

# Caring for Cognitive Impairment Campaign

Webinar No 5: Working with people with cognitive impairment, carers and families

14 September 2017

# Overview

- Brief context
- Presenter, Anne Funke
- NSQHS Standards
- Question time



# Cognitive impairment

- Difficulties with communication, attention, memory, thinking and problem solving.
- May be recent and temporary or permanent.
- Cognitive impairment has many causes – dementia, delirium, acquired brain injury, a stroke or intellectual disability.
- Dementia and delirium are common in older people in hospital.
- Delirium is an acute change in mental status. It can be a treatable medical emergency.
- Any form of cognitive impairment needs to be recognised, understood and action taken.

# CARING FOR COGNITIVE IMPAIRMENT



**Cognitive Impairment**  
is an important  
safety and quality  
issue for all  
Australian hospitals



Patients with cognitive impairment such as dementia and/or delirium have more falls, pressure injuries and functional decline



Dementia and delirium are poorly recognised



30-40% of delirium cases can be prevented



Learn how to recognise cognitive impairment



Prevent delirium



Act to keep people with cognitive impairment safe

**We can  
all make a  
difference**

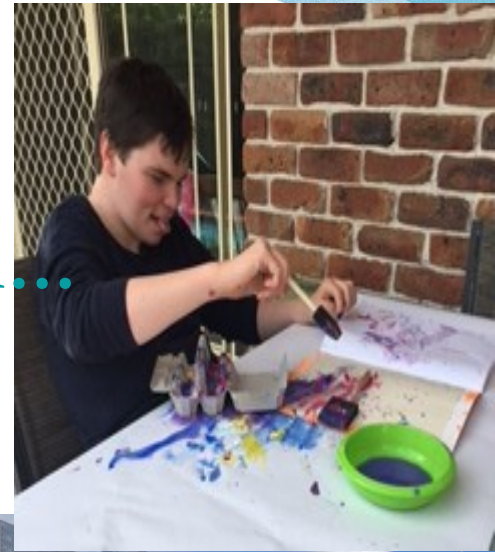
**Webinar No 5: Working with people with cognitive impairment, carers and families**

**Presenter: Anne Funke, carer**

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# Meet

## Mitchell...



# Angelman Syndrome

- Characterised by severe intellectual disability, speech impairment, sleep disturbance, unstable jerky gait, seizures and usually a happy demeanour
- Rare 1:20,000



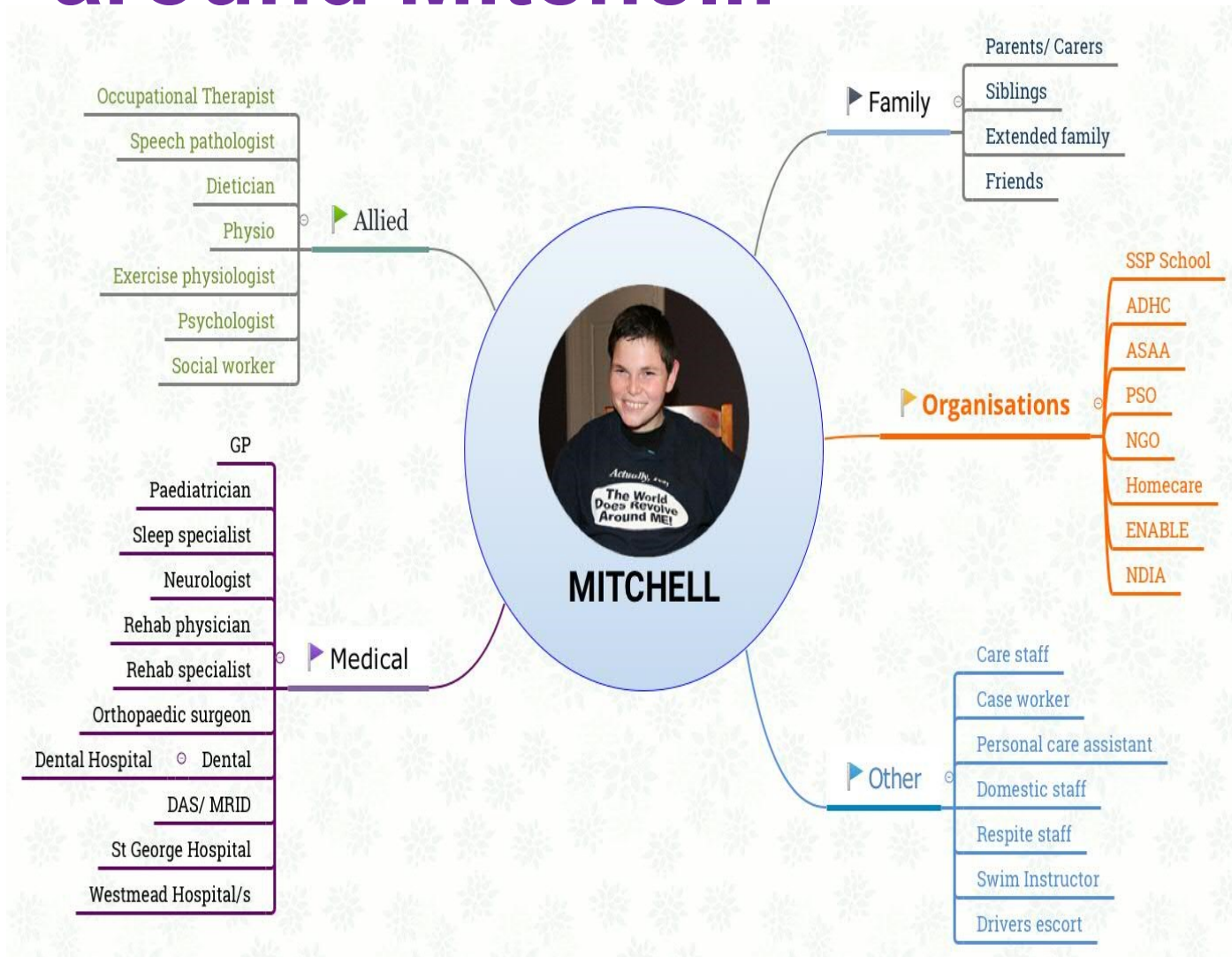
# Complex Health issues include

- Epilepsy
- Swallowing/feeding issues
- Small head size
- Seizures
- Sleep disturbance
- Scoliosis
- Strabismus( crossed eye)
- Balance/gait issues
- Abnormal EEG
- Challenging behaviours
- Hypo pigmented skin, light hair to family





# The world revolves around Mitchell!



## Webinar No 5:

# Working with people with cognitive impairment, carers and families

Video: A2D Together Folder, a user's perspective

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# NSQHS Standards (second edition)



Clinical governance for health service organisations standard



Partnering with consumers standard



Healthcare-associated infection prevention standard



Medication safety standard



Comprehensive care standard



Communicating for safety standard



Blood and blood product standard



Recognising and responding to acute deterioration standard

# Within Comprehensive Care Standard

## –Cognitive impairment items

.. A **system** for caring for patients with cognitive impairment to:

- a. incorporate best-practice strategies , including the **Delirium Clinical Care Standard**
- b. manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

Clinicians use the system ...to:

- a. recognise, prevent, treat and manage cognitive impairment
- b. collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care

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# Partnering with consumers in their own care



- Informed consent
- Substitute decision making
- Sharing decisions and planning care
- Partnership with patients and carers for active involvement

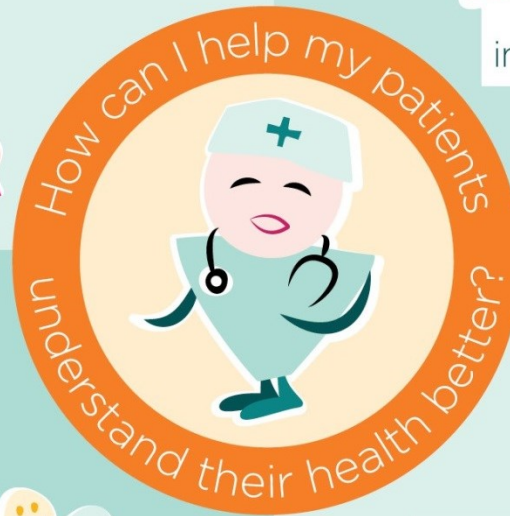
Know your patients



Consider how you present information



Ensure understanding



Improve your health service



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### Q&A session :

- **Anne Funke, carer**
- **Naomi Poole, Program Manager  
Partnering with Consumers**

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# Resources

The Caring for Cognitive Impairment Campaign's website is [cognitivecare.gov.au](http://cognitivecare.gov.au)

The Commission has a patient and consumer centred care [webpage](#)

Cognitive impairment: Intellectual disability

- The NSW Agency for Clinical Innovation (ACI) has produced a series of videos to help health professionals understand the care needs of a person with intellectual disability. The following are relevant to hospital admissions:
  - [Improving the experience of hospital for people with intellectual disability](#)
  - [Intellectual disability and hospitalisation by Lif O'Connor, Clinical Nurse Consultant](#)
- Admission to discharge - [A2D website](#)
- Top 5 - [website](#)

**Thank you**

I'VE COMMITTED TO CARING  
FOR COGNITIVE IMPAIRMENT



I

GET TO KNOW MY  
PATIENTS

MAXINE - NWRH - TAS

We can all make a difference. Join the campaign to  
learn from others. Go to: [cognitivecare.gov.au](http://cognitivecare.gov.au) #BetterWayToCare

AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS  
STANDARDS