

Improving the Management of Patients with Severe Behavioural and Psychological Symptoms of Dementia (BPSD) in Victorian Hospitals

Workforce Profiles for Managing Dementia and BPSD

#10 in a series of 10 project summaries

Context

The rate of dementia rises quickly with age. Given Australia's ageing population, the number of older people diagnosed with dementia is a significant and growing issue for health and aged care services. In response to concerns regarding the capacity of Victorian health services to provide best care for older people with dementia who present to the emergency department (ED) and/or are admitted to hospital, the Victorian Department of Health (DH) commissioned the National Ageing Research Institute (NARI) to undertake a comprehensive review of the extent, impact and current management of this patient population. Of particular interest were patients who demonstrate behavioural and psychological symptoms of dementia (BPSD), a range of neuropsychiatric disturbances common among people with dementia, which are often initiated and/or exacerbated by the hospital environment.

Project Activities

This component of the larger project aimed to explore the workforce profiles available in Victorian hospitals to support the the management of dementia and BPSD

1. Benchmarking Survey



Staff reported current models of care and management strategies for inpatients with dementia, including those with BPSD, across Victorian health services:

- 104 responses analysed
- 18 different clinical roles represented
- 13 different health services represented

2. Staff Interviews



Semi-structured phone interviews with staff from Victorian hospitals to identify issues and opportunities relating to current service provision and education and training:

- 16 staff interviewed
- 6 different clinical roles represented
- 6 different health services represented

Key Findings



Multidisciplinary Team Members

- Access to Geriatricians, General Nurses, Pharmacists and Allied Health staff to support the management of patients with dementia is relatively good across health services, either as part of the multidisciplinary team or on referral.
- Conversely, Specialist Dementia Nurses, Medical and Mental Health Specialists, as well as Old Age Psychiatrists, are largely unavailable.

Multidisciplinary team 'behaviour huddles', incorporating Psychiatry, address complex cases and change the care



Specialist Dementia Nurses

- Roles and responsibilities of Dementia Specialist Nurses outlined by the few hospitals in which these roles are accessible include:
 - Reviewing patients with dementia
 - Assisting with delirium management
 - Educating and supporting other nurses
 - Reviewing patients with behaviours of concern
 - Developing behaviour support plans

A lack of highly-skilled cognition CNCs and diversional therapists results in a lack of tailored activities and support for patients and ward staff



Staffing Allocation

- Majority of hospitals use additional staffing or 'specials', either occasionally or regularly, to support the management of patients with dementia when required. This practice is particularly common in emergency and urgent care settings.
- Many acute and subacute wards also implement rostering changes to ensure an adequate staffing mix and/or level for managing BPSD.

Specials are often not trained - they can make the situation worse by staring and watching

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Major Collaborations:



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