CONFERENCE ABSTRACT

Evaluation of an Integrated Dementia Care Network in the Northern part of Singapore

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Introduction: The growing prevalence of dementia is of concern in Singapore as it poses significant health, social and economic burden on individuals, families and the healthcare system. While it widely known that dementia is best managed by a multidisciplinary team of healthcare providers working together across different healthcare settings, dementia care has been primarily delivered by tertiary hospitals in Singapore. Hospital-centric dementia care is insufficient because needs of persons with dementia PWDs and their caregivers extend beyond medical needs and are best provided for in the community. As demand continues to rise, the healthcare system now faces the challenges of ensuring sustainability, appropriateness and quality of dementia care. To cope with these, the CARITAS network was established in 2012 to foster integrated, person centered care across different healthcare settings through i formation of primary care and community PCC providers network ii empowerment of PCC to manage PWD in the community iii empowerment of caregivers and iv integration between tertiary hospital and PCC through clinical, professional and functional integration. With these strategies, the CARITAS aims to provide a comprehensive, accessible, responsive, individualized, trans-disciplinary, accountable and seamless care for PWDs in the northern part of Singapore within their community.

Methods: To support further development of the CARITAS network, this study was designed as a formative evaluation. Using sequential exploratory mixed methods, we aim to examine the degree of care integration within the CARITAS network, identify moderating factors that affect its implementation by taking into consideration the context in which it operationalized so as to identify areas for improvements. Guided by the Rainbow Model of Integrated Care RMIC, the RMIC measurement tool RMIC-MT was first administered to 100 healthcare

providers within the CARITAS network. Then, based on the findings from the RMIC-MT, 30 healthcare providers and caregivers were invited to participate in interviews to gather insights into the moderating factors of the implementation of the CARITAS network. Data from the various sources will initially be analyzed according to their data types and subsequently triangulated according to the RMIC. Recommendations for improvements will then be made.

Results & Discussions: The results which will be presented at the conference have significant implications on a few levels. It will potentially i provide information for improvement of the CARITAS network, ii provide insights to other countries that are experimenting with new models of dementia care and iii contribute significantly to the international literature on improvement science.

Lessons Learned: In the evaluation of complex healthcare intervention such as the CARITAS network, it is essential to conduct process evaluation in conjunction with outcome evaluation so as to account for variability in implementation. Without process evaluation, it would be difficult to determine actions to take for improving the intervention.

Limitations: As this is a single site study, findings gathered from this study needs to be interpreted with consideration of the context in which the CARITAS network is implemented.

Suggestions for future research

Future research should be conducted to examine the effectiveness of the CARITAS network in improving its intended outcomes.