



Cognitive Decline Partnership Centre Report

‘AGENTS OF CHANGE’

**Creating National Quality Collaboratives to Improve
Dementia Care**

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In the field of dementia care, evidence based and effective treatments aimed at promoting independence, delaying functional decline and supporting carers are not routinely adopted in clinical practice. The Clinical Practice Guidelines and Principles of Care for People with Dementia in Australia were released in 2016. Yet, they remain inconsistently utilised. This project addresses the challenge of translating guideline recommendations into practice and facilitating practice change.

What is the Agents of Change Project?

The project involves the establishment of national quality improvement collaboratives which aim to facilitate implementation of three key recommendations from the Clinical Practice Guidelines and Principles of Care for People with Dementia into practice:

- Offering evidence-based occupational therapy programs to people with dementia living in the community
- Encouraging people with dementia to be physically active and exercise regularly
- Enabling better access to support programs for carers and family

What does it involve?

Health professionals across Australia were invited to join the collaboratives and then trained and supported in evidence based clinical approaches and quality improvement. The overall goal was to improve practice within their organisation and deliver higher quality services to people with dementia and their carers.

How did we do it?

We established national quality collaboratives in which health professionals from multiple healthcare organisations and sites were supported to develop and enact a quality improvement plan addressing one of the specified guideline recommendations (detailed above).

What did we find?

Quality improvement collaboratives offer supportive learning environments. Clinicians are guided by researchers, leading clinicians, experts in quality improvement and people who have a lived experience of dementia (either as a person with dementia or care partner). Members of the collaborative learn, create, share and apply quality improvement plans in their own practice. This results in increased adherence to specified guideline recommendations.

Key messages

- Implementation of evidence based recommendations in clinical practice has great potential to improve the quality of care and outcomes for people with dementia and their carers, but guideline documents are poorly utilised.
- Health professionals are often not familiar with how to action guideline recommendations and apply quality improvement tools to efficiently and effectively make changes.
- Quality improvement collaboratives can be structured to respond to gaps in evidence-based translation.
- This study showed that increase in adherence to recommendations from the Clinical Practice Guidelines for Dementia Care can be achieved over time using quality improvement collaboratives.



Agents of Change

Creating National Quality Collaboratives
to improve dementia care

- The Project:** Agents of Change: Creating National Quality Collaboratives to Improve Dementia Care
- Project Team:** Ms Gorjana Radisic, Dr Monica Cations, Ms Lenore de la Perrelle (PhD candidate)
- Principal Investigators:** Associate Professor Kate Laver, Professor Anneke Fitzgerald, Professor Maria Crotty, Professor Sue Kurrle, Professor Ian Cameron, Associate Professor Craig Whitehead, Dr Jane Thompson, Associate Professor Billingsley Kaambwa
- Funding:** Funding for this work was provided by the National Health and Medical Research Council Cognitive Decline Partnership Centre (CDPC1327) and the National Health and Medical Research Council National Institute for Dementia Research (1135667) for the period 2017-2019.

Rationale for this study

Why is implementation research important in dementia care?

- Implementation research is critical in deciding how evidence-based interventions can be successfully implemented in practice and whether they result in similar outcomes when provided outside of a clinical trial.
- It elucidates the importance of adaptation to context and translation into practice.
- Several interventions to support people with dementia have been shown to be effective in randomised control trials, but very few of these have been translated to a real-world setting.

Why Quality Collaboratives?

- Quality collaboratives have been used as an improvement approach in healthcare for the past 20 years. They act as a potential vehicle for direct change.
- They bring together health professionals from multiple organisations to learn from and motivate each other to improve the quality of care.
- Establishing and linking health professionals via a Quality Improvement Collaborative acknowledges clinicians' autonomy, is relatively low cost and results in rapid changes in practice.

What did Agents of Change project involve?

- Approximately 40 health professionals nationwide who work with people with dementia and their carers were invited to form quality collaboratives dedicated to one of the three areas nominated for quality improvement.
- Health professionals came from a variety of professional backgrounds (including occupational therapists, physiotherapists, nurses, physicians, social workers, and dieticians) and settings (including hospitals, residential care facilities and community organisations).
- Members of the collaboratives completed an **online training course** which provided the latest information about evidence-based practice in dementia care as well as the steps involved in applied quality improvement.
- **Webinars** were also offered to clinicians on topics nominated by the collaborative members.
- Each member of the collaborative then used quality improvement methodology to **develop a quality improvement plan** for their site. The plan was reviewed by an expert clinician, an expert in quality improvement and an expert in sharing perspectives of the lived experience (someone with dementia and/or a carer).
- The health professionals used plan-do-study-act cycles to make changes within their practice and their organisation in order to ensure that services offered by the organisation aligned with care described in guideline recommendations.

Quality improvement initiatives

- Members of the collaborative described a range of different quality improvement initiatives which ranged from streamlining and improving referral pathways to the establishment of new clinics that would provide support and advice for people with dementia and their carers. Some examples:

An occupational therapist working on an aged care ward identified that assessment processes were not standardised, that care is not always person-centred, and that goal setting and goal attainment is not measured well. She has introduced a well-known occupational therapy framework (the Model of Human Occupation) to guide assessment and intervention which will be used by all clinicians within the service and will ensure that more holistic and person-centred intervention is offered.

A physiotherapist working in a rehabilitation service described having difficulties in motivating his clients, many of whom have dementia, to participate in the rehabilitation activities that were currently offered. Using technology and techniques used in other fields (sport, education and health care) he decided to film interesting activities (eg kayaking, cycling, fishing and walking) and use these films within rehabilitation activities to create a more engaging and interesting environment. He hopes that more motivation to participate will lead to better physical function and mood in his clients.

What outcomes were evaluated?

- Changes in practice** throughout participation in the collaborative. Members of the collaborative completed short checklists describing their practice . We compared this with criteria we developed within the study which is considered best practice. Preliminary results suggest that there is a trend towards increased rates of guideline adherence after participation in the collaborative (Figure 1).

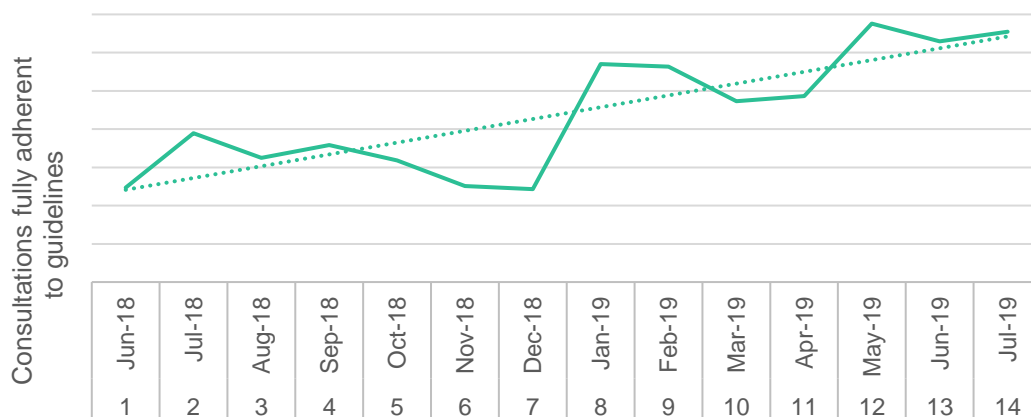


Figure 1. Guideline adherence over time

- **How clinicians have felt** about being involved in the collaboratives through interviews. Common themes emerged from these interviews.
 - Clinicians were highly motivated to improve dementia care, and many felt that their organisation strongly supported quality improvement.
 - Those who identified strong organisational support were more confident in their ability to implement changes.
 - There were **barriers** to quality improvement identified; these included a lack of time allocated to implement quality improvement plans.
 - Overall, the collaborative nature of the project (including availability of expert, researcher and peer support) seemed to be an important enabler for implementation.

Detailed project outcomes will be available mid-2020. Economic evaluation of the project will assess the costs and benefits and inform whether quality improvement collaboratives are a feasible way of implementing clinical dementia guidelines.

Agents of Change participants feel empowered

Some testimonials:

“This has been a wonderful program for me to be involved in. When working in the same area ongoing for many years it is important provide a critical analysis of practice, step back and examine what I am doing and then what could be done better. This process has allowed me to do this - I have inspired my OT colleagues too.” (Occupational Therapist)

“Participating in the Agents of Change Project has given me the opportunity to reflect on my work practice, identify gaps in our service and to develop a quality change project to aid in improving carer outcomes – all whilst being supported by a National Collaborative of dementia experts and the academic support of project staff at Flinders University. Overall, my participation in the Agents of Change Project has been a very positive and rewarding experience- the linkages and connections I have made with likeminded clinicians and project staff have been invaluable and the development of a new carer support clinic that is now embedded as core business has been a highlight.” (Clinical Nurse Consultant)

Agents of Change Publications to date

Cations M, Crotty M, Fitzgerald JA, Kurrle S, Cameron ID, Whitehead C, Thompson J, Kaambwa B, Hayes K, de la Perrelle L, Radisic G, Laver KE. Agents of change: establishing quality improvement collaboratives to improve adherence to Australian clinical guidelines for dementia care. *Implement Sci.* 2018 Sep 24;13(1):123. doi: 10.1186/s13012-018-0820-z. PMID: 30249276; PMCID: PMC6154830.

Cations, M., Radisic, G., Perrelle, L. *et al.* Post-diagnostic allied health interventions for people with dementia in Australia: a spotlight on current practice. *BMC Res Notes* **12**, 559 (2019) doi:10.1186/s13104-019-4588-2