Abstract: Improving Residential Dementia Care through Staff

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Funding: NHMRC Cognitive Decline Partnership Centre (CDPC)

Background/Rationale:

This project grew from our clinical experience providing support to people with dementia and care staff in residential facilities over the last decade. It also took shape after we conducted a large review of all the evidence available on this topic, where we assessed 33,000 abstracts and 5,000 full text articles. We included ANY studies that explored the relationships between staff variables, quality of care and quality of life (as depicted by the arrows in Figure 1) or staff intervention targeting quality of care and/or quality of life.
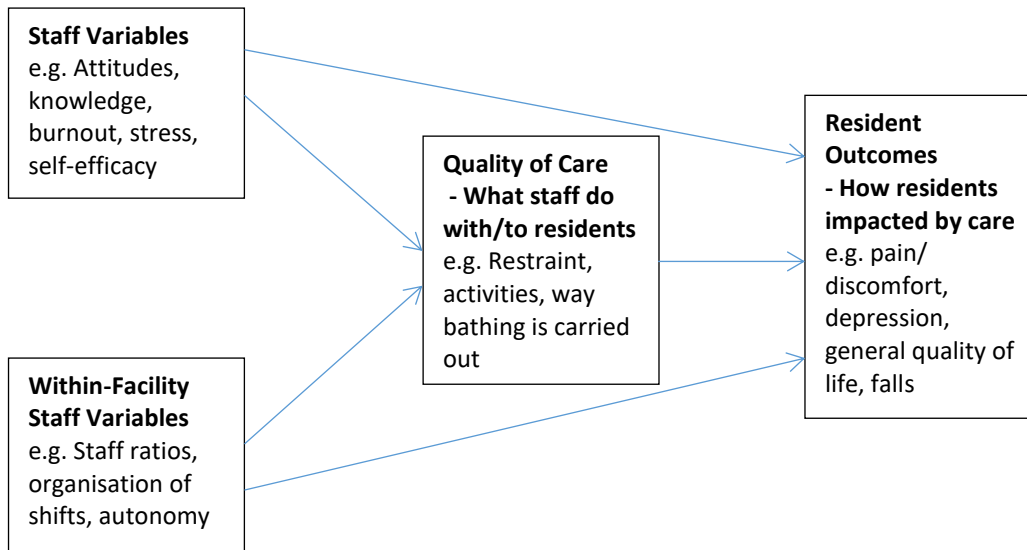

Figure 1. Relationships between Variables

The literature is too disjointed for us to make recommendations in many key areas involving supporting staff, and the subsequent impacts on quality of care and quality of life. Whilst there are a few staff interventions with empirical support, in the main, the evidence from our reviews shows that existing interventions with staff are not particularly useful in providing sustained effects in improving quality of care and quality of life.

Study Goals and Hypotheses:

The overall aim of the study is to test the model (See Figure 1 above) that staff and organisational variables predict quality of care and onto resident quality of life. The overall goal being to establish which variables are important, the relative importance of the variables, and therefore, where it is most useful to intervene in order to increase quality of life for people with dementia.

Design

The project is an observational, longitudinal study, following 250 residents with dementia and their families and 250 direct care staff from 12 facilities over 10 months. Data is being collected at 3 time points (baseline, 6 months, 10 months). Data collection will conclude in December 2018.

Participants

The design involves 4 participant groups:

1. <u>Residents</u> with a diagnosis of (any type of) dementia or whose scores on the Psychogeriatric Assessment Scales – Cognitive Impairment Scale indicates a high probability of dementia (i.e. a score of 5 or more);
2. <u>Family members</u> of residents meeting the inclusion criteria;
3. <u>Staff members</u> with direct involvement in the care of residents, ranging from Personal Care Assistants with minimal training to Registered Nurses (RNs). This will also include catering and hospitality staff. Allied health will be included if directly involved in daily care, usually activity staff; and,
4. <u>Management</u> from the included facilities.

Measures

Measures will be collected via:

<u>Staff Questionnaires:</u> Staff members will be asked to complete two types of questionnaires; one about themselves, the other about residents. Questionnaires about themselves will cover staff factors, such as education, experience, autonomy, strain, and cultural and linguistic backgrounds. Questionnaires about residents will measure quality of life outcomes, such as pain, affect, malnutrition, behaviours, and social functioning. We will also collect data on resident demographics.

<u>File Audits:</u> Resident files will be audited to measure proxy quality of care outcomes (e.g. medication use, documented physical restraint, admission assessment) and proxy quality of life outcomes (e.g. pressure ulcers, mortality, depression, and falls).

<u>Observation:</u> Systematic observation of what is actually done to and with the resident by staff (e.g. time spent on care, quality of interactions between staff and residents, empathy), plus quality of life of the resident (e.g. engagement, discomfort, and changed behaviours).

<u>Review of Other Records:</u> Facility records will be used to examine within facility staff variables, like staffing levels, organisation of shifts, absenteeism, and education offered.

<u>Interviews with Family and Residents:</u> Family members, carers and residents will asked to report on aspects of the quality of the care being provided and on resident quality of life.

<u>Interviews with Management:</u> Interviews with management will focus on staff-related management and organisational factors.

The Project Team

The project is being conducted by the Aged Care Evaluation Unit (ACEU) within the Southern NSW Local Health District (SNSWLHD). In the ACEU, we undertake research projects aimed at developing and/or evaluating psychosocial approaches to problems associated with ageing, in particular dementia. Our projects usually include both people with dementia and carers, including residential care staff. Our staff have clinical backgrounds in nursing and psychology and extensive experience working with people with dementia.

The National Health and Medical Research Council Cognitive Decline Partnership Centre (NHMRC CDPC) is funding this project. Ethical aspects have been approved by ethics committees covering research in Southern NSW[1] and in the ACT[2].

Outcomes

Results will be widely disseminated to government and industry and will identify worthwhile areas for focusing interventions, an order of priority for those areas, and distinguish any variables that do not warrant further attention and resources. It is expected that this may lead to changes in policy and practice and provide guidance on the most useful intervention study targets. If the current research leads to future intervention studies, participating facilities would be given first priority. In addition, the partnerships created by this project may provide a basis for joint research projects or grant applications in the future.

Contact

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