



## Translating Knowledge into Practice The National Quality Dementia Care Initiative

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National Quality Dementia Care Initiative

## What?

A 3-year, \$3.3 Million program, funded by:

- The **JO and JR Wicking Trust**;
- **Bupa Care Services Australia**;
- the **Dementia Collaborative Research Centres (DCRCs)** as part of the Australian Government's Dementia Initiative;
- **Alzheimer's Australia**



National Quality Dementia Care Initiative

## National Quality Dementia Care Initiative

Consumer  
Dementia  
Research  
Network

National Quality  
Dementia Care  
Network

Service Provider  
Quality Dementia  
Care Network

National Program Evaluation



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## Objectives

1. To translate research evidence into better dementia care in Australia
2. To support consumer involvement in dementia research and knowledge translation.



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## Why?

### Research into practice:

- Up to 17 years, if at all
- Standard approaches often ineffective
- Need for cultural change

### Consumer Involvement:

- In research and research agenda setting
- In priority setting for quality improvement



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## Improving Care



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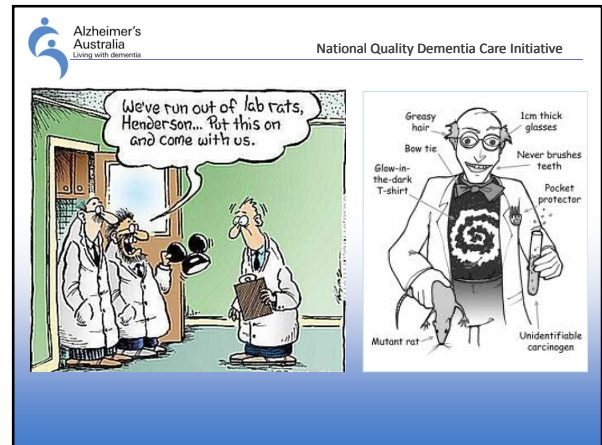
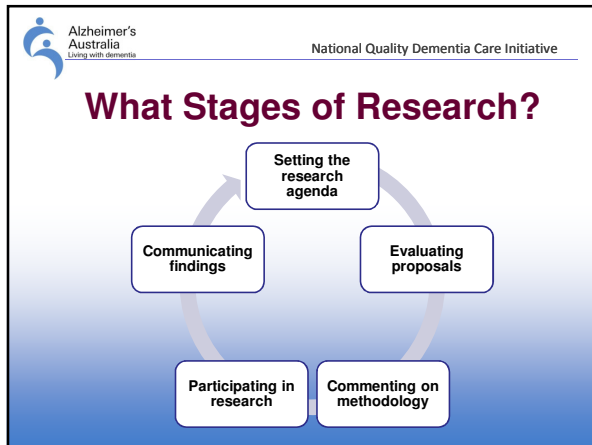
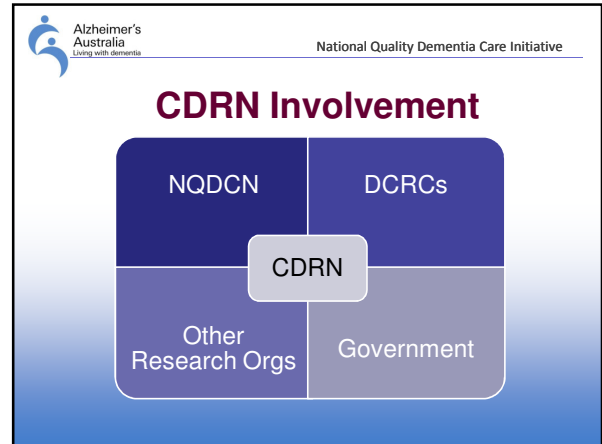
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## Consumer Dementia Research Network (CDRN)

- 25 consumers (individuals with dementia, family carers, former carers) from all over Australia
- Face-to-face meetings once a year
- Involvement in:
  - Knowledge translation projects
  - Research
  - Other partnerships

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## Involvement so far...

- Respite Project with QUT
- Community Care with UNSW
- Stigma- University of Wollongong
- DCRC Coordinating committee
- Quality Dementia Care Summit
- NQDCN Priorities



## Quality Dementia Care Summit- Outcomes

- Establishing the group
- Priorities for Knowledge Translation projects
- Involvement with the DCRCs

## Priority Areas

1. Person-centred care
2. Advance care planning
3. Support for carers
4. Timely diagnosis
5. Non-pharmacological approaches to managing behavioural symptoms
6. Palliative approach to dementia care

## National Quality Dementia Care Network (NQDCN)

- A network of knowledge translation projects

## Knowledge Translation

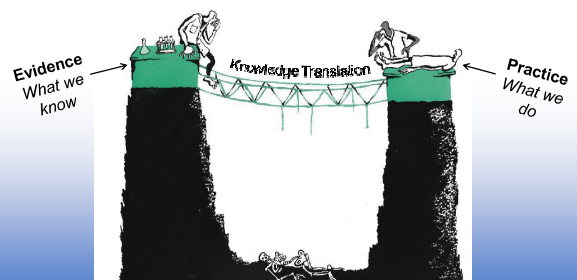


## Knowledge Translation

- Bench → Bedside / Bedside → Practice
- T<sub>0</sub>, T<sub>1</sub>, T<sub>2</sub>
- Continuum



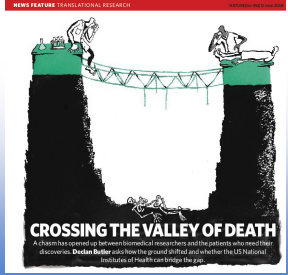
## Evidence Practice Gaps



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## Evidence Practice Gaps



**CROSSING THE VALLEY OF DEATH**  
A chasm has opened up between biomedical researchers and the patients who need their discoveries. Debra Baker addresses the grand challenge and whether the US National Institutes of Health can bridge the gap.

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## Knowledge Translation

Translating *clear evidence of benefit* into *improved dementia care*

Areas where:


- Research has been done
- Know what needs to happen to improve practice
- This is not happening

**Projects that use or develop strategies to change practice on a broad, national scale**

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## Evidence-Based Practice Change




"What I'd like for you to do is change everything about yourself and get back to me."

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## Knowledge Translation Projects

- 10-15 projects
- ~\$100,000 - \$250,000
- ~2 years duration
- Two funding rounds
  - March, 2011
  - September, 2011
- Hub & spoke model



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## 1. Person Centred Care




- **Evidence** (moderate<sup>1</sup>)
  - PCC beneficial for residents<sup>2</sup>, staff<sup>3</sup>, and (probably) families<sup>4</sup>
- **Practice Gap**
  - PCC the exception rather than the norm
- **Possible Strategies**
  - ...staff training, empowering consumers, change champions, audit tools, board-level interventions, policy/regulatory change...

<sup>1</sup>Edvardsson et al, 2008; <sup>2</sup>Chenoweth et al, 2009; <sup>3</sup>Zimmerman et al, 2005; <sup>4</sup>Reid et al, 2007

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## 2. Advance Care Planning

**Evidence** (weak - moderate)


- Advance care plans can result in better patient care<sup>1</sup> including fewer hospital transfers, improved mortality<sup>2</sup>

- **Practice Gap**
  - Very few people with dementia have advance care plans<sup>3</sup>; ADs sometimes disregarded by medical staff<sup>4</sup>
- **Possible Strategies**
  - ...professional development, public awareness, specialist CNCs, targeted consumer education...

<sup>1</sup>Teno et al. 2007; <sup>2</sup>Caplan et al. 2006; <sup>3</sup>Nair et al. 2000; <sup>4</sup>Taylor et al. 2000; 2002

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## 3. Support for Carers

- **Evidence** (strong)
  - Informational, psychosocial and instrumental support for carers can delay institutionalisation and improve patient and carer outcomes<sup>1</sup>
- **Practice Gap**
  - Low awareness and reluctance to use; low uptake of respite; poor post-diagnosis referral to services<sup>2</sup>
- **Possible Strategies**
  - ...GP training, public awareness, 'admiral nurse' model...

<sup>1</sup>Selwood et al. 2007; Belle et al. 2006; <sup>2</sup>Stirling et al. 2010

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## 4. Timely Diagnosis

**Evidence** (strong)

- Timely diagnosis allows treatment and management of symptoms, investigation of other possible causes, planning, and access to services<sup>1</sup>. Good tools available<sup>2</sup>

- **Practice Gap**
  - Poor and inconsistent screening and early diagnosis, and low rates of referral from primary care<sup>3</sup>
- **Possible Strategies**
  - ...GP education, empowering consumers, practice nurses, medical decision making tools, academic detailing...

<sup>1</sup>Brodaty, 2005; <sup>2</sup>Brodaty et al. 2002; <sup>3</sup>Spechly et al. 2008

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## 5. Non-pharmacological approaches to BPSD

- **Evidence** (moderate<sup>1</sup>)
  - Benefit of psychosocial approaches (such as aromatherapy)<sup>2</sup>, PCC<sup>3</sup>, and environmental and design modifications<sup>4</sup>
- **Practice Gap**
  - Widespread use and negative outcomes of physical and chemical restraint<sup>5</sup>
- **Possible Strategies**
  - ...staff training, organisational change, public awareness, care champions, policy/regulatory change...

<sup>1</sup>Gauthier et al. 2010; <sup>2</sup>O'Connor et al. 2009; <sup>3</sup>Chenoweth et al. 2009; <sup>4</sup>Flaming et al. 2009; <sup>5</sup>Evans, 2003

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## 6. Palliative Approach

**Evidence** (weak<sup>1</sup> but...)

- Pain management and palliative clinical care are beneficial to people with advanced dementia<sup>2</sup>

- **Practice Gap**
  - unnecessary hospitalisations, aggressive medical treatment<sup>3</sup>, and under-assessment & medication of pain<sup>4</sup>
- **Possible Strategies**
  - ...training acute and residential care workers, consumer empowerment, policy/regulatory change...

<sup>1</sup>Sampson et al. 2005; <sup>2</sup>Hughes et al. 2007; <sup>3</sup>Sampson et al. 2009; <sup>4</sup>Gallagher et al. 2007

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## Knowledge Translation Strategies

- Training & education
- Empowering consumers
- Policy / regulatory development
- Practice guides & summaries
- Social marketing
- Communities of practice
- Opinion leaders

**Looking for innovative ideas...**

## Project Guidelines

- **Projects must**
  - include consumers
  - translate existing evidence in one or more priority area
  - outline a strategy for **national** implementation
  - Partner with Alzheimer's Australia
  - Identify additional/matching resources/funds

## Call for Eols

- Round 1 Closes 29<sup>th</sup> November
- Guidelines and further information at [www.alzheimers.org.au](http://www.alzheimers.org.au)
- Please contact us to discuss your ideas!  
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