

# ‘Discovering Dementia’: Dementia Care Education for Residential Aged Care Workers

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# ‘Discovering Dementia’ Project Overview

1. Background context
2. Project Development
3. Project Achievements and Outcomes



## 1. Background Context

### Who is ROSS?

- Residential Outreach Support Service
- Established November 2003
- DHS HARP – Chronic Disease Management
- Interdisciplinary team comprising Social Work, OT, Nursing, Physiotherapy and Medical staff (4.5 EFT).
- Vision – *‘Delivering the best care in the best place’ Care in your Community, DHS Ambulatory Care Framework*



1. Background Context

# What is Residential Outreach?

ROSS is a multi-layered service providing:

1. **Individual clinical assessment**

- Falls Prevention
- Wound Care Consultancy
- PEG Care
- Sub acute assessment
- medical consultation

2. **Education** and support for RCF staff

3. **Support** for GPs to avoid unnecessary transfer of residents to acute care



## Residential Aged Care context for 'Discovering Dementia'

- Residents with complex medical and social needs.
- Low number of Registered Nurses.
- High numbers of untrained staff.
- Limited GP access and support.
- Little available education on key clinical areas.



## 1. Background Context

### More specifically...

- The Mornington Peninsula has one of the fastest growing ageing populations in Australia, and one of the highest number of RCFs in Victoria.
- People with dementia are more likely to enter residential care, and account for 60% of all nursing home residents and 30% of all hostel residents (The Dementia Epidemic, 2003).
- Moreover more than 90% and 54% respectively have an obvious cognitive impairment. (Rosewarne , 1997)
- Surveys of RCF education needs of facility staff consistently identify dementia care as an educational gap. (Cantley-Smith and Connolly, 2004, unpublished).



## 1. Background Context

# Project Opportunity!

- DoHA offered funding to improve the care of people living with dementia as part of the “Dementia Service Development Grants Program”.
- ROSS ( lead agency) and project partners successfully applied for this funding- October 2006 were awarded \$150,000.

### Project partners:

- Cognition Dementia and Memory Service (CDAMS),
- Aged Psychiatry Assessment and Treatment Service (APATS)
- Mt Eliza Aged Care Assessment Service (MEACAS)
- Commonwealth Carer Respite Centre – Southern Region



Falls CNC

RAD Team

Baxter Village

Broughton

Department of Health  
and Ageing

Complex Care Program

Strength is For Life

Subacute Assessment Service

Alzheimer's Association Victoria

Speech Pathology

Emergency Dept

Ageing Well

IMPACT Project

CDAMS

Commonwealth Carer Respite Centre

MEACAS

Director of Aged Care Medicine

Andrew Kerr

APATS

Continence Service

GP Division

Falls Service

Cognition CNC

Improving Care for Older People

Wound CNC

PDAG

Care Coordination

Aged Care Panel

PENNAC

Palliative Care

Dietetics

ACCESS

Stomal Therapy

Endoscopy



## 2. Project Development

# Project Development

- Steering committee (bi-monthly)
- Working party consisting of project partners
- Project Leader appointed
- Time frame developed
- Information session for all facilities-nominations for project invited.
- Education plan drafted



## 2. Project Development

### Project Model

- Accepted 22 facilities to program.
- 12 month education program.
- First session an all-day session of training.
- 3 hourly sessions each month thereafter.
- Training manual provided.
- ROSS will provide support visits and offered assistance in facility audits.
- This project will build upon the portfolio education which has been facilitated by the ROSS team in RCFs in Falls Prevention during 2005 - 2006.



# Participant role and responsibilities

- **AIM:**

To provide a trained unit based resource person, who has knowledge and skills in best practise dementia care, to deliver staff training, education and advice with the support of the ROSS Team.

- **MODEL:**

Portfolio model



2. Project Development

## Education Plan-12 months

- Program Housekeeping
- Dementia
- Brain and Behaviour
- Person Centred Care
- Communication
- Delirium
- BPSD/Managing Challenging Behaviours
- Sexuality and Dementia
- Behaviours and Restraint
- Project partner service presentations



## 2. Project Development

# Education Plan

- Depression
- Promoting Dementia Awareness
- Activities and Horticultural Therapy
- Medication and the elderly
- Family perspective on residential care
- Eating and Swallowing
- Nutrition
- Pain
- Palliative Care
- Pharmacy



### 3. Project achievements and outcomes

## Evaluation

- Baseline data (gap analysis)-pre and post education.
- Pre and post education “Staff perception” surveys.
- Individual session evaluations.
- “Participant survey” for purpose of this presentation.



## 3. Project achievements and outcomes

### Outcomes to date

- Maintained core attendance over 1 year period.
- Outstanding session feedback and anecdotal feedback.
- Improved participant confidence and knowledge of local services.
- Improved “networking”, e.g. participants have independently engaged speakers to provide in house education.
- Complements ROSS Falls prevention training.
- ROSS resource library.



# Changes in Practice

## Participant survey

How do you think the 'Discovering Dementia' education program changes practice in your facility to improve the management of older people with a cognitive impairment?

- |    |   |     |
|----|---|-----|
| 1. | "Lots of changes" (!)   | 60% |
| 2. | Increased in-services /in house education<br>(The aim of the portfolio model!). | 40% |
| 1. | Management of behaviours and different situations                               | 20% |
| 2. | Dementia focus Group  | 6%  |
| 3. | Sundowners program  | 6%  |
| 4. | Person Centred Care   | 6%  |
| 5. | Broader skills"   | 6%  |



### 3. Project achievements and outcomes

## Participant survey

What would help your facility improve the management of residents with cognitive impairment?

- |    |  |     |
|----|--|-----|
| 1. | Education – ongoing, updating, in-services | 86% |
| 2. | In house “specialist”                      | 6%  |
| 3. | 1:1 time with resident                     | 6%  |
| 4. | Increase Diversional Therapy input         | 6%  |



### 3. Project achievements and outcomes

## Participant survey

Give one specific example of something you have learned from being involved in this program that you believe will improve the management of cognitive impairment in your facility:

- “Experiencing Dementia”-simulation activity 20%
- “one size does not fit all” 6%
- Person Centred Care 13%
- Recognising Delirium 6%
- Activities 6%
- Family perspective 13%
- Nutrition 13%
- Medication 6%
- Challenging behaviours 13%



## “Experiencing Dementia”

“I had a thought after the day in court  
Trying to prove my worthiness as a human being, justify the  
chaos and not being heard, or believe what you’re hearing,  
‘Saint Anywhere’ they called it  
“The day in court” at least that’s what I thought.

“Why?”-when this is my life is now. I remind myself Saint  
Anywheres was a real life dream. Is this how it will be? I  
mean when we grow old- past our use by date?  
Still fighting, waiting for approval, love, trust?

A SCARY THOUGHT THAT DAY AFTER COURT”



## 3. Project achievements and outcomes

### My personal lessons learnt

#### A. Project framework to include:

- Administration support/training.
- Specified /detailed commitment of partners.
- Technological support.
- Understanding of financial parameters.

#### B. Relationship building...VITAL

- Participants and speakers.
- The 'right' participants are great advocates for residents and can contribute to culture change
- Creating a supportive learning culture.
- Great support goes a long way- a small number of contributors had a big impact! i.e. the right partners can make a difference.



3. Project achievements and outcomes

## My personal lessons learnt

### C. Research support

- Developing questionnaires to get the required responses and information.

### D. Speakers with enthusiasm not just knowledge



## 3. Project achievements and outcomes

### Opportunities

- Education
- Using momentum by establishing an “education network”.
- To further develop networks with speakers and also share resources.
- Improve confidence and increase support of residential care workers.



3. Project achievements and outcomes

# Challenges

- Education time for direct care staff –”off the floor”
- Commitment required from management- therefore need to demonstrate outcomes.
- How do we measure outcomes? Emergency presentation? Incident reports? Staff satisfaction?
- How do we measure quality of life?



# Discovering Dementia



## Future Directions

Our challenge:

Developing a sustainable model of best practice dementia care education for residential care workers.



## References

- The Dementia Epidemic: Economic Impact and Positive Solutions for Australia, Prepared for Alzheimer's Australia by Access Economics, Canberra, March 2003.
- Rosewarne R, Opie J, Bruce A, Ward S Doyle C and Sach J (1997) "care needs of People with Dementia and Challenging Behavior living in residential care facilities" Aged and Community Care Service Development and Evaluation reports Nos 24. 26-31, Commonwealth Department of Health and Family Services, AGPS , Canberra.
- DPS Guide 2005



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Questions?

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