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Implementatie van geriatrisch co-management

Een theoretisch kader

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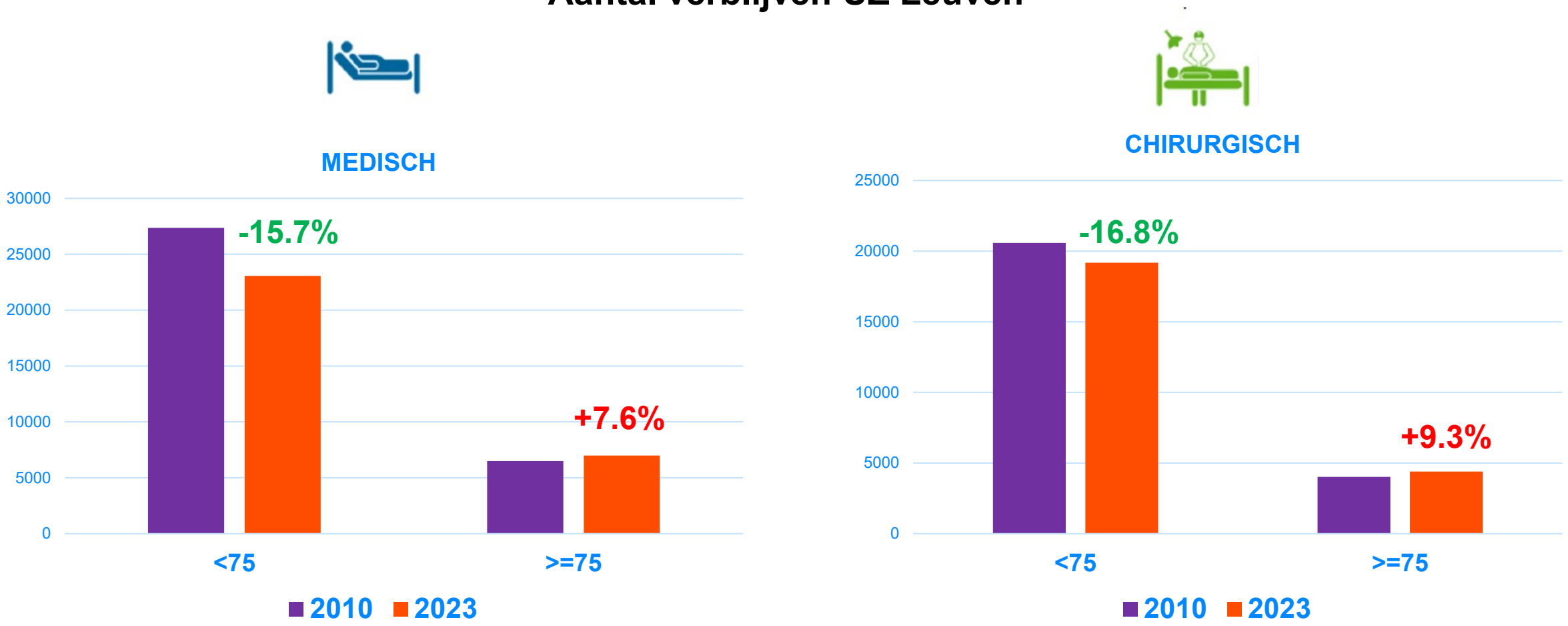
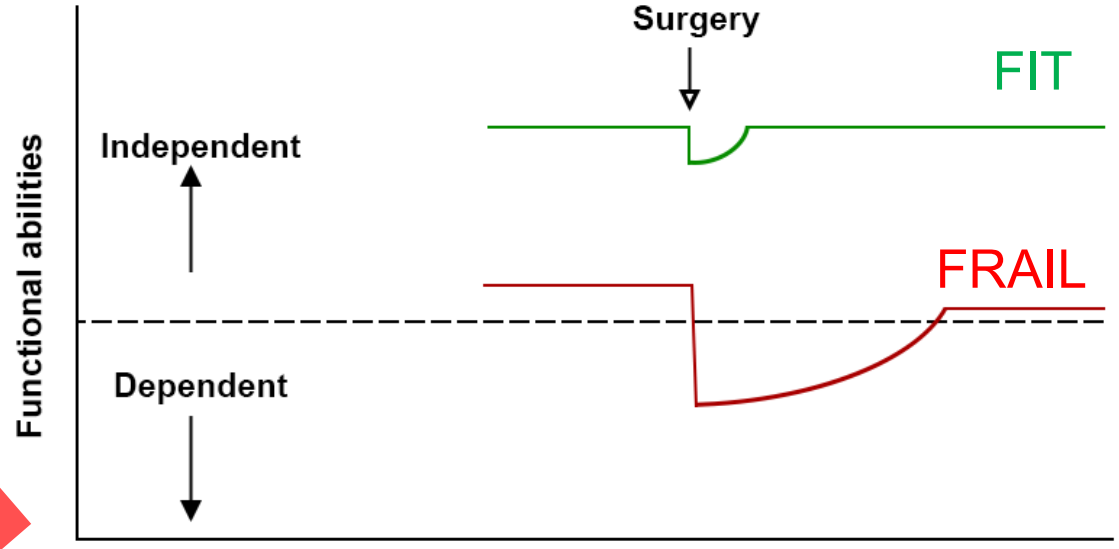
Interuniversitaire cursus geriatrie, 12 September 2025

Veroudering ziekenhuispopulatie



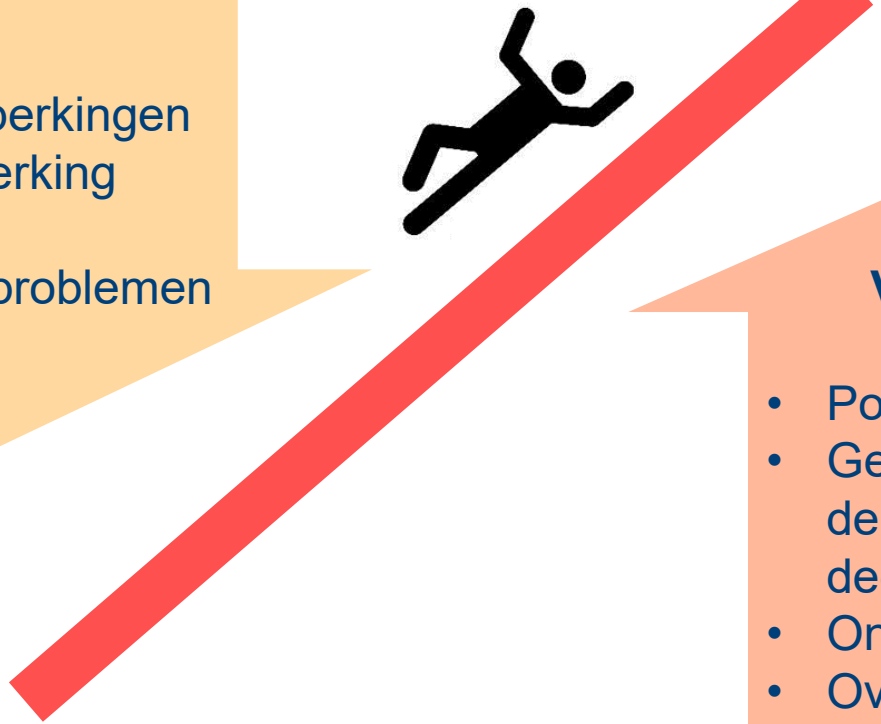
Bron: rapporten MIR 2024

Ouderen & frailty



Geriatrisch profiel

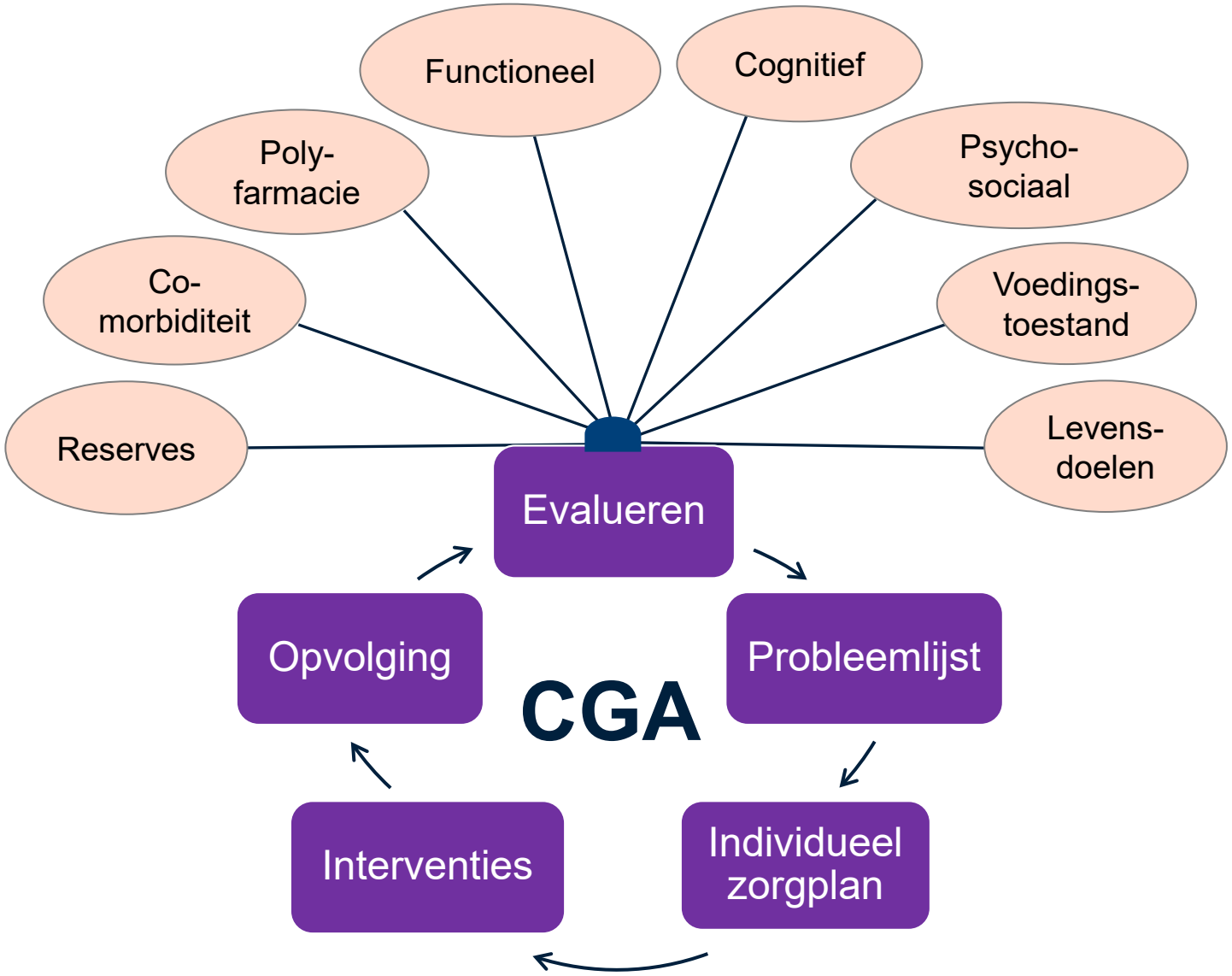
- ↓ Orgaanreserves
- Polypathologie
- Polyfarmacie
- Functionele beperkingen
- Cognitieve beperking
- Ondervoeding
- Psychosociale problemen



Verhoogd risico op…

- Postoperatieve complicaties
- Geriatrische syndromen: delier, urineretentie, vallen, decubitus,…
- Ontslagproblemen
- Overlijden

De geriatrische aanpak = comprehensief geriatrisch assessment



Rubenstein et al. JAGS. 1991; 39 : 8S-16S

CGA vs. standaardzorg (ouderen, chirurgie)

Meta-analyse op basis van 8 RCTs:

- 7 bij pat. met heupfractuur
- 1 electieve oncologische heelkunde*

Uitkomst	N studies	Relative Risk Mean Difference	95% CI
Majeure complicaties	1	RR = 0.74	0.60 – 0.92
Delier	3*	RR = 0.75	0.60 – 0.94
Mortaliteit	5	RR = 0.85	0.68 – 1.05
Verblijfsduur	5	geen meta-analyse omwille van heterogeniteit	
Heropname	3*	RR = 1.00	0.76 – 1.32
Ontslag naar hoger zorgniveau	5	RR = 0.71	0.55 – 0.92
Totale kost op 1j	1	MD = -5154 €	-13.288 – 2980

Hoe realiseren in de praktijk?

Koninklijk Besluit van 29 januari 2007

Ieder algemeen ziekenhuis dat beschikt over een erkende dienst voor geriatrie moet beschikken over een erkend **Zorgprogramma voor de geriatrische patiënt**

Zorgprogramma omvat **5 luiken**

1° Hospitalisatiedienst geriatrie

2° Geriatrische consultatie

3° Geriatrisch dagziekenhuis

4° Interne geriatrische liaison (geriatrisch supportteam)

5° Externe geriatrische liaison

Geriatrische consultatie op aanvraag

- Reactief
- Adviserend
- Patiëntniveau
- Capaciteit
- BE: Financiering

Deschodt et al. BMC Med. 2013; 11: 48

Geriatrisch – chirurgisch co-management

- Proactief
- Preventie en behandeling
- Gedeelde verantwoordelijkheid en beslissingsvorming tussen C en G
- Patiënt- en teamniveau

Van Grootven et al. BMJ Open. 2018; 8: e020617

Geriatrisch-chirurgisch co-management

Meta-analyse obv 12 studies

- Heupfracturen (n=8) / trauma (n=1)
- Abdominale chirurgie (n=1)
- Verschillende chirurgische disciplines (n=2)

Uitkomsten	N studies	Absolute Risk Difference (ARD) Mean Difference (MD), 95% CI
Complicaties	7	ARD - 4 % (-10% - +2%)
Inhospitaal mortaliteit	8	ARD - 2 % (-4% - 0)
Verblijfsduur	6	MD - 1.4 d (-2.7% - -0.1%)
30d heropname	3	ARD - 3 % (-5% - 0)
Tijd tot heelkunde	4	MD - 0.7 u (-3.1 – +4.4%)
Heelkunde ≤ 24u	3	ARD + 18 % (-23% - +60%)

Van Grootven et al. Curr Opin Anesthesiol. 2020, 33: 114-121

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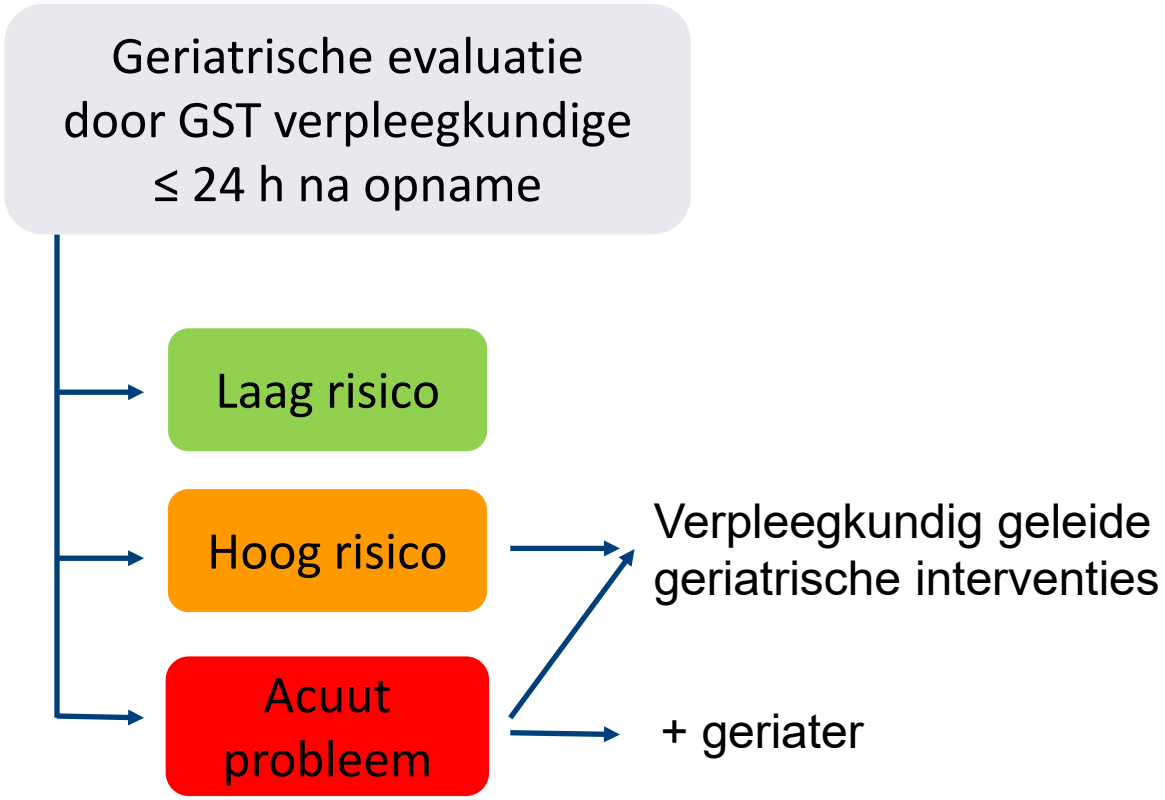
G-COACH project

Geriatrisch-cardiologisch co-management UZ Leuven

Before (n=158) – after (n=151) studie op de afdelingen cardiologie in 2016-2018



Verbetering uitkomsten	
Functionele achteruitgang	- 18%
Delier	- 13%
In-hospitaal infecties	- 10 %
Opnameduur	- 1 d
30d heropname	- 5 %
Tijd tot 1e heropname	+ 26 d
Tijd tot overlijden	=
ADL en QOL na 6 m	↑

Verbetering zorgprocessen	
Fysiotherapie	+ 7.7 %
Diëtetiek	+ 5 %
Gebruik van katheters	- 8 %
Fixatie	- 2 %
Verwijzing naar GDZ	+ 16 %

€ ***Geen extra kosten (AC-ZP)***

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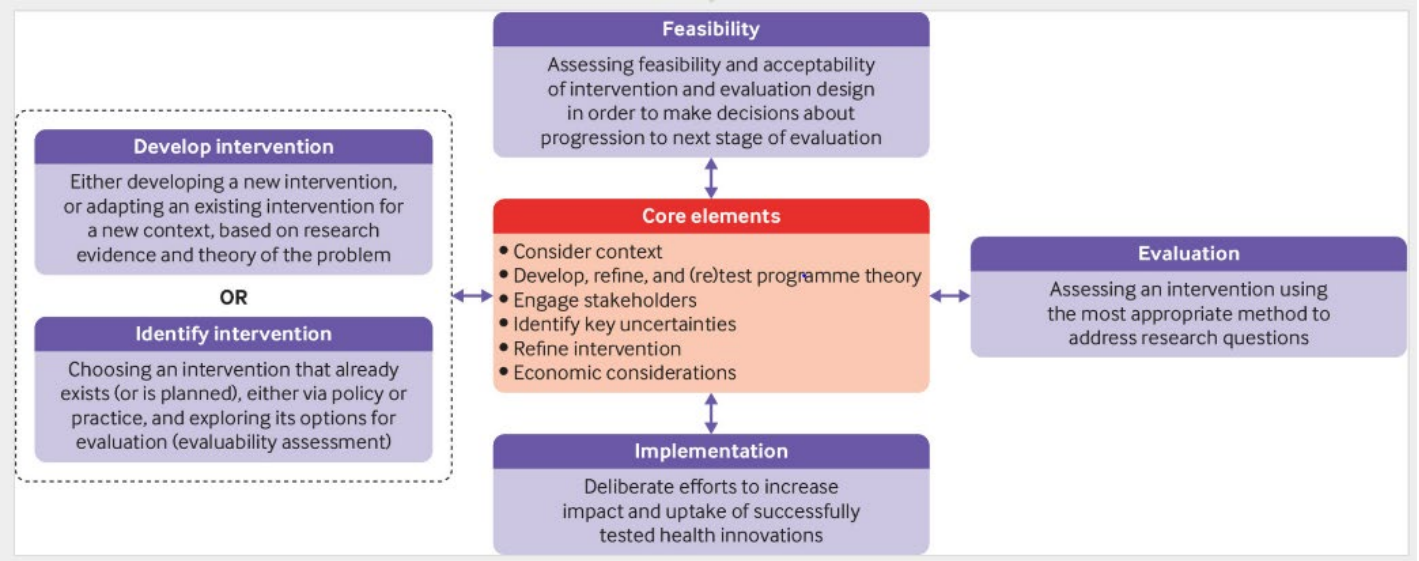
Van Grootven et al. JAGS. 2021; 69(5): 1377-87

Complex interventions

complex

- Number of and interactions between components in intervention
- Number and difficulty of behaviours required by those delivering / receiving intervention
- Number of groups or organisational levels targeted by intervention
- Number of outcomes
- Degree of flexibility of the intervention permitted



(Craig et al. BMJ 2008;337:a1655; Skivington et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. BMJ 2021; 374:n2061)

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G-COACH en soortgelijke studies

G-COMAN

What is Implementation Science?

The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services. It includes the study of influences on healthcare professional and organizational behavior.

Kwaliteitsproblemen zijn implementatieproblemen

(Eccles & Mittman, Implement Sci 2006)

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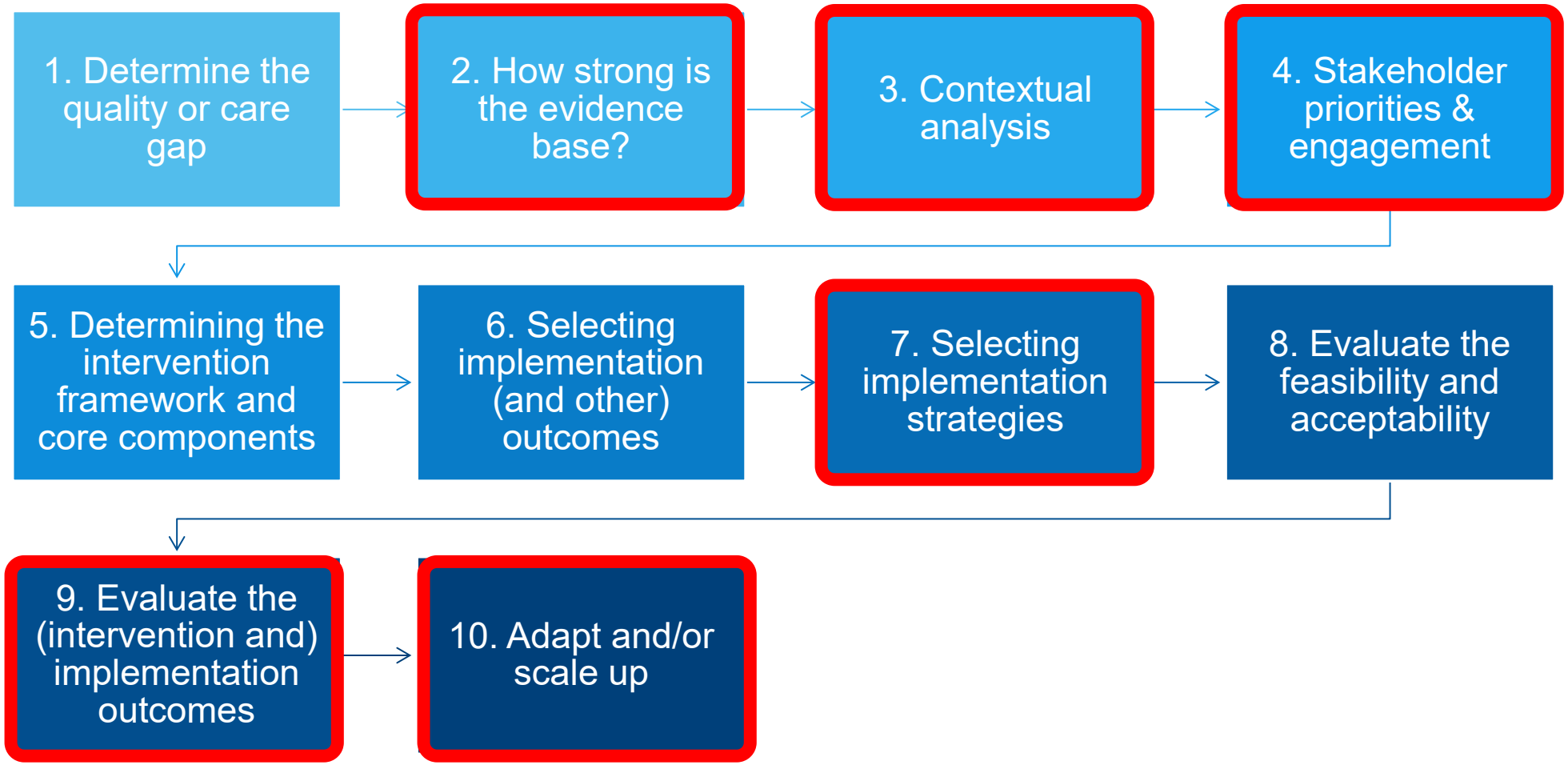
Implementeren in 10 stappen



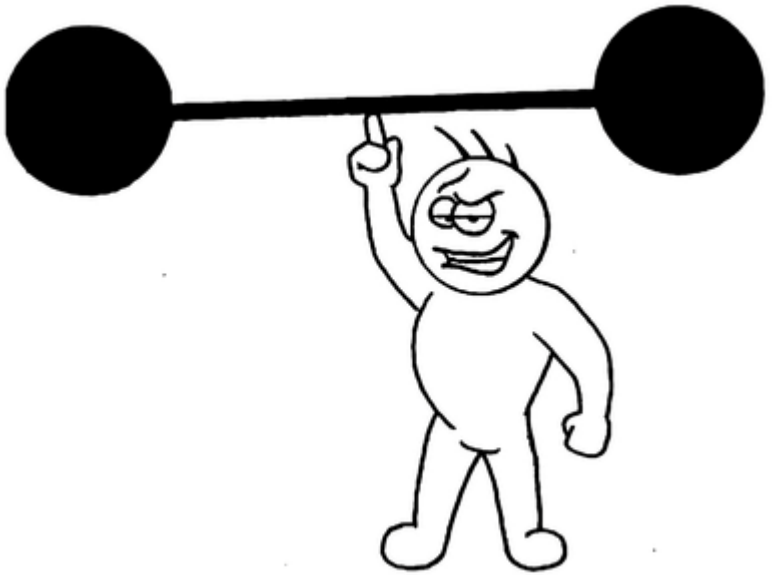
Hoe sterk is de evidentie?

2. How strong is the evidence base?

Focus op systematic reviews, meta-analyses of evidence-based clinical guidelines

Geen / lage evidentie = **ONTWIKKEL** EEN INTERVENTIE → Effectiviteitsonderzoek

Sterke evidentie = **IDENTIFICEER** EEN EFFECTIEVE INTERVENTIE → Implementatie(onderzoek)



Sterke evidentie

=

IMPLEMENTATIE!!!

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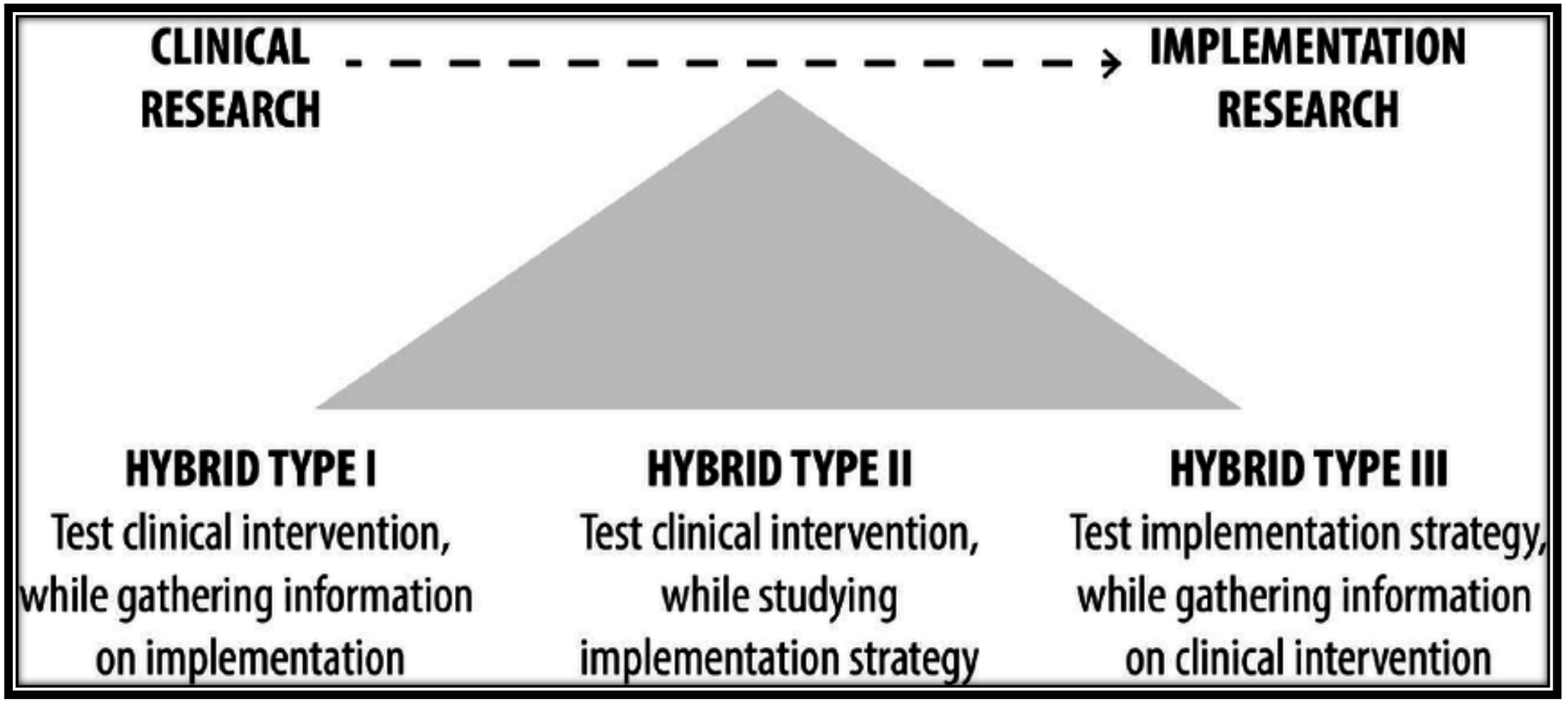
Hybrid effectiveness–implementation designs



Adapted from Curran G. Effectiveness-implemenation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact, Medical care 2012

Begrijpen van de context

3. Contextual analysis

Context “reflects a set of characteristics and circumstances that consist of active and unique factors, within which the implementation is embedded. Context […] interacts, influences, modifies and facilitates or constraints the intervention and its implementation” *(Pfadenhauer et al. Implement Sci 2017)*

Importance of mapping context

- **Understand practice patterns**
- **Understand facilitators and barriers for implementation**
- **Inform intervention development and choice of implementation strategies.**

Flottorp et al. Implementation Science 2013, 8:35

Determinants of practice		Examples
1	Guideline/innovation factors	Source, quality of evidence, feasibility
2	Health professional factors	Knowledge, awareness, skills, intention, motivation, self-efficacy
3	Patient factors	Patient needs, preferences, beliefs, motivation
4	Professional interactions	Communication, team processes, referral
5	Incentives and resources	Materials, financing, information, education
6	Capacity for organisational change	Mandates, authority, leadership, rules, priorities
7	Social, political, legal	Healthcare budget, contracts, legislation, influential persons

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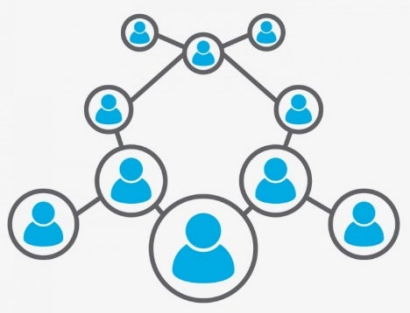
Pfadenhauer et al. Implement Sci 2017; 12:21;

Wat willen onze stakeholders en eindgebruikers?

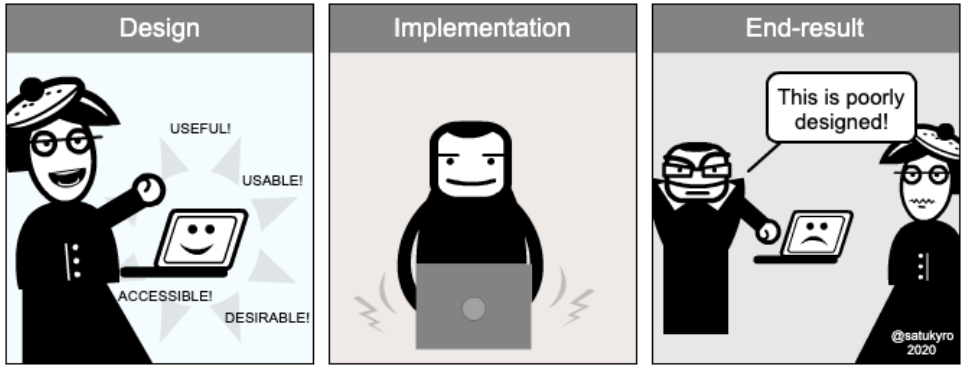
4. Stakeholder priorities & engagement

Wie zijn onze stakeholders?



Zijn ze klaar voor verandering?

Wat zijn hun wensen/prioriteiten?



Aan welke stakeholders denken we?

Doelgroep

- Mantelzorgers
- Patiënten
- Patiënten-verenigingen

Implementeerder

- Verpleeg-kundigen
- Huisartsen
- Arts-specialisten
- AHP

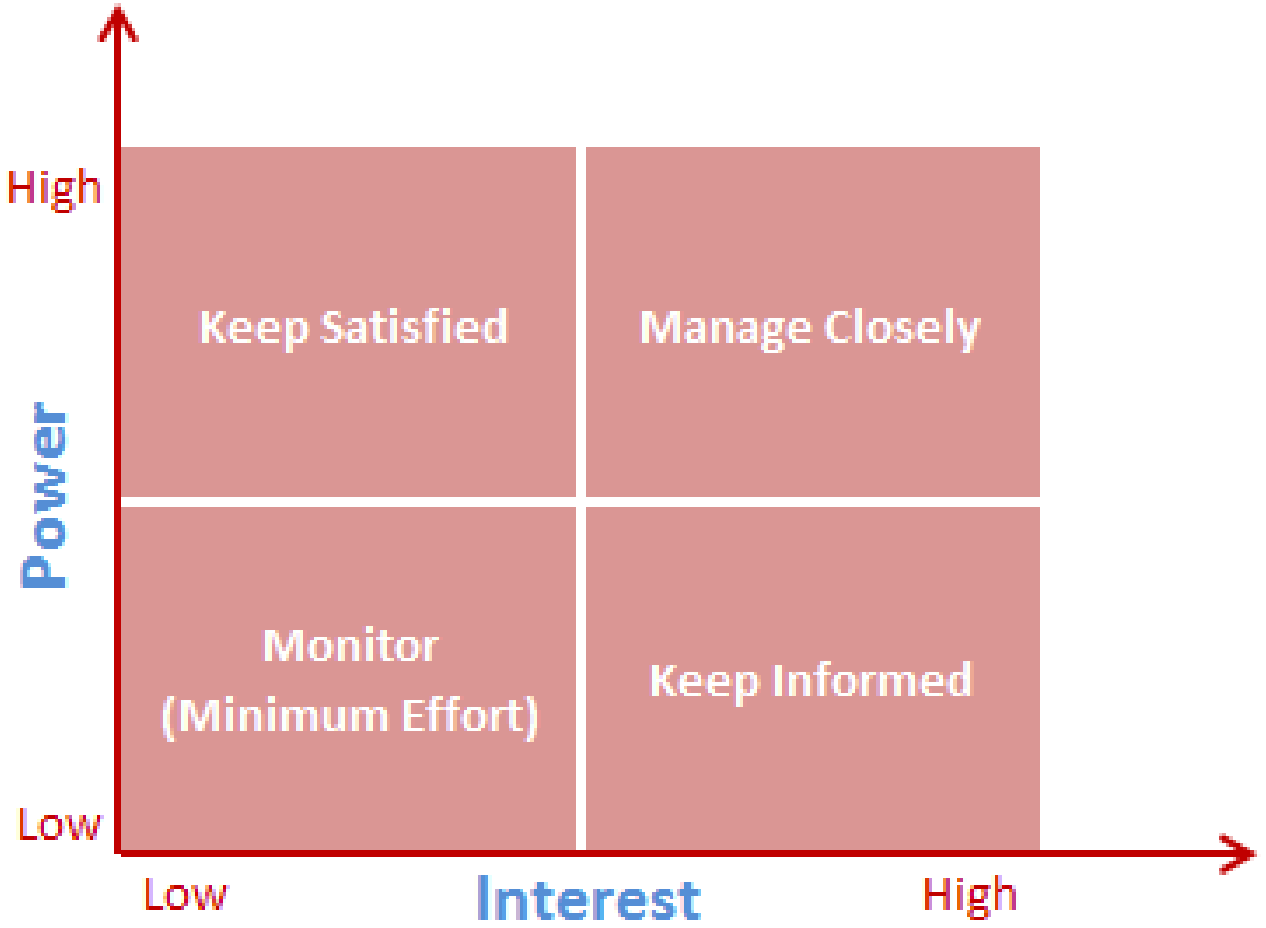
Organisatie

- ICT
- Directie
- Managers
- Dienst kwaliteit
- Funders

Systeem

- Zorgverzekering
- Bedrijven / pharma
- Beleidsmakers
- Mutualiteiten
- Beroepsverenigingen

Power-Interest Grid (Mendelow's Matrix)



Hoe gaan we implementeren?

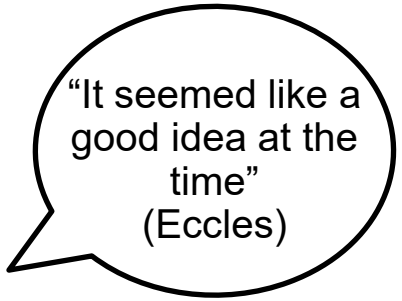
7. Selecting implementation strategies

Implementation strategies = methods or techniques used to enhance the adoption, implementation, sustainment, and scale-up of a program or practice.

"Train and Pray" Approach

"One Size Fits All" Approach

"Kitchen Sink" Approach



"ISLAGIATT" Approach

ERIC: 73 implementation strategies grouped into 9 categories

(ranked by importance and feasibility based on Delphi review)

7. Selecting implementation strategies

1 Use evaluative & iterative strategies

Assess for readiness and identify barriers and facilitators

Audit and provide feedback

2 Provide interactive assistance

Facilitation

Provide local technical assistance

3 Adapt & tailor to the context

Conduct ongoing training

Provide ongoing consultation

4 Develop stakeholder interrelationships

Identify and prepare champions

Organize clinician implementation team meetings

5 Train & educate stakeholders

Tailor strategies

Promote adaptability

6 Support clinicians

Facilitate relay of clinical data to providers

Remind clinicians

7 Engage consumers

Involve patients/consumers and family members

Intervene with patients/consumers to enhance uptake and adherence

8 Utilize financial strategies

Fund and contract for the clinical innovation

Access new funding

9 Change infrastructure

Mandate change

Change record systems

"The announcement of the changes really went well."

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Powell et al Med Care Res Rev. 2012; Powell et al. Implementation Science 2015; Waltz et al. Implementation Science 2015

Werkt onze implementatiebundel?

9. Evaluate the (intervention and) implementation outcomes

IMPLEMENTATION STRATEGIES

Implementation outcomes

- Acceptability
- Adoption
- Appropriateness
- Costs
- Feasibility
- Reach
- Fidelity
- Penetration
- Sustainability

Patient outcomes

- Complications
- Mortality
- Functional status
- Cognitive decline
- Quality of Life
- Satisfaction
- …

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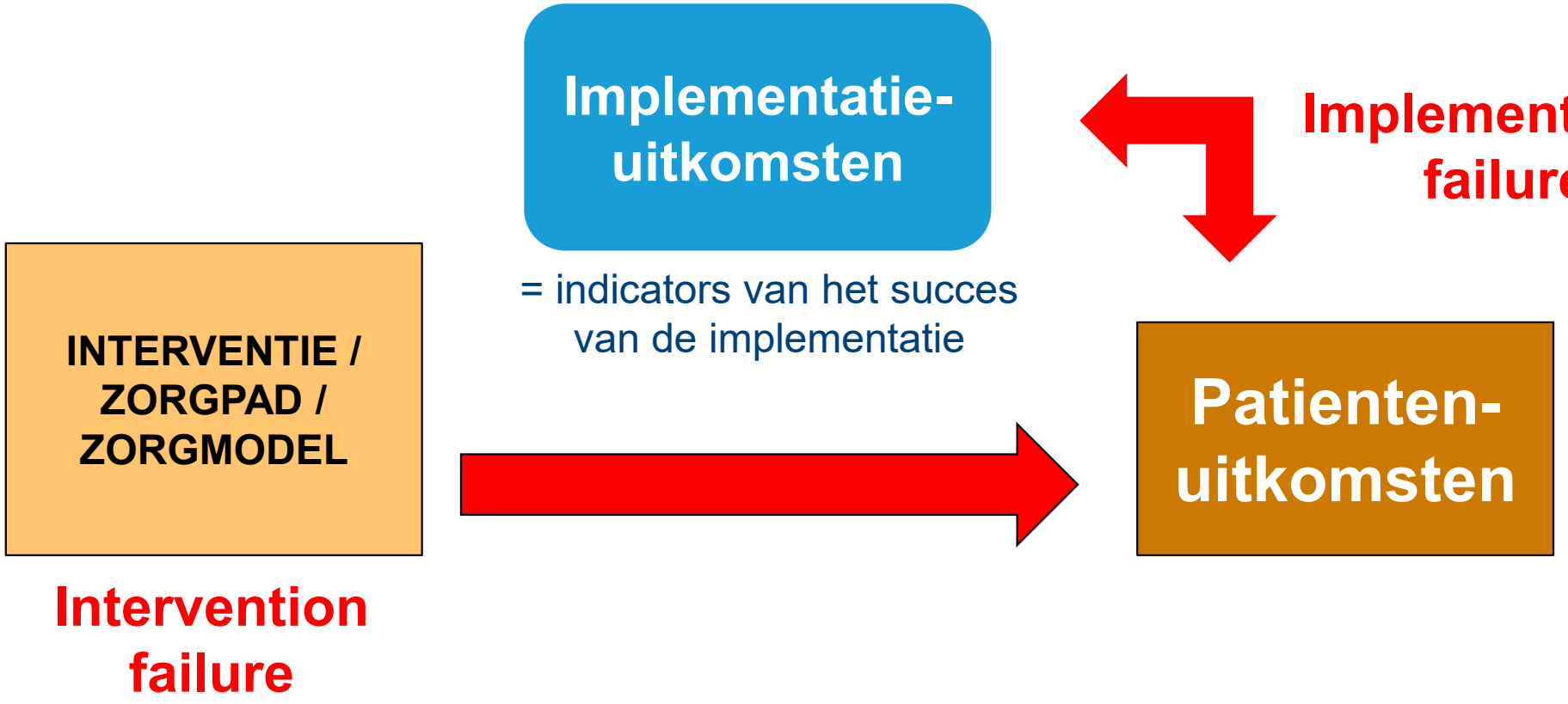
Proctor et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research 38.2 (2011): 65-76.

Waarom de implementatie evalueren?



Implementation research uses implementation outcomes to assess

- **how well implementation has occurred** or
- to provide insights about **how this contributes** to one's health status or other health outcomes

Proctor et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research 38.2 (2011): 65-76.

Implementation outcomes

Implementation outcome	Working definition	Related terms
Acceptability	The perception among stakeholders (e.g. patients, providers, managers, policy-makers) that an intervention is agreeable	Factors related to acceptability: comfort, relative advantage, credibility
Adoption	The intention, initial decision, or action to try to employ a new intervention	Uptake, utilization, intention to try
Feasibility	The extent to which an intervention can be carried out in a particular setting or organisation	Practicality, actual fit, utility, suitability for everyday use
Reach	The number of eligible patients that were recruited in the intervention	
Fidelity	How well the intervention is implemented as defined by the protocol and considers both the implementation of specific intervention components, and the correct timing of the implementation	Adherence, delivery as intended, treatment integrity, quality of program delivery
Dose	How much of the intervention is implemented as defined by the protocol and considers both the duration and frequency of intervention components	Intensity, dosage of delivery
Implementation cost	The incremental cost of the delivery strategy (versus Total cost : implementation + intervention cost)	
Sustainability	The extent to which an intervention is maintained or institutionalized in a given setting	Maintenance, continuation, durability, routinization, integration, incorporation

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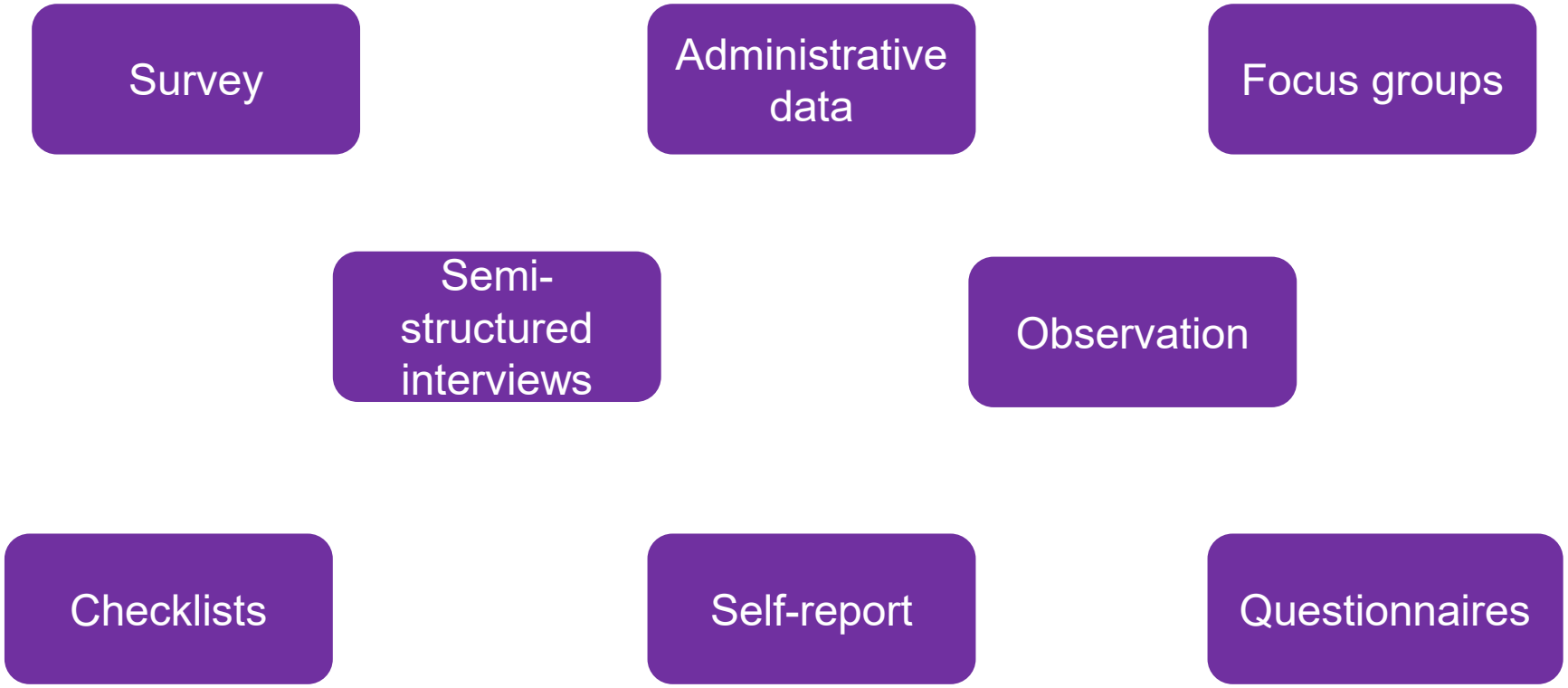
Proctor et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research 38.2 (2011): 65-76.

Link met behavioral science

Beliefs, support, motivations, incentives,…

Hoe implementatie-uitkomsten meten?



10. Adapt and/or scale up

Opvolgen van indicatoren

- Procesindicatoren
- Outcome-indicatoren

→ Audit & Feedback

→ Dashboard

Take home messages

- Succesvolle implementatie vraagt een goede voorbereiding
- Start kleinschalig waar motivatie is
- Context-specifieke aanpak
- Zorg voor aangepaste implementatiestrategieën
- Continu proces
- Is complex, chaotische en vaak frustrerend

When defining implementation science, some very non-scientific language can be helpful…

- The intervention/practice/innovation is **THE THING**
- *Effectiveness* research looks at whether **THE THING** works
- *Implementation* research looks at how best to help people/places **DO THE THING**
- Implementation strategies are the stuff we do to try to help people/places **DO THE THING**
- Main implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**

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Curran. Implementation science made too simple: a teaching tool. Impl Sc 2020.

Key papers on implementation research

- **General:** Peters et al. Implementation research: what is it and how to do it? BMJ Open 2013; 347.
- **Hybrid designs:** Curran G. Effectiveness-implemenation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact, Medical care 2012
- **Context analysis:** Flottorp et al. A checklist for identifying determinants of practice: A systematic review and synthesis of frameworks and taxonomies of factors that prevent or enable improvements in healthcare professional practice. Implementation Science 2013, 8:35
- **Implementation strategies:** Waltz et al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for implementing Change (ERIC) study. Implementation Science 2015.
- **Implementation outcomes:** Proctor et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research 2011.
- **Adapting EB interventions:** Bartholomew et al. Using Intervention Mapping to Adapt Evidence-Based Interventions. In: Bartholomew Eldredge L, Markham C, Ruiter R, Fernandez M, Kok G, Parcel G, eds. Planning health promotion programs: an intervention mapping approach. San Francisco, CA: Jossey-Bass; 2016: 597–649.