

Grampians Health Dementia Care in Hospitals Program incorporating the Cognitive Impairment Identifier: Integration Expectations

Background

The Dementia Care in Hospitals Program (DCHP) was designed and successfully implemented by Ballarat Health Services (now Grampians Health) in 2004 with the support of the Victorian Department of Health. It resulted in significant culture and practice change in the care of patients with cognitive impairment and their carers. (Foreman G, Gardner I; Evaluation of Education and Training of Staff in Dementia Care in Acute Settings, May 2007. Sourced March 2018 (<https://www.bhs.org.au/services-and-clinics/dementia-care-in-hospitals-program/>)). The outcomes have been presented at both national and international meetings.

Since 2006 Grampians Health has worked with both public and private health care services in regional and metropolitan areas in adoption of the DCHP. A National Rollout and evaluation of the DCHP involving The Queen Elizabeth Hospital SA, the Sir Charles Gardiner Hospital WA, the Canberra Hospital ACT and The Royal Hobart Tasmania, was completed in 2017. This evaluation was supported by Dementia Australia and the final report is available (<https://www.bhs.org.au/services-and-clinics/dementia-care-in-hospitals-program/>). The four national partner health services have accepted lead site roles to support the uptake of the DCHP in other health services in their jurisdiction.

Any health service seeking to use the CII as a bedside alert can only do so if that use also incorporates the key elements of the DCHP model of care. To achieve this, health services must demonstrate that the requirements of the program set out below are routine practice in their health services (These principles are well aligned with the NCSQHC 2nd Edition Cognitive Impairment care standards):

1) Executive sponsorship and commitment to sustainable change in cognitive impairment care in health services.

Active executive support is vital to achieving culture change. The Health Service must demonstrate a commitment to best practice in the care of patients with cognitive impairment and engaging their carers. System based changes are sought to ensure continuous improvement and sustainability of the program.

2) Identification of key clinical staff and the appointment of a project officer to support implementation of the program backed by a steering committee, comprising of key stakeholders, consumer representatives, educational facilitators, and ideally the organisation's Privacy Officer.

Protected EFT and a key health services driver is essential to support the operational needs and practical tasks associated with implementing and auditing for better cognitive impairment care.

3) Commitment to work in partnership with the Lead Sites and Grampians Health to ensure the appropriate use of the CII and incorporation of the DCHP key requirements and model of care.

When cognitive impairment is identified, and the CII is used, the health services must respond to the patient and carer with appropriate communication and engagement. The learning, teaching and implementing of appropriate communication and carer involvement will be supported by the Lead Site locally. The use of the CII without an organisation wide response is no more than "labeling" and is inappropriate. It would be unlikely to receive carer and patient support.

The Nine Key Educational Requirements:

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

4) An all of hospital approach to the DCHP education program.

The education and involvement of staff will include but not be limited to; nursing, allied health, medical, radiology, environmental services (cleaners, porters, menu monitors, ward clerks), security staff and the engineering department. Non-clinical staff have high patient contact and play a key role in supporting patients, families and clinical staff in the good cognitive impairment care.

5) A commitment to engage and involve carers of patients with cognitive impairment as partners in care throughout the hospital experience.

Carers provide invaluable information about the needs and preferences of patients with cognitive impairment and can be actively engaged in providing and supporting care in the health services. This is consistent with the NCSQHC Standard 2.

6) Maintaining DCHP and CII integrity.

The DCHP is an established program developed and owned by Grampians Health. Its use in other health services is with the permission of Grampians Health and relies on maintaining its integrity. The CII must be used appropriately and in accordance with the BHS Copyright and the CII Style Guide ([Restrictive Licence Agreement \(bhs.org.au\)](https://www.bhs.org.au))

7) An established process, using validated screening tools, to identify cognitive impairment in all at risk patients (those 65 and over or 50 and over in Indigenous populations).

This is consistent with the 2nd Edition of the National Safety and Quality Health Service Standard 5.10, 5.29 and 5.30.

8) An appropriate care pathway in hospital and back into the community needs to be in place for those identified as having cognitive impairment.

This is consistent with rationale for action as provided by the ACSQHC as it relates to the 2nd Edition of the National Safety and Quality Health Service Standards. (https://www.safetyandquality.gov.au/sites/default/files/2019-06/sq19-027_acsqhc_cognitive_user_guide_accessible_pdf.pdf)

9) The use of the CII must be in accordance with wishes of consumers.

The CII will never be attached to the patient. It is an alert to staff of a need for additional support not to identify a patient's disability.

10) Commitment to evaluate the process, impact and outcomes of the program.

health services are complex care systems. To evaluate change to these systems, it is necessary to measure both process and outcome change. Measuring change as an organisation will provide a link between evidence and practice change and act as the driver for long term success and sustainability. These measurements will assist the organisation meet the 2nd Edition of the National Safety and Quality Health Service Standards.

11) Sign a non-exclusive license agreement with Grampians Health License Agreement template is available at <https://www.bhs.org.au/services-and-clinics/dementia-care-in-hospitals-program/>