

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

Organisational Approaches to Managing Dementia and BPSD

#9 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 organisational approach, and associated processes, to support the the management of dementia and BPSD in Victorian hospitals

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



Strategies for promoting person-centred care for patients with dementia employed by a number of hospitals include:

- Actively engaging patients/families as partners in care
- Providing patients/families with timely and accurate information
- Using practical tools to record an individual's likes/dislikes e.g. sunflower tool, 'this is me' tool, top 5 program



Approaches to involving families in care of patients with dementia, as reported by hospital staff, commonly involve:

- Encouraging families/carers to provide care on the ward
- Family meetings
- Flexible visiting hours



Policies, procedures and guidelines regarding management of aggressive behaviour in patients with dementia mostly target formalised incident reporting (Riskman) and documentation in the medical record. Post-incident staff debriefing and referral to external supports (e.g. Dementia Support Australia) are uncommon.



Reporting at senior management levels regarding aggression and violence in patients with dementia only exists in a few hospitals and is less to occur in subacute settings. Other forums in which this information is presented include: ward huddles; restrictive intervention meetings; and unit-specific morbidity and mortality meetings.

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Shared decision making and actively engaging patients and families is advocated for by staff but not necessarily built into any structured processes or tools

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Policies say 'non-pharmacological methods first' but there's no education on what these should be or how to implement them

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There is a need to improve care but it needs investment of resources to assist in driving cultural change

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Major Collaborations:



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