Referenties - Wetenschappelijke onderbouwing hulpmiddelen

Het stappenplan voor het bepalen van de wetenschappelijke onderbouwing en een definitie van de levels of evidence zijn te vinden op p.8-9 van dit document.

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SMAS Self-Management Ability Scale
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SOFA-model
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Tilburg Frailty Indicator (TFI)
- Apóstolo e.a. (2017). Predicting risk and outcomes for frail older adults: an umbrella review of frailty screening tools. JBI Database System Rev Implement Rep;15(4):1154-1208.
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Valanalyse inventarisatie valrisico 65+ door de eerstelijnszorg

- VeiligheidNL en samenwerkingspartners. Te downloaden via: https://www.veiligheid.nl/valpreventie/interventies/screening/valanalyse.

Valrisico-inventarisatie

- Valrisico-inventarisatie (VRI). Gemiva (2013).
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Verkorte checklist Veilige Zorg Risicosignalering

- Verkort checklist Veilige Zorg (2015). Zorg voor Beter.
- Gebaseerd op:
    - Richtlijn Screening en behandeling van ondervoeding (Stuurgroep ondervoeding, 2011)
    - SNAQ-RC (Stuurgroep ondervoeding)
    - BEM (Beheer Eigen Medicatie) van het IVM en aantal medicatieveiligheidslijsten van organisaties uit de zorg
    - Richtlijn Mondzorg voor zorgafhankelijke cliënten in verpleeghuizen (NVVA, KNMT en NVG)
    - Richtlijn urine-incontinentie bij kwetsbare ouderen (V&VN en LEVV, 2010)
    - De eenzaamheidsschaal (De Jong Gierveld en Kamphuis, 1985)
    - Screeningschaal DOSS (Bureau voor Toegepaste Sociale Gerontologie, 2001)
    - Richtlijn Herkenning en behandeling van chronische pijn bij kwetsbare ouderen (Verenso, 2011)
    - Folder 'Depressie bij ouderen' (Fonds psychische gezondheid, 2007)
    - Kwaliteitsdocument sector verpleging, verzorging en zorg thuis, indicator 4.4 (VV&T, 2013)
    - GDS: Geriatric Depression Scale (Brink e.a., 1985)
    - Landelijke multidisciplinaire richtlijn Decubitus preventie en behandeling (V&VN, 2011)
    - Folder Oog- en oorproblemen bij ouderen (Het PON, 2010)

Vroegsignalering Dementie

- Veenstra (2010). Vroegsignalering helpt cliënt én mantelzorger. Academische werkplaats Dementie. Tijdschrift LVW;10;3;12-14.
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Waaier medicatieveiligheid

- Medicatiewaaier: Medicatiezorg, praktische informatie en tips (2013). Vilans, geraadpleegd april 2017 via: www.zorgvoorbeter.nl
- Geen wetenschappelijke literatuur gevonden.

Wondzorg app

- Boomerweb. Te downloaden via: https://play.google.com/store/apps/details ?id=nl.boomerweb.wondzorgapp.

Zarit-12

- Al-Rawashdeh e.a. (2016). Psychometrics of the Zarit Burden Interview in Caregivers of Patients With Heart Failure. J Cardiovasc Nurs;31(6):E21-E28.
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- Van Durme e.a. (2012). Tools for measuring the impact of informal caregiving of the elderly: a literature review. Int J Nurs Stud;49(4):490-504.
- Whalen & Buchholz. (2009). The reliability, validity and feasibility of tools used to screen for caregiver burden: a systematic review. JBI Libr Syst Rev;7(32):1373-1430.

Zelfredzaamheidsradar

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- Mast e.a. (2014). Zo zelfredzaam. Een overzicht van instrumenten voor het meten van zelfredzaamheid. Vilans.

Zorgpad Stervensfase

- IKNL, geraadpleegd mei 2017 via https://www.iknl.nl/palliatieve-zorg/verbetertrajecten/zorgpad-stervensfase. “Het Zorgpad Stervensfase is onderdeel van de richtlijn Zorg in de stervensfase. Het zorgpad is gericht op maximaal comfort voor patiënten en naasten tijdens de stervensfase.”

Stappenplan voor het bepalen van levels of evidence voor Toolbox project

Stap 1: Voor ieder meetinstrument in de toolbox is literatuur gezocht in wetenschappelijke database Pubmed en via www.meetinstrumentenzorg.nl. Gebruikte zoektermen zijn: [naam meetinstrument] EN betrouwbaarheid OF validiteit OF klinimetrie OF psychometrische eigenschappen OF evidence-based OF review. Waar mogelijk is gekeken naar (recente) systematische reviews.

Stap 2: Per meetinstrument is de literatuur samengevat in een tabel (beschikbaar op aanvraag). Betrouwbaarheid en validiteit zijn gescoord met behulp van de kwaliteitscriteria die zijn weergegeven in tabel 1 (Schellingerhout, 2012), op de volgende pagina.

Stap 3: O.b.v. de samenvatting is vervolgens per meetinstrument een level of evidence toegekend. Levels of evidence zijn afgeleid van Schellingerhout (2012) classificatie: Sterk, gemiddeld, beperkt, conflicterend, onbekend. De classificatie is voor dit stappenplan aangepast omdat het bepalen van de methodologische kwaliteit van alle literatuur praktisch niet haalbaar was.

Levels of evidence:

- Sterk: Systematische reviews, meerdere wetenschappelijke betrouwbaarheid/validiteitsstudies, consistente uitkomsten m.b.t. *goede* betrouwbaarheid en validiteit
- Matig: Meerdere wetenschappelijke betrouwbaarheid/validiteitsstudies, consistente uitkomsten m.b.t. *matige* betrouwbaarheid en validiteit
- Beperkt: Een enkele wetenschappelijke betrouwbaarheid/validiteitsstudie, of studies alleen door ontwikkelaar
- Conflicterend: Meerdere wetenschappelijke betrouwbaarheid/validiteitsstudies, tegenstrijdige resultaten
- Consensus-based: Geen wetenschappelijke betrouwbaarheid/validiteitsstudies beschikbaar of gebaseerd op (wetenschappelijke) literatuur of theorieën, maar betrouwbaarheid/validiteit van het instrument als geheel niet geëvalueerd
- Practice-based: Geen wetenschappelijke betrouwbaarheid/validiteitsstudies beschikbaar

Table 1 Quality criteria for measurement properties (bron**:** Schellingerhout e.a., 2012)

Property	Rating	Quality criteria
Reliability		
Internal consistency	+	(Sub)scale unidimensional AND Cronbach's alpha(s) ≥ 0.70
	?	Dimensionality not known OR Cronbach's alpha not determined
	−	(Sub)scale not unidimensional OR Cronbach's alpha(s) < 0.70
Measurement error	+	MIC > SDC OR MIC outside the LOA
	?	MIC not defined
	−	MIC ≤ SDC OR MIC equals or inside LOA
Reliability	+	ICC/weighted Kappa ≥ 0.70 OR Pearson's *r* ≥ 0.80
	?	Neither ICC/weighted Kappa, nor Pearson's *r* determined
	−	ICC/weighted Kappa < 0.70 OR Pearson's *r* < 0.80
Validity		
Content validity	+	The target population considers all items in the questionnaire to be relevant AND considers the questionnaire to be complete
	?	No target population involvement
	−	The target population considers items in the questionnaire to be irrelevant OR considers the questionnaire to be incomplete
Construct validity (convergent validity, discriminant validity)		
Structural validity	+	Factors should explain at least 50% of the variance
	?	Explained variance not mentioned
	−	Factors explain < 50% of the variance
Hypothesis testing (convergent validity; Abma 2016)	+	(Correlation with an instrument measuring the same construct ≥ 0.50 OR at least 75% of the results are in accordance with the hypotheses) AND correlation with related constructs is higher than with unrelated constructs
	?	Solely correlations determined with unrelated constructs
	−	Correlation with an instrument measuring the same construct < 0.50 OR < 75% of the results are in accordance with the hypotheses OR correlation with related constructs is lower than with unrelated constructs
Responsiveness		
Responsiveness	+	(Correlation with an instrument measuring the same construct ≥ 0.50 OR at least 75% of the results are in accordance with the hypotheses OR AUC ≥ 0.70) AND correlation with related constructs is higher than with unrelated constructs
	?	Solely correlations determined with unrelated constructs
	−	Correlation with an instrument measuring the same construct < 0.50 OR < 75% of the results are in accordance with the hypotheses OR AUC < 0.70 OR correlation with related constructs is lower than with unrelated constructs

[..] reference number, *MIC* minimal important change, *SDC* smallest detectable change, *LOA* limits of agreement, *ICC* intraclass correlation coefficient, *AUC* area under the curve. + positive rating, ? indeterminate rating, − negative rating

Aanvullende afkappunten:

- Terwee e.a. (2007): positive rating for criterion validity (concurrent or predictive validity) when correlation ⩾0.70.
- Higginson e.a. (2010): A discriminative test is considered perfect if AUC = 1.0, good if AUC = 0.8-1.0, moderate if AUC = 0.6-0.8, and poor if AUC = 0.5-0.6; an area of 0.5 reflects a random rating model.