

# Determinants for success and failure in the implementation of an evidence based occupational therapy intervention in dementia in the Netherlands

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## The research team:

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## BACKGROUND

**Implementing effective  
psychosocial interventions  
= complex process**



### **Community OT in Dementia (COTiD):**

- 10 one-hour session
- Community-based
- Client-system-centered

#### **Effects:**

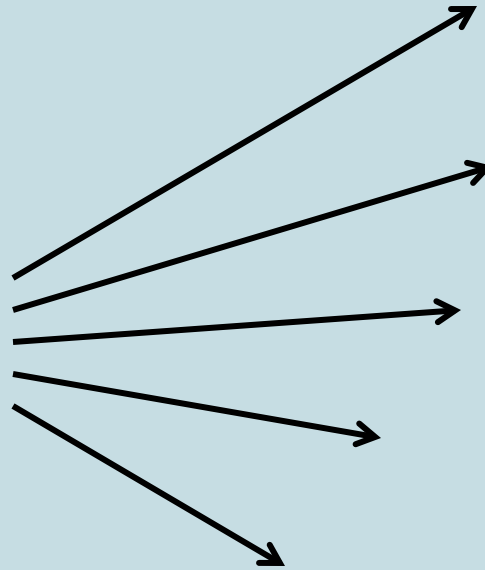
- daily functioning
- sense of competence
- quality of life, mood,  
health status

**(Graff et al 2006, 2007, 2008)**

# BACKGROUND



**Research  
setting**



**Nation-wide dissemination  
In routine care**



## **Pilot implementation NL: Barriers for implementation:**

**A) Occupational therapists: 20% used guideline:** OTs motivated,  
- No or too few referrals, unsure about skills: lack of experience

**B) Physicians & managers:**

- Lack of knowledge effectiveness COTiD, insurance of 10 visits OT

**Result: few referrals, no facilitation by management, no or too little experience of OTs with COTiD**

**(Van 't Leven & Graff, et al; Int J Ger Psych, 2011)**

# Multifaceted Implementation Strategy (MFI)

**Occupational Therapist**  
Increasing OT skills  
in using & promoting  
COTiD

**Managers**  
Increasing knowledge  
&  
Motivate to facilitate  
delivery of COTiD

**Physicians**  
Increasing knowledge  
&  
Increase referral rate

# Study design

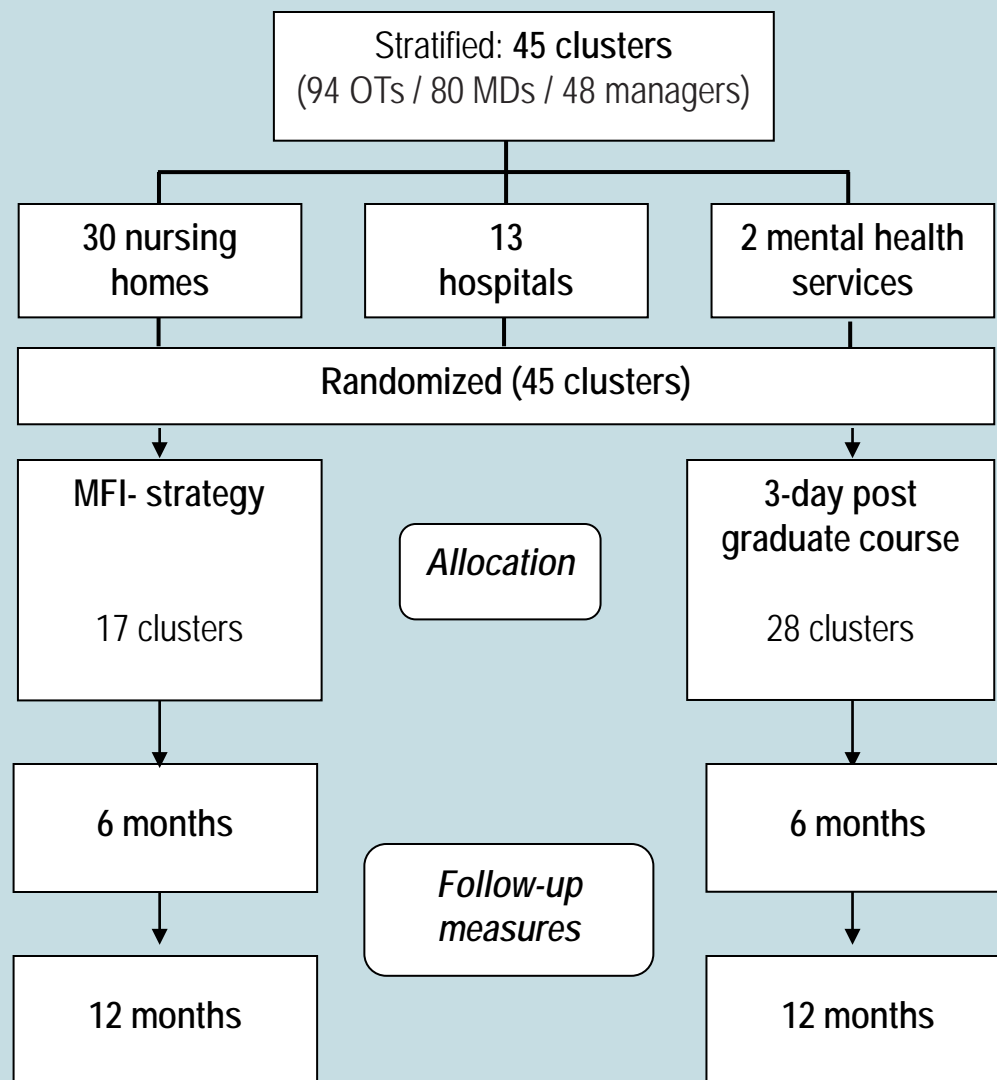
**Design:**  
Cluster RCT

**Clusters:**

- 2 OTs
- 1 manager
- 1 physician
- 8 client-caregiver couples

**Outcome measures:**

- Nr of referrals per cluster
- OT adherence (vignettes)
- Client and caregiver outcomes



## MFI - strategy: experimental group

### Occupational Therapists

- Post-graduate course
- Implementation training
- Coaching on the job
- Web-based reporting system
- Discussion platform
- Regional meetings



### Physicians & Managers

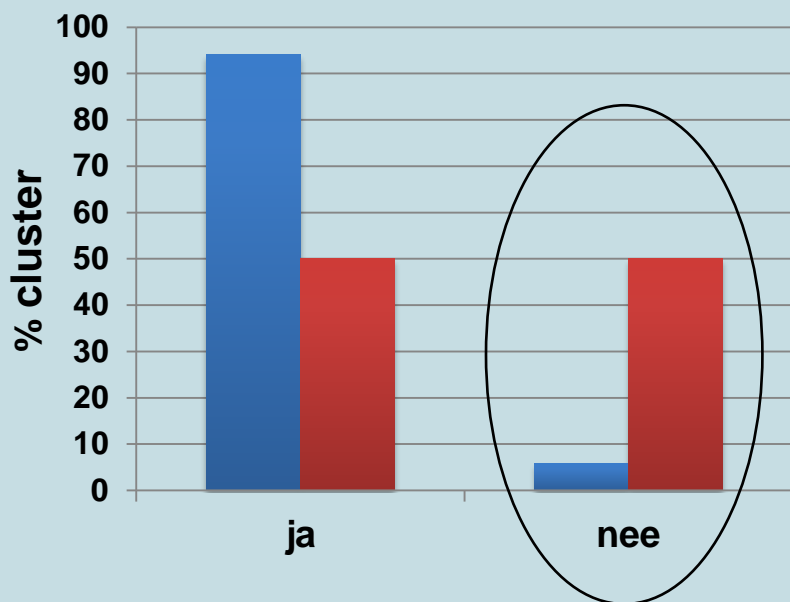
- Educational website
- News letters
- Motivational phone calls

**Control Group: post-graduate course**



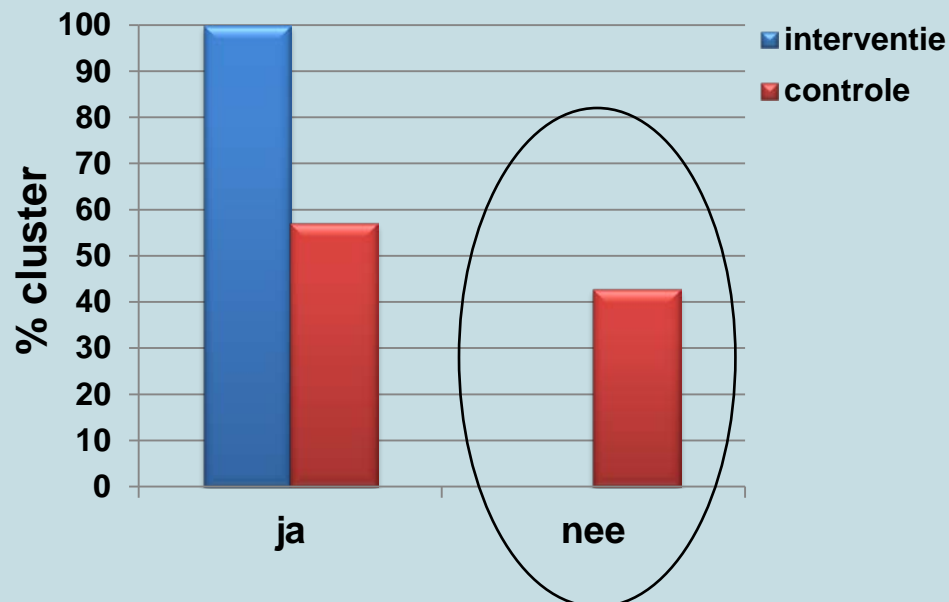
# Results – Number of referrals

6 maanden



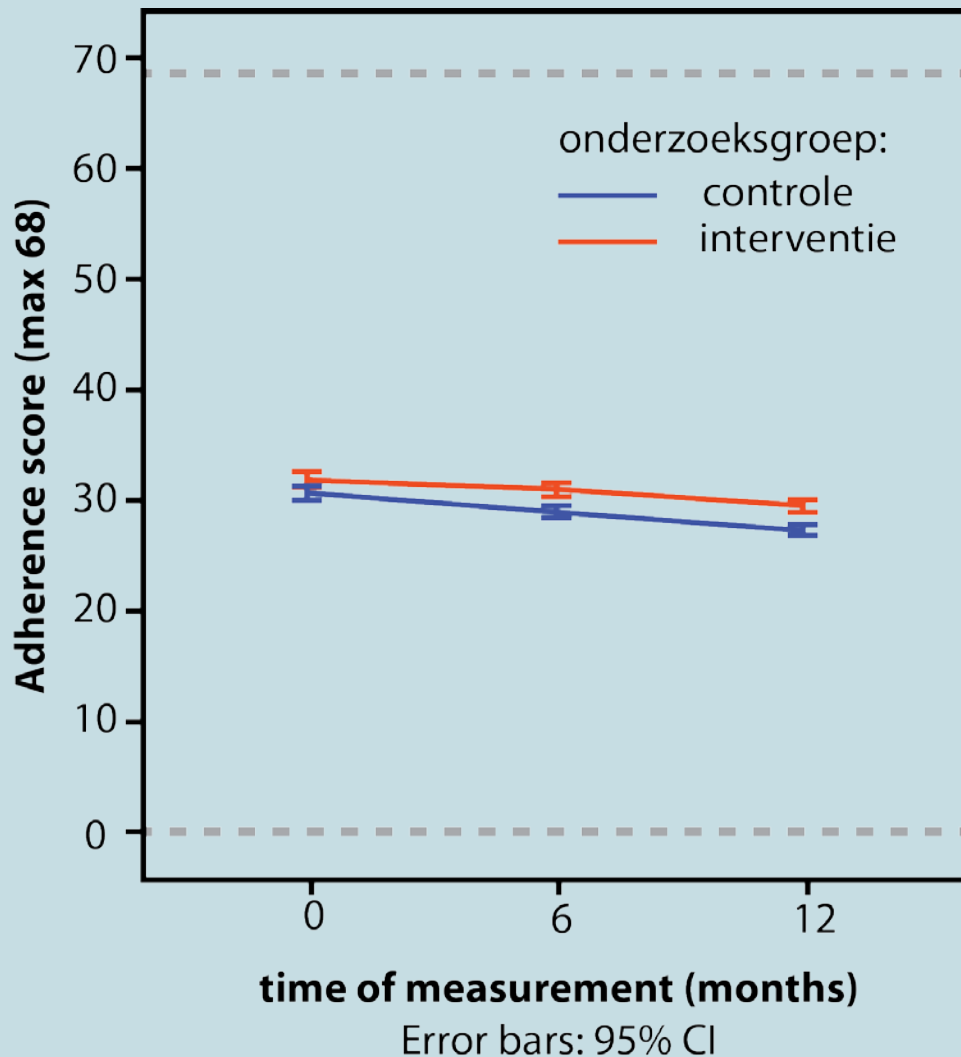
Heeft het cluster verwijzingen ontvangen?

12 maanden



Heeft het cluster verwijzingen ontvangen?

# Results – adherence



**No significant  
difference in  
OT-adherence  
(low (44%!))**



**MFI strategy did NOT  
result in positive effects  
for clients with  
dementia & caregivers,  
compared to post-  
graduate course!**

## In summary.....

- Significant more clusters in MFI-group received referrals
- Significant more referrals to COTiD program in MFI-group
- Increased referral rate of non-participating physicians for MFI-clusters
- No differences between groups regarding adherence.
- Low overall adherence in both groups.
- No differences between groups regarding client and caregiver outcomes.

# Proces evaluation: MFI strategy executed:

## Occupational Therapists

- Post-graduate course
- Implementation training
- **Coaching on the job**
- Web-based reporting system
- Discussion platform
- Regional meetings

*Mainly directed on promoting  
COTiD (increase referrals)!  
Little or no attention for improving  
COTiD skills & adherence!*

*Additional outreach visits:  
presentation COTiD ,  
importance of discussion  
with colleagues!*

## Physicians & Managers

- Educational website
- News letters
- **Motivational phone calls**

# Experiences from Dutch OTs

## Results baseline:

- Positive attitude towards COTiD program!
- 75% felt not experienced enough, 14% felt competent.

## Results focus group after MFI-strategy:

- MFI strategy is helpful in maintaining active attitude
- If: lack of referrals, coaching focused on promoting COTiD
- Increasing referral rate: most effective via other disciplines within physician's network
- OTs received more referrals after study period was finished: implementation period (1 year): is too short!!

# Experiences Dutch physicians & managers:

## Results interviews:

- Most physicians & managers positive about COTiD !

## Managers:

- Operational support OTs implementing COTiD not adequate;
- Need for well-defined place OT in dementia care-network ;

## Physicians:

- Psychosocial interventions not in area of expertise;

## All professionals:

- Inter-professional collaboration is facilitator implementation!

# Recommendations.....

## .....research:

- More attention should be paid to the implementation of effective interventions / guidelines;

## .....for healthcare professionals and research:

- Make sure that individual and organizational barriers are resolved before start of implementation;
- Make time to implement research results;
- Implementation should be network-based and should encourage inter-professional collaboration;
- Initial promotion of COTiD should focus on physicians who have positive attitude toward psychosocial interventions.





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