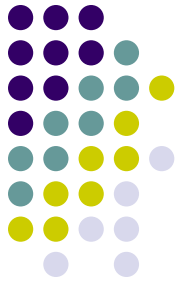


THE WAY TO THE FUTURE?



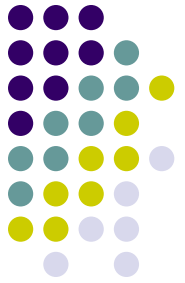
An Evaluation of the Efficacy of the Dementia Service in the Reduction of Clinical Presentations to Acute Hospitals

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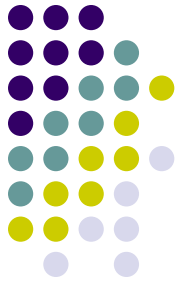


BACKGROUND:



Future Directions for Dementia Care and Support in NSW 2001-2006 – NSW Health funding – 10 Dementia CNC positions across NSW

- *The Framework for integrated support and management of older people in the NSW health care system, 2004-2006*



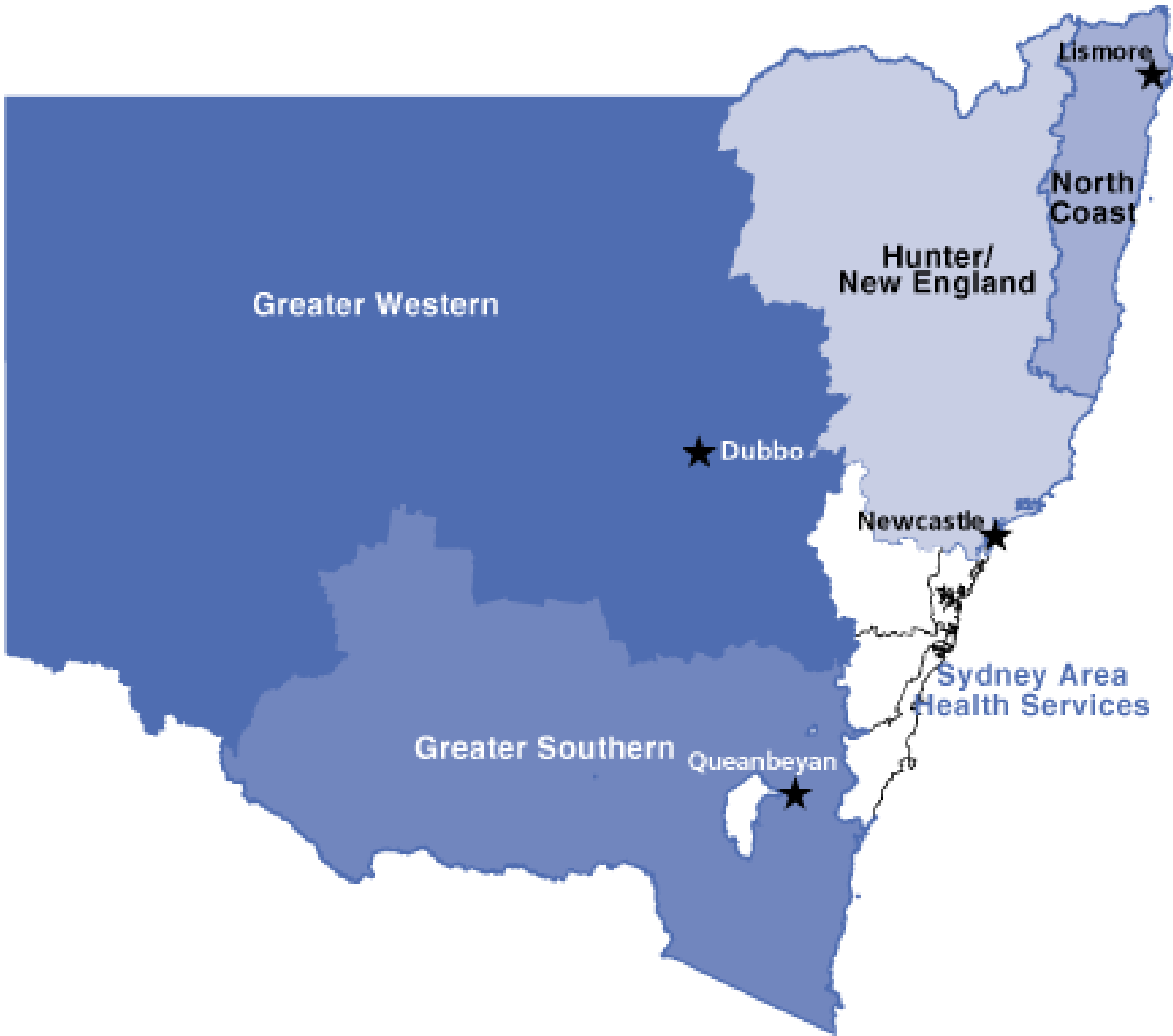
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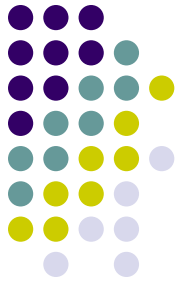
- GP education
- Pharmacist education
- Better communication
- Better discharge planning
- Medication monitoring / prescribing
- Elder abuse
- Interpreter access



ACTION TAKEN:

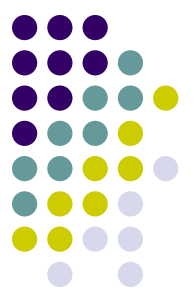
- GSAHS one of the first to take up the offer & CNC appointed 7th June 2004
- Two coastal hospitals in the area – 60 beds at Moruya – 37 beds at Batemans Bay
- Huge regional area – went from 52,138 sq.kms to 166,000 sq.kms





AIM OF THE PROJECT:

- To implement a dementia training strategy for acute care staff – including management of delirium
- To develop protocols for dementia diagnosis / management – including management of challenging behaviour
- To develop guidelines for ED's
- To design guidelines for improving environmental issues

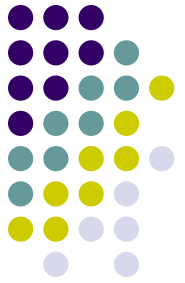


DEMOGRAPHICS:



- 152,000 square kilometers
- 49 Acute care facilities
- Eurobodalla area is 350 kms south of Sydney
- Population 36,000
- Average age 45 years
- 28% over 65 years

ACHIEVEMENTS:

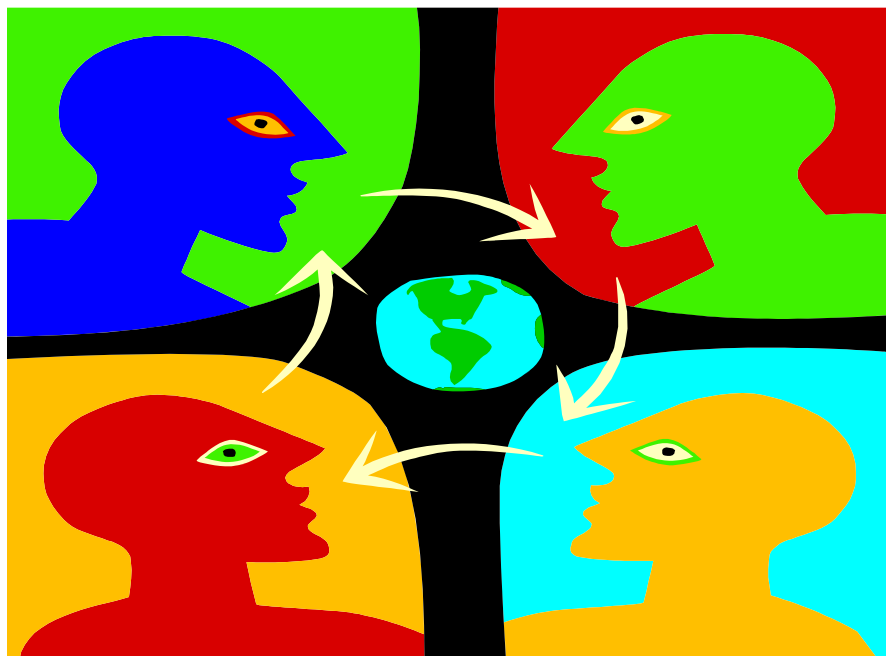


- **November 2004** - specialist Geriatrician services
- **December 2004** – Dementia Services Network Committee
- **February 2005** – specialist Psycho-geriatrician services
- **March 2005** – launched resource manual on Diagnosis & Management of Disturbed Behaviour

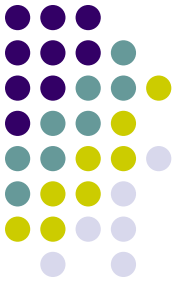
DIAGNOSING AND MANAGING DISTURBED RESPONSES IN PEOPLE WITH DEMENTIA / DELIRIUM.



PROCEDURES AND PROTOCOLS

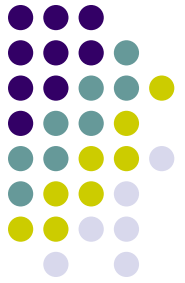


GREATER SOUTHERN
AREA HEALTH SERVICE



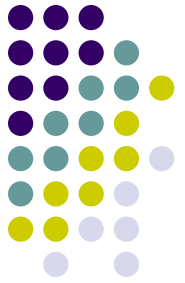
Issue:	2003:	2004:	2005:
Reduce admissions - Dementia	15	14	1
Delirium	21	5	4
Non-spec. confusion	4	0	0
Length of stay (LOS)	280 days	203 days	70 days
Not coping	7	4	0
Polypharmacy	3	0	0
Re-admission	4	3	0
Increase Level of screening	2	3 – 1 referred CNC	3 - all referred CNC
Reduction in people presenting with challenging behaviour to ED.	16	9	2

ACHIEVEMENTS:



- **March 2005** – 2 day training for residential / acute care staff (P3) on challenging behaviour
- **April 2005** – Copies of Poole’s Algorithm supplied to all acute and residential care facilities in the area
- **May 2005** – Positions advertised for increased staff for Dementia Support team
- **May 2005** – Reduction of over 2000 admissions to acute ED over an 18 month period

CONCLUSION:



- **All older people** should be able to live a good quality of life in an independent situation for as long as possible
- **Develop** effective / sustainable services
- **Reduce** costs in terms of human and financial resources for the health care system and for the community as a whole