Implementation or education – changing dementia care practices in hospital

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Presentation overview

Challenge: People with dementia experience unintended harm in hospital

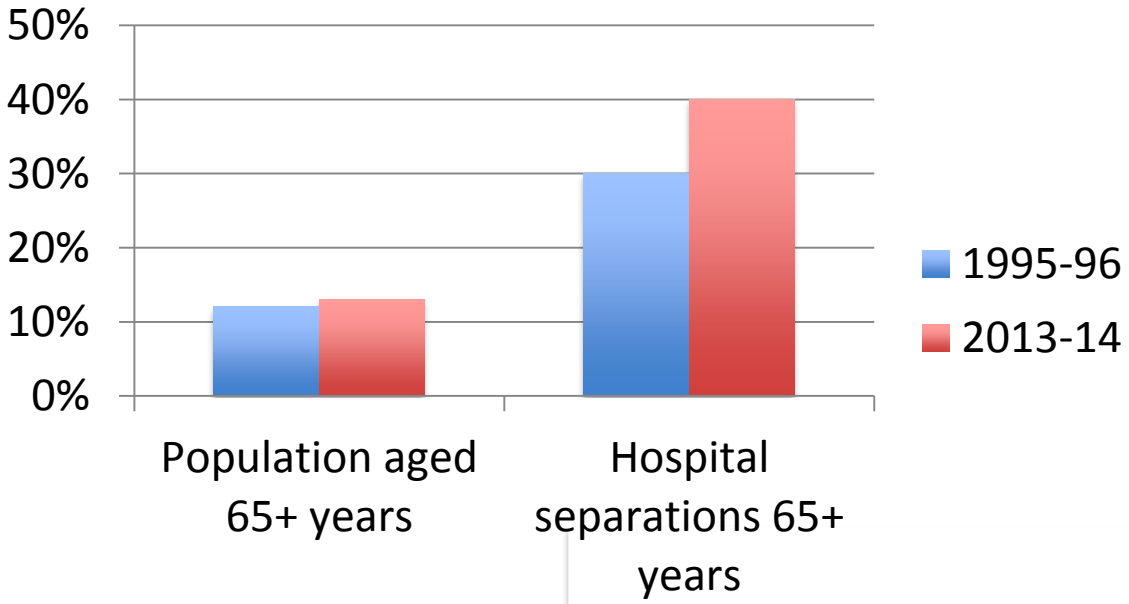
How to improve?

- Focus on individuals and teams
- Focus on practice and systems

Learnings

Hospitals are changing

AIHW 1997, 2015



Hospitals are changing

- Bed occupancy is often higher than 90%, where 85% established as the safe level
- Focus on efficiency, reduced length of stay (churn)
- Increased specialisation; more standard operating procedures for complex treatments; more frequent procedural revisions/ improvements; more accountability; more documentation

What do we know about people with dementia in hospital?

JCN Journal of Clinical Nursing

Journal of
Clinical Nursing

CLINICAL ISSUES

Acute care management of older people with dementia: a qualitative perspective

Wendy Moyle, Sally Borbasi, Marianne Wallis, Rachel Olorenshaw and Natalie Gracia

Dewing & Dijk 2016

What do we know about people with dementia in hospital?

- More likely to be admitted for fractured femur, lower respiratory tract infection, urinary tract infection and head injuries (compared with people without dementia)
- Mean length of stay was 16.4 days compared with 8.9 days for people without dementia
- More likely to be re-admitted within three months

Draper.et al. 2011

At risk of hospital-acquired complications

Complication	Sample (medical)	RR (medical)	Sample (surgical)	RR (surgical)
UTI	58 223	1.79** (1.70 to 1.90)	7680	2.88** (2.45 to 3.40)
Pressure ulcer	38 480	1.61** (1.46 to 1.77)	5904	1.84** (1.46 to 1.31)
Pneumonia	59 523	1.37** (1.26 to 1.48)	8184	1.66** (1.36 to 2.02)
Delirium	61 307	2.83** (2.54 to 3.15)	8251	3.10** (2.31 to 4.15)

Bail et al 2013

‘Failure to maintain’

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‘Failure to Maintain’: A theoretical proposition for a new quality indicator of nurse care rationing for complex older people in hospital

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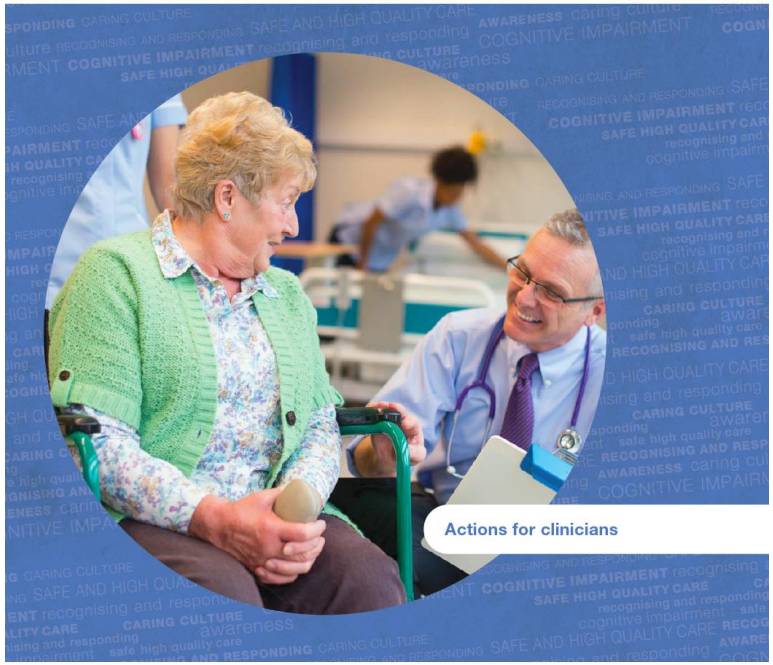
A better way to care

Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital



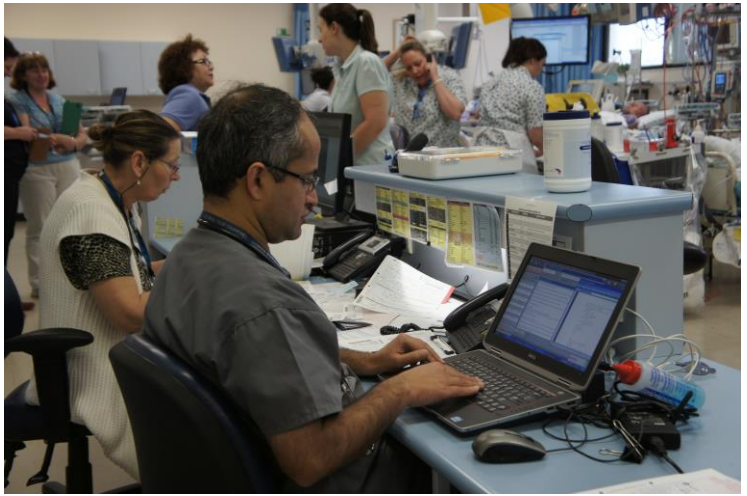
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS
A better way to care

Why so difficult to change practice?

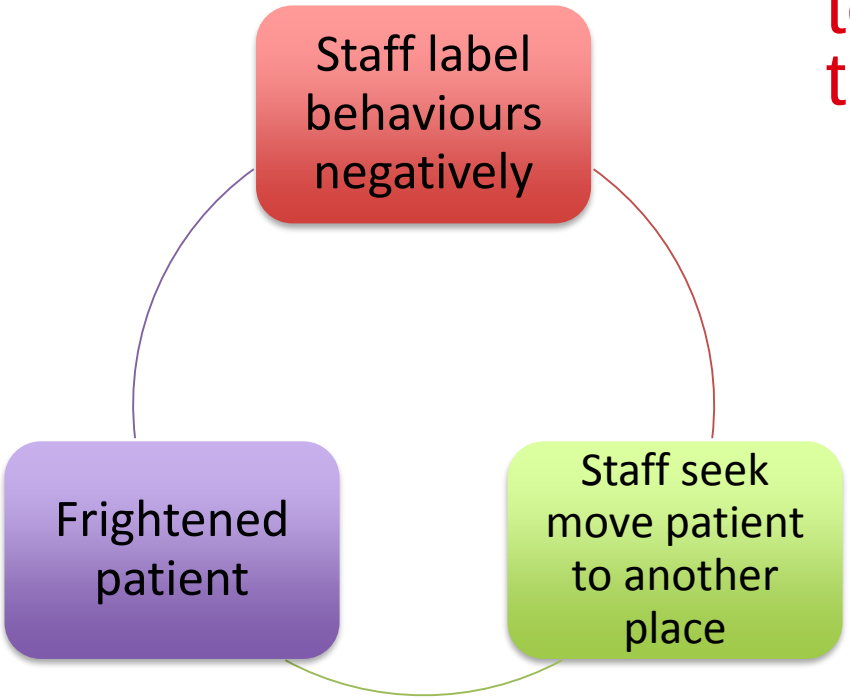
Practice change

Education:
Individual & group



Implementation:
Practice & systems

Educate individuals and teams: Conceptualising the problem



Teodorczuk et al 2013

Education that works….

- Delirium recognition improved following 11 on-line modules (n=59) [Detroyer et al, 2016]
- Knowledge of patient fears, attitudes, delirium and dementia recognition improved following 2-day course (n=48) [Teodorczuk et al 2014]
- The View from Here improved confidence (n=59) [Nayton et al 2014]
- Four facilitator delivered modules improved confidence (n=468) [Martin et al 2016]

The Kirkpatrick Model

1. Reaction

- Training is engaging

2. Learning

- Acquire knowledge, skill, attitude, confidence and commitment

3. Behaviour

- Application of training to work

4. Results

- Targeted outcomes achieved

Evidence on education for practice

Forsetlund et al 2009

- Educational meetings alone or in combination with other interventions can improve health care practice and outcomes for patients
- Effect is likely to be small
- Effect consistent with audit and feedback approaches
- Educational meetings alone are ***unlikely to be effective for changing complex behaviours***

When education…

- Incorporates training on use of assessment or care technology [Surr & Gates 2017]
- Grows capacity to learn from practice [Toye et al 2015]
- Is supported by a credible expert [Martin et al 2016; Griffiths et al 2014; Travers et al 2017]

….there can be behaviour change

Paucity of robust evidence to inform successful dissemination and implementation of evidence-based dementia care

Lourida et al 2017

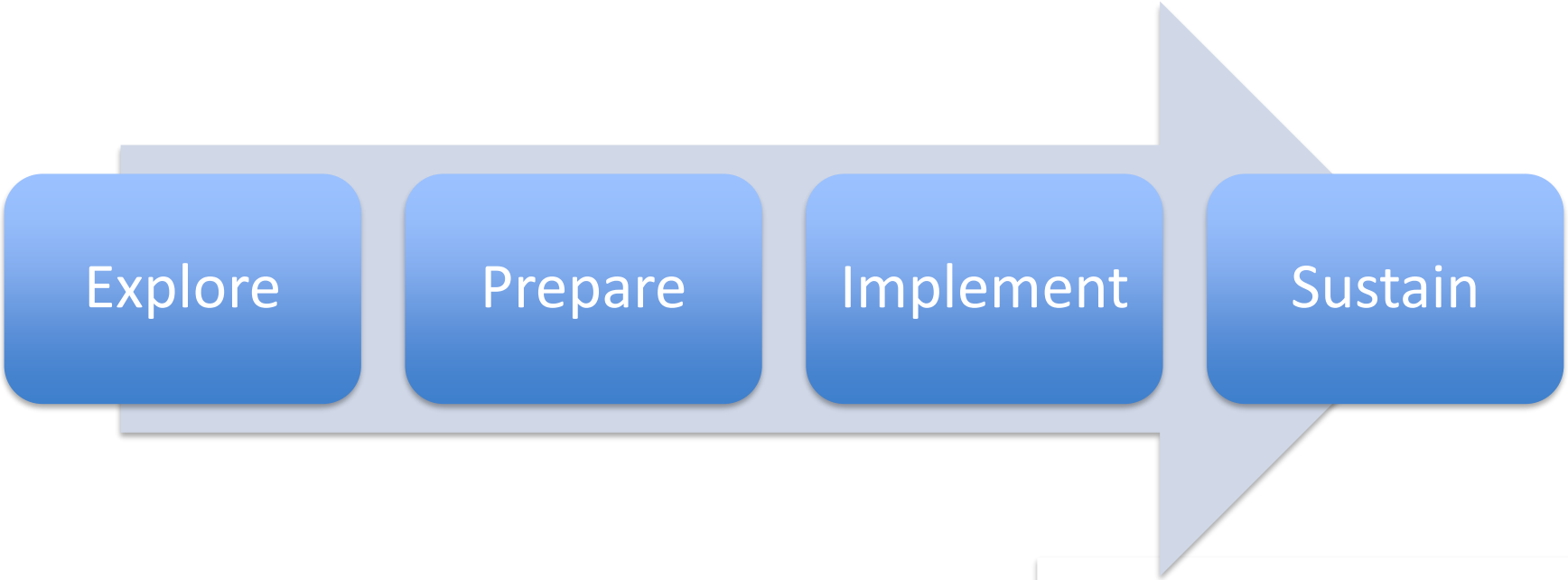
Scoping review and evidence map

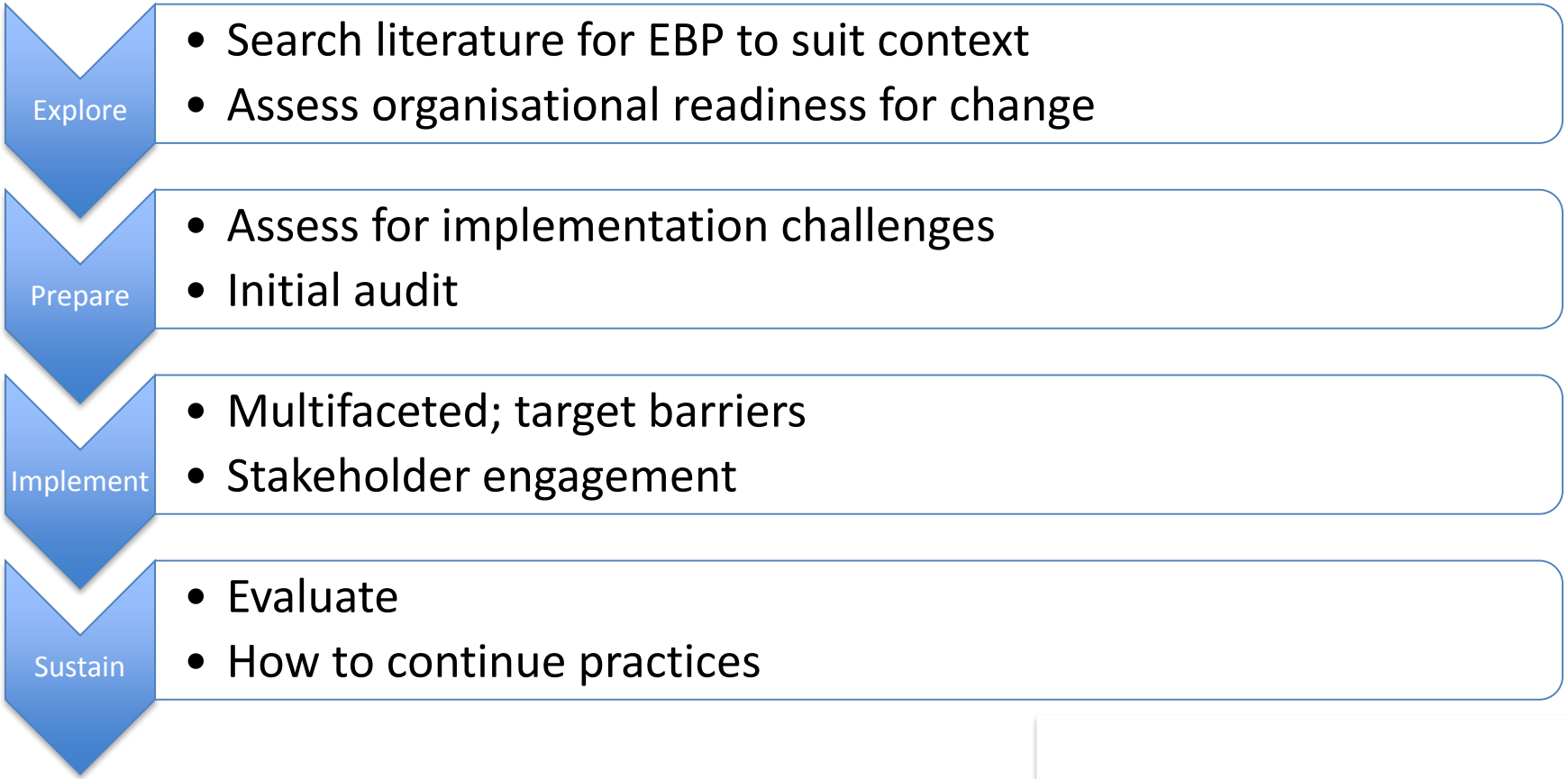
Lourida et al 2017

- 88 studies
- 94% focused on training and education
- 60% described implementation strategies
- 70% conducted in RACF
- Barriers to implementation are consistent = time constraints + Increased workload
- Facilitators for implementation are consistent = leadership + managerial support

Four phases of implementation

Aarons et al 2012




Explore
• Search literature for EBP to suit context
• Assess organisational readiness for change
Prepare
• Assess for implementation challenges
• Initial audit
Implement
• Multifaceted; target barriers
• Stakeholder engagement
Sustain
• Evaluate
• How to continue practices

Organisational readiness: important

Attieh et al 2013

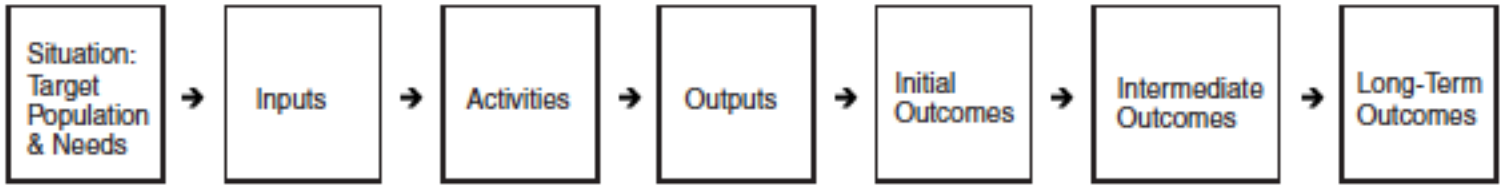
Key overarching concept to assess collective motivation and capability to implement change

Five elements

- Organisational dynamics
- Change process
- Innovation readiness
- Institutional readiness
- Personal readiness

Program logic model 1

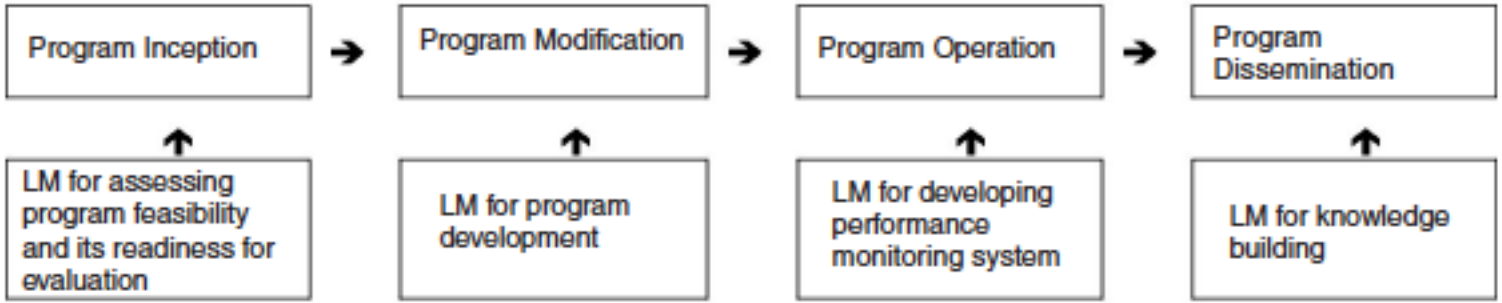
FIGURE 1. Basic generic logic model.



Savaya & Waysman 2005

Program logic model 2

FIGURE 2. Uses of the logic model (LM) along the life span of a program.



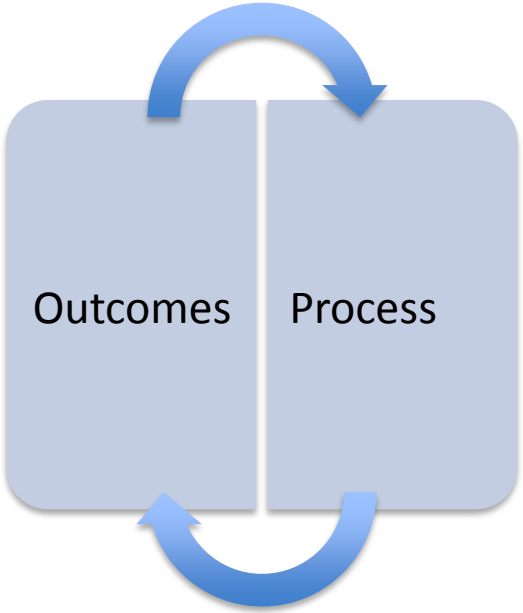
Savaya & Waysman 2005

Multiple sites…

- Stages of implementation [Chamberlain et al 2011] – how many completed at each site?
- Adapt & tailor to context or ‘voltage drop’/ ‘program drift’ [Chambers et al 2013]
- Dynamic Adaptation Process [Aarons et al 2012] provides a framework for incorporating cultural differences at each site e.g. Luxford et al 2015

The science of changing practice

Evaluation: How do we know it worked?



Curran et al 2012

Outcomes	Processes
Patient improvements • Reduced complications • Reduced transfer to RACF from home • Carer satisfaction	Education: Kirkpatrick model
Organisational improvements • Efficiency – LOS, re-presentation • Effectiveness – reduced complications • Cost - benefit	Implementation: Acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, penetration, sustainability [Proctor et al 2011] NOMAD [Finch et al 2015]

Learnings…

- Involve all stakeholders, including consumers
- Use a program logic model – incorporate education
- Monitor and feedback
- Any intervention to change practice should be evaluated
- Practice change is an investment - Evaluation should consider ‘value’

Reference list provided on request

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THANK YOU

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