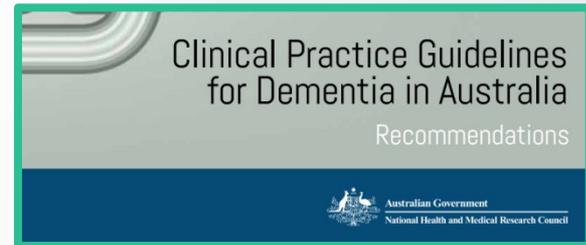
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Agents of Change: Empowering Clinicians to Disrupt the Status Quo in Dementia Care

Monica Cations
Flinders University

Dementia care in Australia

- Fractured and dependent on the health care professional (and patient demographic factors)
- 2016 *Clinical Practice Guidelines for Dementia in Australia*
- Dissemination of guidelines not enough to affect real change in clinical practice



Agents of Change



AIM: Implement and sustain improvements in post-diagnosis care for people with dementia and their 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

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

Training package

- Start up meeting
- 'Massive' Open Online Course (with small group assignments)
- Regular webinars and readings
- Regular collaborative meetings
- Expert feedback

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Module 3 - Family and Friend Supporters
3.12 Tips from a clinical expert

We can talk all we like about what the research says, but **applying the principles to clinical practice is the real challenge.**

Lenore de la Perrelle has worked with supporters of people with dementia for decades. She shares her best clinical tips here.

- **Refer, refer, refer.** You don't need to be everything to everyone. Setting up solid and two-way referral pathways is a key part of being a clinician.
- **Incorporate identifying support needs into your routine practice.** While you may be funded to focus on the person with dementia, make a habit to spend even a minute asking the supporter how they are going.
- Talk about the benefits of a service / activity for **both the person with dementia and the supporter.** This helps ease the supporter's guilt about doing things for themselves

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Module 3 - Exercise in dementia care
3.8 Barriers and Facilitators

What stops (and starts) people with dementia from exercising?

There are multiple and complex reasons why people with dementia are insufficiently active. Helpfully, [van Alphen and colleagues \(2016\)](#) reviewed all of the available research about what encourages and dissuades people with dementia from being active.

The authors distinguish between barriers (things that get in the way of being active), motivators (things that motivate activity), and facilitators (factors that promote participation):

Barriers	Motivators	Facilitators
Physical health: > Health conditions > Tiredness and decreased energy levels	Perceived benefits > Routines are meaningful (i.e. provide feelings of wellbeing or refreshment)	Mental strategies, focusing what was achieved Availability of exercise programs

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Module 4 - Preparing for Action, Stakeholder Analysis and Organisational Readiness for Change
4.6 Stakeholder Analysis - Whose support do you need for implementation?

Stakeholder Analysis

Stakeholder analysis is a key technique to help you prepare to make change in your practice and organisation. **Stakeholders** are individuals or groups with a justified interest in an issue, including those with some role in making a decision or its execution.

Understanding your stakeholders can help you analyse power relationships in your workplace. It helps to identify the relative influence of certain people: who are the key people who will help you? And who are the ones who might get in your way?

[It's workbook time!](#)

Implementation plans

Clinicians identify their own service- and practice-specific:

- Areas for improvement
- Opportunities to improve
- Barriers and facilitators to change
- Organisational readiness to change (and strategies to address)

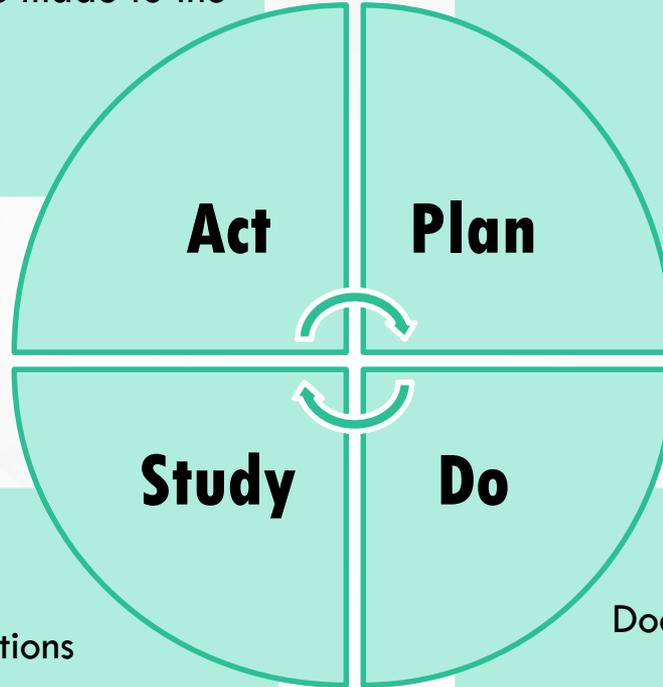


Site-specific implementation plan

Specific, iterative strategies to provide service / care consistent with clinical guidelines

What changes need to be made to the next cycle?
If no changes, roll out the improvement

Set improvement goals
Predict what will happen
Plan the cycle (who, where, what, how)
Decide what data to gather



Fully analyse the data
Compare data to predictions
Examine learning

Carry out the plan
Document any observations and problems encountered
Gather data

An example - Karen



- Senior OT working in a hospital avoidance program
- Role is both OT specific (home safety assessment and equipment) and case management (referral to My Aged Care). She usually sees clients 2-3 times at home + follow-up paperwork in office.

Reflects on her own practice:

- Doing environmental assessment and modification + technology prescription well (though she is more focused on falls prevention than dementia)
- Not providing any intervention to promote independence
- Not providing any education and skills training for carers

An example - Karen



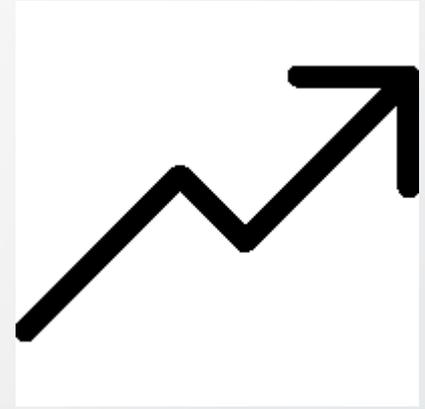
- Upskilled on key principles of best practice OT – how to adapt?
- Conducted stakeholder analysis
- Identified barriers to change
- Thought about how to assess outcomes

Implementation plan:

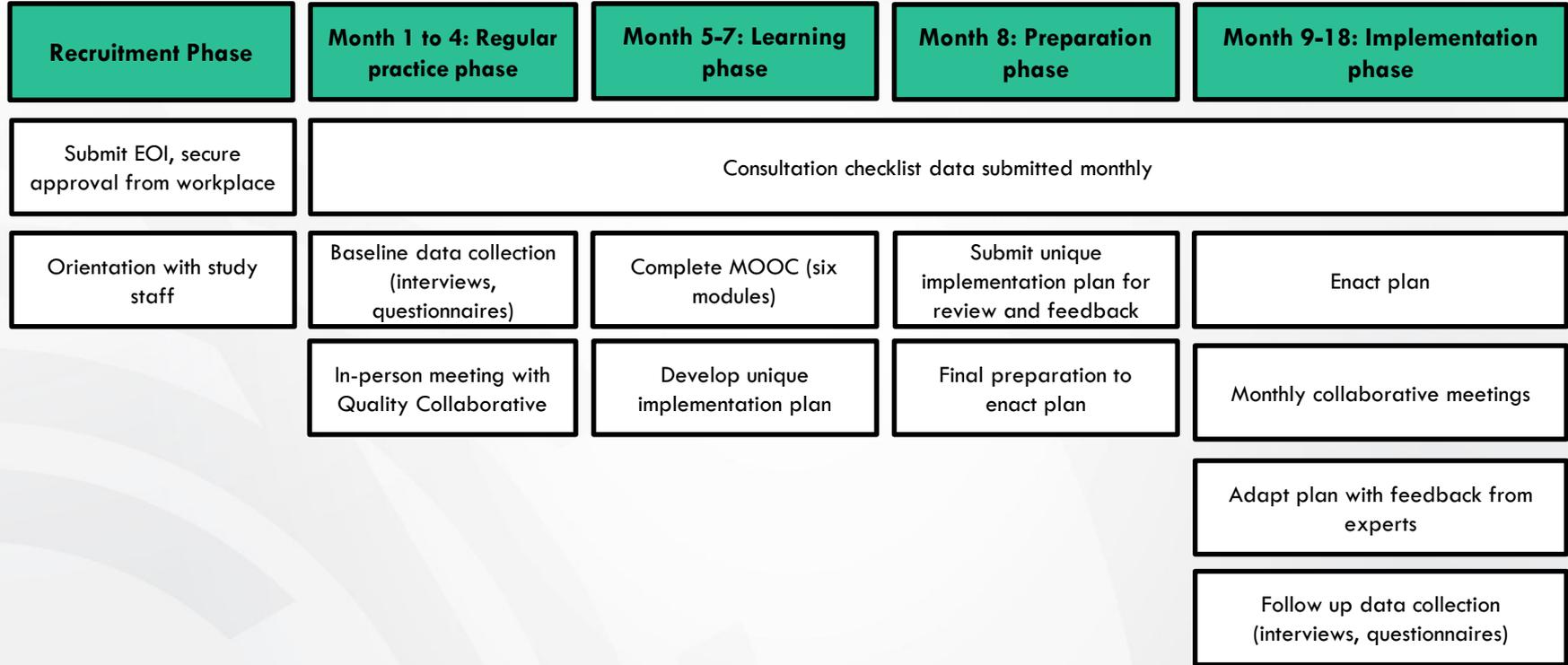
- Regular inservice
- Developing referral pathways
- Incorporation of dementia-specific assessment
- Demonstration and practicing skills with carer
- ‘Library’ of resources
- Plan-Do-Study-Act cycles

Research questions

1. Guideline adherence – interrupted time series design
2. Clients with dementia and supporters – satisfaction with care, quality of life
3. Process evaluation – uptake, sustainability, acceptability, fidelity, penetration, safety
4. Return on investment
5. Involvement of people with dementia and supporters



Pathway



Progress

- 39 clinicians recruited (32 sites)
- All states represented
- 20% regional or rural
- Physicians, occupational therapists, physiotherapists, nurses, dieticians, social workers, YOD NDIS providers



Progress

Guideline adherence

- 4 months of consultation checklists submitted to date (372 checklists)
- Adherence moderate (average 30-50%)

Progress



Qualitative interviews

- Low awareness of guidelines, clients unaware of treatment options
- Most feel that innovation is encouraged (by workplace and funders) – but not all
- Funding focussed on person with dementia – when / how do we focus on the carer?
- Stricter funding criteria (especially residential care), less autonomy = less optimism about success
- Highly motivated group overall, very keen for collaboration with each other
- Scepticism about client adherence to recommendations

Challenges

Clinicians staying in their role for 18 months...

4-5 months of pre-intervention data collection (+ governance!) – engagement is difficult

BUT

- Over-recruitment – 39/30 clinicians
- Education has now started
- Clinicians who drop out asked to either take the project with them or identify a colleague to take over



Where to from here?

Recruitment Phase	Month 1 to 4: Regular practice phase	Month 5-7: Learning phase	Month 8: Preparation phase	Month 9-18: Implementation phase
Submit EOI, secure approval from workplace	Consultation checklist data submitted monthly			
Orientation with study staff	Baseline data collection (interviews, questionnaires)	Complete MOOC (six modules)	Submit unique implementation plan for review and feedback	Enact plan
	In-person meeting with Quality Collaborative	Develop unique implementation plan	Final preparation to enact plan	Monthly collaborative meetings
				Adapt plan with feedback from experts
				Follow up data collection (interviews, questionnaires)

The Agents of Change Team

Project team:

- Dr Kate Laver (Chief Investigator)
- Dr Monica Cations
- Gorjana Radisic
- Lenore de la Perrelle



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Funding provided by NHRMC Cognitive Decline Partnership Centre and NHMRC National Institute for Dementia Research

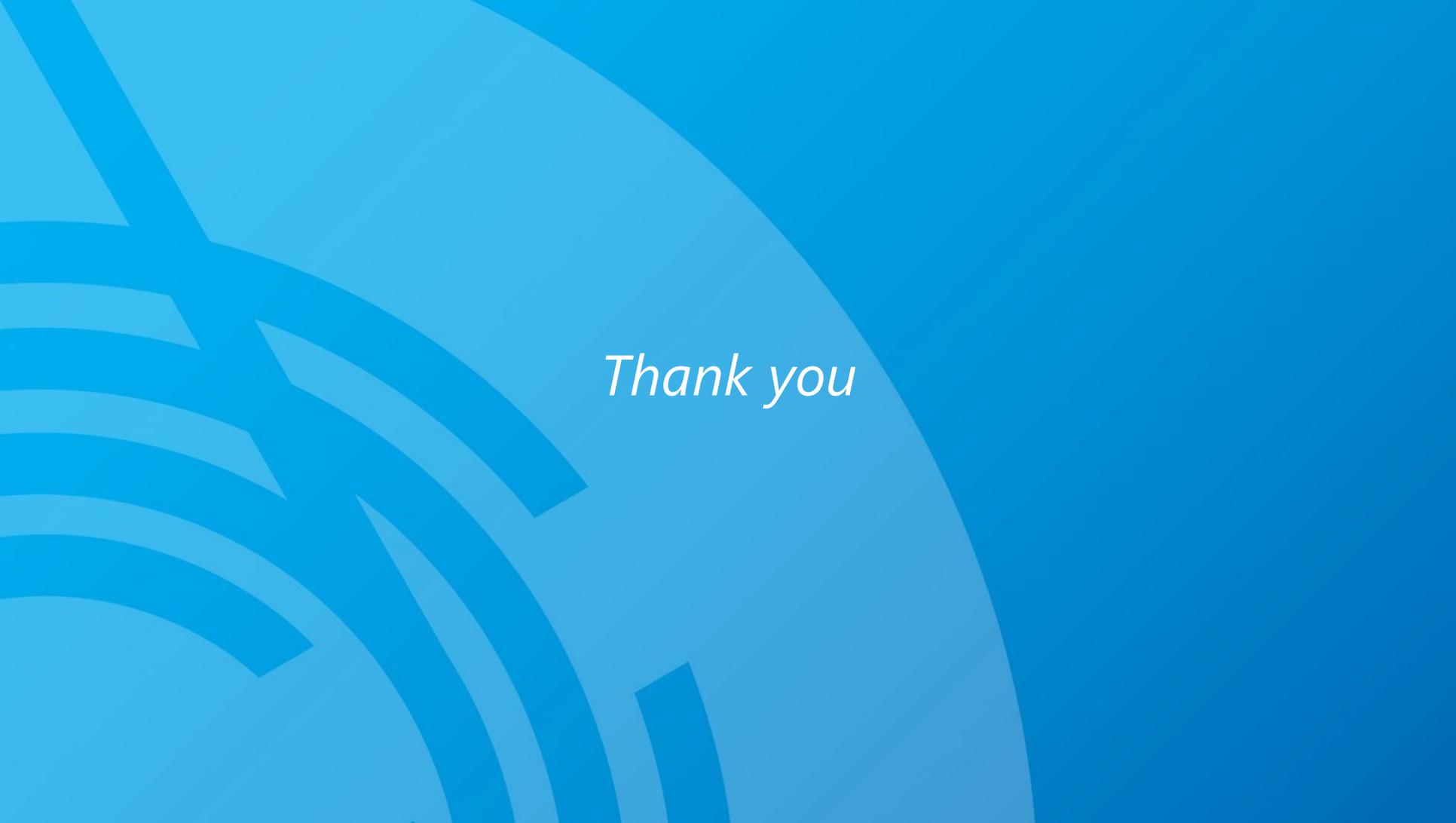


Australian Government
NHMRC National Institute for Dementia Research



Our partners



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Thank you