

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

Rapid Literature Review of Best Practice

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.

Review Process

A rapid literature review was undertaken using the following Population, Intervention, Comparison Group, Outcomes of Interest, Time (PICOT) criteria:



- **Population:** Hospital inpatients, admitted or ED presentation with severe BPSD
- **Intervention:** Models of care/best practice principles to support care of hospital patients with BPSD*
- **Comparison Group:** N/A
- **Outcomes of Interest:** Management and care of patients with severe BPSD in hospital
- **Time:** Patient's stay in hospital and/or time presenting at ED

A total of 1,339 results were retrieved from the initial search with 98 eligible for review.

* Pharmacological intervention and restraint outside scope

Best Practice in the Management of Severe BPSD in Hospitals

Recognise the ED as a care setting for people with dementia and BPSD



Screen for dementia and BPSD on admission to allow for early and proactive intervention



Promote general staff understanding that BPSD is caused by unmet needs



Allocate specialist dementia nurses to work within and across general inpatient wards



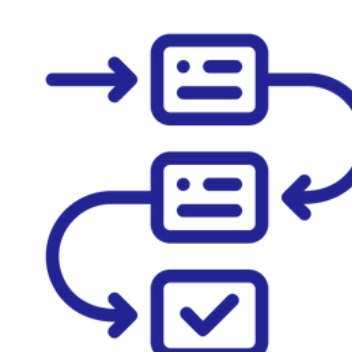
Promote inter-disciplinary models to utilise knowledge, experience and skillsets



Clearly define the role of 'specials' and provide appropriate training



Take a systems approach to ensure continuity of care and support collaboration



Adopt behavioural interventions and person-centred care approaches



Proactively manage nursing staff workloads to address time pressures and competing demands



Establish dementia-specific wards with enhanced staff training and environmental modifications



Acknowledge that inpatients with dementia have different, and often greater, care needs



Facilitate staff education to increase awareness, understanding, skills and competence in dementia care



Develop organisational culture that recognises person-centred care as equal to medical/physical care



Establish policies and procedures for reporting and responding to occupational violence



Implement dementia-friendly design in the ED, inpatient wards, treatment and waiting areas



Best practice management of hospital inpatients with dementia is multi-level, multicomponent, and multi-disciplinary within organisations. It is underpinned by dementia-friendly environmental design, communication and collaboration with families/carers, evidence-based policies and education/training to increase knowledge, understanding and competence in person-centred care.

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Major Collaborations:



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