Out of the Shadows: Development And Evaluation Of A Best Practice Community Care Program For People Living With Dementia

Russell Nunn
Christine While
Project Funding

- Three year project funding by the J.O. & J.R. Wicking Trust
- Conducted by Royal District Nursing Service (RDNS), Victoria
Why Was The Project Necessary?

- High prevalence of cognitive impairment among district nursing clients
- The need for best practice model of care for people living with dementia in the community
Today’s Presentation

• Describe the systematic approach taken to develop and evaluate a model of care for people living with dementia in the community

• Present the findings from the evaluation of the model
Keys to Model Development

- Evidence Based Practice
- Phase 1 Recommendations
- Model Development Team
- Guiding Principles
Components of the Model

The model of care for people living with dementia in the community consists of three main components:

1. Cognition assessment
2. Care planning and interventions
3. Education and training
Cognition Assessment

- Part A – The differential diagnosis
- Part B – Psychological, social and biological functioning
- Part C – Carer component
Part A – Differential Diagnosis

Visual and sensory impairment
Education level
Communication impairment
Language requirements for CALD clients

Differential Diagnosis
Delirium: CAM
Depression: K10
Dementia: RUDAS or MMSE

Instrumental Activities of Daily Living
History of cognition change

Cognitive outcome
Part B - Biopsychosocial Functioning

- Social Support
- Medico-Legal
- Dependents
- Falls
- Medication
- Continence
- Nutrition
- Mental Health
- Advanced Dementia
- Sexuality & Intimacy
- Health Habits
- Pain
- Biography
Part C - The Carer Component

Factors that contribute to carer stress and burden include:

- Mental and physical costs of caring
- Difficulty accessing information
- Difficulty accessing services
Assessment Outcome

- Summary of assessment findings
- Goal setting with client and carer
- Communication with client’s GP
Care Planning and Interventions

The care plan is an intrinsic component of care provision as it provides:

• Identification of the interventions that will achieve the client’s goals
• A benchmark on which to evaluate progress
• Communication of the interventions and progress to the health care team
Supporting Resources

• Clinical Nurse Consultants
• Intervention Guides
• Electronic Data Base
Education and Training

• Education:
  – Overview of dementia
  – Person centred care
  – Assessment and dementia

• Training:
  – Demonstrate the assessment
  – Instruct and support staff
Model of Care for People Living with Dementia in the Community

- Education
- Communication Forms
- Implementation Guides

- Nursing Interventions
  - Client
  - Carer

- Clinical Nurse Consultant
- Resource Directory

Cognition Assessment
Basic Dementia Skills Training (All Site Staff)

Pre Staff Knowledge & Beliefs and Focus Groups

Basic Dementia Skills Training (All Site Staff)

Model Implementation Training (Core Group)

Model Implementation

Post Staff Knowledge & Beliefs and Focus Groups

Post Interviews with Carers / Clients

Implementation & Evaluation Methodology
Cognition Assessment

- 75 completed Cognition Assessments
- Mean age: 84 years (range=65-96)
- 69% female
- 23% born in non-English speaking countries
Living Arrangements / Carer Availability

• Living arrangements
  – 69% live alone
  – 27% live with family

• Carer availability
  – 44% live alone, has no carer
  – 13% live alone, has carer
  – 12% live with another, has carer
  – 12% carer not needed
Cognition History

- 43% had short-term memory loss / mild cognitive impairment
- 19% had diagnosis of dementia
- 73% referred for medication management
Cognition Screening

• Screening tool used
  – 53% RUDAS
  – 31% MMSE
  – 13% screening not required
Differential Diagnosis

• Cognition
  – 41% cognitive impairment / no diagnosis
  – 21% suspicion of cognitive impairment
  – 19% diagnosis of dementia

• Delirium
  – 3% showed signs of delirium

• Depression
  – 20% showed signs of depression/anxiety

(n=75)
Client Biopsychosocial Issues

- Falls: 58.9%
- Medico-legal: 49.3%
- Pain: 13.7%
- Alcohol: 13.7%
- Sexuality: 12.3%
- Medication: 9.6%
- Social: 9.6%

(n=73)
Staff Focus Groups

- Focus groups at Site 1 during development phase and post-implementation
- Pre and Post focus groups conducted at Sites 2 and 3
- Structured questions utilised
- Transcripts thematically analysed
Pre Staff Focus Group Themes

• Approaches to Care
  – Dementia care requires high skill level
  – Task focused vs. person-centred care
  – Establishing rapport with the client
  – Involving the carer
  – Addressing needs of clients without carers
Pre Staff Focus Group Themes

• Resources
  – Too little time
  – Importance of education and training
  – Role of Aged Care CNC
  – Development of relationships with other services
Post Staff Focus Group Themes

• Responds to identified gaps in care provision
• Extra time & resources required
• RUDAS well received
• Aged Care CNC supports implementation
Conclusions

• Addresses previous problems and barriers to the provision of best practice dementia care
• The model provides standardised dementia care
• Provides a foundation for the provision of person-centred care
Further Information

Russell Nunn
Email: rnunn@rdns.com.au
Tel: (03) 9536 5356

Christine While
Email: cwhile@rdns.com.au
Tel: (03) 9536 5232