



# Dementia, Delirium and Hospitals- Improving Care



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# Overview

- ▶ Dementia and Delirium- Cognitive Impairment
- ▶ Statistics
- ▶ What is best practice?
- ▶ 3 Steps to better care

# Dementia

- A term used to describe a group of symptoms caused by diseases or conditions which affect the brain
- Causes a progressive decline in function and can affect a person's thinking, behaviour and ability to perform everyday tasks
- Not a “normal” part of ageing



# Dementia Statistics

- 413,106 Australians living with dementia
- 55% female and 45% male
- By 2025 estimated numbers will be 536,164
- expected to reach 1,100,890 by 2056

## Victorian Prevalence

- 96,789 Victorians living with dementia in 2016
- rise to 386,397 by 2050

The National Centre for Social and Economic Modelling NATSEM (2016) *Economic Cost of Dementia in Australia 2016-2056*

Retrieved from: <https://www.fightdementia.org.au/statistics>



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# Delirium

A transient mental disorder, characterised by:

- impaired cognitive function
- reduced ability to focus, sustain or shift attention
- develops over a short period of time
- fluctuates during the course of the day
- frequently unrecognised or misdiagnosed
- undetected almost 50% of the time

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. 2000, Washington, DC: American Psychiatric Association.



# Delirium

How common is *Delirium* in hospitals?

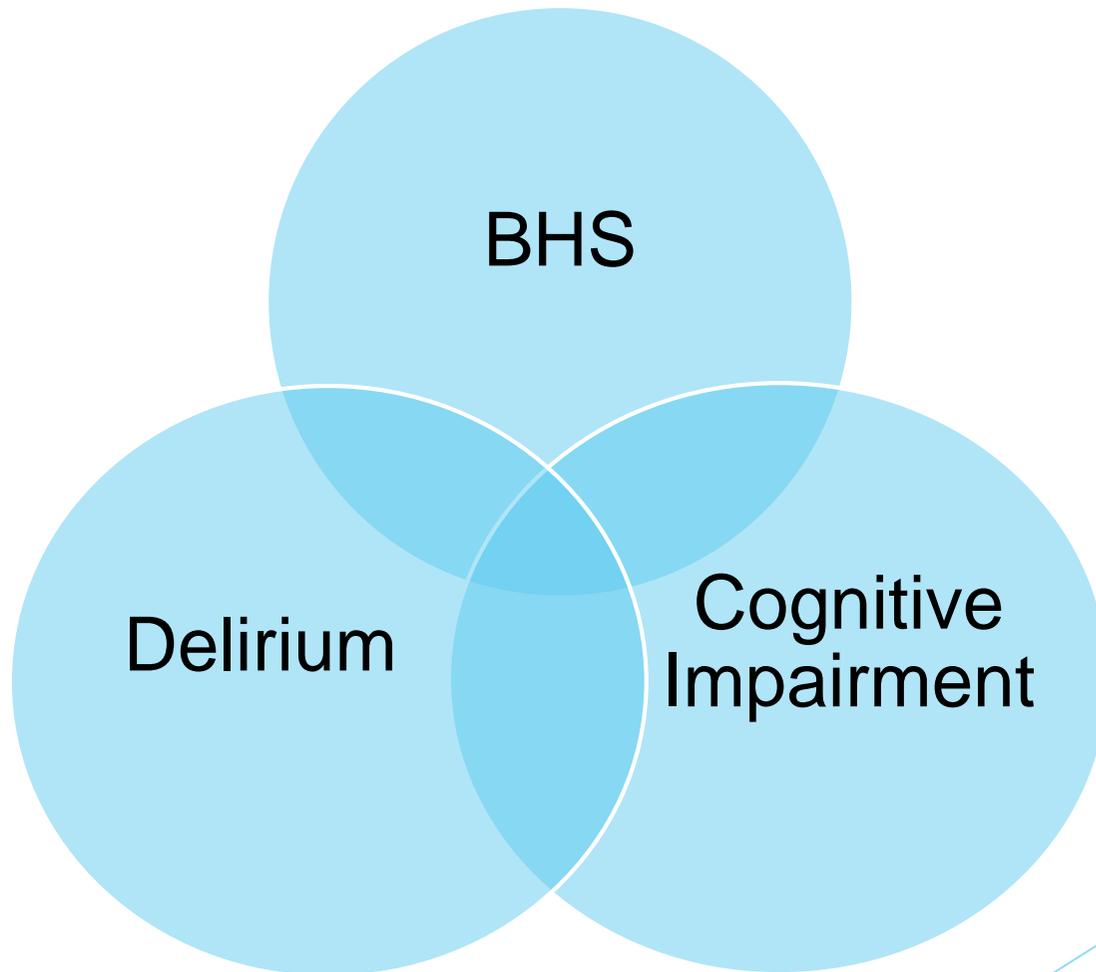
- 10-18% have delirium on admission
- 2-8% develop delirium
- Incidence rates of 30% or more cardiac surgery and hip surgery
- 50% or more in ICU settings regardless of age

Australian Commission on Safety and Quality in Health Care (2016). *Delirium Clinical Care Standard*. Sydney: ACSQHC.

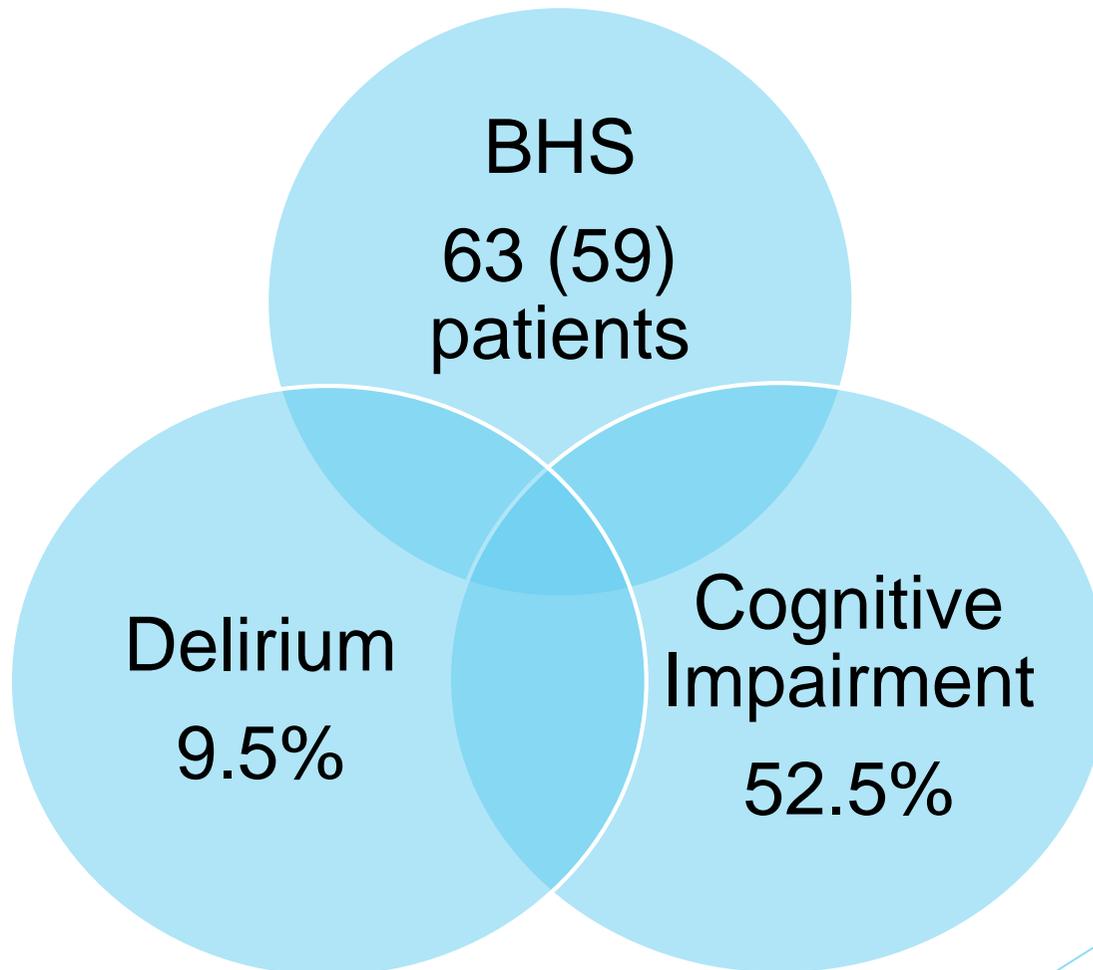


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# Cognitive Impairment- Local Statistics



# Cognitive Impairment- Local Statistics



# How can we improve Care?

1. Be alert

2. Recognise and respond

3. Provide safe and tailored care

# Be Alert

Age >65 (>45 Aboriginal & Torres Strait Islander)



Known cognitive impairment/ dementia



Severe medical illness



Current hip fracture



Patient, Family or staff raise concerns



Why?

# Recognise and Respond

Routine  
cognitive  
screening of  
at risk groups

Obtain history

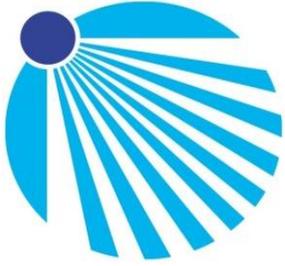
Screen for  
other risk  
factors for  
harm

Delirium  
assessment-  
validated tool

Comprehensive  
Assessment

Individualised  
patient  
management  
plan

Use of a bedside  
alert and  
associated  
communication  
strategies



- *Introduce yourself*
- *Make sure you have eye contact at all times*
- *Remain calm and speak in a matter of fact way*
- *Involve carers*
- *Keep sentences short and simple*
- *Focus on one instruction at a time*
- *Give time for responses*
- *Repeat yourself.....don't assume you have been understood*
- *Don't give too many choices*

# Safe and Tailored Care

Tailored care = Partnership with patient, carer and family. Carers are the experts

- ▶ Manage the medical issues
- ▶ Prevent delirium
- ▶ Prevent harm
- ▶ Respond appropriately to behavioural changes
- ▶ Modify the environment and provide supportive care

# We need to get it right

- Length of Stay (LOS)
- Morbidity/Mortality
- Functional decline
- Cognitive decline
- Institutionalisation

Australian Commission on Safety and Quality in Health Care (2016). *Delirium Clinical Care Standard*. Sydney: ACSQHC



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# Resources and Links

## **Australian Commission on Safety and Quality in Health Care**

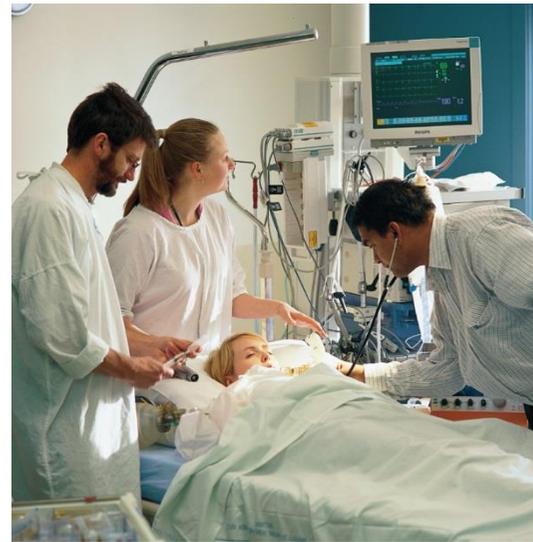
- ▶ A better way to care Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital  
<https://www.safetyandquality.gov.au/publications/a-better-way-to-care-actions-for-health-service-managers/>
- ▶ Delirium clinical care standard  
<https://www.safetyandquality.gov.au/wp-content/uploads/2016/07/Delirium-Clinical-Care-Standard-Web-PDF.pdf>

Alzheimer's Australia <https://fightdementia.org.au/>

Australasian Delirium Association - Delirium Information and Resources [www.delirium.org.au/references](http://www.delirium.org.au/references)

# References:

- ▶ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. 2000, Washington, DC: American Psychiatric Association.
- ▶ Australian Commission on Safety and Quality in Health Care (2016). *Delirium Clinical Care Standard*. Sydney: ACSQHC.
- ▶ Clinical Epidemiology and Health Service Evaluation Unit. *Clinical practice guidelines for the management of delirium in older people*. Melbourne: Victorian Government Department of Human Services on behalf of AHMAC; 2006.
- ▶ The National Centre for Social and Economic Modelling NATSEM (2016). Economic Cost of Dementia in Australia 2016-2056 Retrieved from: <https://www.fightdementia.org.au/statistics>



Thank you.



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