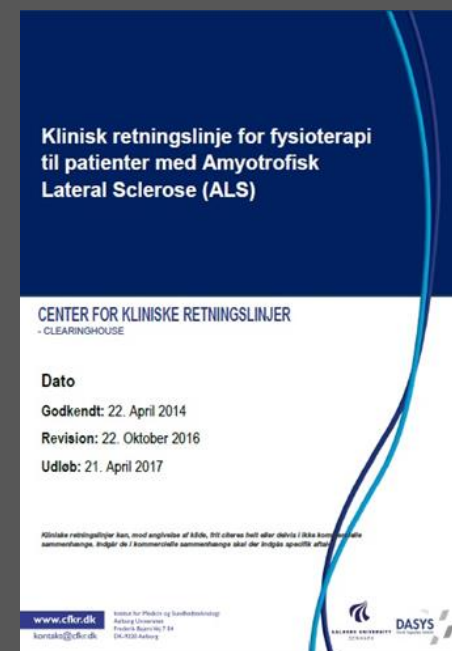


Succesfuld implementering af klinisk retningslinje for fysioterapi til patienter med ALS på de danske hospitaler

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Baggrund - ALS

- Amyotrofisk lateral sclerose – en progredierende neurodegenerativ sygdom.
- Ætologien er ukendt og der findes ingen behandling der kan stoppe sygdommen
- 400 patienter i DK lever med ALS. Ca. 50% lever 30 måneder efter symptomdebut.
- 10 hospitaler i DK har et ALS-team
- Stiller store krav til de fagprofessionelle

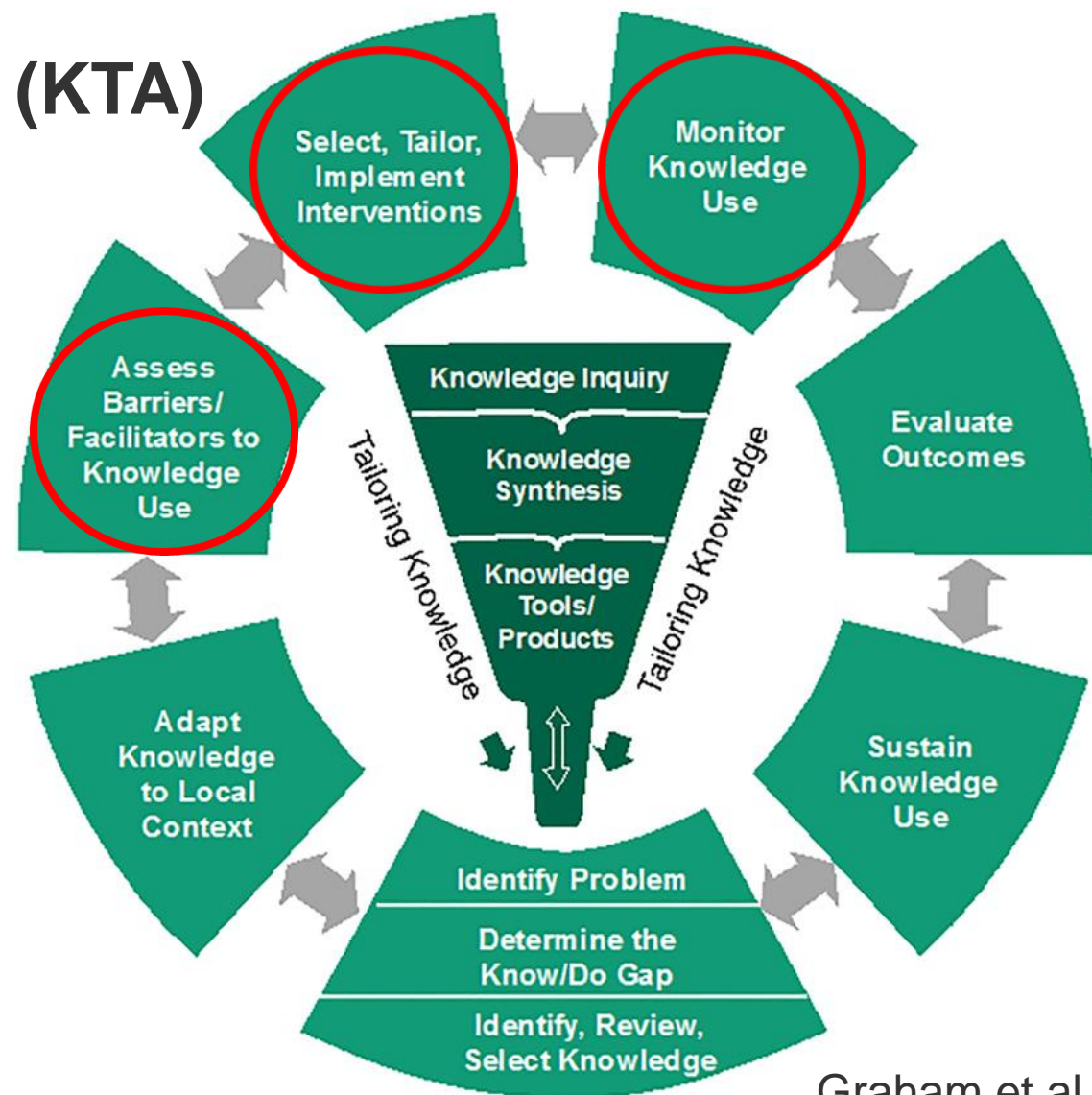
Baggrund – Klinisk retningslinje

- Faglig underen nationalt
- Kliniske spørgsmål nationalt
- Systematisk udarbejdet (Center for Kliniske Retningslinjer og Cochrane)
- Udkast i høring og testet i praksis
- Publicering af en National klinisk retningslinje 2014

Metode - Knowledge to Action (KTA)

Hospitaler med ALS-team inkluderes i:

- **Implementeringsprocessen**
 - Barriere/facilitator analyse
 - Implementering plan
- **Måling af guideline brug**
 - Nationalt tværsnitsstudie



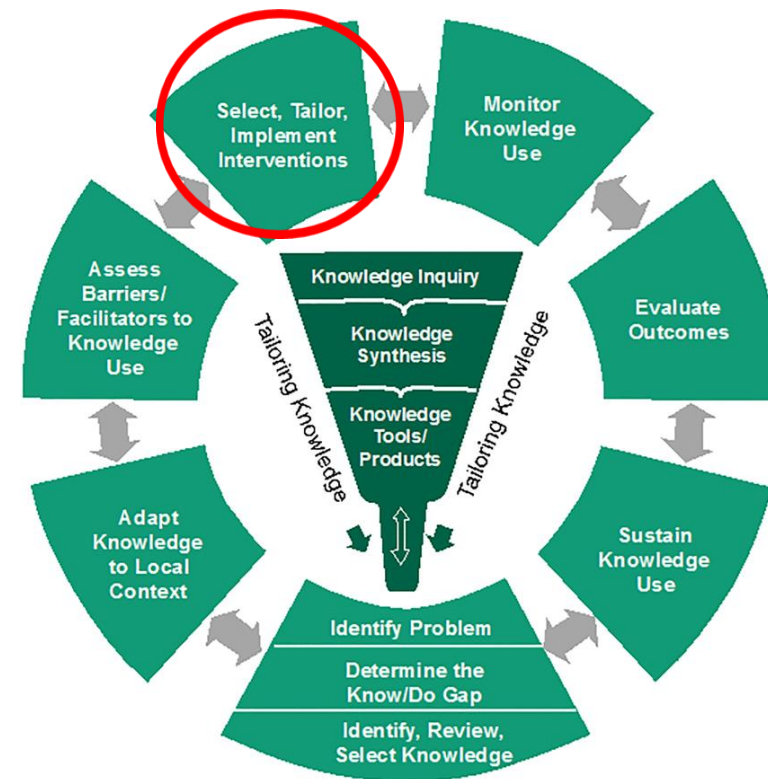
Graham et al, 2013

Resultater – Barriere- og facilitatoranalyse

	Facilitators	Barriers
Evidence	Recommendations are important for the practitioners.	The evidence is weak
Potential adopters	<p>The ten hospitals has a specialized ALS-team function in Denmark</p> <p>The ALS-physiotherapists has shared the “burning platform” where lack of knowledge was identified.</p> <p>The ALS-physiotherapists face the ALS-patients and wants to do the best for the patients</p> <p>The patient organization is strong and willing to participate in the EBP-process to support the ALS-physiotherapist and put pressure on the hospital leaders.</p>	<p>ALS is a small disease category and could be down prioritized. By the leader or by the ALS-physiotherapist because of high workload.</p> <p>Lack of knowledge about best practice for physiotherapy to ALS-patients.</p> <p>Lack of knowledge to read and understand the NCG. Lack of support from team leader</p> <p>The patient organization might have conflicts of interest.</p>
Resources	Possibility to apply for funding	No economics for the EBP-process
Environment	Demand to implement guidelines in practice – control system (IKAS)	No knowledge about the existence of the NCG.
Evaluation	Demand to monitor guideline use – control system (IKAS)	No measurable standard and indicators given in the NCG.

Resultater – implementerings interventioner

1. Educational meeting – 10 ud af 10 hospitaler
2. Hotline
3. Udarbejdelse af indikator til evaluering



Indikator: reflekterer journalnotatet brug af den kliniske retningslinje ja/nej

Resultater – Måling af guideline brug

Tværsnitstudie

National Journal audit

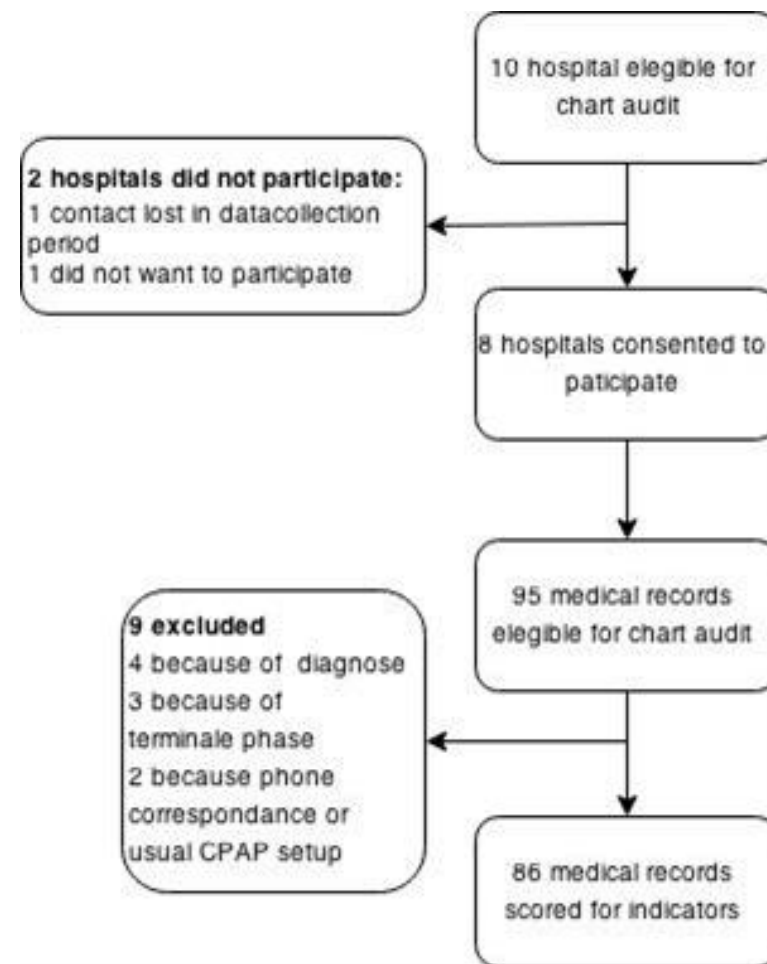
Tabel: inkluderede notater og brug af NCG

Criteria for inclusion present		Treatment given according to the guideline	
YES	NO	YES	NO
86	9	84	2

84

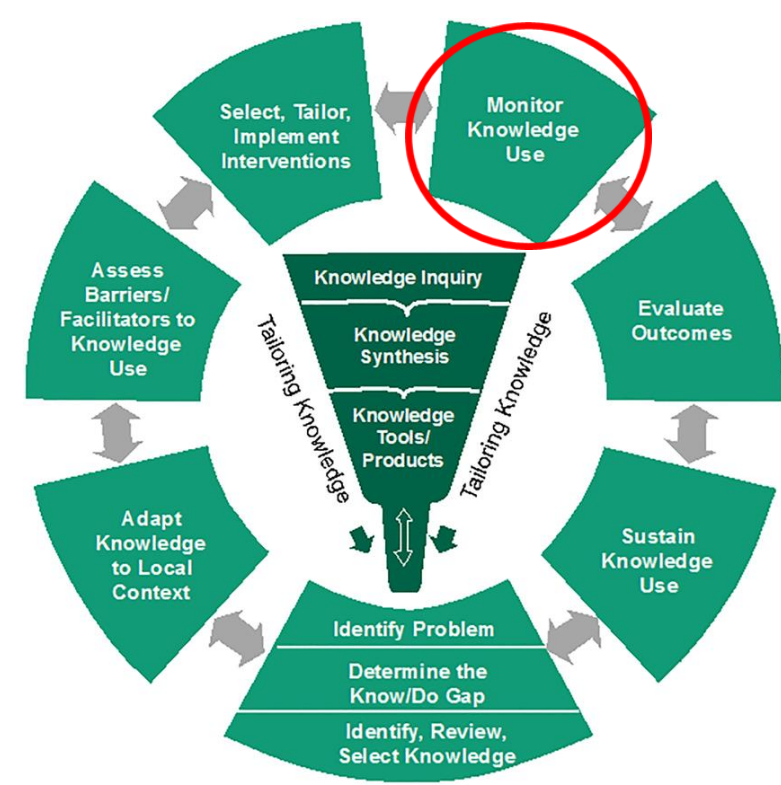
$86 \times 100 = 97,67\% \sim 98\%$

Flowchart: rekruttering til audit



Konklusion

Den kliniske retningslinje til patienter med ALS, anvendes i vid udstrækning på de danske hospitaler med ALS-team.

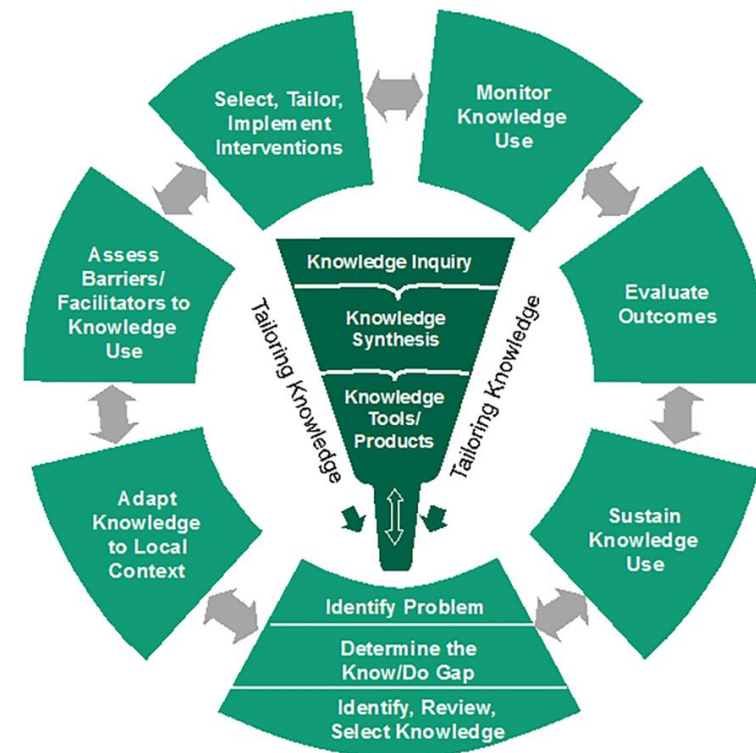


Diskussion

- Udvikling af den kliniske retningslinje
 - Andre studier finder brug i 56% (Rutten et al, 2010) og 67% (Hendrick et al, 2013) af patient kontakter
 - Lignende udviklingsproces indenfor ALS finder brug 89% af patient kontakter (van den Berg et al, 2004)

Implikationer

- Tænk på implementering før udvikling af en klinisk retningslinje (fx KTA).
- Umagen værd at tænke monitorering ind i opbygning af klinisk retningslinje



Taksigelser



- Hans Lund, Professor, Centre for Evidence-based Practice, Western Norway University of Applied Sciences.
- Lise Buus, Projekt- og udviklingsterapeut, MPH, Nordsjællands Hospital – Hillerød.
- Ole gredal, dr med, Rehabiliteringscenter for Muskelsvind.
- ALS-fysioterapeuterne fra hospitalerne: Bispebjerg, Glostrup, Hillerød, Roskilde, Odense, Vejle, Århus, Viborg, Holstebro, Ålborg
- Danske Fysioterapeuter

Spørgsmål ?



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