

Issues and initiatives in acute care in South Australia

A background paper

Margot Strachan

Sue Jarrad

Alan Nankivell



Alzheimer's
Australia SA
Living with dementia

Alzheimer's Australia SA

April 2003

Contents

Case Studies -----	2
Introduction -----	3
Literature Review-----	3
Hospital Experiences Survey -----	4
Research Partnerships -----	6
Projects -----	7
Ways Ahead-----	7
Appendix 1 -----	9
Appendix 2 -----	11
Appendix 3 -----	12

Case study 1

An older person with dementia on a respite outing fell and broke his hip. He was from a Greek background and was accompanied to the hospital by his wife for whom English was also a second language.

There had been previous admissions to this hospital, which prided itself on being a teaching hospital.

They waited in Accident and Emergency (A&E) for three hours, with the husband in pain and confused, becoming increasingly agitated and difficult for the wife to comfort. Her attempts to explain the situation to staff at the desk were not successful.

Eventually his name was called but his wife was not allowed to accompany him into the cubicle for examination. He was not able to follow directions, became resistive, was forcibly held down and administered a sedative. No interpreter was called.

Case study 2

An emergency admission to a private hospital resulted in much stress and concern for the family of an elderly lady with Alzheimer's disease.

Staff seemed to have little knowledge or understanding of dementia. They did not understand the communication needs or difficulties and ended up just not communicating at all with their patient. Staff were also reluctant to share information with the family or learn from their vast experience of supporting their mother.

The ward offered no security and as this lady wandered, she was often found outside her ward, very disorientated and confused.

The daily menu could not be filled in and if it wasn't for family assisting, meals would not have been eaten as the food packaging and presentation was very confusing and difficult to manipulate.

Toileting support was not routinely offered, and neither were incontinence aids, leading to a lot of discomfort and embarrassment.

The family felt they had to be at the hospital with their mother constantly to provide a communication link, personal care, supervision and companionship. The hospital was not equipped to meet the needs of a person with dementia.

Introduction

As an advocacy body for people with dementia, their families and carers, our Association receives regular feedback raising acute care as an issue of concern. In response to these concerns, under the Quality Standards Committee of the Board of Directors, a number of projects and approaches have been initiated in the acute care area.

Literature Review

A literature review¹ on best practice in nursing care of people with dementia in an acute care setting by Alzheimer's Australia SA in 2001, demonstrated that dementia was one of the 'last frontiers' to be developed in the acute care setting. The review concluded that this area of dementia care has been left behind and that the predominant bio-medical focus is to the detriment of the patient.

Discussion from this review concluded that:

- families are under-utilised and need to be integrated as a vital part of the acute health care team
- assessment and care need to be more individualised
- dementia needs to be included in the chronic care clinical pathway
- more thorough documentation is required to ensure continuity of care
- pain management charts are critical in the management of the person with dementia who cannot articulate pain
- environment is crucial to the person with dementia and therefore greater consideration needs to be given to specialised environmental design to this group
- a debate still needs to occur on whether medical care would be best delivered in a different or separate environment
- physical restraint in the acute care setting is increasing
- behavioural intervention needs support of the hospital staff hierarchy in order to achieve improved outcomes.
- delays in A&E departments exacerbate confusion. New strategies are needed to move people with dementia swiftly out of these departments.

¹ Willick C & Willick R, Identifying best practice in the nursing care of people with dementia in an acute care setting: A Literature Review, unpublished report, Alzheimer's Australia SA, Aug 2001

Similar data was gained from a survey of patients and families on SA hospital care by COTA in 1997² which reported a number of findings specific to dementia:

- that people with dementia experience more disorientation in hospitals
- a surprising number of stories raised serious issues of lack of access to food and water (through lack of assistance)
- there was extended restraint after surgery
- there was inappropriate discharge (often due to requests by the person with dementia to go home).

Overall, the COTA report, focussing on older people, indicated that hospitals were not healthy places for older people generally, which is exacerbated when dementia / cognitive impairment is present.

Hospital Experiences Survey: Preliminary Results

Alzheimer's Australia SA conducted a recent survey of its members to research the experiences of people with dementia admitted hospital from the carer's perspective. 104 responses provided valuable data on the perceptions of family members in relation to an admission to hospital for their relative with dementia.

Preliminary findings indicated that 44% of people with dementia were observed to have experienced a decline in health as a result of the admission; 23% experienced no change to health and 33% experienced an improvement in health; 53% of family members reported that following hospital admission, their relative with dementia was more dependent; and one in four people with dementia were required to move into higher support accommodation on leaving the hospital.

The respondents reported greatest difficulty in the following areas:

- staff knowledge and understanding of dementia (65%)
- ability of staff to communicate with people with dementia (67%)
- staff willingness or ability to communicate what they had learnt from family members/carers (55%)
- difficulties concerning meal times (53%)

A smaller, but still significant, percentage of respondents had concerns in the following areas:

- family members assisting in hospital procedures and care (47%)

² COTA SA, A vision for health update, Jan 1997

- the physical environment (43%)
- personal care (37%)
- discharge planning (33%)

(Appendix 1 – examples of comments made by respondents)

People coming to hospital from residential care facilities were more likely to experience difficulties than people living with a family member.

People with dementia being admitted to hospital for emergency treatment (81%) rather than elective treatment (19%) were more likely to:

- experience a decline in health as a result of the hospital admission
- lead to the person becoming more dependent
- to experience difficulties in care and communication by up to 20%.

Respondents were asked to indicate whether the admission was in the past 12 months or over 12 months ago. Interesting differences were noted when hospital experiences from admissions over 12 months ago were compared to admissions in the last 12 months. (Appendix 2 – table of results) These results indicated that admissions in the last twelve months had lower negative experiences in many areas of concern compared to earlier admissions. However, as figures still remain high, there is no room for complacency. Concerns were higher in the numbers of those reporting a decline in health, and difficulties in personal care.

Research Partnerships

In collaboration with universities, a number of research projects have commenced including:

A regional behavioural advisory service for hospitalised elderly inpatients

This project is designed to research the effect of the use of an individualised behaviour advisory service for confused elderly patients, particularly in regard to levels of agitation, amount of psychotropic medication prescribed, and staff response to behaviour management outcomes.

Partners are:

- Southern Department of Rehabilitation and Aged Care (Flinders Medical Centre and Repatriation General Hospital)
- Ashford Community Healthcare Alliance (Ashford Hospital and Flinders Private)
- Alzheimer's Australia SA.

Funded under MBF Health Research Awards 2002.

Current practice in the care of patients with dementia admitted to acute care hospitals

This study will determine best practice in acute care of patients with dementia as described in literature, and survey the experiences of nurses in providing care to people with dementia in three Adelaide hospitals.

Partners are:

- School of Nursing and Midwifery, Flinders University
- Alzheimer's Australia SA.

Funded by the Australian Research Council.

Projects

Best practice protocols

This project commenced when Ashford Hospital, a leading SA private hospital, approached Alzheimer's Australia SA to assist them to become more aware of and responsive to patients with dementia. After initial discussions to identify the hospital's main areas of concern, a workshop was held with the hospital's Dementia Working Group to commence developing best practice principles for dementia care in acute care hospitals. This work is still in progress.

First Alert Project in emergency departments

This project commenced after consultations with hospital staff and residential aged care facilities who identified that information about cognitive impairment was not noted from files during admission. As a result people with dementia were not given appropriate recognition in regard to their special needs during admission procedures and their hospital stay. The purple first alert form (Appendix 3 – Cognitive Impairment Information Form) was designed to give immediate information about cognitive issues to emergency staff.

Several residential care services and hospitals participated in the first pilot which had limited response. The next stage is to collaborate with the Chair of Emergency Medicine at the University of Adelaide and Royal Adelaide Hospital to audit pre-admission processes.

Ways Ahead

Avoid acute care

- Where possible have alternatives to care rather than admissions – prevent admissions where possible. Support the development of programs to provide acute care in residential care (“hospital in the nursing home”) and services to assist the person with dementia to be cared for while ill in the family home (“hospital in the home”).

Minimise the effect of acute care if there are no alternatives

- Alert A&E departments to the person with cognitive impairment e.g. *First Alert Cognitive Impairment form*.

- Assist a change in approach/attitude of acute care settings towards elderly patients, particularly those with dementia by leadership and training.
- Develop dementia friendly acute care settings which are secure; work in partnership with families; are well supported and have appropriately skilled staff.
- Fast track through A&E – avoiding lengthy waits, providing quiet rooms with less visual and audio stimuli.
- Provide key workers who will move with patients with dementia through the hospital acting as a link to other staff and families.
- Train all acute care staff in dementia care and behavioural management.
- Develop protocols on dementia care with special emphasis on food and hydration; pain observation and management; restraint use and alternatives; palliative care; cultural and language diversity awareness; family and carer communication and involvement.

Appendix 1

Examples of comments made by respondents

Staff knowledge and understanding of dementia

“The staff talked loudly to her as if this would make her remember and explained things to her and not the family despite the advice.”

“Medication was left for mum to self-medicate.”

Ability of staff to communicate with people with dementia

“Staff misunderstood dad’s responses and didn’t seek clarification.”

“No attempt was made to secure the services of an interpreter. No need for staff to raise their voices and yell. Dementia patients are not necessarily deaf.”

Staff willingness or ability to communicate what they had learnt from family members / carers

“When I explained how best to approach Mum, that person listened, but the information was not passed on to subsequent shifts.”

Difficulties concerning meal times

“Mother couldn’t fill in her menu form. She often hid it or tore it up. I feel that someone should have filled it in for her.”

“Staff do not always have time or even know help is needed – they may think the patient is not hungry or thirsty.”

Family members assisting in hospital procedures and care

“I was not allowed to stay overnight despite helping the staff’s workload – feeding, toileting, etc.”

“I was not asked for any input except filling in forms.”

The physical environment

“Open wards led to unsupervised wandering.”

“It is not good when the patient has three different beds and three different wards on three consecutive nights – very disorientating.”

Personal care

“Mother became incontinent. She often wet the bed or floor but was not issued any pads. She could not find the toilet and it was not signposted.”

“I needed to help with oral hygiene and hydration, there seemed to be no awareness of these issues.”

Discharge planning

“There was a tentative plan, but then there was no further discussion until we were notified on the day of discharge.”

Appendix 2

Table of results

Area of concern	Percentage of respondents with concerns over 12 months ago	Percentage of respondents with concerns within the last 12 months
Increase in dependence	60%	48%
Difficulties with staff's knowledge and understanding of dementia	71%	62%
Difficulties with the staff's ability to communicate with the person with dementia	71%	65%
Difficulties with the staff listening to and learning from family members / carers	68%	48%
Difficulties with involvement of family members / carers in hospital procedures / providing care	52%	44%
Difficulties with the physical environment	55%	37%
Difficulties at meal times	55%	52%
Difficulties with the discharge planning	50%	25%
Reported decline in health	40%	44%
Difficulties with personal care	34%	39%

Appendix 3

COGNITIVE IMPAIRMENT INFORMATION FORM

This form is to accompany the transfer / discharge letter to all public hospitals

Name of aged care facility _____

Name of resident _____

relative / carer accompanying resident

DIAGNOSIS

- no formal diagnosis
- formal diagnosis

DEMENTIA TYPE

- Alzheimer's
- vascular
- Lewy body
- frontotemporal
- alcohol related
- CVA related
- brain trauma / injury
- other

MINI MENTAL (MMSE) SCORE

_____ out of _____
date _____

DISORIENTATION

- time
- place
- person

SENSORY IMPAIRMENT

- visual
- hearing

COMMUNICATION

- intact
 - unable to communicate effectively
 - follows directions
 - responds to non-verbals
 - non-English speaking background
- 1st language _____

OTHER BEHAVIOURS

- falls risk
 - absconding risk
 - wandering
 - sundowning syndrome
 - verbal disruption
 - repetitiveness
 - resistiveness to care
 - aggression
 - other
- _____
- _____

RESTRAINT

type _____

Name _____

Signature _____

Status _____

Date _____