



**National Safety and Quality  
Health Service Standards  
Guide for Ambulance Health  
Services consultation.**

**A Dementia Australia submission**

November 10, 2023

## **Dementia Australia**

Dementia Australia is the peak dementia advocacy organisation in Australia. Our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the living experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

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## **Dementia in Australia**

Dementia is the term used to describe the symptoms of a large group of complex neurocognitive conditions which cause progressive decline in a person's functioning. Dementia is not just memory loss - symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning. There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease. Dementia is one of the largest health and social challenges facing Australia and the world. In 2023, it is estimated there are more than 400,000 people living with all forms of dementia in Australia. This number will continue to grow to more than 800,000 by 2058.<sup>i</sup> In February, the Australian Institute of Health and Welfare released data showing dementia is now the leading cause of disease burden among Australians aged 65 and over. Dementia is the second leading cause of death for Australians and the leading cause of death of women.<sup>ii</sup>

## Introduction

Dementia Australia welcomes the opportunity to provide feedback on the draft National Safety and Quality Health Service Standards Guide for Ambulance Health Services. We acknowledge the importance of the eight Standards and support their implementation in improving the safety and quality of healthcare for all Australians. In relation to content in the Guide that directly relates to people living with cognitive impairment and dementia, we commend the Guide for the prominence given to engaging with the person with cognitive impairment or dementia, their family members and carers in planning treatment and care. We also strongly support the Guide's emphasis on minimising the use of pharmacological treatments, restraints and other restrictive practices in favour of non-pharmacological and supportive care approaches wherever possible.

Each of the eight proposed Standards are important but four Standards - Partnering with Consumers, Medication Safety, Communicating for Safety and Comprehensive Care - play a potentially critical role in supporting the appropriate clinical and psychosocial care for people living with cognitive impairment and dementia. The Comprehensive Care Standard sets out detailed directives and recommendations in relation to the treatment and care for people living with cognitive impairment and dementia, and in addition to general comments, our submission will primarily focus on this Standard.

## Comprehensive Care Standard

### Preventing delirium and managing cognitive impairment

In relation to **Action 5.29** and under the heading Strategies for improvement and the sub-heading 'Implement a system for caring for cognitive impairment', the following action is listed:

Implement a well-designed system for caring for patients at risk of cognitive impairment that supports the workforce to:

- routinely screen for cognitive impairment in patients aged 65 years or over using a validated tool (p. 258)

The standards acknowledge throughout the importance of identifying patients of Aboriginal and Torres Strait Islander background and the need to deliver culturally safe and appropriate care. In relation to screening for cognitive impairment and in line with current research indicating shorter life expectancy, higher dementia prevalence and a typically earlier onset of cognitive decline and dementia in this population, Dementia Australia suggests that the Standards recognise that patients of Aboriginal and Torres Strait Islander background should be screened from 45 years of age onwards rather than the standard 65 years for the broader population.<sup>iii</sup> Where appropriate, a culturally specific cognitive screening tool should be used. The **Kimberley Indigenous cognitive assessment (KICA) tool** is a culturally sensitive assessment tool which allows for the cognitive screening of older Aboriginal and Torres Strait Islander people living in rural and remote areas of Australia.

The Standards could also make specific reference to the **Rowland Universal Dementia Assessment Scale (RUDAS)** for the cognitive assessment of individuals in other culturally and linguistically diverse populations. This short cognitive screening instrument is designed to minimise the effects of cultural learning and language diversity on the assessment of baseline cognitive performance.

Under the **Action 5.29** and the sub-heading 'For all patients with cognitive impairment', the following action is recommended:

'**Provide** training to the workforce on recognition and appropriate management of people with cognitive impairment, including dementia and delirium.'

On a minor note, we have highlighted the typo in the sentence. On the substantive matter of workforce training and education itself, we believe that this is of critical importance in improving the standard of care and support provided to people living with dementia across a range of health care settings, from ambulances services and other first responders to acute, community and aged care providers.

The recent Inspector General's progress report on the Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety notes that:

*“In relation to dementia-specific training, while progress has been made, the IIG is strongly of the view that further consideration of mandating dementia training for approved providers is required.”<sup>iv</sup>*

This supports our own position statement on the urgent need to implement compulsory dementia education for the aged care workforce: **Dementia education for the residential aged care workforce**. While both these documents refer to aged care settings, providing high quality, ongoing dementia education that includes effective communication strategies and approaches to support wellbeing, is an equally urgent imperative in other health care and first responder contexts including ambulance health services.

Under **Action 5.29**, there are a range of strategies listed under the heading ‘Manage the use of antipsychotic medicines’ (p.259).

We support all measures listed in the Guide for minimising risk and adverse consequences in relation to the use of antipsychotics and other psychoactive medicines or people living with cognitive impairment and dementia (p. 259). We commend the recognition that unmet needs must form an important part of any clinical assessment and support the emphasis on effective communication, supportive environments, consultation with the person with cognitive impairment or dementia and minimising the use of psychotropic medicines wherever possible.

We suggest the inclusion of the recently released **Clinical Practice Guidelines for the Appropriate Use of Psychotropic Medications in People Living with Dementia and in Residential Aged Care (Guideline)** in this section of the Standards. While these Guidelines have been developed for residential aged care settings, they would make a valuable contribution to the evidence-based resources listed to support best practice in the use of psychotropic medicines in the emergency services context.

In relation to **Action 5.30** (p. 260), we note with interest the reference to ‘Consider liaising with Dementia Training Australia, Dementia Support Australia and Dementia Australia’ in undertaking strategies to recognise, prevent, treat and manage cognitive impairment.’

Dementia Australia would welcome the opportunity to consult further on the Standards in this context and on any other matters raised in this submission.

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<sup>i</sup> AIHW (2023) Dementia in Australia. <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/summary>

<sup>ii</sup> 3 AIHW (2023) Dementia in Australia, Summary, Impact <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/summary>

<sup>iii</sup> Australian Institute of Health and Welfare, Dementia in Australia: Population health impacts of dementia among First Nations people, <https://www.aihw.gov.au/reports/dementia/dementia-in-aus/contents/dementia-in-vulnerable-groups/population-health-impacts-of-dementia-among-indige>

<sup>iv</sup> Australian Government, Office of the Inspector-General of Aged Care, Progress Report: Implementation of the Recommendations of the Royal Commission into Aged Care Quality and Safety Office of the Interim Inspector-General of Aged Care July 2023, pp. 24-25. <https://www.health.gov.au/sites/default/files/2023-10/progress-report-implementation-of-the-recommendations-of-the-royal-commission-into-aged-care-quality-and-safety.pdf>