Why do we need to improve dementia care in acute hospitals?

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We need to improve dementia care in acute hospitals because.....

- It is obviously poor
- It is core business
- Current practice in dangerous to patients
- Providing care is difficult for staff
- It is associated with excess costs
- New expectations will demand we do better
"Hospitals are just not geared to look after people with dementia" .....Joan  Carer of a person with dementia in hospital

"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

"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…"

Patient.
Dementia Care in Acute is Obviously Poor

“Hospitals are meat-grinders for people with dementia”

Prof June Andrews (Dementia Services Development Centre, UK)

– Dementia when present was documented in the notes in less than half the time (AIHW 2013. Dementia Care in Hospitals: costs and strategies)
– You are a patient not a person
  • “Don’t forget to use the bottle we need to collect all your urine today”
– Multiple sources of distress when confused
People with Cognitive Impairment in Acute Hospitals are Core Business

- UK National Audit Data - People over 65 in General Hospitals
  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.
People with Cognitive Impairment in Acute Hospitals are Core Business

- 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)

- BHS experience suggests nearly 30% of all adults in acute beds have CI
Current Care is Dangerous for Patients

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

<table>
<thead>
<tr>
<th></th>
<th>Medical Ward</th>
<th>Surgical Ward</th>
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<tbody>
<tr>
<td>UTI</td>
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<td>Pressure Ulcer</td>
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<td>Delirium</td>
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Providing care for people with CI is difficult for staff

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

DCHP Phase 3
Providing care for people with CI is difficult for staff

- The admission problem is the focus
- Family are for socialisation and need defined visiting times
- Patients are expected to be patients-able to
  - mitigate risk
  - cooperate with treatment
  - participate and accept investigation
Care for CI in acute is associated with excess cost

“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).”

Care for CI in acute is associated with excess cost

- ALOS is 3.5 times longer when dementia is the principal diagnosis and 2.5 times longer in the combined principal and additional group.

- 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.

AIHW Dementia in Australia 2012
New expectation will Demand we do Better

- Dementia A National Health Priority Area – 2012
- The National Safety and Quality Health Service Standards -2011
  - Adding CI in the National Standards
- National Hospital Performance Authority
  - Re admission is more likely in patients with cognitive impairment
- Australian Government Initiative – LLLB 2013
  - $39 M over 5 years to improve Dementia Care in the acute setting
Dementia Care in Acute needs to Improve and It will because…

- Carers and consumers see it is necessary
- Hospital staff are becoming aware of the difficulties
- Hospital managers will understand there are cost/risk efficiencies possible
- The regulators are setting new expectations
“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!”