



## Extended Research Article

# Development of the best practice model to improve crisis management for older people with dementia: the AQUEDUCT mixed methods research programme including RCT

Martin Orrell,<sup>1\*</sup> Donna Maria Coleston,<sup>1</sup> Linda O'Raw,<sup>1</sup> Emma Broome,<sup>2</sup> David Challis,<sup>1</sup> Tom Dening,<sup>1</sup> Boliang Guo,<sup>1</sup> Juanita Hoe,<sup>3</sup> Brynmor Lloyd-Evans,<sup>4</sup> Esme Moniz-Cook,<sup>5</sup> Magdalena Opazo Breton,<sup>1</sup> Fiona Poland,<sup>6</sup> David Prothero,<sup>1</sup> Marcus Redley,<sup>6</sup> Miriam R Stanyon,<sup>7</sup> Angela Worden<sup>1</sup> and Jennifer A Yates<sup>1</sup>

<sup>1</sup>Institute of Mental Health, University of Nottingham, Nottingham, UK

<sup>2</sup>NIHR Nottingham Biomedical Research Centre, Hearing Sciences, University of Nottingham, Nottingham, UK

<sup>3</sup>The Geller Institute of Ageing and Memory, University of West London, London, UK

<sup>4</sup>Division of Psychiatry, University College London, London, UK

<sup>5</sup>Faculty of Health Sciences, University of Hull, Hull, UK

<sup>6</sup>School of Health Sciences, University of East Anglia, Norwich, UK

<sup>7</sup>Derbyshire Healthcare NHS Foundation Trust, Derbyshire, UK

\*Corresponding author [m.orrell@nottingham.ac.uk](mailto:m.orrell@nottingham.ac.uk)

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## Plain language summary

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# Plain language summary

## Background

Dementia is the leading cause of disability and dependency among older people. Supporting people with dementia to live well and remain in their own homes is a priority. Unnecessary hospital admissions sometimes occur when care at home breaks down. Specialist crisis teams have been set up and may prevent this.

## Methods and results

We worked with specialist mental health Teams Managing Crisis in Dementia and people with dementia and their carers. We developed a Best Practice Resource Kit to help these teams improve their practice. The Resource Kit allowed teams to measure their performance against standards and provided resources to improve practice. We obtained feedback on the Resource Kit and revised it. We undertook a clinical trial of the use of the Resource Kit by crisis teams. For a 6-month period, half of the teams used the Resource Kit and half provided usual care. We wanted to see if teams that used the Resource Kit had lower admissions to psychiatric hospitals of people with dementia from their catchment areas than teams providing usual care. We also measured differences between the two groups on quality of life, satisfaction with services and costs of care.

Twenty-three teams were randomly allocated into two groups. Eleven teams used the Resource Kit, and 12 teams provided usual care. Teams using the Resource Kit were positive about it. However, it did not reduce the relative number of psychiatric hospital admissions of people with dementia within area covered by the Team Managing Crisis in Dementia, according to postcode. We also found no difference in the other measures used, such as the well-being of people with dementia, their carers and staff providing crisis care. However, these results should be viewed with some caution due to the complexity of conducting the study during the pandemic, resulting also in reduced recruitment and limited data.

## Conclusions

The trial was undertaken during the COVID pandemic, which may have reduced the effects of the intervention. Further, despite the Best Practice Resource Kit providing Teams Managing Crisis in Dementia with an opportunity to improve the quality of the service they provide, being part of the intervention arm did not impact the relative psychiatric admissions.

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## This article

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