Implementing the Personalised Integrated Stepped Care Approach (STIP Method) to BPSD:

What are facilitators and barriers?

BACKGROUND & AIM

Most people with dementia in nursing homes show one or more symptoms of behavioural and psychological symptoms of dementia (BPSD). Two consecutive Dutch Health inspectorates in nursing homes showed a late, inadequate or incorrect response to BPSD. Three proven effective approaches have joined forces to develop one combined intervention, the STIP method: the personalised integrated stepped care approach to BPSD (Figure 1). We are implementing the STIP Method, supported with the BPSD Care web application in two nursing homes until the end of 2021; intermediate results are shown on this poster.

With this study **we aim to investigate facilitators and barriers to perform the STIP Method** in order to **effectively prevent and treat BPSD** among people with dementia in nursing homes.

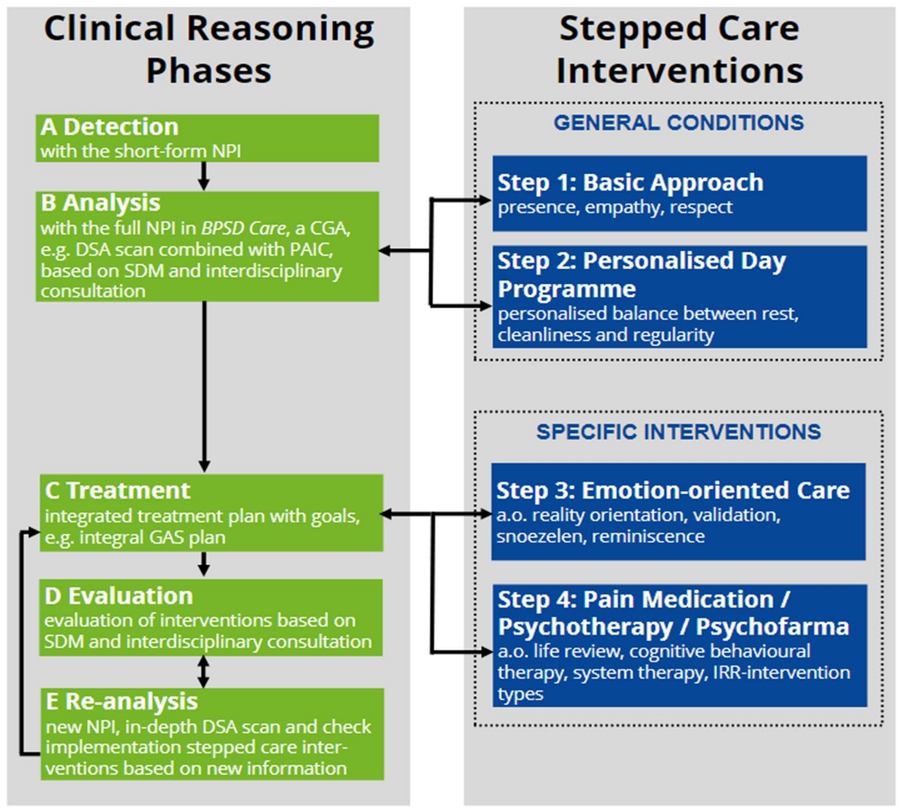

Figure 1. The STIP Method

METHODS

The implementation of STIP is executed by means of **sounding board groups including informal carers, care professionals and managers**.

Qualitative data on facilitators and barriers were extracted from 24 verbatim transcribed sounding board groups and thematically analysed with Atlas.ti.

Quantitative data about the extent of implementation were systematically extracted from 40 patient records.

CONCLUSION

Our preliminary results revealed that **both qualitative and quantitative data underline specific difficulties in the implementation of the STIP Method in nursing homes**. Insight in these barriers and facilitators is a prerequisite for nursing homes to pinpoint the bottlenecks and subsequently to effectively counteract them, to finally succeed in implementation.

WHAT'S NEW?

This is **the first study about implementing the STIP Method** which is a combination of the three proven effective BPSDC approaches that are included in the Dutch Guidelines of BPSD (2018).

We are using the **BPSD Care web application** to implement the STIP Method.

PRELIMINARY RESULTS

Qualitative analysis

Facilitators:

- Acknowledgement of difficulties in dealing with and treating of BPSD
- Acknowledgement for the need of a more integrated approach
- Leadership
- Ownership
- Collaboration

Barriers:

- Lack of notion about the costs and benefits of STIP
- Insufficient support from managers
- Inconsistent, non-methodological workflow

Quantitative analysis

Implementation STIP Method	Nursing home 1 (n=21)		Nursing home 2 (n=19)	
	n	%	*n*	%
Clinical reasoning				
Phase A (detection with NPI)	1	4,8	14	74
Phase B (Analysis)	12	57	2	11
Phase C (Integrated treatment plan)	0	0	0	0
Stepped Care				
Step 1: Basic Approach	4	19	18	95
Step 2: Personalised Day Programme	4	19	14	74
Step 1 + 2 (=general conditions)	1	4,8	14	74
Step 3: Emotion-oriented Care	4	19	6	32
Step 4: Pain Medication/ Psychotherapy/ Psychofarmaca	0	0	0	0
STIP Method				
Clinical reasoning Phase A + B + C	0	0	0	0
At least Clinical Reasoning Phases A to C + at least 2 steps Stepped Care	0	0	0	0

Quantitative analysis shows **multiple deficits in clinical reasoning** e.g. the absence of an integral interdisciplinary goal attainment plan.

Facilitators and Barriers of the Implementation of a Personalised Integrated Stepped Care Approach to BPSD (STIP Method)

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GET IN TOUCH!

Are you also implementing an approach to BPSD? Let us know more about your research and what you think of this study.

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More info?
Dutch Guidelines of BPSD (2018)
https://www.verenso.nl/richtlijnen-en-praktijkvoering/richtlijndatabase/probleemgedrag-bij-mensen-met-dementie
The STIP Method project page
https://www.hogeschoolrotterdam.nl/onderzoek/projecten-en-publicaties/zorginnovatie/samenhang-in-zorg/De-STIP-methodiek/project/