



Dementia

Care in
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The Dementia Care in Hospitals Program

A State wide Dementia Awareness and
Communication Program Linked to the Cognitive
Impairment Identifier- a Bedside
Alert for Cognitive Impairment

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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



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DCHP Phase 1 - 2003

*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)*

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

DCHP

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

Cognitive Impairment Identifier (CII)



*“...yes, it represents all of us contributing to a common goal”,
“...it resembles a sort of lighthouse, a beacon shining out”,*



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Staff Education

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



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DCHP- Policy and Process Change

- All new inpatients and pre-admission patients are screened for CI using a validated scale (MMSE, AMTS, mini-COG)
- Patients/Carers of patients with a score of 24 or less and/or abnormal clockface are invited to have the Cognitive Impairment Identifier displayed
- A nominated Carer is to be identified and engaged during the stay and at discharge



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DCHP Phase 1 Results

“Staff satisfaction is important. If they burn out you lose them.”

Dr Chris Baggoley 2013, Chief Medical Officer

“Quality is defined by our patients”

*Dr Dave Williams 2013,
Astronaut, CEO of
Southlake Regional
Health Centre Canada*

DCHP Phase 1: Hospital Education Program Results



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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.



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DCHP – Phase 1 : Results

Change in Staff Practice

Change in practice	Direct-care staff (% yes)	Non-direct care staff (% yes)	Total (% yes)
Did seeing the Cognitive Identifier change the way you interact with the patient?	79	61	76
Did seeing the Cognitive Identifier change the way you interact with carers?	43	29	40

“I thought more about the communication mode & made sure the patient understood what I was saying. Previously might have assumed they understood”

DCHP Phase 1: Carer Response



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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 = Dissatisfied + Very Dissatisfied



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Key Change Drivers in the DCHP

- Screening and education linked to the CII over the bedside
- Using an abstract graphic
- An all of hospital approach
- Consumer permission
- Executive support



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DCHP Phase 2 – 2006

Re evaluation in 7 other hospitals

- Improvements were seen across almost all the domains of staff knowledge, attitudes, satisfaction and perceived level of organisational support.

Australian Institute for Primary Care and Ageing Latrobe University and Victorian Department of Human Services, (2007), *Evaluation of Education and Training of Staff in Dementia Care and Management in Acute Settings*

DCHP Phase 3 2012/3

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



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Cabrini Staff Self-Rated Measures

Self-rated measures:

		Average Responses (*)				
		Site 1		Site 2		DCHP
		Clinical Staff	Non-Clinical Staff	Clinical Staff	Non-Clinical Staff	Overall Average
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.39	3.00	3.15	3.03	3.14
	Post	3.45	2.80	3.60	3.50	3.34
How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.30	2.98	3.20	2.93	3.10
	Post	3.50	2.75	3.50	3.50	3.31
How would you rate the level of organisational support you receive when dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.79	2.70	2.85	2.93	2.82
	Post	3.12	2.55	3.40	3.64	3.18
How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.00	2.68	2.68	2.77	2.78
	Post	3.21	2.90	3.10	3.41	3.16
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	2.64	2.86	2.73	3.20	2.86
	Post	2.71	2.85	3.10	3.73	3.10

Notes:

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Bold Italic = Change in "desired" direction



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St John of God Bendigo Staff Self Rated Measures

Self-rated measures:

Average Responses (*)

Self-rated measures:		Average Responses (*)	
		Clinical Staff	Non-Clinical Staff
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.04	2.91
	Post	3.36	3.16
How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.04	2.97
	Post	3.38	3.20
How would you rate the level of organisational support you receive when dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.63	2.50
	Post	2.97	2.83
How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.65	2.76
	Post	2.87	3.02
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	2.43	2.79
	Post	2.48	2.79

Notes:

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Cabrini Carer Response

Question to Carer	Site 1				Site 2			
	Satisfied (%)		Dissatisfied (%)		Satisfied (%)		Dissatisfied (%)	
	Pre (n=19)	Post (n=14)	Pre (n=19)	Post (n=14)	Pre (n=9)	Post (n=14)	Pre (n=9)	Post (n=14)
That the staff knew the patient has CI	57.9	92.9	26.4	22.2	77.8	71.4	22.2	21.4
Staff introduced themselves	73.7	85.7	22.1	0.0	77.8	85.7	22.2	14.2
Staff did not expect more than patient capable of	79.0	85.8	15.8	0.0	66.7	50.0	33.3	21.4
Staff explained things simply	57.9	85.7	36.9	7.1	77.7	71.5	22.2	14.2
Carer invited to provide information	73.7	78.6	26.4	21.4	44.4	78.6	44.4	21.4
Notice taken of information volunteered by carer	89.5	78.5	10.6	14.2	66.6	85.7	33.3	14.2
Staff understanding of challenging behaviour	78.9	85.7	15.8	7.1	66.6	92.9	33.3	7.1
Carer given information about treatment given	79.0	78.6	21.0	14.2	66.6	78.5	22.3	14.2
Carer given option to receive discharge information	36.9	71.5	26.4	21.3	66.6	50.0	22.2	28.6
The hospital is "dementia friendly"	68.4	78.6	21.1	7.1	77.8	85.7	22.2	14.3
Per cent satisfied or dissatisfied	69.4	81.8	22.2	11.5	68.9	74.7	27.7	17.14

Satisfied = Very Satisfied + Satisfied

Dissatisfied = Dissatisfied + Very Dissatisfied



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Staff Perception

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





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Risk Change Outcome

Risk measures

Falls, Medication error, Specialising

Statistical significance not evident

- Small sample size
- Variation in data collection and reporting



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DCHP Summary

- The Dementia Care in Hospitals Program
 - is unique in Australia as it links education and culture change with an overbed alert(CII) that acts as a change driver
 - has been shown to improve staff and carer satisfaction with the care given to patients with dementia in acute care
 - has been introduced into 22 Victorian public hospitals
 - is transferable to the private sector



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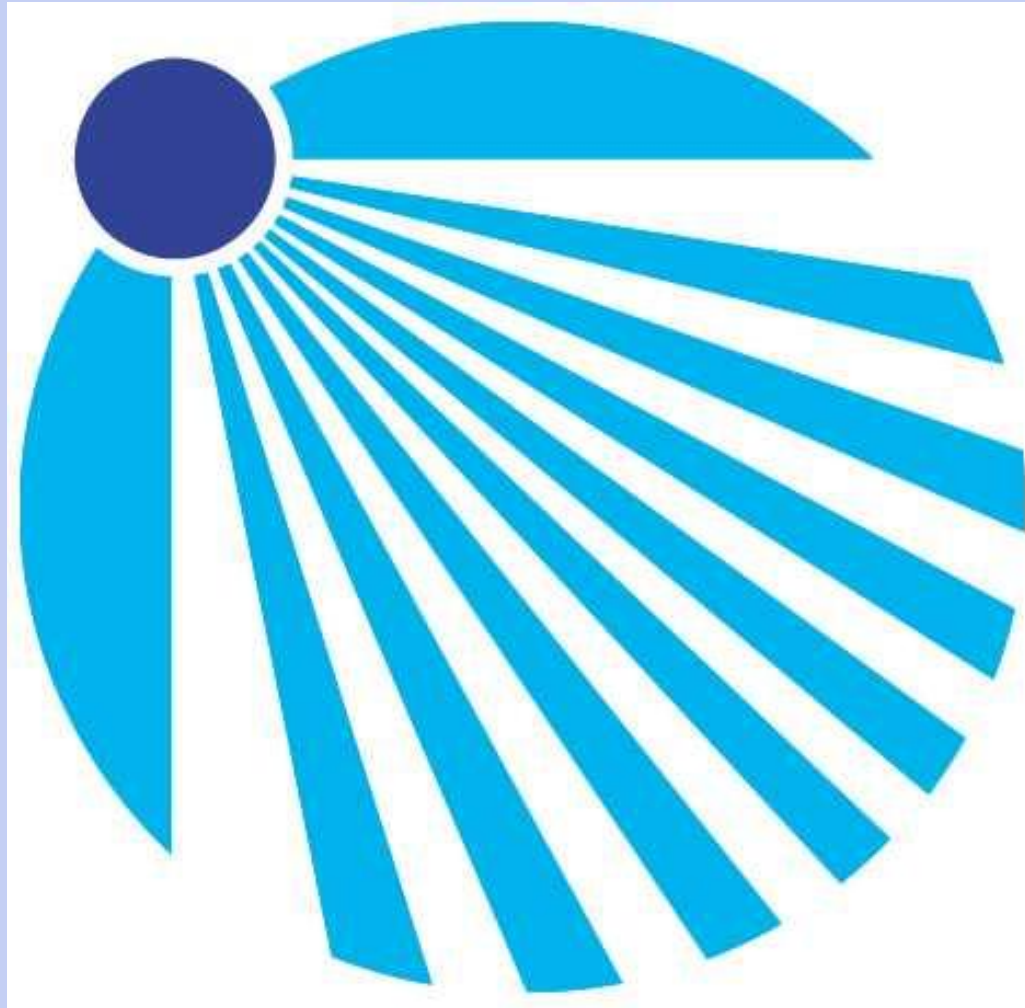
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DCHP Summary

- The Dementia Care in Hospitals Program has not
 - been shown to reduce adverse events
 - had consistent sustainability in hospitals
- The sustainability will be driven by the national steps to improve dementia care in hospitals
- A large multi-centre roll-out would be required to prove risk reduction



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.....Thank You