

Naar goede zorg voor kwetsbare  
ouderen

Hein van Hout



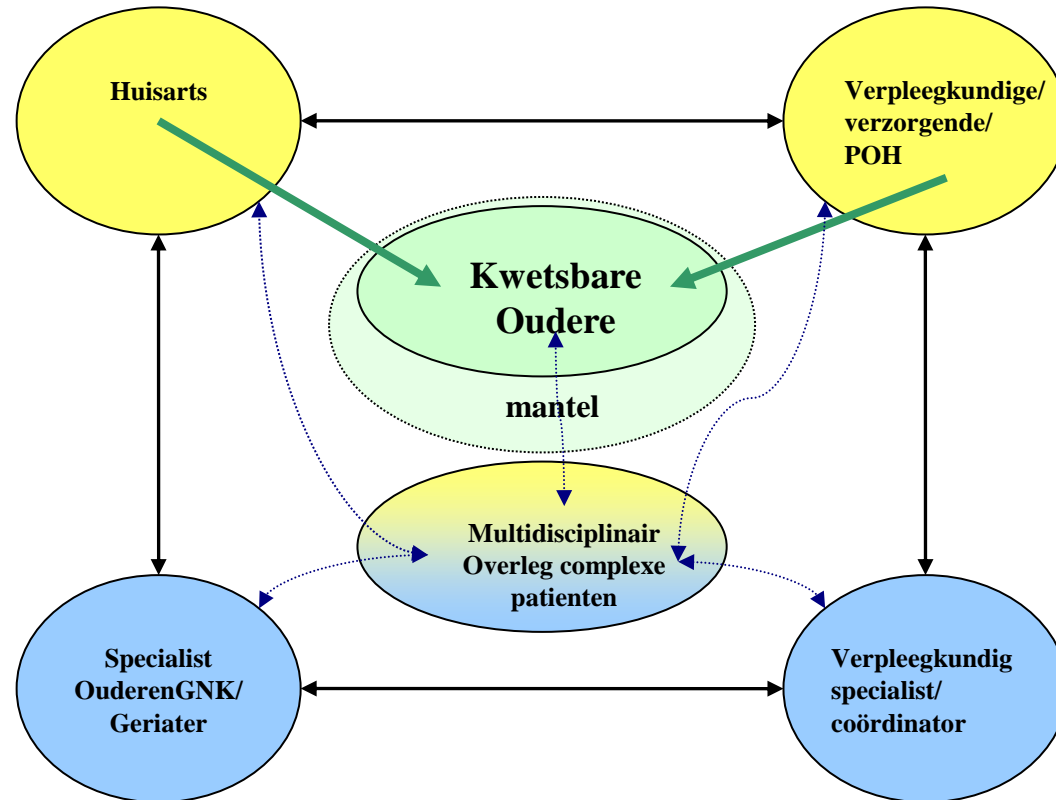
# Take home message



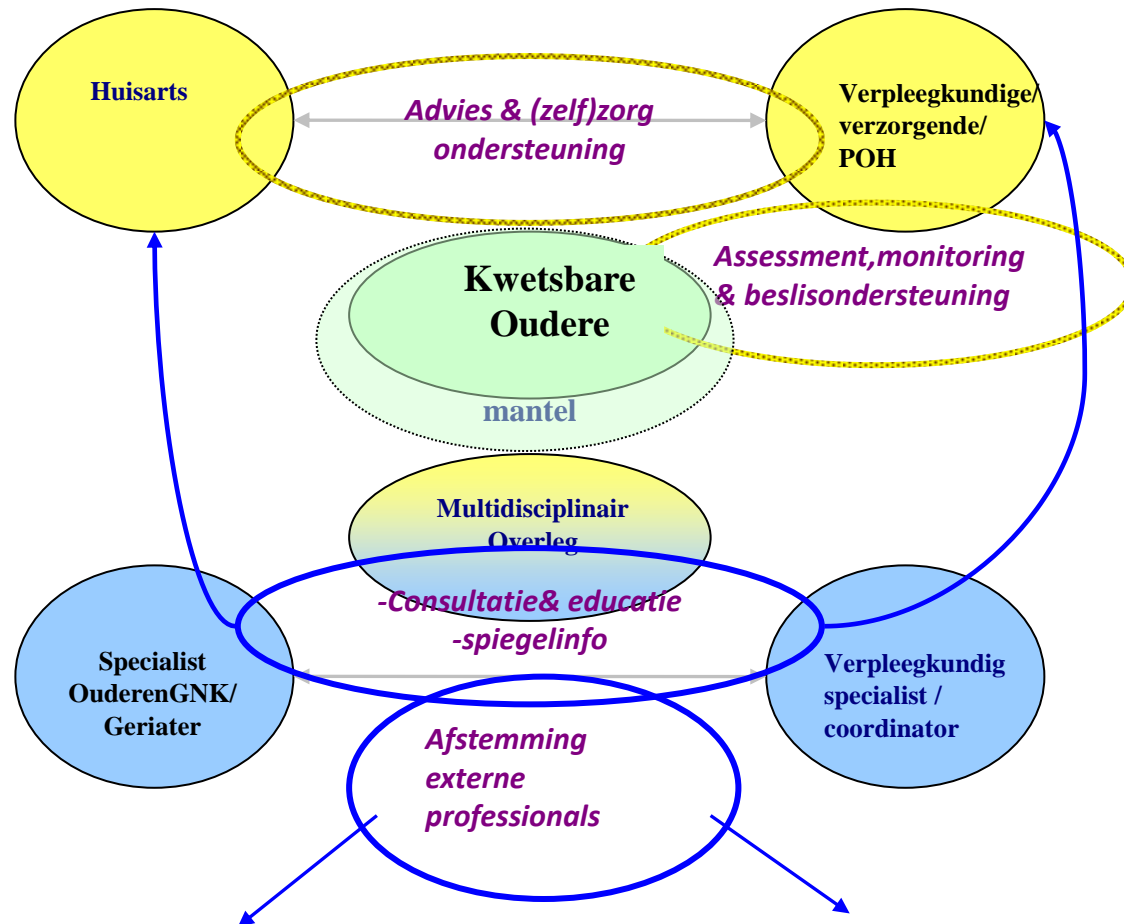
# inhoud

- Evidence geriatrisch zorgmodel:
  - Studie 1: kwetsbare ouderen verzorgingshuizen
  - Studie 2: kwetsbare ouderen thuis
- interRAI
  - Het netwerk
  - De instrumenten
- Conclusie

# Geriatrisch zorgmodel

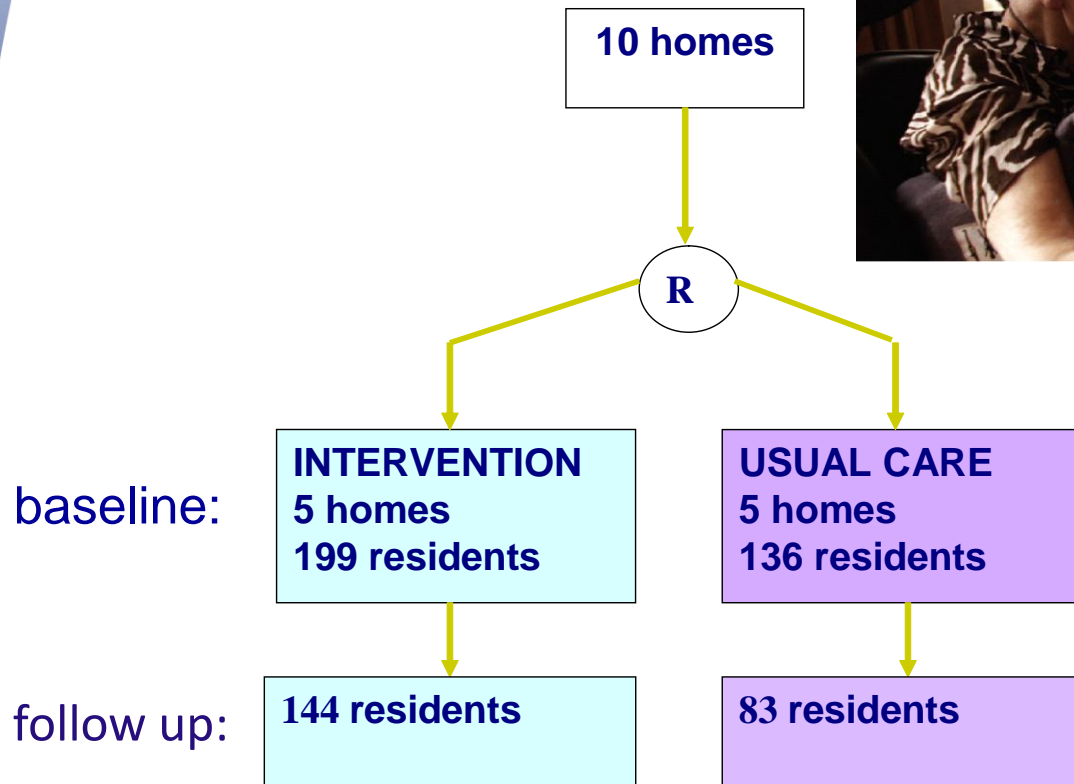


# Geriatrisch zorgmodel



# Studie 1 : Effect van geriatrisch zorgmodel in verzorgingshuizen

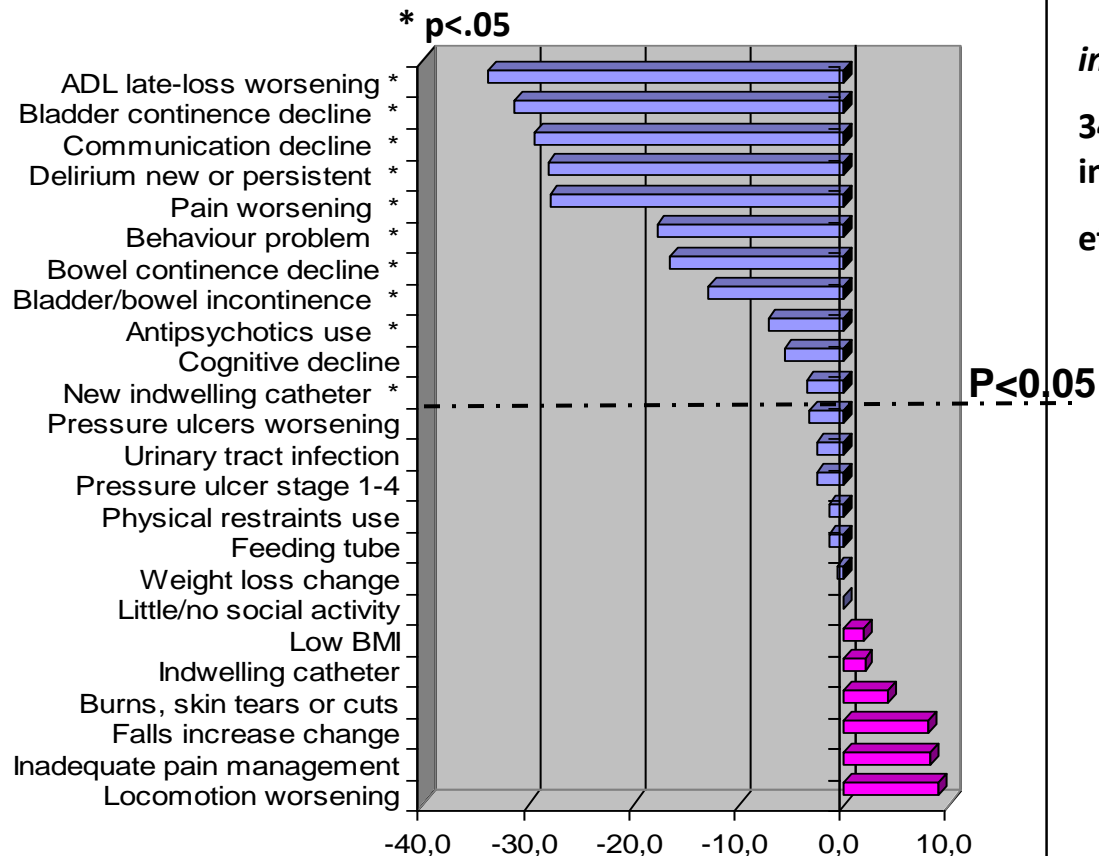
## Design



# Sterke effecten na implementatie chronisch zorg model

## Verskil gebruikelijk zorg – chronisch zorg model

### Risk indicators, delta UC-Int



*interpretatie:*

**34% minder ADL achteruitgang onder interventiepatienten!**

etc

# Impact op gezondheidsuitkomsten in Nederlandse verzorgingshuizen

Early release, published at [www.cmaj.ca](http://www.cmaj.ca) on June 27, 2011. Subject to revision.

## Effects of multidisciplinary integrated care on quality of care in residential care facilities for elderly people: a cluster randomized trial

Marijke Boorsma MD, Dinnus H.M. Frijters PhD, Dirk L. Knol PhD, Miel E. Ribbe MD, Giel Nijpels MD, Hein P.J. van Hout PhD

See related commentary by Stadnyk and colleagues at [www.cmaj.ca/cgi/doi/10.1503/cmaj.110789](http://www.cmaj.ca/cgi/doi/10.1503/cmaj.110789)

### ABSTRACT

**Background:** Sophisticated approaches are needed to improve the quality of care for elderly people living in residential care facilities. We determined the effects of multidisciplinary integrated care on the quality of care and quality of life for elderly people in residential care facilities.

**Methods:** We performed a cluster randomized controlled trial involving 10 residential care facilities in the Netherlands that included 340 participating residents with physical or cognitive disabilities. Five of the facilities applied multidisciplinary integrated care, and five provided usual care. The intervention, inspired by the disease management model, consisted of a geriatric assessment of functional health every three months. The assessment included use of the Long-term Care Facility version of the Resident Assessment Instrument by trained nurse-assistants to guide the design of an individualized care plan; discussion of outcomes and care priorities with the family physician, the resi-

dent and his or her family; and monthly multidisciplinary meetings with the nurse-assistant, family physician, psychologist and geriatrician to discuss residents with complex needs. The primary outcome was the sum score of 32 risk-adjusted quality-of-care indicators.

**Results:** Compared with the facilities that provided usual care, the intervention facilities had a significantly higher sum score of the 32 quality-of-care indicators (mean difference -6.7,  $p = 0.009$ ; a medium effect size of 0.72). They also had significantly higher scores for 11 of the 32 indicators of good care in the areas of communication, delirium, behaviour, continence, pain and use of antipsychotic agents.

**Interpretation:** Multidisciplinary integrated care resulted in improved quality of care for elderly people in residential care facilities compared with usual care.

**Trial registration:** [www.controlled-trials.com](http://www.controlled-trials.com) trial register no. ISRCTN11076857.

**Competing interests:** None declared.

This article has been peer reviewed.


**Correspondence to:** Hein P.J. van Hout, [hj.vanhout@vumc.nl](mailto:hj.vanhout@vumc.nl)











**CMAJ 2011. DOI:10.1503/cmaj.101498**



## Studie 2: effect geriatrisch zorgmodel thuiswonende kwetsbare ouderen

- 1147 kwetsbare ouderen uit 35 praktijken (verdeeld in 4 groepen) zijn 2 jaar gevolgd
- Loting naar startmoment Geriatrisch zorgmodel (GZM)



Loting	Praktijken	0-6 mnd	6-12 mnd	12-18 mnd	18-24 mnd
	Groep 1				
	Groep 2	Gebruikelijk			
	Groep 3	Gebruikelijk	Gebruikelijk		
	Groep 4	Gebruikelijk	Gebruikelijk	Gebruikelijk	

*Muntinga et al. 2012*  
*Hoogendijk et al. 2013*

# Conclusies

- Aanzienlijk deel gezondheidsproblemen onbekend bij huisarts
- Huisartsen, POHs en patienten zijn positief over het geriatrisch zogmodel
- **Beter behoud zelfredzaamheid (IADL)**

# Generations Comprehensive Assessments – towards a seamless network

Domains

**1<sup>st</sup> generation:  
multiple instruments  
one function**



**2<sup>nd</sup> generation:  
one instrument  
multiple functions**



**3<sup>rd</sup> generation –  
Seamless integration through  
settings**

- Cognition
- Mood
- Self care
- Mobility/falls
- Continence
- Nutrition
- Pressure ulcer

- MMSE
- GDS
- Katz/GARS
- TUG / Berg
- ?
- MNA
- Waterloo

- Observations:
- DOMAINS
  - Cognition
  - Mood
  - Communicat.
  - Mobility
  - Self care
  - IADL
  - Continence
  - Falls
  - Pain
  - Social support
  - Formal services

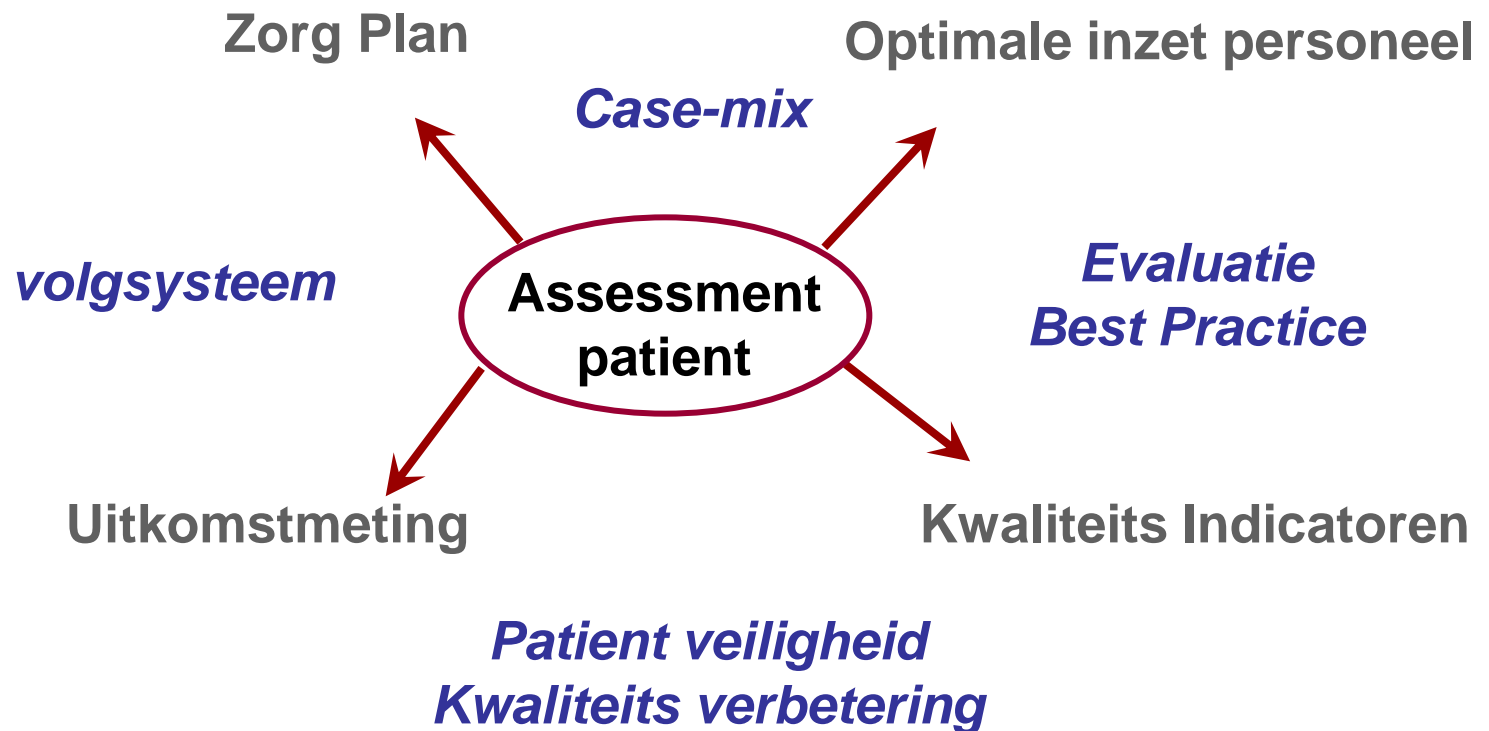
- triggers
- scales
- Clinical Protocols
- Quality Indicators
- Resource utilisation

- Primary care
- Home care
- Long term care
- Acute care
- Palliative care
- Mental Health care
- Child & youth
- Intellectual disability

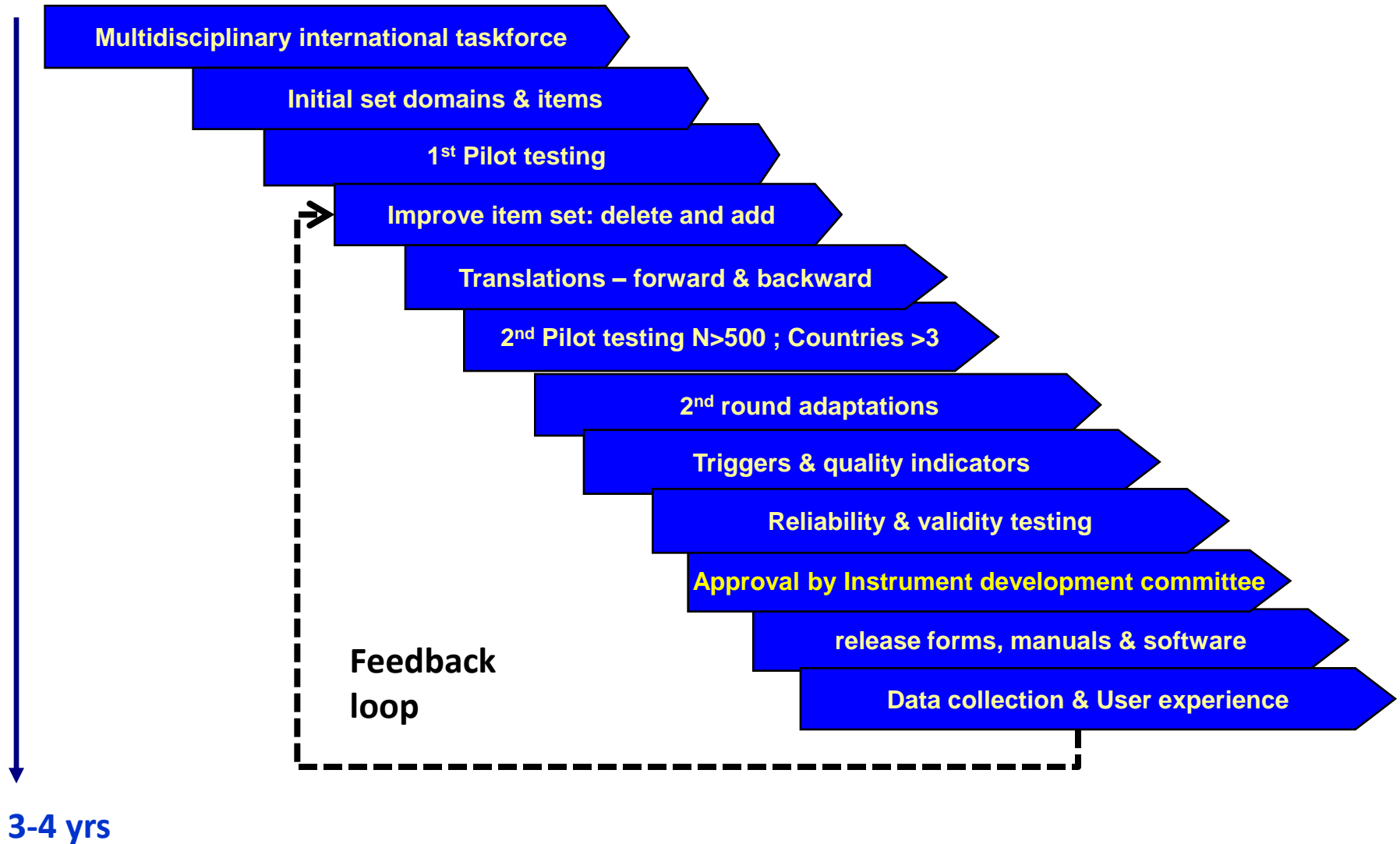
- Observations & tests
- Follow up through settings & Harmonised items & scales

- triggers
- scales
- protocols
- QIs
- RUG

# interRAI Assessment 2.0 : één beoordeling... meerdere toepassingen!



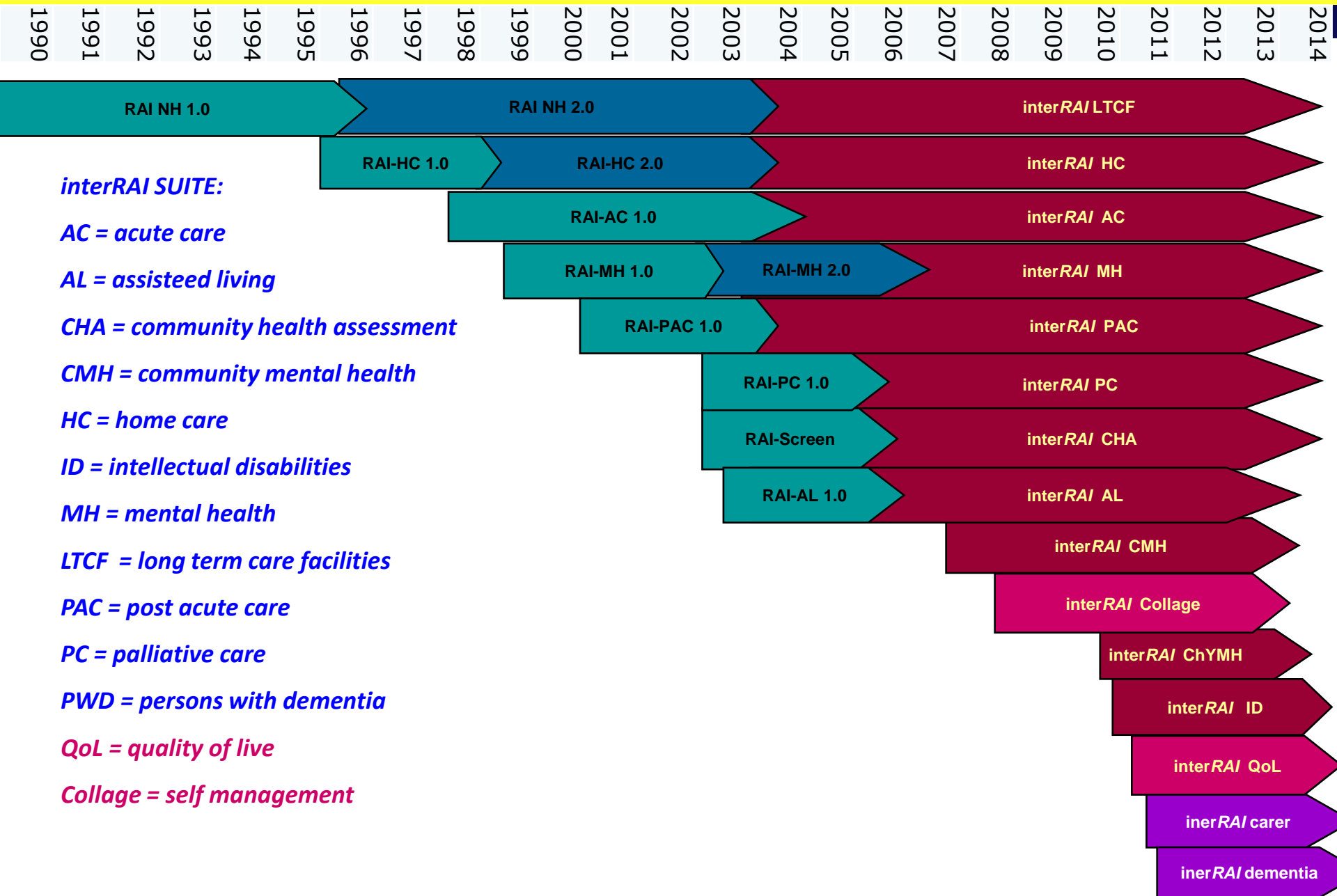
# Instrument ontwikkeling interRAI: Rigoureuze ontwikkel- en verbeter cyclus



# Wat is interRAI?

- Missie?
  - Het verbeteren van de kwaliteit van leven van kwetsbare groepen
- Wie?
  - Internationaal, not-for-profit netwerk of ~100 klinici & wetenschappers (2 personen uit NL)
- Hoe?
  - Evidence based decision making sinds 1991
  - Instrument ontwikkeling
  - Wetenschap (o.a. internationale vergelijking) >2000 pubs incl. Nature, NEJM, JAMA
  - Onderteuning van implementatie in landen

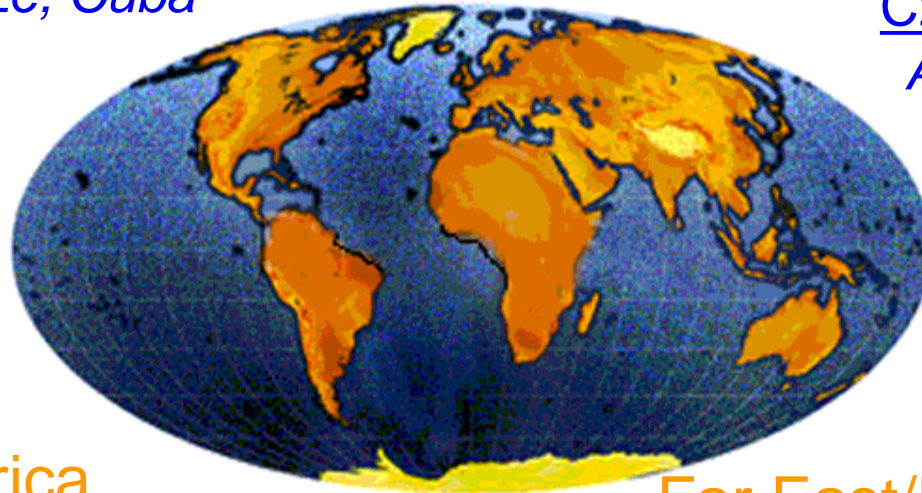
# Generaties InterRAI instrumenten



# interRAI *member countries, activities, implementation*

## North America

**Canada, USA,**  
*Mexico, Belize, Cuba*



## South America

*Chile, Brazil, Peru*

## Europe

**Iceland, Finland,** *Norway, Sweden,*  
*Denmark,* Netherlands, Germany, UK,  
**Switzerland, Belgium,** France, Italy,  
**Ireland,** *Spain, Estonia,* Poland,  
Czech Republic, *Lithuania,*  
*Austria, Portugal*

**Middle East/Asia**  
Israel, *India, Lebanon*

## Far East/Pacific Rim

Japan, *South Korea, Taiwan,* China, Australia,  
Hong Kong, **New Zealand, Singapore**



# Wie gebruikt RAI in NL?

1997: 15 verpleeghuizen, MDS1.0 slechte software

...

2005: VWS subsidie – state of the art webbased software *RAIview* met vernieuwde 'suite'

2006 : ca 20 Verzorgings- en Verpleeghuizen

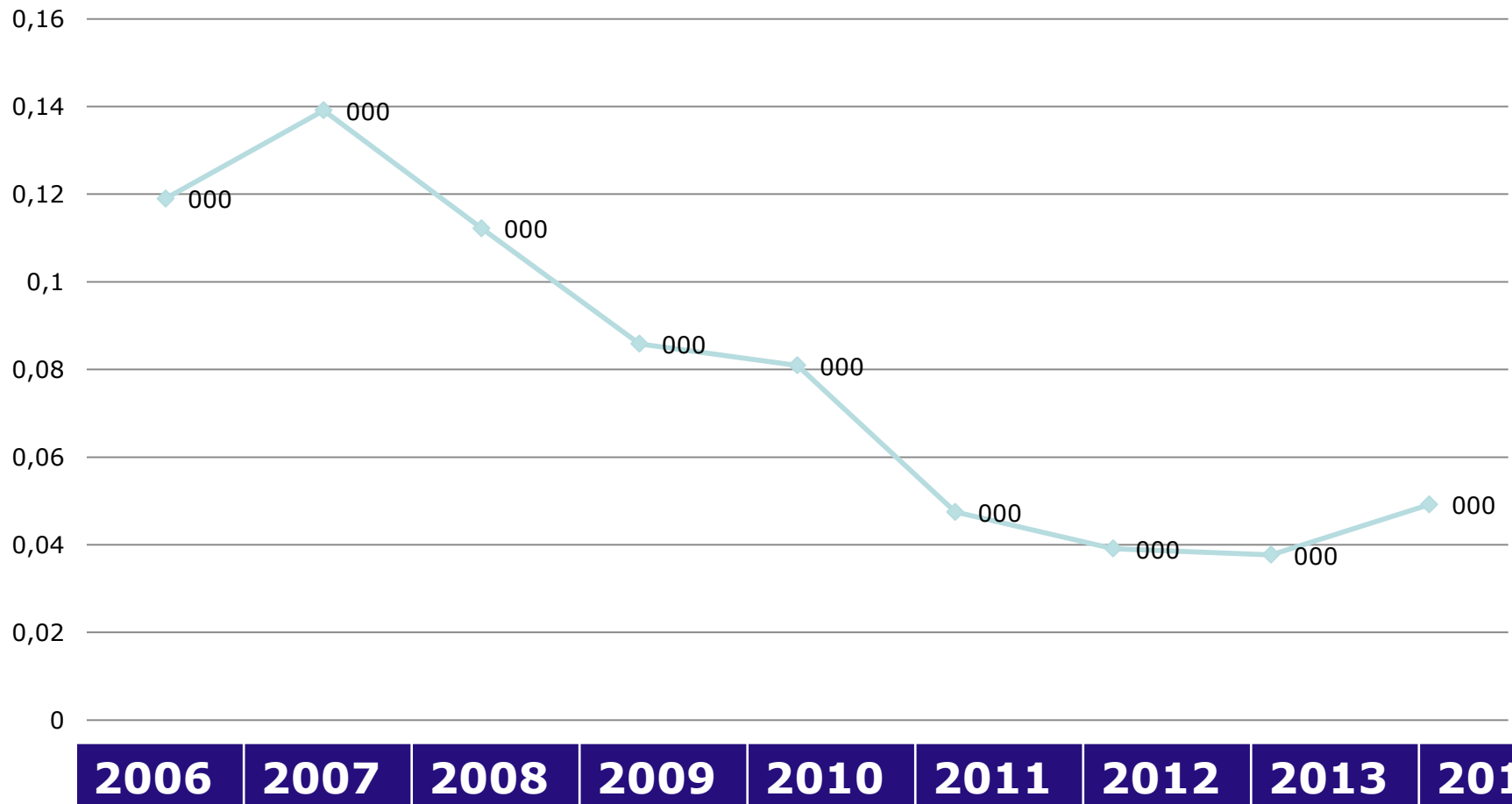
2011 : ca 70 Huisartspraktijken

2012 : Pilot forensische psychiatrie

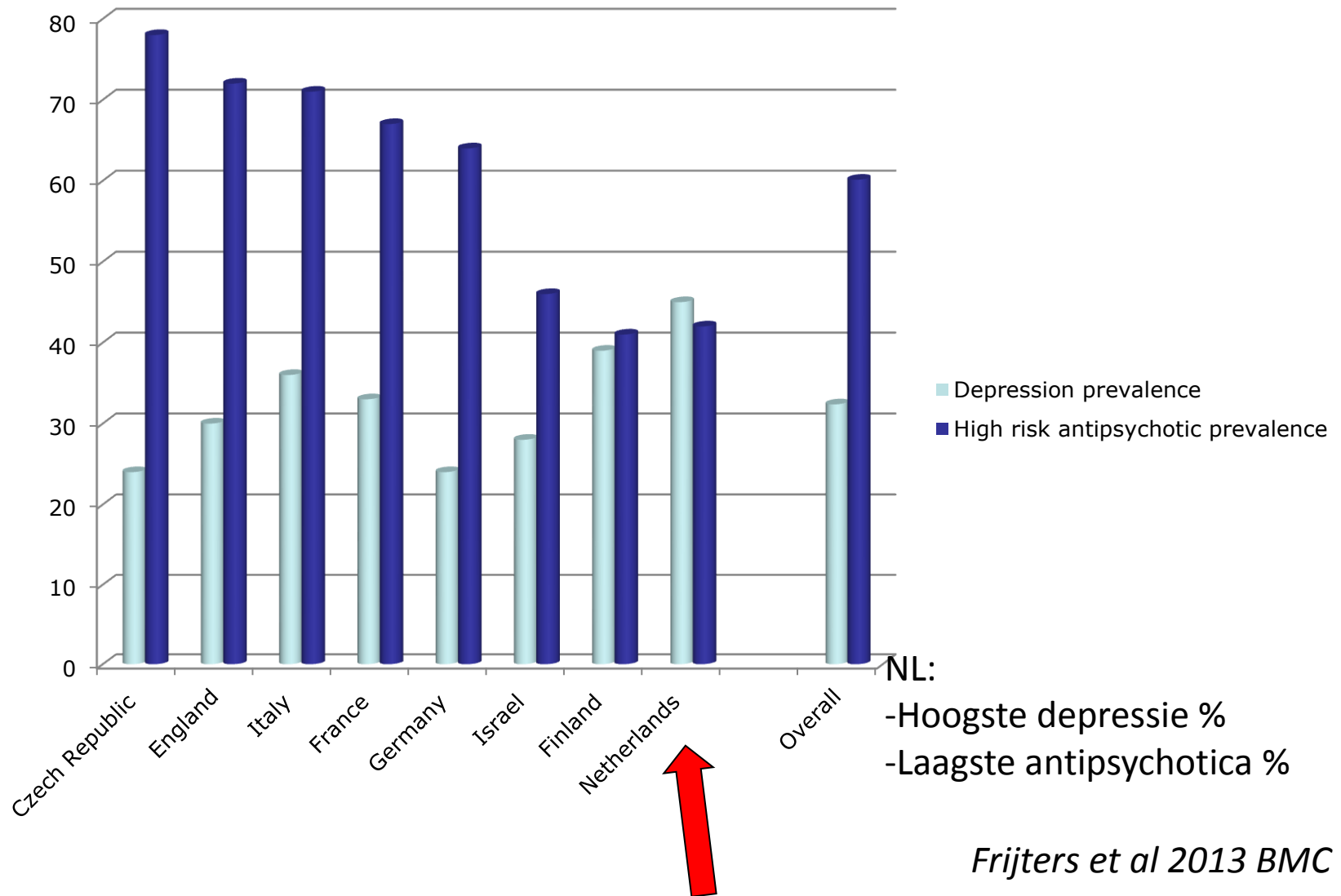
2013 : 4 Thuiszorgorganisaties

2014 : vernieuwde flexibeler software

## Fysieke beperkingen (stoel, lichaam)



# SHELTER study: verpleeghuisbewoners inde EU



# rapportage benchmark Quality Indicators

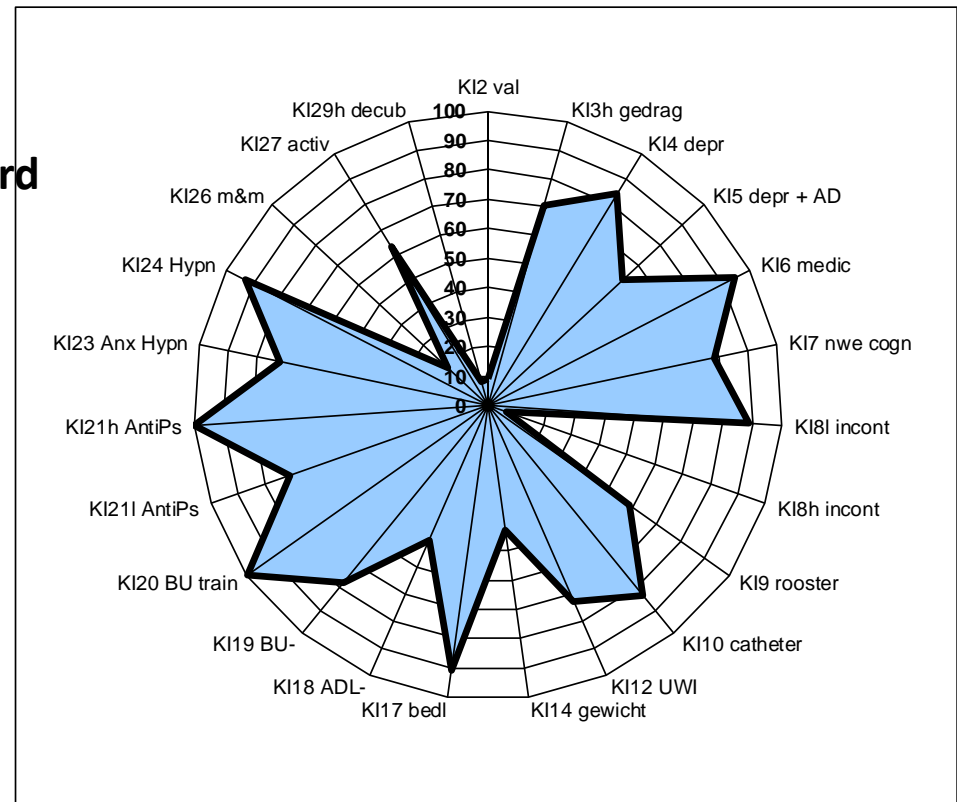
**Filosofie :**

**interRAI QIs vergelijkt appels met appels en peren met peren**

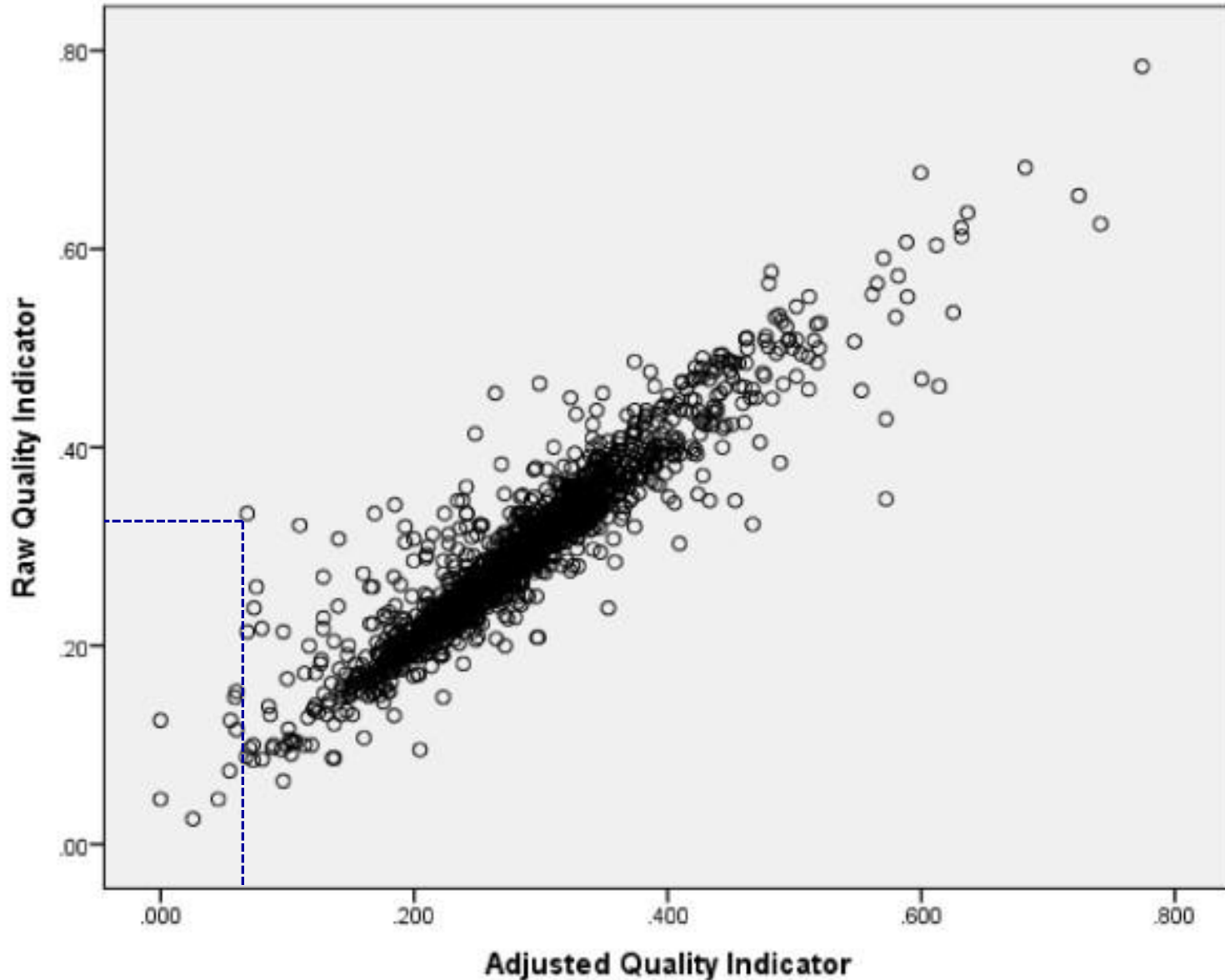
**Door: Subtiele correcties voor casemix en startconditie**

**Sinds ca 2000 voor elke instelling die deelneemt aan de VURAI database**

**1000+ spiegel rapportages geproduceerd**



# QIs en het belang van 'adjustment'



# Voorbeeld: Impact correctie op Huis X

- QI : Infecties in verzorgingshuizen:
  - 34% Gemiddeld over alle huizen
  - 44% in huis X
  - 2% na correctie voor casemix en startconditie
- Huis x schuift van slechtste positie (ongecorrigeerd) naar toppositie na correctie!!

# conclusie

- Kwetsbare ouderen zijn gebaat bij gestructureerde multidisciplinaire zorg
- interRAI instrumenten faciliteren gestructureerde multidisciplinaire zorg op het alle niveaus
  - patient, professional, manager, beleidsmaker



# Vragen

Dank u

Info: [Hpj.vanhout@vumc.nl](mailto:Hpj.vanhout@vumc.nl)