

# Dementia care in hospitals

Key findings and ideas from the evaluation of four projects  
July 2005



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*Improving hospital care of  
people with dementia*

## Preface

Older people are significant users of health services. In the coming years, population growth combined with ageing will mean that a greater number of older Australians will need health and community care services. More older people in hospitals means more people with dementia, needing appropriate care.

With this in mind, the Department of Human Services Aged Care Branch, in collaboration with the Nurse Policy Unit, and Continuing Care and Clinical Service Unit, sponsored four projects on dementia-friendly care in hospitals around the state:

- Bairnsdale Regional Health Service
- Ballarat Health Services
- Gippsland Health Services Consortium
- Southern Health.

Each project was evaluated by the Lincoln Centre for Ageing and Community Care Research, Latrobe University. Evaluation highlighted the need for culture, policy and practice change—together with the involvement of families and carers—to encourage appropriate dementia care in hospitals.

Project outcomes provided many ideas and suggestions for hospitals in:

- culture, policy and practice change
- education programs and resources
- specific dementia care practice
- engaging families and carers of patients with dementia.

These ideas are presented here for you to consider. You can use them in various ways—as four stand-alone documents, or as the basis of a hospital-specific document reflecting where you're at, or where you'd like to be.

This document, along with a full evaluation report on the projects, is available at:  
[www.health.vic.gov.au/agedcare/](http://www.health.vic.gov.au/agedcare/)

Thank you to all staff and management who participated in these projects, and for sharing your findings and ideas.

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# Improving hospital care of people with dementia

## Ideas for managers on culture change



People with dementia may have a memory span of 30 seconds, and may forget why they are in your hospital. They may try to find a familiar face or place, by walking out. Improving care for people with dementia is about cultural change, continuing education and involving families and carers.

Here are some ideas for making your hospital a friendlier place for patients with dementia. These ideas may suit some hospitals better than others.

### Engage and demonstrate executive-level support...

and that of key staff (including senior nursing and medical staff), for dementia care. Hospitals are busy workplaces where immediate and urgent patient health issues are inevitably most important to staff.

In this context, the dementia dimension of a patient's condition can be seen as 'non-core business'. An ongoing focus on dementia will therefore demand strong and ongoing commitment and support from management and senior clinical staff.

### Involve key internal stakeholders...

at the program planning stage, to assist in developing organisational commitment for program delivery.

In the Gippsland Health Services Consortium, staff focus groups inform the organisation of staff experiences, understanding and feelings about dementia, and suggestions to improve dementia care in the hospital.

### Involve all staff in culture change strategies and activities...

to enhance dementia care and management practices. Effective dementia care needs to be facility-wide, so all groups should be represented at the outset.

- Display easy-to-read posters on strategies for caring for people with cognitive impairment.

Ballarat Health Services displays posters throughout the hospital, especially lifts and hospital foyers. They put advertising on the bottom of whiteboards in medical and surgical wards, place resource folders in participating wards and distribute flyers on dementia care initiatives throughout the hospital cafeteria and outpatient areas.

### Review screening/admission assessment processes and documentation...

- Involving carers in hospital admission procedures can help assess cognitive capabilities and determine individual needs and preferences. On admission, keep the carer with the person for as long as possible—they may be the only familiar thing in a strange and threatening environment. Carers can then assist staff with information about the patient's capabilities, pre-dementia abilities and achievements, and historical context of current behaviour.
- Use or modify existing tools, rather than developing new ones. Include at least: cognitive assessment, dementia and delirium; an evaluation of medication; blood profile; any reversible causes of dementia identified in screening/ assessment.
- Assess Activities of Daily Living (ADLs) at admission, throughout the hospital stay, and on discharge.

Bairnsdale Regional Health Service has updated all admission and discharge forms to include a section on cognition. If there are concerns or a positive response to a key question on cognition, staff complete the 'Complex Planned Care Chart'. An holistic picture of the person with dementia is developed, describing their behaviours, preferences and routines. It suggests basic care strategies, to be completed with carer input.

### Establish appropriate care standards...

for people with cognitive impairment.

- Ensure that relevant staff are aware of any patient identified as having dementia or cognitive impairment from other causes, for example in the nursing care plan.

Ballarat Health Services has established, in consultation with carers and others, a Cognitive Impairment Identifier (CII), used at the bedside, on relevant correspondence and literature, together with a CII sticker.

- Develop a single care planning form for people with cognitive impairment, to be completed and used by all disciplines. Consider the person's environment, lifestyle and level of functional dependency. Incorporate in the care plan: meeting hygiene needs; providing for mental and emotional needs; nutrition; the patient's personal property. Ongoing communication with the carer encourages their involvement in preparing a comprehensive care plan.
- Develop a comprehensive history, so that the care plan reflects the individual's needs. Seek information from the patient, carers and GPs: the patient's likes and dislikes; sleeping patterns; favourite activities; food preferences; other support which helps the patient cope with dementia.

### Establish dementia-friendly physical and social settings...

and be aware of the importance of the patient's surroundings.

- Where possible, reflect their home environment and routine: the times they rise, go to bed, shower, dress and eat; the types of clothes worn; the food they eat; social activities normally undertaken.
- Provide large clear visual cueing, including personalised cueing such as familiar picture cues, to assist a confused person to negotiate the ward/unit layout, and find places such as the toilet, their 'bedroom' and their cupboards.
- Where possible, provide: recreational/ occupational spaces; a kitchen area; a television room; outside walking space; home-like architecture rather than institutional style and scale; even lighting in corridors; corridors free of obstacles; natural light; privacy; personal private spaces, appropriately lit.
- Reduce stimuli—noise (both human and mechanical), lighting, and smells—to provide optimum care to the older person with dementia. Also consider temperature, and 'traffic' through the area. Using space creatively can allow areas to suit people who prefer low stimulation.
- Where possible, avoid: long, wide corridors that lead to other units or stairwell exits; between-unit doors that remain open most of the time; multi-bed rooms.
- Consider a ward exclusively for older confused patients. This could draw on the combined expertise of acute medicine and geriatric medicine and/or psychiatry, in treating and managing acute illness and behavioural difficulties associated with dementia in an appropriately designed environment.

## Establish internal access to expertise on dementia care...

for mentoring and support.

- Those with expertise in understanding and managing patients with dementia can: support nursing staff in managing patients with agitated behaviours; contribute to ongoing skill development of staff; advocate for process and protocol development.
- Establish a Clinical Nurse Specialist or identify 'champions' from each ward or in each of the staffing groups to oversee dementia care, and to support and advise staff. Criteria may include: 1. Being identified by the Nurse Unit Manager as 'leaders'. 2. Personality skills to communicate well and respectfully with colleagues. 3. Respected by colleagues.

Southern Health has identified two mentors, who are experts in dementia care from a specialist aged care facility. They attend the hospital weekly and discuss individual patients with staff, conduct an orientation for new staff, and keep a journal of care practices and interventions. The hospital has also identified six champions among the nursing group, to maintain the skills of the staff by acting as sources of encouragement and information for their colleagues, and to orient new staff and medical staff on rotation.

## Establish formal links with external expertise in dementia care...

in community groups, external agencies and organisations.

- These include the Cognitive Dementia and Memory Services (CDAMS), Alzheimer's Australia Vic (AAV), Validation Therapy Resource & Training Centre, and Dementia Care Australia. External sources can provide various resources for dementia care, including activities for people with dementia.

Bairnsdale Regional Health Service has established links with community service providers and carers. The hospital has joined the district Aged Care Network, and facilitates the district Carers Support Group.

## Review discharge and post-discharge planning documentation and processes...

to take account of dementia status.

- Involve and consult with the carer. Discharge planning extends beyond the hospital: facilitating referral to appropriate community services; making best use of GPs, other health care providers, and social services; arrangements for medical follow-up of acute illness; other care and support services.
- Aim where appropriate for early discharge planning for people with dementia, as their needs can be complex.
- Offer assistance to carers in caring for the patient post-discharge.
- Do spot telephone follow-ups after discharge, asking carers about their hospital experience.

## Understand, prevent and manage agitated behaviours...

including aggression and sexuality issues.

- Some people with dementia develop behaviours that challenge the skills of staff. These may include wandering and/or aggressive behaviours. Develop policies and practices to anticipate and reduce agitated behaviours. For example: provide secure areas; camouflage doors/cupboards; lock away poisons/medications; provide safe places for clients to smoke.
- Develop processes that reduce the number of moves a patient has to make. People with dementia are more likely to become agitated if they experience numerous moves in a hospital.
- Develop, and regularly review, a restraint policy.

## Establish a carer liaison person in your hospital...

by allocating carer portfolios or the role of 'Carer Champion' to key staff. Alternatively, use your Patient Representative to: listen to carers and assist where they can; point carers in the right direction for other information, assistance or services; treat carer concerns in strict confidence.

This sheet is one of a four-part series, Improving hospital care of people with dementia. See also 'Ideas for managers on education', 'Ideas for staff' and 'Ideas for supporting carer relationships'. Full evaluation report and 'Ideas' series available at [www.health.vic.gov.au/agedcare/](http://www.health.vic.gov.au/agedcare/)

## Use regular quality mechanisms and ongoing quality assurance activities...

to evaluate, monitor and review good dementia care and management protocols, practices, education and resources in your hospital.

## Broadcast, acknowledge and celebrate dementia-friendly care...

internally and externally.

- Establish an internal newsletter via the hospital intranet, or use existing channels, to promote dementia care activities and learnings, with paper copies to all areas.
- Create community awareness and stimulate local interest and involvement—for example, a media launch of a new dementia service or initiative through the local newspaper.



# Improving hospital care of people with dementia

## Ideas for managers on education



People with dementia may have a memory span of 30 seconds, and may forget why they are in your hospital. They may try to find a familiar face or place, by walking out. Improving care for people with dementia is about cultural change, continuing education and involving families and carers.

Here are some ideas for you to consider in educating your hospital staff to care for patients with dementia. These ideas may suit some hospitals better than others.

### Base your education program on assessed local needs and priorities...

building on previous work.

- Some facilities have implemented a range of educational and policy initiatives for dementia care and management; others are less advanced. Systematic gathering of information on training needs can promote greater awareness of the needs of the patient with dementia and their carers, and current care and management shortcomings.

Bairnsdale Regional Health Service has developed, in collaboration with the local Division of General Practice, an education session for visiting Medical Officers which attracts Continuing Medical Education points.

### Plan dementia education...

in consultation with both staff and carers.

- Staff concerns or issues can be addressed in the training, and staff participation in training increased. Carers of patients with dementia bring a distinctive perspective and insights into the behaviour and needs of the patients, and are a valuable resource.
- Organise high quality professional presentations addressing the reality of the participants' work situation.

### Draw on existing expertise and resources...

in dementia education.

- There is a great deal of expertise in dementia education in some hospitals, and in organisations such as Alzheimer's Australia Vic (AAV), the Cognitive Dementia and Memory Services (CDAMS), and the Validation Therapy Resource & Training Centre. Much of their material is relevant and readily adaptable to hospitals.

### Address staff knowledge and skills, and the role of carers...

relating to dementia care.

- Address factual knowledge about dementia and other causes of cognitive impairment, and the development of skills in communicating and working effectively with patients who have dementia or other cognitive impairments.
- Address the role of carers in the care of dementia patients.

### Encourage whole-of-facility training...

for all staff likely to come into contact with patients with dementia: clinical, direct care and non-direct care.

- All staff need to have a basic understanding of dementia, its impact on patient behaviour, and implications for effective interaction and communication with patients. Dementia education, awareness and support for non-clinical staff such as porters, maintenance staff, and cleaners are appropriate and effective.

Ballarat Health Services conducts education sessions easily understood by all disciplines, both clinical and non-clinical, across the hospital.

### Develop resources, and provide other post-training support and reinforcement...

- Face-to-face training needs to be supported by subsequent access to related resources in the form of brochures, manuals or on-line material, and appropriately skilled resource persons who can support staff in the ward.

Ballarat Health Services has developed a bookmark listing ways to communicate with people with dementia in hospital, and to support education messages. The hospital uses their Medical Officers Orientation Handbook to explain and promote the use of their Cognitive Impairment Identifier (CII).

- Identify an individual who is readily accessible, can reinforce the skills acquired in training, and can advise on management of specific issues as they arise, to support the maintenance of training effects. Staff with particular expertise or knowledge in dementia should be identified as resources or 'champions' in each setting, and for each staffing group.
- Build in capacity for impromptu education sessions for ward staff, focusing, for example, on the care of particular patients manifesting agitated behaviours.

### Seek qualified and experienced trainers...

with expertise in working with patients with dementia, to conduct face-to-face training.

- The impact of training is related to the perceived expertise and credibility of the trainer. For nurses in particular, practical advice for responding effectively to patients manifesting symptoms of dementia, and taking account of the realities of their workplace, is highly valued.

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### Develop a flexibly organised curriculum...

packaged to facilitate delivery in varied length sessions, and for different staff groupings, and readily repeatable.

- The reality of hospital work practices means that many staff are available for training for only short periods of time, and these times vary according to shifts and other work contingencies. Training also needs to be repeated to meet needs of a changing workforce.

Bairnsdale Regional Health Service places education sessions on the hospital intranet, and reviews resource material as part of the hospital's quality processes.



Improving hospital care of people with dementia

# Improving hospital care of people with dementia

## Ideas for staff

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Here are some ideas for you to consider in caring for patients with dementia. These ideas may suit some hospitals better than others.



### Communicate sensitively with patients with cognitive impairment...

- Have different expectations of cognitively impaired patients. For example, you may need to introduce yourself on a regular basis. Make every communication with someone who is confused a first meeting, no matter how many times you have met them.

For many staff in Ballarat Health Services, the presence of the Cognitive Impairment Identifier (CII) on a patient's bedside improves staff communication with the patient. They pay more attention to communicating, are more tolerant and understanding, take more time with the patient, and change their expectations.

- Use simple statements with a reassuring voice tone and manner. Use body language to reinforce messages. Become familiar with the person's way of communicating, and be prepared to adopt it. Watch for non-verbal cues indicating distress. Validate the person's reality.
- Access interpreting services when required for people of diverse cultural backgrounds, preferably using interpreters with a sound understanding of dementia. Interpreters should also be used for gaining informed consent.
- Where possible, build up a vocabulary in various languages of words like toilet, bowels, wee, and poo, which can help alleviate patient anxiety.
- Be patient and respectful when caring for confused people in your hospital.

### Simplify hospital processes and behaviours...

- Try to minimise the number of staff interacting with the person.

### Support a dementia-friendly environment...

- Each person has a unique relationship with the environment, often manifested by their behaviour. Small items from home, such as a photograph or picture, can help ease anxiety for a person with dementia. A quiet physical environment can also minimise stress.

### Communicate with the patient's health services outside the hospital...

- Most people with dementia live in their own homes, and their community support services can assist them to maintain their independence and individuality. GPs and community support services can help minimise disruption, disorientation and potential deterioration caused by admission to hospitals. They also assist with a smooth transition to and from hospital.

### Communicate with carers of patients with cognitive impairment...

- Listen to carers' opinions, and seek and use their input for: care planning; caring for people with agitated behaviours; developing appropriate responses to issues such as confusion, continence, pain management, and depression; discharge planning. Early and ongoing involvement of carers is the key to successful discharge outcomes.
- Use carers in communicating with patients.
- Provide appropriate, relevant, and timely information to the carer about admission procedures, the condition of the patient, treatment, post-discharge care, and accessing necessary aids and equipment, such as continence pads. Include contact details for support staff, such as social worker and Patient Representative.
- Be prepared to provide reassurance and explanations to carers regarding uncharacteristic behaviour of a patient with dementia.

Gippsland Health Services Consortium has developed information packages to loan to carers of patients with dementia.

### Validate the carer's role in all stages of care...

- Develop protocols for involving the carer in the patient's treatment, depending on the carer's willingness, and the patient's consent. Deal with this sensitively, as some carers find too much involvement traumatic for them.

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Improving  
hospital care  
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# Improving hospital care of people with dementia

## Ideas for supporting carer relationships

People with dementia may have a memory span of 30 seconds, and may forget why they are in hospital. They may try to find a familiar face or place, by walking out. Improving care for people with dementia is about cultural change, continuing education and involving families and carers.

Here are some ideas for you to consider for supporting carer relationships, both with hospital staff and with the person they care for. These ideas may suit some carers better than others.



### Communicate with carers...

When their loved one is being admitted to hospital, carers may wish to let the staff know about their:

- preferred name
- personal likes and dislikes that may affect their eating, comfort and sleeping
- abilities
- habits and normal routines
- behaviours and the best way to respond to them.

Some carers may have the chance to write some notes, or type them, or get someone else to do this. The carer can then give the hospital a copy and keep one themselves.

### Listen to carers' concerns...

Carers may be unclear or concerned about the details of:

- assessment
- diagnosis
- hospital processes
- treatment options
- how long their loved one will stay in hospital
- future care needs.

They may want to seek an appointment with the doctor, specialist or nurse to discuss their concerns more fully.

All hospitals have a Patient Representative, who can assist carers. Many hospitals have Veteran Liaison Officers (VLOs) for carers of veterans, who can assist with any concerns or questions.

### Assist carers to provide feedback...

If a carer is not satisfied with their hospital experience, they can let their concerns be known. Let the carer know what hospital processes there are to do this:

- Discharge and Community Linkage Advisory Group
- Discharge Liaison worker
- Quality Assurance worker.

Complaints can also be made to the Office of the Health Services Commissioner, Freecall 1800 136 066.

### Confirm with carers what happens after hospital care...

Some carers may worry about what's going to happen when their loved one leaves hospital, and how they will continue to care for them. Let them know they can speak with the hospital's Social Worker, to explore care options.

Before discharge, fill in the Carers Discharge Kit (available from Carers Victoria on Freecall 1800 242 636). Discharge planning includes:

- a realistic estimate of discharge date and time
- understanding the medication, how much to take and when
- making sure the patient's local doctor gets a discharge summary
- knowing how to obtain necessary equipment and medical supplies after the patient leaves hospital.

### Other carer support resources...

Provide information about other carer support resources, services and information, or how a carer can have an informal chat about what's going on with people who understand.

Carers can contact:

- Alzheimer's Australia Vic on Freecall 1800 639 331
- Carers Victoria on Freecall 1800 242 636.

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