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Conference Abstract

TOP 5 - improving the care of people with dementia across health care settings

Melissa Tinsley, Clinical Excellence Commission, Australia

Erin Gilmore, Clinical Excellence Commission, Australia

Mei Chan, Clinical Excellence Commission, Australia

Anne Axam, Clinical Excellence Commission, Australia

Karen Luxford, Clinical Excellence Commission, Australia

Correspondence to: **Melissa Tinsley**, Clinical Excellence Commission, Australia, E-mail: melissa.tinsley@cec.health.nsw.gov.au

Abstract

Introduction (comprising background and problem statement): Carers have valuable information that can help the delivery of health care, however, it is often underutilised. There is limited published evidence concerning the effectiveness of carer engagement on patient outcomes. The Clinical Excellence Commission Top 5 Program (the program) is addressing this gap.

Short description of practice and context: Patient Based Care (PBC) refers to a model of care focussed on the patients, built on genuine partnerships between Health Care Workers (HCWs) and patients. The program uses up to five personal tips from carers to promote coordination and continuity of care that meets mental and physical health needs for the care recipient, between primary, community and hospital based care.

Description of change implemented: The program enables genuine partnerships between HCWs, carers and care recipients to formally record and share the tips and management strategies. A standardised form enables continuity by staying with the care recipient through all care transition.

The program aims to integrate health and social care services by creating awareness of dementia and promoting PBC across all health settings.

Following success in the hospital setting, the program is now being integrated into Ambulance, primary, community and homecare settings to ensure care continuity and collaboration.

Objective of the change/improvement realised: The program has met its objectives by demonstrating patient and staff experience, clinical outcome and operational benefits. The program has successfully demonstrated an increase in carer satisfaction, enablement of the care recipient to receive personalised care and support as well as HCWs feeling better equipped to meet the unique needs of the person with dementia.

Target population: All people living with dementia, their carers and health workers.

Stakeholders engaged: A robust engagement strategy included managers, clinicians in identified hospitals, RACFs, Community Services and NSW Ambulance.

Timeline: Implementation across 12 months, with key deliverables communicated to stakeholders.

Theory/methods used: Evidence based influencing culture and clinical practice change. The program spreads its proven strategy of barrier and enabler assessments, educational workshops, engagement of local opinion leaders to establish local site liaisons, champions, and governance.

Highlights (innovation, impacts and outcomes): The program is low cost, yet demonstrates significant patient and staff experience, clinical outcome and operational benefits including: patient outcomes, safety and satisfaction of HCWs whilst providing potential cost savings to health services, via integration of acute and chronic care providers.

Comments on sustainability: The program is highly effective and sustainable because of its simplicity and low cost. It has been demonstrated as readily integrated into policy and practice.

Comments on transferability: The program works because of its simplicity, allowing patients, carers and HCWs across all settings to function as a team and improve continuity of personalised care.

Conclusions (comprising key findings): The program improves the care recipient and carer experience in the health system. It allows for increased communication and care continuity, with broader applicability of patient safety, cost, and staff environment benefits.

Discussions: The program is a foundation element for integrated patient based care across all care settings.

Keywords

Dementia; improving; integration; patient based care
