Primary Dementia Care Capacity Building: Practice Nurse / Community Dementia Nurse Integration

Nurses making a difference

Helga Merl & Karen Collins 2011

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Today

Background – why?
Integration project - How?
Evaluation

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Not in picture Melina Psychas, Fiona Druminson, Marion Rowan

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Community Dementia Nurse (CDN) program

**Aim:** Produce benefits for the client; carer and significant other through a series of evidence based and clinically supported therapeutic interventions.

This “Person Centred Dementia Care” model:
- Identifies clients at risk of dementia,
- Support diagnosis and management,
- Conducts comprehensive assessment, (cog screens),
- Provides episodic case management for PWD,
- Facilitates Advance Care Planning
- Ameliorates disease progression & functional decline,
- Controls symptoms and provides comfort care throughout the career path of dementia.

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Dementia is difficult to diagnose.
50% GPs routinely identify early stage dementia & 70% identify moderate dementia [7]
Differentiate between depression and dementia Difficult [8]

GPs reluctant to communicate a diagnosis [9]
Gap first symptoms and diagnosis 10 - 32 months [10]

Adherence to management guidelines, provision of information and referral on to community services and supports is low. [11]

Capacity of primary & community care to meet the needs of PWD and their carers must improve.
Why target Practice Nurses (PNs)?

Nursing in primary care is the most rapidly growing area of health care in Australia, increasing 15-17% per annum

backed by the Australian Medical Association, the Royal College of General Practitioners and the Royal College of Nursing Australia [12]

PNs could assist the GP in Dementia Care activities but they are not trained or supported to do this.

It is an area we need to support in order to provide best practice dementia care to the community.

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Why else target PNs?

- 8,000 PWD & 10,000 carers
- Health (HNELHN) = 1 CNC Dementia, 5 CDNs, 6 Geriatricians
- Primary Care (GP Access) = 471 GPs and 325 PNs.

Improve Primary Dementia Care

Integrate community and Primary Care services

Support GP’s in diagnosing & managing dementia
PN CDN integration project.

**Partnership:** GPAccess, PNs & GPs, Geriatric Medicine, CDNs.

**Project Goal:**
To build the capacity of Primary Care to diagnose and manage PWD, their carers and families.

**Aims:**
1. Improve referral pathways
2. Promote the multidisciplinary Primary Dementia Care team
3. Increase PN knowledge and confidence in Primary Dementia Care
4. Increase CDN referrals & consultations from Primary Care

**Target Group**
PNs in the inner Newcastle region (Pilot Site) and across the Greater Newcastle cluster (Port Stephens, Newcastle West, East & West Lakes) for the General role out. GPs were not excluded.

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PN CDN Integration Project

Taking the Dementia Journey

• From rocky road  

• To superior pathway

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A multifaceted education approach was adopted

- **The resources and information kit** – brochures
  - GP Clinical Pathway
  - PN referral pathway

- **E – learning;** Dementia Care CD-ROM -14 CNE points proven to educate and empower Primary Dementia Care [13]

- **Two face to face workshops** with CNC Dementia, part of the over 75s health assessment training organised by GP Access. Met some areas of identified PN education needs.

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Implementation

- The CDN organised meet and greet activities, educated PN and GP in the resource kit, CDN program and referral and clinical pathways.
- Discussed barriers to Primary Dementia Care and education requirements.
- Invited the PN to join an E-network and attend weekly multidisciplinary case conference for support with complex clients.
- Completed the visit evaluation.

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Duration

- The pilot August 2009 - Feb 2010.
- Note: The project was delayed due to H1N1 vaccines which monopolised PN time during the later months of 2009.
- The general roll out was completed Mid Nov 2010

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Evaluation Methodology

Quantitative
Pre and post project measures.
- Meet & greet evaluation forms
- Education evaluation forms
- Rates of GP & PN referral/consultation

Qualitative
- Survey/evaluation form
- Interviews conducted with
  1 practice nurse 1 CDN
  2 GP Access staff
Results

No. Practice visited = 38
No. PNs interviewed = 41
No. GPs interviewed = 6
PN Results (N=41)

Q 1. Did you find the information pack useful?
   80% strongly agreed (all agreed)

Q 2. Is dementia education a priority for you?
   46% strongly agreed (all agreed)

Q 3. How likely are you to contact the CDN?
   66% strongly agreed (1 did not agree)

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PN Results

Q. Are you interested in attending multidisciplinary case conference with ACAT, CDN and Geriatrician for complex patients?

34% strongly agreed  8% were not interested

52% believed that it would be "good to be able to phone someone for a nursing opinion".

Note: This same number indicated the ability to attend case conference when necessary. 12% would contact the CDN rather than attend case conference as it is "difficult to get away".

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GP results (N=6)

• GPs just as likely to contact the CDN in the future. Encouragingly one GP felt able to attend case conference when necessary.

• 5 GPs indicated that the clinical pathway "would be useful" including this response "Can you send the flow chart electronically?"

• 2 GPs were interested in referral to the CDN acknowledging that it is "good to know there are Dementia Nurses to look after patients and families"
PN Results

Confidence levels in supporting dementia diagnosis and management pre & post

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GP results

Confidence levels in dementia diagnosis and management pre & post

![Bar chart showing confidence levels in dementia diagnosis and management pre and post](chart.png)
Q. How can the CDN further assist you?

26% PNs wanted the CDN to provide them with "ongoing education" and information.

PN response		GP response

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Q. What education are you interested in? e.g. BPSD, Cognitive screening, legal issues, Advance Care Planning, community supports or other.

What format face to face vs online? 75% face to face and 25% combination of face to face and online e.g. “either is okay”.

Note: No preference for purely online.
1st PN Workshop evaluation N=19

Increased confidence in Dementia Care

All PNs increased their knowledge of Dementia Care

“Having not attended an update in recent years I found the dementia topics really interesting and helpful” and “I learnt a lot about dementia and plans that can be put into place’.

Most important new learning’s.

Advanced Care Directives, referral pathway, CDNs “what dementia nurses can offer”, “accessing help and understanding why I’m doing certain things”, “everything so I can now improve”. New resources available to patients e.g. CCRC

Most enjoyable.

“dementia education”, “cognitive screening tools”, “hallucinations in dementia patients”, “referral systems” and “contact numbers”

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Impact

**Pre project** (2 mths) no GP referrals, no PN phone consults and no PN or GP attendance at case conference.

**Post project** (2mths) significant increase in these indicators.
Interview Quotes

2 PNs “Pathway through Health was fantastic – really helps – able to use that to show GPs” Same PN told the GP “Use those Dementia Nurses, they are in a good position to help” 
From a PN that works with 5 GPs
“I attend the meeting whenever I can, I am so grateful, I have a backlog of patients but I only present 1 or 2 patients so they don’t get sick of me”

GP Access “Organisationally excellent to have a referral pathway and clinical guideline, it would be great if other Health services would do this”

CDN “straight from the horses mouth – “my team now contact the PNs””
Time taken

- Practice visits averaged 30 minutes each.
- Approx. 2 hours extra for each CDN in project methodology education /compiling resources.
- Phone consults with PNs are typically short less than 5 minutes.

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Sustainability

- Regular dementia education by Community Dementia CNC scheduled on GP Access education calendar for PNs.
- Phone contacts and case conference is now promoted to PNs for complex client trouble shooting e.g. Nelson Bay PN attends regularly to present 1-2 cases on behalf of the 5 GPs in her practice.
- All PNs included on an E-network potential to receive ongoing information, education and consultation.

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The future

• Rural Project
• Submission attended for a National Alzheimer’s Quality Grant to build on this project by developing the role of the Primary Dementia Care nurse. Partnership with HNELHN, GPAccess, Wicking Institute, AANSW & AATas

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Questions

I try to take one day at a time ...

but sometimes several days attack me at once.

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Thank you
References

[8] Brodaty, Draper & Low 2004

Bibliography