

National Dementia Office

Acute Hospital Quality Improvement Grant

Guidance for Applicants:

Purpose:

It was estimated that 30% of older people admitted to Irish acute hospitals in 2013 had dementia (often not formally diagnosed prior to admission). This percentage is rising annually - 40-50% of older adults admitted to hospital will likely have dementia by 2036 (the figure is already 42% in Scotland). People living with dementia are among the most vulnerable patients in hospital, often older, frail, and very prone to delirium, falls, pressure ulcers, and malnutrition- key safety issues in acute hospitals.

The purpose of the grant is to facilitate small quality improvement projects to improve dementia care in acute hospitals. The HSE's Framework for Improving Quality defines Quality Improvement (QI) as the combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, commissioners, providers and educators – to make the changes that will lead to: Better patient outcomes; Better experience of care; Continued development and supporting of staff in delivering quality of care. The National Dementia Strategy outlines actions for the HSE and acute hospitals towards better dementia care; while the second national audit of acute hospital dementia care (INAD-2), currently underway, will be published in Spring 2020.

Examples of possible QI projects include the following:

- Implementation of a change of practice on a ward or unit or service within the hospital (e.g. ED, theatre/recovery, radiology, a ward, out-patients, a therapy service, etc) to improve/enhance dementia care.
- Delivery of staff or patient or family dementia education, using a novel or adapted existing education resource
- Establishing a programme within the hospital to introduce volunteers to improve dementia care
- Modification/development and implementation of new documentation to support improved dementia care

The above are examples only, **and the projects are not in any way limited to these- you'll know best what is needed and feasible in your own hospital.**

A focus on delirium prevention, detection or treatment is very welcome, but in the context of the needs of a person with dementia. A focus on the community interface is also welcome, but the project must address some period within hospital (i.e. not just hospital admission avoidance or post-hospitalisation follow-up).

Applicant Eligibility Criteria:

This grant is open to any hospital that admits unscheduled adult patients (model 2-4), excluding maternity-only hospitals. Joint applications from two or more hospitals within a hospital group are also very welcome. Initiatives that relate to scheduled care within model 2-4 hospitals are also welcome (e.g. planned surgery).

Key Dates:

Applications must be received by noon 18th December 2019. Applications submitted after the due date will not be reviewed by the judging panel. The agreed funding will be available to the successful projects in early 2020, for use in that year.

Funding available:

Individual projects requesting up to €8,000 funding will be considered. Some projects may be offered a lesser amount than requested, depending on the number of applications. The funding can be proposed to buy-out key staff time to implement the proposed change in practice/education; or support the project in other tangible ways. It is expected that printing/stationary/IT device costs would be borne by the hospital. The funding cannot be used for an individual hospital staff member(s) to undergo further education and training or attend a conference/training event.

How to submit an application:

The completed typed application form must be submitted by email to the National Dementia Office at: Dementia.Office@hse.ie. If you have questions regarding this grant, please email the National Dementia Office at: Dementia.Office@hse.ie

Review and Approval Process:

The judging panel will comprise of professionals with expertise in dementia care and/or quality improvement. The judging panel's decisions will be final. Applicants will be notified via email by the end of Jan 2020.

Help for preparing your application:

Below is a list of resources that may help when developing your application.

- National Dementia Strategy: <https://health.gov.ie/wp-content/uploads/2014/12/30115-National-Dementia-Strategy-Eng.pdf>
- Universal Design for (“dementia friendly”) acute hospitals: <http://dementia.ie/images/uploads/site-images/UD-DFH-Guidelines-2018-Full-doc-lw-res-compressed-A1.pdf>
- National Dementia Office website for HCPs: <http://dementiapathways.ie/>
- Dementia training and education resources: <https://www.understandtogether.ie/training-resources/dementia-training-and-education/>
- Examples from Genio/HSE funded acute hospital projects: <https://www.genio.ie/videos>
- HSE QI framework: <https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/>

Terms and Conditions

1. The National Dementia Office may announce the details of successful grant applications on various information platforms, such as on the Dementia Pathways website, the National Dementia Office newsletter, in presentations, and/or in other public media
2. No portion of the grant may be used for food and/or beverages for participants
3. The grantee is responsible for the design and conduct of the QI project supported by the grant. This includes, but is not limited to, obtaining any necessary ethical approval, complying with data protection regulations, and obtaining informed consent, as appropriate.
- 4. Successful grant applicants will commit to producing a (brief) 6 and 12 month report on progress, including their evaluation of any change in process and outcomes (outcome change may only be relevant for the 12 month report).**
- 5. Successful grant applicants will be required to complete a MOU with the National Dementia Office which will outline governance and financial conditions.**

National Dementia Office

Acute Hospital Quality Improvement Grant 2019

Application form:

Section 1: Applicant Details

If there are several co-applicants, please nominate one as the lead applicant. Other applicants can be specified in section

Applicant Details	
Full name	
Position	
Organisation	
Postal Address	
Email address	
Contact telephone number	
<p>Support for your Project The applicant must have the support of a senior sponsor in the hospital who can provide support throughout the project (e.g. Department Head/Senior Hospital Management/QI lead for the hospital)</p>	
Name of Senior Sponsor	
Work title	
Email address	

Section 2. Project Details

This section should not exceed 5 pages in length.

Goals and Objectives: Briefly state the overall *goal* of the project. Please include how this goal aligns with the focus of the National Dementia Strategy relating to acute hospitals, and the goals of the applicant hospital(s). List the overall *objectives* you plan to meet with your project both in terms of **process change** and **expected patient related outcomes**. Objectives should be Specific, Measurable, Achievable, Realistic and Timely.

Assessment of Need for the Project: Please describe the gap in service or knowledge that has informed your project (e.g. you might use evidence from feedback from patients / relatives / staff; local audit data; outcome of a service review meeting)

Project Design and Methods Describe the planned project and the way it addresses the established need. If your methods include educational activities, please describe succinctly the topic(s) and format of those activities. If relevant, describe how this project builds upon existing work, pilot projects, or ongoing projects within your hospital or related to this project. Max 800 words.

Target Audience Describe the primary audience(s) targeted for this project (e.g. staff, patients, carers). Also indicate whom you believe will directly benefit from the project outcomes, and the number who will benefit.

Evaluation and Outcomes Describe how you will determine if the practice gap was addressed for the target group. What **process** and/or **patient related outcome measure(s)** will you use? (Examples might include patient / family / staff feedback; Survey / audit results; length of stay, fear of falling score, weight, medication records, etc etc) How will you collect this data? When will you collect this data relative to the project start and end date, so you can show if your project made a measurable change?

Project Team Describe the quality improvement team in the hospital (and outside the hospital if relevant) that will support and facilitate the execution of the project. In particular outline the **leadership** of the proposed project, and its **governance** relative to existing hospital structures. Articulate the specific role of team members in the proposed project. Who are the other stakeholders to be considered?

Anticipated Project Timeline Provide an anticipated timeline for your project including project start/end dates.

Sustainability Outline how this project will be sustained within the hospital beyond the grant duration.

Additional Information If there is any additional information you feel the judging panel should be aware of concerning the importance of this project, please summarise here.

Section 3: Project Budget

Please outline below the budget required for the QI project, in the table below using appropriate sub-headings if needed and itemising the cost for each item. Please justify the costs briefly (eg staff grade, hourly rates, weekly hours on the project; cost per item, etc). Staff buy-out costs for dedicated hours to lead or support the project are eligible. Environmental restructuring to support staff practice change, or environmental enhancement to improve the patient experience are also eligible. Please note that stationary/printing costs etc will only be funded in exceptional circumstances, and where clearly justified. The cost of a hospital staff member attending higher education courses/conferences/training events is excluded. Please include other project costs that are being provided by the hospital to support the project.

Activity		Cost (€)
Total cost of Project:		Amount of NDO QI grant requested (max €8000):
<p>How has your hospital committed to meeting the shortfall (if applicable), or to provide matched funding?</p>		

Section 4: Declaration

The following declaration must be signed* by the Applicant:

€ I have read and accept the requirements set out in the Acute Hospital Quality Improvement Grant guidance document.

€ In addition, I confirm that the information supplied in this application is correct to the best of my knowledge.

Applicant Name: _____

Signature: _____

Date: _____

I am happy to support this application and the subsequent quality improvement project.

(not necessary if applicant is in a senior position in the hospital- eg Clinical Director, Director of Nursing)

Senior Sponsor Name: _____

Signature: _____

Date: _____

*An electronic signature is acceptable, or you can sign and scan this page and attach to the submission email to the NDO.