An Australian Government Initiative

Training to care for people with dementia

Training support • Skills development • Research & Consultancy • Assessment • Scholarships • Education

Training to care for people with dementia
Should people with dementia receive acute hospital care when resources are already stretched to the limit?

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Overview:

- The hospital system
- Needs of people with dementia
- Irreconcilable?
- Better options?
Acute hospitals

- communication
- staffing
- environment
- assessment

The place to be?

Purpose
Environment?

- Need a PhD to find your way around
- Noisy, bright lights, smells, foreign and frightening
- Fast – everyone is in a hurry
- Shared rooms – male and female
- Built for staff not patient comfort
- Built for speed and efficiency
Staffing

- ‘Shortages’ of doctors, nurses and allied health personnel
- % with geriatric qualification minimal
- % with dementia qualification miniscule!
- Ageist – ‘bed blockers’
- Many ‘experts’ in specialist bits of the body
- Little interdisciplinary teamwork/
- Disease and task driven
- Problem focused
Purpose

- Deal quickly with emergencies
- Major Surgery
- Complicated Diagnostics: Expensive tests e.g. MRI
- Curing acute conditions
- Stabilising acute exacerbations
- Reducing length of stay!
Assessment

- Duplicate
- BUT not dementia relevant
- Often not older person relevant
- Often not comprehensive
- Results often not shared
- Too many different people asking the same questions
Communication

- Gaps within discipline
- Gaps between disciplines
- Gaps across wards
- Gaps across continuum of care
- Gaps in documentation
- Documentation not used
Many successes BUT not the place to be!

- Adverse events:
- 14,000 admissions to 28 hospitals in NSW = 16.6% associated with AE
- 51% were considered preventable
- 13.7% permanent disability and 4.9% died
- Victoria study: 6.8% had at least 1 adverse event
AE: AIHW 2004-05 – reported from 759 public hospitals

- 53 operations on wrong body part
- 27 pts had instruments etc left inside
- 7 died from wrong medication

- In NSW 130,000 harmed or experience near miss each year
- 8000 deaths in Australia each year from medical error
Clinical Excellence Commission (NSW data)  www.solicitoradvice.com

- 18,750 incidents resulted in harm to patients
- Biggest category= falls
- 65% of the patients were aged 70-95
Problems (Wilson et al 2007)

- 34.6% ‘a complication of or failure in the technical performance of an indicated procedure or operation’
- 15.8% ‘the failure to synthesise, decide and/or act on available information’
- 11.8% the ‘failure to request or arrange an investigation, procedure or consultation’
- 10.9% a ‘lack of care and attention or failure to attend the patient’

- THEN there is the every problematic infections!
Problems with assessment

- Limited staff awareness of core assessment items
- Variable involvement of patient and family
- Inefficient data collection and storage
- Poor communication of assessment information (CAG, 2004)
Functional decline

- Leading complication of hospitalised older people
  - Pressure sores
  - Decreased mobility
  - Delirium
  - Incontinence
  - Malnutrition
    - (Clinical epidemiology and health services evaluation unit for AHMAC 2004)
Evidence based dementia care in acute

- Need:
  - a philosophy of care that is person centred and holistic
  - systems that support PCC
  - environment that assist comprehension rather than confusion
  - care plans with emphasis on strengths rather than problems
  - an environment that offers optimal stimulation – both boredom and over stimulation adverse for people with dementia
Evidence based dementia care in acute

- **Need:**
- a slower pace of care that allows time for explanation and comprehension
- staff that are experts on care of older people and understand dementia
- shared assessments and interdisciplinary teamwork

- (Nay et al; NARI)
Is this coming to a hospital near you?

- Highly unlikely
- Probably neither realistic nor appropriate
- Need to consider purpose – cant be all things
- Few if any people will ‘reside’ in care centres
- Consider other options
- More rapid response teams/ HITH
- Changing RACFs to be elder friendly, person centred multipurpose centres
  - Geriatric experts
  - Health practitioners
  - Triage; sub-acute; comprehensive assessment; care planning/ coordination; rehabilitation; palliation.
  - Telehealth
In addition

- Not realistic for everyone to be experts in care of older people
  - however

- Core knowledge should be mandatory for ALL health professionals
- Experts available in acute hospitals to co-ordinate and consult
Experiencing acute ‘care’

- Ward X is very busy; The Registrar has been up all night; the phones have not stopped ringing; 2 nurses have rung in sick and the bathroom’s flooding.
- Emmy has been aggressive, verbally abusive, impossible to shower and trying to get out of bed all night – we had no option but to restrain her to stop her hurting herself.
- She nearly strangled herself in the rails so we sedated her. She then fell over the end of bed and now has a major bump on her head. The family is furious and said we should have called them earlier but we just didn’t have time. NOW the great Prof – who has nothing to do but read books – is here asking for a personal profile, pain chart, behavior chart or a…who had time for that! By the time the shift’s over we feel like we’ve been hit by a truck!
‘My name is Emmy I am a holocaust survivor and I have awful pain; I don’t recognise anything or anyone. I do know if you go to the shower you don’t come back! This place smells terribly - they say it’s burning flesh - , the lights keep flashing in my eyes and I hear someone screaming - mmm maybe it’s me! I need to pass water but they have tied me down and I can’t get to the lavatory. They say the doctor is coming but I’ve heard they do awful experiments and so I must try to escape…

I’m Emmy’s son – I have told them and told them to call me if Mum has a problem – now I get here and find her all banged up and bleeding! They wonder why I shout at them or indeed why Mum does. She is never angry at home but they rush her and don’t listen. She has bloody pain that’s why she is here. But they don’t give her anything. She is very dignified and would be mortified to wet the bed BUT they don’t care! Will someone answer that bloody buzzer!
Should people with dementia be in acute care?

• I would argue – rarely
• and only if there is No better option.
• Not because they deserve less but because they deserve more than acute care can offer.
Selected references

AIHW 2007 *Sentinel events in Australian public hospitals* 2004-05

AHMAC care of older Australians working group 2004 *Age friendly principles and practices*. DHS Vic.


[www.solicitoradvice.com](http://www.solicitoradvice.com) medical error statistics 10/7/07; 21/4/07; 5/10/06; 26/8/06; …