University of Basel

Faculty of Medicine
Department of Public Health

Pflegewissenschaft
Nursing Science

Sustainable improvement of INTERprofessional care for better resident outcomes: SCALing up an Evidence-based care model for nursing homes (INTERSCALE)

Project abstract

Both the Swiss Federal Council's health policy strategy 2020-2030 and the United Nations' 2030 Agenda call for sustainable development goals to accelerate the translation of evidence into real-world practice. An implementation science approach is key to support sustainable adoption of evidence-based practices. A case-in-point is the introduction of nurse-led care models in nursing homes to reduce unplanned transfers. The latter are burdensome for residents and often associated with adverse events such as falls or delirium and costly for health systems. There is strong evidence supporting the effectiveness of such models; however, little is known about which cost-effective implementation strategies best support nursing homes for successful and sustainable adoption of such models.

Accordingly, the INTERSCALE project has the **overall goal of preparing for the scale-up of the INTERCARE model through the development, implementation and evaluation of a low-resource set of implementation strategies**. INTERCARE is a nurse-led care model developed with a theory-based implementation science approach for the German-speaking part of Switzerland. It was successful in reducing unplanned transfers and cost-effective from the nursing homes' perspective; however, implementation strategies were resource-intensive in supporting the nursing homes to implement the complex intervention. Accordingly, work package 1 (WP1) of INTERSCALE focuses on systematically developing a low-resource set of implementation strategies to support the implementation of the nurse-led care model INTERCARE in nursing homes, while work package 2 (WP2) has the goal of implementing INTERCARE and of comparing the new low-resource set with the set used in the original INTERCARE study concerning its effect on implementation outcomes (e.g., fidelity), costs and resident outcomes (e.g., unplanned transfers).

WP1 will apply a participatory, theory-guided approach. Implementation Mapping will be used to conduct a needs assessment (literature- and field-based), explore barriers and facilitators for the implementation of INTERCARE and select appropriate implementation strategies. Last, a logical model will be developed to depict the expected mechanisms of action of the core elements of INTERCARE and the selected implementation strategies on both implementation and resident outcomes.

A cluster-randomized controlled trial with two arms will be applied in WP2. Both arms will implement INTERCARE, one arm receives the same implementation strategies used in the original INTERCARE study, the second arm will receive the low-resource set of implementation strategies developed in WP1. A convenience sample of 40 nursing homes will participate, and they will be randomly assigned to each arm (20 NHs per arm). The intervention period will last 12 months and will be followed by a 12-month sustainment phase. We will assess implementation outcomes, e.g., fidelity to the core elements of the INTERCARE model, implementation costs, cost-effectiveness, and unplanned transfers.

INTERSCALE plans to deliver a scalable package of an intervention protocol for INTERCARE together with a set of low-resource implementation strategies to support nursing homes in the implementation and sustainment of this nurse-led care model. A theory-driven, contextually adapted development of the strategies with stakeholder involvement ensures that both the intervention and the implementation strategies are acceptable and feasible, fitting to the local context of participating nursing homes. We will deliver two reports that will allow policy makers or other interested parties to scale-up the model to more NHs with tailored implementation strategies that are feasible from a cost perspective.