

# Basic Care Revisited – Mobility and Bathing & Dressing Function Focused Care: at home and in hospital

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## Development

- Based on philosophy of Function Focused Care/ Reablement

*"Day-to-day services are meant to be goal-oriented, holistic and person-centered, taking into account the capabilities and opportunities of clients instead of focusing on disease and dependency"*

- Adaptation process (2014 - 2016)

- Input from international experts (i.e., studying literature/ intervention materials; expert meetings & work visits)
- Input from Dutch practice (i.e., meetings with professionals, policy makers, managers)
- Pilot study

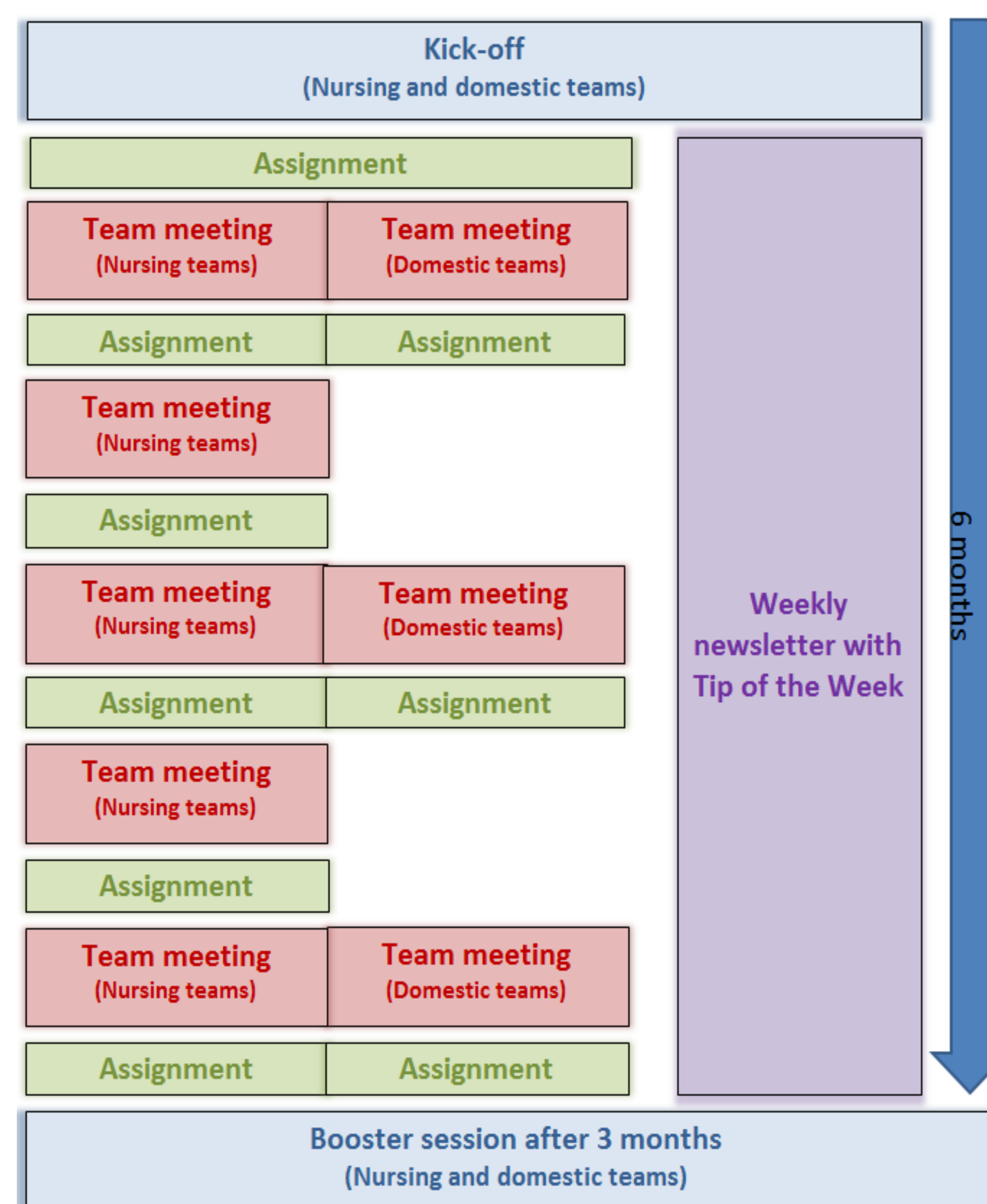


Figure 1. Format 'Stay Active at Home'



## Evaluation

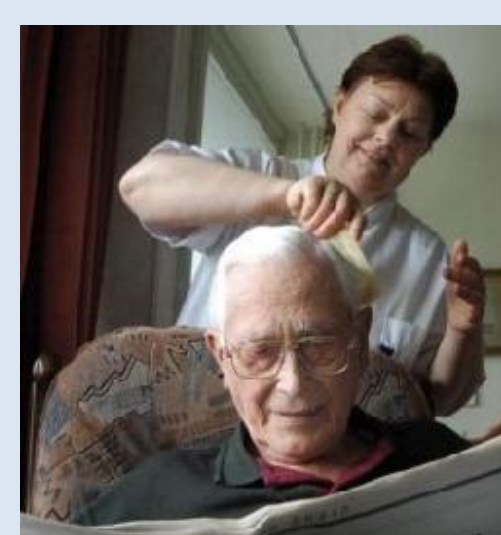
- Early trial

- September 2016 – July 2017



- Full powered trial

- September 2017 (ZonMw#50-53120-98-014)



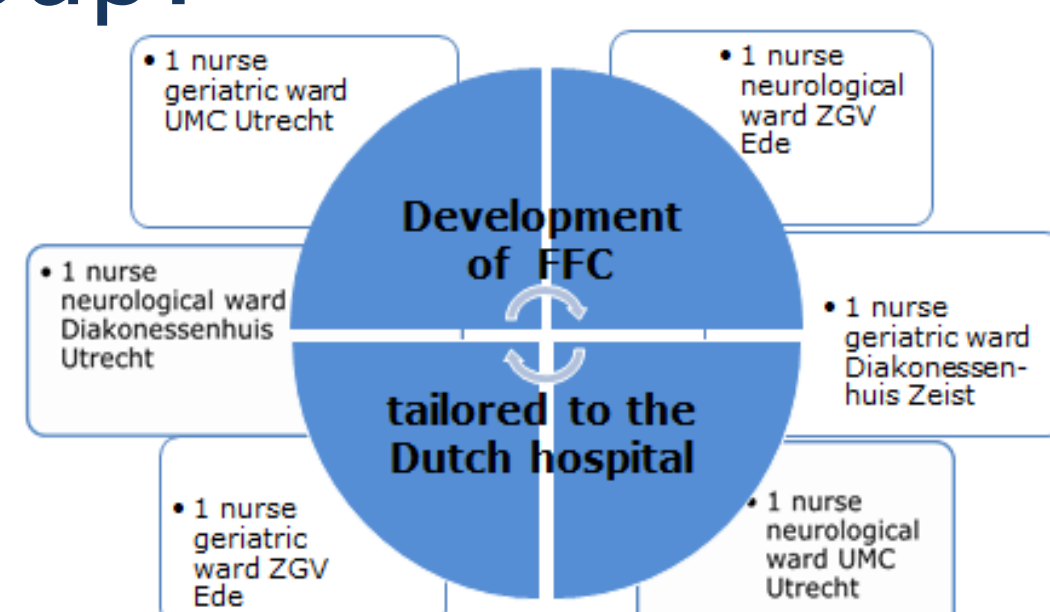
'Doing for...'



'Doing with...'

## Development

- Literature study
- Analysis daily practice with working group:



- Function Focused Care in Dutch Hospital

- Activity during all ADL's
- Goal setting with the patient
- Motivation techniques

- Implementation

- Guideline for FFC in daily hospital practice
- Education plan and materials
- Role and responsibilities of the coaches

## Pilot

- Data collection patients

- Measuring instruments are not burdensome

"I thought it was a nice conversation"

- Patients often have the idea they are supposed to rest, but also:

"I can't disturb the nurses"

- Applying FFC - Nurses

- Training positively assessed
- Nurses (and other disciplines) have welcomed FFC
- Goal setting with the patient needs more attention
- Change takes time

"We know what is best for the patient"

"I quickly do the things myself as it saves time"

## Evaluation

- Design

- Stepped Wedge Trial
- 2 hospitals – 4 wards

- Population

- 800 patients; 40 patients per wedge
- Geriatric and stroke patients

- Data collection

- Baseline, day 7 and day of discharge
- 3 and 6 months after discharge

- Outcomes

- Primary: mobility, bathing & dressing
- Secondary: costs, depression, self efficacy, QoL, fear of falling, outcome expectations
- Process: implementation, experiences, fidelity

| Year           | 2016            | 2017             | 2018            |
|----------------|-----------------|------------------|-----------------|
| Month          | Feb - M - A - M | June - J - A - S | Oct - N - D - J |
| Ward           |                 |                  |                 |
| Geriatric 1    |                 |                  |                 |
| Neurological 1 |                 |                  |                 |
| Geriatric 2    |                 |                  |                 |
| Neurological 2 |                 |                  |                 |

|  |                                    |
|--|------------------------------------|
|  | Control period                     |
|  | Transition - implementation of FFC |
|  | Intervention period                |