Mixed methods for generating Best Practice Strategies in Dementia Care: A European project

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RightTime PlaceCare
Improving health service for European citizens with dementia

7th Framework Programme

Background

•There is a lack of understanding and empirical data on the living, health and socio-economic conditions of people with dementia and their caregivers at home and in nursing homes across Europe.
•Transition from community to nursing homes is a period of special interest because of its individual and societal impact.

General aim

•To develop best practice strategies for dementia care throughout Europe, focusing on the period of transition from formal professional home care to institutional long-term care facilities.
•The best practice strategies should preserve best available health and social outcomes for both people with dementia and their informal caregivers at affordable cost-benefit ratios.
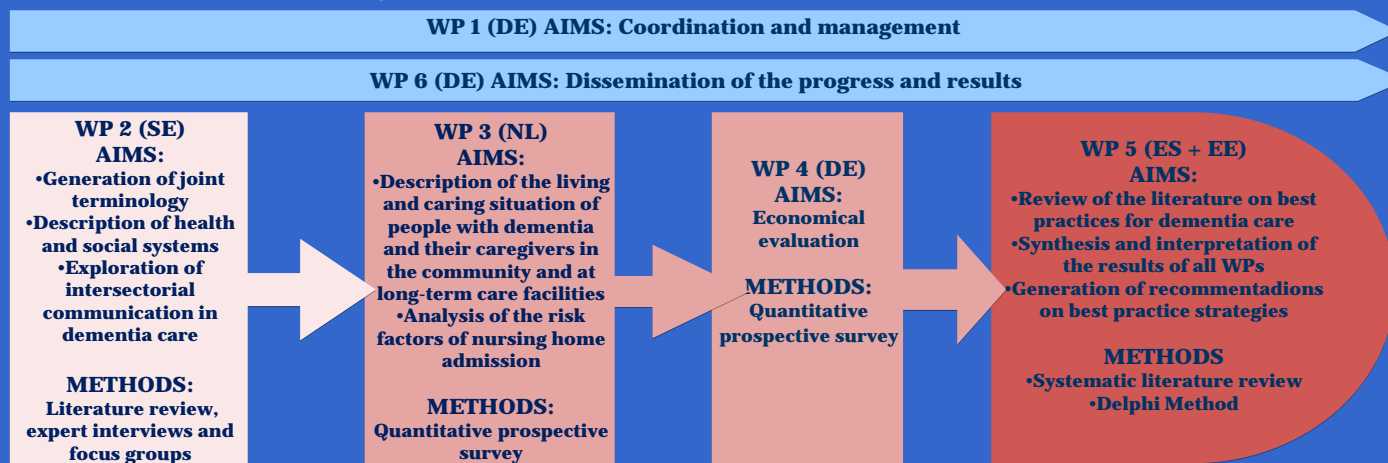
Methods

•Eight countries and several disciplines (nursing scientists, geriatricians, old age psychiatrists, psychologists, economists, biostatisticians) are involved.
•Six Work Packages (WP) comprise the project. Each WP has specific aims and methods (including quantitative and qualitative methods).
•An Advisory board of experts supports the flow of the project.

RightTime PlaceCare

Project number: HEALTH-F3-2010-242153
Official start: January 2010
Duration: 42 months
Coordinator: Witten University
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University of Tartu, EE
Manchester University, UK
Witten University, DE
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Flow of the RTPC project* and WP aims and methods:

WP 1 (DE) AIMS: Coordination and management

WP 6 (DE) AIMS: Dissemination of the progress and results

WP 2 (SE) AIMS:
•Generation of joint terminology
•Description of health and social systems
•Exploration of intersectorial communication in dementia care

METHODS:
Literature review, expert interviews and focus groups

WP 3 (NL) AIMS:
•Description of the living and caring situation of people with dementia and their caregivers in the community and at long-term care facilities
•Analysis of the risk factors of nursing home admission

METHODS:
Quantitative prospective survey

WP 4 (DE) AIMS:
Economical evaluation

METHODS:
Quantitative prospective survey

WP 5 (ES + EE) AIMS:
•Review of the literature on best practices for dementia care
•Synthesis and interpretation of the results of all WPs
•Generation of recommendations on best practice strategies

METHODS
•Systematic literature review
•Delphi Method

* Work Package (WP) leaders mentioned in brackets.

WP 2: extract of the results on generation of joint terminology	
Term	Description
General practitioner (GP)	Physician who treats patients in a district for all types of diseases.
Specialised physician (Geriatrics)	Geriatrician or Psycho Geriatrician. Specialised in geriatrics.
Specialised physician (Psychiatry)	Specialised in Psychiatry/Old Age Psychiatrist
Specialised physician (Neurology)	Specialised in Neurology
Registered nurse (RN)	Provides care and service with help with PADL, medical treatments, and manage a care team (see OECD 2005). Diploma in nursing or Bachelor of Science in Nursing.
Registered nurse (RN) specialised in dementia care	Has an overall responsibility of dementia care in an area/municipality. Provides counselling, supervision, assessments and mediate contacts. Education on advanced level. Care of the elderly (one year master), District nurse (one year master), Psychiatric care (one year master).
Community psychiatric nurse (RN)	Supporting older people at home and in nursing/residential homes. Specialist in psychiatry (one year master).
Licensed practical nurse/Auxiliary nurse	Provides care and service including help with IADL and PADL, and in addition minor medical treatment. Health care trained on secondary school level (OECD 2005).
Nurse aid/Assistant nurse	Provides care and service with help with IADL and PADL. Health care trained shorter than 6 months (see OECD 2005).
Carer/Caretaker	Provides care and service with help with IADL and PADL. With no official health care training, assistant trained on the job.

Extract

WP 3 and 4: Main assessment instruments used at the survey	
Outcome	Measure
Socio-demographics	Datasheet
Comorbidity	Charlson
Cognition	MMSE
Behaviour	NPI-Q
Activities of Daily Living	KATZ
Positive/negative aspects of care	CRA
Caregivers burden	Zarit BI
General Distress	GHQ-12
Quality of care indicators	e.g. physical restraints
Quality of life	QOL-AD
Quality of Life	EQ-5D
Experiences on quality of care	CLINT
Open ended questions	
Service availability and use	RUD

Results

•The project is ongoing (see examples of work progress).
•The WP 3 study protocol, the WP 2 description on health and social care systems and the WP 5 systematic review have been finalised and prepared for communication with the European Commission and internal use.
•First results are expected in summer 2013.

Conclusions

We expect to develop valuable best practice recommendations based on rich information on the potentials how to improve intersectorial communication and arrangement in dementia care in Europe for the transition from formal professional home care to institutional long-term care facilities.

Examples of work progress