Rodriguez, Daniel et al 2016 Functional Dementia Care Unit: organisational innovation for cognitive impairment prevention. *International Journal of Integrated Care*, 16(6): A16, pp. 1-8, DOI: http://doi.org/10.5334/ijic.2959

POSTER ABSTRACT

Functional Dementia Care Unit: organisational innovation for cognitive impairment prevention.

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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Background: Dementia is one of the foremost public health problems of the 21st century and it gives rise to disability and dependency. More than 100,000 people suffer dementia in Catalonia and more than 3000 people among the population in question under the auspices of the CST. In 2005 the group for comprehensive assessment of cognitive disorders began its activities giving rise to the functional dementia care unit. The multidisciplinary team entrusted with diagnosing, treating and monitoring patients saw the need to improve coordination with other specialists and professionals and set out criteria for referral to other centres and units. Likewise, it was necessary to define a system for recording and sharing data in a patient's computerised clinical record.

Main objectives of Functional Dementia Care Unit

• Early diagnosis of cognitive deterioration, preventing and treating behavioural disorders.

• Prevent and/or avoid the need for patients to be placed in an institution.

• Improve the independence and quality of life of patients and their families.

Description: Dementia is a multi-dimensional condition and requires interaction from several professionals leading to multiple appointments and care from a range of units at differing levels of the healthcare chain. The dementia care unit is formed by neurologists, geriatricians, neuropsychologists, a psychiatrist, a nurse, a social worker and a forensic doctor (owing to an agreement with the Medical Law Institute of Catalonia (IMELEC)); all on part time.

When a patient is referred to the unit a multi-dimensional assessment is carried out by a specialist, a specialised nurse and a social worker and this is supplemented by a neuropsychological assessment and supplementary tests if required. A diagnosis and therapeutic plan are established for each patient and joint monitoring is carried out in conjunction with the primary care team.

Patients who intervention is addressed

Inclusion criteria:

- Minor cognitive impairment or dementia diagnostic criteria or suspicion

Exclusion criteria:

- Patients with severe comorbidity and severe dependence according to clinical practice guide used in the unit.

Practice change implemented:

At the end of 2010, the waiting list was between 18 and 24 months and problems in terms of healthcare continuity were observed, such as the referral of patients from several services and centres, duplication of appointments and tests, and the use of several related units (day care hospital, long-stay psychogeriatric beds, acute care hospital, etc.). Its operation was analysed and a new referral protocol was established which identified the primary care unit (EAP) as a point of reference and the gateway to the functional unit.

All appointment requests are addressed to the EAP, which assesses and prioritises demand based on Dementia clinical guideline criteria, avoiding unnecessary requests and referring patients to the appropriate units and professionals.

Likewise, uniform records were defined in a shared clinical record to avoid tests and appointments duplications and to monitor processes more effectively. The launch of the online cross-consultation forum among professionals sped up coordination and communication. Criteria were established for coordination and referral to acute care hospitals and long-stay psychogeriatric care.

As of January 2015 the waiting list was under 3 months, the number of patients receiving care had risen and satisfaction on the part of users, the primary care team and the dementia care unit had improved.

Why is it an innovative experience? The new process for managing functional dementia care unit develops and shares ICTs (EHR, virtual consultations) among several centres and professionals. It improves patient accessibility, avoids unnecessary tests and appointments and integrates the work of professionals working for different centres and at differing levels of care, assuring continuity of care throughout the entire process.

Impact: In 2005 200 processes were dealt with and this number rose to 440 in 2012. 120 users receive appointments every year accounting for a total of 920 yearly appointments. The waiting list has been reduced from 24 to 6 months in 2012. The number of annual processes in 2015 was 467 and the waiting list was <3 months in ordinary appointments and <1 month for preferential appointments.

Conclusion: Patient accessibility to the unit has been improved and demand has been prioritised. Coordination between professionals takes place online making it easier to monitor the healthcare process. A unique gateway to the dementia unit has been set up. Satisfaction among users and professionals in the unit team has improved.

Keywords: dementia early diagnosis; cognitive disorders treatment; organisational innovation; accessibility improvement; multidisciplinary team approach