Methods: The quality process involved a Rapid Design Event approach, where the mental health programs created inclusion and exclusion eligibility criteria and established a priority system to assign patients to one of three categories based on need: high priority, routine, and decline. Identification of high priority referrals was meant to allow the most unwell patients to be seen sooner. The central navigation process was refined through quality improvement huddles and standard feedback mechanisms. After three weeks of trialing the process, a sustainability plan to move to operations was applied, and results were continuously monitored through reports and improvement board huddles.

Results: In the first 3 months of implementation, the percentage of patients receiving meaningful clinical contact within 14 days of referral increased from 3.8% to 82.3%, with contact by a clinician within an average of 4 days. Across the ambulatory mental health programs, wait times for psychogeriatric assessment for high priority patients improved from 141 days to 31.8days. Factors leading to the improvement will bediscussed.

Conclusions: The central navigation and extended triage processes were found to be feasible and of great utility. The high priority patients who needed to be assessed sooner were identified through an extended triage process. Meaningful clinical contact was made within days and wait times reduced for those most in need. This demonstrated how a quality improvement process can lead to significant improvements in health care delivery.

FC40: The Impact of Pre-Assessment Counselling in Dementia Care According to Healthcare Practitioners

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Introduction: Dementia continues to be a global health concern owed to its increasing prevalence and coupled with physical and psychological burden. It is also the most feared diagnosis amongst older adults which may contribute to underdiagnosis. Pre-assessment counselling (PAC) may reduce fear and increase diagnoses when people with suspected cognitive impairment are empowered with choice and feel in control of their diagnosis journey.

Methods: This study recruited 10 clinicians from an NHS memory clinic in England, UK, and, using semi-structured interviews, sought to understand the mechanisms and effectiveness of PAC.

Results: Using reflective thematic analysis, 3 themes were found. 1. The person with dementia (PwD) is central in their diagnosis journey. 2. Candid conversations build strong therapeutic alliances. 3. Patients are more than their diagnoses.

Discussion: Clinicians emphasized the importance of timely diagnosis for the wellbeing of PwD, while also recognizing the need for patient-centred and collaborative approaches. Additionally, the study highlighted the significance of empowering PwD in decision-making processes, fostering resilience through comprehensive support, and addressing stigma through candid conversations to improve diagnostic outcomes and enhance patient engagement in dementia care. The study indicates that PAC is effective in enabling timely diagnoses, but there is a lack of dedicated appointments in NHS Trusts where PwD are empowered to manage their dementia journey and subsequent care.

Keywords: dementia care, healthcare practitioners, timely diagnosis, dementia diagnosis, counselling, mental health, quality of life, agency, assessment, pre-assessment counselling, pre- diagnostic counselling, reflexive thematic analysis.