

# PRELIMINARY RESULTS OF CASCADE PROGRAMME EVALUATION

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# CASCADE EVALUATION



- ZorgSaam model of long-term home and residential care **(2018 – 2020)**.
- Sharing the learning from ZorgSaam & CASCADE delivery sites in Belgium & **(2018 – 2019)**.
- Evaluating the implementation of the CASCADE model **(2021 – 2022)**.



# EVALUATING THE ZORGSAAAM MODEL OF LONG-TERM HOME AND RESIDENTIAL CARE

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**Approach:** *A retrospective analysis using mixed methods (2018 – 2020)*

**Aim:** To illuminate developing a sustainable model for dementia care.

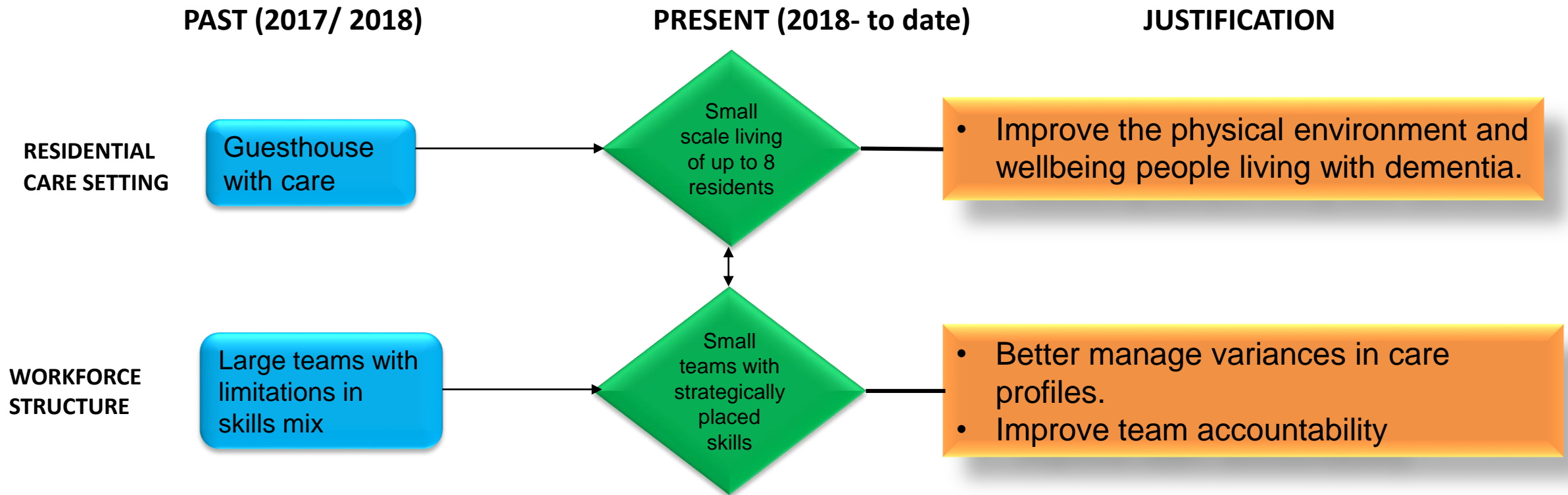
**Guiding question :** What influences cost effectiveness in the care for people living with dementia?

**Sources of data:** formal documents, key informant interviews (n=2)  
and health resource utilisation in two cohorts (2018: n=56 ; 2019: n=55)

**Average age:** 92 years

**Diagnosis:** 64% of (n=111) with unspecified dementia & 23% with Alzheimer's disease

# CHANGES MADE FOR GOOD & SUSTAINABLE DEMENTIA CARE



# KEY MESSAGES

## Strategies for good & sustainable dementia care:

- Staff satisfaction is reflected in the quality of care.
- Staff development - growing the capacity of existing staff is an effective use of resources.
- Attending to the environment (homeliness & understanding stimuli for challenging responses).
- Clustering residents based on care needs.
- Investing in technology to drive & monitor improvements.
- Forming alliances with other service providers.

**Cost effectiveness:** Minimal use of healthcare resources in most people living with dementia offsets costs associated with a few people with elevated care profiles.

**Ongoing challenges:** Staff shortages and getting the right skills mix.

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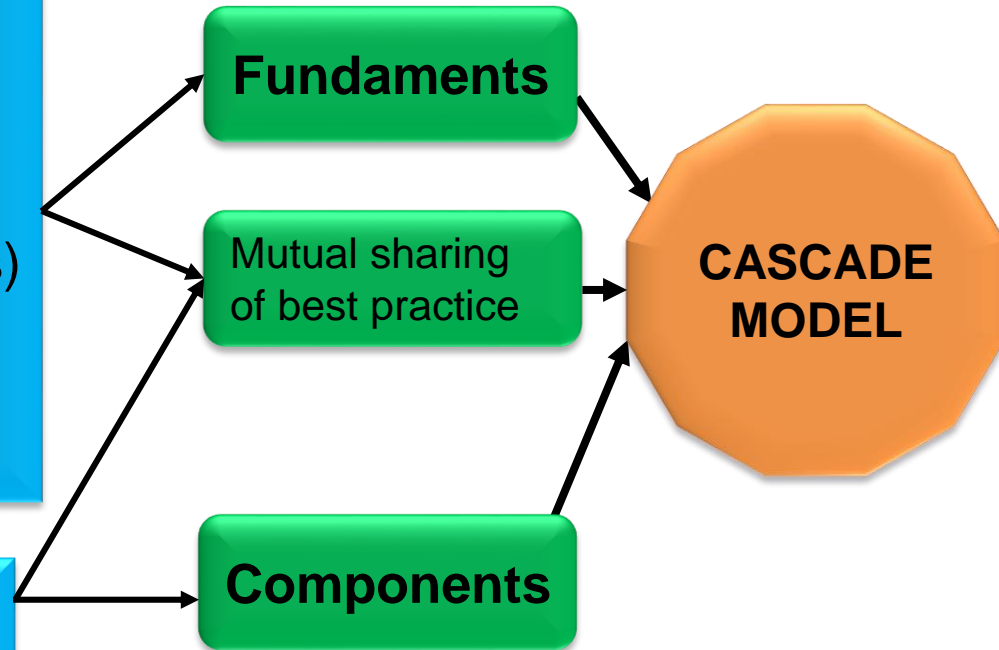
# SHARING THE LEARNING FROM ZORGSAAM & CASCADE DELIVERY SITES IN BELGIUM

## ACTIVITIES

### Exploring person-centredness in care:

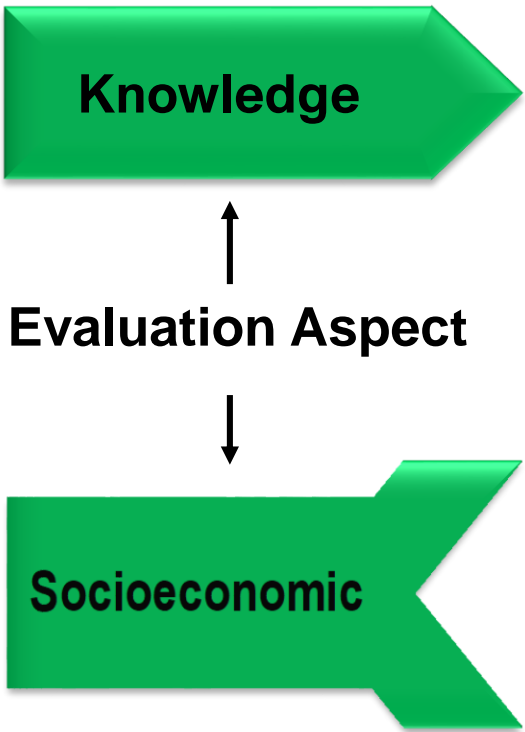
- Respect for residents beyond the neurological losses of dementia.
- Interpersonal relationships (staff, residents and family carers)
- Organisational systems of support e.g. values and decision making mechanisms.

- Identifying best practice and gaps in existing service provisions.





# EVALUATING THE EFFECTIVENESS OF THE CASCADE MODEL



Evaluation question	Elements assessed
<p><b>Does training in dementia care influence:</b></p> <ul style="list-style-type: none"> <li>• confidence in delivering care</li> <li>• job satisfaction</li> <li>• behaviour &amp; attitudes of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioural change in stakeholders</li> <li>• Increased skills and capacities</li> <li>• Exchange and use of practices</li> </ul>
<p><b>Does the CASCADE model influence the outcomes of people living with dementia?</b></p>	<ul style="list-style-type: none"> <li>• Change in health &amp; general living conditions</li> <li>• Improvements in services</li> </ul>
<p><b>How cost effective is the CASCADE model?</b></p>	<ul style="list-style-type: none"> <li>• Cost savings</li> </ul>

# EVALUATING THE CASCADE MODEL IN BELGIUM

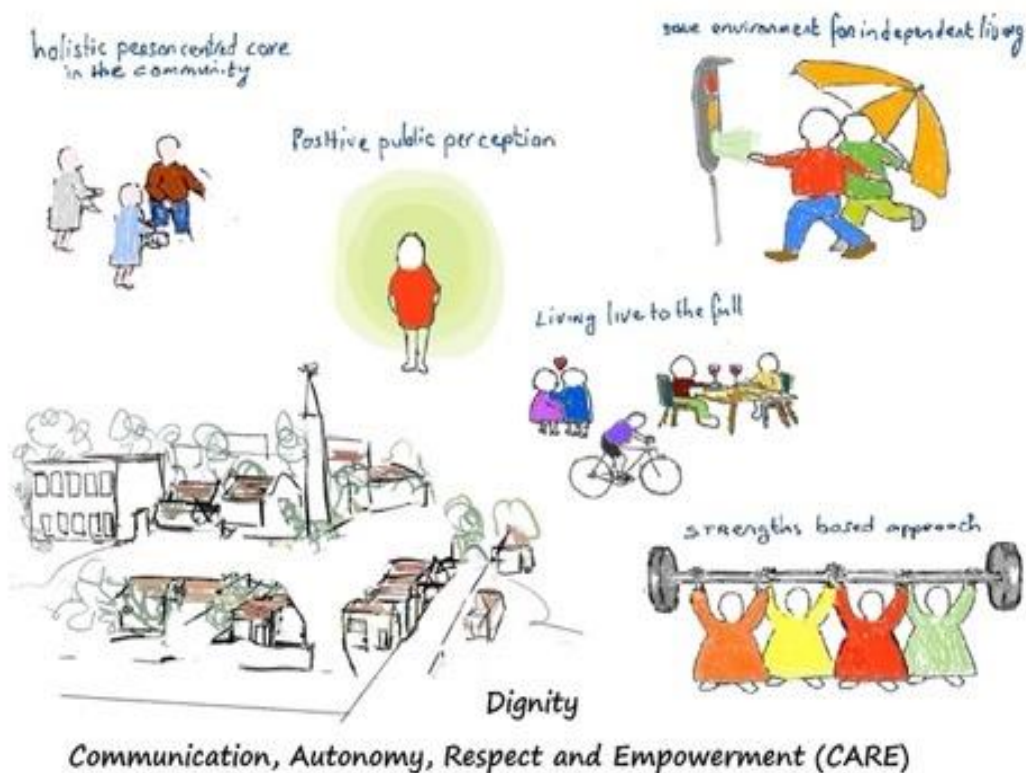
Aim: To examine short term outcomes (*6 months*) of the CASCADE model

## PARTICIPANT GROUPS

Group	Sample	Methods	Time span (6 months)
People living with dementia	N= 36	<ul style="list-style-type: none"><li>• Proxy questionnaires</li></ul>	Three time points including:
Staff involved in dementia care	N= 16	<ul style="list-style-type: none"><li>• Questionnaires</li><li>• Focus groups</li></ul>	Baseline (T <sub>0</sub> )
Family carers	N= 7	<ul style="list-style-type: none"><li>• Interviews</li><li>• Focus groups</li></ul>	Follow up at 3 months (T <sub>1</sub> )
Local community	N= 29	<ul style="list-style-type: none"><li>• Online surveys</li></ul>	Follow up at 6 months (T <sub>2</sub> )



# KEY HIGHLIGHTS FROM BELGIUM



## Residents' outcomes identified:

- ✦ Improved health related quality of life.
- ✦ Significant decrease in the concurrent use of medication items (*polypharmacy*).

## Staff delivering care reported:

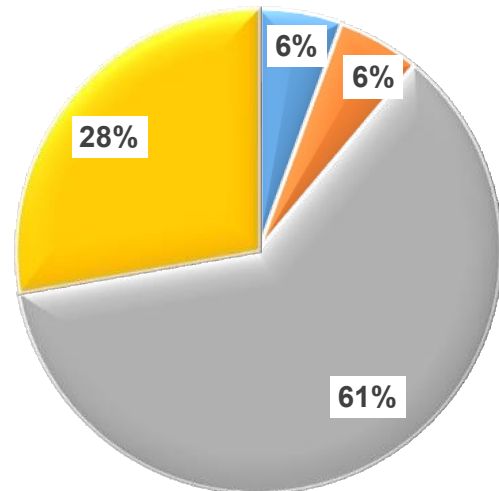
- ✦ Enhanced skills and effectiveness.
- ✦ Improved collaboration within and across teams.

## Organisational feedback highlighted:

- ✦ Possible cost savings linked to use of technology.
- ✦ Improved partnerships with other sectors and service providers.

# DEMOGRAPHIC CHARACTERISTICS OF RESIDENTS

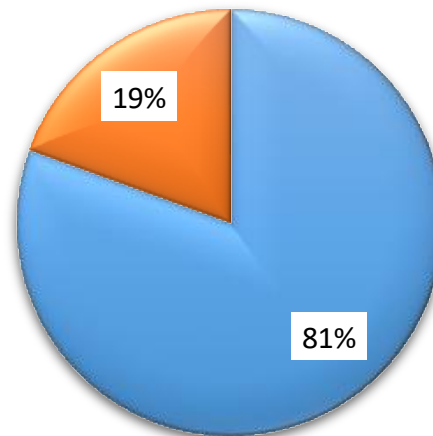
### Age distribution at Baseline (T0)



61 - 70   71 - 80   81 - 90   91 - 100

Most participants were aged between 81-90 years.

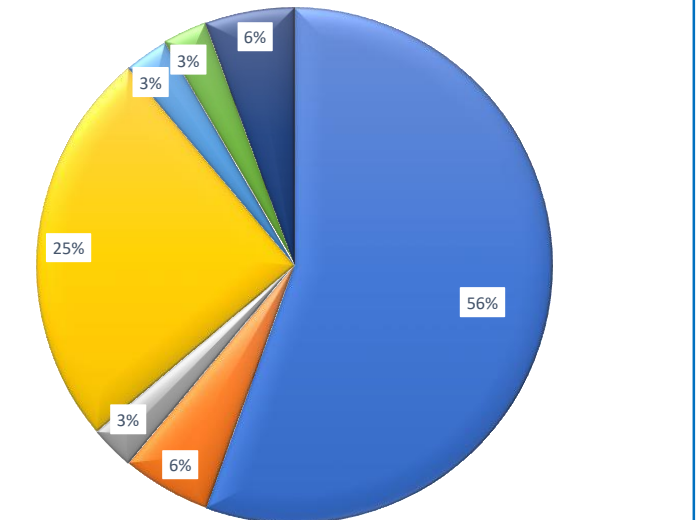
### Gender Distribution at Baseline (T0)



Female   Male

The majority of the residents were female.

### Dementia Diagnoses

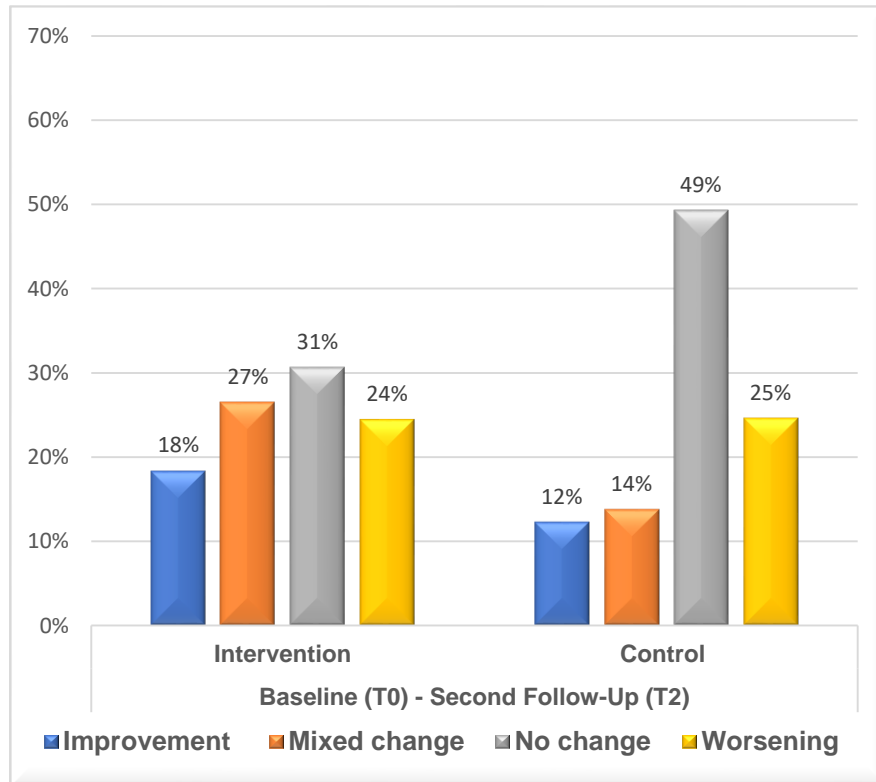


Alzheimer's Disease   Mixed dementia  
No formal diagnosis   Unspecified dementia  
Corticobasal degeneration   Korsakoff syndrome  
Vascular dementia

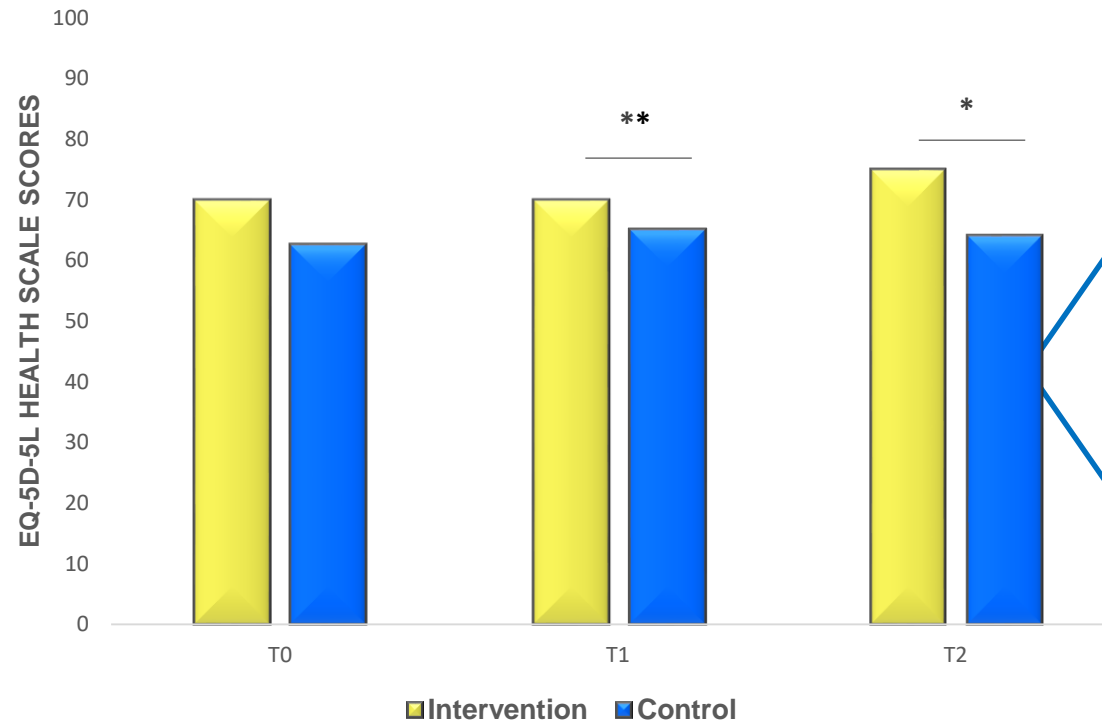
Alzheimer's constituted the largest diagnosis followed by unspecified dementia.

# SOCIOECONOMIC FINDINGS

## Improved Health & General Living Conditions



Pareian Classification of Health Change



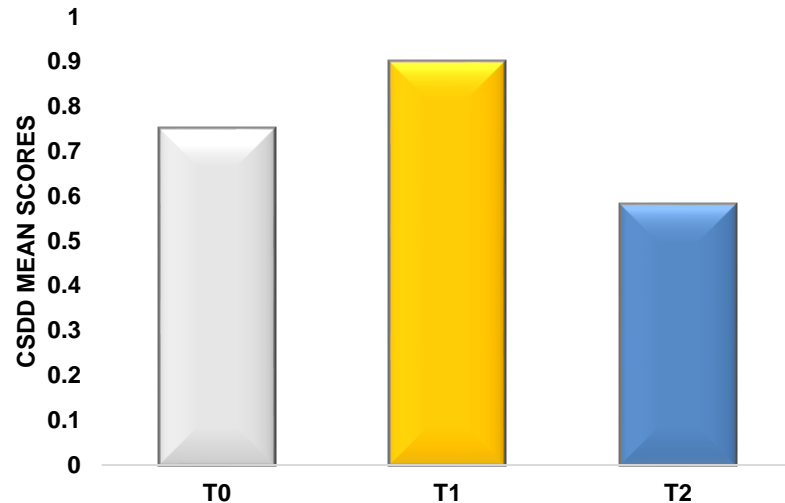
EQ-5D-5L changes in health scores over time

*She is with people and that was important to her because she never sat in her room...for our mother that was a salvation*  
**[Daughter]**

# SOCIOECONOMIC FINDINGS

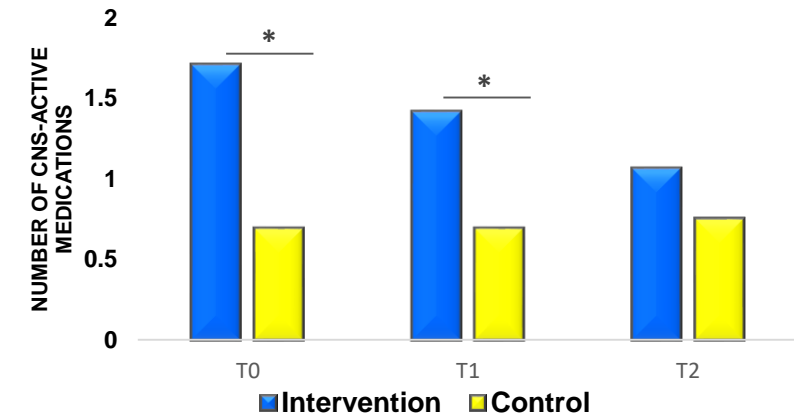
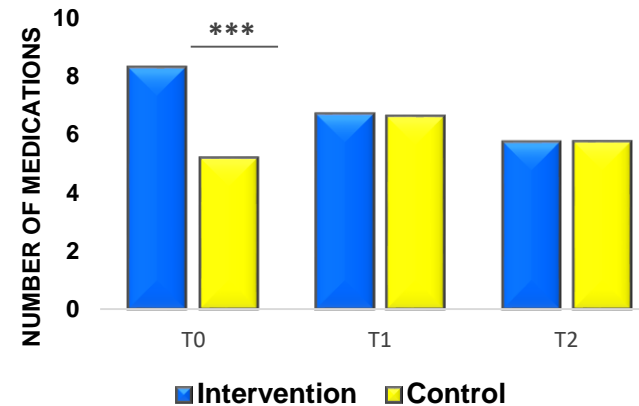
## Improved Health & General Living Conditions

### Decrease in the prevalence of depression



- ❖ Depressive symptoms were poor in the intervention group between T<sub>0</sub> and T<sub>1</sub> but improved by T<sub>2</sub>
- ❖ 4 out of 7 with depression had died by T<sub>1</sub>
- ❖ 3 out of 5 people at T<sub>1</sub> no longer had clinical depression at T<sub>2</sub>

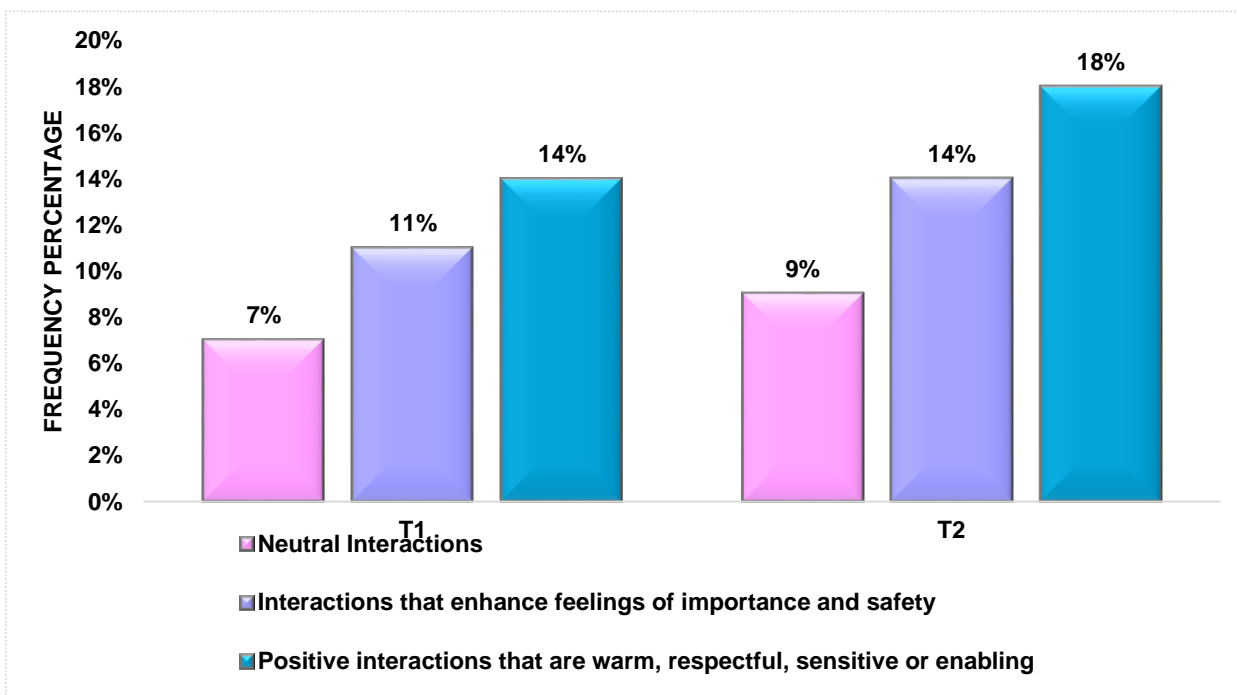
### Decrease in polypharmacy



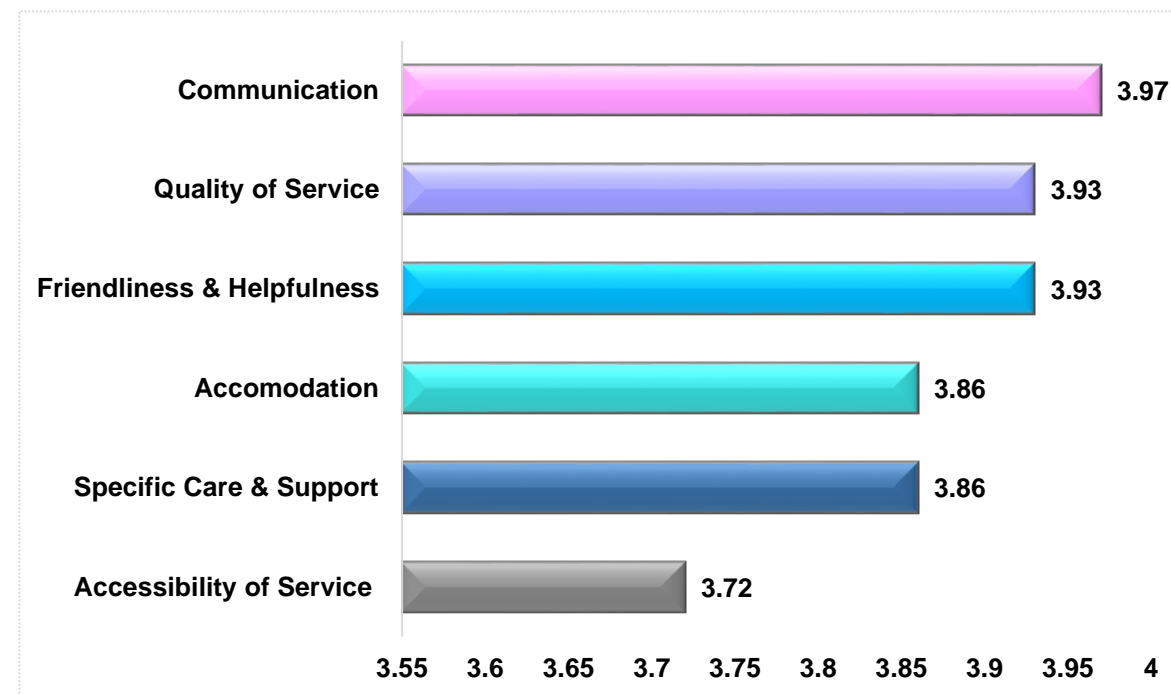
- Most people (64%) used more than five prescribed drugs throughout the evaluation.
- The intervention group significantly used more medication items than the control at baseline.
- Use of prescribed drugs decreased (30.83%) in the intervention notably in the use of central-nervous system (CNS)-modulating drugs (37.42%)

# IMPROVEMENTS IN SERVICE DELIVERY

## Quality of interactions in residential care



## Emmaus tourism suite user satisfaction



Scoring Key. 1 = BAD | 2 = MEDIOCRE | 3 = GOOD | 4 = EXCELLENT



# IMPROVEMENTS IN BEHAVIOUR & ATTITUDES OF STAKEHOLDERS

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## Improved dementia awareness in the community (n=29)

- 90% agreed other strategies are available for treatment instead of medication.
- 98% value independence in the community.
- 82% agree people living with dementia can contribute valuably to their communities.

## Staff attitudes highlighted:

- Improvement in devotion (*interest, tenderness, respect*) matched with an observable reduction in the expression of fear, anger and feeling of not being in control.

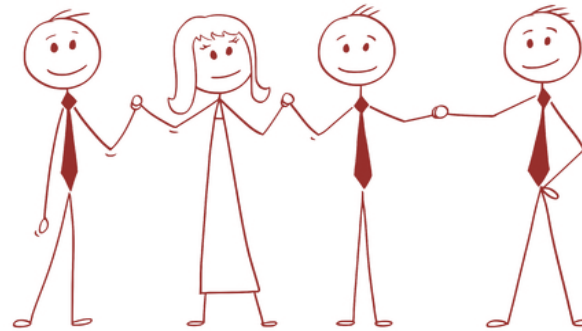


# ENHANCED SKILLS AND COLLABORATION: VOICES FROM THE FRONTLINE

Every person with dementia is different... One must continue to learn and be open to new learning processes, looking for tips and discussing them with colleagues to improve care with a personal approach for the resident [Formal Carer].

...we really do reflect on how we used to work... It used to be: 'hop in the bath and that hair must be washed....' everyone realises that we really have to be more considerate... they [staff] also get to know that other side of the resident more and as a result, the care goes smoothly [Care Coordinator].

...those [staff] who have grown so much had become... a club, I would not call it that. They did their own thing. They became more involved with the residents because of the model and the team coming together [Formal Carer].





# TECHNOLOGY



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## Technology Acceptability

Overall, staff at both implementation sites in Belgium largely agreed the technology used (e.g., smart lamp and wearables) was user friendly, time saving and worked as expected.

### Examples of technology used in Belgium:

- Smart lamp e.g., Nobi lamp used to optimise residents' independence & safety
- Motion sensors
- Portable devices with GPS tracker e.g. wearables & phones for independence & safety
- Access controls e.g., two-step latches & magnetic keys to enhance privacy and security
- Magic table for stimulating meaningful interactions



# PUBLICATIONS TO DATE



- Martin, A. (2022). Overcoming COVID-19 Constraints on Person Centered Dementia Care: A Narrative Inquiry of Lived Experiences of Residential Care Staff in Belgium. *Journal of Long-Term Care*.
- Martin, A., & Hatzidimitriadou, E. (2022). Optimising health system capacity: a case study of community care staff's role transition in response to the coronavirus pandemic. *Health & Social Care in the Community*, 30(5), e2147-e2156..
- Smith, R., Martin, A., Wright, T., Hulbert, S. and Hatzidimitriadou, E., (2021). Integrated dementia care: A qualitative evidence synthesis of the experiences of people living with dementia, informal carers and healthcare professionals. *Archives of Gerontology and Geriatrics*, 97, pp.104471
- Smith, R., Wright, T., Martin, A., & Hatzidimitriadou, E. (2020). The CASCADE project: exploring a 'guesthouse' concept. *Journal of Dementia Care*, 28(5), 20-21.
- Martin, A., O'Connor, S. J., & Jackson, C. (2018). A scoping review of gaps and priorities in dementia care in Europe. *Dementia: the international journal of social research and practice*. doi.org/10.1177/1471301218816250 [2]
- Wright, T., & O'Connor, S. (2018). Reviewing challenges and gaps in European and global dementia policy. *Journal of Public Mental Health*.

*Thank you.* 



For more information about the CASCADE evaluation, you can follow us on Twitter or email the team:



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