The nationwide implementation of a physical activity stimulation program in 18 rehabilitation centers and hospitals

Hoestra F,1,2, Alingh RA,1,2, Hettinga FJ,3, van der Schans CP,2,4, Dekker R,2, Duijf M,3, van der Woude LHV.1,2
1 Center for Human Movement Sciences, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands; 2 Department of Rehabilitation Medicine, Center for Rehabilitation, University Medical Center Groningen, Groningen, The Netherlands; 3 Center for Sports Medicine, University Medical Center Groningen, Groningen, The Netherlands; 4 Research and Innovation Group in Health Care and Nursing, Hanze University of Applied Sciences, Groningen, The Netherlands; 5 University of Essex, School of Biological Sciences, Centre of Sport and Exercise Science, Colchester, UK; 6 Stichting Onbeperkt Sportief, Bunnik, The Netherlands.

Introduction

The evidence-based program Rehabilitation, Sports and Exercise (RSE) is developed to stimulate an active lifestyle in patients with physical disabilities and/or chronic diseases during and after rehabilitation. Setting up a Sports Counselling Center, in which standardized counselling and information are offered via motivational interviewing, is one of the key components of the program. The SCC creates the connection between the rehabilitation care and sports and exercise activities in community.

The aim of this study is to evaluate the implementation process of the RSE program in 12 Dutch rehabilitation centers and 6 hospitals.

Methods

Key elements of the implementation process

1) A structural integration of sports and exercise activities during rehabilitation
2) Setting up a Sports Counselling Centre (SCC) to offer tailored counselling after rehabilitation
   ○ Counsellors working in SCC offer face-to-face consultations and counselling sessions to stimulate an active lifestyle at home

Questionnaires for professionals

During the implementation period, rehabilitation professionals (n=±70) in the centers and hospitals filled in questionnaires at three time points (Fig. 1).

Online registration system

During the implementation period, counsellors registered the number of patients that received a face-to-face consultation via the SCC.

Results

Key elements

○ Reach: The 18 organizations implemented 25 active sports counselling centers (Fig. 2). More than 5500 patients received face-to-face consultation via a SCC.
○ Fidelity: In 50% of the organizations, “Sports and Exercise during rehabilitation” was part of the official policy of the organization (Fig. 3). In most organizations counselling was a standard component of outpatient rehabilitation (Fig. 4).
○ Satisfaction: Professionals’ satisfaction about the program was high (mean rates: T0: 8,1±0,7; T1: 8,0±1,2; T2: 8,3±0,9).
○ Continuation: In most organizations the program will continue after 2015 (Fig. 5).

Conclusion

The implementation of the RSE program resulted in 25 active Sports Counselling Centers that reached more than 5500 patients. Fidelity of the implementation varied among organizations. Professionals had positive experiences over time. The RSE program will continue after 2015.

Clinical message

The implementation of the RSE program can realize a more structural integration of sports and exercise activities in rehabilitation care. Moreover, the connection between rehabilitation and sports and exercise activities in the community can be strengthened. Both elements can contribute to a physically active lifestyle in patients with disabilities and/or chronic diseases after rehabilitation.

This study was funded by the Dutch Ministry of Health, Welfare and Sports and supported by “Stichting Onbeperkt Sportief” (www.onbeperktsportief.nl). www.respect.nl