



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin



## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project

### Key Findings

HSE & GENIO DEMENTIA PROGRAMME





## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project

### Introduction

The DemPath project led by Prof Brian Lawlor was funded through a grant by the Genio Trust with the support of The Atlantic Philanthropies and the HSE. The project ran for three and a half years, from April 2014 to October 2017. The aim of the project was to create an effective 'dementia-friendly' Integrated Care Pathway (ICP) for all people with dementia, irrespective of age, who were admitted to and discharged from St. James's Hospital (SJH) by improving the care environment, and by increasing awareness of dementia and associated care needs through education and training. As the project unfolded, its scope evolved to meet perceived demand and fit with hospital staff and key stakeholders' priorities for change. While the overarching aim of DemPath remained the same, the focus changed from being solely on people with dementia to include all those with a cognitive impairment<sup>1</sup> aged over 65 years. The specific aims of the project were revised as follows<sup>2</sup>:

- I. Develop an ICP for people with a cognitive impairment admitted to the hospital, by establishing a clearly defined pathway into and out of the acute sector, facilitating admission avoidance where appropriate, standardising assessment, early intervention, timely discharge and improving 'in-reach'/'out-reach' linkages.
- II. Facilitate 'dementia-friendly' environmental adjustment to key areas within the hospital; the Emergency Department (ED), general wards in the new Mercer's Institute for Successful Aging (MISA) building, and the Hollybrook Lodge (community based) Long Term Care (LTC) facility.
- III. Provide education and training in dementia to all face-fronting staff throughout the hospital, as well as targeted training to specific staff groups, to improve awareness and knowledge among staff in contact with people with dementia.

<sup>1</sup> A cognitive impairment is a noticeable and measurable decline in cognitive abilities including memory and thinking which extends beyond the expected decline of normal ageing.  
<sup>2</sup> As stated in the Genio Dementia Programme 2013 application and the Genio Trust Terms and Conditions.

To achieve its aims, the DemPath project incorporated a number of components including:

- An ICP for dementia care,
- A range of dementia education and awareness raising activities,
- Environmental changes within SJH and Hollybrook Lodge.

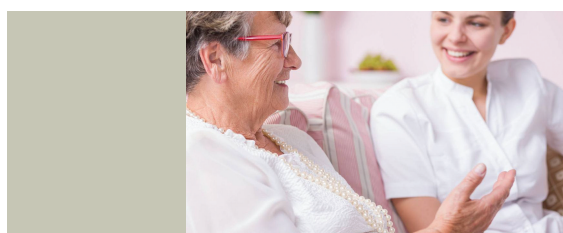
Trinity College Dublin and the National University of Ireland, Galway were commissioned to evaluate this three year project (2014-2017).

### 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 ICPs and alignment with implementation of the National Dementia Strategy (Department of Health, 2014).

An exploratory mixed methods study involving both quantitative and qualitative approaches was used to provide a comprehensive evaluation of the DemPath 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, Vogt and Boles, 1999; Gaglio, Shoup and Glasgow, 2013) which assessed project activity in terms of reach, effectiveness, adoption, implementation and maintenance.

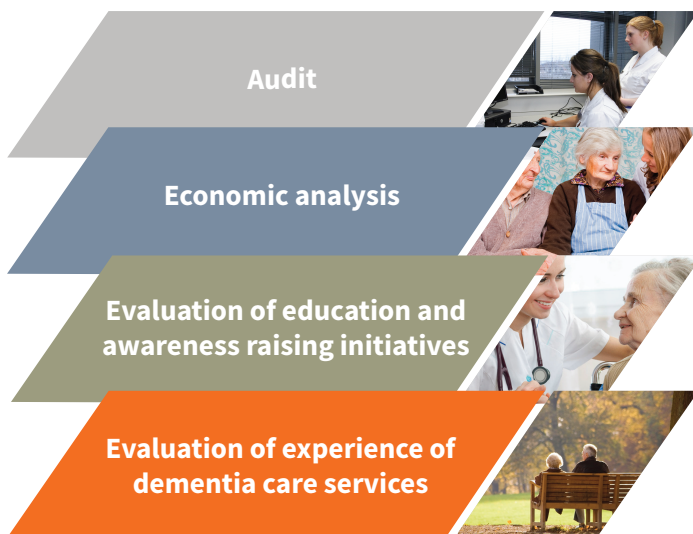






## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project

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



### Key Findings

#### DemPath Project Impact and Outcome Findings

- The project achieved gains primarily in relation to process mapping, the implementation of the 4AT for the assessment of cognitive impairment in the ED, design of a Hospital Passport and the inclusion of a standardised section on cognitive impairment in the hospital discharge letter.
- There was mixed success in other areas of the ICP development and roll-out, as per interview data, for example, standardised transfer of 4AT information from the ED to ward level; although progress was underway to include this in the Electronic Patient Record (EPR) to address this.
- The project roles were successful in implementing change to enhance care for people with dementia and cognitive impairment.
- Designated roles to implement and maintain change were highlighted as necessary, especially given the complexity and size of SJH and the pressure on resources.

- The hospital organisational audit of dementia care in SJH demonstrated that there had been positive changes, for example, there was an increase in the availability of relevant training. There was also evidence of the move towards enhanced integration of care for people with dementia, for example, the hospital began using standardised instruments to assess mental state and mood of people with dementia.
- The ward organisational audit confirmed the presence of staffing shortages and difficulties in releasing staff from duties to attend dementia training. This was addressed however, at least in part, by the availability of on-the-job guidance and support offered by DemPath facilitators and advocates.
- The case note audit demonstrated mixed results relating to assessment of discharge planning and coordination for people with dementia.
- There were positive environmental changes implemented in the ED and Hollybrook Lodge, and improved wayfinding/signage in the MISA building, with indications of plans to support continuance of changes.
- A suite of education and training programmes were provided and these were streamlined to meet perceived needs. Overall, these programmes were positively evaluated and a number of impacts on practice were reported.
- DemPath facilitators were also trained and these made a significant contribution to the project by engaging in formal and informal education with staff as well undertaking smaller dementia related projects.
- DemPath facilitators were highlighted as a significant stakeholder in the potential for sustainability of project gains.





## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project



### DemPath Project Process Findings

- The success of the DemPath project was contingent upon not only the project roles but also upon the cooperation and work of a consortium structure and a number of key individuals and staff groupings including DemPath facilitators.
- Importantly, visible clinical leadership in an area or strand of the project was more likely to result in positive outcomes.
- Six project facilitators were identified which supported the DemPath project process and the achievement of its outcomes. There were:
  1. Organisational support and developments,
  2. Support from project funder,
  3. Linking in and embedding within existing structures,
  4. Excellence in practice,
  5. Person on the ground,
  6. Dynamic and responsive consortium.
- A number of challenges were found to have impacted on the project. Notably, the majority of these were highlighted at both T1 and T2 data collection:
  1. Impediments to patient flow,
  2. Lack of stimulation and activity for people with dementia,
  3. Absence of standardisation,
  4. Deficits in communication (inter-staff communication, as well as poor linkage and communication between the hospital and community),
  5. Pressure on resources,
  6. Insufficiently experienced or trained staff,
  7. Primary function to manage physical health needs.

### DemPath Hospital Inpatient Activity Analysis Findings

- The total number of cases discharged with a diagnosis of dementia increased from 426 to 496 between 2014 and 2016. Around 10% of cases in each year had received a primary diagnosis of dementia.
- Overall, and in various sub-categories, mean or median length of stay declined significantly between 2014 and 2016 (for example, mean length of stay for all cases was 52.0 days in 2014 and 33.7 days in 2016).
- Length of stay was generally higher for people with dementia than for people without dementia who had received the same primary diagnosis (for example, in 2016, mean length of stay for those with a primary diagnosis of syncope and collapse was 25.2 days for people diagnosed with dementia and 10.2 days for people not diagnosed with dementia).
- The mean costs of all the cases with a diagnosis of dementia fell significantly between 2014 and 2016 (for example, there was a decrease in mean and median costs of €7,276 and €1,266 for cases with home as the admission source between 2014 and 2016).
- The cost of specials services (an observation service provided to a patient or patients within the hospital to ensure their safety) was an important additional cost incurred within SJH. The proportion of cases diagnosed with dementia that received specials services increased from 18% to 30% between 2014 and 2016. The mean and median cost of specials services declined between 2014 and 2016 (for example, the mean cost of specials was €20,415 in 2014 and €13,411 in 2016).







## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project



### Recommendations for Enhancing Integrated Dementia Care

On the basis of the findings of the project evaluation, 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

- Process mapping emerged as a critical first step in developing an ICP and corporate support for this is recommended for the development of ICPs moving forward.
- Indirectly the study uncovered some unanticipated areas for further investigation in relation to the effect of hospital environmental design on people with dementia including, for example, the use of single rooms in dementia care.
- Ongoing monitoring and further development of project-specific changes will be of benefit to ensure maintenance of project gains.

- Embedding project-specific changes into existing organisational structures and resources is important to ensure sustainability of changes.
- Key to the success of implementing integrated care within the acute environment is that every category of staff has to be informed about, and participate in project activities and person-centred responses.
- Reinforcement of the positive impact of meaningful engagement and social interaction for people with dementia would be beneficial for all categories of service providers.
- It is recommended that the activity analysis be repeated in 2018 to analyse the full impact of the intervention.

#### 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.



## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project

- 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 St. James's Hospital DemPath Integrated Care Pathway Project

### DemPath Key Achievements



There was a move towards **enhanced integration of care** for people with dementia.

The project was successful in **mapping the care pathway**, implementing **assessment of cognitive impairment**, design of a **hospital passport**, and inclusion of a standardised section on cognitive impairment in the hospital **discharge letter**.



The **project roles** were successful in implementing change to enhance care for patients with dementia and cognitive impairment.

A suite of **education and training programmes** were provided and **DemPath facilitators** were trained, and both had a number of impacts on practice.



Project success was contingent upon the project roles, the cooperation and hard work of a **consortium** structure and a number of **key individuals and staff groupings**.

**Organisational support** and **linking with existing structures** were key factors in advancing activities relating to the **integration of dementia care** within the hospital and the community.





## Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project

### 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.

### Acknowledgements

The evaluation team would like to extend sincere thanks to the following organisations and individuals: those service users (people with dementia and their family carers) who gave their time to participate in the evaluation; Genio; the Health Service Executive; the DemPath Project Lead, Prof Brian Lawlor; the Project Manager, Dr Natalie Cole; the DemPath nurse, Ms Louise Murphy; the project consortium and work package teams; and all of the service providers who participated in the evaluation.



### Funding

This work was funded through grant #22074 by the Genio Trust with the support of The Atlantic Philanthropies and the Health Service Executive.

All data, including these key findings, should be referenced to:

Brady, A-M., Bracken-Scally, M., Keogh, B., Kennelly, B., Daly, L., Hynes, G., Pittalis, C., Drury, A., Ciblis, A. and McCarron, M. (2018) *Evaluation of the St. James's Hospital DemPath Integrated Care Pathway Project: Key Findings*. Dublin, Ireland: School of Nursing and Midwifery, Trinity College Dublin, Dublin.

Trinity Centre for Practice and Healthcare Innovation  
School of Nursing & Midwifery  
Trinity College Dublin  
24 D'Olier Street  
Dublin 2, Ireland.

+353-1-896-2692

[nursing.midwifery@tcd.ie](mailto:nursing.midwifery@tcd.ie)

[nursing-midwifery.tcd.ie](http://nursing-midwifery.tcd.ie)

