DCRC Dementia Collaborative Research Centres

An Australian Government Initiative

Project Proposal

Centre	DCRC – Assessment and Better Care
Partner Institution	The University of Sydney
Project ID	
Project Name	**A**ssessment of **DE**pression for **QUAlI**ty **C**ar**E** **S**tudy (ADEQUACIES)
Date of Proposal	5 September 2011

1. Investigator Details

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Project Details

Project Objectives (max. 2)	The project has two primary objectives: 1) to examine the clinical utility of residential aged care facility (RACF) staff completed Cornell Scale for Depression in Dementia (CSDD) assessments, compared with 30-item Geriatric Depression Scale (GDS); and 2) to develop a suite of recommended best practices for assessing depression in RACFs.
Project Description (200 words max)	Depression, with or without dementia superimposed, is recognised as the most common psychiatric disorder in the elderly. Studies continue to report the problems associated with under-detection, under-diagnosis and under-treatment of late-life depression, in particular in people with dementia in RACFs. A fundamental issue for these stems from an inadequate assessment of late-life depression, particularly in RACF populations, where limited workforce capabilities and capacity lead to RACF staff poor awareness of the importance of early recognition and impede timely and appropriate assessment and management of depression. The CSDD has been widely accepted and utilised as a measure of depression for people with dementia. The Australian Government adopted the CSDD as part of the mandatory Aged Care Funding Instrument (ACFI) as the means of allocating subsidy to residential aged care providers. However, it is not known how reliably the CSDD is administered by staff from RACFs, since there is no standardised process in place to assess their knowledge and skill base prior to administering the CSDD. It is important to identify the best depression instrument and assessment process, since depression identification is an essential factor in ensuring that residents receive quality care as well as determining adequate funding levels for individual residents. The proposed study will provide new insights as to how assessment of depression can best occur in RACFs.
Research Plan	**Please attach a Research Plan (2 - 5 pages, 12pt Arial font minimum) to this form which should include the following sections:** **(i) Aims of the project** List specific aims. Clearly state the research question and hypothesis (where applicable) to be tested, as well as rationale and objectives. **(ii) Background and Significance** Summarise both your previous work and work reported by others. Include the proposed rationale, current state of knowledge and potential contributions and significance of the research to the field. Highlight why research findings are important beyond the confines of the specific research project and how research results can be applied. **(iii) Research Strategy** Include a clear description of methods and design, including the following, if applicable: study design, subjects and sites, inclusion/exclusion criteria, measures, study procedures, other therapy, efficacy parameter(s), safety

	parameters, statistical rationale & analysis, drug study regimens & special equipment/measures and timeframe. **(iv) References** Provide all references quoted in this application. Maximum of 20 references.
Ethics	**Has this Project been approved by an ethics committee?** ☐ yes ☒no ☐n/a – please say why
	If no, please indicate the current status of the application. If funding is successful, ethics approval will be sought in February 2012 through participating aged care service providers (both Sydney and Brisbane); Once ethical approval from those organisations are obtained the University of Sydney Human Research Ethics Committee will be approached for an expedited ethics approval process. **If yes, please give details (name of institution, date)**

2. Timetable

Project Start Date	**Feb 2012**
Project End Date	**June 2013**

Milestones **List a minimum of four milestones per year for progress reporting (e.g. completion of ethics, data collection, analysis, dissemination)**	
First Milestone	Establish an ERG; Convene a joint ERG and Project Management Committee meeting; Recruiting a research assistant; Ethics approval
Expected Completion	**May 2012**
Second Milestone	Data cleaning and analysis of the existing CSDD data (Phase I)
Expected Completion	**September 2012**
Third Milestone	Recruit participants, conduct data collection and enter data (Phase II)
Expected Completion	**March 2013**

Fourth Milestone	Data analysis and development of the suite of strategies and recommendations for the assessment of depression (Phase III)
Expected Completion	**April 2013**
Fifth Milestone	Writing a final report for DCRC and preparing for publications and grant applications
Expected Completion	**June 2013**

3. Proposed Project Outputs

Academic Publications	Publications in peer reviewed, both local and international, journals (e.g., Australasian Journal on Ageing, International Journal of Mental Health Nursing, Gerontologist, International Psychogeriatrics)
Presentations	Conference presentations (e.g., DCRC Forum, Australian Association of Gerontology and Alzheimer's Australia Conferences, International Psychogeriatric Association Congress 2013)
Guidelines/Recommendations	The recommendations developed through the project contain practice guidelines that will assist RAC staff to assess depression in their care planning appropriately and effectively to improve quality of care for people at risk of and with depression.
Capacity Building	Aged care staff capacity building
Leverage (grant applications)	Funding for the modification/development of the screening and assessment tool for late-life depression in residential aged care using a rigorous testing of psychometrics of the tool in a larger scaled study will be sought.
Other	Dissemination of the outcomes and processes in various aged care peak body newsletters; and the DCRC website

4. Knowledge Translation

How will you translate research findings into practice?
Once the study is completed the research team will feedback to staff and managers of all participating RACFs about the findings and recommended best practices for the assessment of depression, and such information can be passed on to other RACFs of the participating aged care providers. The development of the suite of recommended best practices for assessing depression in RACFs is the most tangible outcome of the study and will be disseminated through local and national conferences and industry newsletters. This project's aims are in line with the focus of the DCRC Assessment and Better Care (DCRC-ABC), which aims to build on existing research directions and pursue new

directions in the areas of *assessment*; *community, acute and residential care*; and *special groups.* The proposed project will make a valuable contribution to inform funding policy of the aged care sector at a local and national level.

How do the expected outcomes of this project have the potential to improve current practice? In what other ways can knowledge translation be enhanced for this project?

The outcomes of the project have direct relevance to practice development in terms of: Diagnosis, Assessment and Clinical practice; Treatment and Management; and Improving Dementia Care in that: the project findings will provide an opportunity to challenge and improve current practices of poor assessment and management of depression that is prevalent in the Australian aged care system and provide a means for RACF staff and managers to improve the care practices associated with assessment of depression in RACF populations. As part of the project we will work closely with the NSW Dementia Behaviour Management Advisory Service to exchange ideas and share expertise in developing the suite of recommended best practices.

The CSDD is part of the mandatory Aged Care Funding Instrument (ACFI). Recently, the Geriatric Depression Scale (GDS)-15 has been suggested for screening of depression in older persons with no-cognitive impairment as part of the routine Aged Care Assessment Team (ACAT) assessment. However the use of the CSDD has been noted as “a complex instrument that requires specific training in its administration” (Sansoni et al. 2010, p.35). Through ongoing dialogues with the DoHA, we will endeavour to inform future policy development relevant to the ACFI and the ACAT assessment.

This proposed study builds on our pilot study that investigated the construct validity of the ACFI-BEH (Behaviour domain of ACFI consisting of physical and verbal behaviours, wandering and depression) in comparison to other validated BPSD measures (DCRC funded 2010-11). In the pilot study, we also conducted the audit of all participating residents’ care plans, and found that only 17.4% of the residents with depressive symptoms had relevant care plan recorded (in contrast to over 50% of verbal and physical behaviours and 30% of wandering behaviours being captured in the care plans). Similarly, a recent study conducted in three RACFs in Sydney (n=223) little evidence (documented case files) was shown in terms of follow-ups of (potential) depression assessment based on CSDD ratings and appropriate management (Snowdon 2010). Furthermore, 20 of 98 submissions made to the first national review of the ACFI raised specific concerns about the use of the CSDD, most of which related to its complexity and time consuming nature, as well as its unpopularity among GPs. The ACFI review report (Australian Government Department of Health and Ageing 2011) acknowledges these issues and indicates the need for more flexibility in the instrument choice for behavioural disturbance, including depression, such as use of the Geriatric Depression Scale (GDS).

A primary goal of comprehensive assessment is to inform care plan and monitor the quality of care provided, using an accurate instrument that reflects the person’s health and well-being. Our study will address this important step of care through developing new evidence necessary for the choice of appropriate assessment tools and care practices for depression in residential aged care, particularly for residents with dementia.

References

Australian Government Department of Health and Ageing. The Review of the Aged Care Funding Instrument. Canberra: Australian Government Department of Health and Ageing; 2011.

Sansoni J, Marosszeky N, Fleming G, Sansoni E. Selecting Tools for ACAT Assessment: A Report for the Aged Care Assessment Program (ACAP) Expert Clinical Reference Group. Canberra: Centre for Health Service Development, University of Wollongong2010.
Snowdon J. Depression in nursing homes. International Psychogeriatrics. 2010;22(7):1143–8.

5. Consumer Involvement

Does this project offer the opportunity for consumer involvement?

☒ yes ☐no

If yes, please describe the consumer involvement opportunity:

We will invite consumer representative(s) from the Alzheimer's Australia Consumer Network to join the Expert Reference Group and engage them in Phase 3 when developing a suite of strategies for best depression assessment practice.

6. Linkages

Please list any project or staff linkages within administrating DCRC	• DCRC: Prof Henry Brodaty is a co-investigator on the project, providing supervision of the expert clinician in making clinical diagnosis of depression; Dr Zhixin Liu, a newly appointed DCRC biostatistician will provide assistance with data analysis; and Prof Brian Draper will provide expert input as a member of the Expert Reference Group.
Please list any project or staff linkages between DCRCs	• BPSD: Professor Daniel O'Connor is a co-investigator on the project • Community Care: Dr Lee-Fay Low is a co-investigator on the project • DCRC: Carers & Consumers (DCRC: CC) (BPSD): Professor Elizabeth Beattie is a co-investigator on the project
Please list any linkages beyond the DCRCs	• The Expert Reference Group will consist of representatives from the NSW Dementia Behaviour Management Advisory Service, and managers and staff of the participating aged care providers (partnership confirmed with Hall & Prior Aged Care Organisation; and Sir Moses Montefiore Jewish Home), and consumer representatives from Alzheimer's Australia. Their expert input will be incorporated in the recommendations to be developed. • Consultations with key senior members of the

Ageing & Aged Care Division (DoHA) and Aged and Community Services Association (ACSA) NSW & ACT Inc. took place at an initial development of the project to discuss the relevance of the project in forming aged care policy. The project's value has been supported through this process. On-going dialogues will be in place to ensure the proposed project outcomes provide input to future policy development relating to the implementation of the ACFI and the ACAT assessment.

The following four studies conducted by different investigators of this team in recent years will form a basis for Phase 1 of the ADEQUACIES.

- ACFIiDELITI (ACFI instructed DEmentia Education and Learning Trial Initiative) by **Jeon, Y-H, Low, L-F, Chenoweth, L, O'Connor, D** et al.
- The Sydney Multisite Intervention of LaughterBoss and ElderClowns (SMILE) by **Low L-F, Brodaty H, Chenoweth L**, et al.
- Specialist mental health consultation for depression in Australian aged care residents with dementia: A cluster randomized trial by McSweeney, K, **O'Connor, D** et al.
- Depression in nursing homes study by McSweeney, K & **O'Connor, D**

PerCEN study led by Chenoweth, L. (Jeon, Y-H and Brodaty, H are co-CIs) will provide additional insights into the use of the CSDD in RACFs as the study used the CSDD (informant interview only) in 38 participating RACFs.

7. Funding

DCRC Funding for this project	
Salaries (itemised) • Project Assistant at junior research assistant level : HEO 5 Step 2 @ 0.3 FTE @ 63,710 per annum plus 28.64% salary oncost • Expert clinician for clinical diagnosis of depression 100 x 3 hours (inclusive of assessment and travel)	**$42,549** $24,587 $17,962
Other (itemised) Printing and postage Travel 150 visits Catering and teleconferencing for the ERG meetings: 5 meetings @ $400 per meeting	**$7,375** $500 $4,875 $2,000
Total*	**$49,924***
*NB: The total exceeds $40,000 given that the project is a collaborative work between two DCRCs - DCRC: ABC & DCRC: CC, and between Nursing & BPSD nodes within DCRC: ABC.	

Please provide a brief justification for the above budget

Staff (FTE and $):

Project Assistant (Junior research assistant will be recruited – 7 hours per week over a total period of 12 months (two six-month employments during active recruitment of participants, data collection, entry and analysis, and report writing). PA will be responsible for data entry and assisting with reporting under the supervision of PI Jeon and AI Low. Administrative and technical assistance with the ERG meetings and the development of the suite of recommended best practices. HEO 5 Step 2 @ 0.3 FTE @ 63,710 per annum plus 28.64% salary oncost = **$24,587**

Expert clinician for clinical diagnosis of depression: HEO 7 Step 4 (casual rates, incl. 28.64% salary oncost) 100 visits x 3 hours (inclusive of assessment and travel) = 300 hours @ $59.8724 per hour = **$17,962**

Equipment (Units and $):
- Printing - 10 pages for information letter and consent form x 200 participants @12cents/page = **$360**
- Postage – between Sydney and Brisbane for data posting in secure mail (monthly) = **$140**

Other:
- Car mileage – The expert clinician's visits for data collection (n=100) for return trip in eastern suburbs - average 50kms) @ 65cents/km = **$3,250** The PA's visits for data collection 50 trips x 50 kms x 65cents/km = **$1,625**
- Catering, transport (cab charges or car mileages) and teleconferencing (for Beattie and

O'Connor) for the ERG meetings: 5 meetings @ $400 per meeting = **$2,000**

Non-DCRC Funding for this project: QUT (Prof. Elizabeth Beattie)	
Salaries (itemised) • Expert clinician for clinical diagnosis of depression 100 x 3 hours (inclusive of assessment and travel) = 300 hours @ $59.8724 per hour	$17,962
Other (itemised) • Travel: Return air fare and one night accommodation for the Brisbane-based clinician to travel to Sydney for inter-rater reliability testing	$650.00
Total	**$18,612**

In-kind Contributions to this project	
Please list	Project investigators' time (USyd, UTS/SESLHD, UNSW, QUT and Monash University) DCRC: ABC biostatistician's time for data analysis Partner organisation representatives' time (through reference group meetings) and staff and managers' time from participating aged care providers • ACSA NSW & ACT –Policy & Consultancy Manager • NSW Dementia Behaviour Management Advisory Service • Hall & Prior Aged Care Organisation; and Sir Moses Montefiore Jewish Home: Initial dialogues have taken place to ensure collaboration with the partner organisations. They have agreed to provide eligible facilities for the project including staff contribution from participating RACFs during data collection. More aged care providers will be approached once funding has been secured.

If this project is part of a larger project, for which funding has been sought or applied for, please list details below (Funding Body, Project Name, Amount, Relationship between Projects)
NA

DCRC Management to complete		
DCRC-funded Project ☐	DCRC-hosted Project ☐	DCRC-supported project ☐

8. Project Proposal Assessment

Depending on the nature of the project and the amount of funding sought, the DCRC might need to use an external reviewer. If so, we may contact you for suggestions.