Universität Basel
Medizinische Fakultät
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25 Years of Growth
2000-2025
Nursing Science
Pflegewissenschaft
Universität Basel

INSPIRE – ACT: An integrated care model for clinical assessment, interprofessional communication, and coordination of home care for home-dwelling older adults aged 75+ at risk of hospitalization in Canton Basel-Landschaft (BL), Switzerland.

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Background

- Integrated care has the potential to reduce avoidable hospitalizations or nursing home admissions among multimorbid home-dwelling older adults (1, 2).
- Evidence on its effectiveness is still inconclusive (2, 3, 4).
- In Canton BL, 33% of hospitalizations correspond to older adults aged 75+ (5).
- This project builds on INSPIRE's six years of experience in implementing integrated care in Canton BL.

Aim

- The INSPIRE-ACT project aims to co-develop, implement, and evaluate an integrated care model for home-dwelling older adults aged 75+ at risk for hospitalization in two home-care organizations (Spitex) in Canton BL.

Project phases

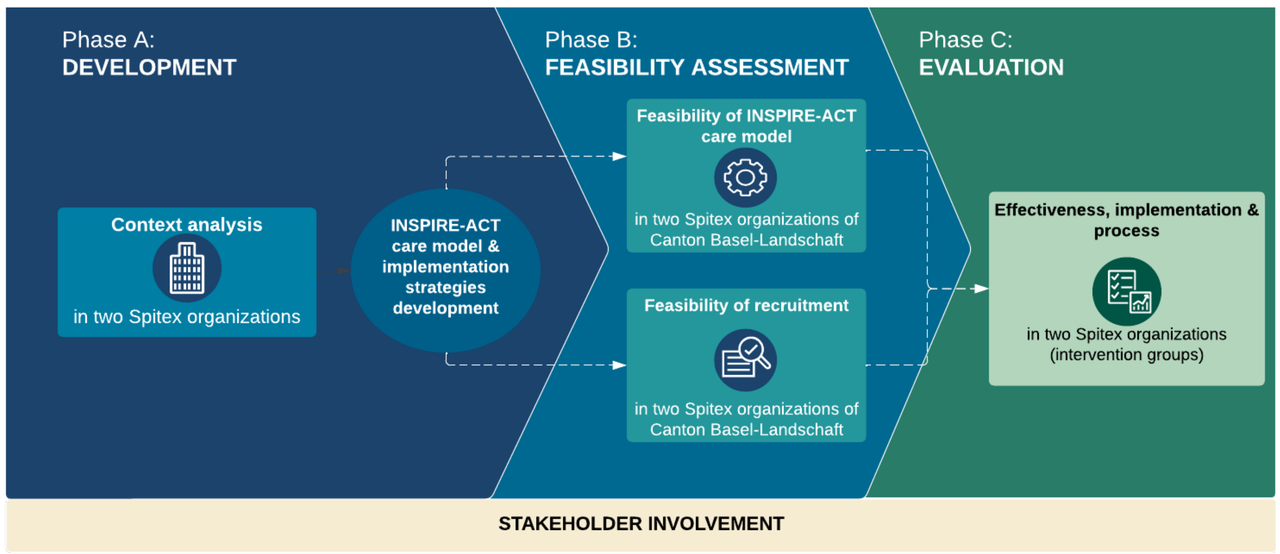


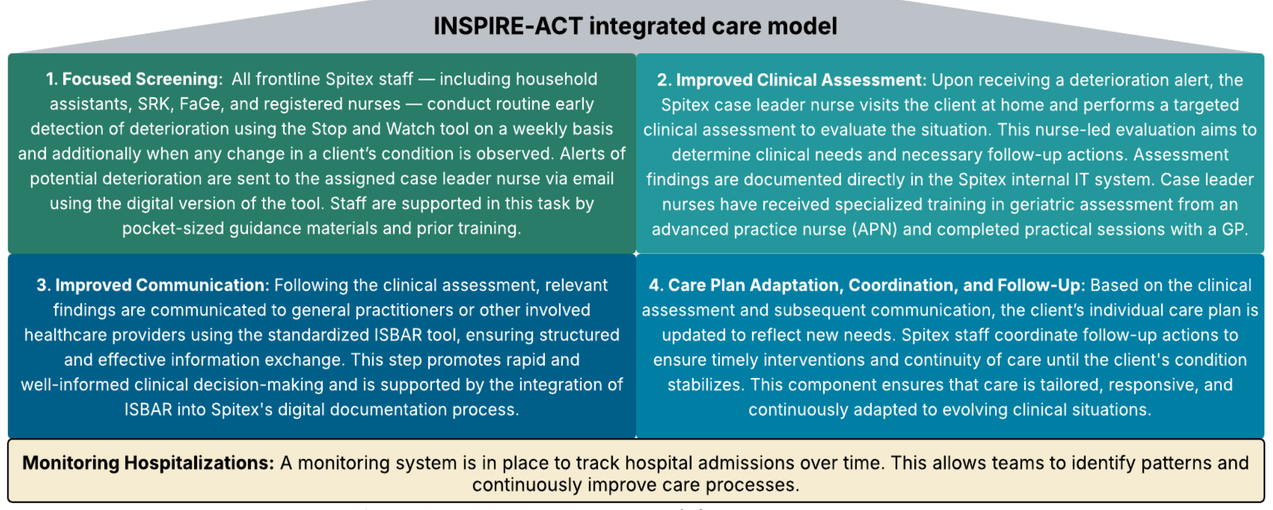
Figure 1: INSPIRE-ACT project phases

Phase A: Co-Development of the INSPIRE-ACT care model and implementation strategies (2024)

Strength of evidence and theory

Contextual analysis

Stakeholder involvement



Implementation strategies:

- Training & coaching
- Ongoing consultation
- Case discussion meetings
- Adaptation of IT system
- Adaptation of Spitex record system
- Co-development of a monitoring system for hospitalizations and feedback process

Figure 2: INSPIRE-ACT care model components

Phase B: Feasibility assessment (2025)

Aims:

1. To assess the adoption, acceptability, feasibility, fidelity, and reach of the INSPIRE-ACT care model in Spitex Birseck and Spitex Muttenz, from the perspective of older adults and Spitex staff.
2. To assess the feasibility of recruitment of home-dwelling older adults at risk of hospitalization in Spitex Birseck and Spitex Muttenz.

Methods:

- **Design:** multi-methods. Quantitative data will be obtained from Spitex administrative data and older adults' health records. Qualitative data will be collected through focus groups, and observations.
- **Sample:** 15 Spitex clients aged 75+ and 3 Spitex case leaders
- **Data sources:** interviews, client's health records, focus groups

Phase C: Evaluation (2026-2028)

Effectiveness evaluation

Aim: To evaluate the **effectiveness** of the INSPIRE-ACT model in view of **hospitalizations** (primary outcome), perception of **person-centered care** (PCC), **quality of life** (QoL), and **nursing home referrals** (secondary outcomes).

Methods:

- **Design**: pre-post study. Data will be extracted from the Spitex monitoring system, validated questionnaires and Spitex administrative data.
- **Sample**: 190 Spitex clients aged 75+ .
- **Data analysis**: descriptive statistics, time-to-event models for hospitalizations and nursing homes, and linear mixed models for changes in PCC and QoL.

Process evaluation

Aim: To evaluate the implementation process of the INSPIRE-ACT care model, including the assessment of **adoption**, **fidelity**, and **reach**.

Methods:

- **Design:** mixed methods. An "initial theory of implementation" will be created through a realist approach and visualized in a causal loop diagram. This initial theory will be refined through observations, focus groups, and interviews. Implementation outcomes will be evaluated via staff attitudes and clients' records.
- **Sample:** Spitex clients aged 75+, Spitex staff, informal caregivers, and healthcare professionals.

References

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Expected outcomes

- The INSPIRE-ACT care model is expected to have **positive impact** on both **individual** (e.g. improved perception of person-centered care) and **service** outcomes (e.g. reduced hospital and nursing home admissions).
- The findings will provide the scientific and clinical community **guidance on the implementation of an integrated care model** for home-dwelling older adults in Canton BL, Switzerland, and beyond.

Version: 22.08.2025