Home Independence Program - Dementia (HIP-D) Project

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17 May 2013
Who says you can’t teach an old dog new tricks?
Today’s Presentation

• What is HIP?
• HIP and Dementia
• Project Overview and progress to date
• The plan from here?
What is HIP?

- Home based, early intervention program
- Targeted at older individuals when first referred for home care services or when needs change
- Specifically directed at:
  - Optimising current skills and abilities
  - Preventing or delaying further functional decline
  - Promoting healthy ageing
  - Encouraging self-management of chronic diseases
Components of HIP
Effectiveness of HIP

- HIP operational 11 years+
- Effectiveness evaluated since development – pilot, operational trial, controlled trial and RCT
- RCT results showed individuals receiving HIP were:
  - 10.8 times more likely at 3 months and
  - 6.5 times more likely at 12 months

**NOT to be receiving ongoing care ....... than if had received usual HACC services**
HIP and Dementia

- Clients with dementia diagnosis previously excluded from HIP research
- But, in practice, clients with dementia have participated in HIP, and
- Positive outcomes reported for HIP clients with memory loss/MCI/dementia
- Effectiveness of HIP could be increased by modifying and enhancing service using evidence-based strategies and approaches specific to supporting people living with dementia.
Independence and Dementia?

Evidence for effectiveness of individual strategies in enabling people with dementia and their carers to maintain, or improve function already exists.
What is the Evidence?

Strategies have been identified to:

- Address behavioural problems
- Improve cognitive and physical functioning
- Reduce depression
- Improve physical ability of people living with dementia and carers, and improve sense of control over life
- Improve ADLs, IADLs and engagement and wellbeing and reduce upset in caregivers
Why HIP-D?

- Limited community-based services designed to maximise functional abilities post diagnosis of dementia

- To determine whether participation in an enablement service will reduce the impact of dementia on clients and carers, improve QoL and potentially delay residential care admission
Project Structure and Funding

- Collaboration: Curtin University Centre for Research on Ageing, Silver Chain and Alzheimer’s Australia (WA)

- Funded by Dementia Collaborative Research Centre and WA HACC

- Steering Group = partners + project team

- External Reference Group - DOH, WA HACC, Carers WA, CommunityWest, Hills Community Support Group, Silver Chain, Amana Living, Southern Cross, PHCS, Brightwater

- Silver Chain Working Group converting generic to specific service details for Silver Chain pilot
HIP-D Project Development

- Systematic literature review of current evidence for ‘best practice’ dementia care and interventions
- Review and modification of current HIP service model in light of above, including development of HIP-D Principles to guide service
- Documentation of a HIP-D generic ‘framework’ to assist other agencies to adopt model
- Development of HIP-D training to accompany model
- Pilot model and training at Silver Chain - evaluate
- Implement HIP-D across metropolitan area within Silver Chain and other HACC agencies
HIP-D Service Model - Principles

1. Promoting autonomy
2. Enhancing well-being
3. Facilitating early identification, assessment and intervention
4. Engaging with person with dementia and carer as “partners in care”
5. Recognising the significance of the carer
HIP-D Service Model - Principles

6 Maximising independence
7 Utilising evidence-based practice
8 Ensuring access to relevant services
9 Demonstrating cost-effectiveness and efficiency
HIP-D: How is it different?

- HIP has a focus on improving physical abilities.
- Dementia causes a **progressive decline** in cognitive **and** physical functioning, so...
- HIP-D aims to improve physical functioning using evidence-based strategies suitable for people with dementia, **and**
- Assists clients to maximise their cognitive abilities and preserve their sense of personhood by supporting clients’ goals and allowing goals to direct functional assessment and support planning.
The pilot - Recruitment

- 16 clients referred to the service in total
- 9 clients have completed the service
- 3 clients ongoing
- 4 clients inappropriate for the service
- Age range of clients: 61-94 y.o (80)
- MMSE range of clients: 2-28 (19.36)
Example Interventions trialled during pilot

• Assisted with organising a system for dressing.

• Commenced Life story/family album with client and carer.

• Provided information on medication devices, memory prompts/strategies

• Discussed strategies for reducing risk of becoming lost when on regular shopping visits including use of Safe2Walk device, use of notebook for prompts.
Example Interventions trialled during pilot

• OT clinical consult to address cooking challenges and provide strategies to support client’s abilities to cook for herself and her husband.

• Introduced CommunicAid device to client/carer.

• Assisted client to liaise with her old church to reconnect with social activities and discuss

• Physiotherapy clinical consult to assist with mobility and walking aid selection
Data Collection Tools

- Modified Barthel Index (functional abilities)
- MMSE
- Rosenberg self esteem scale
- RAND 36- item health survey (perceived health rating)
- PRIME-MD PHQ 2 question screen
- QoL-AD
- Zarit Carer Burden scale
Evaluation Feedback - Clients

• “Yes, it (the service) helps my self-esteem”.

• “The friendliness of staff”

• “Has given me confidence” (example given by client is that they were worried about going shopping and now not so worried)

• “Not that it’s helped me, but it is nice to have nice people to come and see you”.
A carer reported that their relative had improved, particularly with regard to socialisation. Furthermore they stated the program had “eased their burden”.

Carer expressed awareness of encouraging independence where possible, particularly with ADL.

“This service helped me to understand what my wife is feeling.”

“The med prompt is very helpful. Although mum thinks she doesn’t need it.”
Recommendations and Modifications

- Excluding Rosenberg scale from data set

- Changed eligibility criteria to include those with MCI/memory loss

- Recommending a service ‘partner’ to support goals

- Carer burden and QoL-AD now delivered by Care Managers

- ‘Assessment’ and ‘goal setting’ sections of training package improved
The future?

• Assessment DVD being developed with AAWA to highlight person-centred assessment approaches.

• Silver Chain will roll out the service across Perth metropolitan area.

• Other HACC agencies have expressed interest in delivering HIP-D – will be supported by Silver Chain initially and evaluated by research team.

• A day therapy centre has expressed interest in adapting the model to fit their allied health services.
In Summary

✔ Systematic literature review completed
✔ Principles of service established
✔ Training package developed and delivered to pilot staff
✔ Small pilot study completed
✔ Feedback and evaluation of early pilot complete
✔ Service continuing with modifications
Independence? Support to achieve goals – whatever they may be!
Questions? More information?

- Questions about the service or more information required?
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