

The implementation of a standardised programme for the conservative management of knee & hip osteoarthritis in Switzerland: a cross-sectional survey.

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INTRODUCTION

- Evidence-performance gap: need to implement guideline-based management for hip and knee osteoarthritis
- Implementation of "Good Life with Osteoarthritis in Denmark" (GLA:D[®]) in Switzerland since 2019

AIM

- Investigate acceptance and practicality of the GLA:D[®] Switzerland programme
- Identify facilitators and barriers for implementation



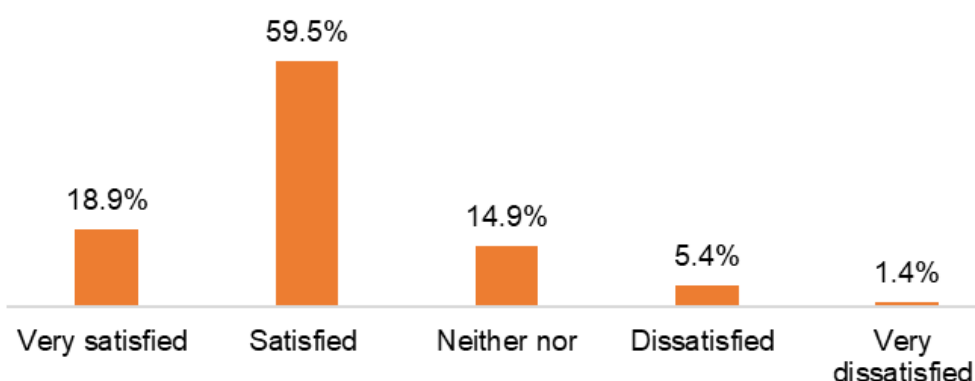
METHODS

- Cross-sectional survey: satisfaction, practicality, barriers and facilitators for implementation among physiotherapists (PTs) of the first five GLA:D[®] Switzerland certification courses in 2019.
- Using survey questions and the Measurement Instrument for Determinants of Innovations (MIDI) (1)
- Descriptive statistics & qualitative content analysis
- Analysis of MIDI
 - ≥20% "disagreement" = barrier
 - ≥80% "agreement" = facilitator

RESULTS

Response rate: 46.1% (65 PTs)

Satisfaction:



DISCUSSION, CONCLUSION

Satisfaction, practicality & the identified facilitators:

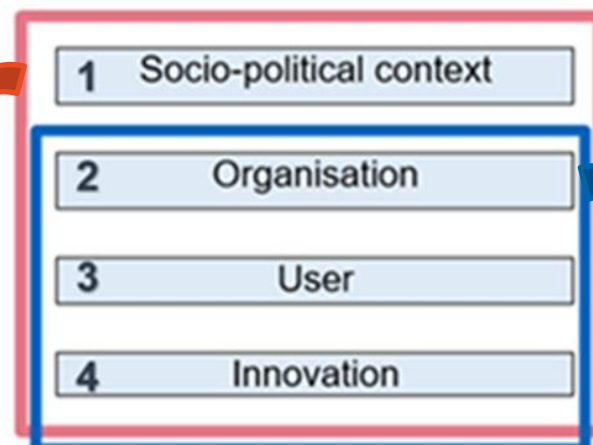
- encouraging for a successful implementation
- The identified barriers require specific strategies: e.g.
- improve data register & digital patient questionnaire
- provide supportive strategies for administrative tasks and provision of GLA:D programme

RESULTS (continuation)

Practicality:

- positive: Individual sessions, clinical tests, programme itself
- difficult: marketing, data register: data entry for patients, register the patient & digital patient questionnaire

12 barriers & 12 facilitators were identified using the **MIDI**:



Barriers:

1. general awareness level of the programme, patient recruitment, profitability
2. staff capacity, time available, unsettled organisation, formal ratification by management
3. the PTs: personal drawbacks (e.g. administrative effort, time-consuming, foreign specifications), subjective norm
4. the GLA:D[®] Switzerland programme: complexity (data register)

Facilitators:

2. material resources and facilities, coordinator, Information
3. outcome expectations, self-efficacy, patient cooperation, professional obligation, knowledge, awareness of content of innovation
4. completeness, relevance for patients, procedural clarity

References: 1. Fleuren MAH, Paulussen TGWM, Van Dommelen P, Van Buuren S. Towards a measurement instrument for determinants of innovations. Int J Qual Health Care J Int Soc Qual Health Care 2014;26:501-10.

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