

DEVELOPMENT AND IMPLEMENTATION OF ORTHOGERIATRIC CO-MANAGEMENT IN THE TRAUMA WARD

Background

Evidence strongly suggests that orthogeriatric co-management in frail older adults with a fracture improves patient outcomes, but evidence regarding how to implement this model of care in daily clinical practice is scarce.

Aim(s)

This study aims to evaluate the initial implementation of a new nurse-led orthogeriatric co-management program, named G-COMAN on the trauma ward in the University Hospitals Leuven in Belgium by 1/ measurement of the fidelity towards the program's core components, 2/ quantification of the perceived feasibility and acceptability by the healthcare professionals, and 3/ defining of the implementation determinants.

Methods

Implementation strategies were operationalized based on the Expert Recommendations for Implementing Change (ERIC) guidelines. A step by step implementation process was used where stakeholders were trained and educated in new geriatric subjects. In the feasibility study, fidelity towards the core components of the program was measured in a group of 15 patients aged 75 years and over by using electronic health records. Feasibility and acceptability as perceived by the involved healthcare professionals was measured using a 15 -question survey with a 5 -point Likert scale. Implementation determinants were mapped thematically based on seven focus group discussions and two semi-structured interviews by focusing on the healthcare professionals' experiences.

Results

We observed low fidelity towards completion of a screening questionnaire to map the premorbid situation (13%), but high fidelity towards the other program core components: multidimensional evaluation (100%), development of an individual care plan (100%), and systematic follow-up (80%). Of the 50 survey respondents, 94% accepted the program and 62% perceived it as feasible. Important implementation determinants were feasibility, awareness and familiarity, and improved communication between healthcare professionals that positively influenced program adherence. While 65% of the healthcare professionals believed in the sustainability of the program, only 35% of the healthcare professionals had the feeling that the program was integrated into their daily clinical routines.

Discussion

The low fidelity towards the first core component of the program (completion of the screening questionnaire to map the patient's premorbid situation) might be because we only offered digital self-assessment options to fill in this questionnaire. The high fidelity towards the other three core components is likely a result of the high perceived acceptability by all healthcare professionals. During each phase of the implementation, we intensively involved all stakeholders. Early and continuous stakeholder involvement creates ownership and has been proven to increase acceptability and uptake ultimately leading to the embedding of a new intervention in practice.

Implications and future perspectives

This study provides other clinicians and researchers essential information and a methodological approach to implement nurse-led orthogeriatric care on the trauma ward. Future studies should focus on measuring the sustainability of the program over time and evaluating the cost-effectiveness.