

**Methods:** Participants will interactively learn about the BQRCT, how it is applied with caregivers, and how it works with other tools for BPSD. The training videos will be viewed and discussed. The evidence from a mixed methods study of this tool will be presented and compared to evidence for other tools. The methods and preliminary results (if available) for an ongoing study of the BQRCT in the LTC context will be presented.

**Results:** A mixed methods study of family caregivers and health-care providers of persons with dementia and BPSD found that the BQRCT was helpful and participants reported high feasibility ratings. The group of health-care providers found the tool useful and most would recommend it to peers and clients. Participants also provided specific suggestions for improvement, such as including more examples of complex behaviours. The current study in LTC involves the creation of new videos of complex situations in LTC. Participants in LTC homes will complete the online training, and surveys pre/post and at 4 weeks post-intervention. A focus group of a sample of 20 participants will be conducted.

**Conclusions:** The BQRCT complements and works synergistically with existing strategies for managing BPSD. Care teams can use various frameworks and tools flexibly either concurrently or at different times in the episode of care of persons with dementia and BPSD. These tools must address the diversity and personal background of the person with dementia and caregivers.

## **FC16: Memory Services National Accreditation Programme (MSNAP), United Kingdom The Royal College of Psychiatrists, UK**

**Authors:** Sujoy Mukherjee (Consultant Old Age Psychiatrist and Chair of MSNAP Accreditation Committee) and Jemini Jethwa (MSNAP Programme Manager)

**Objective:** MSNAP is a quality improvement and accreditation network for services that assess, diagnose and treat dementia in the UK. Accreditation assures patients, carers, frontline staff, commissioners, managers, and regulators that your memory service is of a good quality and that staff are committed to improving care. Our aims are to improve the quality of memory services nationally and internationally, through a thorough and supportive assessment against our standards.

**Methods:** Through a model of peer-reviews, MSNAP assesses memory services across the UK (currently 86 member services) against a set of evidence-based standards for memory services. The purpose of our standards is to improve the quality of care provided by memory services. The standards are drawn from relevant policies, guidelines and research literature and have been developed in consultation with our members, our partner organisations and patient and carer networks. MSNAP has launched a developmental membership option which is open to international members to receive an in-depth assessment against our standards.

**Results:** MSNAP peer reviews of memory services reveal a national picture of challenges faced by memory services within the UK, as well as areas of best practice. These findings demonstrate where further support or resources may be needed within memory services in the UK. For example, the peer reviews have highlighted commonly unmet standards relating to the delivery of Cognitive Stimulation Therapy (CST) and conducting audits on the capacity to provide psychosocial interventions. Not all services are currently providing people with dementia with access to art/creative therapies.

**Conclusion:** MSNAP is a unique programme which is recognised globally as being robust and well established in supporting memory services to deliver best practice. The data collected from our MSNAP peer reviews provides a real-time comprehensive oversight that can shape future practices and influence national and local policies to ultimately benefit patients and carers.

## **FC17: Effects of the CarFreeMe driving cessation intervention to identify and improve transport and lifestyle issues for people with dementia: Participant feedback and satisfaction after program completion**

**Authors:** Theresa L. Scott, Nancy A. Pachana, Jacki Liddle, Trudy McCaul, Donna Rooney, Elizabeth Beattie, Geoffrey Mitchell, Louise Gustafsson

**Objective:** Without intensive practical and emotional support to plan for, and eventually, cease driving, people with dementia are at high risk for depression, anxiety, grief, social isolation, unsafe and unlicensed driving and injury. This study focused on evaluation of a 7-module intensive support program targeted at people living with dementia and their care partners to manage driving cessation (“CarFreeMe”).

**Methods:** Our intervention was person-centered according to geographic location and needs of participants. Participants were encouraged to consider future transport arrangements, plan for lifestyle changes, form realistic expectations of life changes after driving cessation, practice using alternative transport, and supported in their emotional adjustment to the role loss. We collected program evaluation from PWD and care partners via survey, including open and closed questions. Participants reported their satisfaction with content and delivery on a scale of 1-10 (where 1 = not satisfied at all, 10 = extremely satisfied).

**Results:** We describe our program and report the results of evaluation from 41 participants (PWD = 54%) who completed the survey after program conclusion. There was overall satisfaction with the program, program Content was rated on average 8.6/10, program Presentation and Delivery was rated average 9.1/10. Content analysis identified ‘personalized support’, ‘finding and trying out alternative transports’, ‘psychoeducation’ and ‘a safe space to discuss grief and loss’ as most relevant and helpful to participants.