The Daisy Risk Assessment

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The acronym “DAISY” stands for

D - Dementia

A - Advice &

I - Information

S - Service for

Y - You
Over view

• Statistics & Dementia Advisory Role
• The Funding
• The Idea & The Aims
• Format
• DRA
Statistics

• Estimated the Hunter region will experience larger increases in dementia prevalence & incidence.

• The Hunter population over 65 years was 14.4% in 2001

• Projected growth to 26% by 2021.¹

• The NSW Action Plan on Dementia estimates that that 51% of people with moderate to severe dementia are living at home.²
Service provides -

• Information provision.
• Advice.
• Support.
• Assessment of clients.
• Behavioural / care management.
• Case management & care coordination.
Service provides continued

- Knowledge of local services & referral pathways.
- Facilitation of service introduction.
- Education for families /carers, community & professional groups.
- Facilitation of support groups.
- Community awareness events.
Funding

- Thanks to NSW Institute of Rural Clinical Services & Teaching.

The idea for the DRA...

• What clients say .......... isn't necessarily what is happening!

• Anosognosia

• Speaking to families & care workers about safety concerns.

• Wanting to develop a way to inform people of the risks for a person with dementia living at home.
The idea -

• How can we inform people how ‘memory loss’ effects a person’s day to day functioning?

• At times family members don’t relate a loss of function to the illness - & may think the person has simply chosen not to do something any more.

• Wanted a way to inform people of what can happen, what to monitor for, .................. & that the needs of people with dementia can be vastly different.
Aims

• Development of a risk assessment for clients with dementia living in the rural community.

• One that enables identification of risk factors, in particular, for those clients living alone.

• One that includes management strategies for identified risk factors.

• Management strategies become part of a person-centred plan of care.
Aims continued

• To increase service providers/carers & families awareness of dementia specific risk factors. (Evaluation shows that even when care workers considered they had knowledge of risks, after reviewing DRA, 71.5% reported they were much more aware.)

• To provide families with information to assist them in proactive decision making.

• Produce a document that is user friendly.
Areas identified

1. Personal circumstance (Cognition, MMSE)
2. Physical limitation (Physical activity, falls, vision)
3. Social & mental wellbeing (Affect, alcohol)
4. Medication
5. Health (Co morbidity, self rated health, smoking)
6. Nutrition
7. Personal safety
8. Telephone (Hearing)
9. Heating/cooling
10. Driving
11. Money
12. The Shed
Format

• Easy language
• No scoring
• Yes / No answers
• Shaded answers indicate risk
• Includes -Questions / Risks / Management options
### Questions

#### 4. Medication

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the person taking 3 or more medications?</td>
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<tr>
<td>2. Does the person take over the counter medications?</td>
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<tr>
<td>3. Is the person's medication in a 'Dosette' box?</td>
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<tr>
<td>4. Does the person forget to take medications?</td>
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<tr>
<td>5. Could the person forget they have taken their medications &amp; take them again?</td>
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<tr>
<td>6. Has the person ever taken their medications at the wrong time of the day?</td>
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**Comments:**

- Not receiving medications as prescribed – worsening of conditions, side effects –
  - Over dosing, toxicity, hospital admission –
  - Pain, decreased mobility, depression –
  - Increase in incidence of behavioural problems –

**Management Options**

- Webster Pack - Incorporation of over counter medications into Webster pack.
- Medication monitoring service.
- Regular review by GP.
- Regular blood tests for medications that can cause toxicity.
- Other strategies.

**Other strategies**
7. Personal Safety

1. Does the person have doors locked while in their house?

2. Does the person lose the house keys?

3. Can the person lock himself or herself in?

4. Does the person barricade themselves in the house? e.g. use furniture to block doorways, jam locks or chock doors.

5. Is the person able to hear if someone comes to the door?
Personal safety continued

6. Are they able to follow traffic rules?

7. Does the person leave their house at inappropriate times?

8. Is the person able to regulate hot water when showering? Can they manage to turn taps & check water temperature?

9. Would the person be prepared for /able to manage in a power failure?

10. Would the person be able to manage during a natural disaster?
Risks

Access to intruders.

Client becomes locked in home.

Access blocked for emergency services/care workers.

Client not able to hear someone at the door.

Becoming lost, injury due to an accident.

Heat exhaustion, sunburn, hypothermia.
Management options

1. Ensure locks are able to be opened from the outside.

2. Install loud doorbell.

3. Regular support service visits.

4. Have copies of a current photo on hand.

5. Reduce temperature of hot water system.

11. Money

1. Do they take large amounts of money out of the bank?

2. Do they carry large amounts of money?

3. Do they hoard money?

4. Do they open their purse for shopkeepers to access money?

5. Would they give money to collectors if they came to their door?
Risks

- Financial exploitation
- Robbery/assault
- Loss of funds
- Failure to pay bills
- Fines, no insurance
Management options

1. Bills redirected to family for payment.

2. Direct Debit

3. Introduce support staff to assist with shopping & bill paying.

4. Recycle hoarded monies.


6. Seek advice from guardianship tribunal.
The Shed

• Does the client have tools they still use?
• Does the person wear appropriate safety gear?
• Does the person have access to chemicals & fuel?
• Has the person ever confused chemicals or fuel?
• Does the client have any machinery they use?
The Shed continued.

- Has there been regular servicing of vehicles & equipment?
- Does the person attend servicing of vehicles & equipment?
- Does the person have access to any guns?
- Does the person have access to pumps or electric fences?
Risks

Risk of injury to self or others.

Damage to tools, equipment & vehicles.

Poor/ incorrect /or no maintenance of equipment /vehicles.

Incorrect use of chemicals.

Person may have a reduced sense of worth not being able to do previous work & activities

Depression
Management options

1. Removal of guns.

2. Remove or secure access to tools / chain saw.


4. Securing of pumps, chemicals, sheds.
Management options continued

5. Focus on & facilitate activities the person is still able to do.

6. “Shed time” is supervised by family or by carers. (With sensitivity)
Potential uses of the DRA

- Assessment can be repeated, to indicate decline /changes in the client – review care plan.

- Service providers, could use to identify to families that a client has declined, & that home based management options are no longer adequate.

- Provide a list of local service providers.

- Have a page for routine monitoring i.e. weight.
References

References continued

12. NSW Health ‘The NSW Action Plan on Dementia’


Thank you!

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