

**A Better Way to Care: Safety and Quality of patients with cognitive impairment
(dementia and delirium) in hospital**

President of Alzheimer's Australia, Graeme Samuel AC

5th November 2014

**St Vincent's Clinic Function Room
438 Victoria Street Darlinghurst NSW**

An important element of the advocacy of Alzheimer's Australia is to improve the quality of dementia care across the range of care settings including primary care, acute care and community and residential care.

It is refreshing to be at an occasion where an important initiative has been taken with the longer term prospect of systemic improvement in the quality of care.

I congratulate the Commission's Chairman Professor Willis Marshall and the Chief Executive Officer, Deborah Picone on being so willing – in fact I understand they volunteered – to take on the assignment that is being launched today.

And I am delighted that the Commission observed the first principle of our commitment to making our communities and organisations more dementia friendly – namely by asking people with dementia and family carers for their views.

I congratulate the Department of Social Services too on funding this initiative through the 2012 Aged Care Reform funding for improving the quality of dementia care in hospitals.

It is worth recalling that the funding of \$40 million over 5 years in the 2012 Aged Care Reforms was the first time that there were specific national initiatives in health policy in respect of dementia. The initiatives apart from hospitals included timely diagnosis of dementia and the funding of the Your Brain matters program through Alzheimer's Australia to promote a wider understanding of dementia risk reduction.

This together with dementia becoming a National Health Priority Area in August 2012 alongside other major chronic diseases such as diabetes, cancer and vascular disease has I hope changed forever the perception that dementia is the preserve alone of aged care.

There is a much wider understanding now that dementia is a chronic disease, not just an inevitable part of ageing.

And of course, if as we all hope dementia research provides the benefits we expect in terms of early diagnosis and effective medical interventions, it will become the more important that the health system plays a part in improving the quality of life of Australians by delaying for as long as possible the onset of dementia.

My personal commitment and that of my family having experienced my mothers dementia is to do all we can through research and better care to ensure that others do not share our experience in the future.

In acute care there are so many challenges we need to work on together for example in respect of reducing avoidable hospital admissions through hospital in the home programs and access to palliative care services in community and residential care.

This audience will be familiar with the evidence base for concern about dementia care in hospitals.

People with dementia are high users of hospital services. Each year a quarter of all people with dementia require hospital services at some point during the year which is twice the rate of people of the same age who do not have dementia.

We know that cognitive impairment often goes unidentified. Nearly 50 percent of people with dementia do not have their dementia documented during their stay.

Staff often do not receive adequate training. One study found that less than half of hospital staff had received any training on dementia and those that did felt it was inadequate.

But for Alzheimer's Australia as an advocacy organisation, it is not just the statistics and the technical quality of care that matters, it is the assurance of good relationships between hospital staff, the person with dementia and their family carers.

As long ago as 2006 at a consumer summit at Parliament House consumers urged the importance of administrative processes that enabled that those caring for patient with dementia in hospital to know that the person had some cognitive impairment. Their particular proposal was for the adoption of a cognitive impairment symbol as is used in some hospitals in Victoria.

We know the consequence of not knowing that a person has cognitive impairment can be malnutrition, incontinence, falls and failures of medication.

We know that staff want to do the best job they can. Standards and strategies of the kind that the Commission have produced will give consumers greater confidence that hospitals will be better placed to identify people with cognitive impairment and will know what to do to reduce harm and to improve the quality of care for people with dementia. They will become alert to delirium and understand the people with dementia are at greater risk.

The behaviours of people will not be dismissed simply as people being difficult but related to an understanding that the environment or other issues in their care including medication and pain maybe the cause of their problems.

We know that in acute care as in aged care more generally it is the partnerships between patients and their family carers and medical staff that can make such a difference. Yet often carers say they feel ignored.

The release of these resources sends a powerful message to hospitals that people with dementia matter. And the resources provide the information needed on the availability of strategies and actions to improve the job satisfaction of the staff who provide the care as well as the quality of outcome for the person.

Hospitals are by their nature difficult environments for people with dementia but we should be doing all we can to make them more dementia friendly.

The launch of these resources is a positive start to improving dementia care in hospitals. We look forward to the next steps, particularly when the revised National Safety and Quality Health Service Standards will also address cognitive impairment. Professor Willis Marshall has told us that it not far away, by 2017.

I congratulate the Commission again on their work.