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# Improving the Hospital Experience for Patients with Cognitive Impairment

M. Yates, M. Theobald, M. Morvell

# Presentation Summary



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- Cognitive Impairment (CI) in the hospital setting
  - Prevalence and recognition
  - The clinical care challenge
- Improving Dementia Care in Hospitals 2003 to 2010 – Phase 1 and 2
- The Dementia Care in Hospitals Program (DCHP) adoption
- Other National and International Programs
- BUPA Foundation – Re-evaluation of the DCHP in Private Hospitals (Phase 3; 2011-)



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# Cognitive Impairment





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“Acute hospitals are not well equipped to respond to the particular needs of people with cognitive impairment and the care given can be compromised.”

(The Victorian Dementia Task Force October 1998)



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- Why is Cognitive Impairment so tricky?
- What are the risks?



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“I kept forgetting who said what, and there were so many different people...I felt awful that I couldn't even remember what I was there for...it just seemed like a thick fog...”



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# The Challenge

*Shifting the care  
paradigm*



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# Phase 1

Education and Training in  
Dementia Care for  
Acute Care Staff





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# Phase 1

An All of Hospital Education Program to Improve the Awareness of and Communication with People with Dementia – Linked to a Visual Cognitive Impairment Identifier (CII)



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# Phase 1

## Why a visual identifier?

- Consistent with other hospital policy
- A relearning opportunity
- A change driver
- A public statement of commitment to better care

**Focus Groups Facilitated by  
Alzheimer's Australia Victoria -  
People with Dementia and their Carers**

**Identifier Learnings**

- Acceptance
- Appearance

**Educational Learnings**

- Content
- Key messages
- Development of teaching package

**Identifier Production and Marketing**

- Image development based on key themes

**Hospital Wide Education**

- Clinical Staff
- Non-clinical / Corporate staff

**Pre Intervention Care**

**Post Intervention Care**

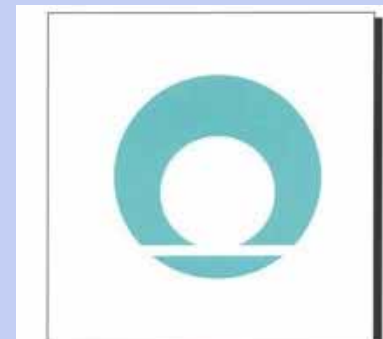
- Awareness of Cognitive Impairment
- Awareness of Communication Strategies
- Use of Cognitive Impairment Identifiers
- Patient and carer satisfaction

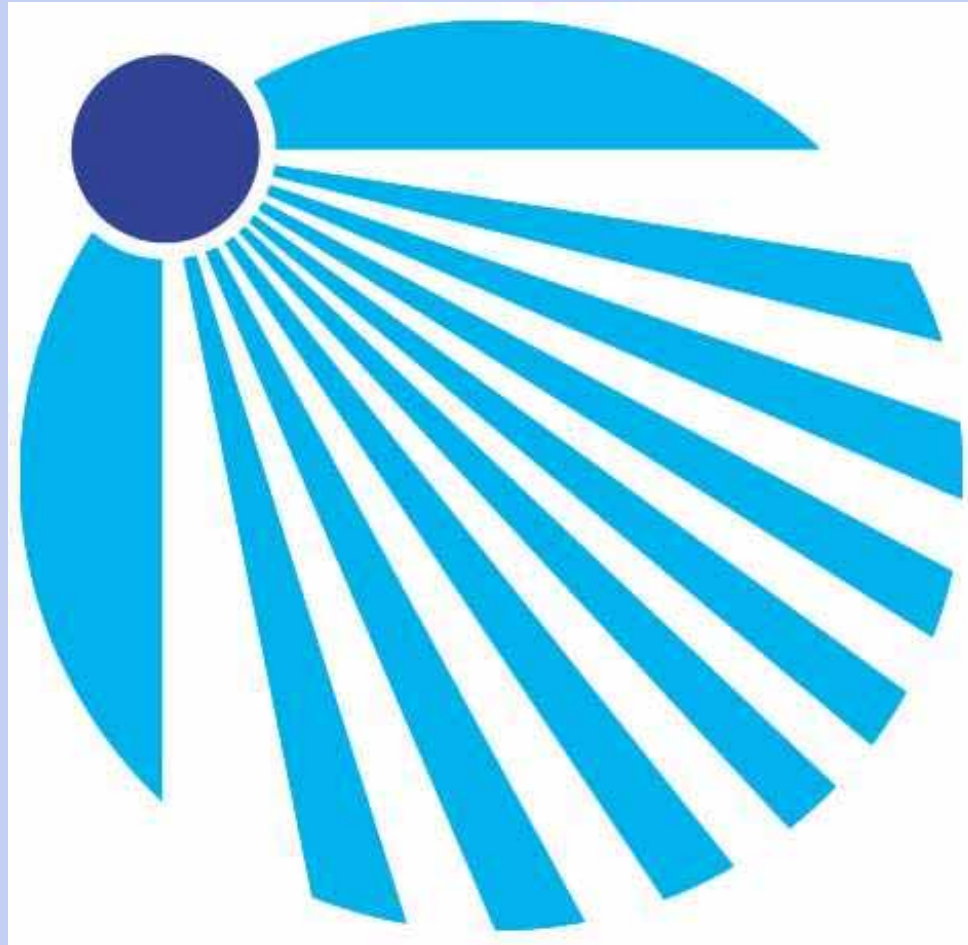


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# Essential underpinnings of staff education

- Communication
- Carer engagement
- Understanding



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- 200 acute care staff were educated over a six week period
- 169 completed pre-education surveys
- Pre-education 63% of nursing staff reported satisfactory confidence managing cognitive impairment
- Independent evaluation performed by the Australian Institute for Primary Care; auspiced by the Department of Health





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# Post Project Implementation

- Staff Survey Report
  - of those with daily or weekly contact 80% reported that seeing the CII and the associated education had changed their practice
  - of those with daily or weekly contact 40% reported the CII and the associated education had changed their response to carers



# BHS CII Project and Outcomes: Hospital Education Program



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## Self-rated measures:

		Means (1)		
		Direct care staff	Non-direct care staff	Total
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.06	2.90	3.00
	Post	3.24*	3.03*	3.15*
How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.12	3.00	3.07
	Post	3.32*	3.10*	3.22*
How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.71	2.82	2.75
	Post	2.97*	2.93*	2.95*
How would you rate the level of organisational support you receive in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.79	2.56	2.71
	Post	3.00*	2.68*	2.86*
In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?	Pre	2.21	3.24	2.57
	Post	2.17	2.96	2.52

### Notes:

(1) 1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.

\* Change in "desired" direction.

# Carer Satisfaction



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Question to Carer	Satisfied(% of response)		Dissatisfied(% of response)	
	Pre(n=25)	Post (n=30)	Pre(n=25)	Post(n=30)
That the staff knew the patient has Cog. Impairm.	80	87	20	6
Staff introduced themselves	70	81	25	0
Staff did not expect more than patient capable of	75	84	20	6
Staff explained things simply	65	90	15	6
Carer invited to provide information	80	78	15	9
Notice taken of volunteered information by carer	80	84	20	6
Staff understanding of challenging behaviour	55	87	10	3
Carer given information about the treatment given	70	78	25	19
Carer given option to receive discharge information	70	81	15	3
The hospital is dementia friendly	85	92	15	6
<b>Percent satisfied or dissatisfied</b>	<b>73</b>	<b>84.2</b>	<b>18</b>	<b>6.4</b>

# Conclusions



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- People with cognitive impairment and their families find the use of a bedside identifier to alert hospital staff acceptable
- A hospital education program linked to the Cognitive Impairment Identifier (CII) improves hospital processes to support patients with CI

# Conclusions



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- Staff were accepting of the DCHP and the associated bedside CII
- Carer satisfaction of the hospital experience is improved

# Phase 2



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- Spreading the word
- A need recognised



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# Phase 2 Evaluation

- A total of 1,611 surveys
- 84% of clinical staff reported difficulties working with patients with CI
- 56% reported difficulties with carers



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Not sign. = ns p 0.05 = + p 0.01 = ++	(n)Post / (n)Pre	Staff Type	Knowledge change	Confidence change	Organisational change
<b>Austin</b>	48/137	Clinical	ns	+	ns
		Non- Cl	N/A	N/A	N/A
<b>Barwon</b>	48/177	Clinical	+	+	ns
		Non- Cl	++	++	+
<b>Northern</b>	48/85	Clinical	ns	ns	ns
		Non- Cl	ns	ns	ns
<b>Wangaratta</b>	86/141	Clinical	ns	++	++
		Non- Cl	+	++	++
<b>Peninsula</b>	37/208	Clinical	ns	++	++
		Non- Cl	ns	++	++
<b>Melbourne</b>	11/65	Clinical	ns	+	+
		Non- Cl	ns	+	+
<b>St.Vincent's</b>	39/148	Clinical	ns	++	++
		Non- Cl	ns	++	+

# Conclusions



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- Evaluation demonstrated improvements in staff knowledge, attitudes and perceived level of organisational support.
- Levels of all or most of these measures showed an increase between pre and post education across all projects.

Lincoln Centre for Ageing and Community Care Research and Victorian Department of Human Services, (2007), *Evaluation of Education and Training of Staff in Dementia Care and Management in Acute Settings.*)



# DCHP- Adoption

Victorian Department of Health (COAG LSOP)

- Person centred practice
- Assessment
- Mobility/Vigour/self-care
- Nutrition
- Delirium
- **Dementia**
- Depression
- Contenance
- Medication
- Skin Integrity



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# DCHP- Adoption

What are the care/management principles that I should follow if someone has dementia?

- Once identified, alert all hospital staff coming into contact with patients who have memory and thinking difficulties using the Cognitive Impairment Identifier (CII; ~~X~~ tool), a tool designed to be used as a discreet bed-based flag of cognitive impairment.
- In organisations using the CII, a hospital wide education program trains staff to respond appropriately to the needs of a patient with cognitive impairment and dementia. Please refer to the website for more information about the identifier and how to use it effectively.

- <http://www.health.vic.gov.au/older/toolkit/06Cognition/02Dementia/index.htm>



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# National Relevance

- Alzheimer's Australia National Consumer Summit 2005
  - *People with dementia and carers need to see a national symbol for cognitive impairment* so that people with dementia are treated appropriately particularly in the delivery of service.
  - **Action Point 2:** Improve the responsiveness of acute care
- National Framework for Action on Dementia 2006-10
  - Develop dementia sensitive principles for Acute care services



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# National Relevance

- The National Safety and Quality Health Service Standards -2011
  - Consumer Engagement, Medication Safety and Falls are all difficult to address if those with CI are not known to the organisation
- Dementia A National Health Priority Area - 2012
  - \$39 M over 4 years to improve Dementia Care in the acute setting

# National Relevance

## National Framework for Action on Dementia; 2006–2010



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- Acute Care: identify acute care services that are sensitive to people with dementia and the needs of their carers and families
- Develop dementia sensitive principles for Acute care services



# Other National and International programs

- Cognition Care Support Teams (CCST)– Peninsula Health Care (2008-)
- Care of the Confused Hospitalised Older Person Study (CHOPS)– NSW Agency for Clinical Innovation
- The Butterfly Scheme ([www.butterflyscheme.org.uk](http://www.butterflyscheme.org.uk)) - Barbara Hodgkinson UK (2012-)

# Phase 3- Bupa Foundation



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- Demonstrating transferability to the private sector
- Validation of the impact of the DCHP on hospital risk

# Conclusions and Future Opportunities



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- Cognitive Impairment be that delirium or dementia is a common problem in hospitals causing patient, carer and staff distress
- Routine cognitive screening is essential in order to identify and meet the care needs of this at risk patient cohort
- An education program improves the attitudes of staff and changes organisations positively



# Conclusions and Future Opportunities



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- The use of a bedside alert for CI is supported by people with CI and their families and can improve carer satisfaction
- We must shift the care paradigm in a sustainable way



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*“I didn’t want them making a fuss of me.... there are people worse off than me.... I may forget some things but I’m not stupid”*



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.....Thank You

# National Relevance

## Alzheimer's Australia National Consumer Summit on Dementia 2005



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- Action Point 1: Improve the assessment and diagnosis of dementia
- Action Point 2: Improve the responsiveness of acute care
- Action Point 3: Ensure easy access to quality community care services
- Action Point 4: Provide more flexible responses to supported accommodation in the home and in residential care facilities
- Action Point 5: Increase the recognition and understanding of the financial cost and legal implications of dementia
- Action Point 6: Promote and ensure greater public awareness and understanding about dementia and risk reduction
- Action Point 7: Increase investment in dementia research



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## Alzheimer's Australia National Consumer Summit on Dementia 2005

- ***People with dementia and carers need to see a national symbol for cognitive impairment*** so that people with dementia are treated appropriately particularly in the delivery of service.
- ***People with dementia and carers need access to contemporary quality care provided by trained, accredited and appropriately remunerated workers.***