

Dementia Advice Service Pilot Evaluation

What was the Dementia Advice Service Pilot?

Dementia Advice (DA) is a telephone-based clinical support service available through Health Link. The pilot launched on September 28, 2015, and targeted rural Alberta, and was evaluated until March 31, 2016.

How was the DA pilot evaluated?

Quantitative and qualitative analyses of DA administrative data, a Health Link survey with 61 phone staff, 10 client & 4 staff interviews. The evaluation focused on 6 key areas: client demographics; fit with intended population; service usage; referrals to community resources and partners; resources, staffing, and funding; and strengths & challenges.

How did the DA pilot do?

The age distribution of patients and caregivers was appropriate for the expected population, with median ages of 79 and 59 years respectively. Most DA patients lived in the community and 57% had one or more supports in place (e.g. Home Care, multiple caregivers, programs). They were mostly located in cities in the Edmonton or Calgary Zones, even though the rural areas were targeted. Overall, quantitative and qualitative evidence indicated that the pilot fit well with the intended population.

Dementia-related calls were roughly half an hour long. Other service usage and referral highlights included that:

- DA clients were usually contacted in less than 72 hours, with a median of 28 hours call-back time
- Caregiver stress (26%), system navigation/service referral (18%), and information about dementia diagnosis and treatment (15%) were the most common reasons for calling DA
- 70% of clients received 1 or more referrals; various government, health, or community resources (32%), physicians (26%), First Link/Dementia Connect (23%), and Homecare (22%) were most common

DA strengths included:

- Strong project management, team collaboration design, and outputs (e.g. protocols, processes)
- Good buy-in from the project team, Health Link staff, and caregivers
- Responsivity to clients' unique situations and needs through a remote and efficient process
- High client satisfaction; both clients and staff appreciated that the service was non-threatening, confidential, convenient, timely, inclusive, easy to access, and expert-driven
- Highest impacts in 3 areas: caregiver stress; vulnerable clients and complex cases; and proactive assistance

Challenges were not resource-related, and did not have large impacts on the project. They included:

- DA and Health Link nurses wanted more training and support in some areas (e.g. Sharp Focus for DA nurses, dementia-related for Health Link nurses)
- Low up-take in rural areas

- Room for improvement in documentation and assessments, including determining the primary patient, entering caller/patient information, and communication between phone staff (e.g. DA and Health Link nurses)

What Recommendations did the evaluation team provide?

- Leverage DA and Health Link nurses' feedback and give further consideration to training and support
- Target DA advertising to rural areas
- Continue exploring ways of offering enhanced services through DA or other channels
- Review how current software and processes could be used more effectively

"It was getting critical and we caught some breaks, but honestly, I would have maybe dropped my mom off and walked away from the problem if the service hadn't existed." (Caregiver Interview Participant)