Transforming institutional psychogeriatric day cares into Easy access Psychogeriatric Day centers for people with dementia and their carers (EPD-plus CS)

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Quality of Care

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Amsterdam Center on Aging
Background

• Worldwide prevalence of dementia increasing from now until 2050: from 36 to 115 million

• 70% lives at home (60% needs daily or continuous care)

• 60% of care at home by family carers

• 82% of carers feels burdened, 20% overburdened

• Existing evidence: combined interventions for carer and person with dementia most effective*

Meeting Centers Support Program

Person with dementia
• Social club
  ➢ creative and recreational activities
  ➢ psychomotor group therapy

Carer
• Informative meetings
• Support group
• Care coordination

For both
• Consulting hour
• Monthly meeting
• Social activities

Easy-access location
Proven effective, yet slow adoption

Persons with dementia:
• less behaviour and mood problems
• more self-esteem

Carers:
• more feelings of competence
• less burden
• less psychosomatic symptoms in lonely carers

Trend in delay of nursing home admission

(Dröes et al., 2000; 2004a,b; 2006)

Nevertheless, adult day cares for people with dementia in the Netherlands still mainly in nursing homes
### What has been changed?

<table>
<thead>
<tr>
<th>OLD SITUATION: Institutional psychogeriatric day care</th>
<th>NEW SITUATION: Easy access day care with carer support (EPD-plus CS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target group</strong></td>
<td>PwD in moderate to severe stage</td>
</tr>
<tr>
<td></td>
<td>PwD in mild to severe stage + Carers of PwD</td>
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<tr>
<td><strong>Location</strong></td>
<td>Nursing home</td>
</tr>
<tr>
<td></td>
<td>Community building</td>
</tr>
<tr>
<td><strong>Support informal caregiver</strong></td>
<td>Not regularly</td>
</tr>
<tr>
<td></td>
<td>Discussion groups (every 6 weeks)</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Not offered regularly</td>
</tr>
<tr>
<td></td>
<td>Informative meetings</td>
</tr>
<tr>
<td></td>
<td>Joint visit Alzheimer café (monthly)</td>
</tr>
<tr>
<td><strong>Psychomotor therapy</strong></td>
<td>Not (regularly)</td>
</tr>
<tr>
<td></td>
<td>Twice per week – daily</td>
</tr>
<tr>
<td><strong>Care philosophy</strong></td>
<td>Care action plan</td>
</tr>
<tr>
<td></td>
<td>Care plan based on Adaptation-coping model (staff was trained)</td>
</tr>
<tr>
<td><strong>Social integration</strong></td>
<td>Occasional activities with children, youth, other neighbours</td>
</tr>
<tr>
<td></td>
<td>Regular activities with children, youth, other neighbours</td>
</tr>
<tr>
<td><strong>Volunteers</strong></td>
<td>None / few</td>
</tr>
<tr>
<td></td>
<td>Structurally present</td>
</tr>
<tr>
<td><strong>Alignment with regional care and welfare organizations (number of cooperating organisations)</strong></td>
<td>2 or 3 organisations, no official agreement</td>
</tr>
<tr>
<td></td>
<td>5 or 6 organisations, signed agreement on cooperation</td>
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</table>
Research questions

1. Does EPD-plus CS have a **surplus value** compared to institutional psychogeriatric day care on micro-, meso- and macrolevel?

2. Which factors **stimulate or impede** the transition to EPD-plus CS? What are successful implementation strategies?
Study design

Process analysis & Implementation study
(qualitative) (quantitative)

Interviews with key persons before and after the transition

Facilitators and barriers for implementation
Preparation micro
Execution + meso
Continuation macro

6 institutional day care centers
65 ‘new’ participants (total)
T0,1,2: 0,3,6 months

Transition LPD – plus CS

6 LPD – plus CS
50 ‘new’ participants (total)
T0,1,2: 0,3,6 months
Method & Preliminary results

• Process evaluation
  – interviews with key persons (n=30)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Project leaders (n=4)</td>
<td>Casemanagement (n=2)</td>
</tr>
<tr>
<td>Managers (n=3)</td>
<td>Municipal officials (n=3)</td>
</tr>
<tr>
<td>Program coördinators (n=5)</td>
<td>Welfare organizations (n=4)</td>
</tr>
<tr>
<td>Alzheimer society (n=2)</td>
<td>Other (n=7)</td>
</tr>
</tbody>
</table>

  – independently coded by two coders
  – analyzed with Atlas TI

• Topics:
  – facilitators and barriers for implementation
  – perception of innovation
Model for evaluation implementation

<table>
<thead>
<tr>
<th>INITIAL CONDITIONS</th>
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<tbody>
<tr>
<td>• Characteristics of the innovation</td>
</tr>
<tr>
<td>• Time and other operational preconditions</td>
</tr>
<tr>
<td>• Human and financial resources</td>
</tr>
<tr>
<td>• Organizational conditions</td>
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</tbody>
</table>

<table>
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<tr>
<th>IMPLEMENTATION PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation phase</td>
</tr>
<tr>
<td>Micro level</td>
</tr>
<tr>
<td>Meso level</td>
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<tr>
<td>Macro level</td>
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<tr>
<td>Execution phase</td>
</tr>
<tr>
<td>Micro level</td>
</tr>
<tr>
<td>Meso level</td>
</tr>
<tr>
<td>Macro level</td>
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<tr>
<td>Continuation phase</td>
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<tr>
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<td>Meso level</td>
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<td>Macro level</td>
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</table>

(Meiland et al., 2004; 2005)
Facilitators and barriers (1)

Initial conditions

- Appointing a project leader who motivates and inspires staff and involves other care and welfare organizations to collaborate

- Characteristics of key organisation: other organizational changes at the same time, no existing collaboration with regional care and welfare organizations at the start

Preparation phase

- Clear steps in project plan

- Not all staff capable or willing to work according to the new vision and support model
Facilitators and barriers (2)

Execution and Continuation phase

- Team values working according to the new model
- More volunteers
- Lack of involvement and support of management
- Competition (instead of cooperation) in the region
A program coordinator

“In my opinion this has a surplus value. And why? Because you are now in the middle of the community. During our open day, almost 100 neighbours visited us!! I’ve never experienced something like that!”
Satisfaction participants

It is not easy for me to feel at home somewhere, but here I feel at home.

We drink coffee, we talk and eat together. And every day we go outside. It is delightful that this exists!

“Especially the psychomotor therapy and the singing have a good effect on my mum.”

As carer, I feel not excluded. That makes me feel good, I can now handle it better.

© Photographer: Taco van der Eb
Conclusions & Recommendations

- Successful transition: six new EPD-plus CS as examples for other institutional adult day services
- Insight in facilitators and barriers in different stages and levels of the transitions
- Combined support for people with dementia and their carers is evaluated positively
- Appoint a project leader, involve other care and welfare organizations, use a clear project structure. Support and school staff during preparation and execution phase
Expected results

- Practical guide for implementation (spring 2014)
- Scientific publications on process-evaluation and implementation study (2014)
- MeetingDem: Implementation of Meeting Centres in Poland, Italy and the United Kingdom
Who breaks a wall,
builds a view

Thank you

Correspondence
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Survey among institutional adult day services

1. Familiar with LPD-plus CS or Meeting Centers?
   - Yes, LPD-plus CS: 53%
   - Yes, Meeting centers: 36%
   - No: 11%

2. Interest in transforming day care into LPD-plus CS?
   - Yes, because: 71%
   - No: 23%
   - Not familiar with LPD-plus CS: 25%

3. What is necessary to make a successful transition to LPD-plus CS?
   - More information about LPD-plus CS: 53%
   - Cooperation with other care and welfare organizations: 11%

- "Our day care center is not fully occupied"
- "Better alignment with care and welfare is necessary"
- "We want to improve social integration"
- "Informal carers can be supported in a better way"