Health
Hunter New England
Local Health Network

CNC Dementia Six Years On

Fran Dumont Dementia Delirium CNC
Acute Care
Community Aged Care Service

Media Release 2005 NSW Minister for Health

Area Health Service Dementia Statistics	Number of Cases (2002)	Number of Cases (2050)
Greater Southern	4,699	15,788
Greater Western	2,987	9,671
Hunter/New England	9,140	32,125
North Coast	5,915	22,272
Northern Sydney/Central Coast	13,195	42,002
South Eastern Sydney/Illawarra	12,032	40,664
South Western Sydney	9,933	36,460
Western Sydney	7,026	28,261

Background

- People with dementia experience the full range illnesses that require hospitalisation
- The specific needs of people with dementia are not adequately addressed in the acute setting (Future Directions for Dementia Care and Support in NSW 2001-2006, Department Aging Disability & Home Care NSW Health)

Management difficulties

- Emergency Departments
- Wards
- Delirium
  - Detection
  - Treatment
- Discharge Planning

The Beginning

- The Position of Clinical Nurse Consultant Dementia Acute Care
  - Funded through a NSW Health initiative in 2003

Based at John Hunter Hospital Newcastle NSW

John Hunter 640 Beds

Royal Newcastle Centre

Calvary Mater Hospital

Belmont District Hospital

We now have 1.5 FTEs

0.5 FTE Based in Tamworth

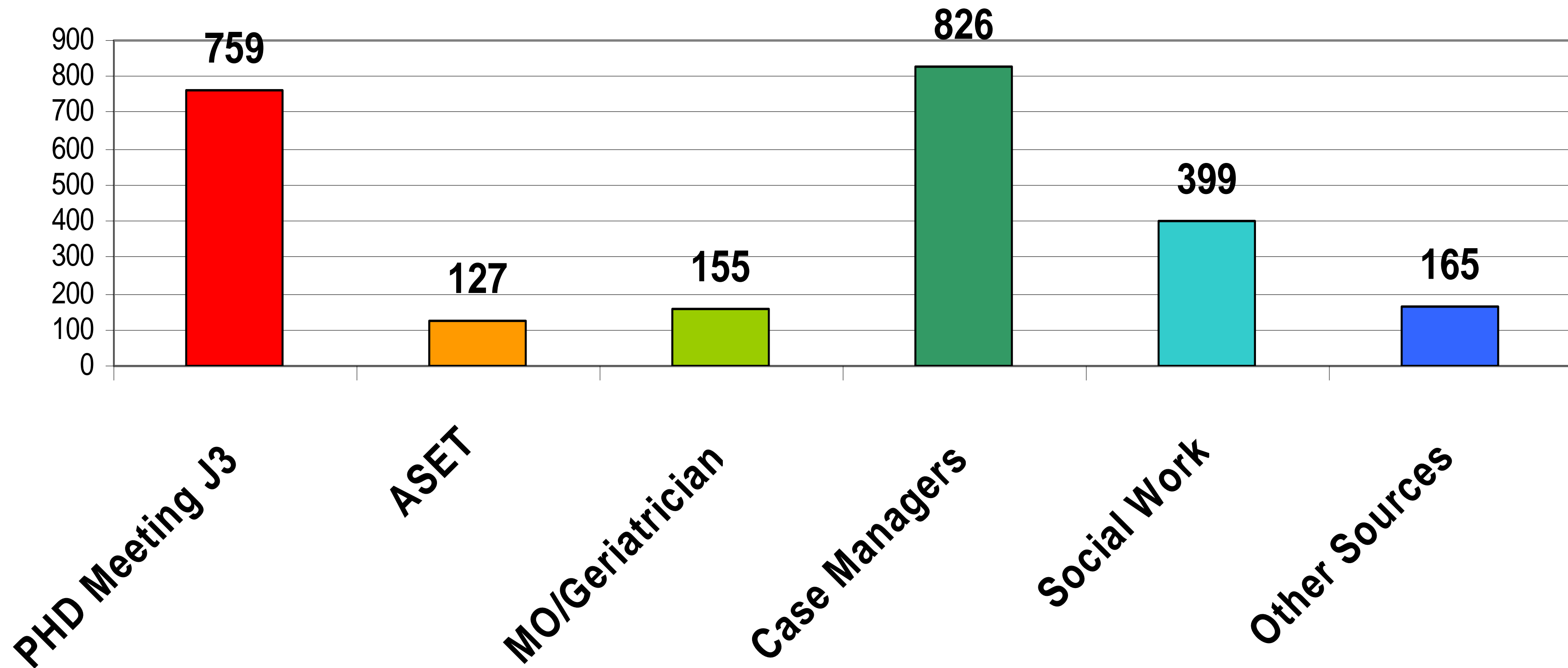
1 FTE Based in Newcastle

Position Objectives

- To work with Staff Specialists and Visiting Medical Officer's to facilitate the early diagnosis of dementia and/or delirium

NSW GOVERNMENT | Health
Hunter New England
Local Health Network

2431 Referrals 2004-2011



Health
Hunter New England
Local Health Network
NSW GOVERNMENT

Delirium Management

- "There are no specific policies for the management of delirium" Hunter Area Health Service Dementia Plan 2002-2006
- There was a death in 2004 from undiagnosed delirium
  - Delirium Clinical Practice Guideline was commenced October 2004
  - Completed December 2009
  - Noted by HNE Health Clinical Quality and Patient Safety Committee 26th May 2010

Health
Hunter New England
Local Health Network

Delirium

- I am asked to assess people living with dementia in the acute setting
  - May also have delirium
  - May be exhibiting Behavioural and Psychological Symptoms of Dementia
- Difficult to distinguish delirium from worsening dementia

Next Step

- Confusion Assessment Method Instrument (CAMI) used to recognise delirium
- Ongoing education for staff in use of CAMI
- Once recognised, a plan of care can be developed
- Encourage MO to document Delirium for coders

Clinical Leadership

- Acts as a role model
- Act as a change agent
- Improve staff morale and attitude to caring for the person with dementia

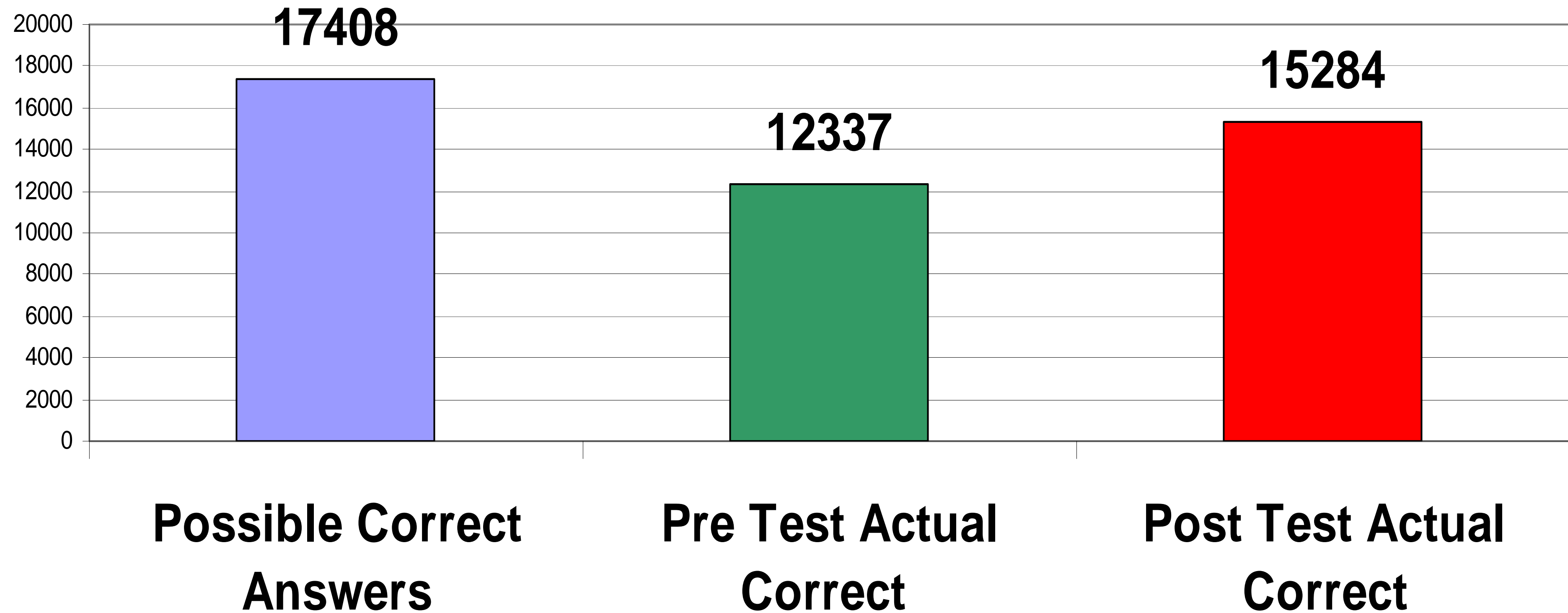
The Role is Meant To Be A Change Agent

- To increase skills and confidence of staff caring for patients with dementia education is seen as key
- “New Concepts in Dementia Care” commenced 1994

Face to Face Education

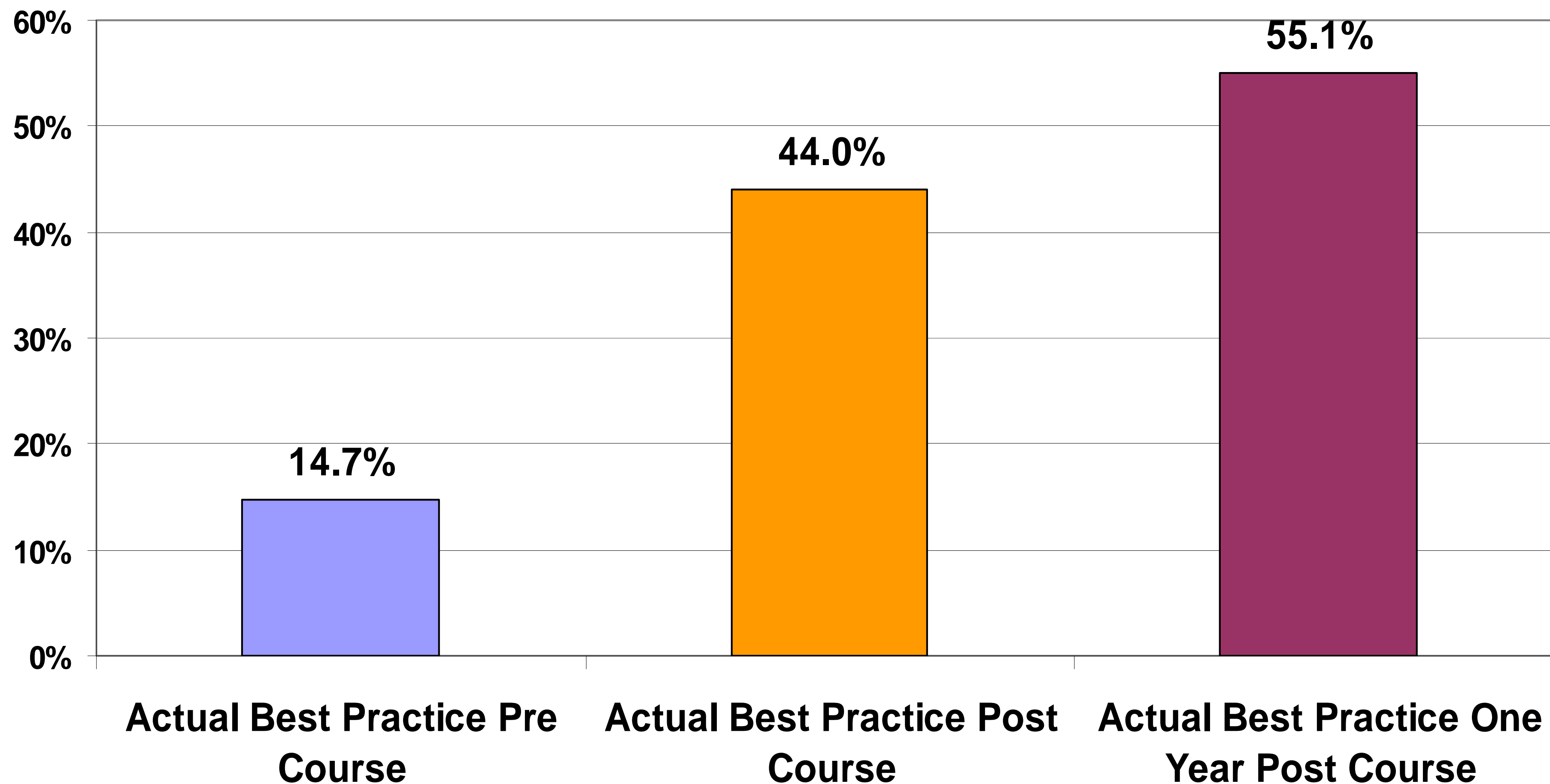
- Name changed in 2011 to Empowering Dementia Care
- Total Attendance 2004 to 2011 = 635

Comparison of Pre and Post Test Actual Correct to Possible Correct June 2005 Through March 2011



NSW GOVERNMENT
Health
Hunter New England Local Health Network

Comparison of Percentage of Best Practice Pre Course, Post Course and One Year Post Course



Environment

- "No public hospital in the Hunter Area has a designated area to manage confused patients" Future Directions 2001-2006
  - The acute care setting is not dementia friendly purely by design
  - No designated area for wandering
  - No activity room
  - Little relief from the boredom of hospitalisation

Proposal For Improving Environment

- Placement of general medicine unit on ground floor
- Refurbishment of courtyard to include
  - Fall safe ground cover
  - Appropriate seating
  - Areas to wander safely
  - Raised garden beds

Summary

- To make the passage through the journey of Dementia even a little bit more pleasant and comfortable is the best possible outcome
- Even in the Acute care setting