Key facts and figures

Dementia Support Australia

A PARTNERSHIP LED BY **Hammond Care**

Funded by the Australian Government

Increase over last 6 months

⬆ **7%** ⬆ **21%**

61%	**4,857**	**13,527**	**56%**	over **47%**	**87%**
Of aged care homes in Australia visited since Oct 2016	Visits to clients between July 1 2018 and Dec 31 2018	Calls to 1-800 number between July 1 2018 and Dec 31 2018	Of SBRT clients seen within 24 hours of referral between July 1 2018 and Dec 31 2018	Of DSA clients belong to a special needs group between July 1 2018 and Dec 31 2018	Of advice followed between July 1 2018 and Dec 31 2018

Measuring outcomes

Severe Behaviour Response Teams

SBRT Severe Behaviour Response Teams

Funded by the Australian Government

DSA regularly evaluates the clinical outcomes of its service activities using the **Neuropsychiatric Inventory (NPI)**, a validated tool for quantifying the frequency and severity of behaviours that are seen in the context of dementia, across 12 different behavioural domains. These results enable the service to continually monitor its performance and the impact of its interventions, following a comparison of the NPI results at baseline (first visit) and closure stages of cases.

Data relates to SBRT, 01.07.18–31.12.18	Average Intake Score	Average Discharge Score	Average % change in score
Total number of behaviours	5.5	3.1	**-44%**
Total severity of behaviours	12.7	4.7	**-63%**
Total distress caused to caregivers	17.7	5.8	**-67%**
Total NPI Score (NPI-NH)	40.08	11.2	**-72%**

❝ SBRT clients saw substantial drops in their NPI scores, indicating significant improvements in key areas ❞

*A decrease of 4 points or a **30%** reduction in baseline score is regarded as **clinically meaningful** in terms of supporting someone with dementia where behaviour impacts on their care. A correlation would be an improvement in their quality of life.

Dementia Behaviour Management Advisory Service

DBMAS dementia behaviour management advisory services
Helping Australians with dementia, and their carers

It is, however, vital for DSA to measure the prescribed medications of DBMAS clients in order to determine whether any observed reductions in behaviour have been achieved through an increase in medications.

Data relates to DBMAS, 01.07.18–31.12.18	Average Intake Score	Average Discharge Score	Average % change
Neuropsychiatric Inventory score			
Total number of behaviours	5.0	2.9	**-42%**
Total severity of behaviours	9.9	3.8	**-62%**
Total distress caused to caregivers	12.9	3.4	**-74%**
Medication type (in mg)			
Antipsychotics (n=72)	75.5	58.3	**-23%**
Anxiolytics (n=38)	10.7	11.5	**7%**
Opiate analgesia (n=34)	27.0	25.3	**-6%**

❝ The results of this review reveal very significant reductions in a range of negative outcomes ❞

-42% The total number of behaviours experienced by clients

-62% The severity of these behaviours

-74% The distress these cause the caregiver

-23% The total dosage of prescribed antipsychotics at discharge among DSA clients who were on an antipsychotic agent at intake

Capacity building in the DSA Program

Capacity building continues to be an instrumental part of service delivery, ensuring the longevity of recommended interventions. There are two types of capacity building services: capacity building staff sessions and role-modelling.

Capacity building staff sessions provide the opportunity for staff to apply existing knowledge and understanding to the specific needs and preferences of the individuals for whom they have referred to DSA.

Role modelling demonstrates how to engage directly with residents, how to implement Consultant recommendations, and also provide individually tailored care demonstrations e.g. toileting or showering.

In addition to building care staff capabilities, another key purpose of the service is to empower them. The capacity building team work closely with the care home Manager at the same time so that they maintain awareness of the situation and make adjustments to the practices and cultures within the care team.

> " Capacity building continues to be an instrumental part of service delivery, ensuring the longevity of recommended interventions "

Building staff capacity to provide optimal support

Severe Behaviour Response Teams

SBRT | Severe Behaviour **Response** Teams
Funded by the Australian Government

Who	Where	Why	What	Outcome
TYPICAL CLIENT	95	✓	13	
• 80-year-old male • 20% from a rural or remote area	Living in a care home with 95 beds	Translating recommendations into practice	Mentor an average of 13 staff in capacity-building	Better staff skills; happier clients

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Who	Where	Why	What	Outcome
TYPICAL CLIENT	95	✓	13	
• 81.3-year-old female • 22.7% from a rural or remote area	Living in a care home with 95 beds	Translating recommendations into practice	Mentor an average of 13 staff in capacity-building	Better staff skills; happier clients

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