

Abstract

Background: In nursing home residents prevalences of pain rates up to 80%. However, pain of residents with dementia is often unrecognized and undertreated. Improving pain management is a relevant goal for elderly care organizations. To reach this, implementation of Verenso's multidisciplinary 'Recognition and treatment of chronic pain in vulnerable elderly people' guideline is a critical step.

Aim: To develop a tailored implementation strategy for Verenso's multidisciplinary guideline to improve the pain management for residents with dementia living in a nursing home and further development of the multi-level fit implementation diagnostics of the innovation-contingency model.

Methods: A mixed method design with two phases was conducted. The study population included all health-care professionals from a psychogeriatric ward in a nursing home. In phase I, the implementation diagnostics were assessed with the multi-level fit diagnostics of the innovation-contingency model and the current process of pain management was identified. Based on the data of Phase I and the decision rules of the innovation-contingency model a tailored implementation strategy was developed in phase II.

Results: The implementation diagnostics indicate that a configuration development strategy will be the most appropriate strategy to implement the guideline. This strategy was found to be practically feasible by members of the organization which the strategy has been tailored to.

Conclusion: This study shows that adding a qualitative method to the multi-level fit diagnostics of the innovation-contingency model provide a detailed insight in implementation diagnostics. This way, a tailored implementation strategy for Verenso's multidisciplinary guideline can be developed and tailored to the context.

Recommendations: A longitudinal study to determine the effectiveness of the configuration development strategy and further research to determine the effectiveness of adding a qualitative method to the innovation-contingency model are recommended.

Key words: Implementation, Pain management, Quality improvement, Dementia