

DCRC

Dementia Centre for
Research Collaboration

Making person centred care a reality

Symposium Booklet

Friday 19th November 2021, 10am – 3pm (AEDT)



An Australian Government Initiative



Making Person Centred Care a Reality

SYMPOSIUM PROGRAM

Friday 19th November

9am – 2pm AEST (Queensland); 10am – 3pm AEDT (Sydney)

Time (AEDT)	Action
Session 1 10am – 11.10am	Welcome and Guest Speaker SESSION CHAIR: Dr Claire Burley
10am – 10:20am (20 mins)	Welcome and Setting the Scene Professor Henry Brodaty and Professor Elizabeth Beattie Co-Directors, Dementia Centre for Research Collaboration
10:20am – 11:10am (40 mins, 10 mins Q&A)	Guest Speaker Professor Lee-Fay Low University of Sydney <i>Title: Person centred care: Changing individuals, organisations, and systems</i>
11:10am- 11:20am	MORNING TEA
Session 2 11:20am – 12.40pm	Invited Expert Speakers SESSION CHAIR: Dr Claire Burley (15 minutes per talk, each followed by 5 minutes Q&A)
11:20am – 11:40am (15 mins, 5 mins Q&A)	Professor Lynn Chenoweth Centre for Healthy Brain Ageing, UNSW Sydney <i>Title: Research initiatives that support making person centred care a reality across Australia</i>
11:40am – 12pm (15 mins, 5 mins Q&A)	Mr Robert Day Dementia, Diversity and Design Branch Australian Government Department of Health <i>Title: Government initiatives supporting person-centred care</i>
12pm – 12:20pm (15 mins, 5 mins Q&A)	Nell Hawe Dementia Advocate, Dementia Australia <i>Title: Perspectives of people with lived experience</i>
12:20pm – 12:40pm (15 mins, 5 mins Q&A)	Keith Davies and Peter Swindell Dementia Advocates, Dementia Australia <i>Title: Perspectives of people with lived experience</i>
12.40pm – 1pm	LUNCH

Session 3 1pm – 2pm	Invited Abstract Speakers Part A SESSION CHAIR: Dr Nadeeka Dissanayaka (10 minutes per talk, each followed by 5 minutes Q&A)
1pm – 1:15pm (10 mins, 5 mins Q&A)	Presenter 1: Rachel Brimelow Affiliation: The University of Queensland Title: <i>Achieving person-centred mental health care within Residential Aged Care: Co-design of a performance measurement tool</i>
1:15pm – 1:30pm (10 mins, 5 mins Q&A)	Presenter 2: Dr Monica Cations Affiliation: Flinders University Title: <i>Trauma-informed inpatient geriatric care to improve staff skills and reduce patient distress: An interrupted-time series study</i>
1:30pm - 1:45pm (10 mins, 5 mins Q&A)	Presenter 3: Jacqueline Cook Affiliation: UNSW Sydney Title: <i>Implementing and evaluating an on-line staff education program in person-centred care for persons with dementia in the sub-acute care setting</i>
1:45pm - 2pm (10 mins, 5 mins Q&A)	Presenter 4: Professor Belinda Goodenough and Alex Jedlicko Affiliation: Dementia Training Australia and Dementia Australia Title: <i>Is it possible to ‘teach’ person-centred care? The example of Dementia Essentials</i>
2pm-2:05pm	AFTERNOON TEA
Session 4 2.05pm – 2.50pm	Invited Abstract Speakers Part B SESSION CHAIR: Dr Claire Burley (10 minutes per talk, each followed by 5 minutes Q&A)
2:05pm – 2:20pm (10 mins, 5 mins Q&A)	Presenter 5: Dr Gaynor Macdonald Affiliation: University of Sydney Title: <i>Let’s not stop at ‘person-centred’ care – we can do even better</i>
2:20pm - 2:35pm (10 mins, 5 mins Q&A)	Presenter 6: A/Professor Steve Macfarlane Affiliation: The Dementia Centre Title: <i>Non-pharmacological interventions: Evidence from a national behaviour support program</i>
2:35pm – 2:50pm (10 mins, 5 mins Q&A)	Presenter 7: Dr Nikki-Anne Wilson Affiliation: Neuroscience Research Australia & DCRC Title: <i>Guidelines for dementia care: Awareness and current usage in residential aged care</i>
2:50pm – 3:00pm (10 mins)	Symposium Summary and Closing Dr Claire Burley and Dr Nadeeka Dissanayaka

DCRC Co-Directors

Professor Henry Brodaty UNSW Sydney



Scientia Professor Henry Brodaty is a researcher, clinician, policy advisor and strong advocate for people with dementia and their carers. At UNSW Sydney, he is Scientia Professor of Ageing and Mental Health, Co-Director of the Centre for Healthy Brain Ageing, and Director, Dementia Centre for Research Collaboration. Professor Brodaty has published extensively and is a senior psychogeriatrician in the Older Persons' Mental Health Service at Prince of Wales Hospital.

Professor Brodaty was previously President of International Psychogeriatric Association, Chairman of Alzheimer's Disease International, and President of Alzheimer's Australia NSW and Australia (now known as Dementia Australia). He is an Officer of the Order of Australia and Ryman Prize winner.

Professor Elizabeth Beattie Queensland University of Technology



Elizabeth Beattie is Professor of Aged and Dementia care at Queensland University of Technology (QUT), Co-Director of the Dementia Centre for Research Collaboration (DCRC) and Dementia Training Australia (DTA). She is a career nurse gerontologist with an international reputation in the care of people living with dementia. She is an Honorary Professor in the School of Nursing and the Centre for Health Services Research at UQ. She co-chairs the Scientific Committee of Dementia Australia and the MRFF Mission on Dementia, Ageing and Aged Care.

Professor Beattie's research career has focused on improving care delivery and quality of life of people living with dementia, including theory and intervention development and testing, and the dissemination of complex interventions. She has extensive experience in the development, delivery and evaluation of dementia-related resources and education for health professionals and in mentoring programs to support early-mid career researchers, particularly those from nursing and allied health.

Guest Speakers

Professor Lee-Fay Low University of Sydney



Lee-Fay Low (BSc Psych (Hons), PhD) is Professor in Ageing and Health, NHMRC Boosting Dementia Research Leadership Development Fellow, University of Sydney. She is a registered psychologist with a PhD in psychiatric epidemiology. Prof Low conducts research that she hopes will make a difference in the world. Her main areas of expertise are in rehabilitation and post-diagnostic support for people with dementia, home and residential care for older people, the impact of COVID-19 on people with dementia, stigma and dementia literacy, and people from culturally and linguistically diverse backgrounds. She is particularly interested in developing and evaluating interventions to improve the quality of life of older people. She has methodological skills in population studies, systematic reviews, clustered randomised trials, instrument development and evaluation, and translation of research into practice.

Professor Low has authored over 130 peer-reviewed articles, and three books on dementia. She is an active advocate in improving how older people are treated and cared for. Lee-Fay thinks that research is great fun, and even admits to liking statistics.

Abstract

Person centred care: Changing individuals, organisations, and systems

Many aged care services profess to offer person-centred care. However, the Aged Care Royal Commission found that substandard care is widespread in the Australian aged care system. Why is there this gap between perceived practice, and experienced support and what can we do about it?

This presentation will provide an overview of person-centred care, including the evidence that person-centred care interventions improve outcomes for people living with dementia. Barriers to person-centred care will be reviewed, along with the literature around how to successfully implement person-centred care (e.g. staff training, organisational interventions). The presentation will include discussion around gaps in knowledge around person-centred systems and policy levers to increase person-centred care, and suggestions for future research.

Professor Lynn Chenoweth
Centre for Healthy Brain Ageing, UNSW Sydney



Lynn Chenoweth is Professor of Nursing, Centre for Healthy Brain Ageing, UNSW, and Adjunct Professor, University of Notre Dame Australia. She has a background in health and aged care service quality improvement and policy, nursing practice and education, and gerontological research. In progressing the improvement of healthcare services and support for persons living with dementia and their families, Lynn has provided leadership to interdisciplinary research teams comprising members of the community, clinicians, policy makers, research students, and both early-career and established researchers.

established researchers.

Professor Chenoweth has participated in and led trials and mixed methods studies of health and aged care systems and service models, evaluating stakeholder outcomes and effective research translation processes. Current translational research projects include system-wide person-centred care of persons with dementia in sub-acute, residential and palliative care, and carer support in acute care.

Abstract

Research initiatives that support making person centred care a reality across Australia

Embedding person-centred healthcare services for people living with dementia. People living with dementia can have particularly difficult experiences (agitation, delirium, falls) in busy and unfamiliar healthcare environments. Experiences are worsened when staff are unable to engage therapeutically during treatment and care provision. Healthcare Guidelines endorse use of a person-centred approach to address these deficiencies. The person-centred approach proposed by Kitwood (1997) has proved to be feasible and beneficial for people living with dementia in acute, community and care home settings, but limited research has been undertaken to evaluate how this approach can be implemented and embraced by staff across the organisation. This presentation will identify what is needed for this to occur and how the person-centredness of healthcare services can be measured.

Kitwood, T. 1997. *Dementia reconsidered: The person comes first*. Buckingham: Open University Press.

Mr Robert Day
Dementia, Diversity and Design Branch
Australian Government Department of Health



Robert is Assistant Secretary responsible for the Dementia, Diversity and Design branch at the Commonwealth Department of Health. Robert and his team manage a number of Commonwealth programs to support people living with dementia and their carers (both informal and professional). This includes programs to build the capability of the aged care system to deliver quality, person-centred dementia care.

Nell Hawe (pictured with Sassy)
Dementia Advocate
Dementia Australia



Nell lives in Port Macquarie in NSW. She lives with her husband and adult son, with her daughter and precious grandchildren living interstate. Nell is 52 years old and was diagnosed with younger onset Alzheimer's disease in May 2020. Nell has extensive experience and expertise over 30 years in the aged care and disability sectors before her recent retirement. She worked as a trainer and assessor for care workers and as a disability support specialist before her diagnosis last year.

Nell joined Advocates program at Dementia Australia just after her diagnosis in 2020 and is a very active member. She has been interviewed by Channel 7 News about her experience of diagnosis, reviewed grants applications for Centre for Research Excellence funded by NHMRC and been involved in Hammond Care's project on end-of-life care for people living with dementia, amongst many other opportunities.

Keith Davies (pictured with Bev Davies)

Dementia Advocate

Dementia Australia



Keith is a retired primary school principal who lives in Leura NSW. He has been caring for his wife of fifty-six years, Bev, who has dementia, for the past thirteen years, the last four of which includes visiting her each day and helping care for her where she is in residential care. As a consequence of this experience, Keith has become actively involved with Dementia Australia, Baptist Care NSW, Carers NSW, and the University of Tasmania and numerous research, advocacy and support programs.

Keith's other interests involve volunteering through Katoomba Neighbourhood Centre, advocacy and support towards Reconciliation and support groups and programs for carers of people with dementia. Keith is active within the upper Blue Mountains, enjoys waling in such a beautiful environment and interacting with the diverse and dynamic community.

Peter Swindell

Dementia Advocate

Dementia Australia



Peter Swindell lives in the Blue Mountains, in NSW. Peter is a dedicated and passionate member of the Dementia Advocates Program and has worked alongside our organisation for many years. He has represented the consumer voice in surveys, focus groups and panels, supporting Dementia Australia's policy, advocacy, research and resource development.

When Peter's wife moved into Morven Gardens Residential Care Home, Peter became a volunteer, helping wherever he could. He was also a volunteer with Baptistcare's "Stronger Carers" programme, coaching carers who are looking after someone at home. To understand more about dementia, Peter completed the "Understanding Dementia" MOOC with the University of Tasmania, the "Preventing Dementia" MOOC as well as a number of education courses with Dementia Australia and the Department of Health E-Learning.

Peter has also been the force behind the development of the Dementia Friendly Garden, at Morven Gardens in Leura. Peter researched and developed the environmental designs, including visiting Dementia Australia's Dementia Friendly Gardens located at our North Ryde premises, and also in Port Macquarie. The new Dementia Friendly Gardens Peter has created is used daily and benefits of the whole community at Morven Gardens, including residents living with dementia, their families and their carers.

Abstract Speakers

Rachel Brimelow

Dementia and Neuro Mental Health Unit, The University of Queensland



Ms Rachel Brimelow (BBIomed, GradCertIntHth, MMedRes), is currently a PhD candidate at the UQ Centre for Clinical Research within the Dementia and Neuro Mental health Unit, and Academic Research Manager of Bayside Health Services. With a particular focus on mental health and aged care research, Rachel has previously conducted a number of intervention research projects within residential aged care facilities, such as implementing virtual reality to improve resident mood, depression and anxiety, as well as performed quality assurance projects relating to resident and staff satisfaction on a large scale. Currently working to improve research culture and capacity within Metro South Hospital services in Cleveland, Rachel continues to advocate for person centred care, particularly as it relates to people with dementia.

Abstract

Achieving person-centred mental health care within Residential Aged Care: Co-design of a performance measurement tool

Rachel Brimelow, Deborah Brooks, Claire Burley, Gerard Byrne, Elizabeth Beattie, Nadeeka Dissanayaka

Background: Currently there is no nationally consistent system for the delivery of mental health services to people living in residential aged care facilities (RACF), with limited research into organisational approaches to improving overall practices of person-centred care. Factors that positively influence the mental health of RACF residents, both with and without dementia, include organisational policy and procedures, the care environment, staff attitudes, skills, knowledge, and resources, as well as the enactment of commonly cited clinical care and psychosocial interventions that focus on person-centred care. **Aim:** Co-design of a Balanced Scorecard (BSC) to formulate a mental health governance tool to improve and benchmark mental health practices and policy within RACF. **Methods:** Assessing mental health outcomes across four domains (resident's experience, learning and growth, clinical outcomes and financial), a BSC will be developed in concert with aged care residents and family and industry (RACF staff and experts), using both qualitative techniques and a Delphi panel. A completed systematic review of mental health service BSCs has so far identified eleven key themes: *prevalence, accessibility, services provided, clinical outcomes, client satisfaction, client involvement, staff motivation, staffing levels, governance and compliance, development and costs and revenue*, that will be used to guide focus groups and BSC formulation. **Discussion/conclusion:** To improve holistic person-centred mental health care for people in RACF, a system of organisational governance must be supported by appropriately designed performance measurement tools. Development of the RAC mental health BSC will now focus on industry, resident and family, driven insight to provide evidence of suitability of quality indicators.

Dr Monica Cations
Flinders University



Monica Cations is a clinical psychology registrar and epidemiologist who has worked in the ageing and dementia field for many years. Her research is translational with a focus on psychological wellbeing in aged care environments and young people using aged care. Monica is a Lecturer in Lifespan Development in the College of Education, Psychology and Social Work at Flinders University, supported by a Hospital Research Foundation Early Career Fellowship and NHMRC/MRFF Emerging Leadership Investigator Grant.

Abstract

Trauma-Informed Inpatient Geriatric Care to Improve Staff Skills and Reduce Patient Distress: An Interrupted-Time Series Study

Monica Cations, Kate Laver, Maria Crotty, Craig Whitehead

Most people who stay in geriatric hospital wards live with some form of cognitive impairment or dementia. These wards are highly medicalised environments with limited opportunities for choice and control, and can be distressing for older survivors of psychological trauma. Trauma-informed care (TIC) is an extension of person-centred care, and recognises the central role of emotional health in the experience of receiving care. TIC is effectively applied across mental health and other settings, the utility of these models in aged and dementia care settings has not been assessed. The objective of this study was to examine whether TIC can reduce challenging behaviour, chemical restraint, and improve staff skills and patient experiences in inpatient geriatric settings.

Four wards participated in this hybrid implementation-effectiveness study across southern Adelaide, Australia, including 118 beds. Using a co-design method, the principles of TIC were transformed into a 10-part implementation strategy including staff training, establishment of highly trained 'champions' on each ward, and amending ward policies and procedures. Primary outcomes were monthly incidence of behaviour incidents, chemical restraint, and staff skills. Secondary outcomes including the acceptability, feasibility, and cost of the implementation strategy. Implementation and data collection are underway. Preliminary results suggest that screening for trauma-related needs and amending care to account for potential distress reduces challenging behaviour and the use of chemical restraint.

Jacqueline Cook
UNSW Sydney



Jacqueline is a clinician with over 30 years of experience in the acute aged care sector. Jacqueline has worked extensively across the NSW, Tasmania, Victoria and ACT in a variety of roles including preceptor, Clinical Nurse Specialist, Acting Nursing Unit Manager and Clinical Nurse Consultant Aged Care. Jacqueline is a current PhD candidate of UNSW, undertaking her doctorate in *'implementing and evaluating: An on-line staff education program in person-centred care for persons with dementia in the sub-acute setting.'* This study is part of a larger body of research 'Improving health outcomes, well-being and care for people living with dementia in an acute setting'. Jacqueline has a passion for older persons centred care, having graduated from a Masters of Research at UTS in 2019. Her research was entitled 'Essential Care for Older Patient Specialising in Acute Care Settings: A Concurrent Mixed Methods Study'.

Abstract

Implementing and evaluating an on-line staff education program in person-centred care for persons with dementia in the sub-acute care setting

Jacqueline Cook, Lynn Chenoweth, Anna Williams and Claire Burley

Background: Hospitalisation for persons with dementia often entails increased cognitive, physical and functional deterioration, resulting in prolonged hospital care, higher risk of readmissions and increased mortality. Unfamiliar surroundings, unknown staff, frequent staff changes and interruptions in daily routines have been shown to contribute iatrogenic harms in persons with dementia, e.g. delirium and behavioural and psychological symptoms (BPSD). Iatrogenic harms are more likely when multi-tasking demands exceed staff's capacity to meet psychosocial needs. While clinical guides recommend a person-centred approach to care (PCC) to prevent/reduce iatrogenic harms, healthcare staff are uncertain of how to provide PCC within established hospital systems. This PhD project is part of a larger research project which aims to embed PCC in the sub-acute hospital setting to support positive health outcomes for people with dementia. **Methodology:** The PhD study will evaluate the effectiveness of an interactive on-line PCC education program for subacute medical, allied health, nursing, and managerial staff. Sixty healthcare staff from one subacute hospital ward will participate in the online PCC education program, which comprises twelve 30-minute modules that can be accessed at any time over a 6-month period. Evaluation of the online education program includes PCC knowledge, confidence, skills and application in practice, and participant achievement of learning objectives and satisfaction. **Clinical/Future implications:** The project will arm healthcare staff with PCC knowledge and practical skills and improve care of persons with dementia. The most useful and effective online PCC learning resources will be widely disseminated to improve service models for persons with dementia.

Professor Belinda Goodenough and Ms Alex Jedlicko
Dementia Training Australia Consortium and Dementia Australia



Ms Alex Jedlicko has worked for Dementia Australia for over 6 years in the role of Manager for the RTO and National Operations. Within a range of vocational education compliance obligations and commitment to continuous quality improvement, she manages the national delivery of the accredited Dementia Essentials program. Prior to her role in dementia, Alex also has experience in the community education sector and diversity, including programs to support people who identify as refugees and asylum seekers.



Professor Belinda Goodenough is appointed to the University of Wollongong. She is currently executive director for Dementia Training Australia (DTA), and also on staff with the Australia Health Services Research Institute (AHSRI), as director for the Centre for Health Research Illawarra Shoalhaven Population (CHRISP). Belinda trained as a behavioural scientist, and has a specific interest in implementation research and knowledge translation. She is also editor for the Australian Journal of Dementia Care.

Abstract

Is it possible to ‘teach’ person-centred care? The example of Dementia Essentials

Dementia Essentials* is a course designed to train the workforce in practical skills and knowledge for supporting people with dementia. The content and learning outcomes target person-centred philosophies. Within three to six months of course completion, participants are routinely sampled to receive an invitation to complete an online Knowledge Translation (KT) survey. From October 2016 to June 2021, Dementia Essentials was delivered to 21,564 participants. The format was predominantly face-to-face, comprising three days of workshop-style teaching, followed by supervised in-workplace assessment. A sample of 1,450 engaged in the follow-up survey (from 19,298 who could be reached by email) - 67% worked in a Community or Residential Aged Care setting.

Specific KT impacts were reported by 99.7% of respondents, with several offering personal practice examples. Overall, 86% of respondents indicated “Strongly” or “Very Much” agreement with the statement that completing the course “... helped me to improve the quality of care and support I give to people with dementia”. Notwithstanding bias (e.g. sampling frame, self-report) the results suggest that the Dementia Essentials course is a positive approach for teaching the carer workforce ways to translate person-centred principles into dementia care practice.

*Dementia Essentials is an accredited national unit of competency within a Certificate IV in Ageing Support, delivered by the Centre for Dementia Learning (Dementia Australia). The course is subsidised for the workforce by the Australian Government Department of Health through the DTA consortium.

Dr Gaynor Macdonald
Dementia Reframed and The University of Sydney



Dr Gaynor Macdonald is a social anthropologist, whose long-term interest in personhood and change among Indigenous Australians took on new relevance when her husband was diagnosed with Alzheimer's. Deciding to confront the stigma and hopelessness she was plunged into, she found ways to understand the changes that dementia brings, finding more positive ways of understanding dementia and dementia care, and learning how to live creatively with change in the day to day.

Dr Macdonald is now a Certified Independent Trainer and Consultant with Teepa Snow's Positive Approach to Care®. She is a co-founder of Dementia Reframed, a community-based organisation run by experienced carers, committed to reframing the negativity and fear, and providing informed, creative and practical support for care partners, familial and professional. She advocates understanding dementia from a relational and communicative perspective: quality care starts with enhancing the partnerships essential to maintain quality of life, not only for people living with dementia but all those who experience its impacts.

Abstract

Let's not stop at 'person-centred' care – we can do even better

For people living with dementia, 'person-centred care' is not enough. Dementia – in the absence of cure and medical treatment – is first and foremost a social experience. Living well with dementia needs to start from this premise; thought about in terms of the various relationships required to hold a person experiencing dementia in a good life. The impacts of the changes brought about by dementia are always two-way. They impact, significantly, on 'the other person' in the 'carer-patient' relationship so it is the relationship that we need to nourish. A relational model goes beyond conventional understandings of a person-centred model – there is an important difference. Care information, care strategies and caring environments should be planned by keeping enabling quality relationships in mind. This is the case whether the relationship is with a 24-hour day-to-day care partner, a home carer working a shift, an hour with a doctor or OT, relations with neighbours and friends, or a visit to a coffee shop. We will not improve life for people living with dementia until we get out of individualised (medical/nursing) models of care and into how quality relationships are developed and nurtured through the tumultuous changes dementia brings to them. Person-centred care only takes us half-way. This presentation explains the difference between 'person-centred' and relational understandings, to show why it is essential to think about 'living well with dementia' in relational terms.

A/Professor Steve Macfarlane
The Dementia Centre



Associate Professor Stephen Macfarlane is Head of Clinical Services at The Dementia Centre. He graduated from Monash University in 1991 and spent 17 years at Peninsula Health, prior to becoming a psychiatrist in 2003 and being appointed Director of Aged Psychiatry in 2005. In 2008 he spent some time on secondment as Deputy Chief Psychiatrist for Victoria prior to being appointed as Associate professor and Director of Aged Psychiatry at Alfred Health, where he remained until formally joining HammondCare in 2016 as Head of Clinical Governance for The Dementia Centre.

Abstract

Non-pharmacological interventions: Evidence from a national behaviour support program

Background: Person-centred psychosocial strategies are the leading intervention for supporting behaviours and psychological symptoms of dementia (BPSD). In Australia, the leading provider of BPSD support is Dementia Support Australia (DSA). Through a multi-disciplinary team of specialist consultants and geriatricians, DSA delivers nationally consistent in-person, non-pharmacological interventions while emphasising the de-prescribing of inappropriate medications. This talk reports on recent findings from a study that described outcomes of DSA on BPSD. **Methods:** A 2-year retrospective quasi-experimental analysis of demographic and BPSD outcomes was undertaken on eligible DSA clients residing in aged care homes. We used linear mixed effects models, controlling for the impacts of length of service provision and baseline Neuropsychiatric Inventory (NPI) score, to evaluate the (clinical) significance of DSA psychosocial interventions from intake to discharge from DSA services. **Results:** 5,914 DSA clients (55.9% female, age: 82.3 ± 8.6 y) residing in 1,996 aged care homes met the eligibility criteria for inclusion in this study. The most common types of dementia were Alzheimer's disease (37.4%) and vascular dementia (11.7%). Analysis of change on the NPI revealed large, significant and clinically meaningful outcomes; with at least a 61% reduction in the total NPI score and at least a 67% reduction in the distress behaviours caused caregivers. **Conclusion:** Nationally delivered psychosocial interventions are feasible and clinically effective as demonstrated by improved BPSD and related caregiver distress.

Dr Nikki-Anne Wilson

Neuroscience Research Australia and Dementia Centre for Research Collaboration



Dr Wilson is a Postdoctoral Fellow in Cognitive Health at Neuroscience Research Australia and Knowledge Translation Fellow with the Dementia Centre for Research Collaboration. Dr Wilson has extensive experience in the cognitive and neural mechanisms underlying the social changes in rare dementia syndromes in which she completed her PhD at the Brain and Mind Centre in 2021.

Now working with Scientia Prof Anstey, Dr Wilson is currently investigating sensory loss and dementia risk and was recently awarded an RM Gibson Grant from the Australian Association of Gerontology to develop a novel theatre-based intervention.

Abstract

Guidelines for dementia care: Awareness and current usage in residential aged care

Nikki-Anne Wilson, Kim Burns, and Margaret MacAndrew

Background and Aim: The development of the Clinical Practice Guidelines and Principles of Care for People with Dementia represents an important step in better addressing the needs of those caring for people living with dementia. How well the information provided in these Guidelines is reaching those at the frontline of residential aged care, and the ability for care workers to implement the Guidelines remains uncertain. We aimed to explore knowledge of, and access to, the clinical practice Guidelines in residential care workers. **Method:** A nationwide-survey on the experiences of residential aged care workers was distributed through existing networks. Follow up interviews were conducted in a sub-set of participants to gain further qualitative insight. **Results:** A total of 22 participants completed the survey and 3 qualitative interviews. Only 41% (n = 9) of those surveyed had knowledge of the Guidelines, of whom 67% (n = 6) rated the Guidelines as “very useful”. Emerging themes suggested greater awareness of, and access to, the Guidelines would be useful. Reported barriers included time constraints, length and complexity of information (including lack of indexing), and lack of communication and training from management. **Conclusions:** Our small sample reported a high level of interest in the content of the Guidelines, however, there was a need for greater accessibility, with less than half having prior knowledge of the Guidelines. Lack of time and systemic support were noted as key barriers indicating the need for a more collaborative approach regarding implementation of the Guidelines in residential aged care.

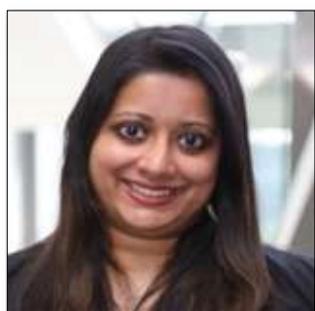
Co-Chairs and Organisers

Dr Claire Burley
UNSW Sydney



Dr Claire Burley is a DCRC Research Fellow based in the Department of Psychiatry, University of New South Wales (UNSW), Sydney. Claire's professional background is in psychology, clinical neuroscience and physiology, and she has personal experience involving family members living with dementia and clinical depression. She has worked in both clinical and research settings. Claire is particularly interested in better understanding changed behaviours associated with dementia, and implementing nonpharmacological approaches including person-centred care and physical and cognitive activity.

Dr Nadeeka Dissanayaka
The University of Queensland



Dr Nadeeka Dissanayaka is a NHMRC Boosting Dementia Research Leadership Fellow, and is the founder and director of the Dementia & Neuro Mental Health Research Unit at the University of Queensland Centre for Clinical Research (UQCCR). She holds adjunct appointments at School of Psychology, UQ, and Department of Neurology, Royal Brisbane & Woman's Hospital. Dr Dissanayaka's research focuses on improving evaluation and treatment of late-life anxiety and depression, specifically in people living with dementia and Parkinson's disease. Dr Dissanayaka is passionate in training the next generation of clinicians and researchers within this specialised area and has supervised over 20 students for higher degree thesis and over 70 provisionally registered psychologists involved in psychological treatment trials. She is also the co-chair of the Australian Dementia Network Accelerator group, a group focussed on fostering and promoting the next generation of leaders in dementia research in Australia.

Sandra Jeavons
Dementia Training Australia



Sandra Jeavons is the Manager for Dementia Training Australia (QUT/NT) where she works on multiple projects, e-learning and resource development. Sandra is also responsible for managing the operations of the DCRC at the Queensland University of Technology. She brings extensive experience at senior level in various roles in the public and private sector particularly in health and education. Sandra has experience in Strategic, Operations, Project and Change Management, Business Development and Marketing and Communications as well as industry qualifications in Quality Management and Auditing, Facilitation/Training and Dementia.