



Dementia  
Care in  
Hospitals  
Program



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# Evaluation of the Dementia Care in Hospitals Program- Study Protocol

## The DCHP Study Team





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# The DCHP Study Team

- National Advisory Team

- Meredith Theobald
- Michelle Morvell
- Sean MacDermott (Project Manager)
- Mark Yates
- Sam Blake (Alz.Aus.National)

- National Evaluation Team

- Deakin University (Population Health)
  - Health Economics:
    - Jenny Watts
    - Lisa Lane
  - Biostatistics:
    - Dr Mohammadreza Mohebbi



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# The DCHP Study Team

- Partner Hospital Investigators

## Canberra Hospital (ACT)

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*(Consultant Geriatrician)*

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## QE Hospital (SA)

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*(Consultant Geriatrician)*  
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## 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)



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**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**

**DCHP  
2004-13**

**Post Intervention Care**

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





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# 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**



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# Study Questions

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



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# 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?





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# 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



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# Primary Outcome Measures

- Modifiable Hospital Acquired Adverse Events
  - UTI
  - Delirium
  - Pressure Ulcer
  - Pneumonia

# Secondary Outcome Measures



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- Patient Quality of Life
  - DemQoL
- Carer Satisfaction with Care
- Staff knowledge and perceived difficulty with care



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## Design - Stepped-wedge model

Period Commencing Site	Pre BL	1/2/15	29/3/15	29/8/15	13/9/15	6/12/15	28/2/16	22/5/16	14/8/16	6/11/16	29/1/17	
CAHLN (SA)		BL1 Site Preparation Control	BL 2 Training Control		GL	T1	T2	T3	T4		T5	
Canberra Hospital (ACT)			BL1 Site Preparation Control	BL 2 Training Control	GL	T1	T2	T3	T4		T5	
Sir Charles Gairdner (WA)				BL1 Site Preparation Control	BL 2 Training Control		GL	T1	T2	T3	T4	T5
Royal Hobart (Tas)					BL1 Site Preparation Control	BL 2 Training Control		GL	T1	T2	T3	T4

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



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# 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



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# 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