



# The Cognitive Impairment Identifier Project



BallaratHealthServices



Alzheimer's  
Australia Vic  
Living with dementia

An all of Hospital Education Program to Improve the Awareness of and Communication with People with Dementia Linked to a Visual Cognitive Impairment Identifier

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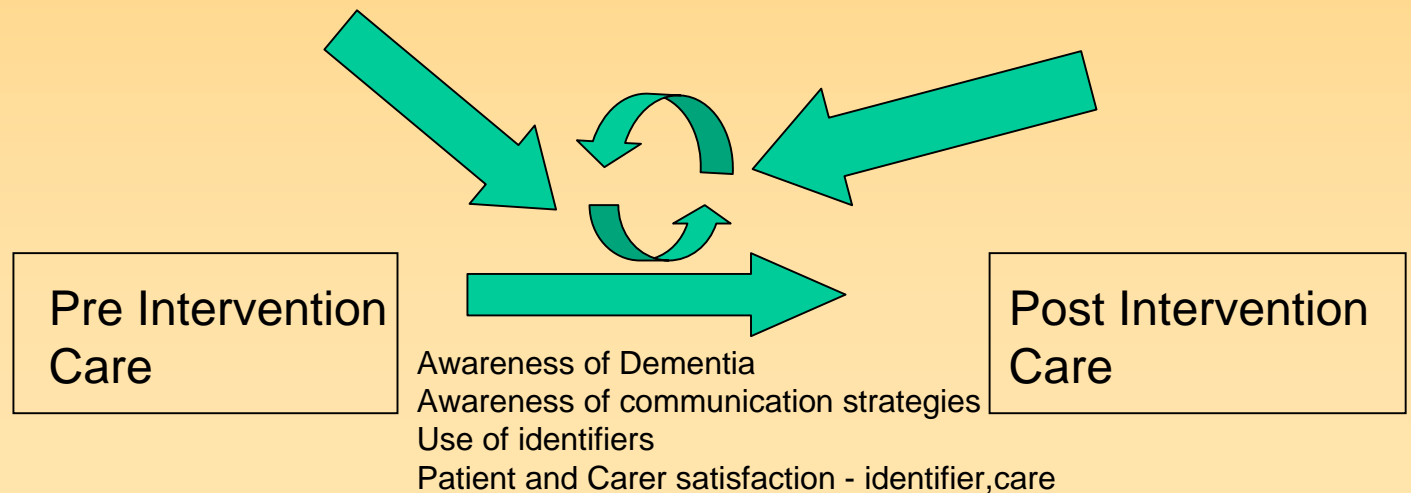
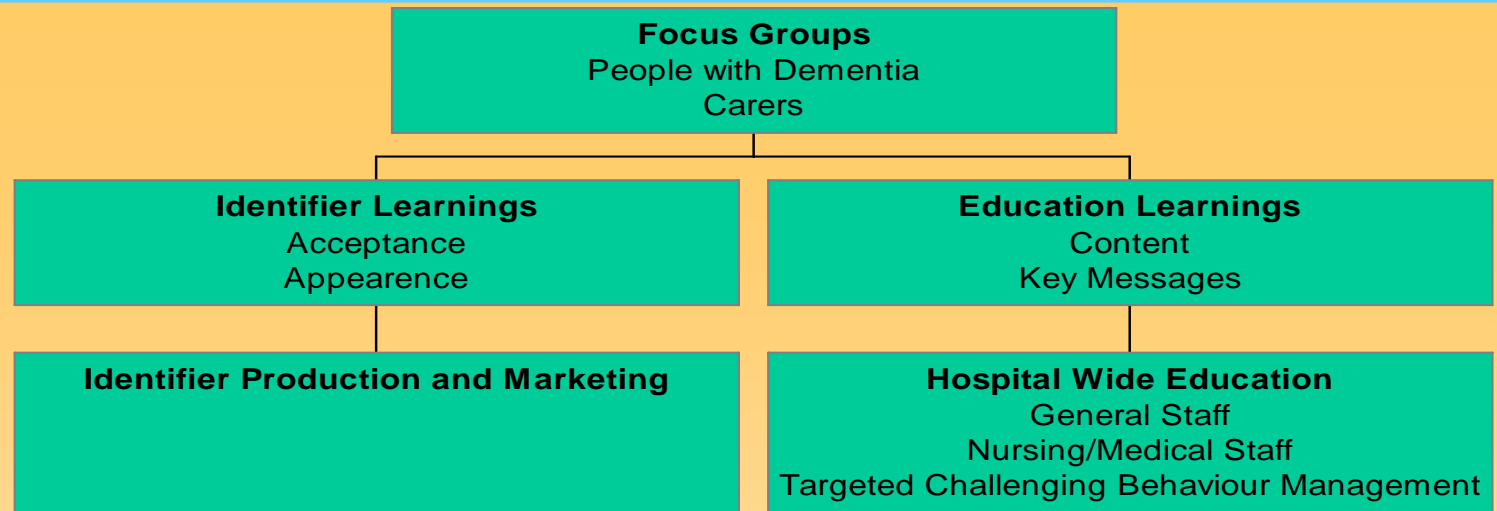


# The CII Project

- What we did
- What helped the project work
- The main challenges
- How the project is being sustained
- What can be transferred to other hospitals



# Project Plan





# Focus Group Outcome CII Development



*“...yes, it represents all of us contributing to a common goal”, “...it resembles a sort of lighthouse, a beacon shining out”,*



# Focus Group Outcomes

## Key Educational Messages

30/39 participants reported 22 common themes where difficulties had occurred. The 9 highest scoring themes were chosen as key targets for the hospital education program.

- Introduce yourself
- Make sure you have eye contact at all times
- Remain calm and talk in a matter of fact way
- Keep sentences short and simple
- Focus on one instruction at a time
- Involve carers
- Give time for responses
- Repeat yourself... don't assume you have been understood
- Do not give too many choices



# Results

## Self-rated confidence dealing with dementia

Table

Self-rated measures:		Means (1)		
		Direct care staff	Non-direct care staff	Total
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.06	2.90	3.00
	Post	3.24*	3.03*	3.15*
How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.12	3.00	3.07
	Post	3.32*	3.10*	3.22*
How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.71	2.82	2.75
	Post	2.97*	2.93*	2.95*
How would you rate the level of organisational support you receive in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.79	2.56	2.71
	Post	3.00*	2.68*	2.86*
In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?	Pre	2.21	3.24	2.57
	Post	2.17	2.96	2.52

Notes:

(1) 1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.

\* Change in “desired” direction.

- Staff satisfaction and confidence when dealing with patients with dementia improved by 3%



# Results

## Change in Practice

Table

<b>Change in practice</b>	<b>Direct-care staff (% yes)</b>	<b>Non-direct care staff (% yes)</b>	<b>Total (% yes)</b>
Did seeing the Cognitive Identifier change the way you interact with the patient?	79	61	76
Did seeing the Cognitive Identifier change the way you interact with carers?	43	29	40

“I thought more about the communication mode & made sure the patient understood what I was saying. Previously might have assumed they understood”

“It made me involve the carer a lot more and ask them questions about the patient”



# Results

## Organisational Change

- CII Use
  - 20% of the estimated hospital prevalence of CI and equal to other identifiers
- Environment
  - Orientation Boards by beds in medical and surgical wards
  - Laminated graphics for toilets
- Process
  - A history of post op confusion or known dementia was added to preadmission health questionnaire
  - CII magnets
  - sticker on theatre notes if CI
  - early carer identification





# Change in Carer Rated Perception of Care

Question to Carer	Satisfied(% of response)		Dissatisfied(% of response)	
	Pre(n=25)	Post (n=30)	Pre(n=25)	Post(n=30)
That the staff knew the patient has Cog. Impairm.	80	87	20	6
Staff introduced themselves	70	81	25	0
Staff did not expect more than patient capable of	75	84	20	6
Staff explained things simply	65	90	15	6
Carer invited to provide information	80	78	15	9
Notice taken of volunteered information by carer	80	84	20	6
Staff understanding of challenging behaviour	55	87	10	3
Carer given information about the treatment given	70	78	25	19
Carer given option to receive discharge information	70	81	15	3
The hospital is dementia friendly	85	92	15	6
<b>Percent satisfied or dissatisfied</b>	<b>73</b>	<b>84.2</b>	<b>18</b>	<b>6.4</b>

Carers were asked how useful they thought the identifier was

Useful/very useful - 58%

Neither - 10%

Not useful/not useful at all - 3%

Unsure - 10%



# What Helped the Project Work

- Project collaboration with patients and carers through AAV
- Linking of the CII and an Educational Package
  - Drove organisational change
- Project Champions
  - Became ward leaders
- Executive Support
  - Access to non-clinical managers
  - Open support for process change
- Marketing
  - The novel graphic drove a need for marketing
- Project Leaders with ongoing clinical roles



# The Challenges

- **Data collection at baseline**
  - Needed to change the survey technique
- **Access to hospital staff**
  - Lack of tutorial slots for night staff
  - Targeting groups that would not usually receive clinical education
  - Using open forums
- **Carer Identification**
  - Especially difficult for 2-4 days admissions
  - Needed to promote the concept of assent rather than consent
  - Not resolved- need better IT



# Steps to Ensure Project Sustainability

- Routine Screening and familiarity with cognitive assessment using CAM/MMSE which are part of the Medical Record
- Project results have been presented at a Hospital Grand Round where staff requested the project be mainstreamed
- The trial protocol has been incorporated into a clinical pathway
- Project champions are still supported in their ward role



# Steps to Ensure Project Sustainability

- **Continuing role of the CNC Cognition**
- **Role out to the Subacute wards**
  - CI impairment 30% on Rehab. same as acute
- **The CII and its meaning is part of the common hospital orientation programme and included into the RMO Handbook**
- **All of hospital staff involved**
  - The CII and prompts are on the inside of every cleaners door



# Transferability

- You will need
  - Key underpinnings
  - Good executive support
    - Risk management
    - National Dementia Framework
  - To expect to be a driver of cultural change
- The CII must be seen as part of the answer it is not an answer in itself but....it is a very tangible change tool.

