Home Independence Program - Dementia (HIP-D) Project

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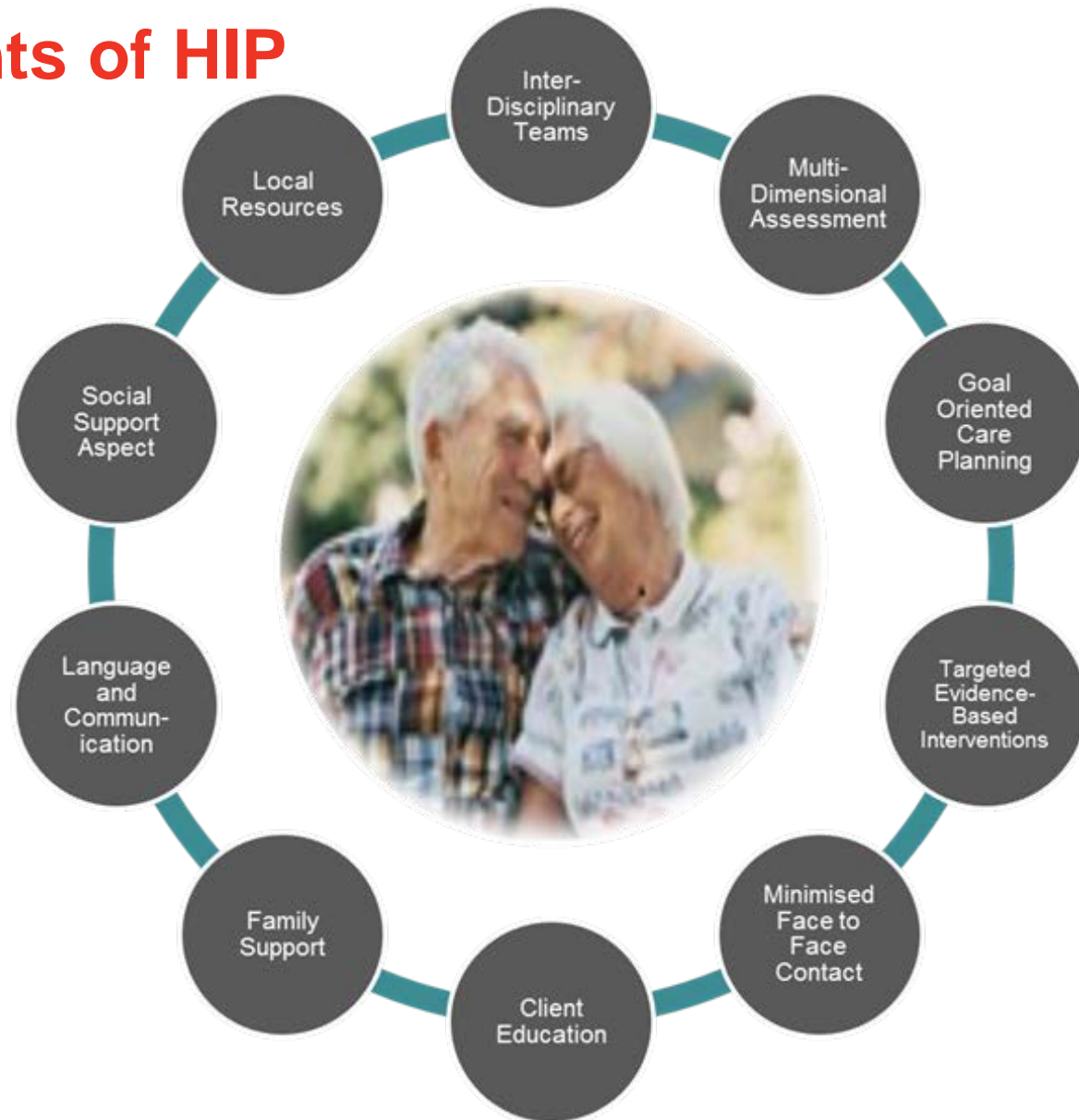
Today's Presentation

- What is HIP?

- HIP and Dementia

- Project Plan and progress to date

- How is HIP-D different? What does it offer?

What is HIP?

- Home based, early intervention program
- Targeted at older individuals when first referred for home care services or when needs change
- Specifically directed at:
  - Optimising current skills and abilities
  - Preventing or delaying further functional decline
  - Promoting healthy ageing
  - Encouraging self- management of chronic diseases

Components of HIP

- Inter-Disciplinary Teams
- Multi-Dimensional Assessment
- Goal Oriented Care Planning
- Targeted Evidence-Based Interventions
- Minimised Face to Face Contact
- Client Education
- Family Support
- Language and Communication
- Social Support Aspect
- Local Resources

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Effectiveness of HIP

- HIP operational 10 years+

- Effectiveness evaluated since development – pilot, operational trial, controlled trial and RCT

- RCT results showed individuals receiving HIP were:

  - ✓ 10.8 times more likely at 3 months *and*

  - ✓ 6.5 times more likely at 12 months

NOT to be receiving ongoing care …….
than if had received usual HACC services

HIP and Dementia

- Clients with dementia diagnosis previously excluded from HIP research

- But, in practice, clients with dementia **have** participated in HIP, *and*

- Silver Chain Care Managers have reported positive outcomes for HIP clients with memory loss/MCI/dementia

- Effectiveness of HIP for people living with dementia could potentially be increased by modifying and enhancing program using evidence-based strategies and approaches specific to supporting PLWD

Independence and Dementia?

Evidence for effectiveness of individual strategies in enabling people with dementia and their carers to maintain, or improve function already exists.

What is the evidence? Strategies have been identified to:

✓ Address behavioural problems

✓ Improve cognitive and physical function

✓ Reduce depression

✓ Improve physical ability of people living with dementia and carers, and improve sense of control over life

✓ Improve ADLs, IADLs and engagement and wellbeing and reduce upset in caregivers

Why HIP-D?

- Limited community-based services designed to maximise functional abilities post diagnosis of dementia

- To determine whether participation in an enablement service will reduce the impact of dementia on clients and carers and delay residential care admission

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Project Structure and Funding

- Collaboration: Curtin University Centre for Research on Ageing, Silver Chain and Alzheimer's Australia (WA)

- Funded by Dementia Collaborative Research Centre and WA HACC

- Steering Group = partners + project team

- External Reference Group - DOH, WA HACC, Carers WA, CommunityWest, Hills Community Support Group, Silver Chain, Amana Living, Southern Cross, PHCS, Brightwater

- Silver Chain Working Group converting generic to specific service details for Silver Chain service

HIP-D Project Plan

- Systematic literature review of current evidence for 'best practice' dementia care and interventions

- Review and modification of current HIP service model in light of above, including development of HIP-D Principles to guide service

- Documentation of a HIP-D generic 'framework' to assist other agencies to adopt model

- Development of HIP-D training to accompany model

- Pilot model and training at Silver Chain

- Implement HIP-D across metropolitan area and evaluate rigorously

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HIP-D Service Model - Principles

1   Promoting autonomy

2   Enhancing well-being

3   Facilitating early identification, assessment and intervention

4   Engaging with person with dementia and carer as "partners in care"

5   Recognising the significance of the carer

HIP-D Service Model - Principles

6   Maximising independence

7   Utilising evidence-based practice

8   Ensuring access to relevant services

9   Demonstrating cost-effectiveness and efficiency

HIP-D: How is it different?

- HIP has a focus on improving physical abilities.

- Dementia causes a **progressive decline** in cognitive *and* physical functioning, **so…**

- HIP-D will also aim to improve physical functioning using evidence-based strategies suitable for people with dementia, ***and***

- Will assist clients to maximise their cognitive abilities and preserve their sense of personhood by supporting clients' goals and allowing goals to direct functional assessment and support planning.

In Summary

- ✓ Systematic literature review completed

- ✓ HIP-D Principles established

- ✓ Draft framework developed

- ✓ Training package developed and delivered to pilot staff (East Region)

- ✓ Pilot study underway!

Independence? Support to achieve goals!

Questions? Client Suitability?

- Questions about the service or referring suitable clients?

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