

Achieving Quality and Effectiveness in Dementia Using Crisis Teams (AQUEDUCT)

<https://www.neurodegenerationresearch.eu/survey/achieving-quality-and-effectiveness-in-dementia-using-crisis-teams-aqueduct/>

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Country

United Kingdom

Title of project or programme

Achieving Quality and Effectiveness in Dementia Using Crisis Teams (AQUEDUCT)

Source of funding information

NIHR (PGfAR Competition 13 Stage 2 Panel C)

Total sum awarded (Euro)

€ 2,706,221

Start date of award

15/09/2014

Total duration of award in years

5.0

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Research Abstract

Aims and Objectives:

1. To improve the quality and effectiveness of care for people with dementia and their carers experiencing a crisis by developing a best practice Resource Kit for Dementia Crisis Teams (DCTs) and conducting a feasibility study.

2. To conduct a cluster randomised controlled clinical trial (with internal pilot) in DCTs to evaluate the clinical and cost effectiveness of the Resource Kit in comparison with usual care for people with dementia in; reducing hospital admissions, improving quality of life, and reducing costs.
3. To optimise the implementation of the Resource Kit.

Background and rationale:

The Prime Minister's Challenge on Dementia has prioritised improving dementia care and research on non-drug interventions. In recent years crisis teams to support people with dementia at home have developed rapidly with the aims of avoiding hospital admissions, supporting people at home, and reducing the overall costs of care. There are indications that dementia crisis teams may improve care and reduce admissions but there is no well-defined model and no accepted standards of good practice. This means that a programme of research improving practice and evaluating the effectiveness of DCTs is urgently needed.

Research environment:

NELFT is an excellent site to conduct dementia research with several major research programmes, high recruitment, 20+ peer reviewed publications per year, and 5 PhD students. The applicants have a successful record of working together in: the INTERDEM research network, and the DEMCARE, SHIELD, VALID and iCST studies.

Research plan:

WP1: We will determine best practice in Dementia Crisis Teams (DCTs) using: a national scoping exercise to investigate the range, and characteristics of practice, and referral pathways, for teams managing crises in people with dementia; a review of the evidence; the perspectives and experiences of service users, carers, the voluntary sector, professionals, and experts; an assessment of barriers to and facilitators of implementation of best practice; and a consensus process to achieve synthesis of these sources of evidence.

This will be used to formulate an evidence-based conceptual model and recommendations for achieving best practice in DCT organisation and operation to guide research and practice, and to develop and validate a Implementation Measure to assess to what extent this is achieved and test this in practice.

We will develop a Resource Kit for achieving high quality and effective care. The Resource Kit will include: Home Treatment Protocol (HTP), best practice recommendations for DCT organisation, and the Implementation Measure.

WP2: We will conduct a feasibility study to evaluate the methodology, use of the Resource Kit, appropriate patient and carer outcome measures, costs and implementation.

WP3: We will conduct a cluster randomised controlled clinical trial (with internal pilot) of DCTs to evaluate the clinical and cost effectiveness of the Resource Kit in comparison with usual care for people with dementia in reducing admissions, improving quality of life, and reducing costs. In a proportion of DCTs in the control group we will implement the Resource Kit in DCT routine practice collecting basic data, and evaluating implementation.

Projected Outputs & Dissemination plans:

We will publish standardised training packages for the Resource Kit (includes HTP manual and DVD, best practice guidance and Implementation Measure) and make them widely available. Dissemination will include: major papers (eg RCT) targeted at very high impact journals; other papers for high impact general/specialist journals; conference presentations; website and PPI materials.

Relevant expertise & experience of the research team:

Old age psychiatry (MO/TD), mental health services research (SJ/BLE), clinical/health/organisational psychology (S Michie/EMC/SO) community/social care (DC), sociology/qualitative research (FP), trial design/methodology (RW/IH), statistics (RW), health economics (S Morris), PPI/carer issues (FP/DP), and implementation science (S Michie).

Justification of costs:

Costs are tailored towards the resources needed for a programme of this scale. This includes staff time (applicants, programme manager, admin, research assistants, NWORDH trials unit, health economics), travel, consumables, meetings/conferences, dissemination and PPI involvement.

Management & Governance, Programme Management, and ethical implications:

The Programme Steering Committee will oversee the programme and the Programme Management Group provides strategic and operational management supported by NWORDH trials unit. AQUEDUCT will be approved through the research ethics committee and follow standard research governance procedures including compliance with Good Clinical Practice (GCP). We follow the National Research Ethics Authority guidance regarding people who lack capacity.

Patient and Public Involvement:

Developing this proposal we consulted extensively with people with dementia, carers, and the voluntary sector. Carers said that poor care during a crisis could lead to prolonged hospitalisation. The PSC/PMG both include David Prothero (coapplicant and former carer). Fiona Poland who has very extensive PPI experience is the co-applicant lead for PPI, and will lead the PPI Steering Group.

Lay Summary

Further information available at:

Types:

Investments > €500k

Member States:

United Kingdom

Diseases:

Alzheimer's disease & other dementias

Years:

2016

Database Categories:

N/A

Database Tags:

N/A