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1. 2015 AT A GLANCE

1.1 HIGHLIGHTS IN 2015

In 2014, the team at DZNE Witten has given a lot of commitment to expanding their contacts with internationally recognized researchers in order to establish a basis for working in a European and transatlantic cooperation. This cooperation accomplished its first achievements in 2015. For the first time, researchers in Witten and their international partners organized symposia at international conferences: The International Association of Gerontology and Geriatrics 2015 in Dublin (acute care, dementia and delirium) and the IPA International Congress Berlin 2015 with the topic autonomy and social help. Furthermore, the site Witten is involved in several international training and PhD-programs. Consequently, the site speaker taught at the INTERDEM Academy summer school: (“Build for care: Building capacity for psychosocial research”). Moreover, she has been nominated as a member of the scientific advisory council of the “Dementia Doctoral Training Centre” at the University of Bradford (UK). These training centers, which are funded by the Alzheimer Society UK, focus on the improvement of the care of people with dementia in crisis and transition situations (e.g. discharge planning). In addition, since 2015 the site Witten has been a partner in the project INDUCT – Interdisciplinary Network for Dementia Utilizing Current Technology. This EU-funded project (Marie Sklodowska-Curie Actions/ Training Networks) supports 15 early stage researchers (ESR) throughout Europe with a special seminar program and visits to European research institutes. The factual contribution of the site Witten focuses on issues of implementation of technological support systems for people with dementia as well as their professional and family carers. The site is involved in the organization of seminars, it hosts visiting scientists and will be arranging one of five summer schools in 2017. Moreover, further education for DZNE’s early stage researchers is very important and is gradually being extended. In the context of our research focuses, an internal project group has worked out an approach for the development of portfolio-orientated competences for a focused career plan for employees. This groundwork will become particular important in the course of 2016, when the amendment of the Wissenschaftszeitvertragsgesetz (WissZeitVG) is to be implemented. The site’s content-related work is also in continuous development. In the last few years, two important third-party funded projects have been finished or have moved into their final phase in 2015. The project “Fallbesprechung bei Demenz”¹ (FallDem) analyzed the effect of case conferences for challenging behaviors and quality of life of people with dementia in nursing homes as well as work-related bur

¹ “Case Conferences for people with dementia”
1.1 HIGHLIGHTS IN 2015

den of nurses in a randomized controlled trial (RCT). This finished in 2016; the results will be summarized and published mid-2016. The joint research project “Multizentrische, interdisziplinäre Evaluationsstudie von Demenznetzwerken in Deutschland” (Demnet-D)\textsuperscript{2}, which was funded by the Federal Ministry of Health (BMG) and coordinated by DZNE site Rostock/Greifswald, has also been finalized. The results were presented in March 2015 in Bonn. The DZNE sites Rostock/ Greifswald and Witten were able to arrange a project extension and additional funds with the BMG to publish the results as recommendations and instructions in terms of a “Werkzeugkasten Demenz”\textsuperscript{3} on a website. This website has been developed by an interdisciplinary team of scientists, a web-designer and a scientific journalist. Until now, this is a new form of collaboration for the site Witten. In September 2015, the website went online and was presented to the Federal Minister of Health, Hermann Gröhe, at a BMG event. The website (www.demenznetzwerke.de) now supports everyone who wants to establish, practice and promote dementia networks with a range of information and aids. Another important consequence of the project was the use of the results of Demnet-D to develop the Second Bill to Strengthen Long-Term Care. The future §45c section 9 SGB XI\textsuperscript{4} (comes into force as from 01.01.2017) regulates that the Long-Term Care Insurance participates in the funding of self-organized networks for a structured collaboration in long-term care and to support these in urban districts with up to 20.000€ a year. **New projects, especially third-party funded projects, started** in 2015 or announced their start for the beginning of 2016, respectively. They show the different topics as well as the variety of research types, which are dealt with at site Witten. Furthermore, they demonstrate the relevance of our research projects for nursing practice, research and policy. In July 2015, site speaker Prof. Dr. Martina Roes has been given the task of developing an expert standard for “Pflege von Menschen mit Demenz”\textsuperscript{5} by the German Network for Quality Development in Nursing (Deutsches Netzwerk für Qualitätsentwicklung in der Pflege, DNQP). Researchers of the site Witten conducted the literature review. The expert standard will be defined in collaboration with an expert working group, appointed by DNQP, and the scientific team of the DNQP. A second project, which is important for the site Witten, started in October 2015 and funded by The Federal Ministry of Education and Research (BMBF): „Verhalten von Menschen mit Demenz verstehen durch technisch unterstützte Diagnose- und Entscheidungsprozesse“\textsuperscript{6} (insideDEM). Within the interdisciplinary joint research project with commercial participation, which is coordinated by the site Witten, the concept of understanding diagnostic is transferred to the setting domesticity. See pages 35 and 64 for these two pro-

\textsuperscript{2} “Multicentred, interdisciplinary evaluation study of dementia networks in Germany”

\textsuperscript{3} “Dementia Toolbox”

\textsuperscript{4} Code of Social Law (SGB) XI

\textsuperscript{5} “Nursing care for People with Dementia”,

\textsuperscript{6} “Understanding the behavior of persons with dementia with assistive technologies using diagnostic and decision processes”
1.1 HIGHLIGHTS IN 2015

Projects. Furthermore, the project “Vifa – Vielfalt aus einer Hand” has been accepted by Stiftung Wohlfahrtspflege NRW. The project is an evaluation of the first single overall care contract (Code of Social Law XI) in NRW by Städt. Seniorenheime Krefeld\(^7\). It is going to start in January 2016.

One of the highlights in 2015 was the **annual conference**, which received a positive response with its topic **“challenging behavior of people with dementia”**. The high number of enrolments for the conference demonstrated the relevance of this topic in the different settings of care, especially in nursing practice. Around 190 people attended the annual conference and, due to lack of space, many applications had to be turned down.

Another highlight, the **expert dialogue** in March 2015 in Düsseldorf between DZNE Witten and the Ministry of Health, Equalities, Care and Ageing of North Rhine-Westphalia was very important for the year 2015. Five researchers from DZNE Witten and Prof. Dr. Jessen (University Medical Centre Cologne/ DZNE Bonn) presented current objectives as well as project results of health services research for people with dementia.

\(^7\) Local Nursing Homes Krefeld
1.1 HIGHLIGHTS IN 2015

Another important happening for all DZNE sites was Otmar Wiestler being appointed Acting President of the Helmholtz Association in September 2015.

STRUCTURE OF THIS REPORT

After describing the most important moments of 2015 at DZNE Witten, the site’s work is now presented below.

First of all, the site’s staff, scientific activities and cooperation are shown in an overview. Following this, the second chapter describes all the projects that were running in 2015. Scientific work at DZNE Witten is divided into four fields of research (fig. 1). Project descriptions are therefore attached to the appropriate field of research.

Furthermore, publications that are not directly associated with a project are listed and self-organized events are presented. An overview of the staff’s work on boards and consulting activities as well as work for scientific papers and publishers is given afterwards. Finally, you will find a summary of the site’s team and working groups and a listing of the described projects can be found in the appendix.

Figure 1: Research topics at DZNE Witten
1.2.1 INTRODUCTION

Since the 1980s, expectations that research should have a clear defined impact such as social or economic benefits are rising. According to Cohen et al. (2015), the expectations towards health research are especially high: this research field should improve policy and practice with new knowledge about treatments, services, programs or strategies. Thus, the number of publications in journals with high impact factors is no longer sufficient as proof of excellent research because it says nothing about whether scientific work leads to concrete benefits in practice and/or policy. In many cases, a connection between the resonance within the scientific community and its impact on the “real” world cannot be identified (Milat et al., 2013, p.13). Finally, more and more frequently funding programs demand predictions about concrete benefits that could arise as a result of the planned studies (Cohen et al., 2015; Milat et al., 2013).

Against this background, new research fields have emerged in recent years to analyze research’s impact. In the field of implementation research itself, the question of how research asserts itself and how its impact in practice is defined is a matter under discussion. The realization of political decisions is the subject of policy implementation research. The question if and how research results find a way into political discourses and programs is being evaluated more and more often. Consequently, political actors are required to make transparent decisions, i.e. on the basis of objective evidence (so-called evidence based policy making) (e.g. Head (2010) - first “realized by the Blair government”). But despite this increasing interest on the impacts of science, only a minority of scientific results are transferred to “real world solutions” (Cohen et al., 2015; Milat et al., 2013). Simply transferring the evidence base to politics, for instance, does not work (Malterud et al., 2016).

Last but not least, there is still a methodological challenge to assess the impact of research outcomes within policy and practice (Morton, 2015). The reasons that impact assessment is difficult are, among others, that scientific evidence does not affect a societal debate ad hoc, but over a longer period of time, or that only parts of study results are used.

The DZNE, too, has declared the ambition to make an impact outside of the scientific world. As stated on the DZNE’s homepage, the DZNE’s health research aims to improve the “quality of life of people with cognitive disorders and their families and to support caregivers” (DZNE, 2016b). It emphasizes that health research (more than fundamental or clinical research) can influence directly the life of people.
1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.

with neurodegenerative diseases even in short and medium terms (ebd.). In order to reach this aim, it is not enough to publicize the scientific results. Therefore, the DZNE in Witten is eager to find out whether their results have an impact on care and/or on policy making. The following describes the interaction between research, policy and praxis in two projects, in which members of Witten’s team were involved.

1.2.2 TWO CASE STUDIES ON RESEARCH IMPACT OF PROJECT RESULTS AT DZNE WITTEN

Case studies are known as useful instruments for reflecting on scientific impact as they can connect narrations with relevant indicators of qualitative and quantitative research and also take context factors into account (Boaz et al., 2009). Case studies have also been used in the Research Excellence Framework (REF) in the UK since 2014. In the following, Morton’s model (The Research Contribution Framework) is used for a detailed presentation of potential impacts. Every step of the process is described by referring to policy and practice. Morton (2015) describes three consecutive steps: research uptake, research use und research impact. They are defined as follows (figure 2):

![Research Contribution Framework](image)

**Figure 2: Research Contribution Framework, modified according to Morton (2015, P. 7)**
1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.

Research uptake: research users have engaged with research; they have read a briefing, attended a conference or seminar, were research partners, were involved in advising and shaping the research project in some way, or engaged in some other kind of activity which means they know the research exists.

Research use: research users act upon research, discuss it, pass it on to others, adapt it to their requirements and context, present findings, and use them to inform policy or practice.

Research impact: changes in awareness, knowledge and understanding, ideas, attitudes and perceptions, and policy and practice as a result of research (Morton, 2015, P. 2)

THE CASE “EFFICIENCY ENHANCEMENT IN NURSING DOCUMENTATION”

General Description

In long-term care, the individual care process is documented for residents and patients. The so-called nursing documentation is prescribed by law for in- and outpatient long-term care. Originally, nursing documentation was an internal communication instrument for nurses to summarize information about care services and patients/residents. Moreover, nursing documentation is an important instrument to ensure quality of care as well as nursing professionalization. However, in recent years, the scope of documentation increased and more and more itemizations were needed due to a number of factors (Dräther et al., 2009, S. 134). The German Federal Statistical Office estimated the financial expenditure to be 2.7 billion Euros per year (Statistisches Bundesamt, 2013, P. 35). In 2011, therefore, an ombudswoman was set up at the Federal Ministry of Health to deal with debureaucratization in nursing. In the course of her work, the ombudswoman developed the “Strukturmodell – Effizienzsteigerung in der Pflegedokumentation” (Structure model – efficiency enhancement in nursing documentation) together with expert groups of experts from research and practice, i.a. Prof. Dr. Martina Roes. During a three-month practice project (2013/2014) the structure model was tested in both in- and outpatient facilities. A scientific evaluation, conducted by Prof. Dr. Martina Roes, indicated good to very good results. The new model has been supported by care provider associations, by the National Association of Statutory Health Insurance Funds (GKV-Spitzenverband) as well as by representatives from the federal states (Beikirch & Roes, 2014, see Appendix 1). All relevant stakeholders (care provider associations, funding agencies, local authority associations, the professional nursing association DBfK and others) accompanied the plan of debureaucratization as a steering committee. In July 2014, the contracting parties of care by §113 vol. XI of the Germany Social Code confirmed the compatibility of the structure model with existing laws, contracts and quality test contents – therefore, no (sub)legal need for action was required.
After an intermediate phase, i.a. due to the change of the federal government to a grand coalition (2014), the nationwide implementation phase for introducing the structure model started in January 2015. Its aim was to reach at least 25% of all in- and outpatient facilities in Germany. The Secretary of State in the Federal Ministry of Health, Karl-Josef Laumann, who is also the Federal Government Representative for patients as well as Commissioner for Nursing Care (Pflege-BV), assumed responsibility for the implementation project (January 2015 – June 2016). A limited evaluation of the implementation has been conducted by a team from DZNE Witten. In the meantime, the implementation period has been extended to October 2017. The whole implementation phase will be evaluated scientifically on behalf of GKV.

**Description of the case using the Research Contribution Framework**

**RESEARCH UPTAKE**

*(Policy)* The ombudswoman for debureaucratization organized the development of the structure model (4-step nursing process) and the ‘Strukturierte Informationssammlung (SIS)*8 by expert groups (2013). From the beginning, the ombudswoman was in close collaboration with so-called contract partners in accordance to §113 Social Code Book XI (i.a. associations of funding agencies and service providers as well as representatives from the federal states, approving authorities and representatives of affected persons). This is the relevant actors’ level that is actively included in the process, since a decision was made against a nationwide legal regulation.

*(Practice)* Associations of service providers provide a close collaboration to actual practice. The ombudswoman, however, was looking for a direct link to practical work. She visited different networks and boards and was a contact person for practice from the very moment when the topic received priority in her term of office. Service provider associations always sent her invitations to information events and conferences to transfer information to practice. In the phase of development of the structure model representatives from practice participated. There were 26 inpatient and 31 outpatient facilities that participated in a three-month practice test (from October 2013 to January 2014). To participate in the nationwide implementation project that started in January 2015, facilities had to register at the project office EinSTEP, which was set up by IGES Institute, Berlin. There were 8,104 facilities that had registered by mid December 2015. This number equals 33% of all German care facilities (inpatient: 33,5%, outpatient: 31,6%) (IGES Institut, 2015b, S. 20). Furthermore, this topic has been a subject of discussion in several journals, which illustrates its wide resonance, acceptance and discussion in nursing practice.

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8 *Strukturierte Informationssammlung (structured collection and assessment of information)*
1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.

RESEARCH USE

(Policy) The process has been supported widely by the contract partners by §113 SGB XI by means of their professional resources as well as support on the political level (e.g. through press releases). The structure model has been discussed in the boards of the contract partners. They found that it corresponds with the standards to protect the development of nursing quality. Therefore, no need for action is required on a sub-legal level. Thus, an extensive implementation of the project results has been approved.9

Although there were good results, it was unclear in a following phase whether and how the newly elected government would accept that topic. Moreover, there was no project funding for further implementation by the Federal Ministry at that time. For that reason, actors in self-government organized the implementation by themselves. The National Association of Statutory Health Insurance Funds (GKV-Spitzenverband), BAGFW and bpa assigned the former ombudswoman appropriately and together they developed a plan for the nationwide implementation. The training of multipliers by the project office was the basic idea of this implementation strategy. Multipliers were nominated by service provider associations and approving authorities (Beikirch, 2014).

The nationwide implementation started on January 1st, 2015 in at least 25% of all in- and outpatient facilities funded by the Federal Ministry of Health. Nationwide facilities that were interested in participating could register online at the project office. The Secretary of State in the Federal Ministry of Health and Commissioner for Nursing Care assumed control over the nationwide implementation. The external project office was financed by funds from the Ministry of Health. Furthermore, the implementation was realized through using own resources and was supported by associations. It was and is still being tested on state level as to whether own state regulations relating to the mandatory external quality test are conform to the new SIS-model. Whether inspection catalogues formulate other or new documentation requirements that are contrary to the model is another point under examination. The Ministry for Health, Equalities, Care and Ageing in the state of North Rhine-Westphalia commissioned an expert report on the compatibility of the structure model with the state uniform inspection catalogue for the quality assurance of residential and care services according to § 14 of the Residential and Participation Act.

This description indicates how committedly the political actors at federal level have involved themselves with the model developed by the researchers and how its use was promoted from that side.

9 Decision of the board of contract partners concerning to §113 SGB XI (03.07.2014).
(Practice) Associations and facilities can sign up online to participate in the implementation strategy. Multipliers from sponsoring associations and approval authorities participated in project office training courses and taught other multipliers in their institution, so that the knowledge about the structure model was transmitted (IGES Institut, 2015b). Furthermore, conversations have shown that some facilities implemented the structure model and the SIS without registration, meaning that EinSTEP did not train these institutions. Nevertheless, it remains unclear what exactly happens in the facilities. Since the beginning of the nationwide implementation, a network of self-employed people has grown who offer training and consulting to do with the structure model and the SIS (i.e. a market has been created for supporting the institutions during the transition. There are many nursing conferences that are and were discussing the structure model and the SIS. Thus, the model of debureaucratization has been the main topic at, for example, the Kongress Pflege 2015 in Berlin, the AZURIT HANSA Pflegefachtag and the Zukunftstag Altenpflege 2016. Large organizations start their own implementation projects or support their own facilities during the transition. The limited evaluation of the nationwide implementation, which concentrates on the initial phase and was conducted by DZNE Witten, shows the high satisfaction of the participating actors concerning the new discussion. However, sponsoring associations and approving authorities report that existing deficits come to light in the facilities more since the implementation than before.

The documentation industry\(^{10}\) develops its own offers\(^{11}\) of the structure model. At the same time, the project office aims at incorporating the documentation industry in order to ensure professional and correct implementation. The project office initiated and organizes a working group of lawyers who focus on legal questions concerning documentation and who have been able to remove some concerns (IGES Institut, 2015a).

This description of various actors and fields influencing the practice of geriatric nursing indicates the acceptance of the structure model as well as the proceeding of adoption and processing.

**RESEARCH IMPACT**

(Policy) Debureaucratization of nursing documentation has been discussed and identified as a problem for years (e.g. in the project of the Federal Ministry of Labour and Social Affairs (BMAS) on the importance of nursing documentation for quality assurance in nursing (Höhmann et al., 1996), AG II and Runder Tisch Pflege 2005) (Beikirch, 2013, S. 24), but there has been no permanent, nationwide change. A corporate action with actors in extended self-government has been made possible by the

\(^{10}\) https://www.ein-step.de/hersteller/

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Implementation of the ombudswoman for debureaucratization in nursing and the development of an evidence-based model.

As mentioned before, the model has not been statutory. Nevertheless, the structure model and the SIS or the project EinSTEP were included in the SGB XI (German Social Code Book XI). The following sentence has been inserted into §113 (1) of the Second Bill to Strengthen Long-Term Care:

„Soweit sich in den Pflegeeinrichtungen zeitliche Einsparungen ergeben, die Ergebnis der Weiterentwicklung der Pflegedokumentation auf Grundlage des pflegefachlichen Fortschritts durch neue, den Anforderungen nach Satz 3 entsprechende Pflegedokumentationsmodelle sind, führen diese nicht zu einer Absenkung der Pflegevergütung, sondern wirken der Arbeitsverdichtung entgegen.”

There is a statement relating to the structure model and the project EinSTEP in BT printed matter 18/6688 (Deutscher Bundestag, 2015a). A rising conflict between some of the sponsors and the service providers has thus been solved by an addition to SGB XI.

**Practice** Currently, more than 30% of all facilities in Germany are registered at the project office for the implementation of the structure model. The model is known in these facilities and there has been a professional discussion about the model. Even if there are no reliable figures, a large number of the facilities already work with the model. The structure model has been developed in close connection with the new assessment instrument (NBA). After its introduction as from January 1st, 2017, there will be additional incentives to use the model.

An impact evaluation relating to the structure model and the SIS does not exist yet, but participating facilities indicate that the implementation causes positive changes with regard to the quality of documentation, savings in terms of time, and nurses’ job satisfaction.

**THE CASE DEMNET-D**

*General Description*

Dementia has been declared to one of the priorities of health care. It is the explicit aim of health-care policy to improve care and support for people with dementia (pwd) so that they are able to stay in their familiar environment for as long as possible. In order to reach that aim, the German federal government initiated the Alliance for people with dementia, a working group within the government’s demographic strategy, which is to develop propositions to improve living conditions for peo-

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12 If there are savings in terms of time which are a result of further development of nursing care on the basis of progress in nursing practice through new models of nursing documentation according to sentence 3, there will be no reduction of payment, but counteracting of work intensification (translated by the author)
1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.

People with dementia\textsuperscript{13}. The DZNE, under the leadership of the team in Rostock / Greifswald, are cooperating partners within the Alliance in the field of healthcare / health service research. The Alliance identified the development of networks and regional alliances as an important field of action (BMFSFJ, 2014; Laporte Uribe et al., 2016). Creating durable networks between actors on the local level has been defined as one of the important goals for realizing better care provision. Different instruments exist in order to work together, especially in a joint intellectual effort. The Federal Ministry for Family Affairs is responsible for the so-called “local alliances for people with dementia”, which are financed with 10,000,00 Euro over a period of two years. The main aim of the alliances is that pwd can stay in their familiar social environment and can live a self-determined life, integrated in the local social life as much as possible. Local municipalities, social and cultural institutions, churches, multi-generational houses as well as caring institutions and health centers will be working together in order to install local counseling and support structures\textsuperscript{14}. According to the ministry, 500 local alliances will be created by 2016.

In addition, more and more so-called local dementia networks have been established (Köhler et al., 2014). But until recently, no evidence existed as to whether or how dementia networks contribute to an improvement of care for people with dementia. Against this background, an interdisciplinary group of researchers under the lead of the DZNE team in Rostock/Greifswald initiated a multi-centered, interdisciplinary and longitudinal evaluation of dementia networks in Germany. The study was financed from 2012 -2015 within the funding program ‘Future Workshop for Dementia’ financed by the Federal Ministry of Health. The study analyzed and characterized the cooperation and networking structures of regional dementia networks for pwd.

Besides the DZNE teams in Rostock/Greifswald and Witten (principal investigator Dr. Bernhard Holle, project coordination by Dr. Franziska Laporte Uribe), the Institute for Applied Social Sciences (IfaS) at the Cooperative State Universities of Baden-Württemberg and Stuttgart, and the Institute for Public Health and Nursing Research (IPP) at the University of Bremen were also involved.

Witten’s team focused on questions regarding the informal carers of pwd (individual burden and care arrangements) as well as questions regarding knowledge circulation within dementia networks (DZNE, 2016a).

\textsuperscript{13} http://www.allianz-fuer-demenz.de/startseite.html

\textsuperscript{14} https://www.lokale-allianzen.de/index.php?id=100
After the study finished, the Ministry of Health granted additional funding for the development of a so-called ‘dementia networks toolbox’, an interactive website with suggestions and guidance for different aspects dealing with establishing dementia networks.

“Case study” on the basis of the Research Contribution Framework

RESEARCH UPTAKE

(Policy) The funding program ‘Future Workshop for Dementia’ was initiated by the Federal Ministry of Health (MoH). It succeeded the funding program ‘Lighthouse Project for Dementia’ in 2008-2009 and was announced on the Ministry’s website (Bundesministerium für Gesundheit, 2016). Apart from that, the project executing organization (German Aerospace Center (DLR)), organizing the calls for proposals, selection and execution, created its own website. Minister Gröhe’s visits to various conferences on the respective projects show his personal engagement. Thus, it can be assumed that information about the project’s existence, including Demnet-D, was widely spread out.

(Practice) The 13 dementia networks evaluated within the Demnet-D study were involved intensely in the study, and this was not only during the data collection. While setting up the dementia network toolbox, for example, members of the network were interviewed. Thus, an important target group of potential users of research results were involved actively throughout the study.

An innovative method was chosen to disseminate the results: a toolkit in form of an interactive homepage. Scientific staff together with a science journalist and a web designer “translated” research results into comprehensible language, media and design.

RESEARCH USE

(Policy) During the project, there was a continuous exchange between the scientific staff and the sponsor with regard to the dissemination strategy. Given the scientific impact on policy making, it can be assumed that members of the political community knew the project’s results.

(Practice) The number of clicks on the projects’ website demenznetzwerke.de proves that the toolkit is used very actively. The homepage’s existence was promulgated to relevant stakeholders such as the Alzheimer’s Society, cooperating partners and service providers in the field of long-term care. The project’s results were disseminated further by the help of other activities, for example a newsletter, announcements in professional journals and indexation in relevant search engines. Within the first month after the homepage went online, 120 persons visited the homepage each day. Reports about the success of the Future Workshop for Dementia were also published in professional journals, for instance CAREkonkret, Issue 44, 30.10.2015.
1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.

RESEARCH IMPACT

(Policy) Demnet-D’s project results were included in the reform of the long-term care law (the so-called Pflegestärkungsgesetz II (PGS II)). The amendment allows not only the public health insurance but also private insurance companies to support self-organized health-related networks with up to 20,000 Euro each year. The new paragraph §45c (9) will come into effect on 01.01.2017.

The amendment of PSG II took place parallel to the Demnet-D study, both under the leadership of the Ministry of Health. It is interesting that there is no mention of the potential funding of dementia networks either in the ministry’s first draft of the law in June 2015, or in the cabinet draft (passed in August 2015). Only in the recommended resolution (BT Drucksache 18/6688) of the Health committee after their last meeting in November 2015 was a proposal made to introduce §45c paragraph 9 with the corresponding annotation (p. 144ff).

In this annotation, an explicit reference is made to the Demnet-D project: “With this regulation [...] the results of the scientific evaluation of regional dementia networks gathered in the context of the Ministry of Health’s project “Future Workshop for Dementia” will be implemented.” (Deutscher Bundestag, 2015a, S. 145). During the third consultation of the Bundestag the law was adopted in this modified version (Deutscher Bundestag, 2015c) and promulgated after the consultation in the Bundesrat in December 2015.

(Practice) Should any direct consequences on a practice level result from the publication of Demnet-D, e.g. that more networks are set up with the help of these results, only time will tell.

1.2.3 CONCLUSION

The question of research’s impact on policy and practice is crucial but difficult to answer. From the viewpoint of those working in practical care (who are usually directly affected by the political decisions) the challenge remains how the changes in practice can be incorporated into research. Implementation and dissemination must be intensified in research and health policy issues must be integrated as well.

In both of the cases described, research’s relevance for policy making could be shown very clearly, since references to projects and results can be found directly in political documents. This of course is rarely the case.
In any case, dissemination processes are very complex and “simple” transfers of information from science into policy or practice is not enough. The idea of a knowledge gap which should be filled with information is naïve and unrealistic (Bell, 2010; Malterud et al., 2016). Policy processes for example are not standardized and are more complex than normally anticipated as political theories, as the Multiple Stream Approach (Zahariadis, 2014) or the Garbage Can Model (Cohen et al., 1972) explain. Nevertheless, there is some evidence about those factors that have a positive influence on the transfer of scientific knowledge to policy processes. For instance, personal contacts between areas, the publication’s timing and the existence of a summary with political suggestions can all play a role (Innvaer et al., 2002).

Anyway, the experiences made in both case studies show that it would be sensible to address the relevant policy makers during the planning and initiation of projects as well as during the project’s realization. Scientific independence will of course not be given up. Thus, also for the DZNE site Witten it will be necessary to identify scientific fields relevant for policy, to research those fields and topics independent of political influence and at the same time to create ways for exchange and communication.
REFERENCES


1.2 THE IMPACT OF RESEARCH IN POLICY AND PRACTICE: TWO EXAMPLES.


1.3 STAFF

At the DZNE site in Witten, the scientific staff works together in four working groups: Methods in Health Care Research, Care Interventions, Care Structures and Implementation and Dissemination Research. The number of full-time equivalent staff (24, 31) was lower in 2015 than the year before (28, 31). 2.42 of that were financed by third-party-funds.

<table>
<thead>
<tr>
<th>Group</th>
<th>People</th>
<th>Full-Time Equivalent (FTE)</th>
<th>FTE Budget-Financed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>4</td>
<td>3.21</td>
<td>3.21</td>
</tr>
<tr>
<td>Methods in Health Care Research</td>
<td>6</td>
<td>4.04</td>
<td>4.04</td>
</tr>
<tr>
<td>Care Interventions</td>
<td>8</td>
<td>5.88</td>
<td>4.21</td>
</tr>
<tr>
<td>Care Structures</td>
<td>7</td>
<td>5.50</td>
<td>4.59</td>
</tr>
<tr>
<td>Implementation and Dissemination Research</td>
<td>6</td>
<td>3.71</td>
<td>3.88</td>
</tr>
<tr>
<td>Student Assistants</td>
<td>6</td>
<td>1.97</td>
<td>1.97</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>31</strong></td>
<td><strong>24.31</strong></td>
<td><strong>21.89</strong></td>
</tr>
</tbody>
</table>

Table 1: Number of employees and full-time equivalent staff (as at 31 December 2015).

The DZNE Site Witten works within an interdisciplinary team. The broad qualifications of scientific staff, including leadership positions, involve the disciplines: nursing sciences, sociology, gerontology, health sciences/ public health, psychology, educational sciences, bioinformatics, economics, political sciences and physical therapy. Moreover, several student assistants from different disciplines were employed at the site in 2015.
See the procurement of third-party funds in the table below:

<table>
<thead>
<tr>
<th>Year (preliminary)</th>
<th>EUR</th>
<th>Increase per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>70.000</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>49.064</td>
<td>-30%</td>
</tr>
<tr>
<td>2012</td>
<td>80.293</td>
<td>64%</td>
</tr>
<tr>
<td>2013</td>
<td>234.421</td>
<td>192%</td>
</tr>
<tr>
<td>2014</td>
<td>245.680</td>
<td>5%</td>
</tr>
<tr>
<td>2015</td>
<td>183.336</td>
<td>-25%</td>
</tr>
<tr>
<td>2016</td>
<td>275.238</td>
<td>50%</td>
</tr>
</tbody>
</table>

Table 2: Mandatory approved financial resources (as at 31 March 2015).
1.4 SCIENTIFIC WORK

1.4.1 PUBLICATIONS

Results of the team’s scientific work at site Witten have been published frequently in 2015. A total of 88 contributions were realized at national and international level.

Witten’s staff held 24 presentations and seven poster presentations at national and international scientific congresses on health services research for people with dementia. Moreover, theory-practice-transfer is of great importance for the site. Therefore, five poster presentations as well as 31 presentations were held at several congresses and events on nursing practice.

Furthermore, the site published its work in both German and English. In this context, five book chapters were released. Twelve articles were published in peer-reviewed journals, three articles in journals without peer-review procedures.

References of work results in 2015 are listed after the respective project in chapter 2. References of completed projects or without direct relation to any projects in 2015 are listed in chapter 3.

1.4.2 BOARDS AND CONSULTING ACTIVITIES

Employees of the interdisciplinary team at site Witten were represented in different functions on scientific boards, executive boards and steering committees in 2015. They brought their expertise in the field of dementia care in various consulting activities and worked for scientific papers and publishers. All the staff’s activities, as at the end of 2015, are listed in chapter 4.

1.4.3 COOPERATION

Site Witten closely cooperates with Witten/Herdecke University. There is a close connection to the Faculty of Health, especially to the School of Nursing Science, i.a. through the chair of “Nursing Science and Health Care Research” and Prof. Dr. Martina Roes. Furthermore, most of DZNE’s scientific staff are members of the Faculty of Health and give lectures in the degree programs. Site Witten works closely with the DZNE site Rostock/Greifswald.

In Europe, site Witten is actively involved in the European research networks “InterDem” (Early detection and timely INTervention in DEMentia) and EANS (European Academy of Nursing Science). In addition, there is a close collaboration with the College of Nursing of the Pennsylvania State University, USA, and the School of Dementia Studies of the University of Bradford, UK.
The practice-research-dialogue that was founded by DZNE Witten in 2014 repeatedly took place in 2015 (see chapter 3.7). This is an exchange with representatives from relevant associations, hospitals, nursing homes etc. Its aim is to find out whether research questions at DZNE Witten are relevant for nursing practice on the one hand and which questions arise in nursing practice on the other hand. This close collaboration often lays the foundation for cooperation in research projects.
2. PROJECTS

2.1 PSYCHO-SOCIAL INTERVENTIONS FOR DIFFERENT DEMENTIA FORMS AND STAGES

<table>
<thead>
<tr>
<th>Title</th>
<th>THE PERSPECTIVE OF PEOPLE WITH FRONTOTEMPORAL DEMENTIA (FTD) AND THEIR NEEDS AND DEMANDS IN EVERYDAY LIFE</th>
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<tr>
<td>Collaboration</td>
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<tr>
<td>Principal Investigator</td>
<td>Margareta Halek</td>
<td></td>
</tr>
<tr>
<td>Scientific Staff</td>
<td>Claudia Dinand, Sabine Nover, Daniela Holle (Scoping Review until 01/2015)</td>
<td></td>
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</tbody>
</table>

INTRODUCTION

Frontotemporal dementia (FTD) is an early-onset, progressive and atypical dementia associated with strong changes in judgment, behavior, personality and emotions. These changes can cause significant problems in everyday life and have implications, different to those of Alzheimer’s disease, for people with FTD, their families and other actors involved in the caring process. Currently, there are no suitable evidence-based specific interventions for people with FTD. Research on needs and demands of people with FTD is rare and the perspective of people with FTD is lacking. Therefore a research approach with several steps was developed.

The central aim of this study was to understand the behavior and to gain information about needs and demands of people with FTD from the perspective of people with FTD and their relatives and to prove the feasibility of videography as a suitable method for this research topic. It was the first step towards the development of a need-based psycho-social intervention for people with FTD.
2.1 PSYCHO-SOCIAL INTERVENTIONS FOR DIFFERENT DEMENTIA FORMS AND STAGES

METHODS

A scoping review with the focus on self-expressed needs and demands of people with FTD was performed and submitted for publication. Furthermore, an explorative case-related and ethnographic design was used. Problem-centered interviews were conducted with people with FTD and their relatives (6 cases) in addition to ethnographic interviews and/or videotaped observations with respect to the disease’s progression. Narrative and content analysis as well as videography are used for data analysis.

STATUS

The review was published in April 2015 in the Journal for Health and Social Care of the Community. Based on the findings of this empirical investigation we can point out that

1. Behavior understanding is an important issue for the families coping with the disease in everyday life and must be explored prior to the identification of categories of needs and demands.
2. Video Analysis can help towards understanding behavioral aspects, because of its methodological options for a detailed sequential microanalysis of daily actions.

In addition we identified actions with open and closed character and patterns of interactions based on a case-related analysis. The results are ready for publication.

RESULTS/ APPLICABILITY

The project is the first step to close the described research gap by using video analysis of daily actions of people with FTD. Video-based analysis can contribute to the interpretation of structure and underlying sense of behavior and actions by people with FTD. Video analysis will be used in a subsequent investigation as an interventional tool in daily actions and interactions of people with FTD.
DISSEMINATION

CONFERENCES:

Nover, S. U. (06.03.2015). "Neue Zugänge schaffen - Das Beispiel Videographie". Methodische Herausforderungen an Pflegeforschung, Fachtagung der Deutschen Gesellschaft für Pflegewissenschaft, DGP. Katholische Hochschule Mainz


PAPER/ BOOKS/ REPORTS:


INTRODUCTION

Challenging behavior has significant importance in the care of people with dementia. This behavior is also a key outcome of research on psycho-social interventions. The designation, description and definition of challenging behavior are heterogeneous, in both practice and research, and the relationship to other similar concepts is unclear. Thus, the difficulty for the selection of the exact wording for each concept concerned lay in the fact that the different disciplines use different terms for seemingly the same phenomenon. So there is no one term for the concept “challenging behavior” but a lot of surrogate terms. The aim of this concept analysis is the clarification of the concept "challenging behavior". The following research questions are investigated:

1. How does the concept "challenging behavior" develop in the course of the time?
2. How is “challenging behavior” currently defined?
3. Which influences on the definition of the concept do the different disciplines have?
4. Which similarities and differences does the concept "challenging behavior" have with other associated terms and similar concepts / synonyms?
The meaning of the term "challenging behavior" has changed in the course of time, because the approach to the phenomenon has changed and is now highly dependent on the current paradigm of care for people with dementia. The evolutionary concept analysis according to Rogers (2000) follows this temporal instability of phenomena and assumes that concepts/terms continue to evolve and change. This method allows the definition of the term in respect of its meaning, usage and application in the course of time. The concept analysis involves the following steps:

1. Identifying the concept of interest and associated expressions
2. Identifying surrogate terms and relevant uses of the concept
3. Identifying and selecting an appropriate sample, a minimum of 20% of the identified literature, from the relevant discipline, using a systematic approach and a broad time frame
4. Identifying the attributes of the concept
5. Identifying the references, antecedents and consequences of the concept, if possible
6. Identifying a model, real case of the concept

A comprehensive search strategy was conducted combining search terms to challenging behavior, dementia and their related / surrogate terms (German and English), using the databases CINAHL (n=890), PubMed (n=3,475), PsychINFO (n=1,263), Cochrane Library (n=178) up to October 2012. The search included all publications such as reviews, concept analysis, discussion papers or theoretical explanations. After removing duplicates, 5,257 articles were screened by title and abstract. We identified 231 articles as relevant and grouped them into the main disciplines: medicine, nursing and psychiatry. After a first process testing, subsequent rounds of selection tried to extract at least 30 "relevant" reviewed articles per discipline. These were included in a full-text analysis using MAXQDA 11 and analyzed by all project members with relation to definitions, attributes, antecedents and consequences, temporal aspects and context factors for any identified term. Finally, findings for all terms were compared for similarities and differences and interpreted within and across all the disciplines.
STATUS

Currently, the project has reached its final phase. The findings will be summarized in an article and the manuscript will be prepared for publication.

RESULTS/ APPLICABILITY

The result of the project is an interdisciplinary concept clarification and description for challenging behavior. This could provide information for modification or development of new assessment instruments as well as for new ideas for psychosocial interventions.

DISSEMINATION

CONFERENCES:

Studies show that 11 to 65 percent of the residents in nursing homes show challenging behaviors such as aggression, crying, apathy or aimless wandering in the course of their dementia. The behavior can be burdensome for the people with dementia themselves and for the staff working in nursing homes. A national guideline in Germany recommends the use of case conferences for the professional handling of people with dementia and their challenging behavior in nursing homes. However, there is a lack of clear concepts as to how to conduct case conferences and how to implement these into daily care routines. Moreover, it is unclear how effective case conferences are for improving the quality of care. The project “Case conferences for people with dementia (FallDem)” aims to fill these research gaps outlined above by finding answers to the following research questions:

1. What influence do assessment-based case conferences have on challenging behavior, quality of life of people with dementia and the burden of staff in comparison to the influence of a control group or narrative case conferences?
2. What factors promote and inhibit the implementation of assessment-based case conferences compared to narrative case conferences?
3. Which learning processes take place during case conferences based on an assessment instrument in comparison to narrative case conferences?
METHODS

The study is conducted in two phases. The first phase was the development of the intervention (two models of case conferences: narrative & IdA) based on a systematic literature review, interviews and group discussions with experts in the field of case conferences. The development phase ended with piloting the two models in one nursing home. In the second phase of the project, the two models of case conferences were implemented in 12 nursing homes. A Stepped-Wedge-Study design was used as a special form of cross-over design, since it provides a methodological alternative compared to conventional cluster randomized trials. With the help of the results of a former study, a total number of 360 (300 +60 dropouts) participants were calculated as the sample size (using power calculation). The primary outcome, challenging behavior of people with dementia, was measured with the Neuropsychiatric Inventory - Nursing Home Version (NPI - NH). As secondary outcomes, the following were assessed:

- the quality of life of people with dementia (measured with Qualidem),
- the competence development of the staff (measured with Kompetenz - Reflektions - Inventar (KRI))
- the burden of the staff (in general and dementia-specific, measured with the Copenhagen Burnout Inventory (CBI ) and the burden resulting from dementia (the BelaDem instrument))

The intervention is accompanied by a process evaluation to identify factors that have an impact on the intervention’s implementation. Data are collected by questionnaires, semi-structured telephone interviews, group interviews and protocols of the case conferences.
STATUS

All seven data collections have been completed (T0-T6): longitudinal data were available (about 300 residents within each data collection) from 12 institutions over 19 months. For the survey of staff outcomes a return rate between 27-41% was achieved for all data collection time points. Furthermore, data collection for process evaluation was also completed in 12 nursing homes; 10 nursing homes successfully finished the intervention phase: two nursing homes dropped out during the trial. Moreover, a simulation study in the statistic program R was conducted: the aim was to investigate the impact of different challenges common in healthcare research (e.g. delayed treatment effect, dropout of clusters during a trial) in order to estimate the intervention effect within a stepped-wedge trial. Results of process data were used to define the “time on treatment effect” of case conferences; the time on treatment effect will be used to model a possible error in the implementation of the intervention by allowing the design matrix for the estimation of the intervention effect of the linear mixed effect model for each time point (T1-T6) and cluster to be fractional.

RESULTS/ APPLICABILITY

The findings provide knowledge about the impact of different forms of case conferences. The developed R-code (because of the flexibility of the parameter settings, e.g. different effect size or more or less cluster) can easily be adapted to other studies working with the Stepped Wedge Design. Thus, there will be a development of a concept for the quantitative data analysis (using mixed effect models). The study also provides advanced knowledge about the practical use of the Stepped Wedge Design in healthcare research. This work by DZNE Witten’s team has been honored in the editorial of the Journal of the American Medical Directors Association (17(1)). Moreover, the relevance of the intervention for the US was emphasized.
2.1 PSYCHO-SOCIAL INTERVENTIONS FOR DIFFERENT DEMENTIA FORMS AND STAGES

DISSEMINATION

CONFERENCES:


The care of people with dementia is often challenging due to behavioral problems of those affected. The so-called challenging behavior includes, for example, restlessness, aggressiveness or crying and screaming. Challenging behavior often occurs in people with dementia during the course of the disease, regardless of the setting in which they are cared for. The causes of challenging behavior are multi-causal and may vary intra- and inter-individually. For the development of tailored psychosocial interventions that focus on understanding and managing challenging behavior, approaches are needed that

- are person-centered, setting the perspective of the person with dementia at center,
- are carer focused,
- take into account the multi-causality of challenging behavior and
- include a thorough description and analysis of the challenging behavior.

In Germany, the term “understanding diagnostics” is used to describe such an approach. The aim of the study is to describe the current state of knowledge regarding person-centered approaches for the description and analysis of challenging behavior of people with dementia by nurses/therapists across different settings (e.g. nursing home, hospital, at home).

The following research questions shall be answered during the study:

1. Which different approaches of “understanding diagnostics” exist?
2. Which methods assist nurses/therapists in understanding challenging behavior?
3. What experience do nurses/therapists have when applying ”understanding diagnostics“?
4. What effect do approaches related to “understanding diagnostics” have on persons with dementia?
5. What effect do approaches related to “understandings diagnostics” have on informal and formal caregivers of persons with dementia?
METHODS

In order to find answers to these questions, a systematic review was performed. All articles were included that make a statement about the description of the intervention, the outcomes, or the experiences made during the implementation of the intervention (across all settings). Quantitative as well as qualitative studies were included which have been published between 1995 and 2014. Based on relevant studies a forward citation tracking was carried out in February 2015. A quality appraisal was conducted for all empirical studies.

STATUS

The systematic review has been completed; a publication of the results is in preparation.

Fourteen different approaches were found. Three of the 14 approaches are intended for the use at home in the community, eight for the use in nursing homes and three can be used in different settings. Neither approach was explicitly developed for the use in hospitals.

The effectiveness was tested for six of the 14 approaches, whereby the results and the quality of the studies vary. Findings regarding the experiences of nursing staff were found for three approaches. All studies except one were conducted in nursing homes.

RESULTS/ APPLICABILITY

The results indicate that the approach of “understanding diagnostics” is an undeveloped field in community care and hospitals. Existing approaches have to be modified for their use in the community and in hospital. Furthermore, studies are needed that test the effectiveness of the modified approaches in those settings.

DISSEMINATION

CONFERENCES:

INTRODUCTION

Nurses increasingly care for elderly patients who also suffer from dementia. In the later stages of the disease, these people need complementary treatment in addition to a suitable pain assessment. The use of systematic external assessments has been recommended for many years; however, it is not clear from when these assessments are to be applied. The aim of this project was the development of a guideline to support the decision for the use of a self- or external assessment in this target group.

METHODS

During phase I, the definition and analysis of the problem as well as the assessment of needs was made, using an integrative review. In phase II, practice was verified by methodological triangulation at participatory observations on internal and surgical wards as well as on special wards for dementia patients. A total of 70 observation units were analyzed. In addition to that, seven group discussions were conducted in five clinics that implemented different defined and developed pain assessments. Phase III included the modeling of a process model concerning nursing decision-making in self- and external assessment. In phase IV, pain experts reviewed the content validity.
A screening tool for decision-making [Screening Tool for Decision-Making on Pain Assessment for People with Dementia in Hospital (See-Pain)] was developed. The decision-making does not follow any algorithm. Instead, it is based on nursing diagnostic that is supported by the assessments for decision-making. Two survey rounds with 18 experts were held to identify the content validity. In the first round 18 questionnaires were returned, whereas 12 questionnaires were returned in the second round.

The item-related content validity for decision-making – SeePain – was achieved after both rounds and their associated modifications had taken place. All contents and steps of SeePain were positively assessed, except the question concerning discretion in decision-making as to whether self- or external assessment has to be performed. Except for this aspect it can be pointed out that the experts positively assessed SeePain’s content validity for decision-making for the necessity of self- or external assessment.

DISSEMINATION

PAPER/ BOOKS/ REPORTS:

2.2 QUALITY OF CARE

<table>
<thead>
<tr>
<th>Title</th>
<th>DEMENZMONITOR: LONGITUDINAL SURVEY OF DEMENTIA-RELATED INSTITUTIONAL AND RESIDENT CHARACTERISTICS IN GERMAN NURSING HOMES</th>
<th>DemenzMonitor</th>
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<tr>
<td>Duration</td>
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<td>Collaboration</td>
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<td></td>
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<tr>
<td>Principal Investigator</td>
<td>Bernhard Holle, Rebecca Palm (project coordination)</td>
<td></td>
</tr>
<tr>
<td>Scientific Staff</td>
<td>Christian G. G. Schwab</td>
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</table>

INTRODUCTION

Nursing homes align their structure, supply and care concept with the needs of the growing number of residents with dementia. Specialized living arrangements as well as tailor-made psychosocial interventions are recommended by the German Federal Ministry of Health and the Medical Advisory Service of the German Long-Term Care Insurances. Dementia-oriented care aims at understanding challenging behaviors and preserving and fostering the resident’s quality of life.

It can be assumed that the majority of nursing homes implement corresponding concepts and interventions in different ways. Today, little is known about which concepts and interventions are applied in the practice, which factors influence the application and whether the application is associated with the desirable outcomes. Furthermore, there is a research gap about which factors are associated with the behavior and quality of life of residents and these therefore need to be considered when investigating the quality of care.

The aim of the study DemenzMonitor is to identify resident- and facility-related factors and covariates that are associated with the residents’ behavior and quality of life. In detail, the following research questions will be answered:

1. How is dementia care provided in German nursing homes? Which living arrangements are implemented? Which recommended interventions are in use? Who gets which interventions?
2. Are there any differences between residents of different living-units regarding their demographic data, cognition, care dependency? Are there any differences between the residents of different living-units regarding the interventions provided?
2.2 QUALITY OF CARE

3. Which of the investigated variables are associated with the residents’ outcomes behavior and quality of life when controlling for resident-related covariates such as age, sex, length of stay? Are there differences between the results of the whole population and certain groups?

4. Are the residents’ outcomes behavior and quality of life stable over time or are they changing? If they change, are there differences in associated factors and covariates between the two points of time so that time needs to be considered as an influencing factor? Which factors are associated with the change of the residents’ outcomes?

METHODS

The “DemenzMonitor” study is a descriptive longitudinal observational study. Data collection was performed annually in nursing homes (convenient sample). Data concerning the nursing homes, the living-units and the residents were collected by trained nursing homes staff using standardized and partly new developed questionnaires. The outcomes behavior and quality of life were assessed by nurses using the instruments Neuropsychiatric Inventory (NPI-Q) and QUALIDEM.

Data analysis is performed primarily explorative, using predominantly descriptive statistics as well as association and regression analysis. To account for the nested structure of data due to different levels of data and time points, generalized linear mixed effects models are used.

STATUS

The results from the DemenzMonitor project show that the care structures in the German institutional long-term care system are very heterogeneous, especially with respect to the concept, regulation and refinancing of specialized dementia care units (DSCU). Based on the results, we are currently planning future projects.

RESULTS/ APPLICABILITY

In 2015, we focused on answering questions belonging to the research question complexes 2, 3 and 4.

Results on the differences in structural characteristics of the participating care units (Palm et al., 2014) showed that DSCUs that receive extra funding (higher rates for DSCUs are charged compared to traditional care units) are better staffed than traditional care units (TCUs). Because of this, we
focused on both groups of care units. The questions of interest were whether residents from DSCUs are more likely to receive an intervention that is specific for dementia care and whether this intervention is provided differently on DSCUs than on TCUs. As an intervention we investigated case conferences; interdisciplinary case conferences are recommended for the practice to find solutions for complex care problems, to carry out care planning and evaluation. However, the implementation of case conferences is resource-intensive and challenging for the practice. For the investigation, a resident sample was selected that was comparable in its dementia-specific characteristics. For this purpose, the genetic matching method based on the propensity score was used. As a result, 246 residents in each group were compared. The descriptive results showed a difference favoring DSCU residents (91% versus 82.5%). In a mixed model, the odds for doing a case conference in each group were calculated, adjusting for the hierarchical data structure (residents of one care unit were nested in one cluster). This showed again an odds ratio favoring the DSCU residents, but it was not statistically significant. A significant difference, however, was found with regard to the topics of case conferences: in TCUs the topic “challenging behavior” was more often addressed than in DSCUs. The results have been published in an international journal (Palm et al., 2015).

The relevance of the results of this study were emphasized in an editorial in the publishing journal (Journal of the American Medical Directors Association): „This study is important overall because it seeks to define and assess a process which is quite variable even in the United States, despite our extensive Resident Assessment Inventory an Minimum Data Set-guided care planning machinery.” (Albert, S. 2015). Case conferences are considered as necessary tools for care planning that require the involvement of different professions. Research is needed that clarifies how case conferences are provided and thereby improves the implementation in the practice; further results are awaited.

Preliminary results on the third question complex about the influence of structural characteristics on residents’ quality of life were drawn up. Here too, the main question is whether the influence of structural characteristics, such as the living concept “DSCU” or “TCU”, has an impact on quality of life or may influence the change of quality of life over time. These results were presented and discussed at national and international conferences.
2.2 QUALITY OF CARE

DISSEMINATION

CONFERENCES:


INTRODUCTION

The aim of this study is to investigate the incorporated handling routine concerning the gestural-communicative actions of caregivers for perceptually impaired persons. The practical perspective is to be explored, i.e. “how” the verbal and nonverbal interactional relationship is organised. The study aims at widening the theoretical and practical knowledge about nonverbal communication in people with severe dementia in order to promote their self-determination and reduce their dependence. There are no current studies concerning this topic. The following research question is being investigated:

1. How is the verbal and nonverbal interaction between the caregiver and her patients with advanced dementia performed, if the caregiver allegorically simulates an action as guidance for the patient who, in return, may be led to become active by mirroring the previously shown action?

METHODS

Reconstructive-praxeologic research approach: the video-graphical study follows the principles of the documentary interpretation according to Bohnsack.

Random sample/Setting: care interactions between people suffering from severe dementia and caregivers in habitual and periodic daily life situations; the caregivers are experts for perceptually impaired persons and are experienced in giving gestural-communicative actions for patients with severe dementia.
2.2 QUALITY OF CARE

STATUS

The empirical study is in the case analysis phase parallel with the comparative result presentation. Completion is planned for the middle of 2016.

RESULTS/ APPLICABILITY

Results should provide characteristic features of gestural-communicative actions that are expected to form the empirical basis to develop a learning concept for nurses.

DISSEMINATION

PAPER/ BOOKS/ REPORTS:

# 2.2 QUALITY OF CARE

<table>
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<th>Title</th>
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<td>Dr. Martin Berwig (Leipzig University)</td>
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<tr>
<td>Principal Investigator</td>
<td>Margareta Halek, Martin Dichter (project coordination)</td>
<td></td>
</tr>
<tr>
<td>Scientific Staff</td>
<td>Bernd Albers</td>
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</table>

## INTRODUCTION

The support of and the care for persons with dementia (PwD) requires an enormous amount of time, organization and commitment. Informal caregivers, most-times relatives, of PwD often feel a high burden. Relief and recognition of their own effort is often denied. Support groups are desired, but either relatives have no time or opportunity to leave the PwD alone or such groups are not organized in the vicinity. Telephone-based support groups are one opportunity to fill this gap. As yet unknown in Germany, international studies show that a telephone network of informal caregivers can have positive effects. The project REDEZEIT aims to establish and to evaluate telephone-based support groups. The support group sessions will be conducted by the team at Leipzig University, the evaluation of the project will be done by the team at the DZNE site Witten within a randomized controlled trial. The evaluation encompasses two levels:

1. The effectiveness of telephone-based support groups
2. The process evaluation concerning the practicability and acceptance of telephone-based support groups

## METHODS

The evaluation is planned as a cluster adjusted randomized controlled trial. To reach this, the intervention group is controlled by a waiting group at t(0) baseline, t(1) post intervention and t(2) three-month post intervention follow-up. All standardized interviews will be done by telephone. Participants will be randomized into clusters of five persons.

Target group of the intervention are relatives caring for PwD. Relatives are eligible if they care for the PwD for more than 4 h/d, or have lived in the same household for the last 6 months, and do not suffer from an acute psychiatric disease. Precise inclusion and exclusion criteria are available on request.
2.2 QUALITY OF CARE

Primary endpoint of the effectiveness elevation is the subjective wellbeing of the relatives measured by the Satisfaction with Life Scale. Secondary endpoints are health-related quality of life (EQ-5D), Sense of Coherence (SOC-L9) and depression (PHQ-9). Concerning the process evaluation, standardized interviews with the relatives and protocols of the support group moderators are used. The following questions are addressed: Is the intervention being conducted as planned? How many support groups sessions have been attended by the relatives? How good was the implementation of the intervention and its components?

All analysis is based on the original treatment assignment (intention to treat). Concerning the evaluation of the effectiveness, primary and secondary endpoints will be compared at each data point using descriptive and inferential statistics. Process evaluation will be done descriptively.

STATUS

The project is currently in preparation. First participants were recruited at the beginning of 2016.

RESULTS/ APPLICABILITY

The planned telephone-based support groups provide a new opportunity to relieve and pay tribute to the caring relatives of people with dementia. The efficacy of telephone-based support groups will be investigated in the REDEZEIT study.
INTRODUCTION

Nurses in hospitals often do not feel well prepared for the care of patients with cognitive decline. This is because the professional training in acute care provides little expertise and confidence concerning the use of psychosocial interventions. Furthermore, the fragmented and multi-professional care is focused on the acute illness, which hampers an individualized and person-centered approach for these patients who depend on safety and orientation. Our main interest was to discover how nurses experience this working situation and what strategies they develop for coping with it. The aim of the study was to analyze the subjective view of nurses concerning their care of patients with cognitive decline in hospitals. The overall question is:

1. What does it mean for nurses in hospitals to care for patients with dementia?

METHODS

The study is a secondary analysis using the data from the DemAkut study (Vienna) and the DemKH study (Witten). There were five group discussions with nurses in German hospitals as well as seven with nurses in Austrian hospitals during 2015. The analysis was guided by the principles of Grounded Theory (open and axial coding)

STATUS

Data analysis has been completed. A publication in an international journal is in preparation.
2.2 QUALITY OF CARE

RESULTS/ APPLICABILITY

Nurses experience their possibilities as limited when considering their ability to care adequately for patients with cognitive impairments. The barriers are both individual limits such as attitudes or emotions, but also higher-level barriers such as work pressure, perceived roles and team structures. Nurses develop different strategies to ensure patient care under limited conditions. The strategies do not always lead to positive consequences for the nurses themselves (e.g. bad conscience), but also for the patients (e.g. promotion of challenging behaviors). To overcome these limitations, a fundamental change of perspective in hospitals would be necessary among other things, which would actually put the interests of the patient at the center.

DISSEMINATION

CONFERENCES:

2.2 QUALITY OF CARE

<table>
<thead>
<tr>
<th>Title</th>
<th>CREATION OF A LITERATURE STUDY FOR THE DEVELOPMENT OF THE EXPERT STANDARD WITH THE TOPIC “NURSING CARE FOR PEOPLE WITH DEMENTIA”</th>
<th>Exper-Dem-DNQP</th>
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<tr>
<td>Duration</td>
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<td></td>
</tr>
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<td>Funding</td>
<td>German Network for Quality Development in Nursing (DNQP)</td>
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<td>Collaboration</td>
<td>German Network for Quality Development in Nursing (DNQP), Osnabrück University of Applied Sciences</td>
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<tr>
<td>Principal Investigator</td>
<td>Martina Roes, Daniel Purwins (project coordination)</td>
<td></td>
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<tr>
<td>Scientific Staff</td>
<td>Martin N. Dichter, Jan Dreyer, Daniel Purwins, Jonathan Serbser</td>
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</table>

**INTRODUCTION**

Since 1999, the German Network for Quality Development in Nursing (DNQP = Deutsches Netzwerk für Qualitätsentwicklung in der Pflege) has been working in close collaboration with the German Nursing Council on the development and implementation of expert standards (DNQP, 2015).

The DNQP describes expert standards as evidence-based, monodisciplinary instruments,

“[…] that demonstrate specific nursing input for essential quality risks for patients'/ residents' healthcare and their relatives. Furthermore they provide a basis for continuous nursing care improvement in healthcare facilities and nursing homes. Expert standards represent a professional coordinated proficiency level which is adapted to the requirement and needs of the addressed population. It also includes result-testing criteria for this kind of nursing. Expert standards demonstrate the purpose of complex, highly interactive nursing duties as well as action alternatives and scopes for the direct care of patients or residents. They claim to be effective instruments of quality development and to contribute to the development and professionalization of nursing practice by transferring theory into practice (DNQP, 2015, p.6, translated by the author).” (DNQP, 2015, S.6).

The procedure in the context of the development and implementation of expert standards is specified in a method paper by DNQP (DNQP, 2015). In 2015, the DNQP-steering group decided on the development of a new expert standard for the topic “Pflege von Menschen mit Demenz” (DNQP, 2015, S.4)\(^\text{15}\).

Prof. Dr. Martina Roes has been appointed as leader of the expert working group to develop this expert standard. The compilation of a literature study, which serves for identification and preparation of available evidence for topics of expert standards, is one of the responsibilities in the scientific supervision of expert working groups. The compilation of this literature study is the key aspect of the project “Exper-Dem-DNQP”.

\(^{15}\) Nursing Care for People with Dementia (DNQP, 2015, S. 4, translated by the author).
2.2 QUALITY OF CARE

METHODS

According to the DNQP method paper, relevant research questions must be pursued systematically in appropriate data bases within the scope of the literature study. Moreover, the search strategy has to be described explicitly (DNQP, 2015). “Sie umfasst Suchbegriffe, Ein- und Ausschlusskriterien und die Quellen (z.B. elektronische Datenbanken wie CINAHL und MEDLINE und Datenbanken systematischer Übersichtsarbeiten wie Cochrane Library)” (DNQP, 2015, S.8).

The included studies are illustrated descriptively and based on various categories (i. a. study design, sample, methodology and results) in the form of a chart. Furthermore, the included studies are rated methodically “[...]It involves search terms, in- and exclusion criteria and literature sources (e.g. electronic data bases like CINAHL and MEDLINE as well as data bases for systematic reviews such as Cochrane Library) (DNQP, 2015, p. 8, translated by the author).” (DNQP, 2015, S. 8)

The conclusive descriptive representation of the included studies as well as their methodical evaluation will be carried out by at least two reviewers working independently of each other. However, the evaluation of the content of the included literature is the task of the expert working group (DNQP, 2015).

STATUS

At the beginning of the literature study, the topic “Nursing care for People with Dementia”, which is a complex and at first generally verbalized topic [...]” (DNQP, 2015, S. 10, translated by the author). [...]”, required an exact determination and topical limitation to concretize the actual matter of the development.

The challenge regarding a topic-defined range was that contrary to previous expert standards, such as “prevention of pressure ulcers”, “fall prevention”, it was not clear about which outcome the researched interventions should refer to.

A research question was developed based on the defined range, as well as a search strategy derived from the research question. Subsequently, the actual research was done in the topic-based data-bases Cinahl, Cochrane, Medline and Psycinfo.
2.2 QUALITY OF CARE

Afterwards, in- and exclusion criteria were defined analogue to the research question and search strategy. In addition, two more steps were initiated: (1) title/abstract-screening and (2) full text-screening. The next step after completion of the full text-screening and after consultation with the expert working group will be the methodical rating of the included studies as well as the representation of results.

RESULTS/ APPLICABILITY

The expert working group will develop recommendations for central nursing interventions related to this topic on basis of the literature study. The recommendations will be adopted within a group consensus. The agreement of the respective expert standard is scheduled for 2017 (DNQP, 2015).

LITERATURE

2.3 METHODS AND MEASUREMENTS

<table>
<thead>
<tr>
<th>Title</th>
<th>MEASURING THE QUALITY OF LIFE OF PEOPLE WITH DEMENIA IN NURSING HOMES IN GERMANY</th>
<th>Qol-Dem</th>
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<td>Duration</td>
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<td>Collaboration</td>
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<tr>
<td>Principal Investigator</td>
<td>Margareta Halek</td>
<td></td>
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<tr>
<td>Scientific Staff</td>
<td>Martin N. Dichter</td>
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</table>

INTRODUCTION

Quality of life (Qol) is a major outcome in intervention studies in dementia research. Available measurements are heterogeneous in relation to their operationalization of Qol, their feasibility, psychometric properties, and stage of dementia in which the application of the measurement is possible. The measurement QUALIDEM is recommended for the Qol assessment in institutional long-term care and for assessing Qol longitudinally. For this, QUALIDEM consists of two consecutive versions. Qol among people with mild to severe dementia is assessed using the 37 item-version (9 subscales) and very severe dementia with the 18 item version (6 subscales).

The aims of the Qol-DEM project are the investigation of the reliability and validity of the QUALIDEM in Germany and a meta-synthesis of relevant Qol domains from the perspective of people with dementia, which result in a model of dementia-specific Qol. Based on this the following research questions are to be pursued:

1. Which domains of Qol are described as relevant from the perspective of people with dementia?
2. To what extent is the German QUALIDEM scalable?
3. What is the internal consistency of the German QUALIDEM?
4. What is the inter-rater reliability of the German QUALIDEM?
5. What is the intra-rater reliability of the German QUALIDEM?
6. To what extent is the German QUALIDEM valid?
2.3 METHODS AND MEASUREMENTS

METHODS

This study is divided in three methodological phases. (1) The aim of the first theoretical phase is the development of a dementia-specific Qol model as a result of a meta-synthesis of qualitative studies. On this basis a selection of adequate strategies for the evaluation of the construct validity of the QUALIDEM is made. (2) The second empirical phase consists of the three following steps: (a) an investigation of the scalability and internal consistency based on a sample of 634 people with dementia, (b) an evaluation of the inter-rater (n = 161) and intra-rater reliability (n = 159), and (c) based on the results of the theoretical phase, a cross-sectional investigation of the construct and criterion validity of the QUALIDEM. (3) In the third phase, the QUALIDEM will be adapted, if necessary, based on the knowledge generated in the first two phases.

STATUS

The investigation of the scalability and one reliability study of the QUALIDEM have been completed. In 2014, a user manual to increase the inter-rater reliability of the QUALIDEM was developed. This was followed by a new investigation of the inter-rater reliability using the developed user manual as part of the data collection. This study demonstrated an increase of the inter-rater reliability of the QUALIDEM based on the application of the QUALIDEM User Guide. A publication is in preparation.

Moreover, a systematic review of the linguistic validation and reliability of dementia-specific Qol measurements was published in 2015. A publication of the results of the meta-synthesis is in preparation. Thereafter the evaluation of the construct validity will start in 2016.

RESULTS/ APPLICABILITY

A user guide for the use of the QUALIDEM and for increasing its inter-rater reliability is available and will be published in 2016. The application of the user guide yielded an increase in the inter-rater reliability of the QUALIDEM. As a preliminary result of the meta-synthesis, the following 14 quality of life domains for people with dementia were identified: family, social contact and relationships, self-determination and freedom, living environment, positive emotions, negative emotions, privacy, security, self-esteem, health, spirituality, care relationship, pleasant activities and future prospects.
2.3 METHODS AND MEASUREMENTS

DISSEMINATION

CONFERENCES:


INTRODUCTION

For the diagnosis of dementia, several definitions and diagnostic manuals are available. In primary care, which means at the general practitioner’s or clinical specialist’s, the diagnosis of dementia is evaluated mainly symptom-oriented and is supported by imaging methods or blood or liquor tests. A differential diagnosis that involves the evaluation of the cause of the disease and a specification of the etiological type is very resource-intensive and complex; it requires a very profound knowledge about the patient and the symptom development in recent years. An absolutely certain diagnosis can sometimes only be made several years after the first symptoms occur.

Dementia is a disease which affects mainly very old people, who develop the Alzheimer’s disease or vascular dementia. In the elderly population, the diagnostics are especially difficult, because other morbidities or age-related sensory impairments exacerbate the performance of cognitive tests. Additionally, a distinction between an age-associated cognitive decline and the development of a dementia is difficult to determine.

The quality of existing dementia diagnosis is suboptimal in primary care in Germany. Studies showed that the diagnostics are seldom performed according to the latest guidelines and quite often existing diagnoses are no longer valid when they come under scrutiny. It is also assumed that many persons who suffer a dementia do not have a valid dementia diagnosis.

For health services research, this situation poses a severe challenge. Empirical studies require a precise definition of its population; a correspondent study sample should be determined and selected in a practicable, ethically justifiable and valid way and reported transparently. To improve the comparability of studies, a consistent approach of identifying the study sample would be of value to the research community.

The project aims to develop a theoretical- and empirical-based reference for the case identification in health services research on dementia. It is aimed to contribute to the development of best-practice
2.3 METHODS AND MEASUREMENTS

standards for the assessment of in- and exclusion criteria as well as the reporting in scientific journals. Additionally, the professional discussion about the operationalization of dementia and neurocognitive disorders should be enhanced. The developed reference should support health service researchers to decide about their sampling strategy (decision aid).

METHODS

As a first step, a literature review on methods used to identify the study population of people with dementia who live in nursing homes was conducted. The review is considered as a basic work that justifies the necessity of the whole project. Next steps are planned at the beginning of 2016.

STATUS

The literature review has been submitted for publication and is currently under review. Initial preparatory work has been conducted for the development of the decision aid.

RESULTS/ APPLICABILITY

The decision aid should alleviate and standardize the definition of in- and exclusion criteria and the recruitment process. In future health service research studies, the sample size and the represented study population will be determined more precisely; this will improve the quality of health services research studies in the field of dementia.
2.3 METHODS AND MEASUREMENTS

DISSEMINATION

CONFERENCES:


2.3 METHODS AND MEASUREMENTS

<table>
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<tr>
<th>Title</th>
<th>ACCOMPANYING SCIENTIFIC EVALUATION OF THE NATIONWIDE IMPLEMENTATION PROJECT “EIN-STEP” – IMPLEMENTATION OF THE STRUCTURE MODEL FOR DEBUREAUCRATIZATION</th>
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<tr>
<td>Duration</td>
<td>August 2015 – March 2016</td>
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<tr>
<td>Funding</td>
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<td>Collaboration</td>
<td>IGES Institute GmbH</td>
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<tr>
<td>Principal Investigator</td>
<td>Martina Roes</td>
</tr>
<tr>
<td>Scientific Staff</td>
<td>Anna Waldhausen, student assistant</td>
</tr>
</tbody>
</table>

INTRODUCTION

The financial input for the time that nurses spend on nursing records as defined by the Social Code Book XI (SGB XI) is about 2,7 bn per year, according to the Federal Statistical Office in Germany. The documentation effort takes time resources which are thus not available for hands-on care. Due to this development, the Federal Ministry of Health implemented an ombudswoman for the debureaucratization in nursing practice who developed the so-called structure model in 2013 with participation of a broad expertise. This has been tested in practice from September 2013 until April 2014. Because of the positive results, an implementation of the structure model in practice was initiated subsequently in the context of the project “EinSTEP” (Einführung des Strukturmodells zur Entbureaucratization der Pflegedokumentation). The aim was to implement the model in 25% of all in- and outpatient services and facilities in Germany. The project has been awarded to IGES Institute. IGES, in turn, commissioned the scientific evaluation of the implementation process to DZNE Witten. However, this is about an evaluation of very small extent that primarily focuses on implementation issues.

On the one hand, the findings of the evaluation should demonstrate to what extent the establishment of a sustainable and area-wide expertise succeeded through the implementation in all relevant instances (in- and outpatient nursing facilities, associations and testing instances) (question 1). On the other hand, beneficial and hindering factors that influence the implementation of the structure model should be identified (question 2).

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16 Implementation of the structure model for debureaucratization of nursing records
2.3 METHODS AND MEASUREMENTS

METHODS

The first question was how the different experts who are involved in the implementation assess the process conversion to the new structure model or which beneficial or hindering factors they observe. To answer this question, an online survey was conducted using an online questionnaire (LimeSurvey). The questionnaire was formulated in three versions: One version for leadership, one for multipliers and one for testing instances. The online surveys were conducted with a random sample (1/3 of registered facilities in all German states in August 2015). Because of a low level of response (<25%) on the part of multipliers, recruitment took place again in January 2016. The link to the online questionnaire has been sent out by the IGES institute, whereby the answers of participants could only be viewed by DZNE. Following that, representatives of testing instances were interviewed.

Furthermore, entries in multiplier forums were analyzed to edit the question of beneficial and hindering factors. This concerned the previously selected German states NRW, Berlin and Brandenburg at two points of time: entries between June and August 2015 were analyzed in September; entries from September to December were analyzed in January.

Question two was about how participating experts observe the nationwide implementation strategy concerning the development of expertise in the field. This was answered using qualitative interviews. A total of 22 interviews were realized with multipliers, regional coordinators, representatives of associations and testing instances as well as representatives of the steering committee (federal level). Qualitative data was subsequently partly transcribed. Afterwards, an inductive, qualitative content analysis was made using MAXQDA.

STATUS

All data have been collected. They will be prepared and analyzed in January 2016. The reporting will be completed by the end of March 2016.

RESULTS/ APPLICABILITY

More than 25% of all outpatient services and inpatient facilities in geriatric care registered for participation in the implementation project for raising efficiency of nursing records. Results of evaluation provide evidence about the beneficial or hindering factors influencing the implementation. They also show whether sustainable expertise has been developed through the new structure model and how this could be further supported.
DISSEMINATION

CONFERENCES:


## 2.4 Potentials of and in Care Arrangements

<table>
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<tr>
<th>Title</th>
<th>MULTI-CENTERED, INTERDISCIPLINARY EVALUATION STUDY OF DEMENTIA CARE NETWORKS IN GERMANY</th>
<th>DemNet-D</th>
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<td><strong>Duration</strong></td>
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<td><strong>Funding</strong></td>
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<td><strong>Collaboration</strong></td>
<td>• DZNE Rostock / Greifswald and University of Greifswald (Institute for Community Medicine, Section Epidemiology of Health Care and Community Health), Prof. Dr. W. Hoffmann&lt;br&gt;• Institut für angewandte Sozialwissenschaften (IfaS) (Institute for applied social sciences), Baden-Wuerttemberg Cooperative State University Stuttgart (DHBW), Prof. Dr. S. Schäfer-Walkmann&lt;br&gt;• University of Bremen, FB 11, Human and Health Sciences, Nursing sciences, Prof. Dr. K. Wolf-Ostermann</td>
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</table>

The following dementia care networks take part in the DemNet-D study:
1. Demenznetzwerk Uckermark
2. Demenznetzwerk Memo Clinic (Stralsund)
3. Qualitätsverbund Netzwerk im Alter e.V. (Berlin)
4. Gerontopsychiatrisch-Geriatrischer Verbund Charlottenburg-Wilmersdorf e.V., Ansprechpartner (Berlin)
5. Initiative „Demenzfreundlich Treptow-Köpenick“ (Berlin)
6. Demenzfreundliche Kommune Lichtenberg (Berlin)

**Principal Investigator**<br>Bernhard Holle, Franziska Laporte Uribe (project coordination)

**Scientific Staff**<br>Steffen Heinrich
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

INTRODUCTION

The finalized DemNet-D study (multi-centered, interdisciplinary evaluation study of dementia care networks in Germany) aimed at evaluating regional networks for people with dementia (PwD) and care outcomes related to those networks, the care situation on these regions as well as the cooperation and network structures. For this study, 13 well-established dementia care networks in Germany were analyzed and compared with each other to determine those factors contributing towards a sustainable network.

The following analyses were conducted for this study:

1. Analyses regarding the characteristics of network users, i.e., PwD and their family-caregivers
2. Analyses regarding the structure and processes within and beyond the dementia care networks (e.g., service providers, key-persons, cooperation partners); evaluation of knowledge management, i.e., providing an overview of measures to disseminate and implement knowledge on dementia in dementia care networks
3. Health economic analyses to determine factors that contribute towards financial capacity of a dementia care network and to identify conditions and requirements for financial and economic sustainability of a network structure
4. Recommendations, information material, and best practice examples etc. to collate in a “dementia toolbox” to provide practical advice and support for existing and future networks

METHODS

The DemNet-D study was conducted in close cooperation by a research consortium consisting of four research institutes. Each of the four research institutes functioned as a cooperation partner of several dementia care networks \((N = 13)\). The DZNE site Witten cooperated closely with four dementia care networks located in North Rhine-Westphalia (Ahlen, Arnsberg, Krefeld und Minden-Lübbecke).

In this multi-centered, multi-professional and multivariate follow-up study, a mixed-method approach was applied with qualitative and quantitative methodologies being utilized (methodology triangulation). Using primary data (quantitative and qualitative data regarding network structures, network processes, network governance, and knowledge management, quantitative and qualitative PwD and caregiver parameters [face-to-face interviews, questionnaires]), outcomes have been generated which provided a basis for a) setting up effective new dementia care networks, b) for raising
the quality of existing dementia care networks, and c) for gaining scientific understanding of such networks.

Each research institute focused on a different aspect of the study and the related research questions. The DZNE site Witten was primarily responsible for caregiver-related outcomes (burden and care arrangements), questions with regard to knowledge management as well as for the implementation and dissemination of results, i.e. providing recommendations and practice support by developing a “dementia tool-box”. Quantitative caregiver data were collected using standardized questionnaires (BIZA-D, D-IVA). “Knowledge management” processes were primarily investigated using qualitative data from interviews with key-persons from the dementia care networks. A structured content analysis (Mayring, 1990) was applied. In a mixed-methods approach, relevant quantitative and qualitative data were combined. The analyses of results as well as the development of the “dementia tool-box” were conducted in close cooperation with all research partners. Quantitative data were collected at baseline and 12-month follow-up. The data analyzes have now been completed.

**STATUS**

Follow-up interviews with 397 PwD and their primary family-caregivers were conducted between January and August 2014 (quantitative data collection). At the same time, quantitative baseline data were analyzed (N = 560 dyads) both on population level as well as in reduced complexity on network level. Multi-level analyses on the potential impact of dementia care network types on clinical outcomes are currently being carried out at the University of Bremen (sub-contract).

Semi-structured interviews with the dementia care network coordinators were analyzed in the first quarter of 2013. The analysis of qualitative data on knowledge management has been finalized and two articles have been submitted to peer-reviewed journals. Up to now, one article has been accepted for publication. The quantitative findings dealing with caregiver’s burden and the care arrangements at home will be integrated into three articles. One article (burden) was submitted to a peer-reviewed journal in the meanwhile and the second article will be submitted shortly. The third article is in preparation. Additional funding has been provided by the BMG for the development of a “dementia tool-box” as a homepage. This add-on project was conducted by the DZNE sites Witten and Rostock/Greifswald between January and October 2015. The content of that homepage is written in German language. The page can be accessed by the ULR: www.demenznetzwerke.de
The official deadline for final project report is the 31. March 2016. The parts of the report by the DZNE site Witten have already been completed. The complete report, with the integrated parts of all DemNet-D cooperation partners is expected to be finalized in time.

RESULTS/ APPLICABILITY

Based on the quantitative and qualitative data collection, a number of different findings were created that will exceed by far the singular characterization of just one network. Applying methodology triangulation, the connectivity of different outcomes was ensured, thereby providing a comprehensive picture of the object of investigation. The evaluation resulted in a number of converging, diverging, and complementary findings regarding factors for success of dementia care networks thus allowing for greater generalizability of the findings.

Findings were disseminated in four different ways:

1. An expert workshop with key-persons, stakeholder, and service providers of dementia care networks
2. Homepage, i.e., a modular “dementia tool-box” providing evidence-based, matching, the regional specifications considering practical support information on the set-up, operating, and optimizing of dementia care networks
3. Results made available to the participating dementia care networks (fact-sheets)
4. Public relations utilizing the scientific and non-scientific sector

The results of the DemNet-D study were used for the development of the “dementia tool-box” containing recommendations and best-practice examples. This toolbox is a guideline for all those who are (interested in) setting up, managing, or supporting a dementia care network providing information on how care structures that build a network can be implemented, governed, and in the medium and long term be sustained. The “dementia tool-box” homepage was switched online during the final DemNet-D meeting on the 21st September 2015. The DemNet-D project partner, as well as the BMG with Minister Hermann Gröhe and the 13 DCNs participated at this meeting.
DISSEMINATION

CONFERENCES:


2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

PAPER/ BOOKS/ REPORTS:


Currently, there are no specific trajectory models in a long-term study for people with dementia in the early and middle stage of their disease compared to people with multiple sclerosis and Parkinson's.

This study aims to develop intervention concepts for people with Dementia, Multiple Sclerosis and Parkinson to support their individual coping strategies during lifetime. Graduation modes are to be found. The following research question focuses on: Which graduation modes are important to manage the coping process to integrate Dementia, Multiple Sclerosis or Parkinson's during life trajectory?

The study LEBE is designed as a qualitative empirical long-term study over a period of at least three years. It is based on the analysis of narrative biographical interviews and episodic interviews. At least four and up to eight people with dementia, multiple sclerosis or Parkinson's disease are included per survey phase.

The reconstruction of coping-strategies based on the reports made by people with dementia, multiple sclerosis and Parkinson's disease during their lifetime is based on an important subjective factor of quality of life: well-being. Different methods of qualitative empirical data analysis were chosen and combined according to the data basis.
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

STATUS

The third phase of survey has been completed. The data have been evaluated. A book template has been created.

In 2016, the fourth data collection phase will be conducted and evaluated.

RESULTS/ APPLICABILITY

The results can be used to determine how people suffering from dementia, Parkinson’s or multiple sclerosis experience their illness, thus enabling a more exact planning of the supportive measures they require.

DISSEMINATION

CONFERENCES:


PAPER/ BOOKS/ REPORTS:

INTRODUCTION

Since the mid-nineties, person-centeredness – often cited in connection with Tom Kitwood – is a well-known concept in the field of care for people with dementia (pwd) as well as in dementia research. As an alternative concept for a primarily clinical and medical approach, person-centeredness marks a shift of perspective in dealing with pwd. Instead of treatment and cure of dementia the focus lies on the psychosocial consequences of the disease and therefore aims at improving quality of life. Under the label of person-centeredness, a broad and heterogeneous field can be found, ranging from concrete practical care and support measures to theoretical considerations and on to the approaches of care providers and research organizations. Since the nineties, the number of publications referring to person-centeredness has been growing; however, they refer to the concept in very different ways. In view of this development, the question arises whether and how person-centeredness can be understood as a coherent approach and whether it is based on a reliable common theoretical ground.

Furthermore, in the case of dementia the concept of person-centeredness poses special challenges for theory and practice. For the affected people the progressive course of the disease has direct implications on their world-experience and learning abilities. This has implications on personal identity, which becomes more and more fragile with further progression. Consequently, it seems that there is no common agreement on how “being a person” could be conceptualized, considering the background of dementia.
In order to do justice to the complexity of the field of person-centeredness in dementia the research project Per-Dem presented here is divided into two parts. In the first part of the project, an inventory of the concept of person-centeredness will be undertaken. In doing so, the following questions should be considered: What does the concept of person-centeredness with regard to dementia mean in the research literature? What ideas of person-centeredness currently exist? Are there commonalities and/or differences in the definition of the concept? Is there a common theoretical reference framework to be identified?

The findings of these first steps will build a solid ground for a thorough discussion of the concept of personhood during the second part of the project. Considering the background of dementia, it seems to be questionable in general how personhood can be understood conceptually. Therefore the question is examined which concepts of personhood underlie the research literature with regard to dementia.

The resulting systematic substantial overview of the topic “person and dementia” will enable a critical examination of theories within dementia research as well as of existing care concepts. This will improve the appropriateness of the theories of person-centeredness and the concepts of “being a person” with dementia, which might lead to more theoretical grounding in research and practice.

In the medium term the preceding analysis provides the basis for a conceptual paper, which enables a concrete positioning of the DZNE in Witten within the international debate on person-centeredness. The following research questions shall be answered during the project:

1. What does the concept of person-centeredness mean with regard to dementia in the research literature?
2. Which concepts of personhood underlie the research literature concerning person-centeredness with regard to dementia?
3. What are the consequences of the underlying concepts of personhood for dementia research and care?

**METHODS**

To cover a wide range of literature and to generate a systematic literature search as comprehensive as possible, the search will be conducted as a scoping study. A search strategy for a total of nine databases will be designed and corresponding search runs will be carried out. Apart from that, relevant publications will be additionally gathered through hand search and consultation of experts. Subse-
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

Subsequently the full texts will be analyzed with MAXQDA. For dealing with the first research question, categories will be formed from the identified publications following the Grounded Theory (Glaser and Strauss) in order to describe in this way the different ideas of person-centeredness in appearance and content and, moreover, to quantify them numerically.

The results of the scoping study will be used to deal with the second and third research question in a next step. To identify the underlying concepts of the person and personhood from the research literature and to compare them differentially, the search strategy of the first research question may possibly have to be modified and a further research conducted. The subsequent analysis will also be carried out in MAXQDA.

STATUS

With reference to relevant publications on the subject of person and dementia (for example, the opinion of the German Ethics Council on Dementia and self-determination 2012) keywords were generated and a search strategy (with adjustments to the particular databases) was developed. A systematic literature search was conducted in nine databases (Medline, PsychInfo, PubPsych, Cinahl, Scopus, Web of Science, Cochrane, Sowiport, EBSCO-Geisteswissenschaften; overall hits n=3517), the duplicates were removed and a title/abstract screening with regard to the first research question was completed. Currently, the analysis of the included articles with MAXQDA is proceeding and first results have been presented to (inter)national cooperation partners. The planned completion date of the first project phase (scoping study) is 2016.

RESULTS/ APPLICABILITY

The results of the project Per-Dem provide a systematic overview of the actual debate on person-centeredness with regard to pwd. Alongside a concept clarification, the results enable a critical analysis of the consequences for existing care-concepts and of the basis of theory within dementia research in general. For the DZNE in Witten the results also contribute to positioning DZNE within the international debate on person-centeredness and dementia regarding both research and care practice.
DISSEMINATION

CONFERENCES:


INTRODUCTION

The majority of people with dementia in Germany live at home and are cared for by family members and other informal carers. These care arrangements, which are coordinated mostly by informal carers, are the backbone of home-based dementia care.

StiV-H is a follow-up study of the VerAH-Dem study, which was conducted at the DZNE Witten between 2010 and 2013. One of the main results of VerAH-Dem is a phase model illustrating informal caring trajectories from the onset up to the late phases of a dementia-associated disorder; creating and maintaining stability was identified as being an underlying theme over the whole course of the trajectory.

The StiV-H study takes up these results and aims at a deeper understanding of what constitutes stability of home-based care arrangements and the development of a methodological approach to assess stability in the future.

The short-term objective of STiV-H is to develop a definition for the phenomenon ‘stability of home-based care arrangements’ with a focus on informal caring trajectories and needs and the demands of people with dementia and their families. Furthermore, the aim is a) to identify and operationalize influencing factors on stability; and b) to empirically validate the phase model of informal caring trajectories. The project investigates the following research questions:

1. How can the stability of home-based care arrangements for people with dementia be defined and what constitutes and influences stability?
2. How can identified influencing factors be operationalized and analyzed?
3. Is the phase model developed in the VerAH-Dem pilot study valid and generalizable? Are there phase-specific influencing factors on stability?
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

METHODS

A development of a definition of stability of home-base care arrangements in consensus process (focus groups with experts) at site Witten will be made. Moreover, a systematic review about stability of home-based care arrangements for people with dementia and their influencing factors over the course of time will be conducted. Finally, a validation study on the pre-existing phase model of informal caring trajectories in home-based-care arrangements for people with dementia (focus groups with informal carers) will be performed.

STATUS

A definition of stability of home-based care arrangement has been developed and accepted for publication; a systematic review is in progress.

Access to the field for the validation study (focus groups) has been initiated; the validation of the phase model of informal caring trajectories will be completed by the end of 2016.

RESULTS/ APPLICABILITY

The StiV-H study will provide us with a validated trajectory model of informal caring over the course of a dementia-related disorder in home-based care arrangements and also with a compilation of influencing factors on stability for this setting.

The results can be used to develop a stability assessment in order to develop interventions to promote and maintain stability so that people with dementia can remain at home for as long as possible under satisfying conditions for all parties involved.
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

DISSEMINATION

CONFERENCES:


PAPER/ BOOKS/ REPORTS:

### Introduction

Handling challenging behavior is one of the most demanding burdens of caring for persons with dementia. Understanding diagnostic is a method of analyzing possible reasons for challenging behavior for professional nursing staff. The IdA Assessment is a systematic method for understanding diagnostic which is only available for professional nurses, however. A method for informal caregivers is not yet available. The particular focus of insideDEM is to adapt the IdA Assessment as a part of an assistive technology for understanding diagnostics for informal caregivers. The following aims are to be achieved:

1. To increase the quality of care for persons with dementia by adapting the IdA Assessment as a part of an assistive technology for informal caregivers
2. Real-time Sensor-based Activity Recognition of challenging behavior of persons with dementia.
3. Efficient computer-based implementation of an assistive technology in the working processes between informal and formal caregivers
4. To present a exemplary and user-centered approach to develop assistive technologies for persons with dementia
5. Analyzing ethical and legal consequences of the insideDEM assistive technology

<table>
<thead>
<tr>
<th>Title</th>
<th>insideDEM - UNDERSTANDING THE BEHAVIOR OF PERSONS WITH DEMENTIA WITH ASSISTIVE TECHNOLOGIES USING DIAGNOSTIC AND DECISION PROCESSES</th>
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<tbody>
<tr>
<td>Duration</td>
<td>2015 - 2018</td>
</tr>
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<td>Funding</td>
<td>Federal Ministry of Education and Research DZNE (own funding share)</td>
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</table>
| Collaboration | • German Center for Neurodegenerative Diseases (DZNE) with sites in Witten and Rostock/Greifswald  
• euregon AG, Augsburg  
• Städtische Seniorenheime Krefeld  
• University of Rostock, Institute of Computer Science, Mobile Multimedia Information Systems Group  
• University of Applied Sciences Dusseldorf, Faculty of Media |
| Principal Investigator | Margareta Halek |
| Scientific Staff | Sven Kernebeck |
2.4 POTENTIALS OF AND IN CARE ARRANGEMENTS

METHODS

An assistive technology is developed by using a stepwise and user-centered approach. After the development phase the assistive technology will be evaluated in a Stepped-Wedge-Study.

STATUS

To summarize the dementia-specific knowledge for the assistive technology, a comprehensive review of the literature has been conducted, focused on the reasons for challenging behavior. Furthermore, we are conducting discussions between dementia experts at the DZNE site in Witten to adapt IdA for the use of informal caregivers.

RESULTS/ APPLICABILITY

At the end of the project, it will be possible to support informal caregivers in managing the challenging behavior of their relatives in their homes with the help of the developed assistive technology.
3. WORK RESULTS WITHOUT DIRECT RELATION TO PROJECTS IN 2015

### 3.1 ARTICLES (PEER-REVIEWED)


3. WORK RESULTS WITHOUT DIRECT RELATION TO PROJECTS IN 2015

3.2 ARTICLES (NOT PEER-REVIEWED)


3.3 BOOK CHAPTERS


3.4 EDITED BOOKS


3.5 PRESENTATIONS (PEER-REVIEWED)


**3.6 PRESENTATIONS (INVITED)**


Roes, M. (02.06.2015). *Implementierungsstrategien im Kontext von Qualitätsmanagement im Krankenhaus*. Caritasverband für das Erzbistum Paderborn e. V.; St. Johannes Hospital, Hagen.


3. WORK RESULTS WITHOUT DIRECT RELATION TO PROJECTS IN 2015

3.7 SELF-ORGANIZED EVENTS

**Expert Dialogue** „Research for people with dementia in North-Rhine Westphalia“, Ministry of Health, Equalities, Care and Ageing (MGEPA) in NRW and DZNE sites Witten and Bonn, 05.03.2015, Düsseldorf

<table>
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<tr>
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<td>Second Practice-Research-Dialogue</td>
<td>24.03.2015, DZNE Witten</td>
</tr>
<tr>
<td>Third Practice-Research-Dialogue</td>
<td>“Developing sustainable implementation”, 17.09.2015, DZNE Witten</td>
</tr>
<tr>
<td>Sixth Annual Conference of DZNE site Witten</td>
<td>“The Look at Challenging Behavior – Yesterday, Today and Tomorrow”, 07.10.2015, Witten/ Herdecke University</td>
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</tbody>
</table>
4. WORK IN BOARDS AND CONSULTING ACTIVITIES

Most of the scientific staff are members of the faculty of health at Witten/Herdecke University. Besides which, the site in Witten is a member of the Interdisciplinary Centre for Health Services Research (IZVF, Witten/Herdecke University). Employees are listed below as at the end of 2015.

**DICHTER M.**
- German Nurses Association Northwest (DBfk, executive board member)
- German Society for Epidemiology (DGEpi) e.V.
- German Society of Nursing Science (DG Pflegewissenschaft)
- European Academy of Nursing Science (EANS)
- International Psychogeriatrics Association (IPA)
- International Society of Quality of Life Research (ISOQOL)

**DINAND C.**
- German Society of Nursing Science (DG Pflegewissenschaft)

**DÖTTLINGER B.**
- German Society of Nursing Science (DG Pflegewissenschaft)
- Internationaler Förderverein Basale Stimulation e. V.

**GRAF R.**
- German Nurses Association (DBfk)
4. WORK IN BOARDS AND CONSULTING ACTIVITIES

**HALEK M.**
- German Society of Nursing Science (DG Pflegewissenschaft)
- INTERDEM Network (European network of researchers on early detection and psycho-social interventions in dementia)
- Member of the project advisory board: Persönliche Lebensdokumentation für Menschen mit Demenz und Pflegepersonen (PERLEN, Personal documentation of life for people with dementia and caregivers) (2016-2018)
- Member of the expert group „Expertenstandard zur Pflege von Menschen mit Demenz“ (Expert standard for nursing care for people with dementia) of DNQP (German Network for Quality Development in Nursing) (2015-2017)
- Editorial board of the BMFSJF (Federal Ministry of Family, Senior Citizens, Women and Youth) website, people with dementia in hospital
- Advisory board, Stiftung Pflege e.V. (Foundation for nursing care)

**HOLLE B.**
- German Society of Nursing Science (DG Pflegewissenschaft)

**HOLLE D.**
- German Society of Gerontology and Geriatrics (DGGG)
- German Society of Nursing Science (DG Pflegewissenschaft), auditor
- European Academy of Nursing Science (EANS)
- INTERDEM Network (European network of researchers on early detection and psycho-social interventions in dementia)
- International Psychogeriatric Association (IPA)
- Member of the expert working group for updating the expert standard „Ernährungsmanagement zur Sicherstellung und Förderung der oralen Ernährung in der Pflege“ (Nutrition management for ensuring and promoting oral nutrition), DNQP
- Member of the working group „Dementia Outcome Measures; charting new territory“ supported by the EU Joint Programme – Neurodegenerative Disease Research (JPND)
- Member of the expert working group for updating the DEGAM-guideline „Pflegende Angehö- rige“ (caring relatives), delegate of DGP
### 4. WORK IN BOARDS AND CONSULTING ACTIVITIES

**KERNEBECK S.**
- Deutscher Verband für Gesundheitswissenschaften und Public Health e.V. (DVGPH) (Association for health sciences and public health)
- German Network for Evidence-based Medicine
- Society for the scientific investigation of parasciences (GWUP)

**KÖHLER K.**
- German Society of Gerontology and Geriatrics (DGGG)

**LAPORTE URIBE F.**
- Alzheimer’s Association International Society to Advance Alzheimer’s Research and Treatment (ISTAART)

**PALM R.**
- German Nurses Association (DBfK)
- German Society of Nursing Science (DG Pflegewissenschaft)
- European Academy of Nursing Science (EANS)
- International Psychogeriatric Association (IPA)
- German Academic Scholarship Foundation, Alumni

**PANKE-KOCHINKE B.**
- German Society of Nursing Science (DG Pflegewissenschaft)

**PINKERT CH.**
- German Society of Nursing Science (DG Pflegewissenschaft)

**PURWINS D.**
- German Society of Nursing Science (DG Pflegewissenschaft)
4. WORK IN BOARDS AND CONSULTING ACTIVITIES

QUASDORF T.
- German Society of Nursing Science (DG Pflegewissenschat)
- German Nurses Association (DBfK)

ROES M.
- Dementia Doctoral Training Centre (University of Bradford, UK), member of the scientific board
- Academy Health - Advancing Research, Policy and Practice, member of the program committee
- German Society of Gerontology and Geriatrics (DGGG)
- German Society of Nursing Science (DG Pflegewissenschafi), section dissemination and implementation (SDI), chairperson (until September 2015)
- Deutsches Netzwerk Versorgungsforschung e. V. (DNVF) (German Network Health Care Research), founder member of the section health literacy
- INTERDEM Network (European network of researchers on early detection and psycho-social interventions in dementia)
- Federal Joint Committee (G-BA), member of three working groups
- Gerontological Society of America (GSA)
- Harkness Fellow, Alumi Commonwealth Foundation
- Institute for Quality and Efficiency in Health Care (IQWiG), board of trustees
- Improvement Science Research Network (ISRN)
- International Psychogeriatric Association (IPA), member of the program committee
- Robert Bosch Fellow, Alumi
- Society for Implementation Research Collaboration (SIRC), Founding Member
- Scientific board of the care congress Bremen, speaker
## 4. WORK IN BOARDS AND CONSULTING ACTIVITIES

**SCHWAB C. G. G.**
- German Nurses Association Northwest (DBfk, board member)
- German Society for Epidemiology (DGEpi) e.V.
- German Society of Nursing Science (DG Pflegewissenschaft)
- Deutsches Netzwerk Versorgungsforschung e. V. (DNVF) (German Network Health Care Research),
- Honor Society of Nursing, Sigma Theta Tau International (STTI), Rho Chi Chapter
- International Council of Nurses (ICN)

**SERBSER J.**
- German Society for Human Ecology (DGH)

**TRUTSCHEL, DIANA**
- German Region of the International Biometric Society (IBS-DR)

**VON KUTZLEBEN M.**
- Mixed Methods International Research Association (MMIRA)
- Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment (ISTAART)
5. WORK FOR SCIENTIFIC PAPERS AND PUBLISHERS

Employees are listed below as at the end of 2015.

**DICHTER M.**
- Archives of Gerontology and Geriatrics: Peer Reviewer
- BMC Geriatrics: Peer Reviewer
- Clinical Interventions in Aging: Peer Reviewer
- Cochrane Database for Systematic Reviews: Peer Reviewer
- Health and Quality of Life Outcomes: Peer Reviewer
- International Journal of Nursing Studies: Peer Reviewer
- International Psychogeriatrics: Peer Reviewer
- Pflege (Huber): Peer Reviewer
- German Journal for Evidence and Quality in Health Care: Peer Reviewer

**DINAND C.**
- Scandinavian Journal of Caring Sciences (SJCS): Peer Reviewer

**HALEK M.**
- Aging and Mental Health: Peer Reviewer
- Pflege (Huber): Peer Reviewer
- Scandinavian Journal of Caring Science: Peer Reviewer
- International Journal of Nursing Studies (IJNS): Peer Reviewer

**HOLLE B.**
- Pflege (Huber): Peer Reviewer
## 5. Work for Scientific Papers and Publishers

<table>
<thead>
<tr>
<th>Name</th>
<th>Publications/ Roles</th>
</tr>
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</table>
| **Holle D.**   | - International Journal of Nursing Studies (IJNS): Peer Reviewer  
- International Psychogeriatrics: Peer Reviewer  
- Pflege (Huber): Peer Reviewer  
- American Journal of Alzheimer Disease & Other Dementia: Peer Reviewer |
| **Laporte Uribe F.** | - International Psychogeriatrics: Peer Reviewer |
| **Palm R.**    | - Journal of Nursing Home Research Science: Peer Reviewer  
- International Psychogeriatrics: Peer Reviewer |
| **Reuther S.** | - International Psychogeriatrics: Peer Reviewer |
| **Roes M.**    | - Gerontology Society of America: review abstracts  
- Healthcare Policy: Peer Reviewer  
- Managementhandbuch Pflege, medhochzwei Verlag: co-editor  
- PADUA, Huber Verlag: co-editor  
- Pflege und Gesellschaft, Juventa: Peer Reviewer  
- Pflegewissenschaft, hps media: editorial, Peer Reviewer  
- Zeitschrift für Gerontologie und Geriatrie: Peer Reviewerin |
| **Schwab C.G.G.** | - Pflege (Huber): Peer Reviewer |
| **Von Kutzeben M.** | - International Psychogeriatrics, Peer Reviewer |
### 6. TEAM

**E-Mail:** name.surname@dzne.de  
**Phone:** +49 2302/ 926-

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
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<tbody>
<tr>
<td><strong>Management</strong></td>
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<tr>
<td>Roes, Martina</td>
<td>Speaker</td>
<td>Prof. Dr. phil. Dipl. Soziologin</td>
<td>147</td>
</tr>
<tr>
<td>Waldhausen, Anna</td>
<td>Scientific assistant to the site speaker</td>
<td>MSc European Studies, Dipl.-Soz. Wiss.</td>
<td>244</td>
</tr>
<tr>
<td>Halek, Margareta</td>
<td>Senior research group leader Care interventions and co-speaker</td>
<td>Dr. rer. medic., MScN</td>
<td>108</td>
</tr>
<tr>
<td>Holle, Bernhard</td>
<td>Senior research group leader Care structures</td>
<td>Dr. rer. medic., MScN</td>
<td>241</td>
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<tr>
<td><strong>Administration</strong></td>
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<tr>
<td>Dünhölter, Cornelia</td>
<td>Site coordination</td>
<td>Dipl. oec. MScCM</td>
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<tr>
<td>Freudewald, Heike</td>
<td>Administration</td>
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<td>from January 2015</td>
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<tr>
<td>Karwatzki, Sigrid</td>
<td>Administration (on sick leave)</td>
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<tr>
<td>Möller, Sabine</td>
<td>Administration</td>
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# Research Group Methods in Health Service Research

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<th>Name</th>
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<tr>
<td>Roes, Martina</td>
<td>Senior research group leader</td>
<td>Prof. Dr. phil., Dipl. Soz.</td>
<td>147</td>
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<tr>
<td>Albers, Bernd</td>
<td>Scientific staff</td>
<td>MScN</td>
<td>251</td>
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<td>Döttlinger, Beatrix</td>
<td>Scientific staff</td>
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<tr>
<td>Müller, René</td>
<td>Data Management</td>
<td>Medical documentarian</td>
<td>209</td>
</tr>
<tr>
<td>Panke-Kochinke, Birgit</td>
<td>Scientific staff Qualitative methods</td>
<td>Venia legendi Soziologie, Dr. phil., Staatexamen Sek.2</td>
<td>227</td>
</tr>
<tr>
<td>Schwab, Christian G. G.</td>
<td>Scientific staff</td>
<td>MScN, Dipl.-Kfm. (FH)</td>
<td>258</td>
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<tr>
<td>Trutschel, Diana</td>
<td>Scientific staff Quantitative methods</td>
<td>Dipl.-Bioinformatics</td>
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# Research Group Care Interventions

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<tr>
<td>Halek, Margareta</td>
<td>Senior research group leader Care interventions and co-speecher</td>
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<tr>
<td>Dichter, Martin</td>
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<td>MScN</td>
<td>253</td>
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<tr>
<td>Dinand, Claudia</td>
<td>Scientific staff</td>
<td>MScN</td>
<td>225</td>
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<tr>
<td>Graf, Rabea</td>
<td>Scientific staff</td>
<td>MScPH</td>
<td>175</td>
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<tr>
<td>Holle, Daniela</td>
<td>Scientific staff</td>
<td>Dr. rer. medic., MScN</td>
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<tr>
<td>Kernebeck, Sven</td>
<td>Scientific staff</td>
<td>MScPH</td>
<td>242</td>
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<tr>
<td>Laekeman, Marjan</td>
<td>Scientific staff</td>
<td>MscPhys</td>
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<td>Nover, Sabine</td>
<td>Scientific staff</td>
<td>Dr. rer. pol., Dipl.-Ök.</td>
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<td>Reuther, Sven</td>
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<td>MScN</td>
<td>231</td>
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<tr>
<td>Segschneider-Rosier, Ute</td>
<td>Scientific staff</td>
<td>MSc klin. Psych.</td>
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<tr>
<td>Sirsch, Erika</td>
<td>Scientific staff</td>
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## 6. Team

### Research Group Care Structures

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<tr>
<td>Dreyer, Jan</td>
<td>Scientific staff</td>
<td>Dipl. Social science</td>
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<tr>
<td>Heinrich, Steffen</td>
<td>Scientific staff</td>
<td>MScGPw</td>
<td>262</td>
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<tr>
<td>Hochgraeber, Iris</td>
<td>Scientific staff</td>
<td>MScN</td>
<td>252</td>
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<tr>
<td>Köhler, Kerstin</td>
<td>Scientific staff</td>
<td>Dipl. gerontology</td>
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<td>Mogar, Medlin</td>
<td>Scientific staff</td>
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<td>Palm, Rebecca</td>
<td>Scientific staff</td>
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<td>Pinkert, Christiane</td>
<td>Scientific staff</td>
<td>Dr. phil., MScN</td>
<td>228</td>
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<tr>
<td>von Kutzleben, Milena</td>
<td>Scientific staff</td>
<td>MScEMPH</td>
<td>264</td>
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<tr>
<td>Sommerfeld, Ulrike</td>
<td>Scientific staff</td>
<td>Dipl. Journ.</td>
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### Research Group Implementation and Dissemination

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<tbody>
<tr>
<td>Roes, Martina</td>
<td>Senior research group leader and speaker</td>
<td>Prof. Dr. phil. Dipl. Sociologist</td>
<td>147</td>
</tr>
<tr>
<td>Dreyer, Jan</td>
<td>Scientific staff</td>
<td>Dipl. Social science</td>
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<tr>
<td>Heinrich, Steffen</td>
<td>Scientific staff</td>
<td>MScGPw</td>
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<td>Purwins, Daniel</td>
<td>Scientific staff</td>
<td>M.A.</td>
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<td>Laporte Uribe, Franziska</td>
<td>Scientific staff</td>
<td>Ph.D. HlthSc M.A. language &amp; communication</td>
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<tr>
<td>Quasdorf, Tina</td>
<td>Scientific staff</td>
<td>MScN</td>
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<tr>
<td>Serbser, Jonathan</td>
<td>Scientific staff</td>
<td>Dipl. Sociology</td>
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### Student assistants

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<tr>
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<th>Position</th>
<th>Duration</th>
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<tr>
<td><strong>Book, Verena</strong></td>
<td>Student assistant</td>
<td>from April 2015</td>
</tr>
<tr>
<td><strong>Kissler, Christian</strong></td>
<td>Student assistant</td>
<td></td>
</tr>
<tr>
<td><strong>Kuhn, Xenia</strong></td>
<td>Student assistant</td>
<td>until October 2015</td>
</tr>
<tr>
<td><strong>Nebowsky, Anna</strong></td>
<td>Student assistant</td>
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<tr>
<td><strong>Pehle, Sebastian</strong></td>
<td>Student assistant</td>
<td>until June 2015</td>
</tr>
<tr>
<td><strong>Rein, Anastasia</strong></td>
<td>Student assistant</td>
<td>until December 2015</td>
</tr>
<tr>
<td><strong>Völz, Silke</strong></td>
<td>Student assistant</td>
<td>from April 2015</td>
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