The role of the National Safety and Quality Health Service Standards in improving the care of people with cognitive impairment in hospitals

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Dementia is a National Health Priority

Cognitive impairment (CI) is common among older people in hospitals

Patients with CI are at greater risk of harm

There are evidence based ways to improve the care

Project to use the NSQHS Standards and other mechanisms to provide the basis for nationally coordinated improvements in the care of patients with cognitive impairment in acute care (DSS Funding)
National Safety and Quality Health Service Standards

- Standard 1: Governance for Safety and Quality in Health Service Organisations
- Standard 2: Partnering with Consumers
- Standard 3: Healthcare Associated Infections
- Standard 4: Medication Safety
- Standard 5: Patient Identification and Procedure Matching
- Standard 6: Clinical Handover
- Standard 7: Blood and Blood Products
- Standard 8: Preventing and Managing Pressure Injuries
- Standard 9: Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10: Preventing Falls and Harm from Falls
Dementia and delirium

Dementia in the Population
• 9% of Australians over 65 have dementia
• expected to double in 15 years
• dementia in Indigenous Australians is 3x higher

Dementia in hospital
• 27% over 55 years
• >50% over 85 years
• 2x more likely to die in hospital
• LOS increased: 6-30 days
• 2x more likely for unplanned readmission
• 2x more likely to have an adverse event, i.e. falls, pressure injuries, medication events, hydration and nutrition and sepsis
• 6x increased risk of delirium
Dementia and delirium

Delirium
- Common in patients >70yrs
- 10% on admission (estimated)
- The rate varies within hospital 8-89% (70% in ICU)
- Increased morbidity
- Mortality rate between 22-76%
- 5x more likely to die if dementia present
- Delirium is easier to prevent than treat 30-40% preventable
- 50% misdiagnosed, detected late or not identified.

Key Issues
- An estimated 50% of patients do not have cognitive impairment identified
- Not recognising cognitive impairment is a safety and quality issue
Phase one of the project

• Literature review

• Identified key evidence based strategies to improve care for people with CI within the NSQHS Standards
  ➢ Identify CI
  ➢ Effective Management of CI
  ➢ Seamless care transitions
    ➢ Responsive systems
    ➢ Skilled and informed staff
    ➢ Patient and carer participation

• Handbook with key strategies developed

• National consultation on handbook with >550 health provider and consumer stakeholders
Consultation outcomes

• Early recognition of CI is essential, triggering response
• Importance of partnership with patients and carers
• Need to distinguish between dementia and delirium and improve clinical response to delirium
• Concern about:
  - attitudes and general care, hydration & nutrition
  - use of antipsychotics as first response to manage behavioural issues
• NSQHS Standards a strong lever for change but the link between key strategies and NSQHS Standards need to be strengthened
• Education is a key mechanism
Safety and Quality Pathway

- Be alert to the risk of delirium and the risk of harm with existing cognitive impairment

- Recognise and respond to cognitive impairment

- Provide safe and high quality care

  - Within a safe and caring culture that is aware of the needs of the patient with cognitive impairment
Be Alert

... to the risk of delirium and the risk of harm with existing cognitive impairment

✓ Know who you should be concerned about

✓ Understand the risks associated with cognitive impairment.
Recognise and Respond to Cognitive Impairment

✓ Screen for cognitive impairment in patients at risk

✓ Obtain history from patient, family, carer and/or other key informants

✓ Identify risk factors for harm

✓ Assess patients with cognitive impairment for delirium.
Recognise and Respond to Cognitive Impairment

- If delirium present, investigate and treat
- With any change, reassess for delirium
- Undertake comprehensive assessment and/or referral for follow up
- Develop an individual, integrated prevention and management plan
- Document and communicate plan to patient, staff and carer
Safe and High Quality Care

- Provide individualised care
- Manage medical issues-including delirium, presenting condition, co-morbidities
- Prevent and/or manage delirium
Safe and High Quality Care

- Prevent and/or minimise harm from identified safety risk factors

- Respond appropriately to behaviour. Treat the underlying cause

- Modify the environment to provide safe and supportive care.
Safety and Quality Mechanisms

- Ensure skilled and informed staff
- Enable partnerships with patients and carers
- Establish responsive systems
Next steps

• Revision of the draft handbook in 3 formats based on feedback

• Address the identified safety and quality gaps in the NSQHS Standards:
  - Making recommendations to inform how to strengthen the current NSQHS Standards as part of the Commission Standards review process to commence in 2015
  - Consider a clinical care standard for delirium

• Commission to consider potential strategies to minimise the use of antipsychotics as first line management for behavioural issues
Thank you