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Evaluation of the Connolly Hospital Dementia Pathways Project

Key Findings

HSE & GENIO DEMENTIA PROGRAMME





Evaluation of the Connolly Hospital Dementia Pathways Project

Introduction

The Connolly Hospital Dementia Pathways project led by Dr Siobhán Kennelly was funded through a grant by the Genio Trust with the support of The Atlantic Philanthropies and the Health Service Executive (HSE). The project aimed to: 1. reduce the negative effects associated with hospitalisation for people with dementia through appropriate avoidance of acute hospital admissions, 2. reduce the length of stay in the hospital through supported discharge, and 3. improve the hospital experience of the person with dementia through early detection, person-centred care, and a dementia-friendly environment. The project aimed to develop key services and roles, as well as utilise existing services within the hospital and community to drive the development and implementation of an Integrated Care Pathway (ICP) for people with dementia and their carers. The project ran for three years, from April 2015 to April 2018 (with a no cost extension until September 2018 to complete environmental changes). Some preparatory work was completed prior to the official start date of the project which coincided with the commencement of the Dementia Nurse Specialist (DNS) role. The project's main objectives were to:

- I. Develop an ICP for people with dementia with a clear governance framework between acute hospital and community services,
- II. Improve the experience of the person with dementia and their family carer through early identification of patients with dementia, key clinical guidelines, person-centred care and a dementia-friendly environment,
- III. Provide out-patient care for people with dementia,
- IV. Provide education across the community and acute hospital to enhance the care and treatment of people with dementia.

To achieve its aims, the Connolly Hospital Dementia Pathways project incorporated a number of components including:

- An ICP for dementia care, including a Memory Assessment and Support Service,
- Dementia-friendly environmental changes,
- A range of dementia education and awareness raising activities, and
- Project-specific roles.

Trinity College Dublin and the National University of Ireland, Galway were commissioned to evaluate this three year project (2015-2018).

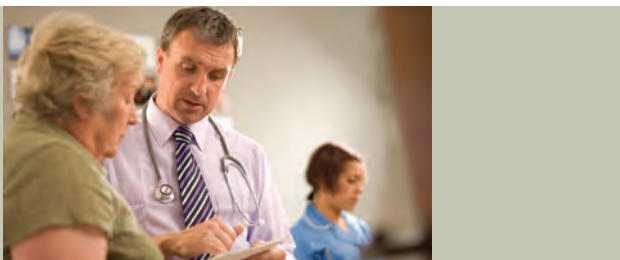
Evaluation Aims & Approach

The aims of the evaluation were to:

1. Understand how ICPs can change and improve service delivery and outcomes for people with dementia and their families,
2. Explore the roll-out of integrated care pathways and their alignment with implementation of the Irish National Dementia Strategy (Department of Health, 2014).

The specific objectives of the evaluation were to:

- i. Examine the dementia journey for key stakeholders at baseline and following project implementation,
- ii. Evaluate the applicability and evidence base (effectiveness/efficacy) of the initiative and its outcomes in line with current policy trends at national and international level,
- iii. Assess the contribution of the project to quality of life and experiences of participants, including people with dementia and their family carers, agencies and healthcare professionals, and their degree of influence in developing the services,
- iv. Evaluate the process of adoption and development of the initiative, the influence of the initiative on dementia policy, and stakeholder cooperation and implementation of the initiative,





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- v. Evaluate the impact of implementation of the Connolly Hospital Dementia Pathways project on outcome measures as agreed with stakeholders,
- vi. Make recommendations so as to inform the implementation of the National Dementia Strategy and the roll-out of integrated care pathways nationally.

An exploratory mixed methods approach involving both quantitative and qualitative approaches was used to provide a comprehensive evaluation of the Dementia Pathways project. An evaluation of such projects requires attention to the set-up, implementation, process, impact and sustainability of initiatives. Therefore, the evaluation was informed by an action research approach and underpinned by a framework called RE-AIM (Glasgow *et al.*, 1999; Gaglio *et al.*, 2013), which assessed project activity in terms of reach, effectiveness, adoption, implementation and maintenance.

The evaluation examined the project's processes as well as its outcomes, looking at four key aspects:



Key Findings

Connolly Hospital Dementia Pathways Project Impact and Outcome Findings

- While there was increased identification of delirium through the use of the 4AT tool, this was predominantly within the Emergency Department (ED) setting only. The PINCH ME tool proved successful, where used, for the prevention and management of delirium.
- While the project's focus was not intensively within ED the project did impact on the improvement of dementia care through the ICP in the ED, for example through accelerated assessment. Further improvements are required, for example improved recording and communication of 4AT assessment.
- The Dementia/Delirium Care Bundle (DDCB), and the personal profile therein, was viewed positively by service providers and service users alike and resulted in numerous positive impacts on patient care as well impacting positively on the service provider role.
- The newly developed Memory Assessment and Support Service (MASS) enabled integration and continuity of care to be provided to service users. In addition, the MASS provided a more resource-intensive and therefore beneficial service to people with dementia and their family carers. It also supported hospital avoidance in a number of cases.
- The project roles, in particular the DNS role, were critical for the success of the project. Both service providers and service users spoke highly of the DNS role and its positive impact. Staffing challenges in the recruitment and retention of the dementia link nurse were highlighted as a major difficulty in enhancing integration of care.
- The project evaluation interviews and the hospital organisation, ward organisation and patient case note audits indicated movement towards enhanced integration of dementia care between the outset of the project and its endpoint.



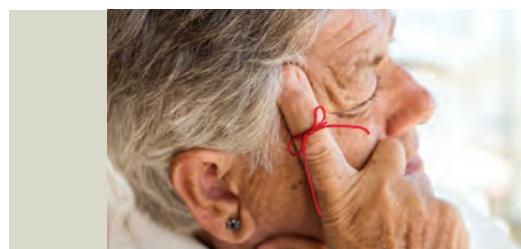
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- The positive impact of the environmental changes implemented as part of the project was evident in interviews with service providers and service users, in particular the environmental changes implemented in the Care of the Older Person ward.
- The majority of respondents of the awareness and knowledge survey at follow-up had attended at least one project training session.
- The majority of survey respondents had a positive attitude towards people with dementia at both timepoints and while on average there was a good level of dementia knowledge among respondents at both timepoints, there was a degree of variability among staff indicated by the spread in the range of responses.
- A range of formal and informal education programmes were delivered to all staff, which were based on their roles and perceived needs within the hospital and community. These were positively evaluated and plans have been made to continue and expand upon many of the educational programmes from within existing resources. There is more emphasis on the standard education programmes and bespoke approaches such as telementoring will be implemented when specific need arises.
- Throughout the interviews with staff, there was evidence of increased dementia awareness and the provision of more person-centred dementia care.
- Many of the staff mentioned the DNS as the key driver of the education programmes and that their success could be attributed to her knowledge, expertise and passion.

Connolly Hospital Dementia Pathways Project Process Findings

- The project consortium was reported on positively by stakeholders. The multidisciplinary composition of both the consortium and working groups was seen as critical in the overall success of these groups and, by consequence, the project. However, changeover of members was a challenge due to staff turnover and staff changing positions.
- Four project facilitators were identified which supported the project process and achievement of its outcomes. These were:
 - Management support,
 - Existing network of supports and parallel developments,
 - Project drivers,
 - Flexibility.
- Five overarching challenges were found to have impacted on the project over its time line. These were:
 - Resource pressures, including impediments to patient flow,
 - Process of diagnosis,
 - Integrating the project into the acute care setting,
 - Difficulty in impacting and assessing change,
 - Communication gaps.
- The project facilitators were active over the course of the project and were found to counterbalance the challenges.





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Connolly Hospital Dementia Pathways Project Hospital Inpatient Activity Analysis Findings

- The total number of cases discharged with a diagnosis of dementia increased from 348 to 614 between 2014 and 2017. All of this increase was due to an increase in the number of cases with a secondary diagnosis of dementia.
- The proportion of cases admitted from Long Term Care (LTC) and discharged to LTC both increased between 2014 and 2017.
- Overall, length of stay declined significantly between 2014 and 2017. However, the various sub-categories examined showed contrasting trends in length of stay. Length of stay decreased significantly for people admitted from home for example, but increased significantly for cases admitted from LTC.
- Length of stay was generally higher for people with dementia than for people without dementia who had received the same primary diagnosis. But the difference in length of stay was not always statistically significant.
- Overall, costs of the cases with a diagnosis of dementia fell significantly between 2014 and 2017. This was particularly the case for people with a secondary diagnosis of dementia.
- Costs fell between 2014 and 2017 in all of the various sub-categories that were examined.

Recommendations for Enhancing Integrated Dementia Care

On the basis of the project evaluation findings, a number of recommendations, specific to the project, are proposed for enhancing integrated dementia care. Furthermore, this report is one of a series of evaluations and the cumulative learning from these has also suggested a number of broader recommendations.

Project-Specific Recommendations

- A regional centre for dementia diagnosis, with a central database accessible by individual services and healthcare providers would be beneficial to improve the diagnosis journey for service users and improve communication between service providers and settings.
- Sufficient project lead in time is recommended to refine project objectives, for project planning and to complete the necessary groundwork for the commencement of project roles.
- Given the unexpectedly long length of time and the complexity of processes involved in implementing project changes, it is recommended that an increased period of time is allocated to plan and implement similar projects in the future.
- Project leadership and a team of project drivers (including Dementia Champions) is invaluable to the success of such projects.
- Working in tandem with community-based services is very onerous and requires dedicated leadership for future projects.
- Additional business support/project support would have been very valuable in progressing the project and is recommended that such support is built into the planning of future projects.
- There is a need for ongoing information and education for service users including, for example, a comprehensive guidebook on dementia and an overview of the likely timeline of the progression of the condition.





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- Providing a follow-up information workshop/session for families following diagnosis would be beneficial.
- Development of ongoing in-depth comprehensive assessments for service users whereby they would be reviewed by a number of relevant healthcare providers and allied health professionals to assess them in a more holistic way is recommended.

Broader Evaluation Recommendations

- The person with dementia and their individualised needs should at all times be central to innovations to enhance integrated dementia care.
- To achieve meaningful impact, a dementia-friendly orientation needs to be embedded in the strategic objectives and operational planning of an organisation.
- A whole organisation approach to the integration of dementia care is advocated with involvement of key multi-level and inter-departmental stakeholders with the power to leverage support and facilitate required actions.
- Innovation in integrated dementia care requires clear governance and visionary leadership, and such leaders require dedicated resources to support dementia care development.
- A consortium approach is recommended for projects designed to design, test and implement innovations to develop integrated dementia care.
- Inter-sectoral involvement is required where innovations in dementia care are designed to cross the continuum of care. Such involvement should focus on developing collaborative networks and the setting up of effective in-reach out-reach communication systems between those involved.
- Innovations in dementia care (for example, ICP development) and dementia-friendly environmental design are time intensive and require extensive planning inputs to include process mapping of the journeys of people with dementia, evidence review and stakeholder consultation.
- Associated projects need to factor in sufficient lead-in time to devising related interventions and the planning activities involved should be viewed as sub-components of the overall intervention.
- Innovations in dementia care, such as ICPs, require ongoing point of care support through dedicated dementia-specific roles which are highly visible and whose role-holders have expertise in complex dementia care.
- Where dementia-specific roles are shown to have a positive impact, there needs to be commitment and resources to continue them if gains in dementia care integration are to be maximised and built upon.
- When introducing innovations such as ICPs, both opportunistic and dedicated education programmes aimed at enhancing dementia knowledge and awareness contribute to the overall level of staff preparedness. Therefore, sustainable dementia education programmes should be available for all service providers who are involved with people with dementia and such education should retain a strong person-centred focus.
- So as to maximise learning for current and future projects, there is a need to in-build parallel participatory evaluation of the processes involved in projects to develop integrated dementia care in addition to measuring outcomes. Evaluations should additionally plan to extend beyond the end-point of an individual project so as to evaluate for any ongoing impact over time.
- Consideration should be given to embedding dementia-specific key performance indicators and audit metrics into quality assurance systems to monitor ongoing organisational performance relating to dementia care integration.





EVALUATION OF THE CONNOLLY HOSPITAL DEMENTIA PATHWAYS PROJECT

Connolly Hospital Dementia Pathways Project Key Achievements:



There was a move towards **enhanced integration of care** for people with dementia within the hospital and through the **provision of enhanced ambulatory care** in the Memory Assessment Support Service.

The project was successful in improving **prevention and management of delirium**, design of a **personal profile document**, and implementation of a **Dementia/Delirium Care Bundle** within one ward of the hospital.



The **Dementia Nurse Specialist** role was critical in implementing change to enhance care for patients with dementia, delirium and other cognitive impairments.

A suite of **education and training programmes** were provided, with many of these planned to be continued and/or expanded.



There were very positive **environmental changes** with indications of plans to support continuance of changes.

Project success was contingent upon **the project roles and Consortium**, a number of **project drivers** and the **flexibility** of the project team.



Management support and an **existing network of supports and parallel developments** were key factors in advancing activities relating to the **integration of dementia care**.



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References

Department of Health (2014) *The Irish National Dementia Strategy*. Dublin, Ireland: Department of Health.

Gaglio, B., Shoup, J.A. and Glasgow, R.E. (2013) The RE-AIM framework: a systematic review of use over time. *American Journal of Public Health*, 103 (6): e38-e46.

Glasgow, R.E., Vogt, T.M. and Boles, S.M. (1999) Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health*, 89 (9): 1322-1327.

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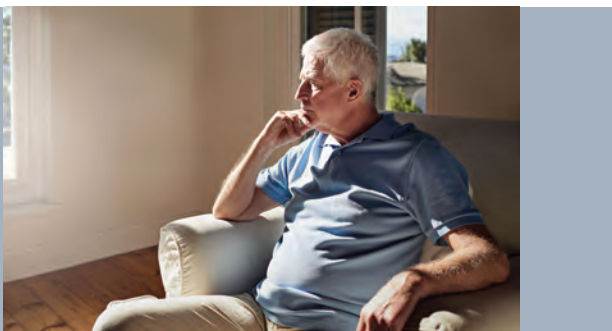


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