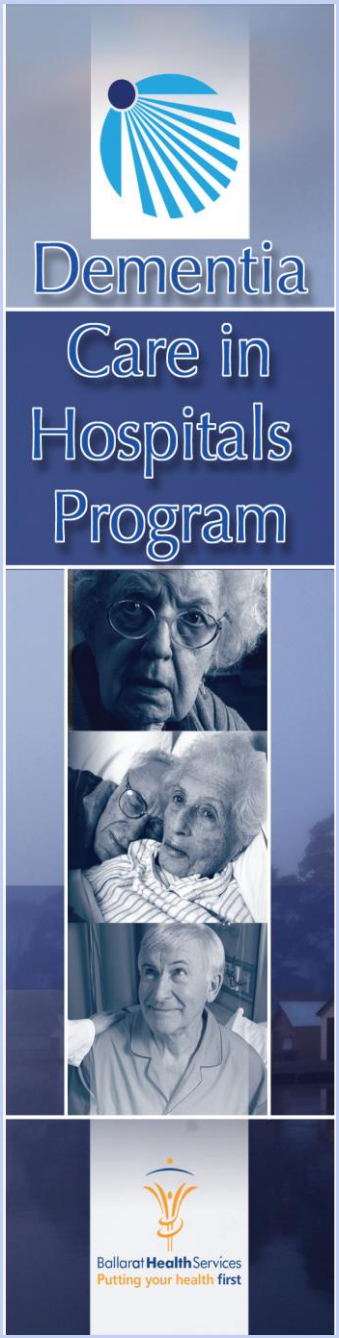
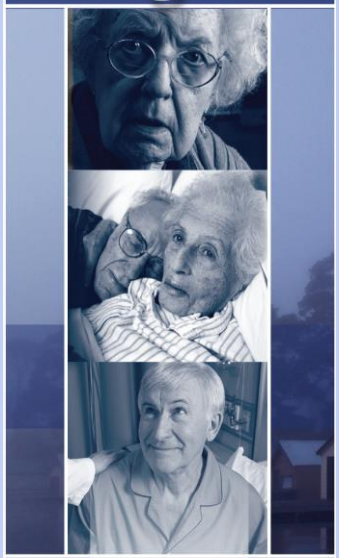


Cognitive Impairment in Acute – a real cost for safer care

A/Professor Mark Yates
Ministers Dementia Advisory Group
Ballarat Health Services,
Deakin University

Dementia Care in Hospitals Program



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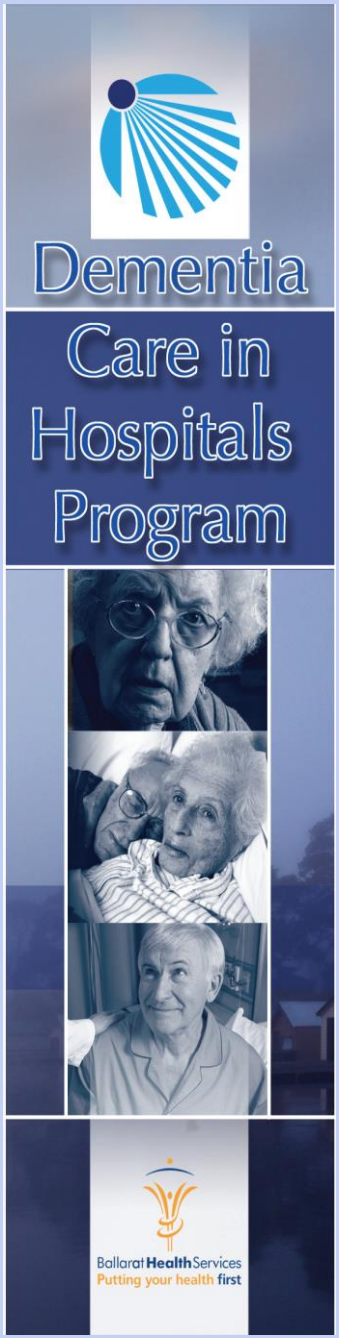
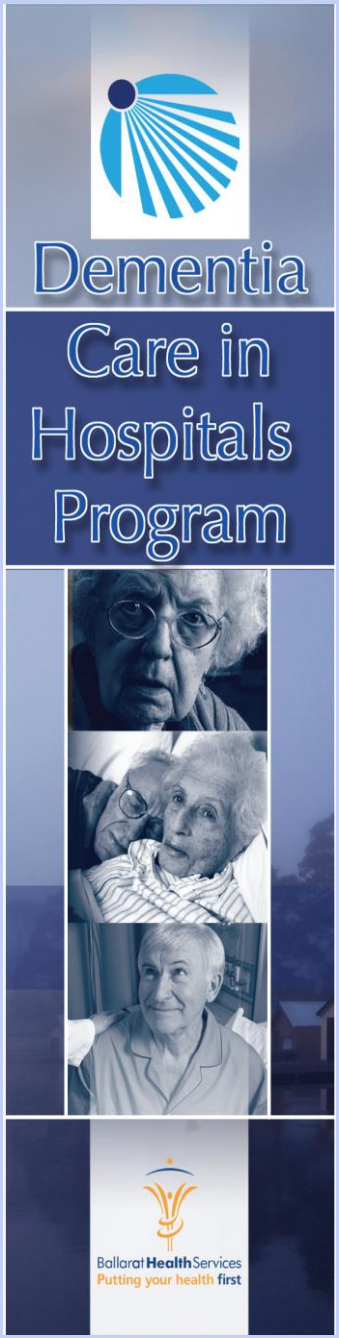
Cognitive Impairment



Presentation Summary

- What is the hospital admission data for people with Cognitive Impairment (CI)
- What are the hospital risks for patients with CI
- Is it possible to change the care culture and outcomes?
- What would good acute care for the person with CI look like.
- Are there drivers to make the change

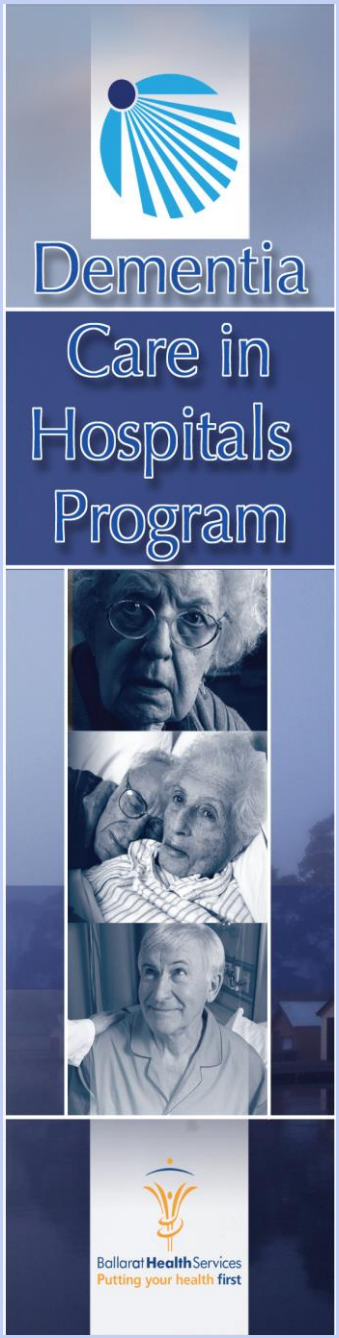


Australian Data

- Cognitive Impairment in Acute Hospitals
  - 29.4% of the population 70 and over in acute medical and surgical wards have cognitive impairment
  - 20.7% of the over 70s had dementia

(C Travers, G Byrne, N Pachana, K Klein, L Gray A prospective observational study of dementia and delirium in the acute hospital doi: 10.1111/j.1445-5994.2012.02962.x In print)

- BHS experience suggests 30% of *all adults* in acute beds have CI
- In the private sector the prevalence in all adult patients was 27%



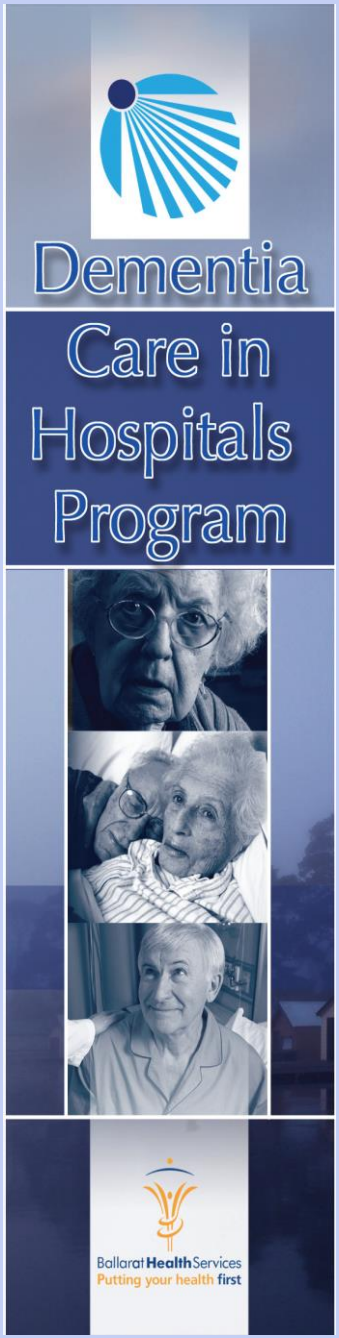
Growth in Hospital Usage by Age 2008-9 to 2009-10

Average Change in Seperations		
Age	Male	Female
65-74	25%	23%
75-84	19%	13%
>85	49%	33%

National Ave Increase in separations= 4.7%
AIHW Australian Hospital Statistics 2009-10

Ballarat Health Services Bedday Usage 2008-12

- Patients over 65 – increased by 18%
- Patients over 80 – increased by 16.3%

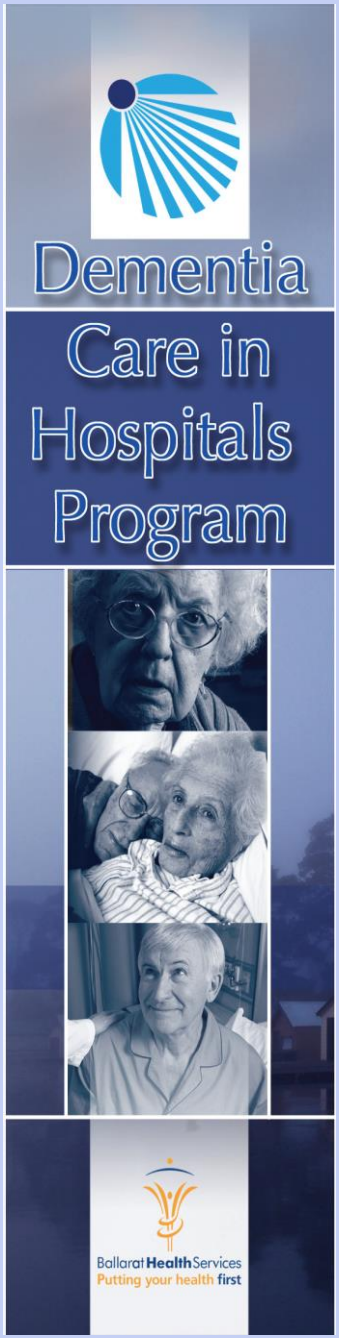


Cognitive Impairment and Risk for Patients

- Odds ratio of acquiring a preventable complication in patients with dementia compared to age matched without dementia#

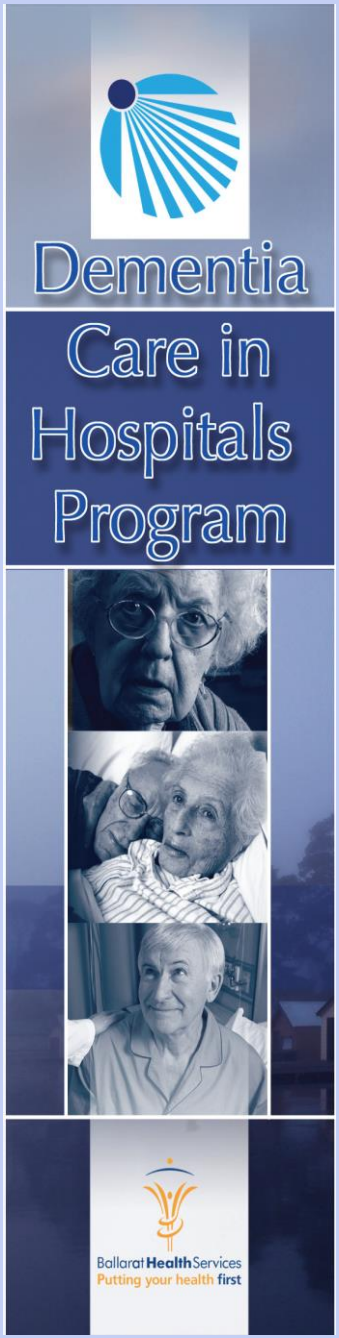
	Medical Ward	Surgical Ward
UTI	1.79	2.88
Pressure Ulcer	1.61	1.84
Pneumonia	1.37	1.66
Delirium	2.83	3.10

#Bail et al. BMJ Open in print



Cognitive Impairment and Risk for Staff

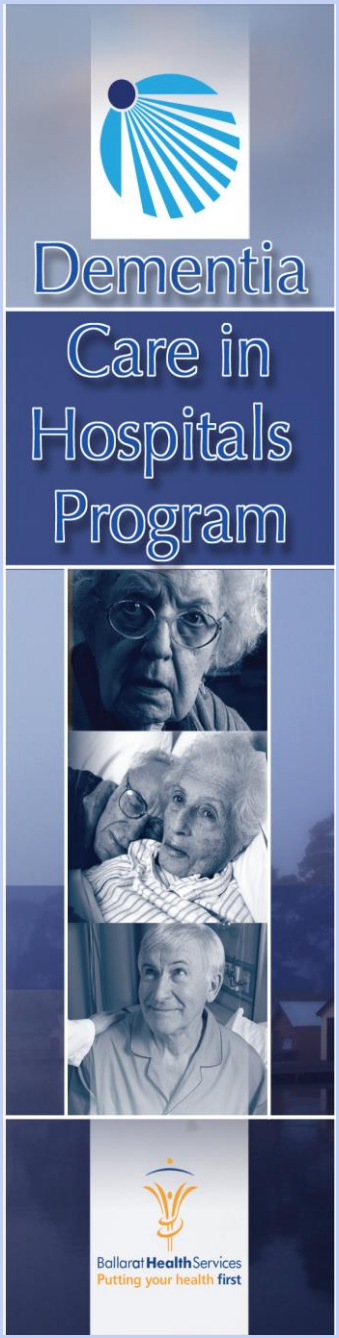
- Staff difficulty
  - 80-90% of clinical staff perceived difficulty when caring patients with CI
  - 30-40% perceived difficulty with carers



Cognitive Impairment and Risk for Costs

"The average cost of hospital care for people with dementia was higher than for people without dementia ($7,720 compared with $5,010 per episode, respectively)."

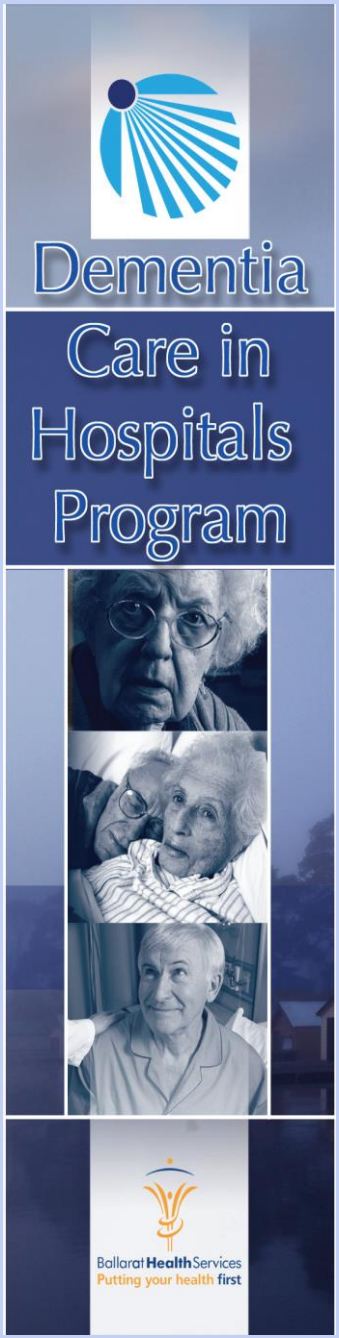
Australian Institute of Health and Welfare 2013. Dementia care in hospitals: costs and strategies. Cat.
no. AGE 72. Canberra: AIHW.



Cognitive Impairment and Risk for Costs

- ALOS is 3.5 times longer when dementia is the principal diagnosis and 2.5 times longer in the combined principal and additional group
- LoS has been reduced by 24% over the last 5 years compared with a 6% decline on a national average
- Dementia when present was documented in the notes in less than half the time.*

AIHW Dementia in Australia 2012



Cognitive Impairment and Risk for Costs

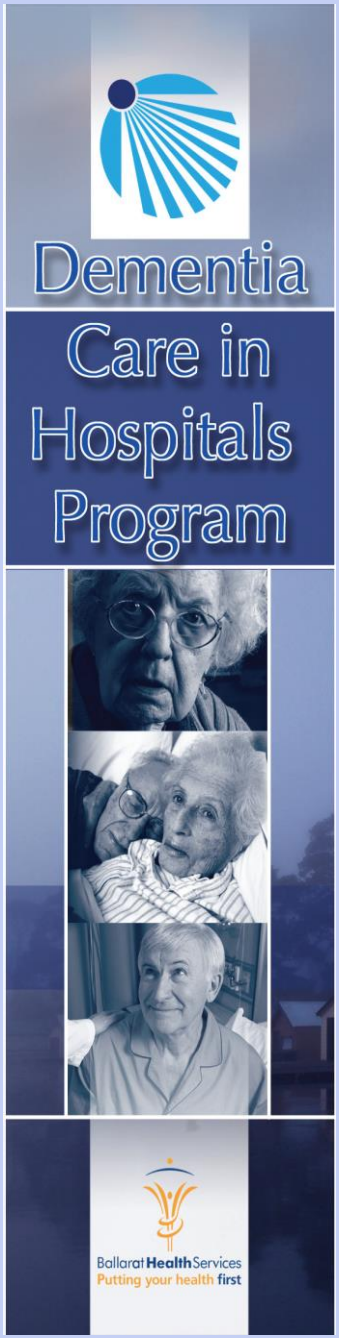
- Dementia is rarely the reason for admission. It is 6-7 times more likely to be an additional diagnosis

  AIHW Dementia in Australia 2012

- On average patients with dementia have 1.8 stays in hospital a year and were more likely to be readmitted in 3 months for a multiday stay.

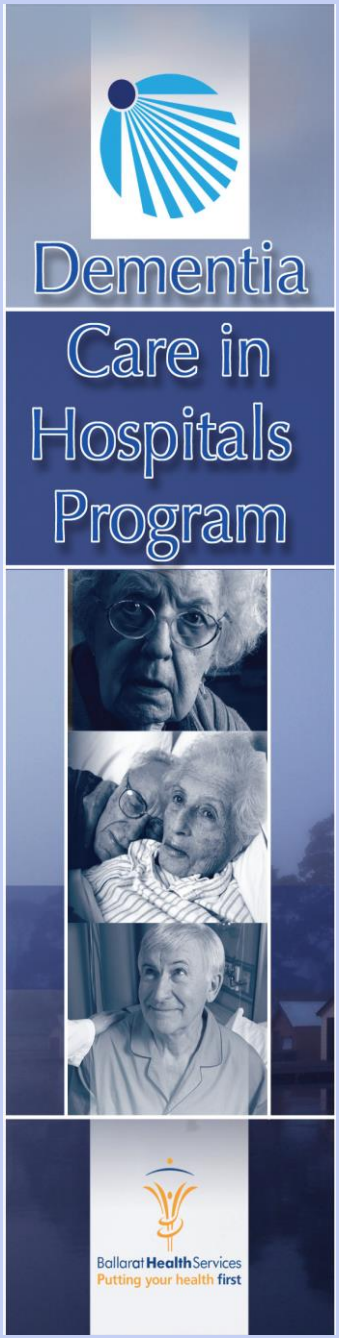
  *Draper et al Hospital Dementia Services project (HDS)

- *to achieve greater efficiencies hospitals need to be aware of CI and train staff to mitigate the risks*



Improving Dementia Care in Hospitals

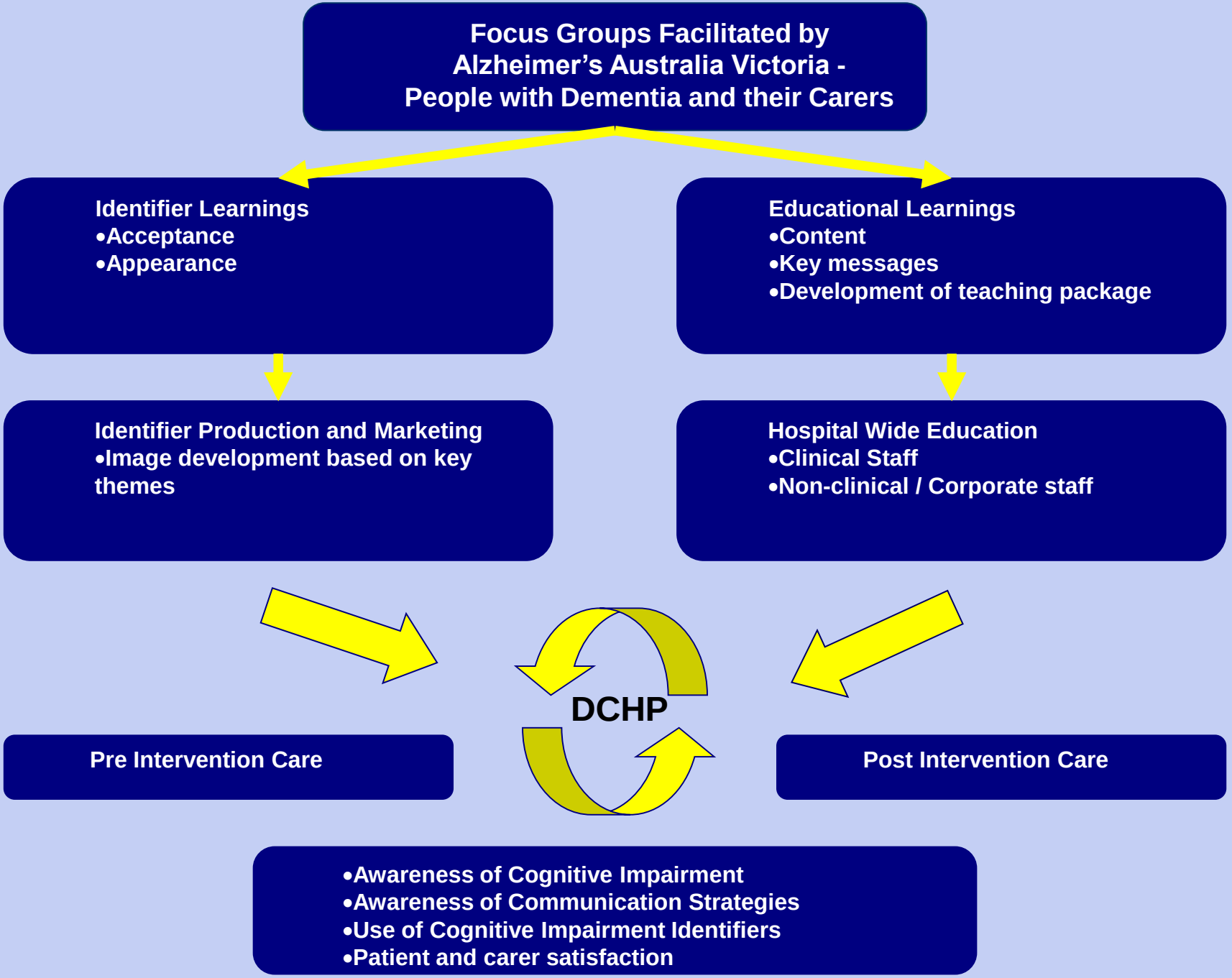
- Dementia Care in Hospitals Program
- Recommendations of the Dementia in acute Care Forum
- Funding modles and CI
- National Policy Drivers to manage risk and cost



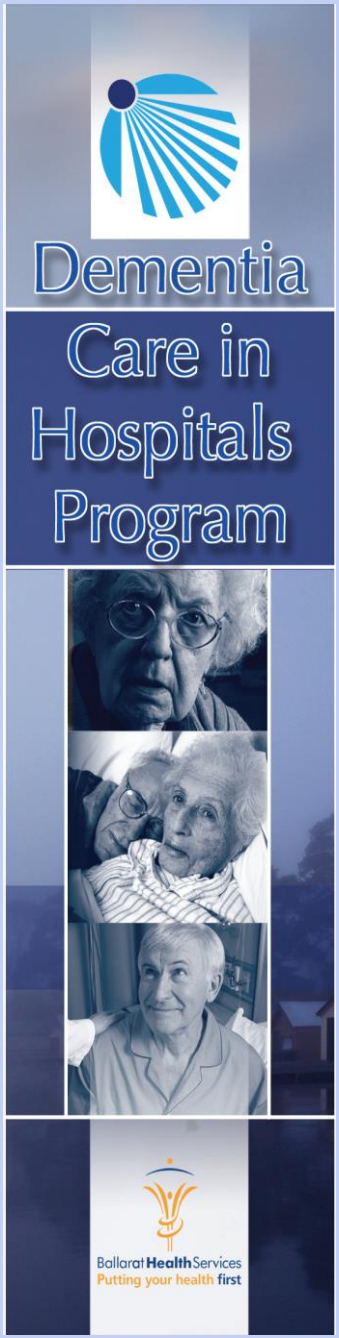
The Dementia Care in Hospitals Program

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)

Mark Yates, Meredith Theobald, Director of Nursing Subacute, Michelle Morvell CNC Cognition
Ballarat Health Services


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
DCHP
Pre Intervention Care
Post Intervention Care
•Awareness of Cognitive Impairment
•Awareness of Communication Strategies
•Use of Cognitive Impairment Identifiers
•Patient and carer satisfaction

DCHP
Bed side Cognitive Impairment Alert (CII)

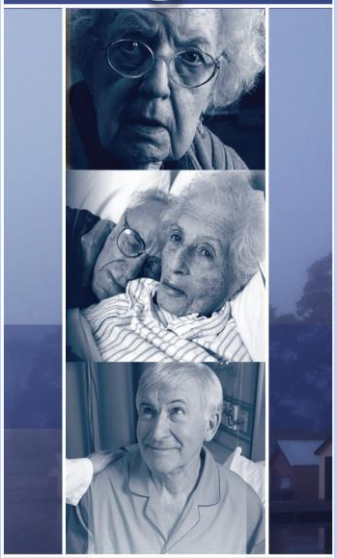


DCHP- Phase1 Staff Education

- Communication
- Carer engagement
- Understanding

DCHP Phase 1: Hospital Education Program Results

Dementia Care in Hospitals Program



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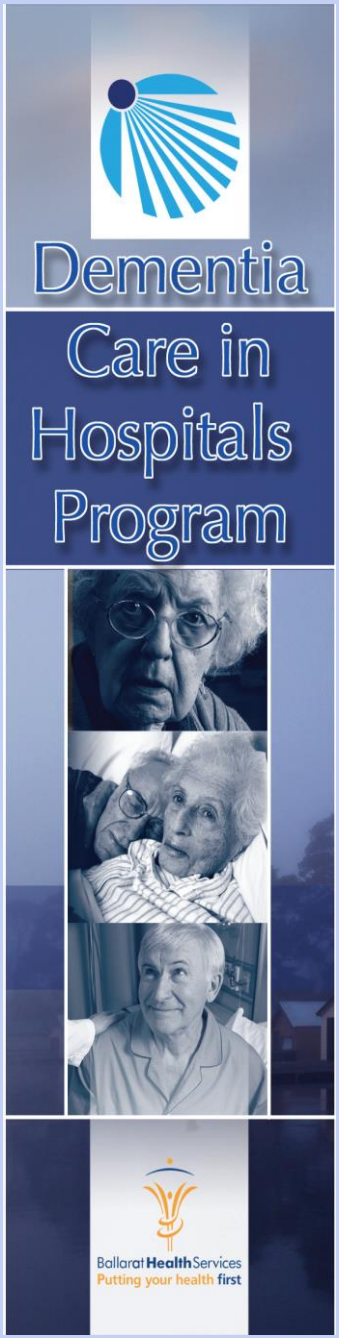
Self-rated measures:		Means (1)		
		Direct care staff	Non-direct care staff	Total
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.06	2.90	3.00
	Post	3.24*	3.03*	3.15*
How would you rate your level of comfort in dealing with 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

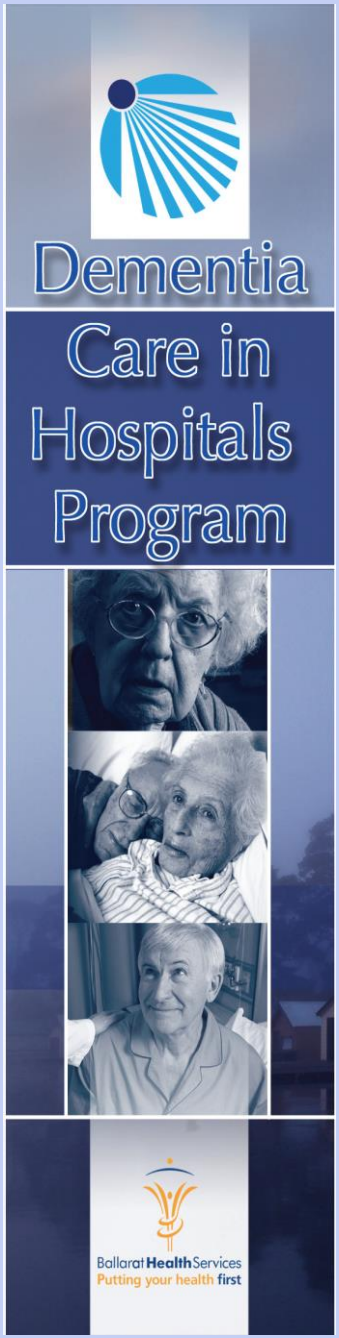
Notes:
(1) 1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.
*** Change in "desired" direction.**



DCHP Phase 1:Carer Response

Question to Carer	Satisfied (%)		Dissatisfied (%)	
	Pre (n=25)	Post (n=30)	Pre (n=25)	Post (n=30)
That the staff knew the patient has CI	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 information volunteered by carer	80	84	20	6
Staff understanding of challenging behaviour	55	87	10	3
Carer given information about 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
Per cent satisfied or dissatisfied	**73**	**84.2**	**18**	**6.4**

Satisfied = Very Satisfied + Satisfied
Dissatisfied = Unsure + Dissatisfied + Very Dissatisfied



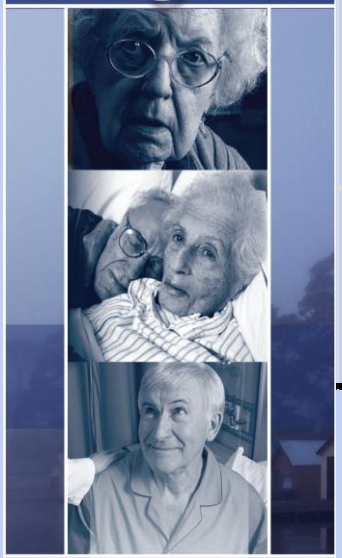
Dementia Care in Hospitals Program

- Victorian DHS - Tested in 7 Public Hospitals
- Rolled as now to 22 Victorian Hospitals
- Bupa Health Foundation – re-evaluation in the Private Sector to investigate transferability and risk reduction

Bupa Health Foundation

Difficulty Managing with Dementia –Private Sector

Dementia Care in Hospitals Program



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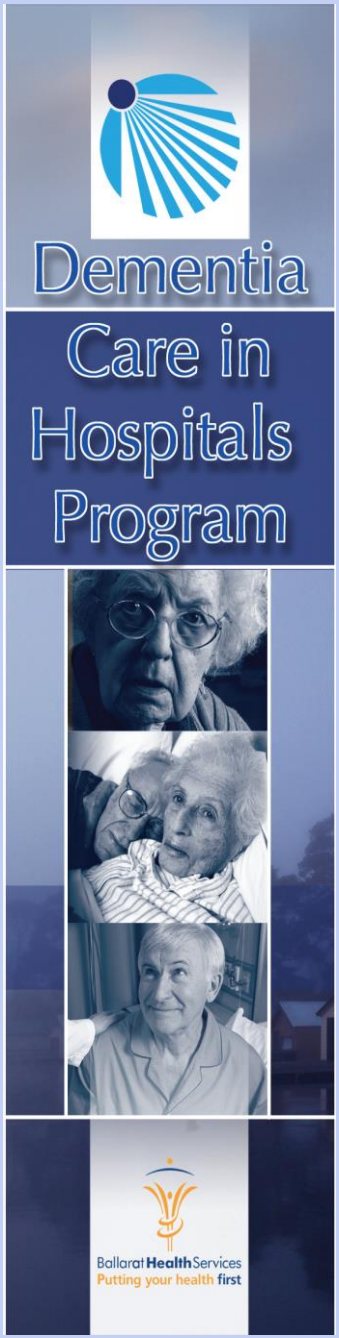
Change in Difficulty	Cabrini Site 1		Cabirni Site 2		St JoG- Bendigo	
	Clinical Staff	Non-Clinical Staff	Clinical Staff	Non-Clinical Staff	Clinical Staff	Non-Clinical Staff
% reduction in difficulty experienced when working with pateints with dementia,delirium or memory and thinking difficulties	23.40%	25%	42.80%	2.70%	19%	2%
% reduction in difficulty expreienced working with the carer or family of patients with dementia, delirium or memory and thinking	2.30%	8%	31%	0.90%	5%	-1%

On average across all 3 sites 84.3% of clinical staff had difficulty with patients with CI pre intervention this decreased to 57.7% post-intervention

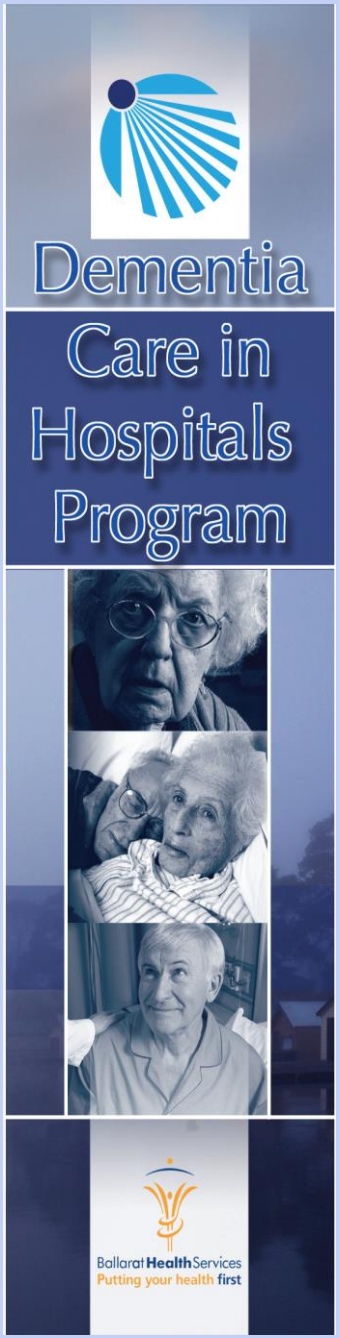
- No measurable impact on risk

Bupa Health Foundation



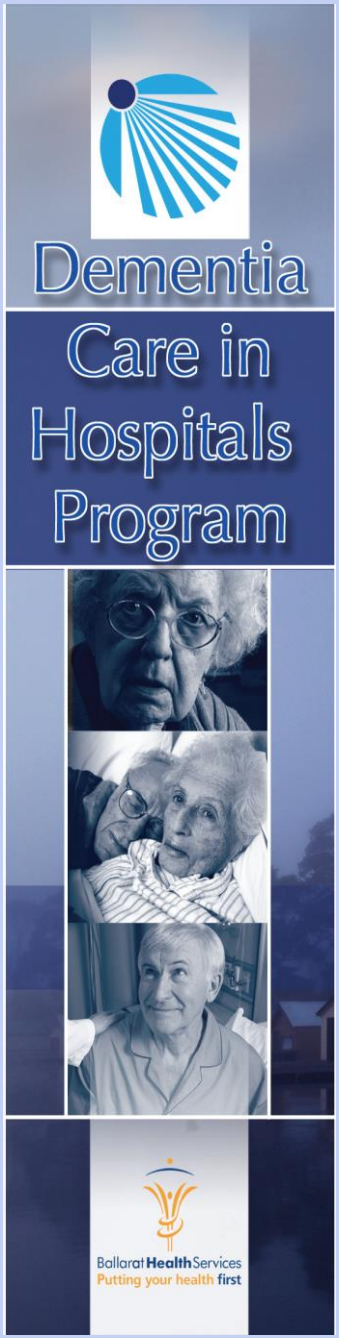
Cognitive Impairment and Vic WIES

- 80yr old pt – ORIF of #NOF
  - Vic WIES **2.6393** ALOS **6.5 days**
- 80 yr old pt – ORIF of #NOF with acute delirium due to UTI post surgery
  - Vic WIES **2.6393** ALOS **6.5 days**
- 80 yr old pt – ORIF of #NOF with acute delirium due to UTI on a background of dementia post surgery
  - Vic WIES **3.9363** ALOS **12.5 days**



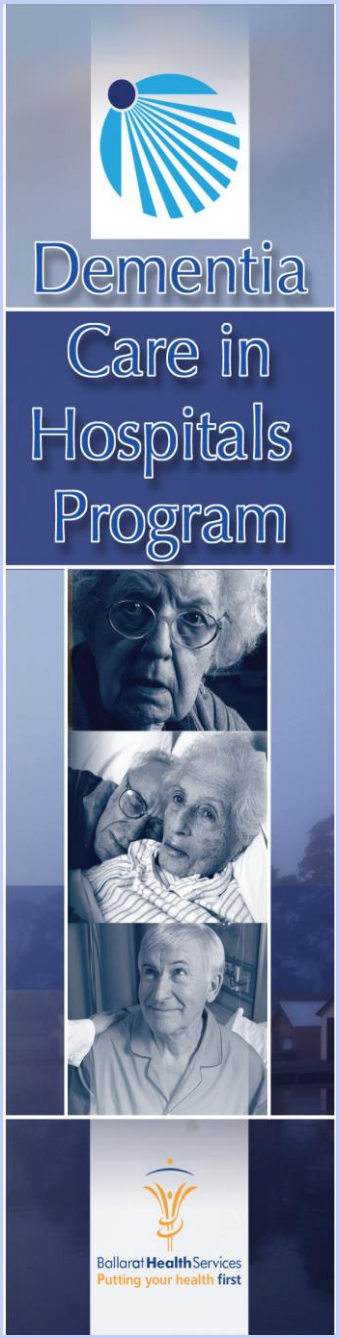
Recommendation of the Dementia in Acute Care Forum

- Three key recommendations
  - A costing study should investigate the costs and benefit of improved care of people with cognitive impairment
  - All people over the age of 65 admitted to hospital should be screened for cognitive impairment.
  - A national cognitive impairment education strategy should be developed, including the appointment of cognition clinical nurses



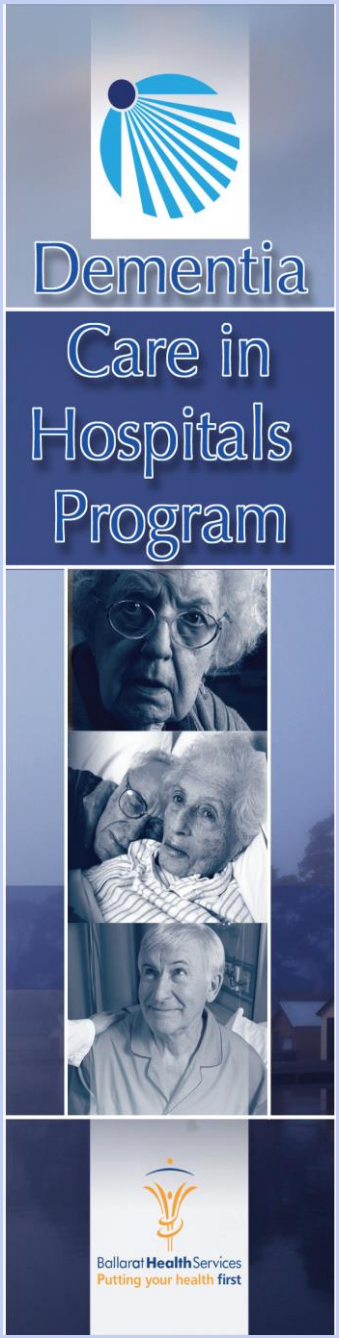
Recommendation of the Dementia in Acute Care Forum

- 25 additional recommendations were made
  - Develop national standards on acute care of people with dementia and delirium,
  - Integrate cognitive function into the National Safety and Quality Health Service Standards.
  - Use a Cognitive Impairment Identifier to communicate needs of patients.
  - Provide a dementia-friendly physical environment, including orientating cues for patients, carer facilities and special care areas.



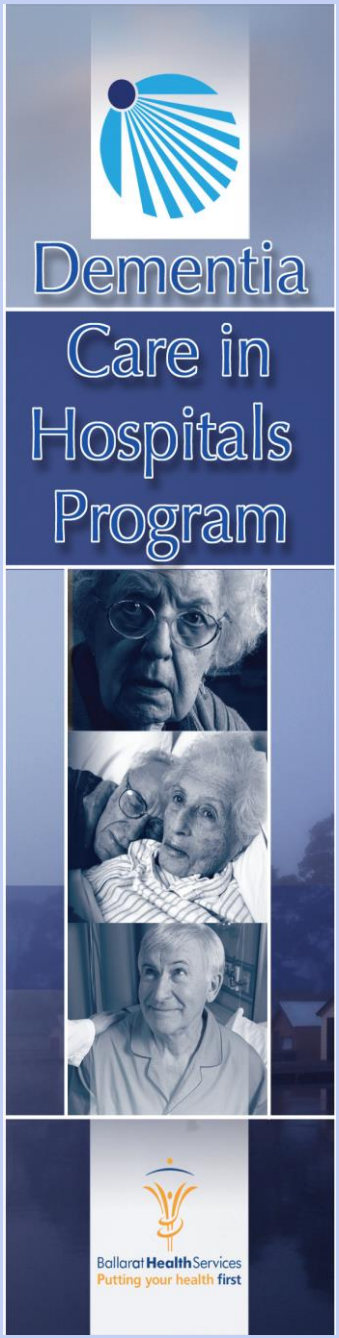
National Change Drivers

- Dementia A National Health Priority Area – 2012
- 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
- National Hospital Performance Authority
  - Re admission is more likely in patients with cognitive impairment
- New Australian Government Initiative - LLLB
  - $39 M over 5 years to improve Dementia Care in the acute setting



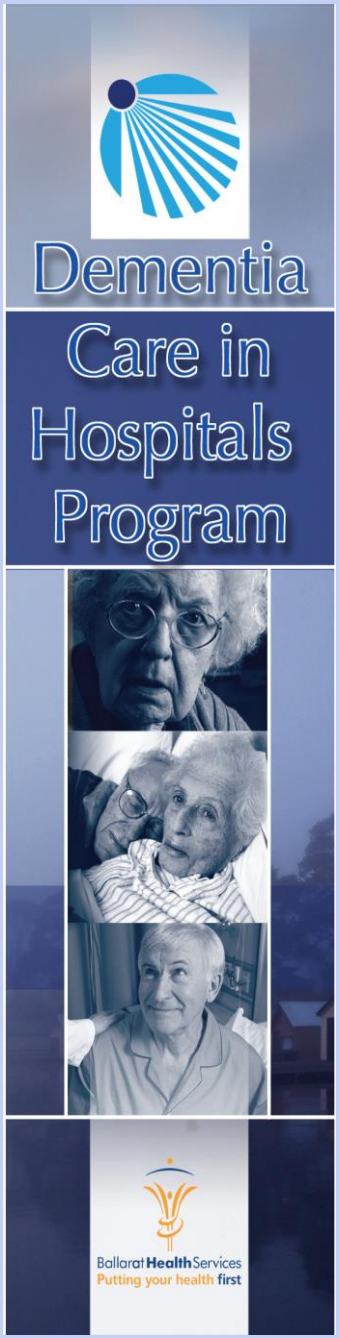
Next Steps Nationally

- The program of activity linked to the LLLB innitiative
  - Changes to the National Standards to include cognitive impairment
  - Building/ environmental guidelines for acute to meet the needs of those with CI
  - Hospital education programs
- Alzheimer's Australia – call for a national symbol for dementia
- National Framework for Action On Dementia



Conclusions

- The care for patients with CI in the acute setting can be improved
- Hospital process and culture need to change to achieve this
- New national policy settings will be a key driver to change
- The new funding model for acute hospitals can facilitate improvements in care by funding the costs of quality care which have not previously been built into costings.



"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…"

…..Thank You

Dementia Care in Hospitals Program

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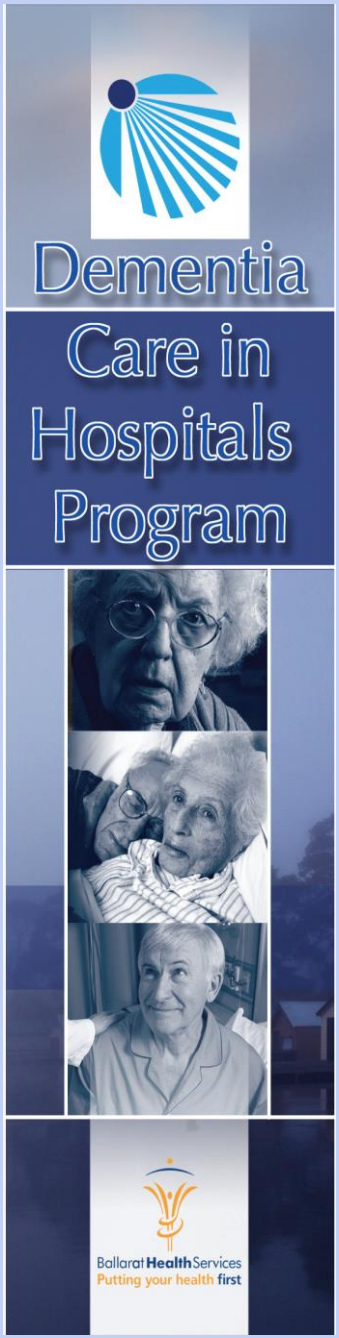
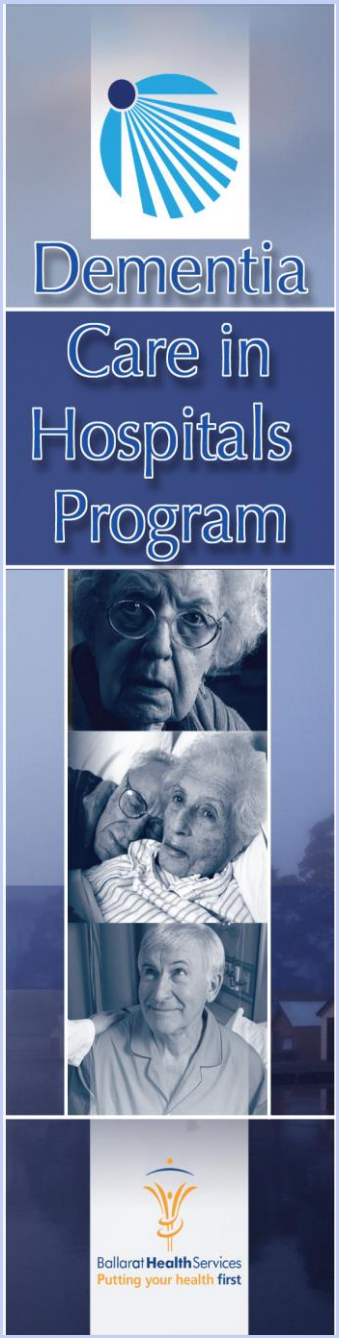


Is Acute Care Uncomfortable when you have CI ?

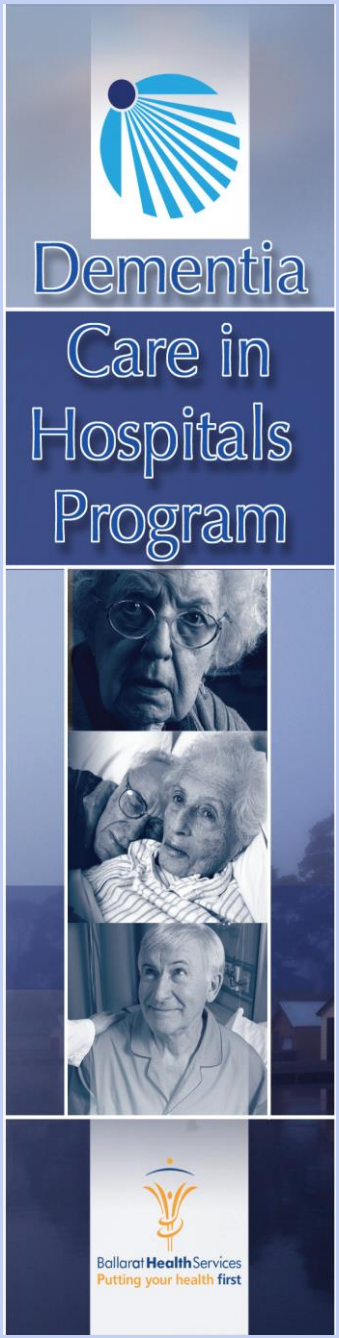
- Governments carers and consumers requests for change



State Government View

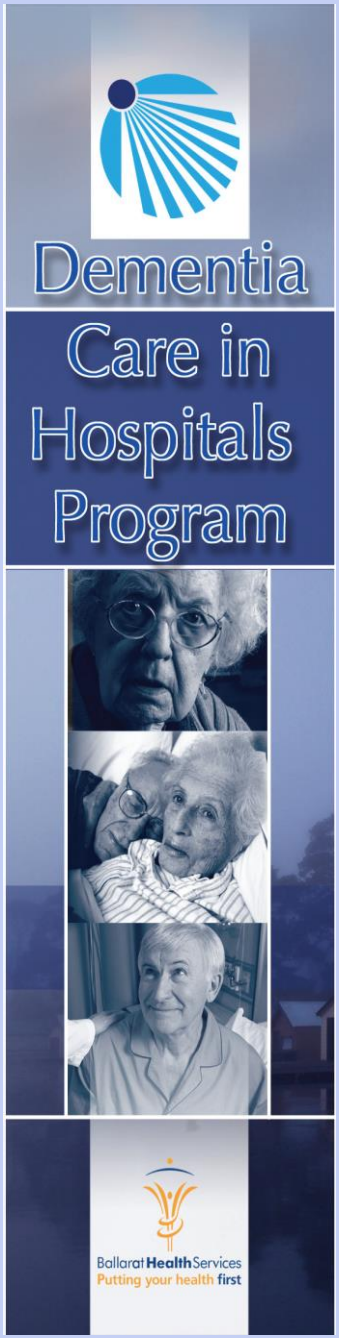
- The Victorian Dementia Task Force October 1998
  - "Acute hospitals are not well equipped to respond to the particular needs of people with dementia and the care given can be compromised."

Cognitive Impairment = Dementia



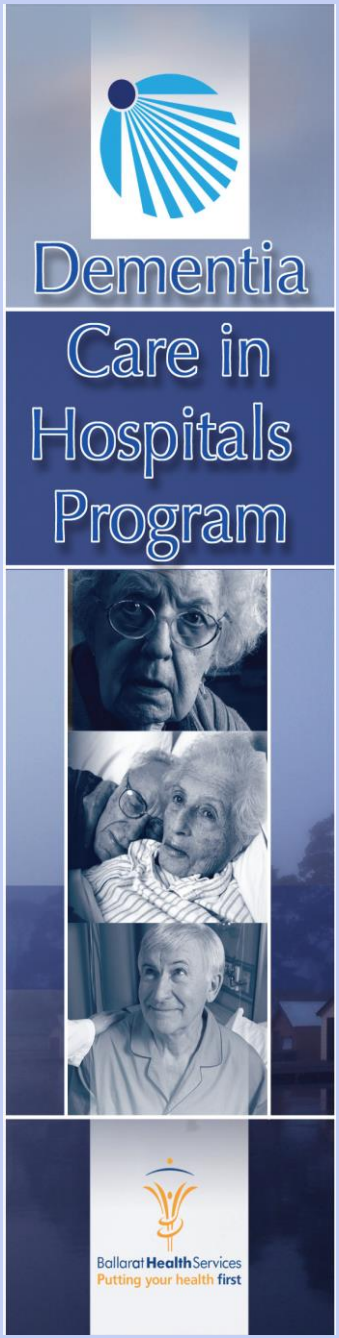
Consumer View

"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…"



Consumer View

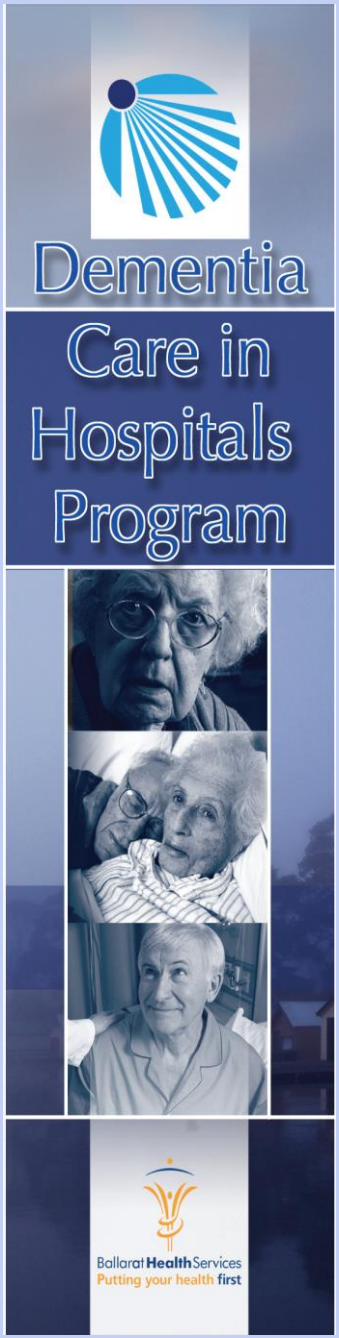
- Alzheimer's Australia National Consumer Summit 2005
  - **Action Point 2:** Improve the responsiveness of acute care so it better meets the needs of people with dementia.- We need **people** working in and managing acute care to understand the needs of people with dementia. We need **protocols** to be established that will inform all who work in acute care so that they can better support and inform people with dementia and their carers. We need acute care to be **adequately resourced** to respond to our needs.



Combined States and Territories View

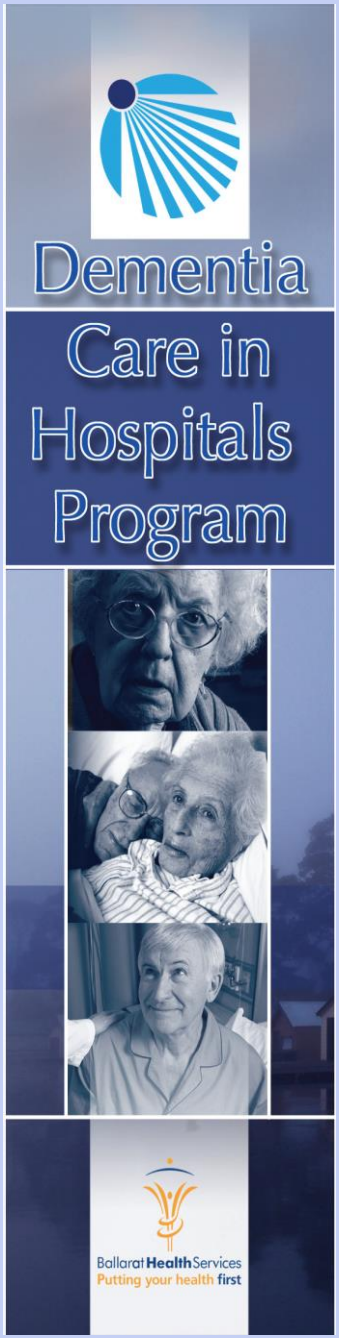
National Framework for Action on Dementia; 2006–2010

- 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



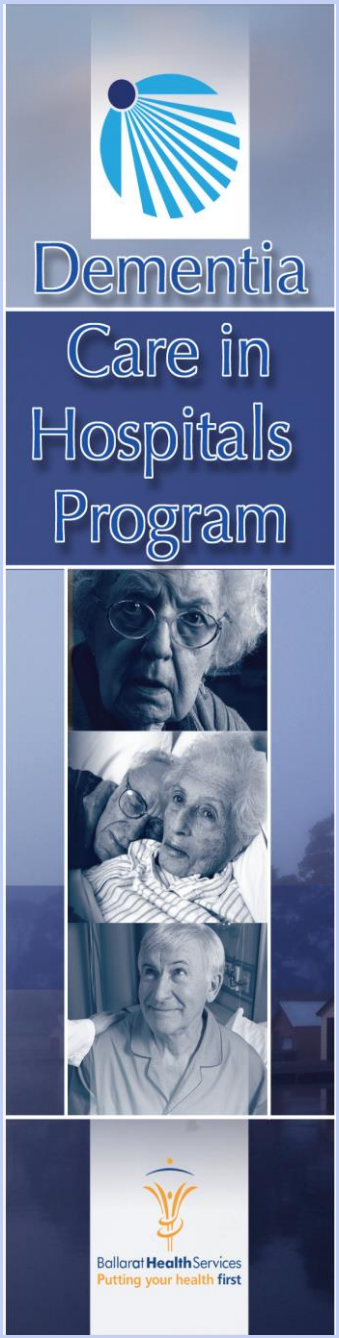
Is Acute Care Uncomfortable when you have CI ?

- Adverse event data
  - People with cognitive impairment are over represented in hospital falls data
  - People with dementia have a 40-50% greater chance of developing a delirium



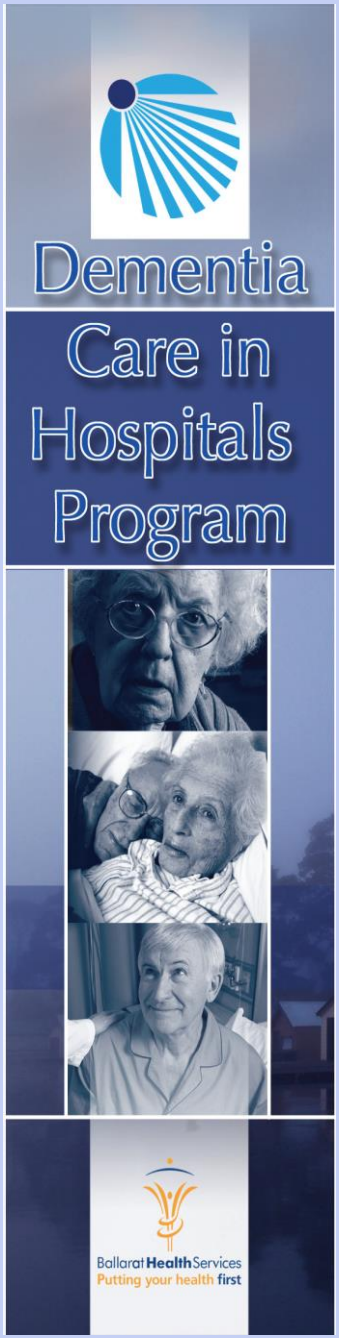
Is Acute Care Uncomfortable when you have CI ?

- Sources of distress when confused
  - Bed changes
  - Staff changes
  - Built environment
- Lack of awareness leads to expectations of the patient beyond their capability
  - Dementia when present was documented in the notes in less than half the time (Travers et al.)
- An inability to fulfil the expectations of the hospital care paradigm
  - You are a patient not a person
  - “Don’t forget to use the bottle we need to collect all your urine today”



The Dementia Care in Hospitals Program (DCHP)

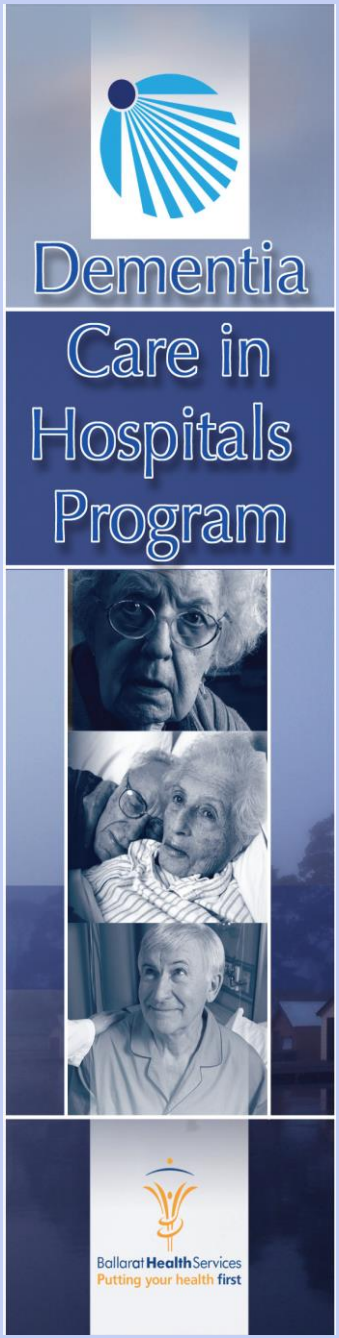
- Program Development and Outcomes 2003-2013
- This Program has now been introduced into 22 hospitals across Victoria
- So far there have been 3 Phases



DCHP-Phase 1: Results

- 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; funded by the Victorian Department of Health

AUSTRALIAN INSTITUTE FOR PRIMARY CARE

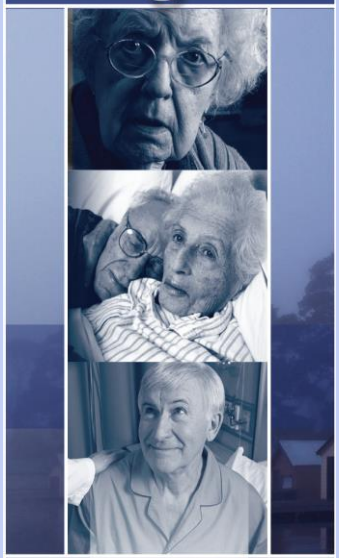


DCHP-Phase 1: Results

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

DCHP Phase 1:Carer Satisfaction Results

Dementia Care in Hospitals Program



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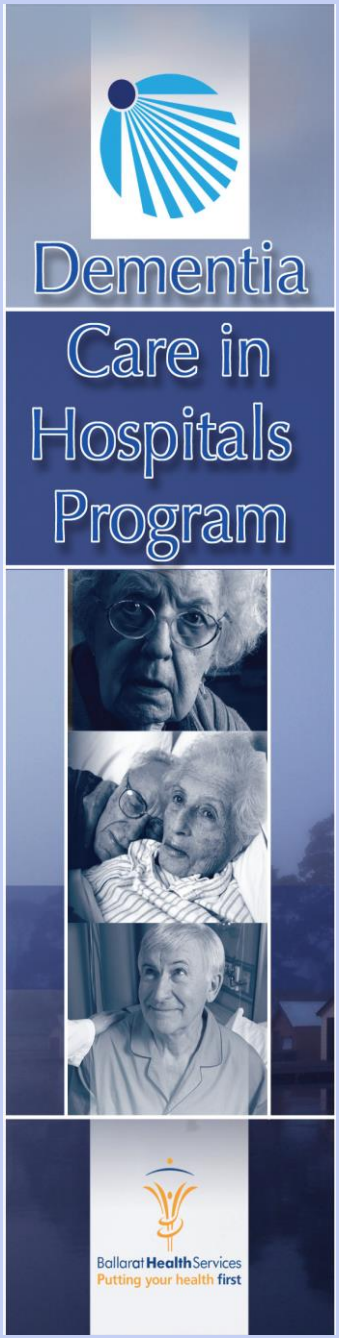
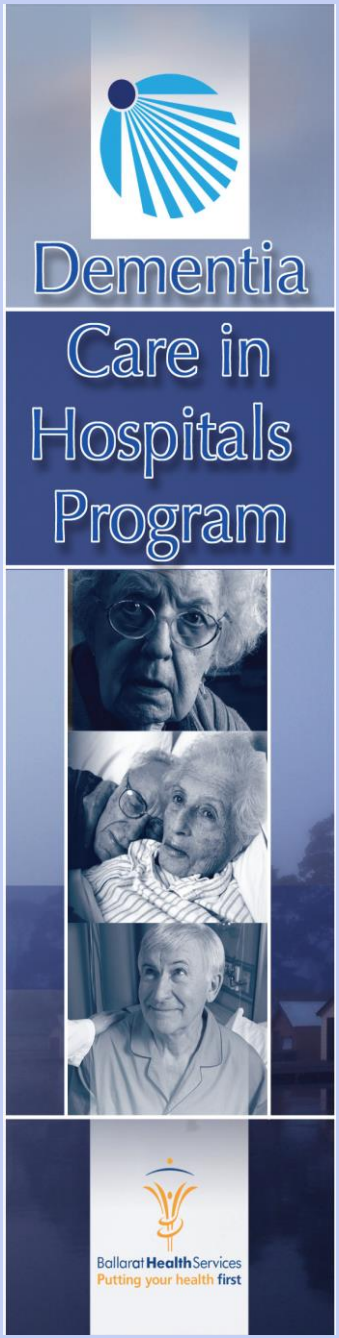
Question to Carer	Satisfied(% of response)		Dissatisfied(% of response)	
	Pre(n=25)	Post (n=30)	Pre(n=25)	Post(n=30)
That the staff knew the patient has Cog. Impairm.	80	87	20	6
Staff introduced themselves	70	81	25	0
Staff did not expect more than patient capable of	75	84	20	6
Staff explained things simply	65	90	15	6
Carer invited to provide information	80	78	15	9
Notice taken of voluntered 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
Percent satisfied or dissatisfied	**73**	**84.2**	**18**	**6.4**



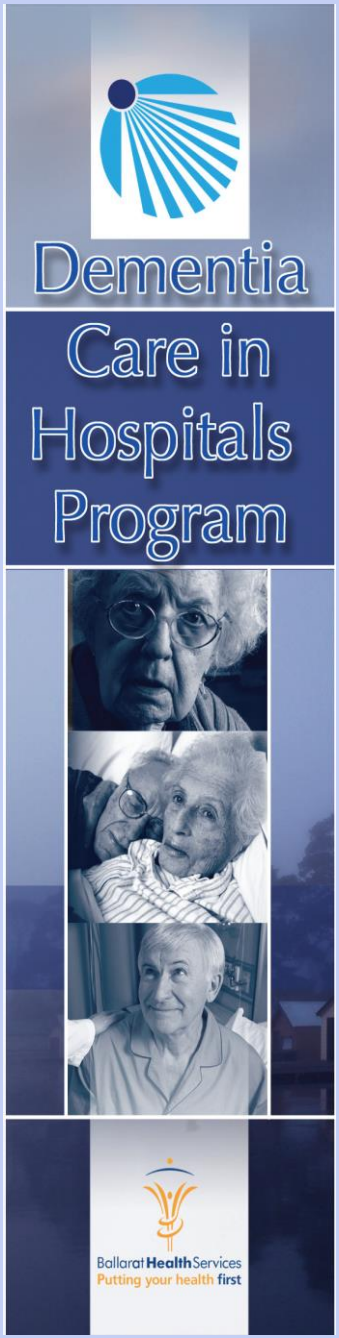
DCHP Phase1:Conclusions

- 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 Alert (CII) improves hospital processes to support patients with CI



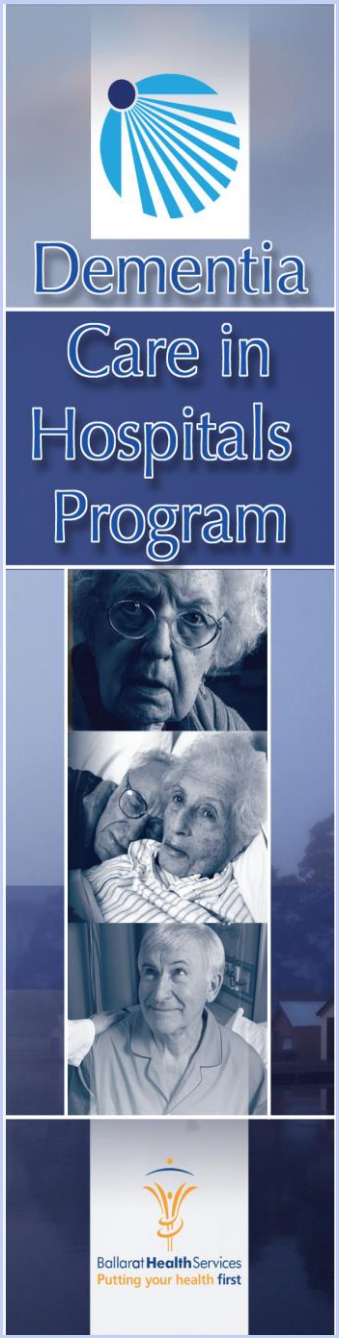
DCHP Phase1:Conclusions

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



DCHP Phase 2 - 2006

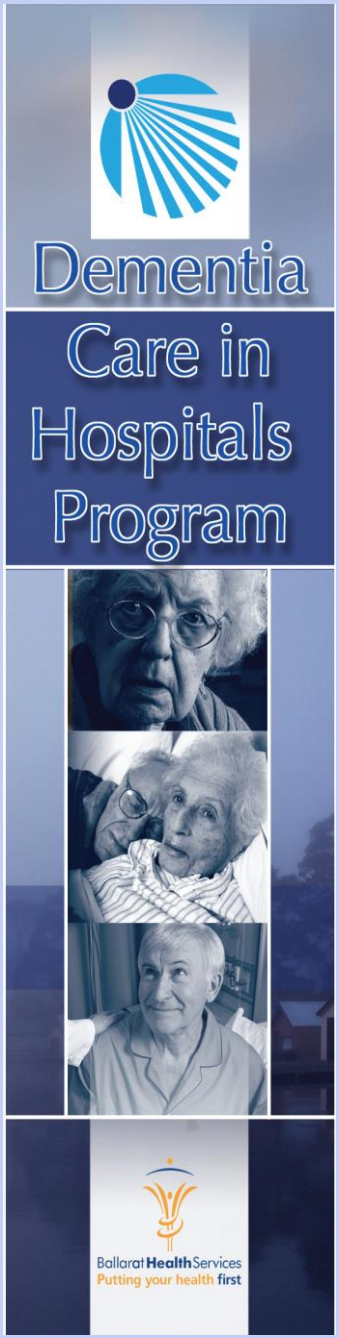
- Re evaluation in 7 other hospitals
  - St Vincent's Health
  - Barwon Health
  - Melbourne Health
  - Austin Health
  - Latrobe regional hospital
  - Peninsula health
  - Northeast Wangaratta
  - Broadmeadows Health



DCHP Phase 2:Conclusions

- 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)

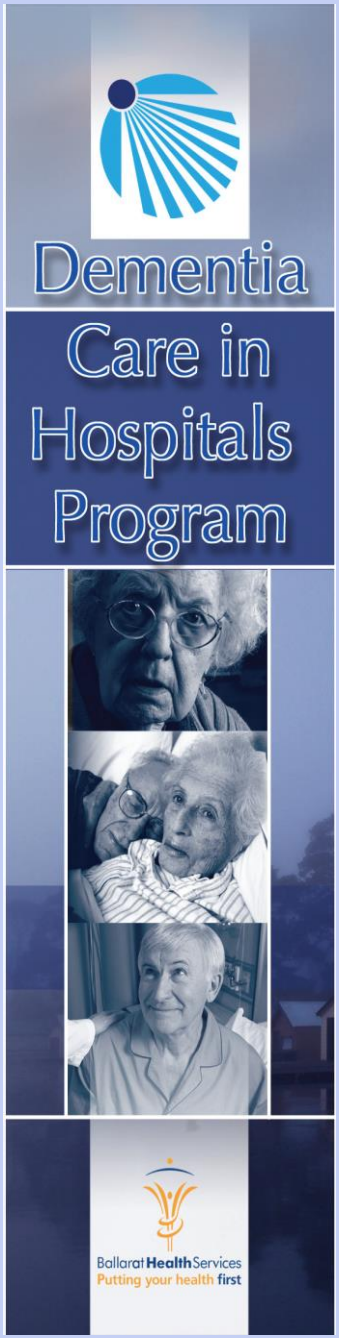
- Person centred practice
- Assessment
- Mobility/Vigour/self-care
- Nutrition
- Delirium
- **Dementia**
- Depression
- Continence
- Medication
- Skin Integrity

Care in Hospitals Program
Home
Up
Cog.Impair't Identifier
Pharmacology

The Cognitive Impairment Identifier

© Ballarat Health Service.

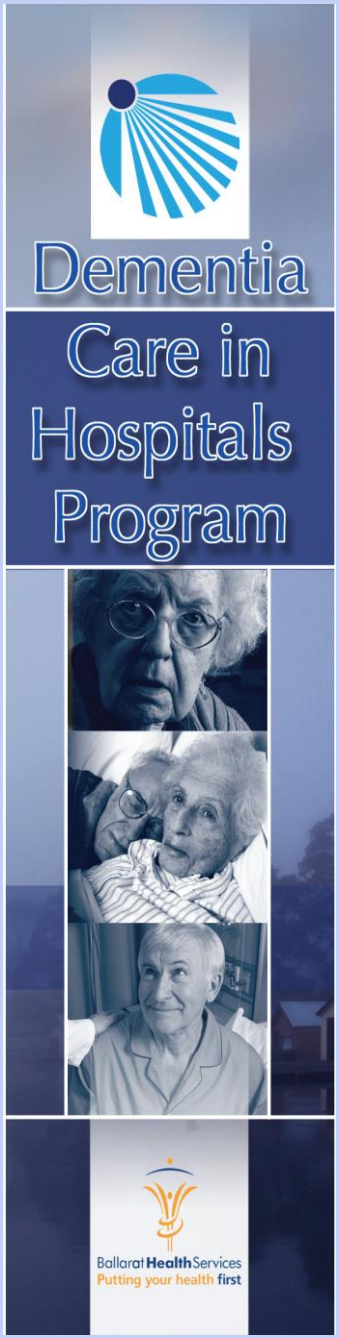
The Cognitive Impairment Identifier is part of a hospital wide education program to improve the awareness of and communication with patients with Cognitive Impairment, sponsored by the Department of Human Services, Victoria. It is being implemented in hospitals across the state of Victoria.



Phase 3- 2012
Bupa Foundation

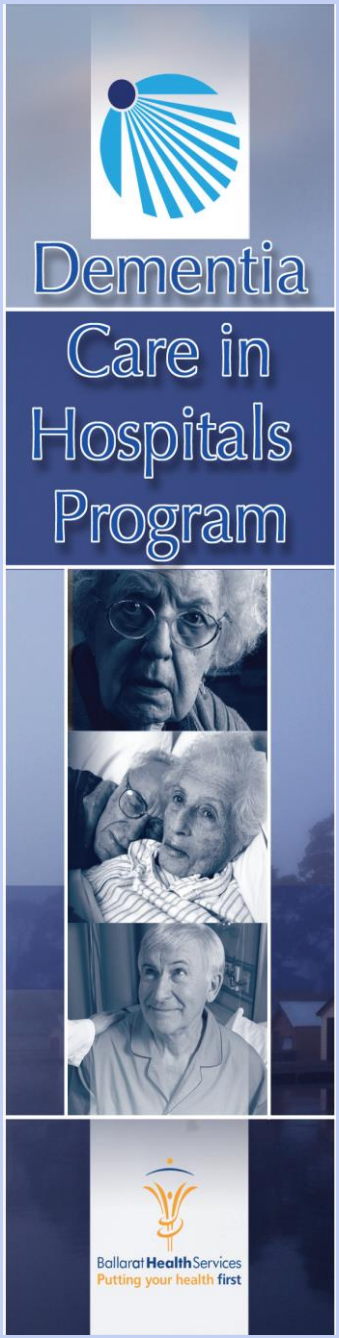
- Demonstrating transferability to the private sector
- Validation of the impact of the DCHP on hospital risk
- Results will be available in March.
- Abstract at AA National Conference May

Bupa Health Foundation



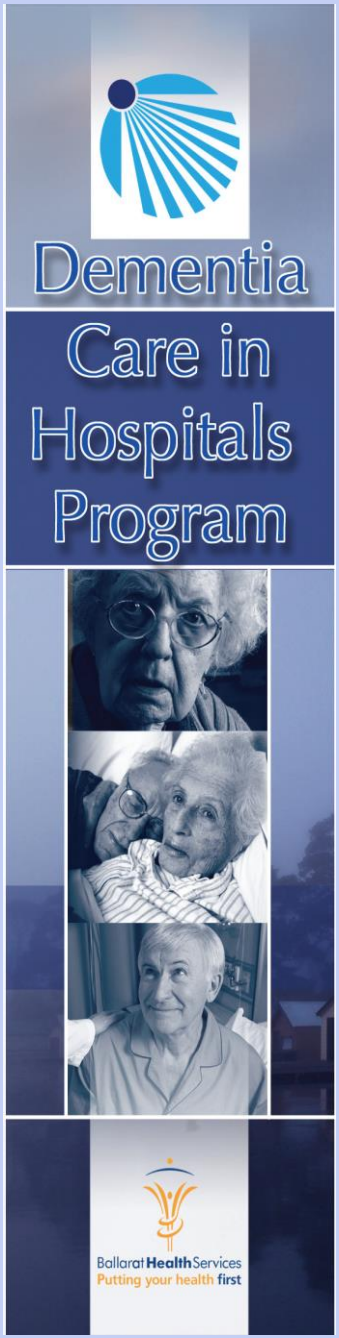
National and International programs

- Dementia Care in Hospitals Program – Ballarat Health Services (2003-)
  - Education linked to an over bed alert with access to skilled nursing support strong AA link
- Cognition Care Support Teams (CCST)– Peninsula Health Care (2008-)
  - Education linked to Skilled Nurse Support
- Care of the Confused Hospitalised Older Person Study (CHOPS)– NSW Agency for Clinical Innovation(2010-12)
  - Education linked to standards
- The Butterfly Scheme - UK (2012-)
  - Education with a hidden identifier for staff only
- Dementia Friendly Hospitals: Care not Crisis- US
  - Education linked to standards strong AA link



Can Care be improved?

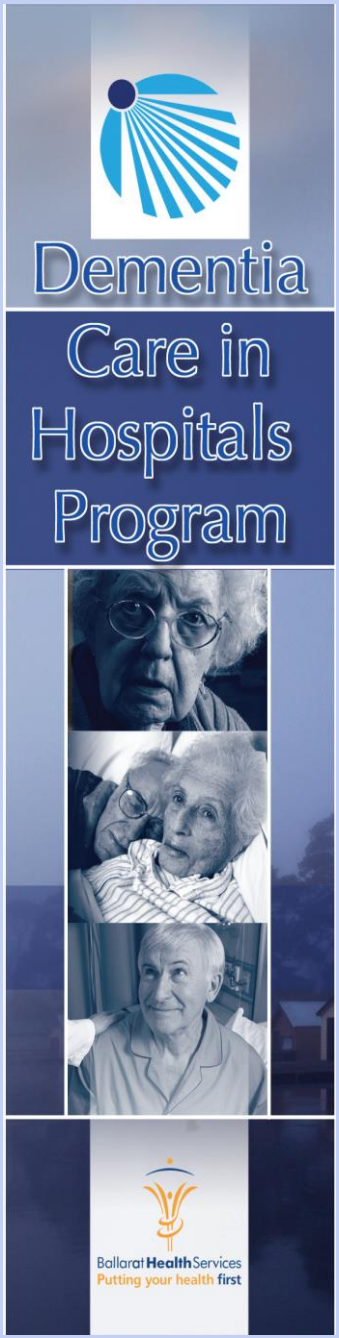
- Yes
  - There are existing national models that have suggested benefit in staff knowledge and attitude and carer satisfaction
- But…
  - We need the will and drivers to make change happen



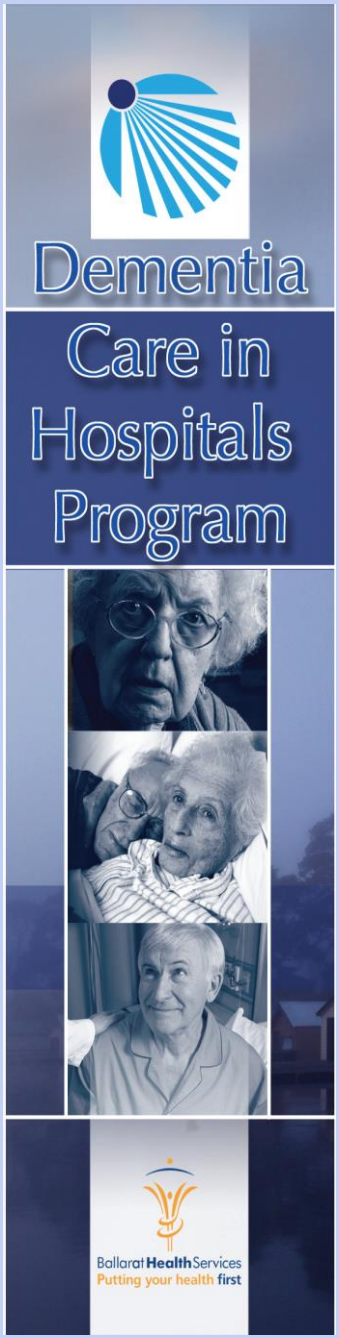
Are there new change drivers

- The National Safety and Quality Health Service Standards -2011
  - The Deteriorating Patient, Medication Safety and Falls are all difficult to address if those with CI are not known to the organisation
- National Hospital Performance Authority
  - Re admission is more likely in patients with cognitive impairment
- Dementia A National Health Priority Area – 2012

- New Australian Government Initiative
  - $39 M over 5 years to improve Dementia Care in the acute setting



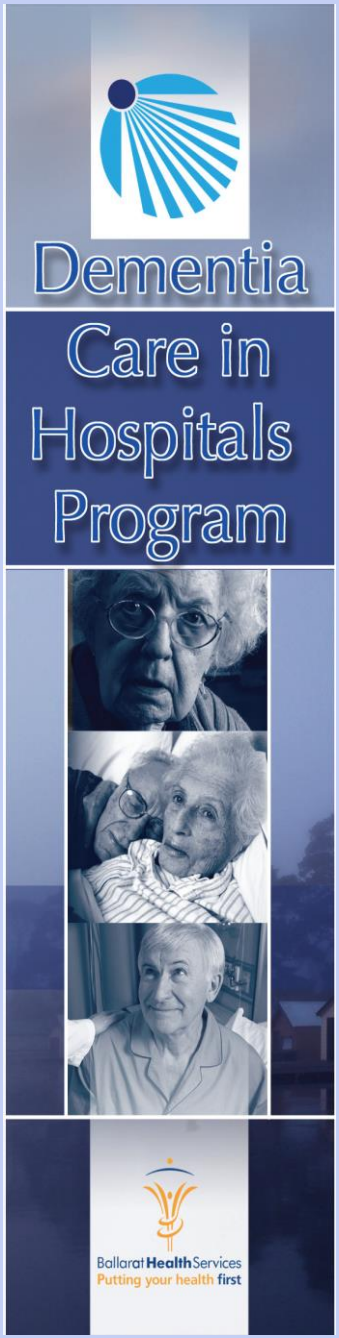
"I didn't want them making a fuss of me…. there are people worse off than me…. I may forget some things but I'm not stupid"



Screening for Cognitive Impairment

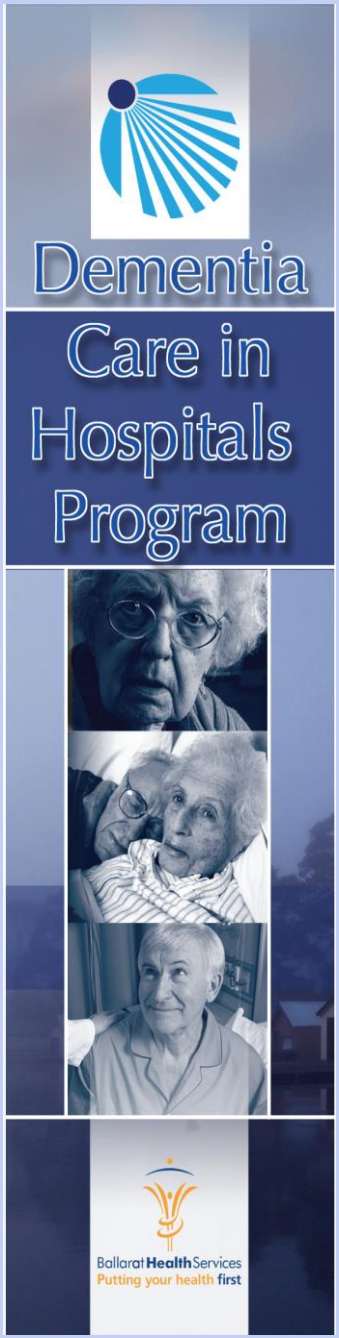
- What age
  - 75 and over – will miss the 14% younger patients with dementia*
  - 70 and over – matches the Travers dat
  - 65 and over – the usual screening age recommended with falls etc. would capture the younger delirium but there will be false positives
- Is there a risk with a false positive screening result
  - Depends how a positive result is explained – it is not a diagnosis
  - The associated risk management response should provide additional help to the patient and family not restrict freedom or choice

*Draper et al Hospital Dementia Services project (HDS)



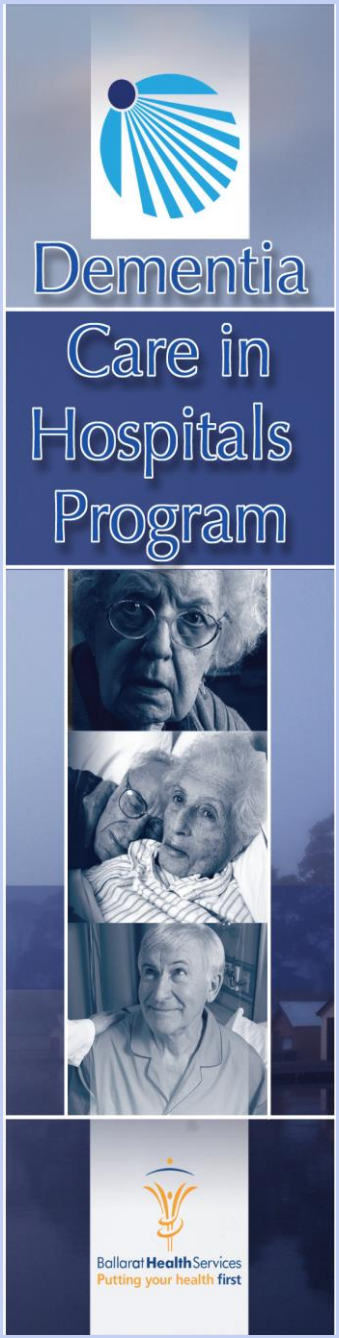
Hospital Wide Education

- Who – all hospital staff
- What –
  - Cognitive screening
  - Carer engagement
  - To change the current hospital care paradigm



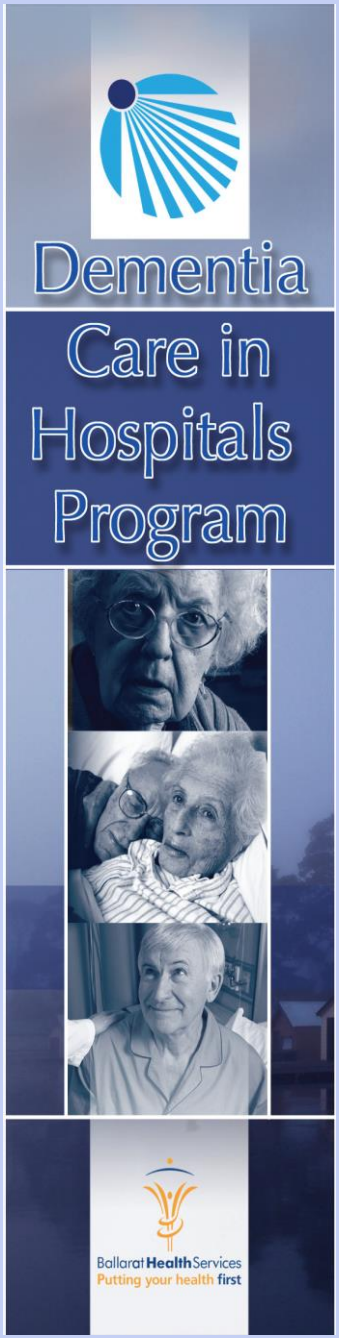
Hospital Wide Education

- To Change the Care Paradigm
  - from one where all **people** in hospitals are expected to be fully capable of being **patients** to one where we understand those **people with CI** may not be consistently able to fulfil the **patient** role requiring us to change our communication, environment and process to reduce anxiety, fear and error.



Bed based Cognitive Alert

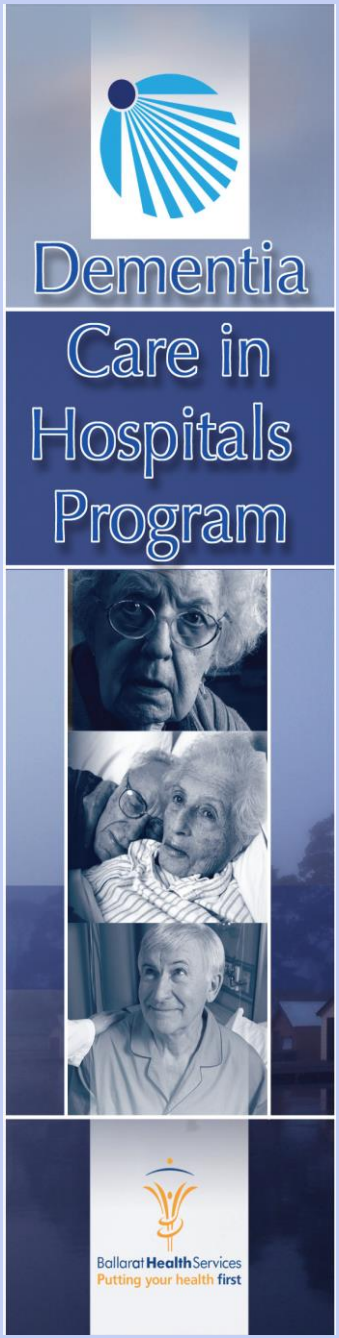
- A timely visual cue so staff can use appropriate communication
- Consistent with other hospital policy on alerts
- A relearning opportunity
- A change driver
- A public statement of commitment to better care
- Requested by consumers
  - People with dementia and carers need to see a national symbol for cognitive impairment so that people with dementia are treated appropriately particularly in the delivery of service.(AA Aus Nat. Con Summit- 2005)



Sustainable Organisational Culture Change

- Ward based Dementia champions such as CNC Cognition
  - Diabetes Nurse Specialists are well accepted as key elements to the hospital and outpatient management of diabetes which has a prevalence of 11.1% of Inpatients *

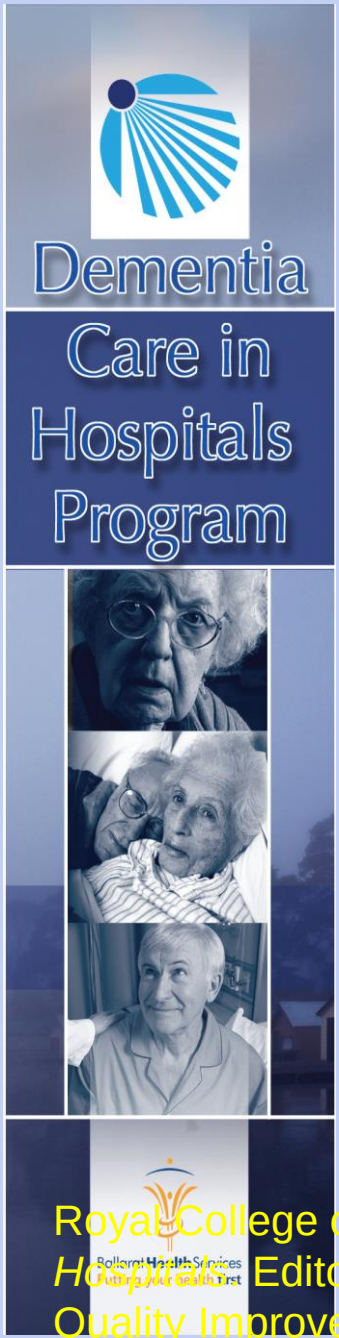
(Diabet Med. 2005 Jan;22(1):107-9.- Hospital in-patients with diabetes: increasing prevalence and management problems. Wallymahmed ME, Dawes S, Clarke G, Saunders S, Younis N, MacFarlane IA)



Flexible Care Options

- Flexible community based treatment option so, when appropriate, acute admission can be avoided
- Community care must be a positive option not an alternative to providing excellence in in-patient dementia care

UK experience



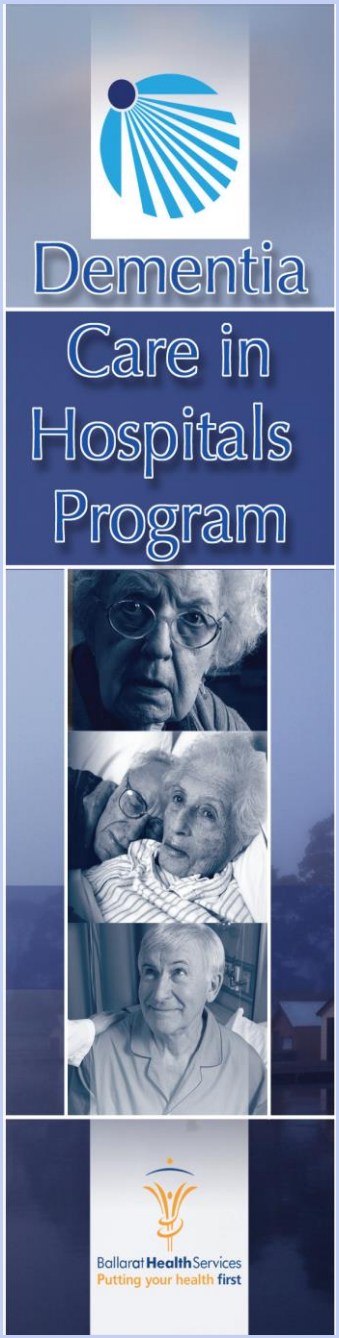
Report of the National Audit of Dementia Care in General Hospitals 2011 Recommendations

The Royal College of Physicians, the Royal College of Psychiatrists and the British Geriatrics Society should **recommend brief screening tools for cognitive function and delirium** for the assessment of people with dementia and older people in the general hospital.

The Chief Executive Officer should **ensure that key leadership roles and support from specialist staff are in place** to ensure delivery of dignified, skilled and compassionate care, for example Dignity Leads, Dementia Champions, Older People's Nurse Consultants.

The Senior Clinical Lead for Dementia should **implement systems of good practice to ensure that staff can identify people with dementia** on the ward/during care and treatment and can provide an appropriate response to their needs

Royal College of Psychiatrists (2011). *Report of the National Audit of Dementia Care in General Hospitals*. Editors: Young J, Hood C, Woolley R, Gandesha A and Souza R. London: Healthcare Quality Improvement Partnership.



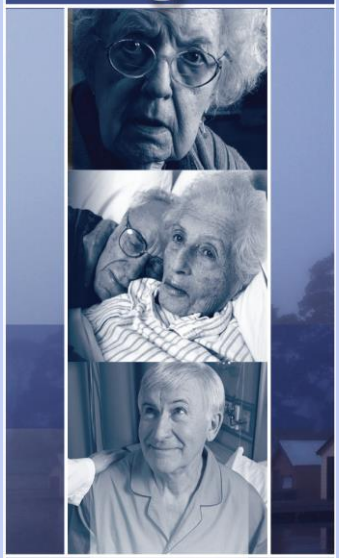
Conclusion

- CI is core business in acute hospital
- A detour to acute does not have to be uncomfortable
- As a result of Federal and State Government initiatives there is a an environment for change
- The ball is in our court to deliver that change

Dementia Care in Hospitals Program

Ballarat Health Services
Putting your health first

Dementia Care in Hospitals Program



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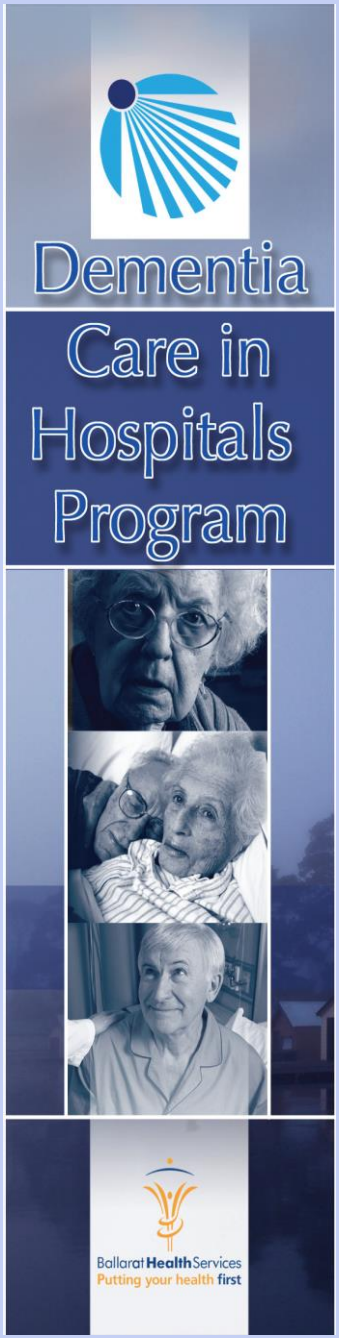
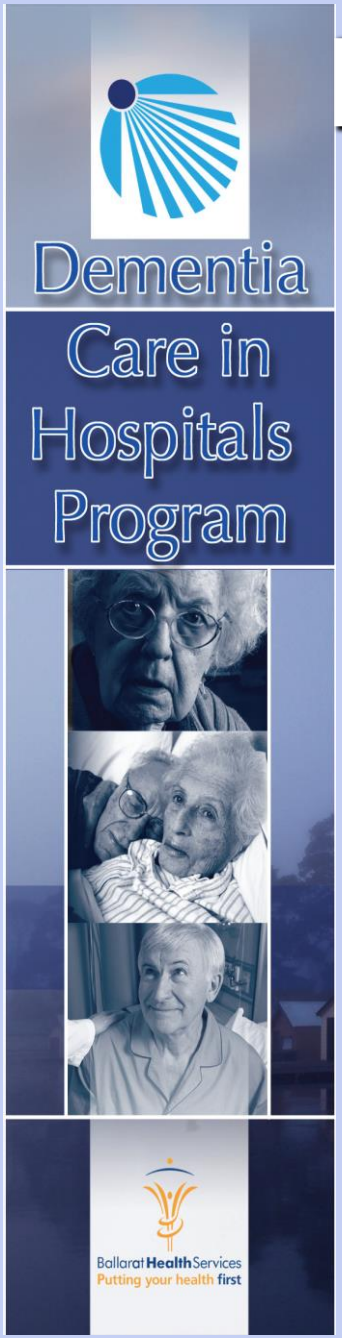


Not sign. = ns p 0.05 = + p 0.01 = ++	(n)Post / (n)Pre	Staff Type	Knowledge change	Confidence change	Organisational change
Austin	48/137	Clinical	ns	+	ns
		Non- Cl	N/A	N/A	N/A
Barwon	48/177	Clinical	+	+	ns
		Non- Cl	++	++	+
Northern	48/85	Clinical	ns	ns	ns
		Non- Cl	ns	ns	ns
Wangaratta	86/141	Clinical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

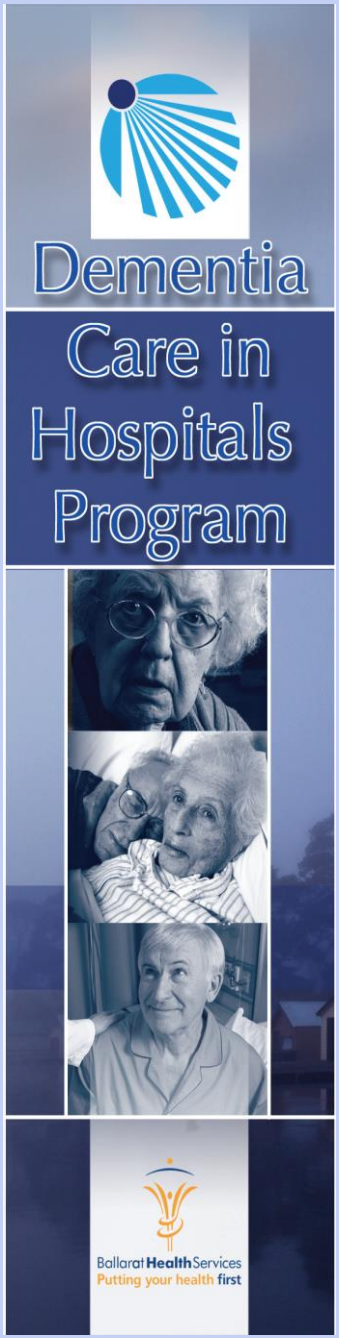


DCHP Phase 2: Evaluation

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

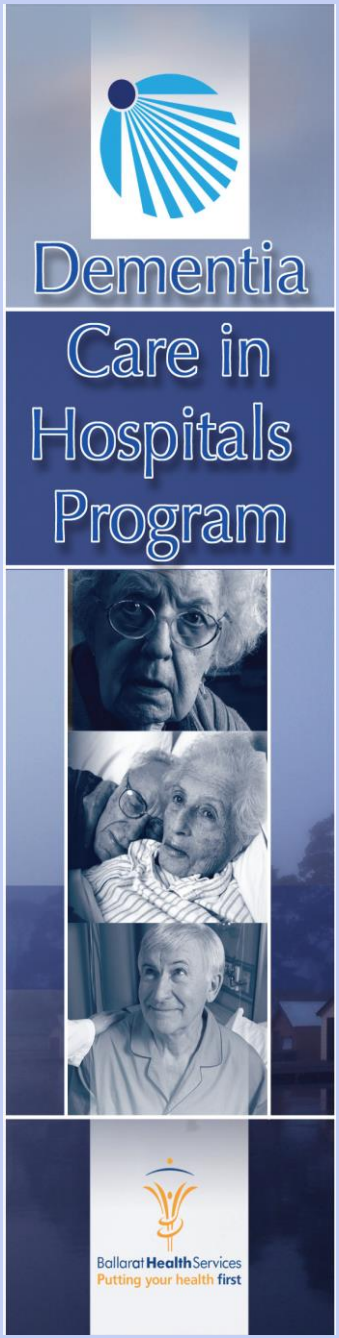
Dementia Care in Hospitals Program

Ballarat Health Services
Putting your health first



Can Care be Improved ?

- Delirium Avoidance
  - SK Inouye 1999
    - 40% reduction in delirium incidence in the treatment group- 42 vs 64 (OR .61, 0.4-0.93 p=0.02)
    - reduced length of delirium-105 vs161 p=0.02
  - Siddiqi 2009 Cochrane review
    - Sparse evidence that delirium can be prevented
- Multi-disciplinary management of Cognitive Impairment



DCHP- Adoption

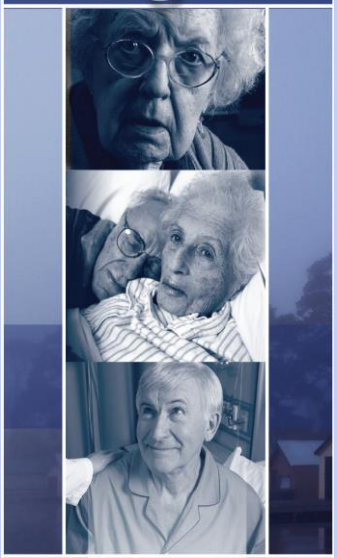
What are the care/management principles that I should follow if someone has dementia?

- Once identified, alert all hospital staff coming into contact with patients who have memory and thinking difficulties using the Cognitive Impairment Identifier (CII**; 🛠 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

DCHP Phase 1: Hospital Education Program Results

Dementia Care in Hospitals Program



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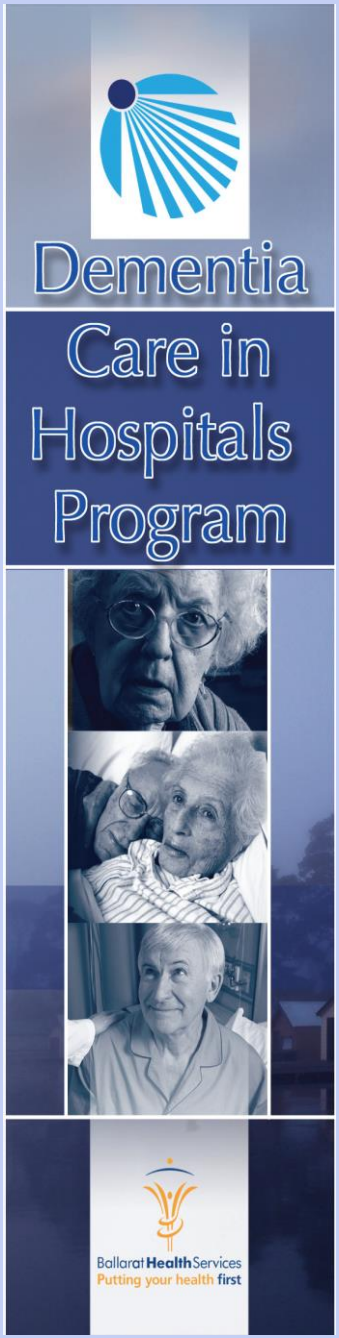
Self-rated measures:		Means (1)		
		Direct care staff	Non-direct care staff	Total
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.06	2.90	3.00
	Post	3.24*	3.03*	3.15*
How would you rate your level of comfort in dealing with 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

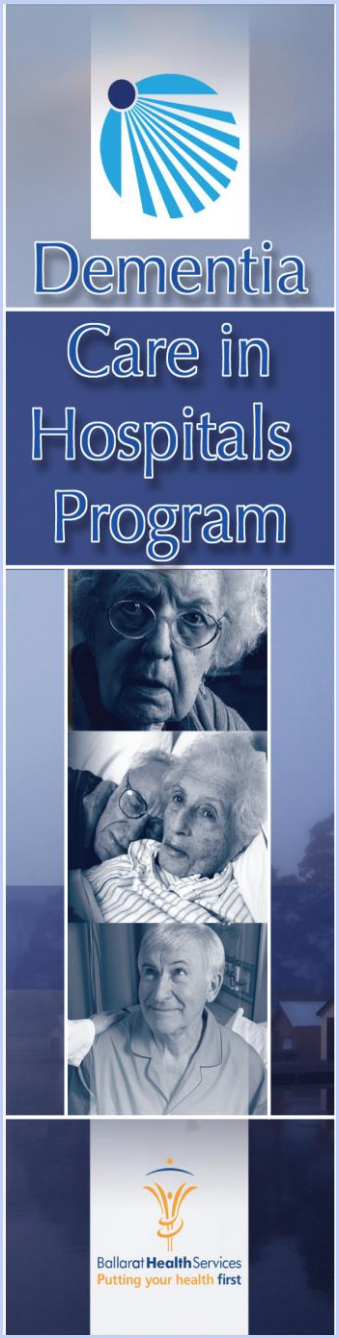
Notes:
(1) 1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.
*** Change in "desired" direction.**



Is the acute detour often?

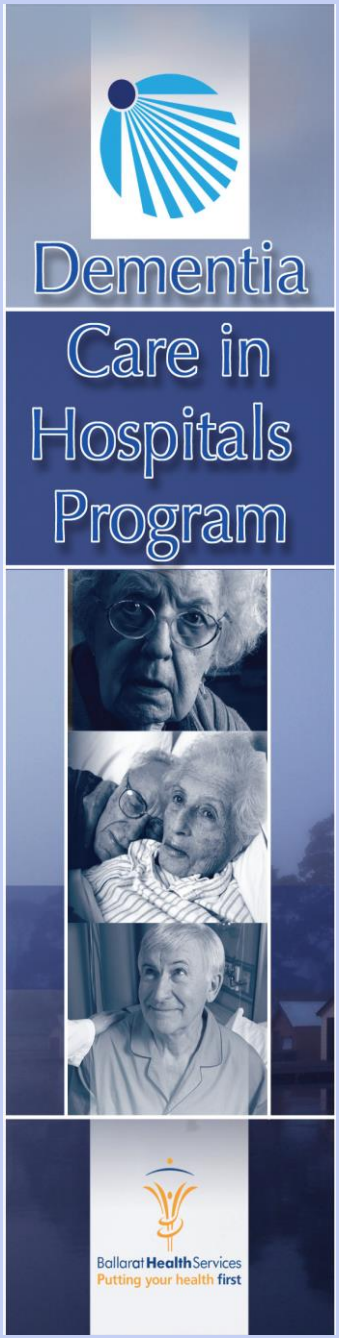
- Cognitive Impairment in Acute Hospitals
  - 29.4% of the population 70 and over in acute medical and surgical wards have cognitive impairment
  - 20.7% of the over 70s had dementia
- National Hospital Data
  - Those over 65 accounted for 48% of all multiday beddays
- Combining the Travers data and National Hospital Data 1-2 patients in every 10 in acute hospitals will have Cognitive Impairment
- BHS experience suggests 30% of all adults in acute beds have CI

(C Travers, G Byrne, N Pachana, K Klein, L Gray A prospective observational study of dementia and delirium in the acute hospital doi: 10.1111/j.1445-5994.2012.02962.x In print)



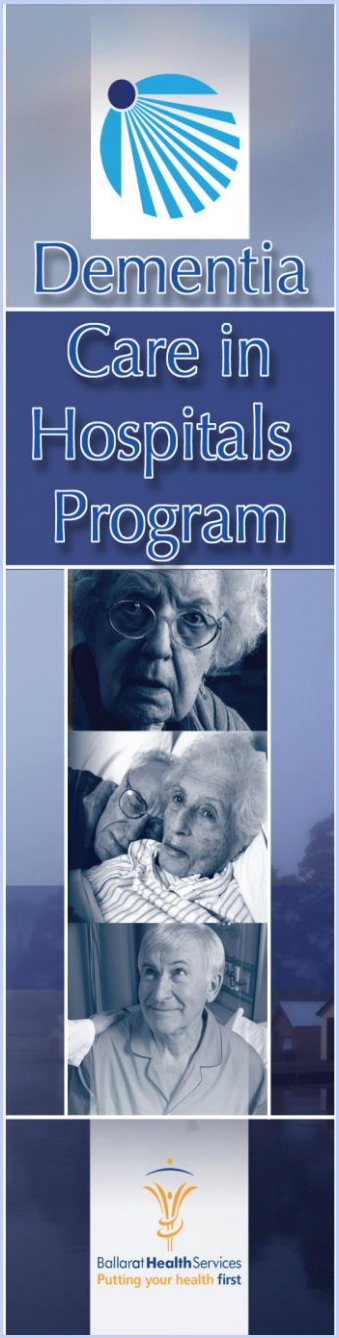
The Dementia Pathway

- Elements in the Dementia Pathway
  - Awareness, recognition and referral
  - Initial assessment and diagnosis, and post-diagnosis support
  - Management, care, support and review
  - End of life
- Hospital admission can be a detour at any stage of the pathway
- The detour is usually longer than in those without dementia



What would a Good Dementia Care look like

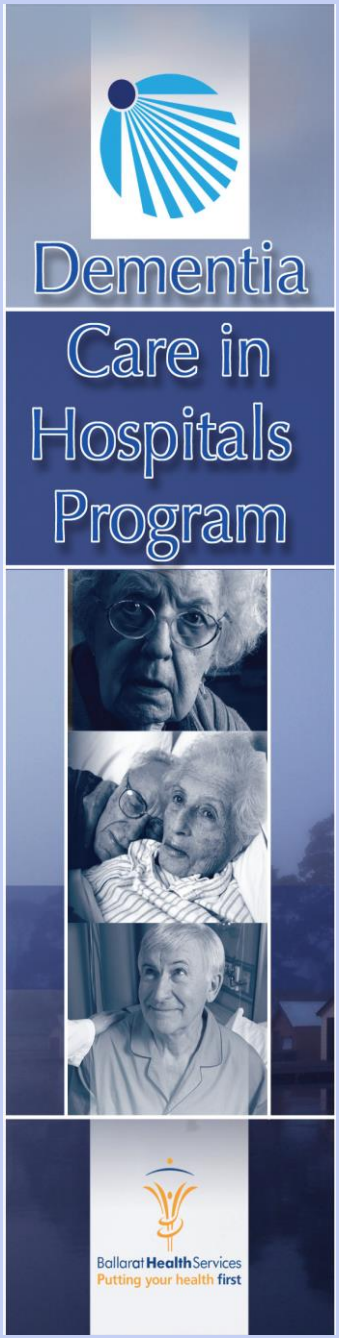
- Screening
- Hospital wide education
- Bed based alert for staff to target appropriate care
- Sustainable Education and culture change program – CNC Cognition
- Flexible community options for care so if appropriate acute admission is avoided



UK National Audit Data People over 65 in General Hospitals

- Mean dementia prevalence in over 65s in General Hospitals was 31%
- Mean combined prevalence for dementia and delirium was 51%

Who Cares Wins-Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people.



Cognitive Impairment and Vic WIES

- 78 yr old patient with UTI
  - Vic WIES **0.5717** ALOS **2.4 days**
- 78 yr old patient with UTI causing delirium
  - Vic WIES **0.5717** ALOS **2.4 days**
- 78 yr old patient with “delirium secondary to UTI”
  - Vic WIES **0.9209** ALOS **3.8 days**
- 78 yr old patient with UTI causing delirium on a background of Alzheimer’s disease
  - Vic WIES **1.5172** ALOS **6.4 days**