

*Change Champions 2010 Sydney-
Whose Challenging Behaviours*

THE COGNITIVE IMPAIRMENT IDENTIFIER PROGRAM – a Victorian Hospital Alert and Education Program for Cognitive Impairment

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Presentation Summary

- Briefly discuss the prevalence and risk of cognitive impairment (delirium and dementia) as a common hospital care issue
- Present the BHS CII project outcome data
- Present data from the program roll outs in other Victorian hospitals
- Describe where the CII alert and education program have gone in Victoria and its potential national relevance



Background

- “Acute hospitals are not well equipped to respond to the particular needs of people with cognitive impairment and the care given can be compromised.”

(The Victorian Dementia Task Force October 1998)



Background

“I kept forgetting who said what, and there were so many different people...I felt awful that I couldn't even remember what I was there for...it just seemed like a thick fog...”



Background

- Is driving in the fog a pleasant experience?
- Is driving in the city centre more stressful than driving in the countryside?
- What would be your behavioural response to being told you have to drive through Paris in the fog?



Background

- Meaningful change in the care of people with CI in the hospital setting requires a paradigm shift - from one where the patient is expected to respond to the demands of the hospital environment, to one where staff need to change their own behaviour and that of the hospital environment appropriate to the cognitive performance of the patient.
- To achieve this requires – an appropriate screening program, a structured hospital-wide education program linked to an alert for cognitive impairment



Background

Objective identification of cognitive impairment is important because

- Delirium is not recognised by the clinicians caring for the patient 30-60% of the time (Inouye SK et al Am J Med 106 565-573)
- Delirium is common- 10-20% of older adults admitted to acute hospitals develop delirium during hospitalization
- Delirium fluctuates
- Delirium duration and severity can be reduced through early identification of risk factors
- Cognitive impairment of any cause is associated with an increased LoS



Background

The Language of Cognitive Impairment

- Cognitive Impairment is
 - Delirium
 - Dementia
 - Any other difficulty with memory and thinking
- Acute Brain Syndrome, Acute Confusion, Confusion are all the same and part of the CI spectrum

Background

Audit of Cognitive Impairment at BHS

Wards	Abnormal Clock Face	MMSE <25	Both	Cognitive Impairment
Surgical	5	1	2	8/43
Medical	7	3	6	16/34
MAP	1	0	0	1/3
Total	13	4	8	25/80

**Prevalence of Cognitive impairment on the acute wards
31.3%**

BHS CII Project and Outcomes





BHS CII Project and Outcomes

Project Aims:

- Improve the quality and outcomes of care for older people admitted to BHS by **enhancing the ability of hospital staff to identify and respond effectively** to needs of patients with cognitive impairment and their carers.

The Project ran through the 2003/4 year



BHS CII Project and Outcomes

“I kept on forgetting to take the... um... you know those round things. Anyway they sometimes got cross with me”



BHS CII Project and Outcomes

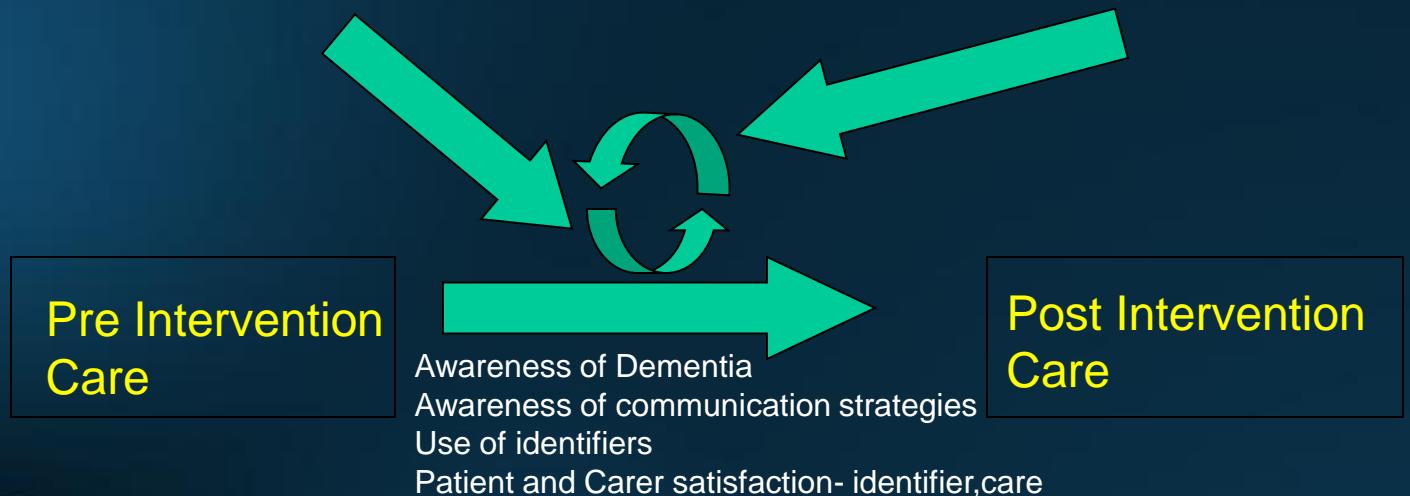
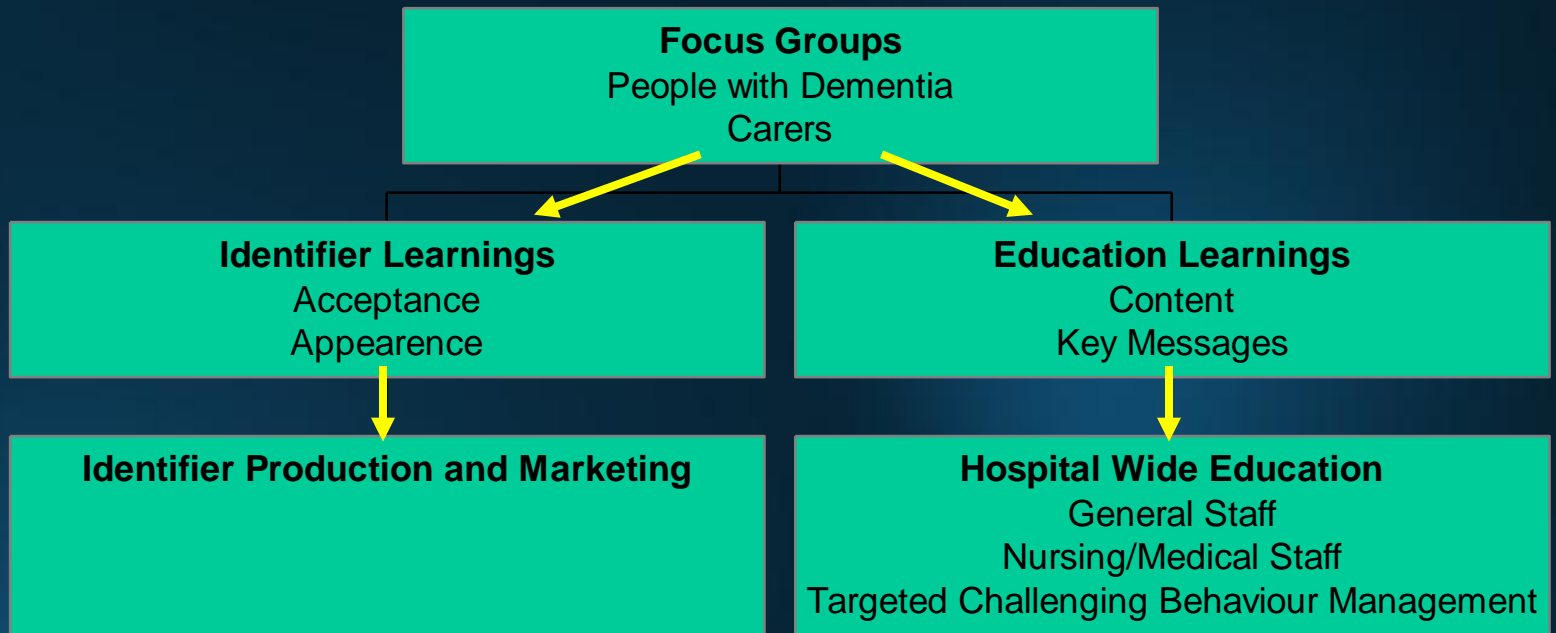
- Core Project Principals
 - An education program to improve the care for people with CI must **engage all hospital staff**.
 - The communication skills and **involvement with family** necessary to improve the care for people with CI.
 - A **visual identifier of CI** is needed to alert all staff and therefore better target additional support for families and better communication with the patient
 - Dementia and delirium are not immediately identifiable.
 - Cognitive impairment like hearing and visual impairment has no visual stigmata



BHS CII Project and Outcomes

- Other reasons for an Alert
 - Consistent with hospital policy for other impairments
 - Driver for process change
 - Sets up an expectation for appropriate action
 - Public statement that CI is important to the organisation
 - A relearning opportunity for non-clinical and casual staff

BHS CII Project and Outcomes





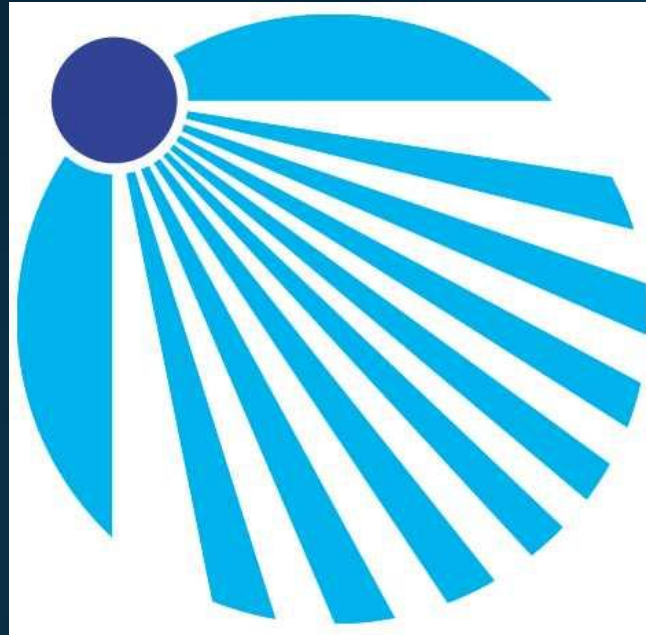
BHS CII Project and Outcomes

Focus Groups


- 22 interviews were conducted with 39 participants using questions in a semi-structured interview.
- 20 follow-up interviews were conducted
- **Patient and Carer Acceptability**
 - 37 of the 39 interviewees indicated “yes” to accepting the use of an alert.
 - Of the 37 positive responses 32 indicated that they preferred a bedside type alert
 - An alert attached to the patient was rejected

BHS CII Project and Outcomes

CII Development



“...yes, it represents all of us contributing to a common goal”, “...it resembles a sort of lighthouse, a beacon shining out”,



BHS CII Project and Outcomes

Key Educational Messages

30/39 participants reported 22 common themes where difficulties had occurred. The 9 highest scoring themes were chosen as key targets for the hospital education program.

- Introduce yourself
- Make sure you have eye contact at all times
- Remain calm and talk in a matter of fact way
- Keep sentences short and simple
- Focus on one instruction at a time
- Involve carers
- Give time for responses
- Repeat yourself... don't assume you have been understood
- Do not give too many choices



BHS CII Project and Outcomes

Hospital Education Program Evaluation

- 200 staff in the acute service were received education
- 169 completed pre-education surveys
 - Only 63% of nursing staff reported satisfactory confidence managing CI
- DHS requested an independent evaluation be performed by the Lincoln Centre for Ageing and Community Care Research (Latrobe Uni.)



BHS CII Project and Outcomes

Hospital Education Program

- 122 staff surveys were done 3 months post education and CII implementation
 - of those with daily or weekly contact 80% reported the CII and education had changed their practice.

“Thought more about the communication mode & made sure the pt understood what I was saying. Previously might have assumed they understood”
 - of those with daily or weekly contact 40% reported the CII and education had changed their response to carers

“Made me involve the carer a lot more, ask them questions about the patient”

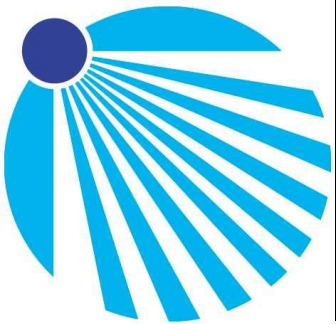
BHS CII Project and Outcomes: Hospital Education Program

Self-rated measures:		Means (1)		
		Direct care staff	Non-direct care staff	Total
How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.06	2.90	3.00
	Post	3.24*	3.03*	3.15*
How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	3.12	3.00	3.07
	Post	3.32*	3.10*	3.22*
How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.71	2.82	2.75
	Post	2.97*	2.93*	2.95*
How would you rate the level of organisational support you receive in dealing with patients with dementia, delirium or memory and thinking difficulties?	Pre	2.79	2.56	2.71
	Post	3.00*	2.68*	2.86*
In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?	Pre	2.21	3.24	2.57
	Post	2.17	2.96	2.52

Notes:

(1) 1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.

* Change in "desired" direction.



BHS CII Project and Outcomes

Carer Rated Perception of Care

Question to Carer	Satisfied(% of response)		Dissatisfied(% of response)	
	Pre(n=25)	Post (n=30)	Pre(n=25)	Post(n=30)
That the staff knew the patient has Cog. Impairm.	80	87	20	6
Staff introduced themselves	70	81	25	0
Staff did not expect more than patient capable of	75	84	20	6
Staff explained things simply	65	90	15	6
Carer invited to provide information	80	78	15	9
Notice taken of volunteered information by carer	80	84	20	6
Staff understanding of challenging behaviour	55	87	10	3
Carer given information about the treatment given	70	78	25	19
Carer given option to receive discharge information	70	81	15	3
The hospital is dementia friendly	85	92	15	6
Percent satisfied or dissatisfied	73	84.2	18	6.4


Carer satisfaction improved by 11.2% and dissatisfaction fell by 12.4%



BHS CII Project and Outcomes


Conclusions

- It is acceptable to people with CI and their families to use a bedside identifier to alert hospital staff to cognitive impairment
- A hospital education program linked to a CII improves hospital processes that support patients with CI
- In general carers were more satisfied and less dissatisfied with the care their family member received



Dementia Care in Hospitals Program- Repeat evaluation


- First Role out 2006-7
 - Collaboration with 7 hospitals
 - The aim was to replicate the CI Education and use of the CII alert as implemented at BHS
 - similar evaluation data was to be collected
 - DHS requested an independent evaluation be performed by the Lincoln Centre for Ageing and Community Care Research (Latrobe Uni.)
- Limitations
 - Funded by DHS as the “Dementia Care in Hospitals Program”
 - No DHS requirement for evaluation in the funding agreement



Dementia Care in Hospitals Program- Repeat evaluation


- Highlights
 - Pre and Post intervention data collected 6 weeks to 3 months after the education and CII implementation
 - A total of 1,611 surveys only 412 were post intervention
 - 84% of clinical staff reported difficulties working with people with CI, 56% reported difficulties with carers
- Limitation
 - This evaluation could only measure the impact on staff attitudes

	Not sign. = ns p 0.05 = + p 0.01 = ++	(n)Post / (n)Pre	Staff Type	Knowledge change	Confidence change	Organisational change
Austin	48/137	Clinical	ns	+	ns	
		Non- Cl	N/A	N/A	N/A	
Barwon	48/177	Clinical	+	+	ns	
		Non- Cl	++	++	+	
Northern	48/85	Clinical	ns	ns	ns	
		Non- Cl	ns	ns	ns	
Wangaratta	86/141	Clinical	ns	++	++	
		Non- Cl	+	++	++	
Peninsula	37/208	Clinical	ns	++	++	
		Non- Cl	ns	++	++	
Melbourne	11/65	Clinical	ns	+	+	
		Non- Cl	ns	+	+	
St.Vincent's	39/148	Clinical	ns	++	++	
		Non- Cl	ns	++	+	



Dementia Care in Hospitals Program- Conclusions and Outcome

- Conclusion
 - Although limited in scope, and subject to differences in project administration (e.g., response rates and the time period between the pre- and post-education surveys), this evaluation has documented improvements in staff knowledge, attitudes and perceived organisational support. Levels of all or most of these measures showed an increase between pre- and post education across all projects. *(Lincoln Centre for Ageing and Community Care Research and Victorian Department of Human Services, (2007), Evaluation of Education and Training of Staff in Dementia Care and Management in Acute Settings.)*



Dementia Care in Hospitals Program- Limitations and Outcome

- Limitations
 - No patient data to support improved patient care
 - The survey data self-selected
 - We have not been able to confirm that the CII alert improves the impact of hospital education
- Outcome
 - 2007/8 role out 2 to 9 hospitals funded by DHS

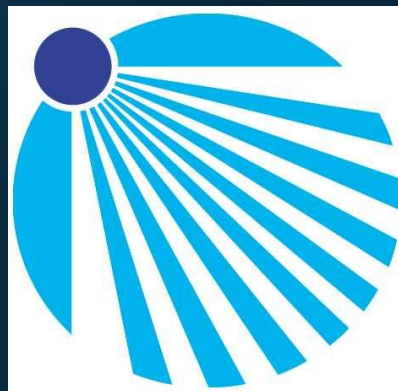
Statewide Adoption and National Relevance



Victorian Department of Health Implementation Resource Toolkit Minimising Functional Decline for Older People in Hospital 2009

What are the care/management principles that I should follow if someone has dementia?

Once identified, alert all hospital staff coming into contact with patients who have memory and thinking difficulties using the Cognitive Impairment Identifier (CII; ~~X~~ tool), a tool designed to be used as a discreet bed-based flag of cognitive impairment. In organisations using the CII, a hospital wide education program trains staff to respond appropriately to the needs of a patient with cognitive impairment and dementia. Please refer to the website for more information about the identifier and how to use it effectively.

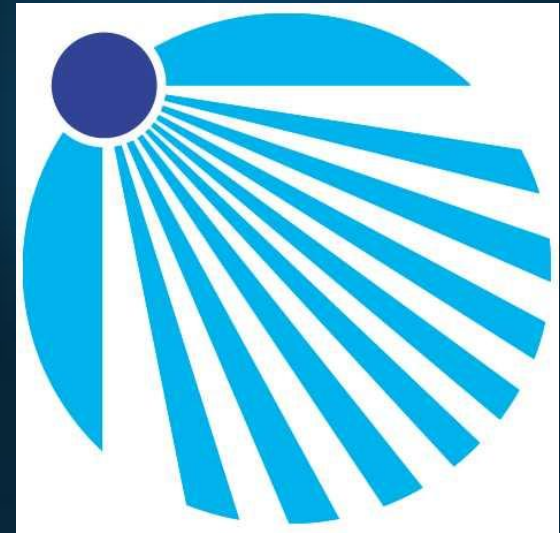




Victorian Geriatric Medicine Training Program

The Cognitive Impairment Identifier

[Home](#)
[Up](#)
[Cog. Impair't Identifier](#)
[Pharmacology](#)



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The Cognitive Impairment Identifier is part of a hospital wide education program to improve the awareness of and communication with patients with Cognitive Impairment, sponsored by the Department of Human Services, Victoria. It is being implemented in hospitals across the state of Victoria.



Alzheimer's Australia National Consumer Summit on Dementia 2005

- **A Seven Point Action Plan for Change**
 - Action Point 1: Improve the assessment and diagnosis of dementia
 - Action Point 2: **Improve the responsiveness of acute care** so it better meets the needs of people with dementia.- We need people working in and managing acute care to understand the needs of people with dementia. We need protocols to be established that will inform all who work in acute care so that they can better support and inform people with dementia and their carers. We need acute care to be adequately resourced to respond to our needs.
 - Action Point 3: Ensure easy access to quality community care services
 - Action Point 4: Provide more flexible responses to supported accommodation in the home and in residential care facilities
 - Action Point 5: Increase the recognition and understanding of the financial cost and legal implications of dementia
 - Action Point 6: Promote and ensure greater public awareness and understanding about dementia and risk reduction
 - Action Point 7: Increase investment in dementia research



Alzheimer's Australia


National Consumer Summit on Dementia 2005

- Underpinning these priority actions are the following fundamental principles:
 - ***People with dementia and carers need support that will help them to maintain their quality of life.*** Respect, compassion and humanity are fundamental.
 - ***People with dementia need to be supported in their homes.*** Identified by all in attendance as the primary need, people with dementia must have easy access to support that is focussed on assisting them to stay in their homes as long as possible.
 - ***People with dementia and carers need to be recognised as partners in decision making about care options.*** Care must be person-centred, planned and involve people with dementia (as far as is possible) along with their carers and family.
 - ***People with dementia and carers need access to contemporary quality care provided by trained, accredited and appropriately remunerated workers.*** Whether in community, residential or acute settings, people with dementia and their carers want staff who are providing them with care and support to be appropriately trained and have an understanding of contemporary dementia care.
 - ***People with dementia and carers need to see a national symbol for cognitive impairment*** so that people with dementia are treated appropriately particularly in the delivery of service.



National Framework for Action on Dementia 2006–2010

- Acute Care: identify acute care services that are sensitive to people with dementia and the needs of their carers and families.
- Develop dementia sensitive principles for Acute care services.
- NSW/Vic




Conclusions and Future Opportunities

- Cognitive Impairment be that delirium or dementia or both is a common problem in hospitals causing patient, carer and staff distress
- An education program improves the attitudes of staff and changes organisations positively
- Staff are often not easily aware of patients with CI so the identification of this impairment is important.
- The use of a bedside graphic for CI is supported by people with CI and their families and can improve carer satisfaction.
- The findings from the CII program in Victoria needs to be repeated in a greenfield site to confirm our findings that education linked to a bedside alert, leads to a sustainable improvement in care of people with CI in the acute hospital setting



Conclusions

- We must shift the care paradigm in a sustainable way
- We set up the environment for the behaviours we see – they are ours to address by managing the challenging behaviours and environment that *are* hospitals
- To do so we need to know who of those we care for have CI and how we can change our behaviour to make them feel safe
- Non of us want to drive in Paris in the fog!



“I didn’t want them making a fuss of me.... there are people worse off than me.... I may forget some things but I’m not stupid”

..... Thank You

THE COGNITIVE IMPAIRMENT IDENTIFIER PROGRAM

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A VICTORIAN HOSPITAL BEDSIDE ALERT AND EDUCATION PROGRAM FOR COGNITIVE IMPAIRMENT

Background

Hospitals are not geared to meet the needs of patients with cognitive impairment (CI) and the care given can be compromised. Cognitive Impairment, like hearing and visual impairment, carries no visual physical stigmata, is often under recognised and is likely to impact on many aspects of care planning and treatment while in hospital.

The lack of easy identification of patients with CI often results in ineffective targeting of support, lost opportunities for carer engagement and poor staff awareness of its prevalence. Prevalence of CI (MMSE of <25 or abnormal clock face) in the hospital setting has been estimated at 30% through audits conducted at BHS in 2001 and 2003.

Innovation

- Extensive literature searches have failed to yield a hospital based education program linked to a Cognitive Impairment Identifier (CII). Development of a bed based identifier through consumer engagement had not been attempted in Australia or internationally.
- The use of a novel bed based alert enhances educational outcomes by serving as a physical change agent which better directs staff focus towards patients specific needs. The whole hospital team is responsible for meeting these needs using a sustainable model of care within an increasingly complex system.
- The aim of this program is to improve the hospital care experience for people with CI and their carers. An all of hospital approach to education aimed at improving staff awareness of and communication with people with cognitive impairment linked to a bedside identifier.

Acceptance of the concept of a bed based CII was gained through a collaborative partnership with Alzheimer's Australia; engaging the expertise of people with CI and their carers. It was made clear from their consultation and feedback that the CII was to be bed based. It was not acceptable that it be attached to the patient in any form.

Four themes emerged around what form the bedside identifier should take in particular colour, size, style, and shape. From the eight prototypes developed the following design was selected.



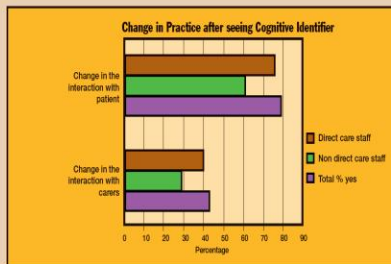
Throughout the interview process consumer group participants were asked to reflect on their experiences of acute care or other like environments. Semi-structured interview questions allowed for exploration of specific issues that arose for the participants. From the interviews a number of themes emerged. All themes were directly related to communication and environmental interactions between the person with dementia, their carer or family member, and staff. For the purpose of this project, the 9 highest scoring themes were adopted as targets for the educational program (see below). A flexible education program delivered to diverse staff groups built around these key communication points and the philosophy behind the CII

- Introduce yourself
- Make sure you have eye contact at all times
- Remain calm and talk in a matter of fact way
- Involve carers
- Keep sentences short and simple
- Focus on one instruction at a time
- Give time for responses
- Repeat yourself...don't assume you have been understood
- Do not give too many choices

A structured educational program was developed and delivered to hospital staff. A clinical practice guideline and resource folder was developed for all clinical areas.

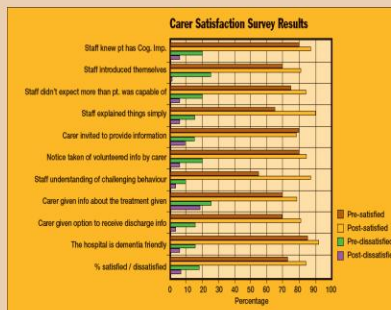
Results

Following education and implementation of the CII model of care there was a demonstrated improvement in staffs self rated confidence and comfort when dealing with a patient with cognitive impairment. There was also an improved perception of organisational support and job satisfaction. Knowledge of one or more key communication or support strategies improved from 65.5% to 89.6% with direct care staff improving by 15% and non direct staff by 42%.



The carer's perception of care delivery both prior to and following the introduction of the CII and education process were established via carer satisfaction

Prior to the introduction of the education program and the CII, the average satisfaction across all ten communication and support domains was 73%. The average dissatisfaction across the same domains was 18%. Post introduction satisfaction improved on average across all ten domains to 84.2%, with dissatisfaction dropping to 6.4%. An overall positive shift of 23.6% in carer perception was achieved.



Implementation and Impact

(Statewide Adoption)

Independent evaluation by the Australian Institute for Primary Care Latrobe University demonstrated the Cognitive Impairment Identifier Program model is transferable and when adopted by health services resulted in demonstrable improvement in the outcomes of care for patients with CI similar to those seen at Ballarat Health Services.

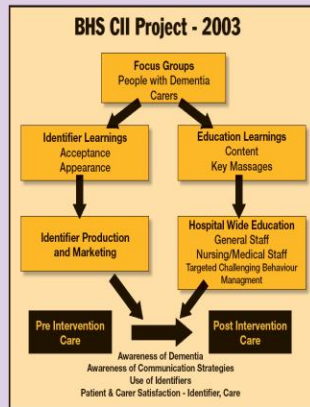
Testing of the program occurred in 9 metropolitan and regional health services in 2006 and a further 8 health services in 2008. The aim of the evaluation was to assess the implementation and impact of the training model and CII in each setting, employing, as far possible, evaluation tools designed and utilised by the Ballarat team to evaluate the original project.

Adoption of the model by 9 health services, demonstrated that although limited in scope and subject to differences in project administration, the program adoption resulted in improvements in staff knowledge, attitudes, and perceived organisational support. These measures showed an increase between pre and post education across all health services.

The Cognitive Impairment Identifier Program is a core component of Victoria's response to the Council of Australian Governments Long Stay Older Patients Initiative. The model of care is comprehensively integrated in the *Understanding Dementia a Guide for Hospital Staff*.

Next Steps

- An active strategy to support improved care for patients with CI and their families in the acute hospital setting is high on the agenda nationally. It is one of the key commitments that all jurisdictions have agreed to as part of the National Dementia Framework.
- Alzheimer's Australia at their national consumer forum requested that improvements be made in the care of people with dementia in acute settings and that a national symbol for dementia be developed.
- Interest in the Cognitive Impairment identifier and its philosophy of care continues to grow with the engagement of a further 6 regional and metropolitan health services in 2009-2010.



PHASE 1 Acceptance, Graphic Design and Educational Objectives

Objectives:

- To determine whether patients with CI and their carers found it acceptable for Ballarat Health Services to use a bedside identifier for CI.
- To establish a set of verbal descriptors of the identifier to inform the graphic designer.
- To establish a list of targets identified by people with CI and their carers as essential to quality dementia care for integration into an all of hospital educational program

