

Triple D!

Depression, Dementia, Delirium

- preventing functional decline

or bust!

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Alfred Health – Caulfield Hospital

What is Alfred Health?



TheAlfred

The Alfred

- Major statewide service provider
- Designated State Trauma Centre
- 400+ multiday beds



Caulfield
HOSPITAL

Caulfield Hospital

- Major provider of rehabilitation, aged & community care
- Some statewide rehabilitation services
- 350+ multiday beds (sub-acute, mental health, transition & residential care)



Sandringham
HOSPITAL

Sandringham Hospital

- Community Hospital
- Emergency Department
- Paediatrics & Obstetrics
- 80+ beds



Council of Australian Government's Long Stay Older Patient Initiative (COAG – LSOP)

- **4 years: 2006/07 to 2009/10**
- **'Minimising functional decline for older people in hospital' is the focus**

OLDER PEOPLE

- **People >70yo (13% of Victorian population) use >46% of bed days**
- **Predicted increase in older population in 2003-2021**

FUNCTIONAL DECLINE

- **34 – 50% of older hospitalised patients experience functional decline**
- **As early as day 2 of hospitalisation**
- **30% hospitalised older persons functional decline is unrelated to their primary diagnosis**
- **At 3 months post discharge only 50% recover**

FUNCTIONAL DECLINE

- Dementia
- Depression
- Delirium
- Continence
- Medication
- Mobility, Vigour, Self care
- Nutrition
- Skin Integrity
- Person-Centred Practice
- Assessment

KEY HIGHLIGHTS

- 1. Sitting out of bed**
 - **56% Mar 09**
 - **84% Mar 10**
 - **average 81%**
- 2. Protected meal time audit Oct 09**
- 3. Staff survey Sep 09**

If the only tool you have is a hammer, you tend to see every problem as a nail.

~Abraham Maslow



Aged Psychiatry Service Involvement

Domains

Depression, Dementia, Delirium

Initial consultation

- **Meetings with COAG LSOP project team (Clinical Nurse Consultant, Consultant Psychiatrist, ADON)**
- **Interdisciplinary Assessment Tool (IDAT)**
- **Discussion and advice re tools being embedded in documentation suite e.g. GDRS (Geriatric Depression Rating Scale)**
- **Discussed educational role of Aged Psychiatry Service (APS) in relation to Depression, Dementia, Delirium**

Plan

- **Targeted education to pilot ward staff on “Depression in the Elderly” delivered by Consultant Psychiatrist (Dr Maria Tsanglis)**
- **Participation of pilot ward staff (interdisciplinary) in one day training ‘Psychosocial approaches to behaviours of concern in elderly populations’ where domains of Dementia and Delirium were covered (David McMillan)**

Depression

- **Interdisciplinary involvement**
- **Extensive consultation with APS**
- **3 key areas**
 - **Input into IDAT**
 - **Depression awareness education**
 - **Depression awareness pamphlet**

Depression

- **IDAT**
 - **Various tools considered**
 - > **HDRS**
 - > **CSDD**
 - > **GDS**
 - > **PHQ2**
 - **Emphasis on timeliness and efficiency**
 - **PHQ-2 incorporated into IDAT**

Depression

- **PHQ-2**
 - Initial depression screening tool
 - In the past 2 weeks have you been bothered by:
 - > Little interest or pleasure in doing things?
 - > Feeling down, depressed or hopeless?
 - Positive if “yes” answer to either question
 - High sensitivity
 - Low specificity
 - Positive feedback received from IDAT training

Depression

- **Depression awareness education**
 - **2 x 1 hour education sessions delivered to pilot ward staff**
 - **Open to staff of all disciplines**
 - **Focus on raising awareness and developing an “index of suspicion”**
 - **Subsequent steps in management addressed**
 - **Similar education session delivered at campus wide interdisciplinary seminar**

Depression

- **Depression awareness education**
 - **Well attended and well received**
 - > 21 staff attended**
 - **All disciplines represented**
 - **80% “very relevant” to their work**
 - **95% “yes” to application of knowledge learnt from in-service**
 - **Multiple key points taken away**

Depression

- **Depression pamphlet**
- **Multiple references sourced – Age Concern “Down but not out” campaign (UK), Better Health Channel fact sheet, Beyond Blue campaign**
- **Focus again on depression awareness**
- **Take home message – depression is not a normal part of ageing**

Dementia and Delirium

- **Counting the Cost. Caring for people with dementia on hospital wards.**
- **Alzheimer's Society London 2009**
- **The use of antipsychotic medication for people with dementia: Time for action. A report for the minister of state for care services by Prof Sube Banerjee. October 2009**

UK

- **People over 65 with dementia use one quarter of all hospital beds**
- **77% of nurses surveyed said antipsychotic drugs were always or sometimes used to treat people with dementia in hospital environments. Over a quarter of those surveyed thought they were inappropriately prescribed.**
 - **Alzheimer's Society UK 2009**

Carer dissatisfaction:

- **Nurses not recognising or understanding dementia**
- **Lack of person centred care**
- **Not being helped to eat or drink**
- **Lack of opportunity for social interaction**
- **Not enough involvement in decision making**
- **The person with dementia not being treated with dignity or respect**

• **Alzheimer's Society UK 2009**

Also

- **Training that addresses the concerns of nurses within the context of person-centred care for people with dementia...is vital.**
- **Alzheimer's Society UK 2009**

- **The high level of use of antipsychotics means that the potential benefit of their use in specific cases is likely to be outweighed by the adverse effects of their use in general.**

• **Banerjee 2009**

- **This overuse of antipsychotic medication is a clear, specific example of the general set of problems in the way our health and social care systems serve people with dementia and their carers. We currently have systems that often work poorly; improving the quality of dementia services for all is the aim of the National Dementia Strategy and the findings of this review are complementary to its implementation.**

• **Banerjee 2009**

‘Psychosocial approaches to behaviours of concern in elderly populations’

- **One day workshop focussing on non pharmacological approaches to BPSD**
- **Attitudes**
- **Skills**
- **Knowledge**

Workshop Content

- **Identification of experience in the group**
- **Warm up exercise allocating name tags
'demented'... 'absconder'**
- **Survey of attitudes**
- **Discussion of attitudes**
- **Experiential exercises 'simulating dementia'**
- **Reinforcing empathic approaches to care... 'walking
in their shoes'**

Workshop Content

- **Lecture presentation**
- **Dementia – types, aetiology, neurodegenerative process**
- **Delirium – types, causes, management**

Workshop Content

- **Person Centred Care and Dementia Care Mapping (PowerPoint presentation)**
- **Small group work on antecedents/triggers for BPSD, identification, elimination, strategies**
- **Final brainstorm session (whiteboard)**
- **Summary and Evaluation**

Number of pilot ward staff attended

| | |
|-------------------------------|----------|
| RN1 | 4 |
| RN2 | 1 |
| SW | 3 |
| OT | 2 |
| FCA | 3 |
| Physio | 1 |
| Nursing student | 2 |
| SW student | 3 |
| AHA (Speech Pathology) | 1 |
| Dietician | 1 |

Total Number of staff attended 2009

- **10 Workshops**
- **Over 200 staff campus wide**

Evaluations

- **What aspect of the day worked well for you and why?**

Evaluations

- **Senses- experiential “role simulation, walking in resident’s shoes”. Whole day - excellent, thought provoking and encouraging. Positive framework for discussion and sharing ideas.**
- **The group activity and audiovisual presentation...enabled everyone’s participation and greater understanding of the session**
- **Open session with opportunity to interact**
- **Good opportunity to share views with co-nurses**

Evaluations

“...it reinforced to keep things simple while communicating with dementia patients. Simple things like smiling and giving them time to process what you've said. With aggressive dementia patients, they taught us to leave the room and wait until the patient has calmed down to see them again. I found that information about aggressive patients helpful as quite a few patients have a delirium or dementia and it seems common for them to feel unsettled. With patients who talk about things that cause them distress or act up behaviourally, I've learnt to offer a distraction. It's also helpful to try and pin point the reason why the person is displaying the behaviours of concern.”

REFERENCES

- http://alzheimers.org.uk/site/scripts/download_info.php?fileID=787
- http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108303

Person-centred approach for older persons is treatment and care provided by health services that places the person at the centre of their own care and considers the needs of the older person's carers

(Victorian Government Department of Human Services, Improving Care for Older People Policy, 2003)