

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

Prevalence of Dementia and BPSD in Victorian Hospitals

#2 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 prevalence of dementia in Victorian hospitals, for emergency departments (ED) and inpatient wards, using both retrospective hospital administrative datasets and real-time patient information.

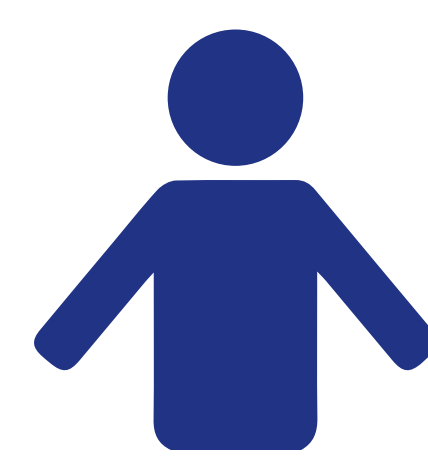
1. Population-level Trends



Analysis of statewide Victorian Emergency Minimum Dataset (VEMD) and Victorian Admitted Episodes Dataset (VAED) hospital administrative datasets for patients aged 50+ years for a 12-month period between 2018 - 2019:

- 659,667 ED presentations
- 1,163, 618 hospital separations

2. Patient-level Trends



Real-time review of inpatient medical records within 5 self-selected ward types (general medicine; acute geriatric mental health, sub-acute general; sub-acute dementia) in 9 Victorian health services:

- 437 current hospital inpatients
- 170 primary diagnoses on admission
- 20 clinical units involved in care

Key Findings



According to the VEMD, 0.3% of ED presentations in patients aged 50+ had been assigned a dementia clinical code



According to the VAED, 3% of hospital separations in patients aged 50+ had been assigned a dementia clinical code



43.5% of ED presentations and 49.4% of hospital separations in patients aged 50+ with an assigned dementia code in the VEMD/VAED were aged 85+ years



Increased length of stay for patients aged 50+ with an assigned dementia code in the VEMD/VAED was associated with: males; not having a carer or needing an interpreter; living in private accommodation; winter admission



Increased mortality for patients aged 50+ with an assigned dementia code in the VEMD/VAED was associated with: males; living in residential care; needing an interpreter; weekend admission



In the real-time medical record review, 22% of inpatients had a confirmed diagnosis of dementia



In the real-time medical record review, 21% of inpatients had evidence to support probable/suspected dementia



40% of inpatients with diagnosed, probable or suspected dementia in the review had co-existing delirium; 13% had an active psychiatric condition; 10% had a recent stroke



18% of inpatients with diagnosed, probable or suspected dementia in the review had severe (8.6%), very severe (6.4%) or extremely severe (2.7%) BPSD according to the Brodaty Seven-Tiered Model of BPSD Management



11% of all inpatients in the review had dementia listed as their primary diagnosis on admission to hospital, while 9% had delirium listed as their primary diagnosis

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Major Collaborations:



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