Waitemata DHB Cognitive Impairment Clinical Pathway

How Waitemata District Health Board
Developed Its Pathway
On: Monday 1 September 2014

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Waitemata
District Health Board
Best Care for Everyone

Waitemata DHB Core Aims

- *Earlier* recognition in primary care of cognitive decline and earlier implementation of appropriate interventions
- Build primary care *confidence, competence, and consistency* of diagnosis and management of mild cognitive impairment and uncomplicated dementia
- Strengthen an *intra-disciplinary approach* to care planning & support for people with dementia and their carers
- Enable *secondary care* to *focus* on the complex and uncertain presentations of cognitive decline; and significant behavioural or psychological symptoms and/or depression

Overarching Aim: To provide opportunity for the patient / carer/ family / whanau to live well with cognitive impairment and dementia.

How Waitemata DHB Developed Its Dementia Clinical Pathway?

Waitemata DHB Development Process:

- *2011 & 2012* DHB consultation with a wide range of stakeholder groups inclusive of carers and people with dementia
- *September 2012* identified a joined up whole of system pathway was required to achieve the core aims (previous slide) re cognitive impairment
- *November 2012* DHB Health Older People (HOP) Services convened Clinical Reference Group, their first task: Cognitive Impairment Clinical Pathway
- *04.11.13 – 31.07.14* pathway pilot with 12 GPs & Practice Nurses (6 per PHO)
- *2014* Waitemata DHB Cognitive Impairment Clinical Pathway informs development of Regional Clinical Pathways Navigator
- 31.01.15 Pilot evaluation report from University of Auckland Department Geriatric Medicine
- 2015/2016 roll out across Waitemata DHB *300 GPs*

Who Is On The HOP Clinical Reference Group?

- Core membership (for all topics):
  - PHO Clinical Directors (Procare & Waitemata PHO)
  - DHB Clinical Directors Geriatric Medicine & Psychiatry of Old Age
  - DHB Clinical Director Community Health Nursing
  - DHB Head of Dept Allied Health
  - DHB Nurse Practitioner Geriatric Medicine

- Co-opted membership for dementia topic includes:
  - Alzheimers Auckland
  - Memory Clinic Clinical Leader
  - Neuropsychologist
  - Dementia Nurse Specialist
  - Gerontology Nurse Specialists
  - Nurse Leaders both PHOs
  - Mental Health Services Older Adults (MHSOA) Team members
  - Occupational Therapist - Dementia specialty

Who Is On The HOP Clinical Reference Group? (Cont.)

Invited guests for dementia topic:

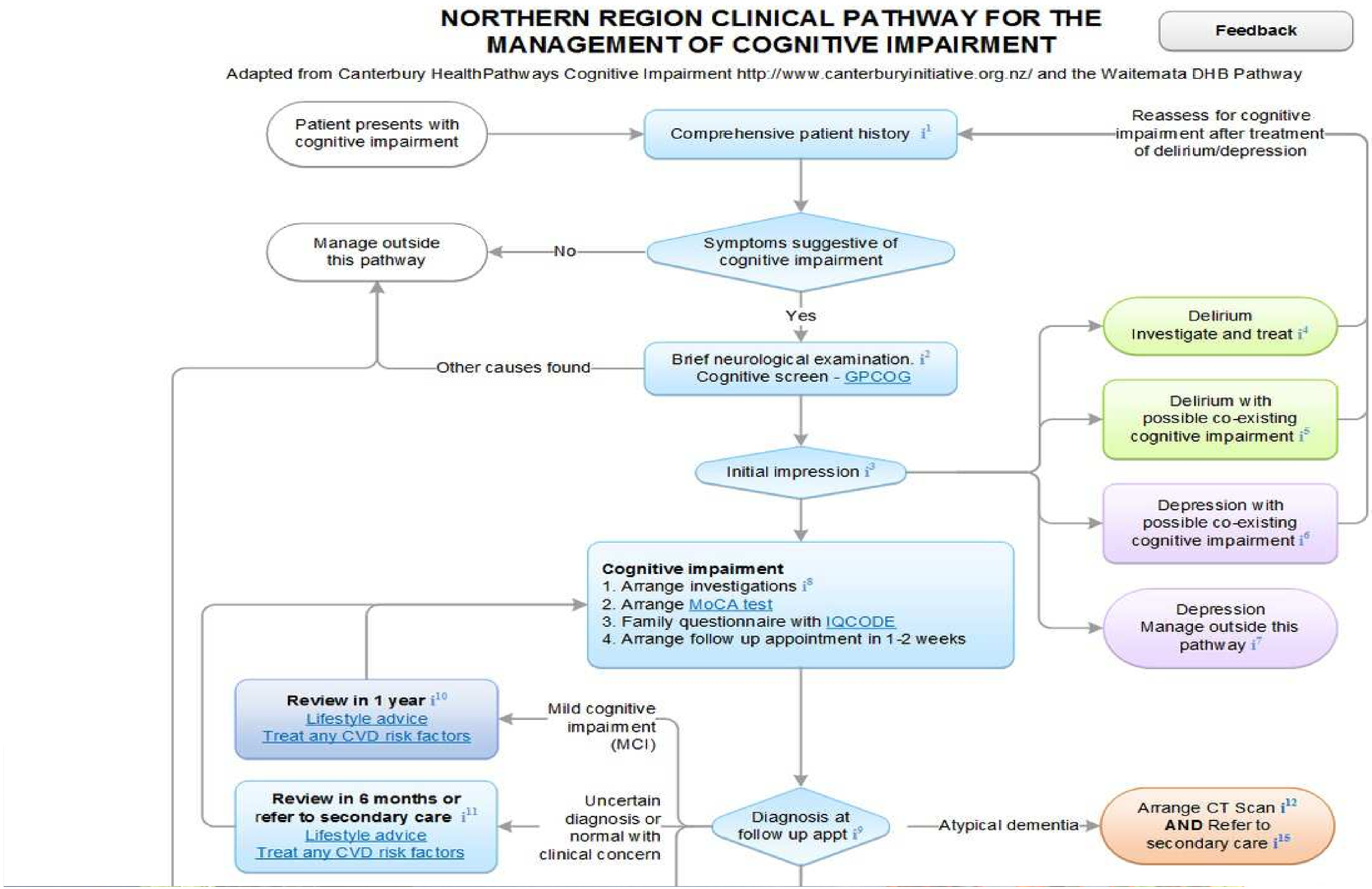
- Northern Regional Alliance (NRA formerly NDSA) Health of Older People Clinical Lead & Programme Manager; and Dementia Co-ordinator (invited to meetings since March 2013)
- Regional DHB Dementia Clinical Leaders (invited to meetings since March 2013)

Waitemata DHB Cognitive Impairment Clinical Pathway Key Milestones

From 04.11.13 – 31.07.14:

- 12 GPs & Practice Nurses being 6 pairs per PHO (ProCare & Waitemata PHO)
- Each GP case-find 5 patients = 60 patients & family carers
- Each GP & Practice Nurse Team tested the Pathway with their 5 pairs of recruited patients & family carers
- Patients with Dementia diagnosis referred to Alzheimers Auckland for education, support, and allocation of a Key Worker
- Secondary & Tertiary services were willing to run '2 systems' to test new referral pathway

Summarised – Waitemata DHB Cognitive Impairment Clinical Pathway



Evaluation of Waitemata DHB Cognitive Impairment Pathway Pilot

- *2 pre-pilot education sessions* for the Pilot 12 GPs, Practice Nurses, and their PHO clinical directors and nurse leaders; with secondary care ‘dementia’ clinical leaders & Alzheimer’s Auckland
- *Action research methodology,* 4 meetings across Pilot timeframe discussed *‘what’s working / what’s not / what needs to change.’* Meeting participants: Pilot 12 GPs & Practice Nurses and their PHO clinical directors and nurse leaders; with secondary care ‘dementia’ clinical leaders & Alzheimer’s Auckland
- *Evaluation* of the Pilot by University of Auckland Department of Geriatric Medicine – final report due 31 January 2015

Evaluation Aims

- Is this pathway *acceptable* to GP's and their practice staff?
- Can use of this pathway improve GP's and their practice staff *confidence, competence and consistency of care* for people with cognitive impairment and dementia?
- Can use of this pathway improve the *quality of life* for the patient with Cognitive Impairment?
- Can use of this pathway improve the *quality of life* for the patient with Dementia?
- Can use of this pathway improve the *quality of life* for care-givers?
- What is the *impact* of this pathway on secondary and tertiary care services?
- Is the resource utilisation for this pathway *sustainable*?
- Is the intervention *safe*?