Dementia

Not a normal part of ageing

1/5 people over 80 have moderate to severe dementia

½ over 90
Dementia in Australia

- **2012**: 300,000 people with dementia
- **2050**: 900,000 people with dementia
- >1200 new cases per week diagnosed
- At age 65: 1 in 12 people have dementia
- Approx 25,000 under age 65 with dementia
- Delaying onset of dementia by 5 years can halve the prevalence
Common condition with dementia

- Epilepsy – 7 times as common
- Falls – 3 times as common
- Delirium – 5 times as common
- Malnutrition – 2 times as common
- Dental disease – 2 times as common
- Incontinence – 3 times as common
- Visual problems – 3 times as common
- Sleep problems – 2 times as common
Hospitalised older people with dementia

Common reasons for admission are:

- **Falls-related injuries** e.g. hip fractures & head injuries
- **Infections** e.g. UTIs, pneumonia
- **Circulatory problems** e.g. stroke, dehydration

Few people with dementia are admitted for dementia-related reasons.
Hospitalised older people with dementia

▲ Twice as likely to fall
▲ Six times more likely to develop delirium
▲ Twice as likely to experience pressure injuries
▲ 37-66% more likely to develop pneumonia
▲ Sepsis is 25 -34% more common
▲ More likely to be readmitted to hospital
▲ More likely to have a longer length of stays (6 - 30 days)
Outcomes of people with dementia are worse than those without dementia

- Double the length of stay (LOS);
- 2 times increased risk of dying;
- 7 times increased risk of transfer to residential care;
- Increased risk of readmission within 3 months (30% higher)

(Draper et al, 2011; Karmel & Anderson, 2012; Bail et al, 2013; Draper et al, 2013; Bail et al, in press)
Hospitalised older people with dementia

People with advanced dementia treated for a NOF received 3 times less opiate analgesia than cognitively intact patients.

People with dementia receive less frequent on demand analgesia.
Pain in the person with dementia

Pain processing is

▲ normal in people with mild dementia
▲ May be impaired in severe dementia

Dementia is likely to affect

▲ Response to pain
▲ Pain report
▲ Assessment
▲ Management

Pain is often left untreated leaving the person in a world of pain

Pain can have severe impact on patterns of behaviour

Fiona will expand more on pain in the next session
Agitation and Aggression

Up to 80% of people with Alzheimer's disease experience agitation.

Aggression and agitation are two common causes for admission to residential care.

Agitation reduction rates are similar using pain relief and anti-psychotics.

Non-pharmaceutical strategies and then analgesia before anti-psychotics.
Delirium

• Acute confusion state secondary to a wide variety of bodily illnesses
• Manifest in either hyper or hypo delirium
• Risk increases with age and cognitive decline, *dementia gives someone a five fold risk of developing delirium*
• **Pain** is one of the biggest causes of delirium
• **Medication** most reversible cause
Patients with delirium are at greater risk of harm

30-40%
Delirium is easier to prevent than to treat. 30-40% of cases are preventable

50%
50% of the time delirium is misdiagnosed, not detected or not identified in hospital

Not recognising delirium is a safety and quality issue

Patients with delirium have more falls, pressure injuries, functional decline and ongoing cognitive difficulties

Patients with delirium are more likely to die

45%
45% of delirium in older patients is unresolved on discharge from hospital

Patients with delirium are 2x more likely to go into residential care prematurely after discharge
CHOPs

Confusion is Identified, investigated, treated and appropriately managed

Hospitals provide safe and supportive environments

Older people are cared for by staff that have the right knowledge, skills and attitudes

Partnership with carers and person-centred care are key aspects of quality care

Strategies and clear leadership roles are in place to deliver efficient and effective care for confused older people in hospital
Phase 1 sites
Gosford
Lismore
Prince of Wales

Phase 2 sites
Hornsby
Orange
Wollongong
Broken Hill

Phase 3 sites
Coffs Harbour
Maitland
Fairfield
Nepean
Canterbury

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Key Principles for Care of Confused Hospitalised Older Persons

1. Cognitive screening
   Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool.

2. Delirium risk identification and prevention strategies
   Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risks. Identified risks will be communicated to the older person, their carer, family and staff involved in their care.

3. Assessment of older people with confusion
   Older people who are confused will be assessed. The cause of their confusion will be investigated to determine the appropriate management.

4. Management of older people with confusion
   NSW hospitals will have programs in place for older people with confusion that align with these principles. The implementation will be in partnership with the older person, their carer and family.

5. Communication processes to support person-centred care
   Communication processes and tools will support person-centred care for the older person throughout their hospital journey and at their transfer of care to the community.

6. Staff education on caring for older people with confusion
   Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.

7. Supportive care environment for older people with confusion
   NSW hospitals will provide a supportive care environment for the older person with confusion.
Principle 1: Cognitive screening

Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool.

- Routine screening of cognition on admission or within 24hrs
- Abbreviated Mental Test Score (AMTS)
- Confusion Assessment Method (CAM)
- Falls risk screen – prompts for Cog screen and CAM
Screening results

171 Medical record were audited
114 people had no cognitive screening on admission
33% were screened
Another 21 people were screened within 24 hours

Total 45% screened on admission or within 24 hours
Principle 2: Delirium risk identification and prevention strategies

Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risks. Identified risks will be communicated to the older person, their carer, family and staff involved in their care.

You Can Help Prevent Delirium

What is delirium?
Delirium is a sudden confused state of mind. It is a common problem in older people in the hospital. Delirium can be prevented and treated.

What does delirium look like?
People with delirium can act confused and may:
- be restless and upset
- slur their speech
- not make any sense
- act differently
- drift between sleep and wakefulness
- have trouble concentrating
- see and hear imaginary things
- be unaware of surroundings
- mix up days and nights
- be forgetful

What can you do?

- Promote Healthy Rest and Sleep
- Promote Physical Activity
- Promote Mental Stimulation
- Promote Healthy Eating
- Promote Healthy Hearing
- Promote Healthy Vision

Ways to Help

Health Promotion and Prevention Really Works!

- Identify people at risk
- Flag those at risk
- Prevention strategies for staff, carers and volunteers
- “Know your patient” system in place
Assessing for delirium risk

• Currently minimum risk screening for Delirium

• 14/171 (8%) were assessed delirium risk

Communicating the risk also to be a focus
• Identify cause for confusion
• Comprehensive assessment
  • Include carer and family
  • GP
  • Service provider
• Determine appropriate management strategy
• Communicate, referral pathway
Principle 4: Management of older people with confusion

NSW hospitals will have programs in place for older people with confusion that align with these principles.
The implementation will be in partnership with the older person, their carer and family.

- **Identify and treat** the cause of delirium (if present)
- Develop referral pathways - support
- Non-pharmacological strategies first line
  ▲ Success based intervention
- Communicate
Rummage Box
Principle 5: Communication processes to support person centred care

Communication processes and tools will support person-centred care for the older person throughout their hospital journey and at their transfer of care to the community.

- Gather personal life story
- Communicate with the carers/family
- Sharing of information in all care setting transfers
- Carer/family involvement in assessment, care planning and decision making
- Recognise carer needs
- Staff to share information, verbal and written
Fact:

Engagement and involvement of carers and families using strategies such as Top 5 plays an important role in enhancing the care for older people during their hospital stay.

Fact:

Patients with dementia are 2x more likely to experience falls, pressure injuries or infections in hospital.

We can improve hospital care of patients with dementia

I am mum’s carer. Please include me in her care.
Gary Bruderm - Workforce Manager

My Beautiful Husband has dementia and this has impacted on our whole family and our friends.
Ann Jones-Thomas
Executive Director of Nursing & Midwifery Group

ACI NSW Agency for Clinical Innovation
Solutions in progress

Fact:
Patients with dementia are 6x more likely to develop delirium.

My dear father has dementia which has had a huge impact on all my family.
- CCLHD CEO, Matt Hanrahan

We can improve hospital care of patients with dementia

ACI NSW Agency for Clinical Innovation
Principle 6: Staff education on caring for older people with confusion

Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.
Training on managing confusion

Training received

- Yes: 42%
- No: 58%

Training adequate

- Yes: 46%
- No: 54%

Total number of staff surveyed = 249
Education

Promote Awareness
- Posters
- Brochures
- Lanyards
- Newsletters

Ward Level
- 1:1 and Case presentation
- Short Inservices
- Scripted powerpoint
- HETI On-line

Hospital Level
- Grand Rounds
- Department meetings (Inc coders)
- Include in ward based education
- Undergraduate program

External
- Curtain University
- Dementia e-learning
- College of Nursing Grad Cert.
- University Post-Grad Programs
Barbara’s Story
Her whole journey
Delivering dignity for older people and those with dementia
A training guide for staff | Episodes 1 to 6
Dementia experience – carers perspective

PEACE
Patient Experience and Carer Engagement

• Review of local environment
  • ward audit tool
  • Simple changes
• New build and renovation considerations
• External audit and consultancy
The impact of the environment for confused older people?
Long corridors – what about the poor visitors?
There are good things out there too

Exit doors unable to be locked
Welcome to Care of the Confused Hospitalised Older Persons (CHOPs) Tearoom.

The CHOPs tearoom is an online platform for staff to share information and learn from each other and aims to support the learning process for health professionals by promoting discussion, sharing tools and resources as well as connecting people.

It will enable staff at multiple sites to ask questions, share learnings and experiences to enhance the effectiveness and efficiency of the CHOPs program, planning and implementation.

Participation in discussion forums help in building community and networking with colleagues, or a work related need such as searching for innovation.

The scheduled day/time for the online chats will be listed in the calendar.

Forum and Chat

Please click on the links below to navigate to the forum or chat.

Need some help on using these activities? Navigate to the Support tab above and choose "Course Manual": Select Forums or Chats to see detailed instructions.

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