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Can Quality Improvement Collaboratives improve adherence to clinical guidelines for dementia care?

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National Health and Medical Research Council

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COGNITIVE DECLINE PARTNERSHIP CENTRE

Overview

- Description of Agents of Change research trial
- Key approaches used to implement Dementia Clinical Guidelines
- Process evaluation
- Preliminary themes identified
- Next steps

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Funding and team

Funding provided by:

- National Health and Medical Research Council
- Cognitive Decline Partnership Centre

Project team:

- *Dr Kate Laver (Principal Investigator)*
- *Dr Monica Cations*
- *Ms Gorjana Radisic*
- *Ms Lenore de la Perrelle*

Investigator team:

- Professor Anneke Fitzgerald
- Professor Maria Crotty
- Professor Sue Kurrle
- Professor Ian Cameron
- Associate Professor Craig Whitehead
- Dr Jane Thompson
- Associate Professor Billingsley Kaambwa

Expert advisors:

- John Quinn
- Glenys Petrie
- Ian Gladstone
- Nadine Hedger
- Gary Collins
- Mae Collins
- Alison Pennington
- Megan Corlis
- Meredith Gresham
- Wendy Hudson
- Dr Kate Hayes

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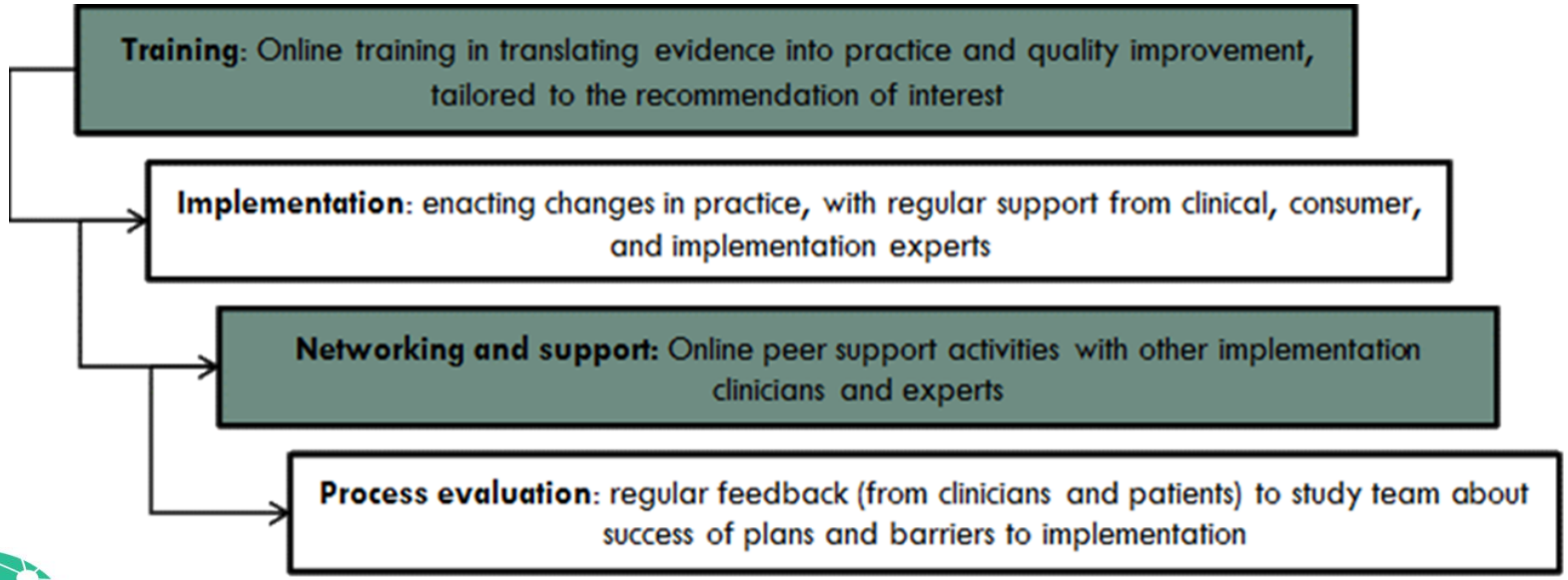
AIM: Implement and sustain improvements in post-diagnosis care for people with dementia and their family/friend supporters by increasing adherence to three key recommendations from the *Clinical Practice Guidelines for Dementia in Australia:*

People with dementia living in the community should be offered evidence-based occupational therapy	Why?	Occupational therapists spend the majority of their time with people with dementia on assessment (at the expense of intervention)
People with dementia should be strongly encouraged to exercise	Why?	People with dementia are not routinely encouraged to exercise or involved in exercise programs
Carers and family of people with dementia have access to programs to support and optimise their ability to provide care for the person with dementia, including respite	Why?	Carers report they need more respite, education, help to problem solve, and skills in managing symptoms

Steps in the implementation strategy



Quality Improvement Collaboratives

- Specific topic focus
- Participants from multiple sites
- Expert guidance
- Structured activities to promote collaborative learning
- Tracking progress against measurable aims

"Assessing one's own progress and benchmarking with other professionals facilitates faster and wider implementation of quality improvement practices"

– Shaw et al., 2012

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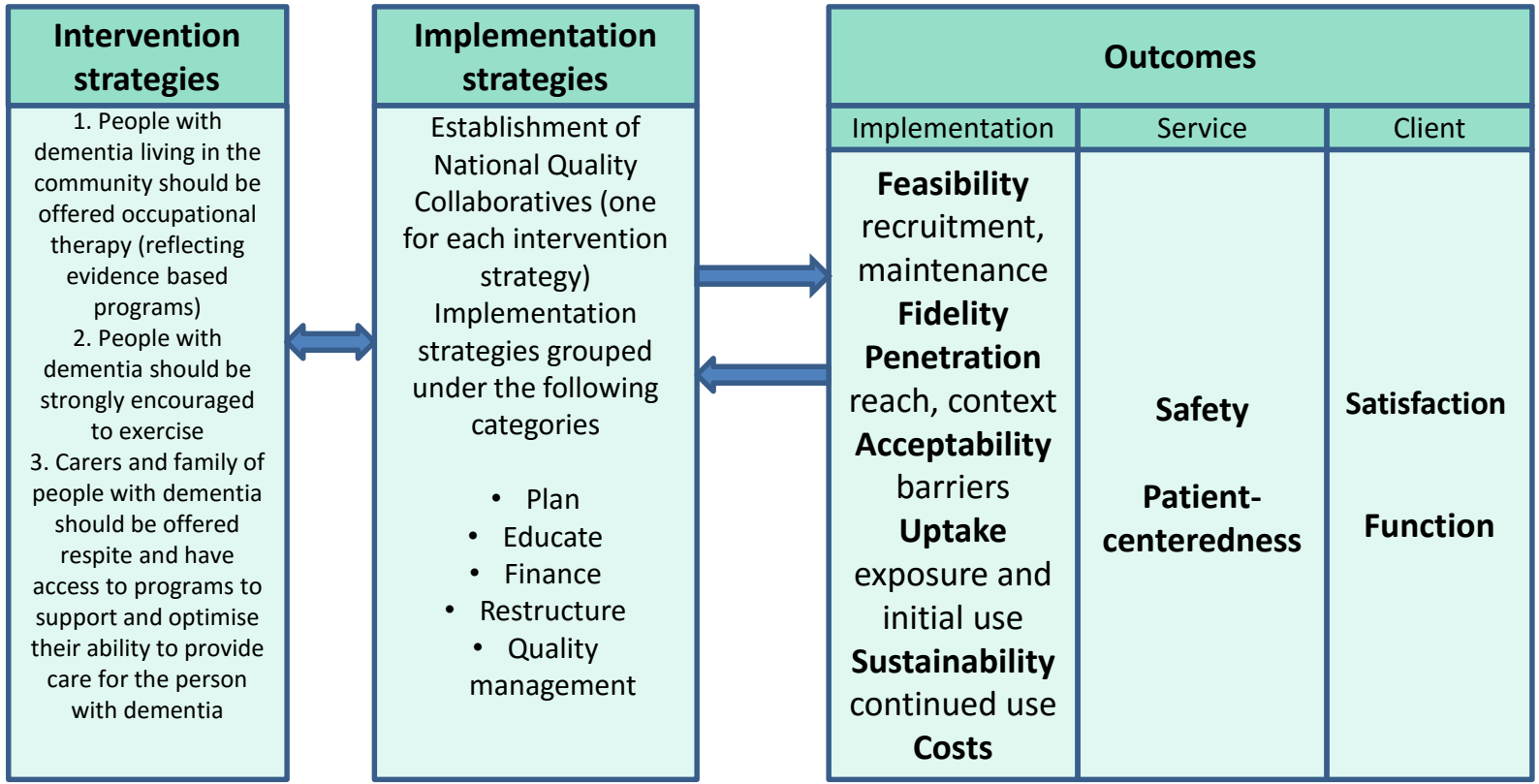
Implementation model used within the project



Model based on Proctor 2009.

Context

- **Factors which affect implementation, mechanisms, and outcomes**
- Such as: organisational enablers and barriers, cost and effort, organisational mapping of relationships and roles

Implementation

- **How the implementation process is delivered**
- Such as: use of QIC, training, access to experts with lived experience and professional experience, PDSA cycles, iterative approach, networking and support, data analysis of effect on clients

Mechanisms

- **What works**
- Such as: participant responses to the QIC, authority and suitability of the intervention in their setting, acceptability of the QI skills to their role
- unexpected effects or events and consequences

Outcomes

- **Improved knowledge and skills**
- Such as: knowledge of the guidelines and evidence for practice, knowledge of implementation strategies
- development of plans for implementation, sustainability and spread of use of evidence

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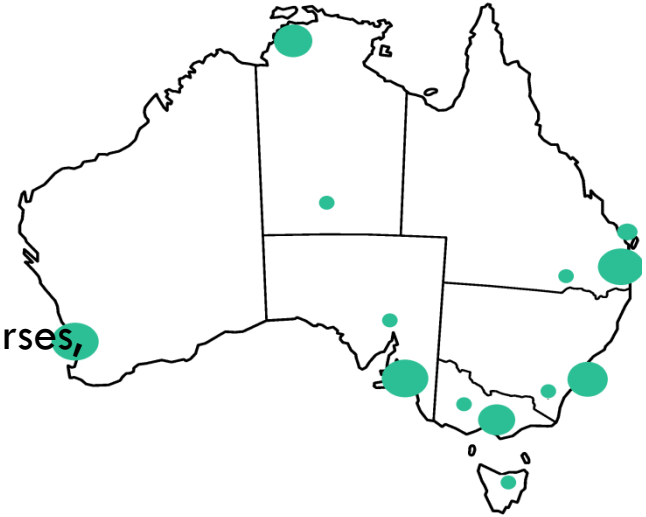
Methods

- 40 clinicians recruited across all states
- 20% regional or rural
- Physicians, occupational therapists, physiotherapists, nurses, dieticians, YOD NDIS providers, social workers
- On line training and collaborative learning, sharing, adapting
- Monthly data collection clinical, costs, participation
- Process evaluation pre and post intervention



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Preliminary themes: clinicians

Uptake:

senior clinicians
high motivation
desire for change
see the need
need for networks
incentives

Feasibility:

virtual meetings
on line learning
research base
project team and advisors
lead time too long

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Preliminary themes: clinicians

Organisational mapping:

- Varied contexts
- Varied levels of support from managers, varied authority, varied roles and funding
- Key indicators of support:

  small supportive team, authority and autonomy in practice, manager endorsement and support,

  mechanisms for quality improvement, culture of innovation, shared values and connections with other services

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Initial expectations of Expert Advisors

- People living with dementia and family caregivers
- High motivation for service improvement
- Contribution to future services
- Opportunity to be part of meaningful process
- Improve content of training
- Change beliefs and attitudes

Next Steps

- Online learning modules available to clinicians in November 2018
- Quality improvement collaboratives commence in February 2019
- Monthly monitoring of plans and changes
- Post intervention interviews for comparison in 2020

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What we want to find out

- What works in QICs?
- Are they a feasible way of implementing clinical dementia guidelines?
- Have we addressed all barriers and provided enablers?
- Can we predict success?
- Are they cost effective?

Selected references

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Watch this space!