Transforming nursing home based day care for people with dementia into socially integrated community day care: an effect study

Marijke van Haeften-van Dijk, MSc
Dr. Franka Meiland
Bart Hattink, MSc
Prof. dr. Rose-Marie Dröes

Quality of Care

EMGO Institute for Health and Care Research
Background

- 70% of the people with dementia lives \textbf{at home}
- 60% needs daily or continuous care
- 60% of care at home is given by family carers
- 82% of carers feels burdened, 20% overburdened

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

Meeting Centres versus traditional day care care

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

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

❖ Trend in delay of nursing home admission
❖ 98% of the participants is (highly) satisfied with the support program

Nevertheless, .... hardly any traditional nursing home based day care adopted the MCSP-model
Six traditional dementia day cares in the nursing home transformed to community day care…

- according to the model of the Meeting Centres
- in cooperation with other care and welfare organisations
- offering carer support (peer support groups)
- located in a community building
barbecue

Adult day center for migrants with dementia

Shared kitchen garden

Psychomotor therapy

Cooking club

Touring with local motor club

Easy access location in the community
Research questions

1. Process evaluation: what are stimulating and impeding factors to make the transition to community based dementia day care?

2a. What are the characteristics of participants and carers of traditional day care or community based day care?

2b. And what is the course over six months of participation with regard to:

   – Participants: QoL, needs, behaviour and mood problems, MMSE
   
   – Carers: Needs, sense of competence, burden

3. How satisfied are participants with the community based day care?

4. What is the cost-effectiveness of community based dementia day care compared to traditional day care?
**Study design**

**Qualitative research & Quantitative research**

- **6 + 5 = 11 traditional day cares**
- 67 new participants (total)
- M1: baseline measurement
- M2: after 3 months
- M3: after 6 months

- **Transition to community day care**
- 6 new community day cares
- 49 new participants (total)
- M1: baseline measurement
- M2: after 3 months
- M3: after 6 months

- **5 longer existing community day cares**
- 24 new participants (total)

**Facilitating and impeding factors implementation**

- Preparation: micro
- Execution: meso
- Continuation: macro

**Interviews with key persons before and after the transition**
Flow chart and baseline characteristics

- No differences between groups on gender, age, living situation, marital status, education, type of dementia
- But: participants of the new community day care (E1) start participation at a more severe stage of dementia

<table>
<thead>
<tr>
<th></th>
<th>Control group (n=67)</th>
<th>Group E1 (n=49)</th>
<th>Group E2 (n=24)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMSE score (mean, SD)</td>
<td>18.8 (5.8)</td>
<td>16.6 (7.5)</td>
<td>21.2 (6.5)</td>
<td>&lt; 0.05</td>
</tr>
</tbody>
</table>
Total number of needs as reported by informal carer (CANE)

- After 6 months: less reported needs by carers in longer existing community day cares compared to the control group and new community day cares
After 6 months: PwD show less neuropsychiatric symptoms in the new day care compared to the other groups.

An increase in use of care or N antipsychotics as possible explanation will be studied.

No significant differences found on: QoL of PwD, needs as reported by PwD, severity of neuropsychiatric symptoms.
Results (3)

- People with dementia living together with a carer benefit most from community day care:
  - Less needs reported by PwD and carer
  - Less neuropsychiatric symptoms in PwD
  - Less severe neuropsychiatric symptoms in PwD
- Preliminary results carer: no differences between groups on sense of competence and burden of carer.
Satisfaction participants

- Preliminary results: no significant differences between groups on satisfaction about the day care.
- A trend towards higher overall satisfaction and satisfaction about atmosphere of the building and ambience during the meal in the new community day care.

<table>
<thead>
<tr>
<th></th>
<th>Nursing home based day care</th>
<th>New community day care</th>
<th>Longer existing community day care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction score</td>
<td>7,6</td>
<td>8,1</td>
<td>8,0</td>
</tr>
</tbody>
</table>
Conclusion and Discussion

- Six Dutch nursing home based dementia day cares successfully made the transition to community day care with carer support.
- The process evaluation gives insight in stimulating and impeding factors to make the transition.
- Studying the effects was difficult due to loss to follow-up.
- Policy changes possibly affected the study results: people enter day care in a more severe stage of dementia.
- Beneficial effects of community day care compared to nursing home based day care were found with regard to needs and neuropsychiatric symptoms of people with dementia.
- Especially people living together (not alone) benefit from the community day care.
Thank you

Any questions?

More information:
rm.droes@vumc.nl

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Who breaks a wall, builds a view
# What has been changed?

<table>
<thead>
<tr>
<th></th>
<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>
<td>PwD in mild to severe stage + Carers of PwD</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Nursing home</td>
<td>Community building</td>
</tr>
<tr>
<td><strong>Support informal caregiver</strong></td>
<td>Not regularly</td>
<td>Discussion groups (every 6 weeks)</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Not offered regularly</td>
<td>Informative meetings Joint visit Alzheimer café (monthly)</td>
</tr>
<tr>
<td><strong>Psychomotor therapy</strong></td>
<td>Not (regularly)</td>
<td>Twice per week – daily</td>
</tr>
<tr>
<td><strong>Care philosophy</strong></td>
<td>No care model</td>
<td>Adaptation-coping model (staff received training)</td>
</tr>
<tr>
<td><strong>Social integration</strong></td>
<td>Occasional activities with children, youth, other neighbours</td>
<td>Regular activities with children, youth, other neighbours</td>
</tr>
<tr>
<td><strong>Volunteers</strong></td>
<td>None / few</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>
<td>5 or 6 organisations, signed agreement on cooperation</td>
</tr>
</tbody>
</table>
People with dementia

- Needs Assessment for the elderly (CANE)
- Behaviour and mood problems (NPI-Q)
- Quality of life (QoL-AD)
- Satisfaction with day care center (after 6 months)

Informal carers:

- Needs Assessment for the elderly (CANE)
- Sense of competence (SSCQ)
- Quality of life (MDS)
- Satisfaction with day care center (after 6 months)

Professional carers day care center

- Work satisfaction (MAS-GZ, VBBA)

Costs

- Capacity utilization, average participation time, staff, training