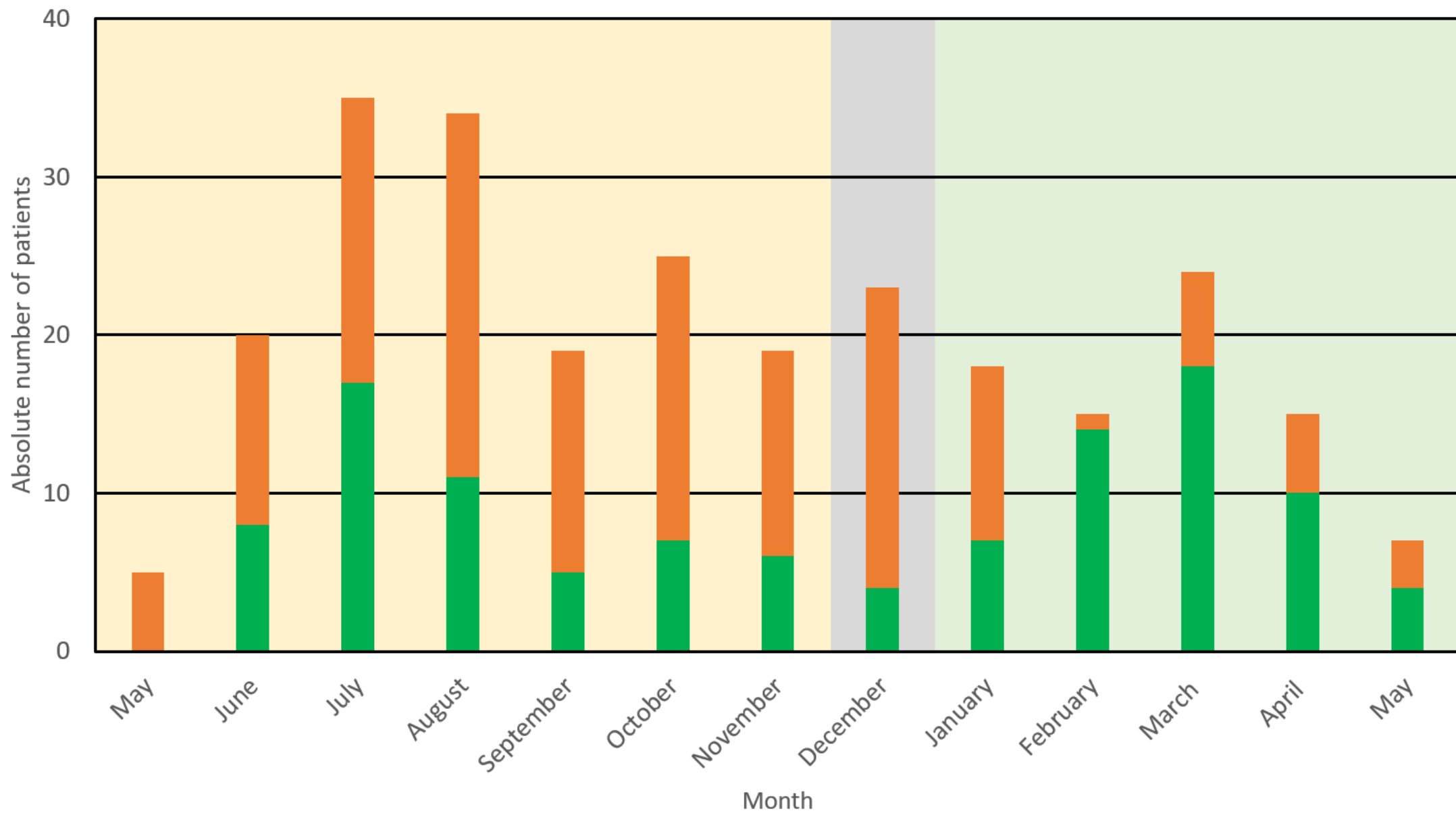
Table 1 (continued)			
Name of the strategy (CFIR)	Action	Targets	Justification
After Phase II			
Access new funding	Provide reimbursement for TFCP's fall risk assessments.	PTs	Reimbursement is necessary to cover the costs of care; excluding EBPs from fee-for-service lists/formularies disincentivises their use [34].
Promote adaptability	Construct feasible transmur communication.	ED	During Phase II, the transmur referral letters did not work optimal. Although it did show promising results, a sustainable alternative must be developed.
	Construct reminder for TFCP in the electronic patient file.	ED	Construction of the reminder only focussed on ED nurses and was often ignored.
	Construct a SmartPhrase that automatically appear in the discharge letter.	ED	In Phase I, an ED physician indicated that the SmartPhrase could be easily forgotten in the future. An automatic SmartPhrase can't be forgotten.
EDEmergency department, PTPhysiotherapist or occupational therapist, GPGeneral practitioner, TFCPTransmur fall-prevention care pathway, CFIRConsolidated framework for implementation research, EHRElectronic health record			

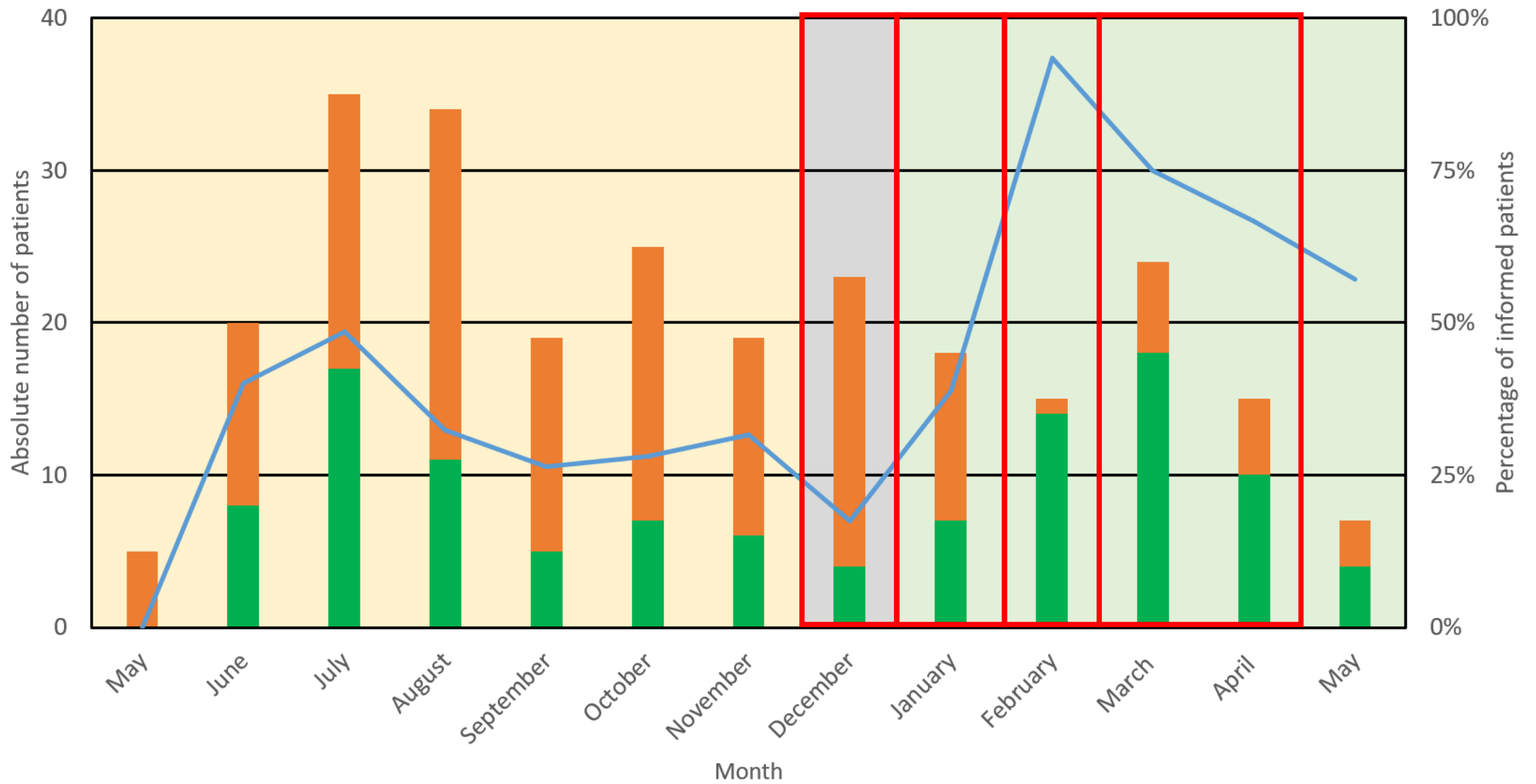


Methode

- Evalueren strategieën
- RE-AIM
 - Reach
 - Effectiveness
 - Adoption
 - Implementation
 - Maintenance

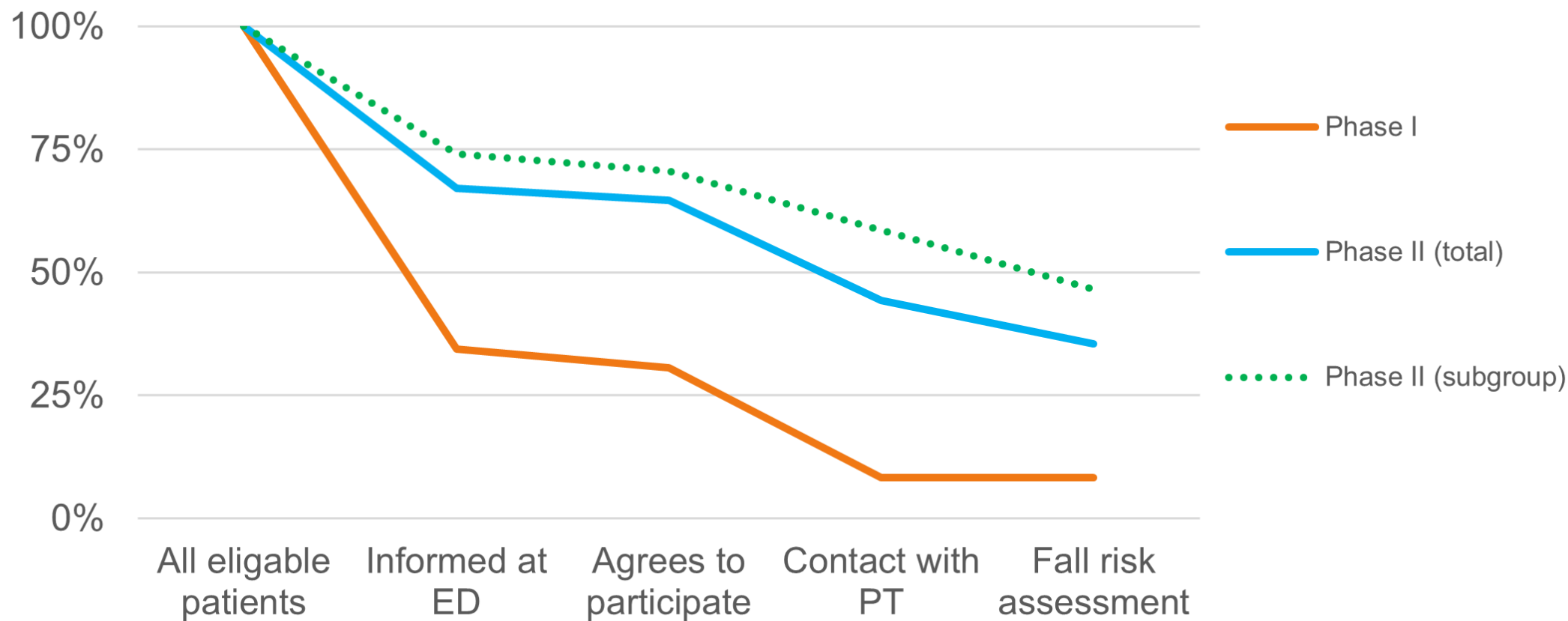








Resultaten





Opvallend

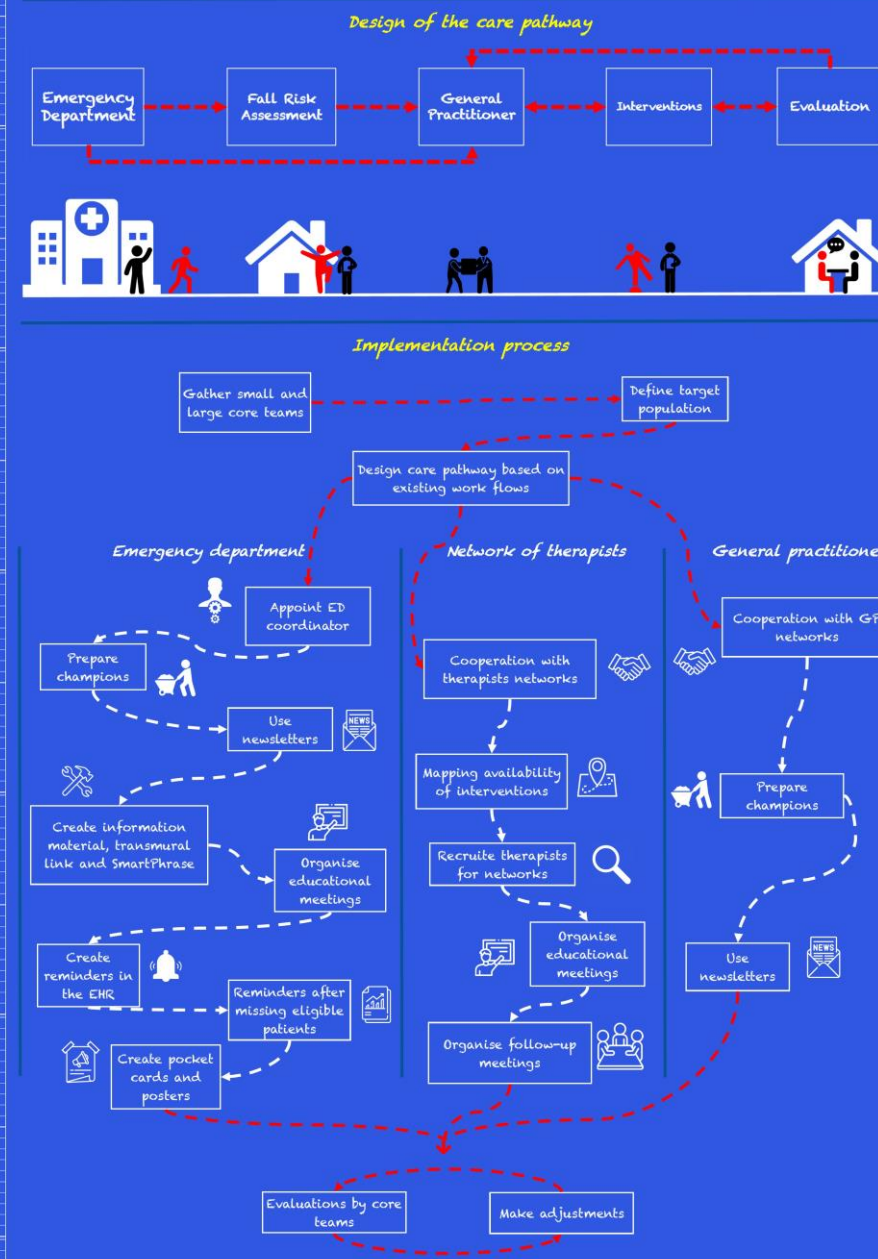
- > **90%** van de doelgroep staat open voor de start van transmurale valpreventieve zorg op de SEH.
- > **85%** geeft toestemming voor het delen van contactgegevens
- > **80%** van de gebelde patiënten wil nog steeds een valrisicoanalyse.



Conclusie

- Enorme potentie
- Implementatie mogelijk
- Belangrijkste strategieën
 - Aanpasbaarheid
 - Kartrekkers
 - Educatie
- Blauwdruk

Blueprint Transmural Fall-Prevention





Vragen?

Charmant, W.M., Snoeker, B.A.M., van Hout, H.P.J. Gelijn, E., van der Velde, N., Veenhof, C. and Nanayakkara, P.W.B. Strategies for implementation of a transmural fall-prevention care pathway for older adults with fall-related injuries at the emergency department. *BMC Emerg Med* **24**, 188 (2024). <https://doi.org/10.1186/s12873-024-01085-9>



Ons artikel is hier te lezen:

