## V5 Follow-up of ILT recommendations in Flemish hospitals (FIREFLy): a multi-center observational study

**Topic** varia

**Presentation** oral

**Quality project** 

First author Anthony Jeuris

Dienst geriatrie, UZ Leuven & Jessa Ziekenhuis, Hasselt

anthony.jeuris@jessazh.be

junior

Other authors Bastiaan Van Grootven

Academisch Centrum Verpleeg- en Vroedkunde, KU Leuven

Eline Van Waerebeek

**UGent** 

Evie Gantois, Johan Flamaing, Anja Velghe, Mieke Deschodt

Abstract title

Follow-up of ILT recommendations in Flemish hospitals (FIREFLy): a multi-center observational study

## **Abstract body**

Purpose: To evaluate the adherence to IGCT recommendations and determine which team and organisational characteristics are related to higher adherence rates. Method: A cross-sectional observational study was conducted between March and June 2018 in 10 Flemish hospitals in patients aged ≥75 years admitted to nongeriatric wards. Demographic and adherence data were collected by each IGCT for 30 consecutive patients. The recommendations were grouped in eight clusters, each with several subgroups, in an iterative process. A cross-sectional survey validated by 11 geriatric experts mapped team and organisational characteristics of the participating IGCTs. Results: Analyses were done in 287 patients with a mean age of 82.0 (SD ±5.6) and median length of stay of 10 days (IQR 6 - 16.5). A median number of 3 recommendations (range 1-13) was given per patient. The overall complete and partial adherence rate to IGCT recommendations was 71.3% and 4.7% respectively, and ranged from 47.9% to 98.5% in the participating hospitals. The highest adherence rate was observed for recommendations related to social status (82.3%) and functional status and mobility (73.3%), while recommendations related to medication (53.2%) and nutrition (58.8%) were least adhered to. Multilevel analyses to answer the second research question are ongoing and will be presented at the conference.

Conclusion: Large variability in the adherence rate to IGCT recommendations was observed between hospitals and between the type of recommendations given. Multilevel analyses will indicate which care processes lead to higher adherence rates and can guide future IGCTs in their daily work.