

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

Minimising Risk in Managing Dementia and BPSD

#7 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 current processes in place in Victorian hospitals to minimise risk of, and harm associated with, BPSD in patients with dementia

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



Identifying and Monitoring Risk

- Screening and assessment for dementia and/or BPSD is inconsistent in regards to: when it happens; which tools are used; who is involved; and how the findings are used in care planning
- Behaviour observation charts and nursing handover are the most common methods of recording and monitoring triggers for BPSD, while alerts in the medical record are less likely to be used



Preventing and Managing Risk

- Many hospitals do not have processes in place to reduce unnecessary transfers, or ensure appropriate and timely ward allocation direct from ED, for patients with dementia
- Families are often encouraged to participate in care provision and attend formal family meetings however are generally not included in regular communication forums e.g. ward rounds; case conferences
- Support for the hospital workforce in caring for patients with dementia and BPSD is suboptimal - rates of education/training and post-incident debriefing are low and majority of ward environments do not support the provision of safe and high quality patient care



Many screening tools are used but these often have no meaning or associated action plan

There is no pathway for direct access into GEM for those patients who may not need an acute ward

There have been occasions where staff argue with the patient - they aren't aware it's inappropriate

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Major Collaborations:



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