

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**SOCIAL SERVICES PORTFOLIO**

**Budget Estimates 2013-14, 5/6 & 7 June 2013**

**Question:** E13-017

**OUTCOME:** Aged Care and Population Ageing

**Topic:** Dementia Treatment

**Type of Question:** Written Questions on Notice

**Senator:** Boyce

**Question:**

According to a study by the AIHW – our hospitals are failing to correctly identify patients with dementia – and that this systemic failure leads to as many as 50 per cent of hospital patients who have dementia not being identified. (1)

This according to the study causes the following:

- Inadequate treatment (2)
- Longer hospital stays (16.4 days as opposed to 8.9 days) (3)
- Higher treatment costs (\$7720 - \$5010) (4)
- Makes hospitals a dangerous place for dementia sufferers (5)

The study illustrates:

- Poor communication and coordination between health services (6)
- Only 1 in 5 hospital staff with dementia training (7)

Given that Dementia is and has been one of the Federal Government's national health priorities why, in 2013, are our hospitals still handling the issue so badly? Could you respond please in relation to each of the seven points above?

**Answer:**

In 2012, Health Ministers designated dementia as Australia's ninth national health priority. This is expected to contribute to current and future work being undertaken to tackle dementia, including the national research effort.

The Government is committed to fighting dementia and has committed to providing a further \$200 million over five years to enhance the ability and capacity of researchers and scientists working on ways to prevent or cure dementia.

In addition a number of activities are underway to address key issues around dementia. \$39.2 million in funding is being rolled out over five years to develop and implement systems to better support hospital patients with dementia.

The department has been working with industry and consumer experts to promote better care practices for patients with dementia in the acute care setting including; environment and system change; specialised services within hospitals; and strategies to better manage community/hospital transitions.

Some key considerations around the care of people with dementia in acute care have been identified. These include: understanding the patient's experience through the acute care system, identifying and promoting effective models of care; and providing appropriate education and training for acute care staff.

Specific actions to date include:

- Work undertaken by the Australian Commission on Safety and Quality in Health Care to examine the National Safety and Quality Health Service Standards as they relate to the care of people with cognitive impairment;
- A national evidence based consultancy service on the design and development of hospital environments that are sympathetic to patients with cognitive impairment, which will be undertaken by the NSW/ACT Dementia Training Study Centre; and
- A national scoping study of dementia education and training in the acute care sector. The results of this study will inform future education and training needs in the acute care sector.

Additional funding is also being provided through the Health portfolio over five years for subacute care, including dementia services through the National Partnership Agreement on Hospital and Health Workforce Reform Subacute Care and National Partnership Agreement on Improving Public Hospital Services New Subacute Beds Guarantee Funding.