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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CNC Cognition

Ballarat Health Services
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
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

Educational Learnings
- Content
- Key messages
- Development of teaching package

Hospital Wide Education
- Clinical Staff
- Non-clinical / Corporate staff

Pre Intervention Care

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

Post Intervention Care

DCHP
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”,

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
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
“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
## Self-rated measures:

<table>
<thead>
<tr>
<th>How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>3.06</td>
<td>3.24*</td>
<td>3.15*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.90</td>
<td>3.03*</td>
<td>3.00</td>
</tr>
<tr>
<td>Total</td>
<td>3.00</td>
<td>3.15*</td>
<td>3.15*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>3.12</td>
<td>3.32*</td>
<td>3.22*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>3.00</td>
<td>3.10*</td>
<td>3.07</td>
</tr>
<tr>
<td>Total</td>
<td>3.07</td>
<td>3.22*</td>
<td>3.22*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.71</td>
<td>2.97*</td>
<td>2.95*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.82</td>
<td>2.93*</td>
<td>2.95*</td>
</tr>
<tr>
<td>Total</td>
<td>2.75</td>
<td>2.95*</td>
<td>2.95*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate the level of organisational support you receive in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.79</td>
<td>3.00*</td>
<td>2.86*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.56</td>
<td>2.68*</td>
<td>2.68*</td>
</tr>
<tr>
<td>Total</td>
<td>2.71</td>
<td>2.86*</td>
<td>2.86*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.21</td>
<td>2.17</td>
<td>2.57</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>3.24</td>
<td>2.96</td>
<td>2.52</td>
</tr>
<tr>
<td>Total</td>
<td>2.57</td>
<td>2.52</td>
<td>2.52</td>
</tr>
</tbody>
</table>

### Notes:

(1) 1 = Very low, 2 = Low, 3 = Satisfactory, 4 = High, 5 = Very high.

* Change in “desired” direction.
“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

### Question to Carer

<table>
<thead>
<tr>
<th>Question to Carer</th>
<th>Satisfied (%)</th>
<th>Dissatisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre (n=25)</td>
<td>Post (n=30)</td>
</tr>
<tr>
<td>That the staff knew the patient has CI</td>
<td>80</td>
<td>87</td>
</tr>
<tr>
<td>Staff introduced themselves</td>
<td>70</td>
<td>81</td>
</tr>
<tr>
<td>Staff did not expect more than patient capable of</td>
<td>75</td>
<td>84</td>
</tr>
<tr>
<td>Staff explained things simply</td>
<td>65</td>
<td>90</td>
</tr>
<tr>
<td>Carer invited to provide information</td>
<td>80</td>
<td>78</td>
</tr>
<tr>
<td>Notice taken of information volunteered by carer</td>
<td>80</td>
<td>84</td>
</tr>
<tr>
<td>Staff understanding of challenging behaviour</td>
<td>55</td>
<td>87</td>
</tr>
<tr>
<td>Carer given information about treatment given</td>
<td>70</td>
<td>78</td>
</tr>
<tr>
<td>Carer given option to receive discharge information</td>
<td>70</td>
<td>81</td>
</tr>
<tr>
<td>The hospital is &quot;dementia friendly&quot;</td>
<td>85</td>
<td>92</td>
</tr>
</tbody>
</table>

### Per cent satisfied or dissatisfied

- Satisfied = Very Satisfied + Satisfied
- Dissatisfied = Dissatisfied + Very Dissatisfied

Per cent satisfied or dissatisfied: 73, 84.2, 18, 6.4
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
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
Bupa Health Foundation

• Demonstrating transferability to the private sector

• Investigate the impact of the DCHP on hospital risk
Cabrini Staff Self-Rated Measures

Self-rated measures:

| How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties? | Average Responses (*) |
|---|---|---|---|
| | Site 1 | Site 2 | DCHP |
| | Clinical Staff | Non-Clinical Staff | Clinical Staff | Non-Clinical Staff | Overall Average |
| 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? | Average Responses (*) |
|---|---|---|---|
| | Site 1 | Site 2 | DCHP |
| | Clinical Staff | Non-Clinical Staff | Clinical Staff | Non-Clinical Staff | Overall Average |
| 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? | Average Responses (*) |
|---|---|---|---|
| | Site 1 | Site 2 | DCHP |
| | Clinical Staff | Non-Clinical Staff | Clinical Staff | Non-Clinical Staff | Overall Average |
| 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? | Average Responses (*) |
|---|---|---|---|
| | Site 1 | Site 2 | DCHP |
| | Clinical Staff | Non-Clinical Staff | Clinical Staff | Non-Clinical Staff | Overall Average |
| 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? | Average Responses (*) |
|---|---|---|---|
| | Site 1 | Site 2 | DCHP |
| | Clinical Staff | Non-Clinical Staff | Clinical Staff | Non-Clinical Staff | Overall Average |
| Pre | 2.64 | 2.86 | 2.73 | 3.20 | 2.86 |
| Post | **2.71** | 2.85 | **3.10** | **3.73** | **3.10** |

Notes:
(*) 1 = Very Low, 2 = Low, 3 = Satisfactory, 4 = High, 5 = Very High
Bold Italic = Change in "desired" direction
St John of God Bendigo
Staff Self Rated Measures

<table>
<thead>
<tr>
<th>Self-rated measures:</th>
<th>Average Responses (*)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?</td>
<td>Pre</td>
<td>Clinical Staff</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>3.04</td>
</tr>
<tr>
<td></td>
<td>3.36</td>
<td>3.16</td>
</tr>
<tr>
<td>How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?</td>
<td>Pre</td>
<td>3.04</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>3.38</td>
</tr>
<tr>
<td>How would you rate the level of organisational support you receive when dealing with patients with dementia, delirium or memory and thinking difficulties?</td>
<td>Pre</td>
<td>2.63</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>2.97</td>
</tr>
<tr>
<td>How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?</td>
<td>Pre</td>
<td>2.65</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>2.87</td>
</tr>
<tr>
<td>In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?</td>
<td>Pre</td>
<td>2.43</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>2.48</td>
</tr>
</tbody>
</table>

**Notes:**

(*) 1 = Very Low, 2 = Low, 3 = Satisfactory, 4 = High, 5 = Very High

*Bold Italic* = Change in "desired" direction
## Cabrini Carer Response

<table>
<thead>
<tr>
<th>Question to Carer</th>
<th>Site 1</th>
<th></th>
<th>Site 2</th>
<th></th>
<th>Site 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Satisfied (%)</td>
<td>Dissatisfied (%)</td>
<td>Satisfied (%)</td>
<td>Dissatisfied (%)</td>
<td>Satisfied (%)</td>
</tr>
<tr>
<td></td>
<td>Pre (n=19)</td>
<td>Post (n=14)</td>
<td>Pre (n=19)</td>
<td>Post (n=14)</td>
<td>Pre (n=9)</td>
</tr>
<tr>
<td>That the staff knew the patient has CI</td>
<td>57.9</td>
<td>92.9</td>
<td>26.4</td>
<td>22.2</td>
<td>77.8</td>
</tr>
<tr>
<td>Staff introduced themselves</td>
<td>73.7</td>
<td>85.7</td>
<td>22.1</td>
<td>0.0</td>
<td>77.8</td>
</tr>
<tr>
<td>Staff did not expect more than patient capable of</td>
<td>79.0</td>
<td>85.8</td>
<td>15.8</td>
<td>0.0</td>
<td>66.7</td>
</tr>
<tr>
<td>Staff explained things simply</td>
<td>57.9</td>
<td>85.7</td>
<td>36.9</td>
<td>7.1</td>
<td>77.7</td>
</tr>
<tr>
<td>Carer invited to provide information</td>
<td>73.7</td>
<td>78.6</td>
<td>26.4</td>
<td>21.4</td>
<td>44.4</td>
</tr>
<tr>
<td>Notice taken of information volunteered by carer</td>
<td>89.5</td>
<td>78.5</td>
<td>10.6</td>
<td>14.2</td>
<td>66.6</td>
</tr>
<tr>
<td>Staff understanding of challenging behaviour</td>
<td>78.9</td>
<td>85.7</td>
<td>15.8</td>
<td>7.1</td>
<td>66.6</td>
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<td>79.0</td>
<td>78.6</td>
<td>21.0</td>
<td>14.2</td>
<td>66.6</td>
</tr>
<tr>
<td>Carer given option to receive discharge information</td>
<td>36.9</td>
<td>71.5</td>
<td>26.4</td>
<td>21.3</td>
<td>66.6</td>
</tr>
<tr>
<td>The hospital is &quot;dementia friendly&quot;</td>
<td>68.4</td>
<td>78.6</td>
<td>21.1</td>
<td>7.1</td>
<td>77.8</td>
</tr>
<tr>
<td><strong>Per cent satisfied or dissatisfied</strong></td>
<td><strong>69.4</strong></td>
<td><strong>81.8</strong></td>
<td><strong>22.2</strong></td>
<td><strong>11.5</strong></td>
<td><strong>68.9</strong></td>
</tr>
</tbody>
</table>

**Satisfied = Very Satisfied + Satisfied**  
**Dissatisfied = Dissatisfied + Very Dissatisfied**
# Staff Perception

<table>
<thead>
<tr>
<th>Change in Perceived Difficulty</th>
<th>Cabrini Site 1</th>
<th>Cabiri Site 2</th>
<th>St JoG- Bendigo</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reduction in perceived difficulty experienced when working with patients with dementia, delirium or memory and thinking difficulties</td>
<td>23.40% 25%</td>
<td>42.80% 2.70%</td>
<td>19% 2%</td>
</tr>
<tr>
<td>% reduction in perceived difficulty experienced working with the carer or family of patients with dementia, delirium or memory and thinking</td>
<td>2.30% 8%</td>
<td>31% 0.90%</td>
<td>5% -1%</td>
</tr>
</tbody>
</table>
Risk Change Outcome

Risk measures

- Falls, Medication error, Specialling

Statistical significance not evident
- Small sample size
- Variation in data collection and reporting
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
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