

The implementation of evidence-based practice in the Netherlandsⁱ

Actions by the *National Association*

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Introduction

In the Netherlands, responsibility for the quality of care does not only rest with an individual health care practitioner, but with all the parties involved. For this reason, an association for a health care profession has a clear task to perform. This paper describes actions that have been taken as well as views on *evidence-based practice* (EBP) by the national association ERGOTHERAPIE NEDERLAND. In 2000, ERGOTHERAPIE NEDERLAND was already engaged in making its members more familiar with EBP and it subsequently decided to focus energy on implementing EBP. A series of articles on evidence-based practiceⁱⁱ have been published in the Dutch Journal of Occupational Therapy. Furthermore, there have been several congresses addressing EBP. The choice to introduce EBP may be prompted by fundamental considerations (EBP as a value) or for more strategic reasons (EBP because it sells). In the year 2008, implementing EBP is itself no longer the main goal. Evidence-based practice as a competence is a condition sine qua non for putting occupational therapy in the Netherlands on the map and for providing qualitatively the highest standards of occupational therapy.

ERGOTHERAPIE NEDERLAND – its functions

Professional associations in the Netherlands have five functions: to lobby, to represent interests by making externally binding agreements, to provide services to members, to make internal agreements and to be significantⁱⁱⁱ. The professional association can use its various functions to contribute towards the responsible performance of occupational therapy by using the EBP methodology as well as implementing new evidence.

Lobbying means carrying out activities aimed at influencing decision-making in the political arena. Externally binding agreements include educational levels and accreditation as well as the rates for providing quality. Services to members may cover providing information, answering questions and giving advice. Internally binding agreements concern, for instance, standards for the quality register. Being significant refers, for example, to conveying the profession's mission, drawing up a professional code and organising general meetings and symposia.

Lobbying

Lobbying seems most effective when the message is kept simple. The effectiveness and efficiency of health care on offer is currently an important topic. *Evidence* seems to be a condition necessary to influencing decision-making. An unequivocal story telling how knowledge is used and how the profession as a group shoulders its social responsibility will help to underpin the latter. This means that occupational therapy needs to expand how it is organised and promote itself to such an extent that it is recognisable to (potential) customers and contractors alike, is easy to find and readily available close to people's homes, schools and work. Because occupational therapy is effective and cost cutting it can help to solve social issues as well as meet the personal wishes of clients. Occupational therapy services are evidence-based, occupation-based, customer-driven and contextual. ERGOTHERAPIE NEDERLAND will target four evidence-based occupational therapy services:

- Involvement in all-round schools (Children and Youth);
- Self-management and guidelines (Chronically ill);
- Reintegration in relation to stress and depression (Work and Health);
- Healthy and active ageing, dementia and informal care and environmental modification and resources (The elderly).

Externally binding agreements

Externally binding agreements include educational levels – such as the Tuning project - and accreditation as well as quality levels associated with rates. EBP has expressly been incorporated into the final attainment levels of the courses. Furthermore, ERGOTHERAPIE NEDERLAND can guarantee by virtue of a quality mark that graduate occupational therapists are competent, remain competent, and offer safe, correct and effective health care. Evidence-based practice is a constituent of this quality mark. Health care insurers are interested in linking this quality mark to charging a higher rate.

Providing services to members

The services members are provided with include advice on EBP and information on new evidence. The launch of ERGOPRACTINET, a virtual learning, knowledge and communications platform, is of utmost importance. To this end, a business agreement has been concluded between ZORGPLAN, a commercial project organisation operating in the health care sector, and ERGOTHERAPIE NEDERLAND. After all, making knowledge already acquired accessible as well as sharing and creating knowledge are vital if you wish to reinforce the profession.

Internally binding agreements

Internally binding agreements concern, for instance, standards for the quality register. The professional association can stimulate or make training in EBP obligatory (credit points for the quality register). The latter is an example of exerting

pressure and keeping check, and calls on external motivation^{iv}. ERGOTHERAPIE NEDERLAND chose a twin register: a quantitative register based on credit points. In addition, a qualitative quality mark is being set up in which occupational therapists, by submitting a portfolio, can demonstrate they are competent and can offer one of the four evidence-based occupational therapies. Taking and passing an e-learning course in EBP is a condition for being awarded this quality mark.

Being significant

Being significant can, for instance, concern harmonising the profession's own view of EBP and the professional paradigm, incorporating EBP into the professional profile, the professional competencies of training courses and the professional code and organising general meetings and symposia.

The objective with regard to EBP

The objective of ERGOTHERAPIE NEDERLAND with regard to EBP is described as follows:

ERGOTHERAPIE NEDERLAND makes the outlook on evidence-based practice explicit and facilitates the creation, the diffusion, the dissemination and the implementation of knowledge in order to ensure that occupational therapists are accountable for their professional performance based on the scientifically proven effectiveness of the applied intervention or the accepted constructs on which the intervention is founded. The professional association's tasks are as follows: to increase the effectiveness of lobbying, to represent the interests of members through agreements, to provide services, to make internal agreements and to be significant. In sum, it will enhance the quality of occupational therapy services and with it, transparent performance.

The starting point uses a definition by Sackett:

- 'The conscientious, explicit and judicious use of current best evidence about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research'^v.

In an elaboration of the methodology as described by Kuiper et al^{vi}, great importance is attached to the evidence of both occupational therapist and client and not just to 'sound' evidence from quantitative research. Attention is paid to the importance of the context and of systematic decision-making.

Creation is defined as an active policy with respect to research.

There are concrete examples of policy proposals and results

- Appointing a scientific director for ERGOTHERAPIE NEDERLAND.
- Collaborating with senior lecturers and Readerships, and the participation of ERGOTHERAPIE NEDERLAND in their research.
- Investigating the feasibility of a chair in occupational therapy.

Diffusion is defined as spreading information and the natural adoption by the target group of guidelines and methodologies.

- ERGOTHERAPIE NEDERLAND enables developments to be documented and translated into standards, thereby promoting transparency and uniformity of the way in which clients are provided with health care.

Dissemination is meant to make it easier to access research data and to aim it towards the relevant target group. This allows more energy to be expended on increasing attention and preparation for changes to come. Dissemination is often described as communicating information to carers to enlarge their knowledge and skills; it is more active than diffusion and is aimed at a specific target group. The professional association can contribute towards giving information to professional practitioners by publishing articles in journals, by organising congresses and symposia, and through information on the website. One condition to this approach is that professionals have to be intrinsically motivated^{vii}. The internet site of ERGOTHERAPIE NEDERLAND gives substantive information via its knowledge network. A few examples of how to present relevant, qualitatively sound information in a succinct way are by making the following accessible:

- Clinical guidelines;
- Systematic reviews;
- Abstracts of the best scientific evidence (CATs and CAPs);
- Specialist journals Nederlands Tijdschrift voor Ergotherapie (the Dutch Journal of Occupational Therapy) and the peer reviewed Wetenschappelijk Tijdschrift voor Ergotherapie (Scientific Journal of Occupational Therapy);
- A digital newsletter;
- Relevant occupational therapy websites and databases like OTseeker;
- Scientific congress.

Implementation: Instruments for guaranteeing quality with regard to implementing EBP, such as including it in the documentation, incorporating it as a benchmark in audits or inspections, or including it as part of the (post) initial educational offer in the same way that EBP has been included in what is offered by ERGOPRACTINET¹.

ⁱ Based on Kuiper C. Implementatie van EBP in de paramedische beroepen (Implementing EBP in allied health professions) In Kuiper, C., Verhoef, J., Louw, D. de. Cox K., (ed.) (2004) *Evidence-based practice voor Paramedici Methodiek en implementatie*. Utrecht: Lemma.

ⁱⁱ Kampstra, T. & M. Langelaan (2002) Evidence Based Practice: Bewijs en nu? (Evidence and now?) The Dutch Journal of Occupational Therapy *Nederlands Tijdschrift voor Ergotherapie*, 30, (6), 219-222.

Kampstra, T. & M. Langelaan (2002) Evidence-Based Practice: Zoeken naar het bewijs. (Looking for evidence.) *Nederlands Tijdschrift voor Ergotherapie*, 30, (5), 189-191.

Kampstra, T. & M. Langelaan (2002) Het nut van Evidence-Based Practice: EBP, wat moet ik ermee? (The usefulness of EBP. EBP How can I use it?) *Nederlands Tijdschrift voor Ergotherapie*, 30, (4), 144-146.

Kampstra, T. & J. Verhoef (2003) EBP: Bewijs in de praktijk. (EBP: Evidence in practice.) *Nederlands Tijdschrift voor Ergotherapie*, 31, (1), 18-19.

ⁱⁱⁱ Schmidt, D., J. van den Toren & M. de Wal (2003) *Ondernemende brancheorganisaties Balanceren tussen belangen*. (Enterprising sector organisations balance between their interests.) Assen: Berenschot Fundatie and Van Gorcum.

^{iv} Grol, R. & M. Wensing (2001) *Implementatie. Effectieve verandering in de patiëntenzorg* (Implementation: Effective change in patient care.) Maarssen: Elsevier Gezondheidszorg (Health Care).

^v Sackett DL, Strauss SE, Richardson WS, Rosenberg W, Haynes RB. (ed.) (2000) Evidence-based medicine. How to practice and teach EBM. Edinburgh, Churchill Livingstone.

^{vi} Kuiper, C., Verhoef, J., Cox K., Louw, D. de. (red.) (2008) *Evidence-based practice voor Paramedici Methodiek en toepassing*. Den Haag: Lemma.

¹ (The eight courses given by ERGOPRACTINET, developed in collaboration with training courses for occupational therapy in the Netherlands, are held under the responsibility of the professional association, account for a 40-hour course load credit for participants, are given in mixed form (e-learning, training and self-study), and assessed on the basis of a portfolio. When five courses have been passed the professional association awards the aforementioned quality mark.)