

Rehabilitation in primary care networks for people with acquired brain injury in the Netherlands: insights from a nationwide survey

Bert Vrijhoef PhD., <u>Lucas Koester MSc.</u>, Monique Bergsma MSc.

on behalf of Learning Network Implementation of Guidance for Rehabilitation in Primary Healthcare

DUTCH PRIMARY
HEALTHCARE NETWORKS

Total identified: 38
Response rate: 61%

ONLINE SURVEY

Themes: 3
Items: 16

MAIN FINDINGS

Professions in networks: 100% PTs, 74% OTs, 74% STs, 22% GPs, 30% care coordinators

Background

The way services for people with Acquired Brain Injury (ABI) are organized is fundamental to the quality of care [1]. To strengthen primary care networks providing interdisciplinary rehabilitation for people with ABI, a national guidance was developed [2]. The guidance holds recommendations for healthcare professionals and networks. This study aimed to investigate the baseline status of networks to support the implementation of the guidance (2024 onwards).

Methods

A self-developed, online survey was distributed among primary care networks in the Netherlands. Multiple items were used to collect data regarding 3 themes (16 items): organization of care in a network; criteria for knowledge and skills of allied health professionals; and visibility and findability of healthcare providers and networks for patients and providers. Data were analyzed descriptively.

Results

Characteristics of Regional Stroke Service Networks:

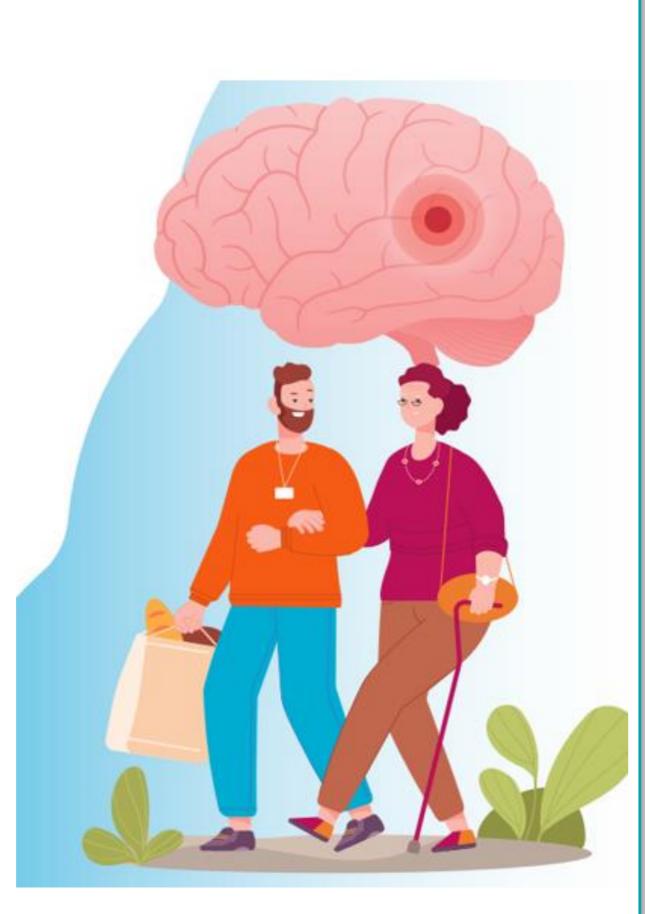
Data were obtained from 23 regional primary care networks. On average networks consist of 44±35 healthcare providers. The smallest network counts 6 healthcare providers, the largest 120.

Main findings:

- 100% of the networks contain physiotherapists (PTs), 74% occupational therapists (OTs) and 74% speech therapists (STs);
- in 78% of the networks, the general practitioner (GPs) is not actively involved;
- 86% of the networks has a set of quality standards;
- 66% has a minimum caseload for its participant varying from 3-10 patients/year;
- 30% of the networks has appointed a care coordinator;
- visibility and findability are most often guaranteed by a website (in 83% of networks).

Participating Primary ABI Healthcare Networks





Conclusion

Rehabilitation in Dutch primary care networks for people with ABI varies. To support the nationwide implementation of the guidance, baseline data indicate the need for an implementation strategy that is responsive to regional variation. This matter is being addressed within the scope of the Dutch Learning Network Implementation of Guidance for Rehabilitation Primary Care.

References

[1] Borcherts, J., Van Vree, F., Goossens, P., Groeneveld, I., Arwert, H., Meesters, J., et al. Passende zorg en substitutie in zorgnetwerken voor mensen met een CVA [Appropriate care and substitution in care netwerks for people with a stroke]. Report. Leiden, 2018.

2] Handreiking Eerstelijns Herstelzorg Hersenletsel [Guidance for Rehabilitation of People with Acquired Brain Injury in Primary Care]. Ergotherapie Nederland, Nederlandse Vereniging voor Logopedie en Foniatrie, Nederlandse Vereniging van Revalidatieartsen & Kennisnetwerk CVA Nederland, Utrecht 2023.









