Kwaliteitsvolle en patiëntgerichte zorg na ischemische beroerte





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13 oktober 2026

Inhoud

- Wie zijn wij?
- Wat is kwaliteitsvolle zorg?
- Nagaan variatie in zorg
- Kunnen we de kwaliteit van zorg optimaliseren?
- Hoe nemen we de visie er ervaring van patiënten mee?

Wie zijn wij?

- Leuvens Instituut voor GezondheidszorgBeleid
- Kwaliteitsnetwerk (NKP) met 42 leden
- Opgestart in 2000



NKP
Netwerk Klinische Paden
LIGB - KU Leuven



Wie zijn wij?



Breakthrough Improvement Collaboratives

BIC4CRC
Gestart in 2017
28 deelnemende centra
4 meetperiodes
1604 patiëntendossiers

BIC4HIP
Gestart in 2019
30 deelnemende centra
2 meetperiodes
1225 patiëntendossiers

BIC4Stroke
Gestart in 2020
31 deelnemende centra
3 meetperiodes
2370 patiëntendossiers

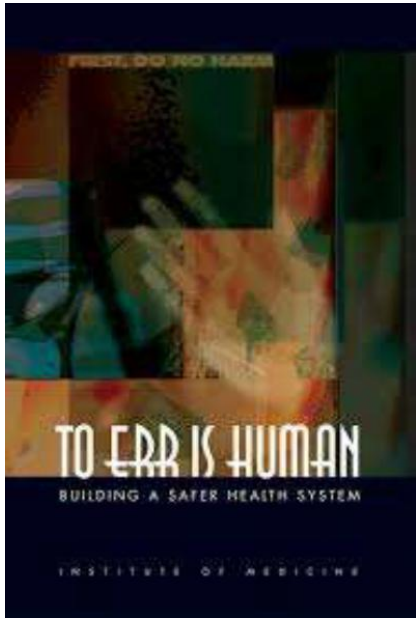
BIC4Breast
Gestart in 2021
21 deelnemende centra
2 meetperiodes
1050 patiëntendossiers

BIC4VMR
Gestart in 2023
26 deelnemende centra
1 meetperiode
280 patiëntendossiers

BIC4ReCa
g in 2024
24 participating centers
1 measurement period
770 patiëntendossiers

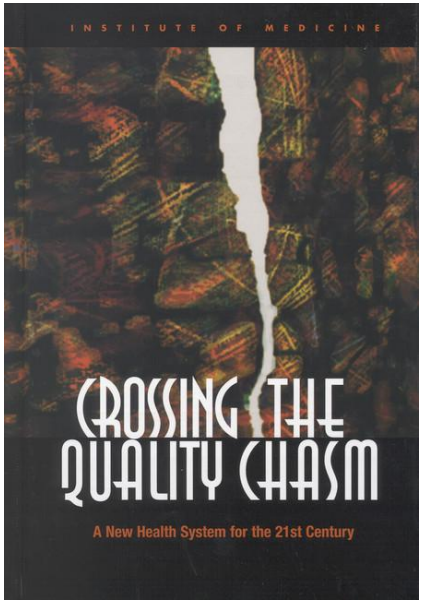
BIC4IBD
Gestart in 2026

Kwaliteit van zorg

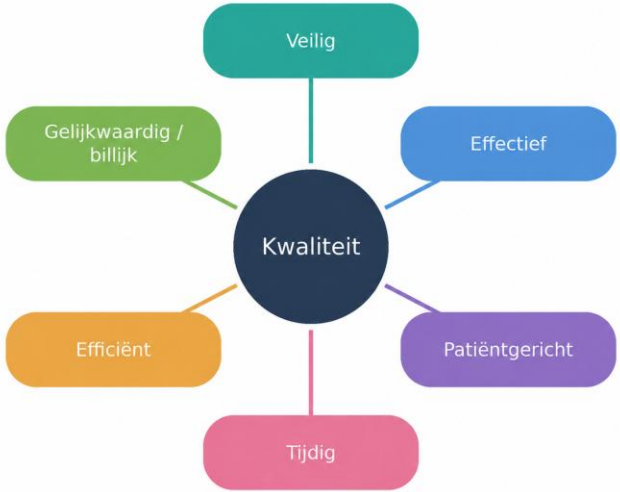


- Start van het kwaliteitsdenken (1999)
- **Medische fouten hebben een grote impact:** ongeveer 44.000–98.000 overlijdens per jaar in Amerikaanse ziekenhuizen.
- **‘Missen is menselijk’**→ zorgsysteem zodanig ontwerpen dat kans op fouten daalt
- Maakt van patiëntveiligheid een prioriteit.

Kwaliteit van zorg

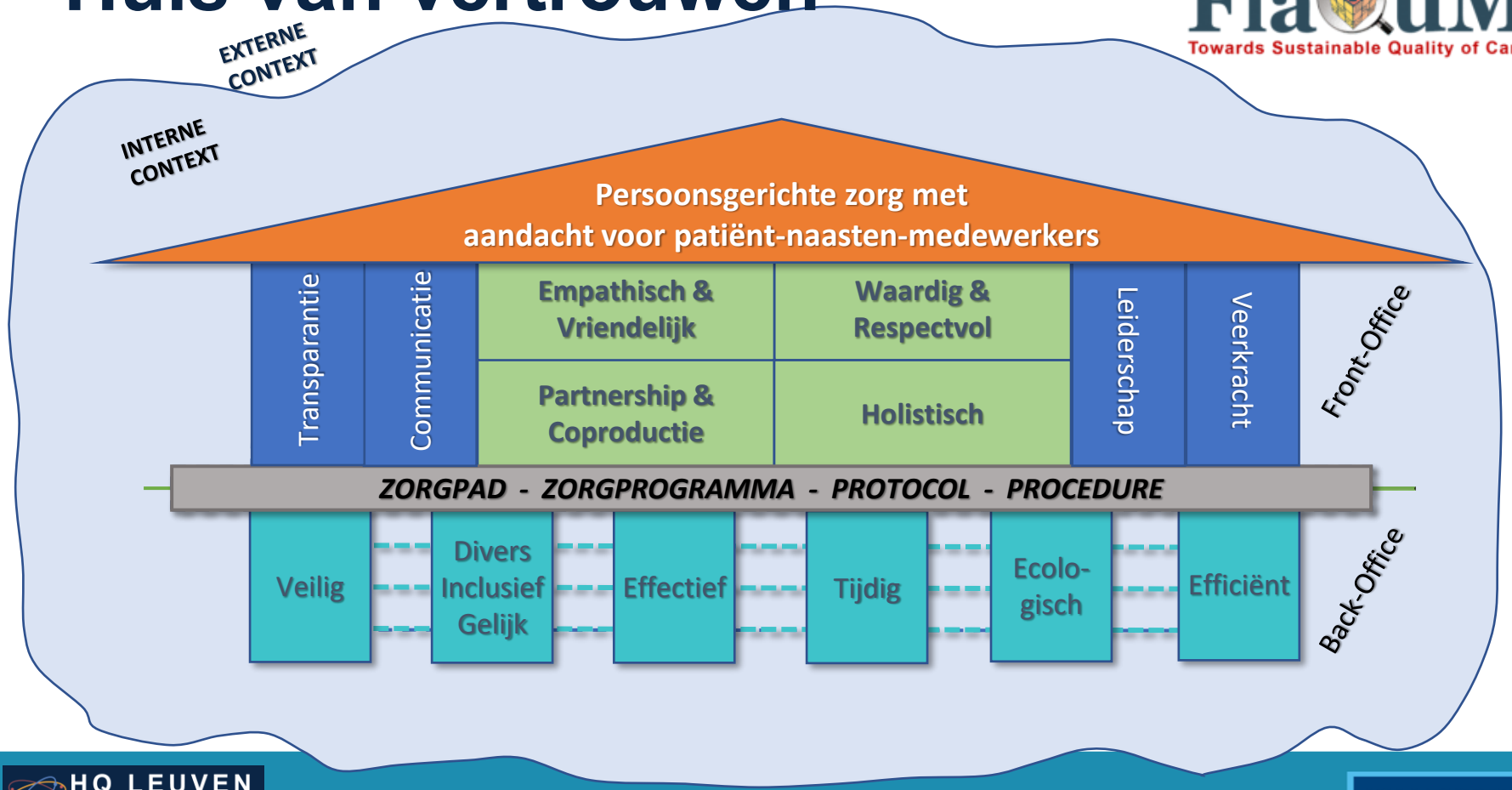


- Kloof tussen best mogelijk (evidence-based) zorg & wat patiënten in de praktijk daadwerkelijk ontvangen → moet kleiner
- Herontwerpen van ons zorgsysteem
- Organiseren van zorg volgens de 6 dimensies van het IOM



Huis van vertrouwen

Flanders Quality Model
FlaQuM
Towards Sustainable Quality of Care



BIC4Stroke

“**Kwaliteitsvolle zorg**
is de zorg die je
voor jezelf en je naasten
zou wensen.”

Waarom de organisatie van zorg verbeteren?



Stroke heeft een directe impact op de levenskwaliteit



Er is een positieve associatie tussen opvolgen richtlijnen en patiëntuitkomsten



Kloof tussen richtlijnen en praktijk



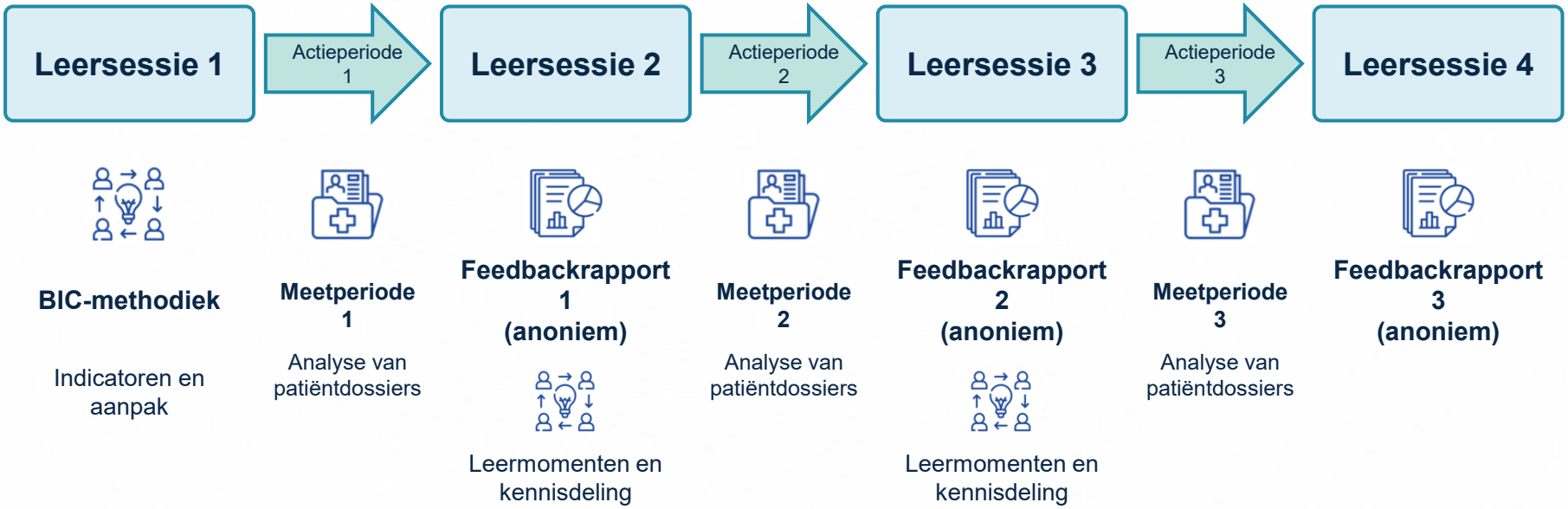
Variatie in zorgprocessen en uitkomsten voor stroke



Inzicht in kwaliteit als basis voor verbetering

Methodiek voor gezamenlijk verbeteren

IHI Breakthrough Improvement Collaborative (BIC)



Quality Improvement Collaboratives



Multidisciplinaire teams



Evidence-based veranderen



Kennisdeling & gedeeld leiderschap



Benchmarking & positieve groepsdruk



Continue kwaliteits-verbetering

Positief effect op infecties ICU[1], postoperatieve morbiditeit and mortaliteit[3], wondinfecties[4], middelen & kosten

[1] P. Tuma et al., “A National Implementation Project to Prevent Healthcare-Associated Infections in Intensive Care Units: A Collaborative Initiative Using the Breakthrough Series Model.,” Open Forum Infectious Diseases, Mar. 2023, doi: 10.1093/ofid/ofad129.
[2] R
[3] C. M. Silver et al., “Changes in Surgical Outcomes in a Statewide Quality Improvement Collaborative with Introduction of Simultaneous, Comprehensive Interventions.,” Journal of the American College of Surgeons, Mar. 2023,
[4] Reames BN, Krell RW, Campbell DA, Dimick JB. A Checklist-Based Intervention to Improve Surgical Outcomes in Michigan: Evaluation of the Keystone Surgery Program. JAMA Surg. 2015;150(3):208–215. doi:10.1001/jamasurg.2014.2873

Verbeter collaborative (n=29) om de zorg voor stroke de optimaliseren in Vlaanderen

BIC4Stroke

UZA

azdelta

MARIA MIDDELARES

az Glorieux

AZ Klina
voluit voor zorg

az turnhout

algemeen ziekenhuis Sint-Maarten

rz tienen

HEILIGHART
ALGEMEEN ZIEKENHUIS LIER

AZ JAN PORTAELS

AZ Oostende

noorder hart excellente zorg

JYZ

AZ Sint-Elisabeth

az groeninge kortrijk



az alma
zorg met een hart

az Sint Blasius

ZAS

AZORG

Universitair Ziekenhuis Brussel

jessa ZIEKENHUIS

ZENO
azzeno.be

Kliniek SINT-JAN
Clinique SAINT-JEAN

imelda ZIEKENHUIS

az sint-lucas BRUGGE

SFZ
SINT-FRANCISCUS ZIEKENHUIS

Ziekenhuis Oost-Limburg

UZ LEUVEN

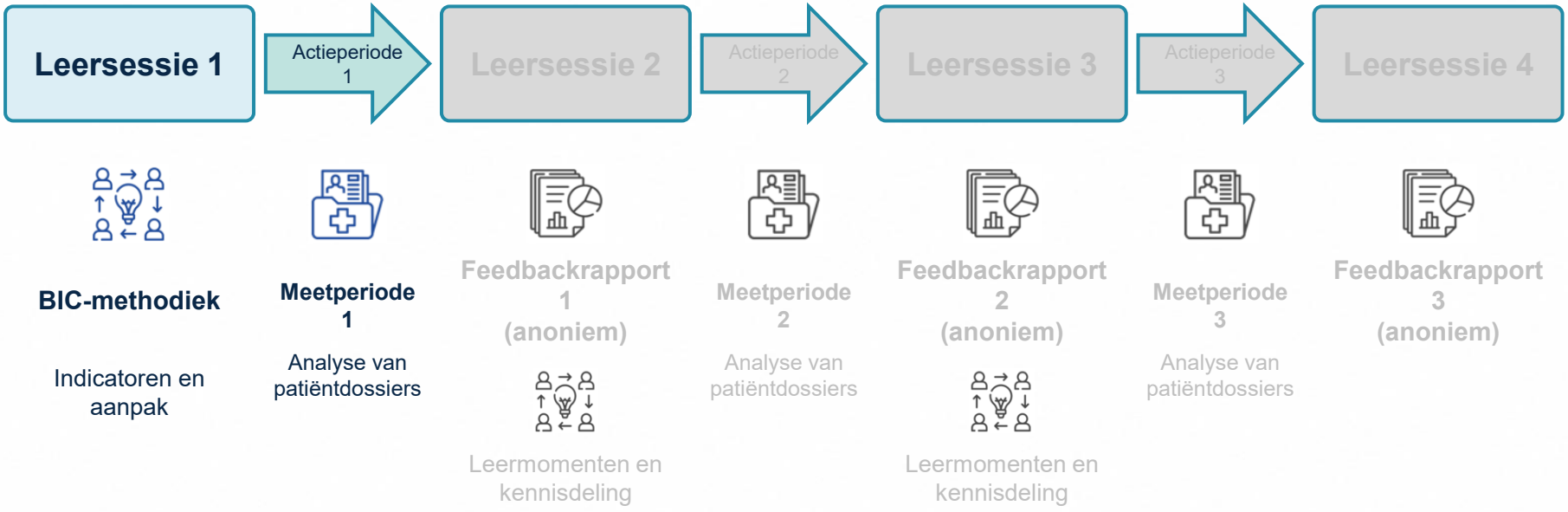
UZ GENT

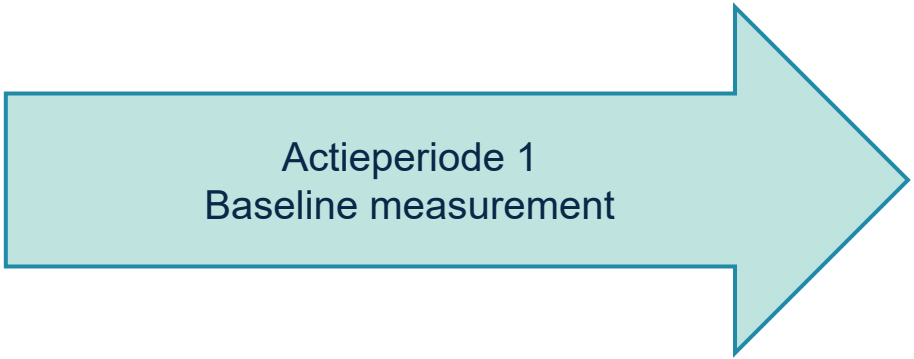
H. HARTZIEKENHUIS MOL

AZ Sint-Jan Brugge

Methodiek voor gezamenlijk verbeteren

IHI Breakthrough Improvement Collaborative (BIC)



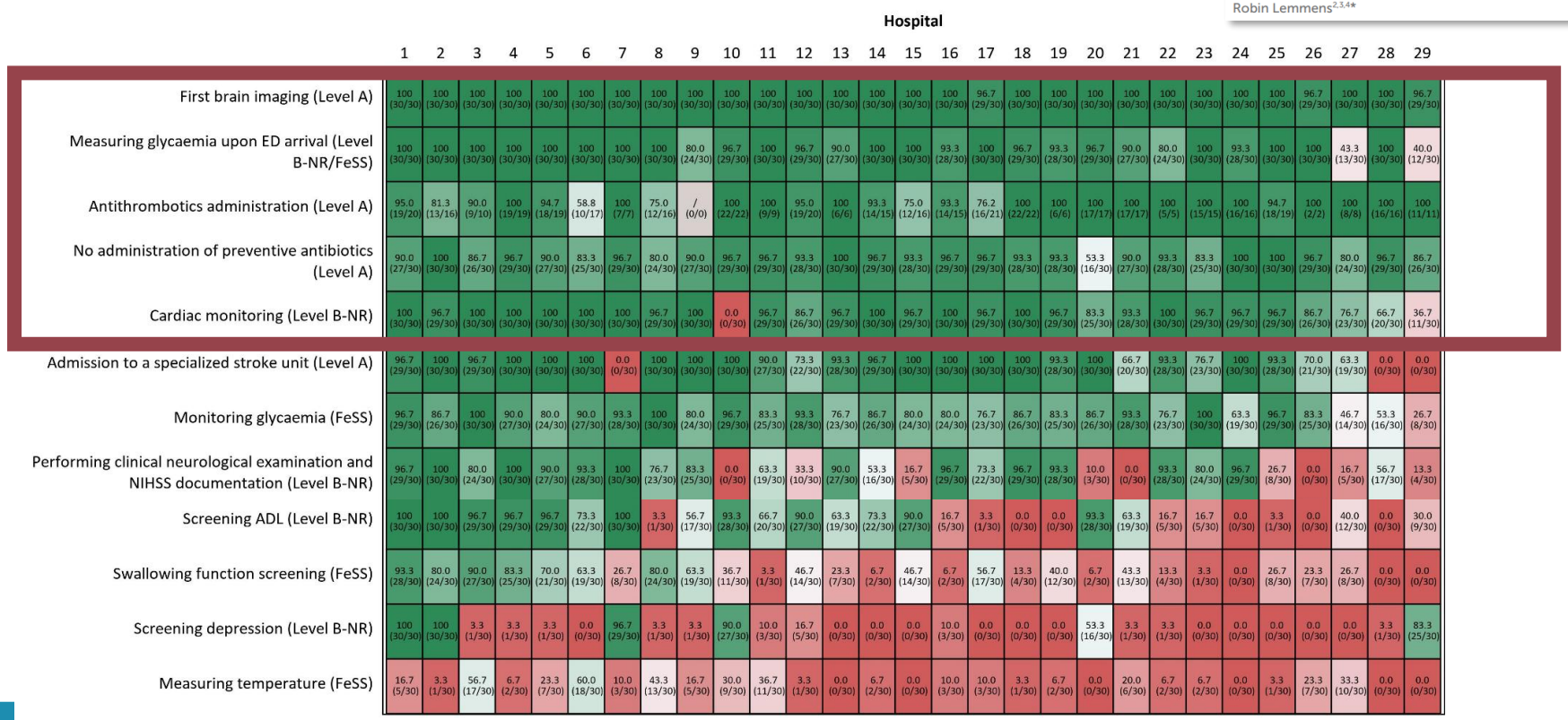


- 30 consecutieve patiëntendossiers per ziekenhuis
- Retrospectieve analyse
  - 29 centra
  - 870 dossiers geanalyseerd
- Gestructureerde audit tool

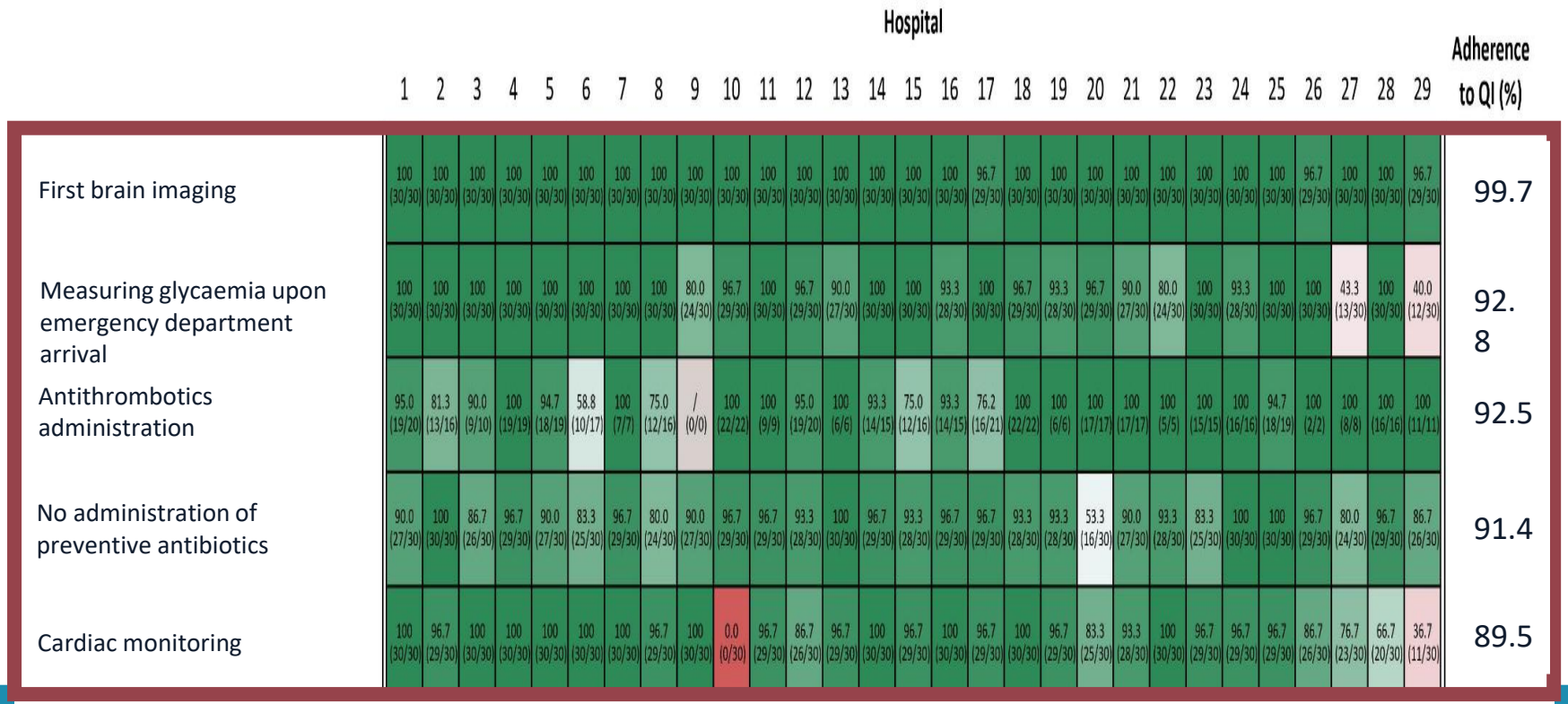
Variatie binnen en tussen centra(n=870)

Variation in stroke care at the hospital level: A cross-sectional multicenter study

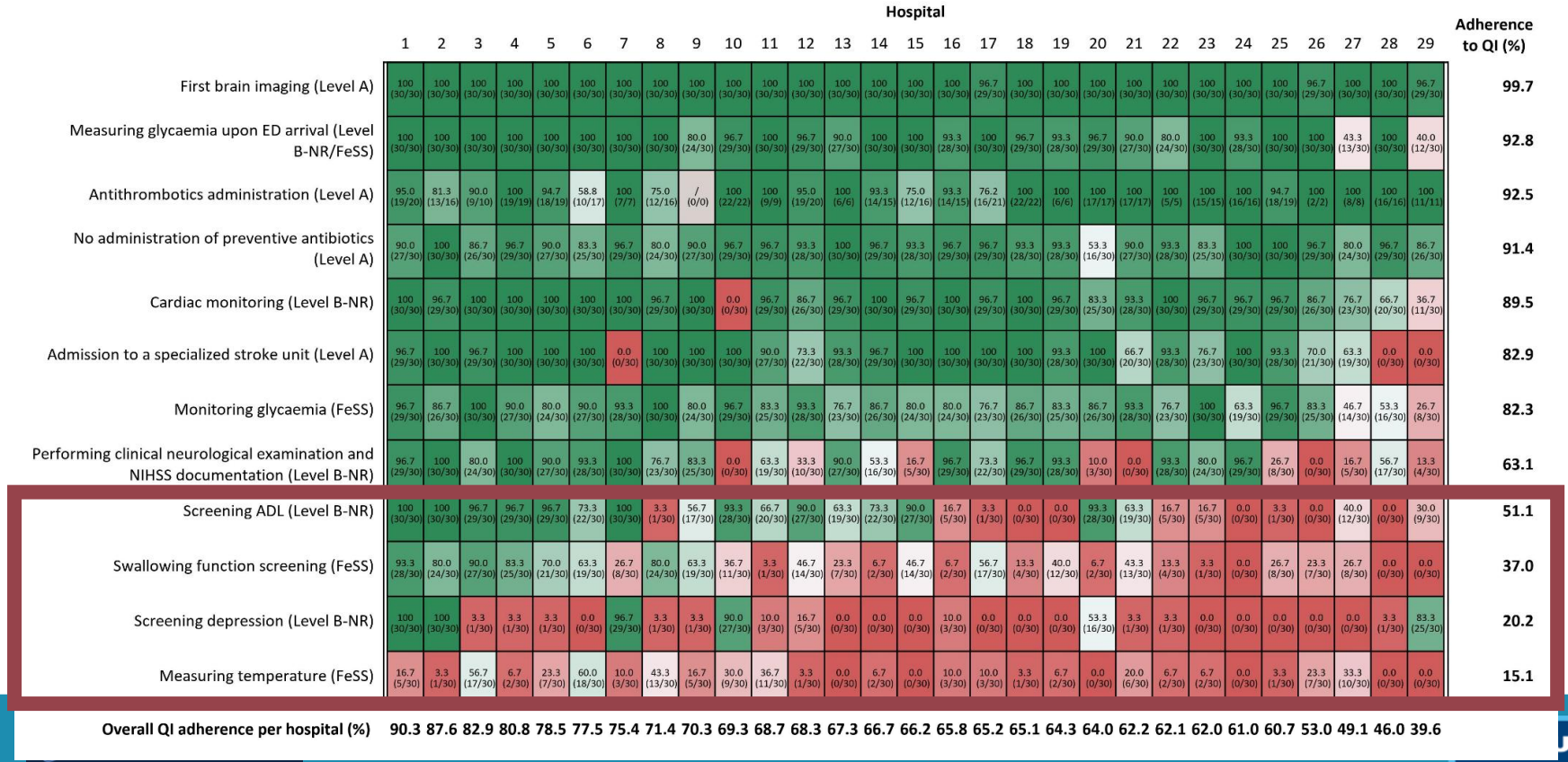
Charlotte Lens[1,2], Ellen Coeckelberghs[1], Deborah Seys[1], Jelle Demeestere[2,3,4], Caroline Weltens[5], Kris Vanhaecht[1,6] and Robin Lemmens[2,3,4]*



Variatie binnen en tussen centra(n=870)

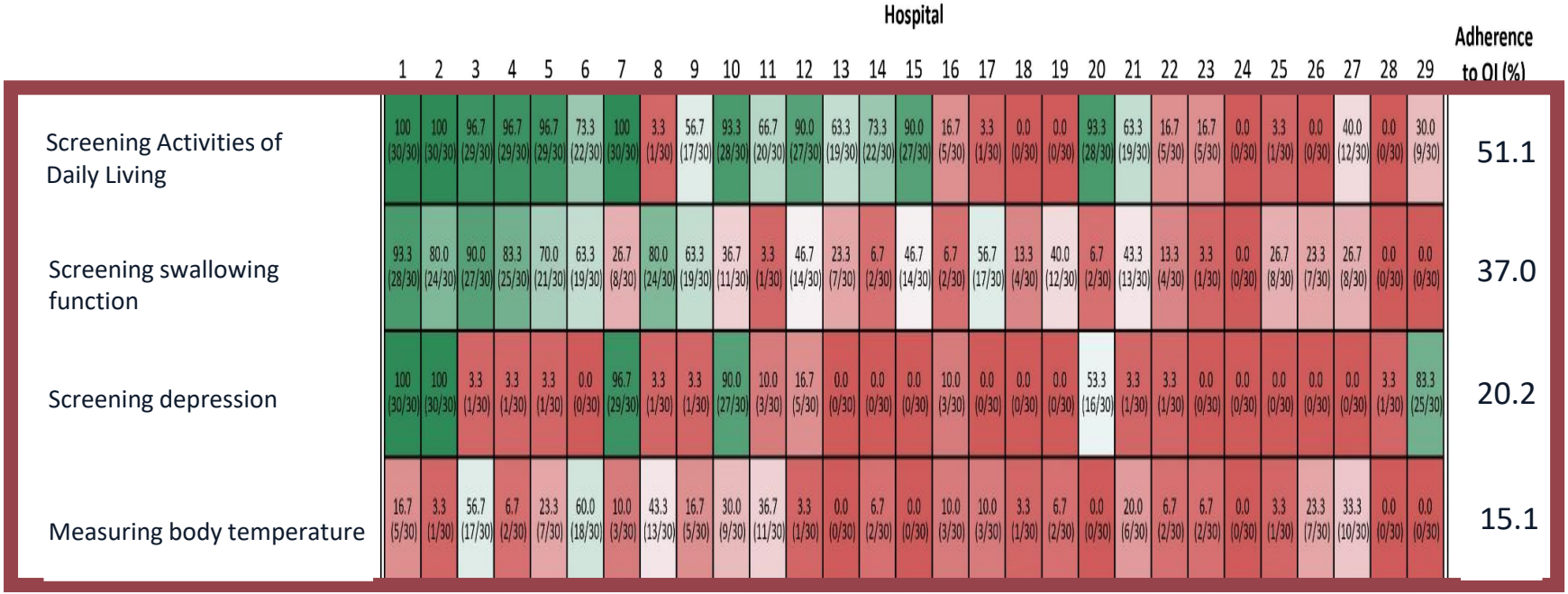


Variatie binnen en tussen centra(n=870)



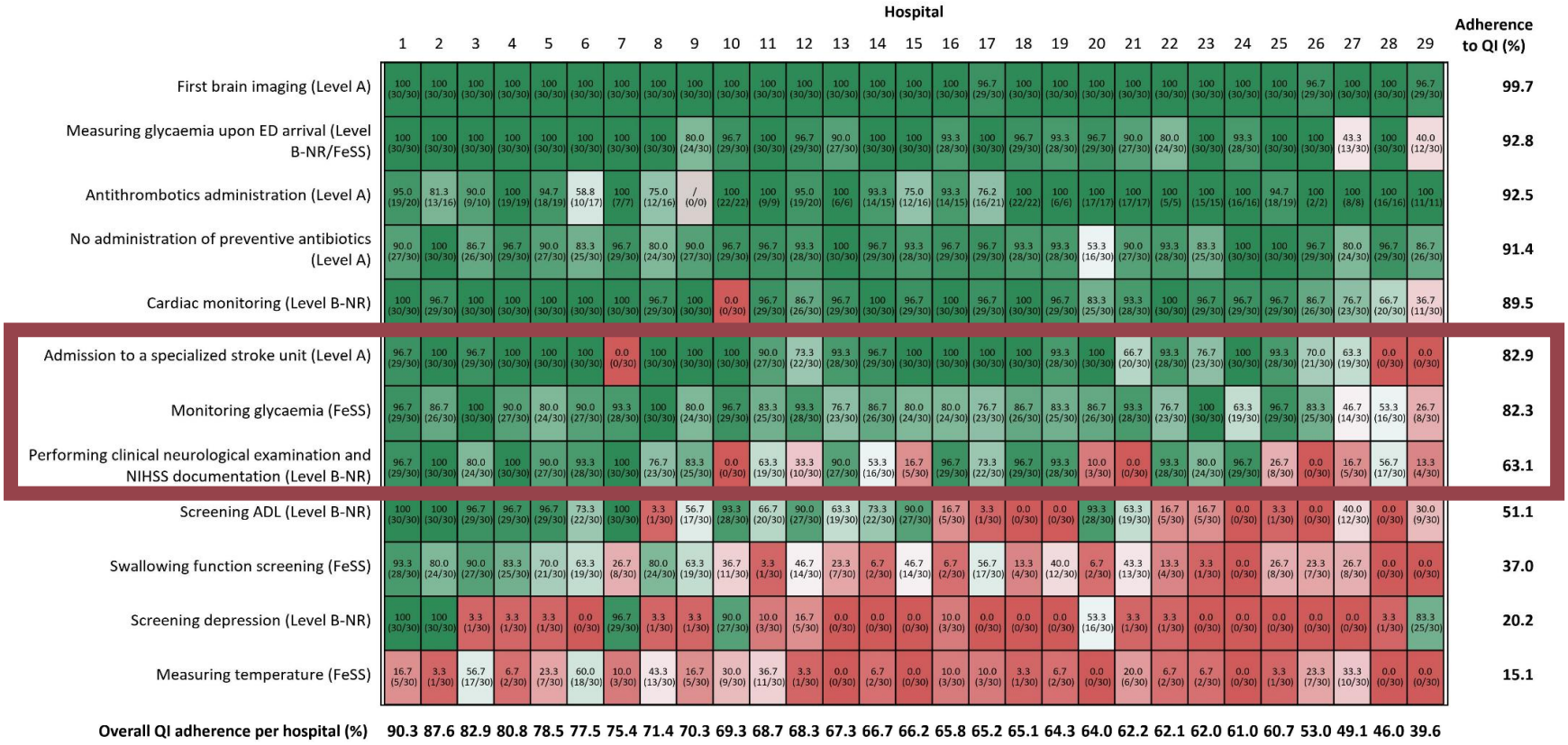
	Hospital																												Adherence to QI (%)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
First brain imaging (Level A)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	99.7
Measuring glycaemia upon ED arrival (Level B-NR/FeSS)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	80.0 (24/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	90.0 (27/30)	100 (30/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	93.3 (28/30)	96.7 (29/30)	90.0 (27/30)	80.0 (24/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	100 (30/30)	43.3 (13/30)	100 (30/30)	40.0 (12/30)	92.8
Antithrombotics administration (Level A)	95.0 (19/20)	81.3 (13/16)	90.0 (9/10)	100 (19/19)	94.7 (18/19)	58.8 (10/17)	100 (7/7)	75.0 (12/16)	/ (0/0)	100 (22/22)	100 (9/9)	95.0 (19/20)	100 (6/6)	93.3 (14/15)	75.0 (12/16)	93.3 (14/15)	76.2 (16/21)	100 (22/22)	100 (6/6)	100 (17/17)	100 (17/17)	100 (5/5)	100 (15/15)	100 (16/16)	94.7 (18/19)	100 (2/2)	100 (8/8)	100 (16/16)	100 (11/11)	92.5
No administration of preventive antibiotics (Level A)	90.0 (27/30)	100 (30/30)	86.7 (26/30)	96.7 (29/30)	90.0 (27/30)	83.3 (25/30)	96.7 (29/30)	80.0 (24/30)	90.0 (27/30)	96.7 (29/30)	96.7 (29/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	93.3 (28/30)	96.7 (29/30)	96.7 (29/30)	93.3 (28/30)	93.3 (28/30)	53.3 (16/30)	90.0 (27/30)	93.3 (28/30)	83.3 (25/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	80.0 (24/30)	96.7 (29/30)	86.7 (26/30)	91.4
Cardiac monitoring (Level B-NR)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	0.0 (0/30)	96.7 (29/30)	86.7 (26/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	83.3 (25/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	96.7 (29/30)	96.7 (29/30)	86.7 (26/30)	76.7 (23/30)	66.7 (20/30)	36.7 (11/30)	89.5
Admission to a specialized stroke unit (Level A)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	0.0 (0/30)	100 (30/30)	100 (30/30)	100 (30/30)	90.0 (27/30)	73.3 (22/30)	93.3 (28/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	66.7 (20/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	93.3 (28/30)	70.0 (21/30)	63.3 (19/30)	0.0 (0/30)	0.0 (0/30)	82.9
Monitoring glycaemia (FeSS)	96.7 (29/30)	86.7 (26/30)	100 (30/30)	90.0 (27/30)	80.0 (24/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	80.0 (24/30)	96.7 (29/30)	83.3 (25/30)	93.3 (28/30)	76.7 (23/30)	86.7 (26/30)	80.0 (24/30)	80.0 (24/30)	76.7 (23/30)	86.7 (26/30)	83.3 (25/30)	86.7 (26/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	63.3 (19/30)	96.7 (29/30)	83.3 (25/30)	46.7 (14/30)	53.3 (16/30)	26.7 (8/30)	82.3
Performing clinical neurological examination and NIHSS documentation (Level B-NR)	96.7 (29/30)	100 (30/30)	80.0 (24/30)	100 (30/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	76.7 (23/30)	83.3 (25/30)	0.0 (0/30)	63.3 (19/30)	33.3 (10/30)	90.0 (27/30)	53.3 (16/30)	16.7 (5/30)	96.7 (29/30)	73.3 (22/30)	96.7 (29/30)	93.3 (28/30)	10.0 (3/30)	0.0 (0/30)	93.3 (28/30)	80.0 (24/30)	96.7 (29/30)	26.7 (8/30)	0.0 (0/30)	16.7 (5/30)	56.7 (17/30)	13.3 (4/30)	63.1
Screening ADL (Level B-NR)	100 (30/30)	100 (30/30)	96.7 (29/30)	96.7 (29/30)	96.7 (29/30)	73.3 (22/30)	100 (30/30)	3.3 (1/30)	56.7 (17/30)	93.3 (28/30)	66.7 (20/30)	90.0 (27/30)	63.3 (19/30)	73.3 (22/30)	90.0 (27/30)	16.7 (5/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	93.3 (28/30)	63.3 (19/30)	16.7 (5/30)	16.7 (5/30)	0.0 (0/30)	3.3 (1/30)	0.0 (0/30)	40.0 (12/30)	0.0 (0/30)	30.0 (9/30)	51.1
Swallowing function screening (FeSS)	93.3 (28/30)	80.0 (24/30)	90.0 (27/30)	83.3 (25/30)	70.0 (21/30)	63.3 (19/30)	26.7 (8/30)	80.0 (24/30)	63.3 (19/30)	36.7 (11/30)	3.3 (1/30)	46.7 (14/30)	23.3 (7/30)	6.7 (2/30)	46.7 (14/30)	6.7 (2/30)	56.7 (17/30)	13.3 (4/30)	40.0 (12/30)	6.7 (2/30)	43.3 (13/30)	13.3 (4/30)	3.3 (1/30)	0.0 (0/30)	26.7 (8/30)	23.3 (7/30)	26.7 (8/30)	0.0 (0/30)	0.0 (0/30)	37.0
Screening depression (Level B-NR)	100 (30/30)	100 (30/30)	3.3 (1/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	96.7 (29/30)	3.3 (1/30)	3.3 (1/30)	90.0 (27/30)	10.0 (3/30)	16.7 (5/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	10.0 (3/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	53.3 (16/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	3.3 (1/30)	83.3 (25/30)	20.2
Measuring temperature (FeSS)	16.7 (5/30)	3.3 (1/30)	56.7 (17/30)	6.7 (2/30)	23.3 (7/30)	60.0 (18/30)	10.0 (3/30)	43.3 (13/30)	16.7 (5/30)	30.0 (9/30)	36.7 (11/30)	3.3 (1/30)	0.0 (0/30)	6.7 (2/30)	0.0 (0/30)	10.0 (3/30)	10.0 (3/30)	3.3 (1/30)	6.7 (2/30)	0.0 (0/30)	20.0 (6/30)	6.7 (2/30)	6.7 (2/30)	0.0 (0/30)	3.3 (1/30)	23.3 (7/30)	33.3 (10/30)	0.0 (0/30)	0.0 (0/30)	15.1
Overall QI adherence per hospital (%)	**90.3**	**87.6**	**82.9**	**80.8**	**78.5**	**77.5**	**75.4**	**71.4**	**70.3**	**69.3**	**68.7**	**68.3**	**67.3**	**66.7**	**66.2**	**65.8**	**65.2**	**65.1**	**64.3**	**64.0**	**62.2**	**62.1**	**62.0**	**61.0**	**60.7**	**53.0**	**49.1**	**46.0**	**39.6**	

Variatie binnen en tussen centra(n=870)



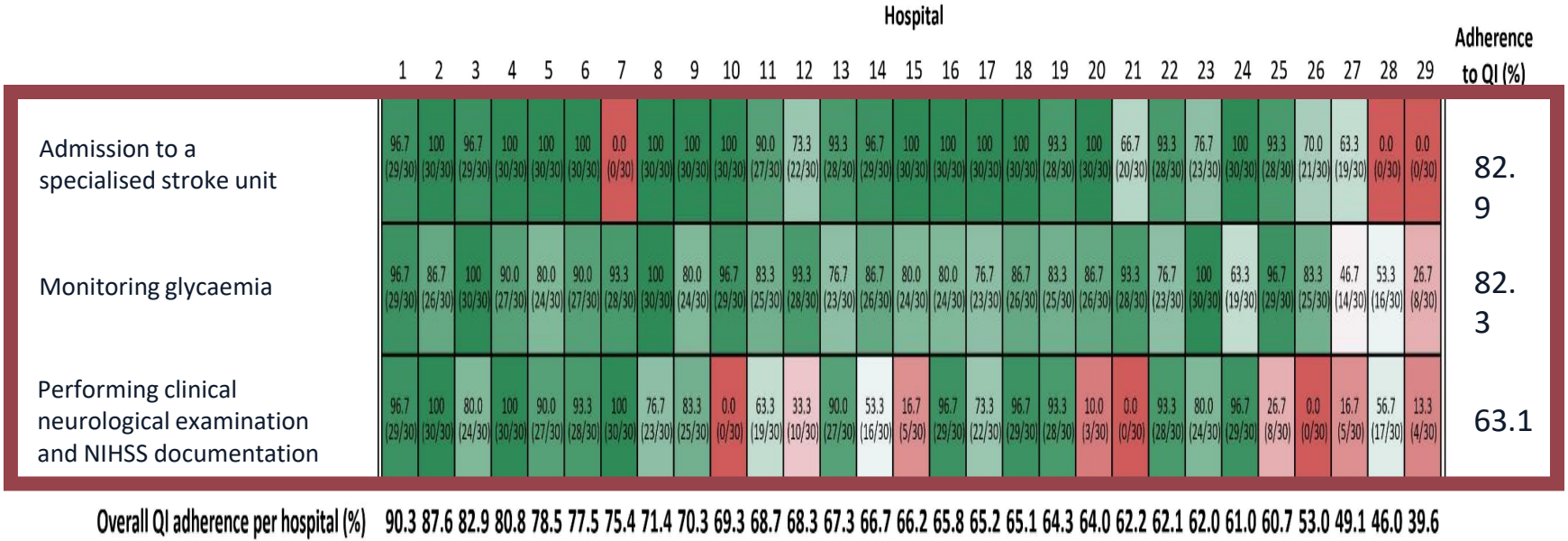
	Hospital 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	Adherence to QI (%)
Screening Activities of Daily Living	100 (30/30)	100 (30/30)	96.7 (29/30)	96.7 (29/30)	96.7 (29/30)	73.3 (22/30)	100 (30/30)	3.3 (1/30)	56.7 (17/30)	93.3 (28/30)	66.7 (20/30)	90.0 (27/30)	63.3 (19/30)	73.3 (22/30)	90.0 (27/30)	16.7 (5/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	93.3 (28/30)	63.3 (19/30)	16.7 (5/30)	16.7 (5/30)	0.0 (0/30)	3.3 (1/30)	0.0 (0/30)	40.0 (12/30)	0.0 (0/30)	30.0 (9/30)	51.1
Screening swallowing function	93.3 (28/30)	80.0 (24/30)	90.0 (27/30)	83.3 (25/30)	70.0 (21/30)	63.3 (19/30)	26.7 (8/30)	80.0 (24/30)	63.3 (19/30)	36.7 (11/30)	3.3 (1/30)	46.7 (14/30)	23.3 (7/30)	6.7 (2/30)	46.7 (14/30)	6.7 (2/30)	56.7 (17/30)	13.3 (4/30)	40.0 (12/30)	6.7 (2/30)	43.3 (13/30)	13.3 (4/30)	3.3 (1/30)	0.0 (0/30)	26.7 (8/30)	23.3 (7/30)	26.7 (8/30)	0.0 (0/30)	0.0 (0/30)	37.0
Screening depression	100 (30/30)	100 (30/30)	3.3 (1/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	96.7 (29/30)	3.3 (1/30)	3.3 (1/30)	90.0 (27/30)	10.0 (3/30)	16.7 (5/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	10.0 (3/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	53.3 (16/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	3.3 (1/30)	83.3 (25/30)	20.2
Measuring body temperature	16.7 (5/30)	3.3 (1/30)	56.7 (17/30)	6.7 (2/30)	23.3 (7/30)	60.0 (18/30)	10.0 (3/30)	43.3 (13/30)	16.7 (5/30)	30.0 (9/30)	36.7 (11/30)	3.3 (1/30)	0.0 (0/30)	6.7 (2/30)	0.0 (0/30)	10.0 (3/30)	10.0 (3/30)	3.3 (1/30)	6.7 (2/30)	0.0 (0/30)	20.0 (6/30)	6.7 (2/30)	6.7 (2/30)	0.0 (0/30)	3.3 (1/30)	23.3 (7/30)	33.3 (10/30)	0.0 (0/30)	0.0 (0/30)	15.1
Overall QI adherence per hospital (%)	**90.3**	**87.6**	**82.9**	**80.8**	**78.5**	**77.5**	**75.4**	**71.4**	**70.3**	**69.3**	**68.7**	**68.3**	**67.3**	**66.7**	**66.2**	**65.8**	**65.2**	**65.1**	**64.3**	**64.0**	**62.2**	**62.1**	**62.0**	**61.0**	**60.7**	**53.0**	**49.1**	**46.0**	**39.6**	

Variatie binnen en tussen centra(n=870)



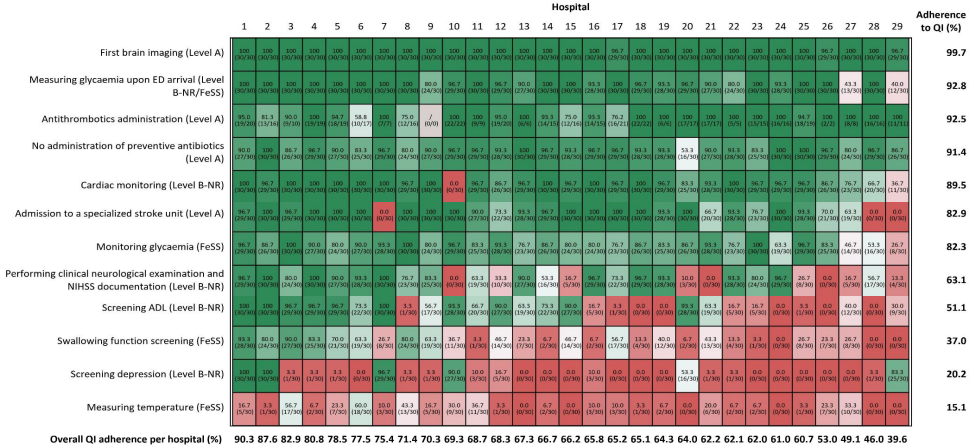
	Hospital																												Adherence to QI (%)
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
First brain imaging (Level A)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	99.7
Measuring glycaemia upon ED arrival (Level B-NR/FeSS)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	80.0 (24/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	90.0 (27/30)	100 (30/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	93.3 (28/30)	96.7 (29/30)	90.0 (27/30)	80.0 (24/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	100 (30/30)	43.3 (13/30)	100 (30/30)	40.0 (12/30)	92.8
Antithrombotics administration (Level A)	95.0 (19/20)	81.3 (13/16)	90.0 (9/10)	100 (19/19)	94.7 (18/19)	58.8 (10/17)	100 (7/7)	75.0 (12/16)	/ (0/0)	100 (22/22)	100 (9/9)	95.0 (19/20)	100 (6/6)	93.3 (14/15)	75.0 (12/16)	93.3 (14/15)	76.2 (16/21)	100 (22/22)	100 (6/6)	100 (17/17)	100 (17/17)	100 (5/5)	100 (15/15)	100 (16/16)	94.7 (18/19)	100 (2/2)	100 (8/8)	100 (16/16)	100 (11/11)	92.5
No administration of preventive antibiotics (Level A)	90.0 (27/30)	100 (30/30)	86.7 (26/30)	96.7 (29/30)	90.0 (27/30)	83.3 (25/30)	96.7 (29/30)	80.0 (24/30)	90.0 (27/30)	96.7 (29/30)	96.7 (29/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	93.3 (28/30)	96.7 (29/30)	96.7 (29/30)	93.3 (28/30)	93.3 (28/30)	53.3 (16/30)	90.0 (27/30)	93.3 (28/30)	83.3 (25/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	80.0 (24/30)	96.7 (29/30)	86.7 (26/30)	91.4
Cardiac monitoring (Level B-NR)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	0.0 (0/30)	96.7 (29/30)	86.7 (26/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	83.3 (25/30)	93.3 (28/30)	100 (30/30)	96.7 (29/30)	96.7 (29/30)	96.7 (29/30)	86.7 (26/30)	76.7 (23/30)	66.7 (20/30)	36.7 (11/30)	89.5
Admission to a specialized stroke unit (Level A)	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	0.0 (0/30)	100 (30/30)	100 (30/30)	100 (30/30)	90.0 (27/30)	73.3 (22/30)	93.3 (28/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	66.7 (20/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	93.3 (28/30)	70.0 (21/30)	63.3 (19/30)	0.0 (0/30)	0.0 (0/30)	82.9
Monitoring glycaemia (FeSS)	96.7 (29/30)	86.7 (26/30)	100 (30/30)	90.0 (27/30)	80.0 (24/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	80.0 (24/30)	96.7 (29/30)	83.3 (25/30)	93.3 (28/30)	76.7 (23/30)	86.7 (26/30)	80.0 (24/30)	80.0 (24/30)	76.7 (23/30)	86.7 (26/30)	83.3 (25/30)	86.7 (26/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	63.3 (19/30)	96.7 (29/30)	83.3 (25/30)	46.7 (14/30)	53.3 (16/30)	26.7 (8/30)	82.3
Performing clinical neurological examination and NIHSS documentation (Level B-NR)	96.7 (29/30)	100 (30/30)	80.0 (24/30)	100 (30/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	76.7 (23/30)	83.3 (25/30)	0.0 (0/30)	63.3 (19/30)	33.3 (10/30)	90.0 (27/30)	53.3 (16/30)	16.7 (5/30)	96.7 (29/30)	73.3 (22/30)	96.7 (29/30)	93.3 (28/30)	10.0 (3/30)	0.0 (0/30)	93.3 (28/30)	80.0 (24/30)	96.7 (29/30)	26.7 (8/30)	0.0 (0/30)	16.7 (5/30)	56.7 (17/30)	13.3 (4/30)	63.1
Screening ADL (Level B-NR)	100 (30/30)	100 (30/30)	96.7 (29/30)	96.7 (29/30)	96.7 (29/30)	73.3 (22/30)	100 (30/30)	3.3 (1/30)	56.7 (17/30)	93.3 (28/30)	66.7 (20/30)	90.0 (27/30)	63.3 (19/30)	73.3 (22/30)	90.0 (27/30)	16.7 (5/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	93.3 (28/30)	63.3 (19/30)	16.7 (5/30)	16.7 (5/30)	0.0 (0/30)	3.3 (1/30)	0.0 (0/30)	40.0 (12/30)	0.0 (0/30)	30.0 (9/30)	51.1
Swallowing function screening (FeSS)	93.3 (28/30)	80.0 (24/30)	90.0 (27/30)	83.3 (25/30)	70.0 (21/30)	63.3 (19/30)	26.7 (8/30)	80.0 (24/30)	63.3 (19/30)	36.7 (11/30)	3.3 (1/30)	46.7 (14/30)	23.3 (7/30)	6.7 (2/30)	46.7 (14/30)	6.7 (2/30)	56.7 (17/30)	13.3 (4/30)	40.0 (12/30)	6.7 (2/30)	43.3 (13/30)	13.3 (4/30)	3.3 (1/30)	0.0 (0/30)	26.7 (8/30)	23.3 (7/30)	26.7 (8/30)	0.0 (0/30)	0.0 (0/30)	37.0
Screening depression (Level B-NR)	100 (30/30)	100 (30/30)	3.3 (1/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	96.7 (29/30)	3.3 (1/30)	3.3 (1/30)	90.0 (27/30)	10.0 (3/30)	16.7 (5/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	10.0 (3/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	53.3 (16/30)	3.3 (1/30)	3.3 (1/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	0.0 (0/30)	3.3 (1/30)	83.3 (25/30)	20.2
Measuring temperature (FeSS)	16.7 (5/30)	3.3 (1/30)	56.7 (17/30)	6.7 (2/30)	23.3 (7/30)	60.0 (18/30)	10.0 (3/30)	43.3 (13/30)	16.7 (5/30)	30.0 (9/30)	36.7 (11/30)	3.3 (1/30)	0.0 (0/30)	6.7 (2/30)	0.0 (0/30)	10.0 (3/30)	10.0 (3/30)	3.3 (1/30)	6.7 (2/30)	0.0 (0/30)	20.0 (6/30)	6.7 (2/30)	6.7 (2/30)	0.0 (0/30)	3.3 (1/30)	23.3 (7/30)	33.3 (10/30)	0.0 (0/30)	0.0 (0/30)	15.1
Overall QI adherence per hospital (%)	90.3	87.6	82.9	80.8	78.5	77.5	75.4	71.4	70.3	69.3	68.7	68.3	67.3	66.7	66.2	65.8	65.2	65.1	64.3	64.0	62.2	62.1	62.0	61.0	60.7	53.0	49.1	46.0	39.6	

Variatie binnen en tussen centra(n=870)



	Hospital 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	Adherence to QI (%)
Admission to a specialised stroke unit	96.7 (29/30)	100 (30/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	0.0 (0/30)	100 (30/30)	100 (30/30)	100 (30/30)	90.0 (27/30)	73.3 (22/30)	93.3 (28/30)	96.7 (29/30)	100 (30/30)	100 (30/30)	100 (30/30)	100 (30/30)	93.3 (28/30)	100 (30/30)	66.7 (20/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	93.3 (28/30)	70.0 (21/30)	63.3 (19/30)	0.0 (0/30)	0.0 (0/30)	82.9
Monitoring glycaemia	96.7 (29/30)	86.7 (26/30)	100 (30/30)	90.0 (27/30)	80.0 (24/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	80.0 (24/30)	96.7 (29/30)	83.3 (25/30)	93.3 (28/30)	76.7 (23/30)	86.7 (26/30)	80.0 (24/30)	80.0 (24/30)	76.7 (23/30)	86.7 (26/30)	83.3 (25/30)	86.7 (26/30)	93.3 (28/30)	76.7 (23/30)	100 (30/30)	63.3 (19/30)	96.7 (29/30)	83.3 (25/30)	46.7 (14/30)	53.3 (16/30)	26.7 (8/30)	82.3
Performing clinical neurological examination and NIHSS documentation	96.7 (29/30)	100 (30/30)	80.0 (24/30)	100 (30/30)	90.0 (27/30)	93.3 (28/30)	100 (30/30)	76.7 (23/30)	83.3 (25/30)	0.0 (0/30)	63.3 (19/30)	33.3 (10/30)	90.0 (27/30)	53.3 (16/30)	16.7 (5/30)	96.7 (29/30)	73.3 (22/30)	96.7 (29/30)	93.3 (28/30)	10.0 (3/30)	0.0 (0/30)	93.3 (28/30)	80.0 (24/30)	96.7 (29/30)	26.7 (8/30)	0.0 (0/30)	16.7 (5/30)	56.7 (17/30)	13.3 (4/30)	63.1
Overall QI adherence per hospital (%)	90.3	87.6	82.9	80.8	78.5	77.5	75.4	71.4	70.3	69.3	68.7	68.3	67.3	66.7	66.2	65.8	65.2	65.1	64.3	64.0	62.2	62.1	62.0	61.0	60.7	53.0	49.1	46.0	39.6	

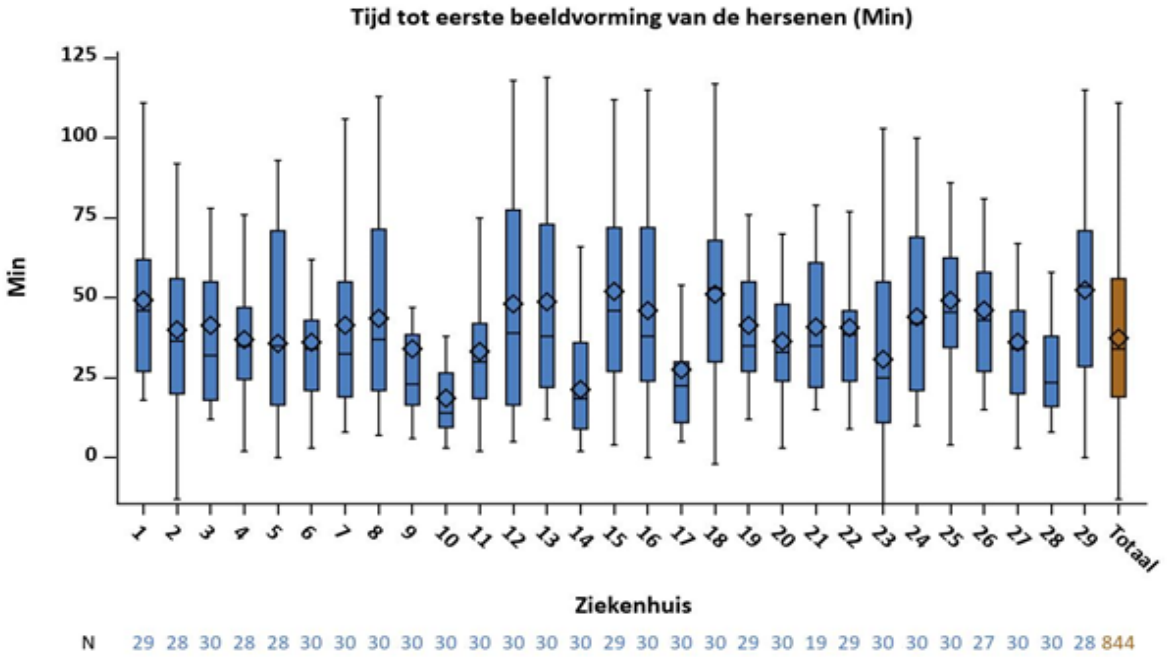
Kloof tussen richtlijnen en praktijk



- Variatie tussen & binnen ziekenhuizen
- Variation tussen opvolging van verschillende aanbevelingen
- Lagere opvolging van meer recente evidentie

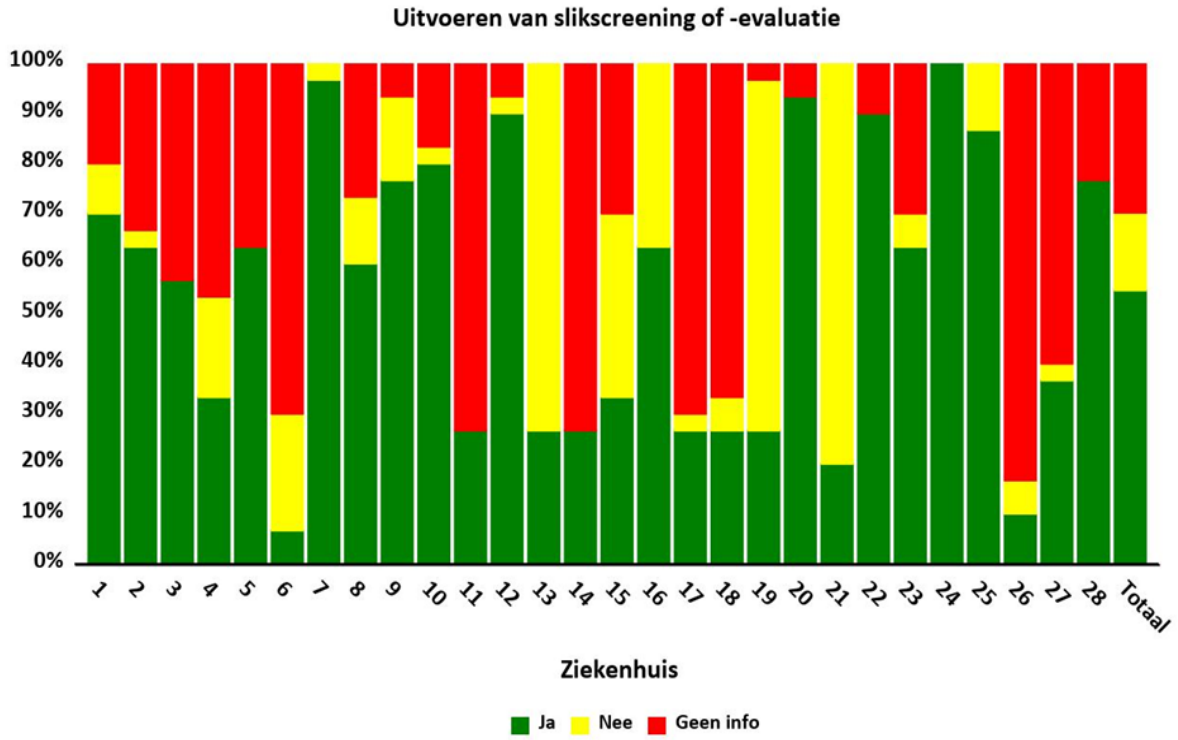
Feedback voor ziekenhuizen





Feedback voor ziekenhuizen





Methodiek voor gezamenlijk verbeteren

IHI Breakthrough Improvement Collaborative (BIC)

Leersessie 1 → Actieperiode 1 → **Leersessie 2** → Actieperiode 2 → **Leersessie 3** → Actieperiode 3 → **Leersessie 4**



BIC-methodiek

Indicatoren en aanpak



Meetperiode 1

Analyse van patiëntdossiers



Feedbackrapport 1 (anoniem)



Leermomenten en kennisdeling



Meetperiode 2

Analyse van patiëntdossiers



Feedbackrapport 2 (anoniem)



Leermomenten en kennisdeling



Meetperiode 3

Analyse van patiëntdossiers



Feedbackrapport 3 (anoniem)

Doorlopende ondersteuning

Leersessie 2

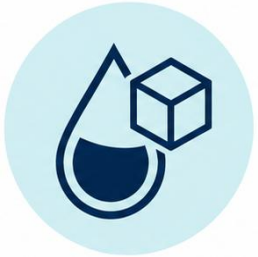
- Ziekenhuizen krijgen feedbackrapport met informatie over organisatie van hun zorgpad voor stroke
- Kloof tussen richtlijnen en praktijk?
- Identificeren van opportuniteiten voor verbetering
- Kennisdeling & discussie

Verbeterprioriteiten: FeSS^{+}-aanbevelingen



Temperatuur

Temperatuurmeting



Glycemie

Bloedsuikermeting



Slikscreening

Screening op slikproblemen

Implementation of evidence-based treatment protocols to manage fever, hyperglycaemia, and swallowing dysfunction in acute stroke (QASC): a cluster randomised controlled trial

Sandy Middleton, Patrick McElduff, Jeanette Ward, Jeremy M Grimshaw, Simeon Dale, Catherine D'Este, Peta Drury, Rhonda Griffiths, N Wah Cheung, Clare Quinn, Malcolm Evans, Dominique Cadilhac, Christopher Levi, on behalf of the QASC Trialists Group

Multidisciplinaire teams informeren via e-learning

Temperatuur



Glycemie



Slikscreening



Dagelijks functioneren



Depressie

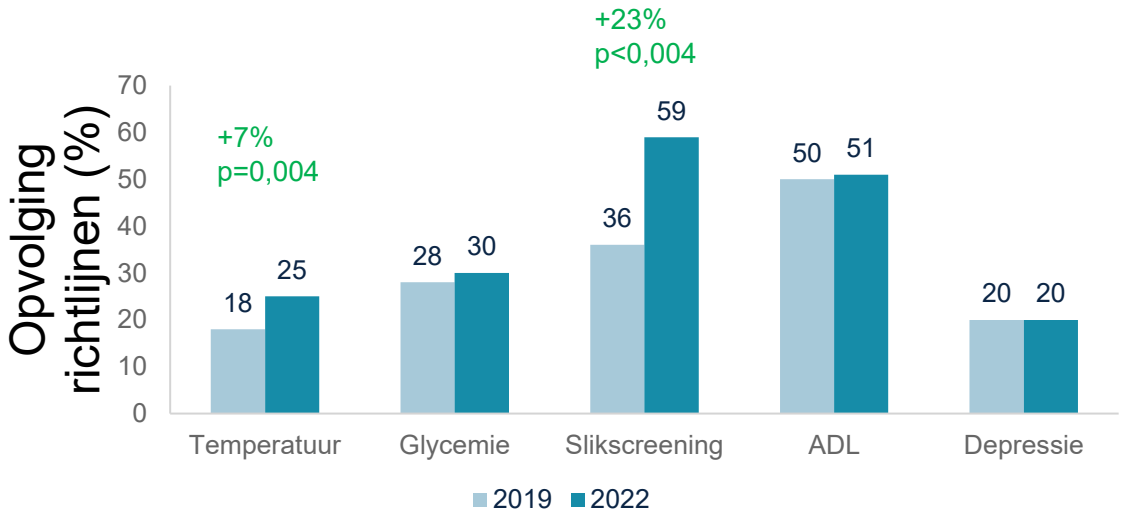


E-learningmodules beschikbaar voor verspreiding binnen de multidisciplinaire teams

→ **Voor & door experten**

FeSS+: vooruitgang na een verbetertraject

- 24 Vlaamse ziekenhuizen namen deel aan beide meetperiodes
- 1.168 geïncludeerde patiënten: 580 vóór en 588 na de interventie
- Alle centra kregen feedback & e-learning ter beschikking.



frontiers in Neurology

TYPE Original Research
PUBLISHED 06 October 2026
DOI 10.3389/fneur.2026.1830076

Specific interventions as part of a quality improvement collaborative enhance care for ischemic stroke patients

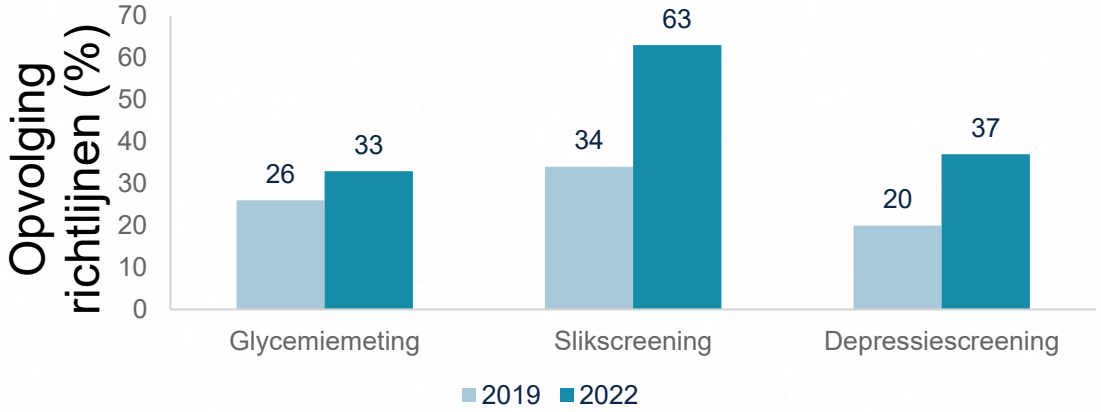
Charlotte Lens[1,2], Ellen Coeckelberghs[1], Deborah Seys[1], Kris Vanhaecht[1,3], Kim Bekelaar[4], Roel Blondia[5], Tom Bogaert[6], Laura Boutens[7], Joke Caudron[8], Romina Demontis[9], Sylvie De Raedt[10,11], Laurens Dobbels[12,13], Anneke Govaerts[14], Dimitri Hemelsoet[15], Marijke Huskens[16], Petra Olislaegers[17], Jean Francois Poma[18], Leen Sinnaeve[19], Charlotte Swinnen[20], Annelies Terwecoren[21], Peter Vanacker[22,23,24], Noa Vandevenne[25], Wendy Van Daele[26], Jens Van Elsuë[27], Jan Vynckier[28], Laetitia Yperzeele[2,3,24], Jelle Demeestere[2,13], Caroline Weltens[29] and Robin Lemmens[2,13]*

Lens et al. Frontiers in Neurology (2026), 17:1830076.
doi:10.3389/fneur.2026.183007

E-learning als gerichte implementatiestrategie

18 van de 24 ziekenhuizen verspreidden minstens één module (75%).

Bij centra die de betreffende module verspreidden:



Verschil in verandering tussen centra met en zonder module

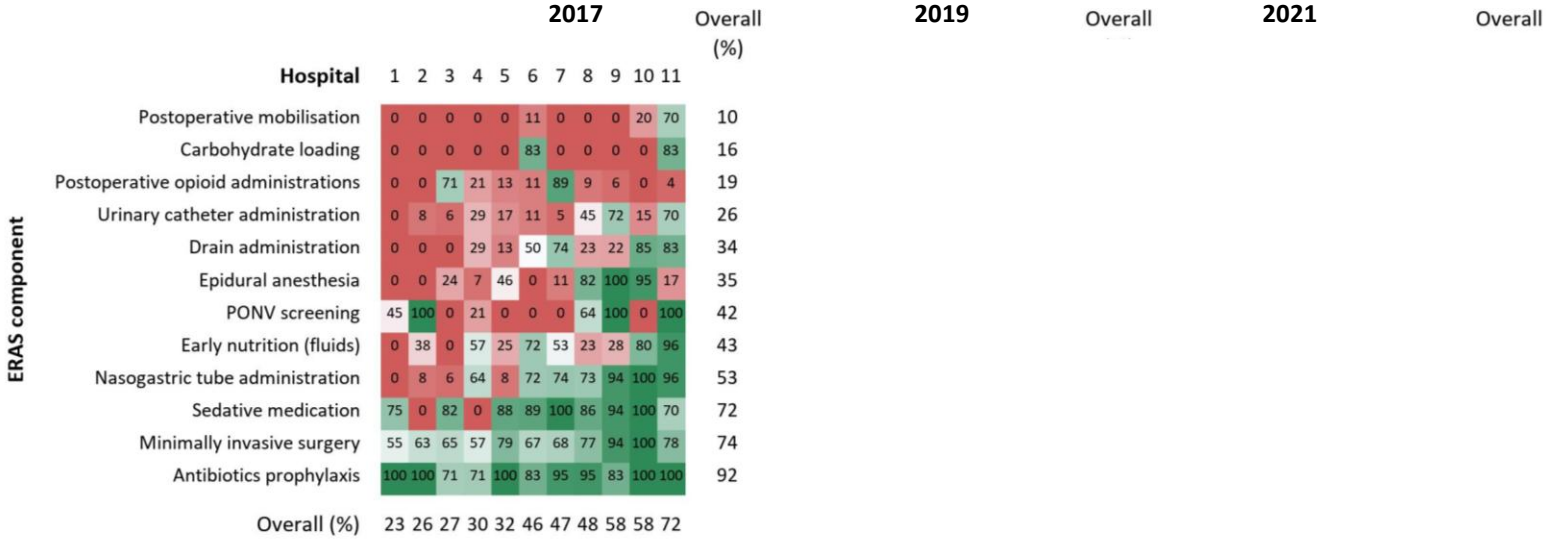
P waarde voor interactie
- Glycemie: 0,01
- Slikscreening: 0,0002
- Depressie: < 0,0001

➔ **Combineer feedback met gerichte scholing en lokale opvolging.**

A Breakthrough Improvement Collaborative Significantly Reduces Hospital Stay After Elective Colectomy for Cancer Across a Healthcare System

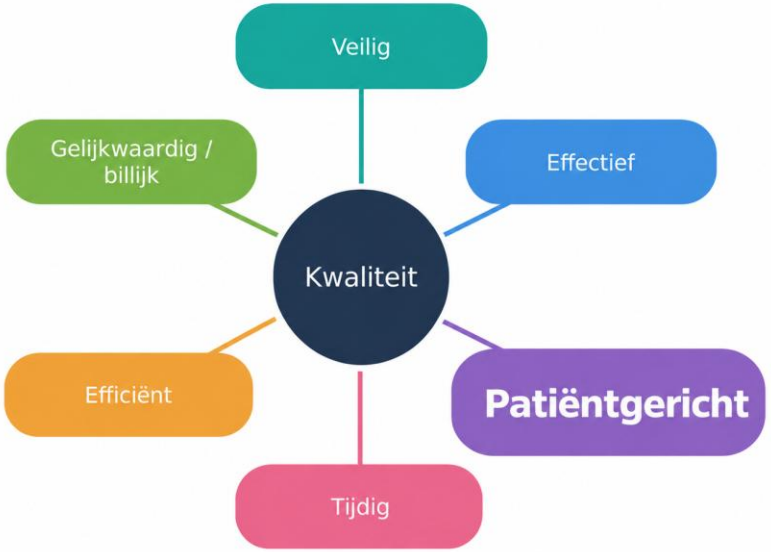
Ellen Coeckelberghs, PhD,✉ Kris Vanhaecht, PhD,† Deborah Seys, PhD,*
Bianca Cox, PhD,*‡ Gabriele Bislenghi, MD, PhD,§ Albert M. Wolthuis, MD, PhD,§
André D'Hoore, MD, PhD,§ and on behalf of BIC4CRC Research group*

ANNALS OF SURGERY
A MONTHLY REVIEW OF SURGICAL SCIENCE SINCE 1885



Maar wat met de patiënt?

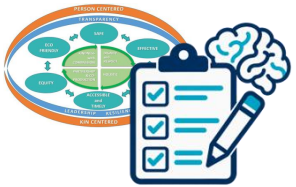




Ontwikkeling PREM (Patient Reported Experience Measure)







Quickscan gebaseerd op multidimensioneel kwaliteitsmodel

Nieuwe PREM
- 18 Quickscan vragen
- 8 beroertespecifiek

Systematic review[1]:
- 2 PREMs reeds gekend
  - CQI-CVA
  - Rikstroke
- Meeste vragenlijsten niet gevalideerd



Beroertespecifieke vragen

1. Cornelis C, den Hartog SJ, Bastemeijer CM, Roozenbeek B, et al. Patient Reported Experience Measures in Stroke Care: A Systematic Review. Stroke. 2021;

Development and pilot multicentre evaluation of a patient-reported experience measure for acute ischemic stroke care

Charlotte Lens[1,2] · Ellen Coeckelberghs[1] · Liesbet Arnouts[1] · Hanne Van den Wijngaert[1] · Deborah Seys[1] · Kris Vanhaecht[1,3] · Roel Blondia[4] · Bregje D'haeze[5] · Anneke Govaerts[6] · Marijke Huskens[7] · Annelies Terwecoren[8] · Peter Vanacker[9,10,11] · Wendy Van Daele[12] · Natalie Van Mullem[13] · Jelle Demeestere[2,15] · Caroline Weltens[14] · Robin Lemmens[2,15]

Received: 25 June 2026 / Accepted: 19 September 2026
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Pilootstudie: haalbaar binnen de onderzochte patiëntengroep

9 Vlaamse ziekenhuizen



277 verspreid • 165 ingevuld



61% zelfstandig ingevuld
38% met hulp

- < 10 % ontbrekende antwoorden per vraag
- De interne consistentie was hoog, met **Cronbach's α = 0,95.**
- Geschikte tool op patiënten ervaring in kaart te brengen
- **MAAR verdere validatie met patiënten is nodig vóór brede toepassing**

Lens et al. Acta Neurologica Belgica (2026). doi:10.1007/s13760-026-03201-x

Kwaliteitsvolle beroertezorg



Meten

Maak variatie zichtbaar

Klinische indicatoren tonen waar verbetering nodig is.



Samen verbeteren

Vertaal evidentie naar praktijk

Feedback, gerichte scholing en lokale opvolging.



Luisteren

Neem patiëntervaringen mee

PREMs vullen klinische kwaliteitsmetingen aan.

Kwaliteitsvolle beroertezorg ontstaat waar evidentie, teams en patiëntervaringen samenkomen.

De volgende stap maken we samen



Meet.



Verbeter.



Luister.

Kwaliteitsvolle zorg is de zorg die je voor jezelf en je naasten zou wensen.





Prof. Dr. Robin Lemmens,
Neuroloog en hoofd Stroke Unit
Universitaire Ziekenhuizen Leuven.



Prof. Dr. Sylvie De Raedt,
Neuroloog UZ Brussel.



Dr. Geert Vanhooren,
Voormalig vasculair neuroloog
AZ Sint-Jan in Brugge; voorzitter ontwikkelingsgroep beroertezorg VIKZ.

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LIGB - KU Leuven



Hartelijk bedankt

Vragen? ellen.coeckelberghs@kuleuven.be

HQ Leuven Team
Care Pathways

KU LEUVEN