[1]Jockey Club Centre for Positive Ageing;
[2] Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong;
[3]The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong

**Background:** Persons newly diagnosed with dementia and their family member is imperative often experience uncertainty and inadequate support. This study aims to evaluate a post-diagnostic support programme guided by the 5 Pillars Model proposed by Alzheimer Scotland on the self-efficacy among persons with early dementia and their family members.

**Methods:** A prospective cohort study design was conducted between 2019 and 2022. Subject recruitment was conducted in four non-government organizations. A multi-domain empowerment programme, covering various aspects about dementia knowledge, management skills, peer support, future decision-making and community resources, was developed. The programme was provided to people newly diagnosed of early dementia in small group format over 2 months and to family members individually through an eLearning platform over 9 months. Self efficacy in dementia management of people with dementia and their family members were measured using Chronic Disease Self-efficacy Scale and Caregiver Self-efficacy Scale (CSES), respectively, whereas caregiving burden was measured using Zarit Burden Interview (ZBI). Study outcomes were measured at baseline, immediate and 6-month post-intervention. Paired t-tests were performed to detect within-subject changes over time.

**Results:** A total of 151 persons with early dementia and 294 family caregivers completed assessment at baseline and follow up. Self-efficacy in dementia management reported by persons with dementia at 6-month post-intervention was significantly higher than that reported at baseline ($p = .021$) and immediate post-intervention (i.e. 2-month follow up) ($p = .006$). Family members reported a significantly higher CSES score ($p < .001$) and subscale scores in thoughts ($p = .001$) and disruptive behaviour management (p = .001) at 9-month follow up, but significant reduction in caregiving burden ($p < .001$) was only noted among those who perceived higher burden than the local norms at baseline (ZBI score $\geq$ 25, $n = 110$).

**Discussion:** This study provides empirical evidence that post-diagnostic support would empower persons with early dementia and their family members on adapting the impacts brought by dementia. Further study on examining the longer term effects on care outcomes and health service utilisation would be valuable.

# P20:  Effects of Transitional Care Program on Reducing Nursing Home Placement in People with Dementia

**Authors:** Wong, B. P. S.,[1] Chan, H. Y. L.,[2] Mo, M. Y. T.,[3] Ho, F. K. Y.,[1] Cheng, T. S. T.,[1] Kwok, T. C. Y.[1,4]

[1] Jockey Club Centre for Positive Ageing
[2] The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong
[3] Prince of Wales Hospital
[4] Department of Medicine and Therapeutics, Faculty of Medicine, The Chinese University of Hong Kong

**Objective:** People with dementia are more prone to premature nursing home placement after hospitalization due to physical and mental deconditioning which makes care-at- home more difficult. This study aimed to evaluate

the effect of a post hospital discharge transitional care program on reduction of nursing home placement in people with dementia.

**Methods:** A matched case-control study was conducted between 2018 and 2021. A transitional care program using case management approach was developed. Participants enrolled the program by self-enrolment or referral from hospitals or NGOs. Community-dwelling people with dementia discharged from hospitals received a four-week residential care at a dementia care centre with intensive nursing care, physiotherapy and group activities promoting social engagement, followed by eight- week day care rehabilitation activities to improve their mobility and cognitive functioning. They were matched on a 1:5 ratio by age and sex to people with dementia discharged from a convalescent hospital who did not participate in this program for comparison. The study outcome was nursing home admission, measured three months (i.e. post-intervention), six months, and nine months after hospital discharge. Multinomial logistic regression was conducted to investigate factors associated with nursing home placement at each measurement time-point.

**Results:** 361 hospital admission episodes (n=67 interevntion, n=294 control) were examined. The regression results showed that participants in the intervention group were significantly less likely to be admitted to nursing home three months (OR = 0.023, 95% CI: 0.003-0.201, p = .001) and six months (OR = 0.094, 95% CI: 0.025-0.353, p = .001) than the controls after hospital discharge, but the intervention effect did not sustain nine months after hospital discharge. Longer hospital length of stay, and hospital admission due to dementia, mental disturbances such as delirium, or mental disorders  IPA_Abstract_PDP_20230119_clean 2 such as schizophrenia significantly predicted nursing home admission three months and six months after hospital discharge.

**Conclusion:** The transitional care program could help reduce nursing home placement in people with dementia after hospital discharge. To sustain the intervention effect, more continual support after the intervention as well as family caregiver training would be required.

## P22:  Moral-relational learning from experiences for person-centred care

**Authors:** Charlotte Van Den Eijnde, Marleen Dohmen, Barbara Groot, Johanna Huijg, Tineke Abma,

**Objective:** Lately, there is a growing interest around person-centred care in long- term care. Providing care that meets the wishes and needs of residents is essential but also challenging. Studies on implementing person-centred care point to a gap between theory and practice and argue that education is important in reducing this gap. What is not yet clear is how this education should be organized. The theory of care ethics states that a moral-relational attitude is necessary in order to achieve this. This attitude is not achieved by only focusing on formal knowledge but can be found in the care staff's implicit and experiential knowledge. Therefore, we examined how care staff can learn about person-centred care in a moral- relational way using their own experiences.

**Method:** In 2020-2022, we conducted an action research in two care home locations. Care staff started by collecting their experiences on the ward. Afterwards, they reflected on these experiences in order to learn more about good and person-centred care. This study reports on the evaluation of the study (after year one and two) in interviews (n=17) in which care staff shared perspectives on working with experiences. The transcripts of the interviews have been thematically analysed.

**Results:** Care staff stated that working with experiences increased awareness, giving them feelings of more control and pleasure in their work. Sharing experiences also created more context, providing care staff with guidelines for doing the right thing for the resident. This richer context was created due to the freedom they had to share their subjective experience, which worked empowering. Care staff also felt that it is necessary to reflect