

**Submission No. 013****(Dementia)****Date: 22/04/2012**

Dear Sir,

The care of people with dementia in the acute setting is poor because it is often unrecognised and hospitals are not equipped to manage. This should not be an argument to deny people with dementia access to needed hospital care but a call to ensure hospitals realise the care of people with cognitive impairment, usually dementia or delirium, is core business. This is widely acknowledged by both health experts and consumers (AA Consumer Summit 2005)

The presence of confusion as a result of delirium or dementia during a hospital stay is often the first indication of cognitive failure. Sometimes it provides families with the first opportunity to address existing concerns about a change in thinking in a loved one or it is a "bolt from the blue" and settles but without full recovery and is the marker point for an emerging dementia 6-18 months later. Either way hospitals are frequently the first place the inkling of cognitive change emerges and staff need to be equipped to address it. Hospitals are sites where opportunity for early diagnosis and intervention can be initiated.

The Fed Gov recently released The National Safety and Quality Health Service Standards which include requirements for Partnering with Consumers, Medication Safety and Managing Falls risk. It seems unlikely that any of these standards could be successfully achieved if the Hospital is unaware a patient has cognitive impairment and it has no policy to ensure appropriate awareness of and communication with a patient with cognitive impairment and the family. Our research has shown us that on any day 30% of patients in hospital have cognitive impairment and that families believe that in 20% of admissions the hospital are unaware of their loved ones cognitive impairment.(see attached paper "Shifting the Care Paradigm" unpublished).

In Victoria the Dementia Care in Hospitals Program has been rolled out to 22 public hospitals and is now being trialled in the private sector. It is a program to improve the awareness of and communication with people with dementia and their families linked to a visual bedside alert called the Cognitive Impairment Identifier (see "Shifting the Care Paradigm") The program has lead to improvement in staff and carer satisfaction with the care of those with Cognitive Impairment. I would recommend to the Inquiry that this program be made national as one element in the improved care and early diagnosis of those with cognitive impairment. I have attached a proposal for such a rollout using the National Demonstration Hospitals Program methodology with associated costings.(see attached National CII Rollout document)

I would also recommend that all hospitals have Clinical Nurse Specialists in Dementia. It is surprising to me that almost all hospitals have a Diabetes Nurse when the in-patient prevalence of this condition is 11.1% ([Diabet Med](#), 2005 Jan;22(1):107-9.- Hospital in-patients with diabetes: increasing prevalence and management problems. [Wallymahmed ME](#), [Dawes S](#), [Clarke G](#), [Saunders S](#), [Younis N](#), [MacFarlane JA](#)) and an asthma nurse when it is estimated that asthma represents just 0.5% of separations (Asthma in Australia 2011 AIHW) but not have a Dementia Nurse Specialist who can provide staff education ,carer support and important links for the person with dementia into the community on discharge.

Finally I would recommend that all hospitals be required as a KPI to screen for all chronic conditions that are rarely the reason for admission but if unrecognised put the patient at risk. This is happens for falls, diabetes and hypertension but rarely happens for cognition. Simple screening of the over 65 population in all hospitals (where our estimates put the prevalence at 30%) using validated tools usable by medical, nursing and allied health staff with simple education such as the MMSE, AMTS or miniCOG would rapidly improve awareness of patients at risk.

I commend these recommendations to the Health and Ageing Committee and should it request further clarification I would be happy to assist.

Associate Professor Mark Yates (FRACP)
Ballarat Health Services