Evaluation of the Dementia Care in Hospitals Program - Study Protocol

The DCHP Study Team
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  – Sean MacDermott (Project Manager)
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• National Evaluation Team
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      – Lisa Lane
    • Biostatistics:
      – Dr Mohammadreza Mohebbi
The DCHP Study Team

• Partner Hospital Investigators

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- Kim Griggs (PO)

**Royal Hobart (Tas)**
- Dr Frank Nicklason (Staff Specialist - Geriatric Medicine)
- Brendon Davidson (DHHS Tas)
- Project Officer (TBA)
The Dementia Care in Hospitals Program (DCHP)

An All of Hospital Education Program to Improve the Awareness of and Communication with People with Dementia – Linked to a Visual Cognitive Impairment Identifier (CII)
2004 - Focus Groups Facilitated by Alzheimer’s Australia Victoria - People with Dementia and their Carers

Identifier Learnings
- Acceptance
- Appearance

Educational Learnings
- Content
- Key messages
- Development of teaching package

Identifier Production and Marketing
- Image development based on key themes

Hospital Wide Education
- Clinical Staff
- Non-clinical / Corporate staff

Pre Intervention Care
- Carer satisfaction
- Staff awareness of CI and communication skills
- Staff perceived difficulty with care

Post Intervention Care
- DCHP 2004-13
Bedside Cognitive Impairment Identifier (CII)

Key Communication Strategies

- Introduce yourself
- Make sure you have eye contact at all times
- Remain calm and talk in a matter of fact way
- Keep sentences short and simple
- Focus on one instruction at a time
- Involve carers
- Give time for responses
- Repeat yourself… don’t assume you have been understood
- Do not give too many choices
Study Questions

• Primary Question
  – Does implementation of the DCHP result in fewer hospital acquired adverse events in patients over 65 with cognitive impairment?
Study Questions

Secondary Questions

• Does implementation of the DCHP result in –
  – improved quality of life in patients over 65 with cognitive impairment?
  – improved carer perception of care?
  – improved staff knowledge and awareness of cognitive impairment?
  – Reduced staff perceived difficulty in care?
Research Methods

- **Population**
  - Patients 65 years and over in acute care

- **Interventions**
  - Screening of all patients aged 65 years and over for cognitive impairment using a validated tool
  - The Dementia Care in Hospitals Program across key wards
Primary Outcome Measures

• Modifiable Hospital Acquired Adverse Events
  – UTI
  – Delirium
  – Pressure Ulcer
  – Pneumonia
Secondary Outcome Measures

• Patient Quality of Life
  – DemQoL

• Carer Satisfaction with Care

• Staff knowledge and perceived difficulty with care
### Design - Stepped-wedge model

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**SA GoL = 1/9/15**  **ACT GoL = 25/10/15**  **WA GoL = 14/03/16**  **Tas GoL = 8/03/16**
Data Analysis

- Adverse Events
  - The rate for 1 or more of the 4 key AEs in dementia is 21.9%*. This rate will be lower in the target group but the group will be larger.

- The secondary measures are powered to have an 80% chance of finding an effect

* Personal communication Bail K
Economic Evaluation

• Primary
  – Cost minimisation exercise:  Is it cheaper to treat patients aged 65+ with cognitive impairment (CI) post introduction of the DCHP compared to routine hospital care (pre-introduction)?
  – Includes costing the rollout of the program eg staff training, State project officers

• Secondary
  – Analysis of costs and quality-of-life will be undertaken to determine mean differences in cost and DEMQOL score between patients (aged 65+ with CI) pre- and post-implementation period
Study Completion

- May 2017

........THANK YOU
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Data Collection

- Adverse Events
  - Pre-Baseline – 12 months pre BL2
  - BL2 – Screening **no** DCHP
  - GoLive – no data collection 2 weeks either side
  - T1-T5 – screening **and** DCHP

- DemQoL, Carer Satisfaction and Staff Surveys
  - BL2 and T2