

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Caring for Cognitive Impairment

Webinar No 6: Cognitive impairment in National Safety and Quality Health Service Standards (Second Edition) and the role of nominated cognitive champions

CARING FOR COGNITIVE IMPAIRMENT



Join the campaign and make a difference
cognitivecare.gov.au #BetterWayToCare



National Safety and Quality Health Service Standards

Second edition



National Safety and Quality
Health Service Standards
Guide for Hospitals



National Safety and Quality
Health Service Standards
**Guide for Day
Procedure Services**



National Safety and Quality
Health Service Standards
**Guide for Multi-Purpose
Services and Small
Hospitals**



**National Model
Clinical Governance
Framework**

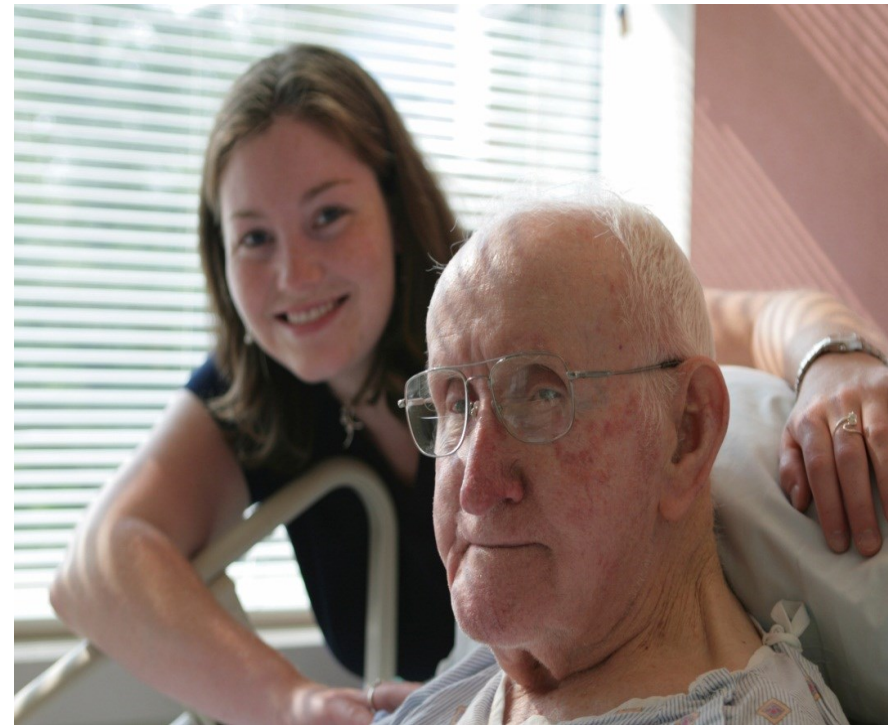


National Safety and Quality
Health Service Standards
**Accreditation
Workbook**



Aim

- To provide an overview of and the inclusion of cognitive impairment in the NSQHS Standards (2nd edition)
- To discuss your role as the nominated cognitive champion
- To provide an opportunity for you to ask and answer questions



Questions and polls

- Thank you to those who provided questions beforehand
- You can type your questions or comments in the control panel as we go along
- We are also going to ask you some questions and run a few polls during the session

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**

Question

Imagine you are a person with cognitive impairment.

- **What would a successful system for caring for cognitive impairment mean for you?**



It would mean.....

- My cognitive impairment is recognised and causes are investigated and explained to me.
- My risks of harm are identified. My care plan is tailored to my needs and is delivered in a way that protects my dignity.
- My care is provided in a safe, supportive and culturally appropriate environment.
- I am supported to understand and participate in all decisions and discussions about my care to the extent that I am capable.
- My family, carer or support person is supported to be involved in my care and encouraged to report changes in my behaviour, physical or cognitive condition.
- My substitute decision-maker is identified and consulted if I am unable to consent to medical treatment.
- I am referred for medical follow-up if my delirium is unresolved, my diagnosis is uncertain or dementia is suspected.
- And....

NSQHS Standards (second edition)



Clinical Governance Standard



Partnering with Consumers Standard



Preventing and Controlling Healthcare-associated Infection Standard



Medication Safety Standard



Comprehensive Care Standard



Communicating for Safety Standard



Blood Management Standard



Recognising and Responding to Acute Deterioration Standard



5 COMPREHENSIVE CARE

This standard aims to ensure that patients receive comprehensive health care that meets their individual needs, and considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.

The new standard is an important development in the second edition of the National Safety and Quality Health Service (NSQHS) Standards. It integrates patient care processes to identify patient needs and prevent harm.

Why the standard is important

Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient's goals of care and healthcare needs, considers the impact of the patient's health issues on their life and wellbeing, and is clinically appropriate.

Comprehensive care means that the patient receives care that is planned and coordinated around their physical, mental and cognitive health needs. Patients should also continue to receive comprehensive and compassionate care at the end of their life.

The delivery of comprehensive care is based on partnering with patients, carers and families to identify, assess and manage patients' clinical risks, and determine their preferences for care; and on communication and teamwork between members of the healthcare team.

It is also important that patients at risk of specific harm are identified, and their risk of harm is prevented or minimised through specific strategies. This means that health service organisations should screen and monitor patients to assess their risk of pressure injuries, falls, poor nutrition or delirium, and harm arising from cognitive impairment or unpredictable behaviours. Organisations should also have in place systems and processes for care when risk is identified.

This standard describes the strategies and actions needed to deliver comprehensive care, and to prevent and minimise the risk of specific harms.



Preventing delirium and managing cognitive impairment

Action 5.29

The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to:

- a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard²²⁶, where relevant
- b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

Action 5.30

Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment 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



8 RECOGNISING AND RESPONDING TO ACUTE DETERIORATION

This standard aims to ensure that acute deterioration in a patient's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

The new standard recognises that deterioration can occur at any time when a patient is in health care. It considers potential physical, mental and cognitive deterioration.

Why the standard is important

Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high-quality care. Serious adverse events such as unexpected death and cardiac arrest often follow observable deterioration in a patient's condition.¹

Early identification of deterioration may improve outcomes and reduce the intervention required to stabilise patients whose condition deteriorates.²

There is evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately.³ Factors that can contribute to a failure to recognise and respond to a deteriorating patient include lack of understanding of the signs and symptoms of deterioration, and lack of systems to respond to deterioration.

Systems to recognise deterioration early and respond to it appropriately need to address these factors and apply across a health service organisation. This standard identifies the systems and skills needed to ensure that a patient's deterioration is recognised promptly and appropriate action is taken.



Action 8.5

The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:

- a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium
- b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan
- c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported
- d. Determine the required level of observation
- e. Document and communicate observed or reported changes in mental state

Question

- **What do you think are key components of a system for caring for cognitive impairment?**
- **What would a system support clinicians to do?**

System for caring for cognitive impairment

- ✓ Screen for cognitive impairment
- ✓ Assess for delirium and re-assess with any changes
 - ✓ Investigate and treat the causes of delirium
- ✓ Investigate other causes of cognitive impairment
- ✓ Partner with patient, carers and family
- ✓ Comprehensively assess and develop an individualised plan
- ✓ Provide information to patients and families
- ✓ Respond to additional care needs

System for caring for cognitive impairment

- ✓ Establish goals of care based a person's needs and preferences
- ✓ Address medication issues
- ✓ Communicate effectively and seek information to provide individualised care
- ✓ Respond appropriately to behavioural symptoms
- ✓ Provide a supportive environment
- ✓ Identify patients at risk of delirium
- ✓ Implement multicomponent delirium prevention strategies
- ✓ Manage transitions effectively

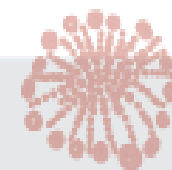
Screening

- Health services need to have a system in place for routine screening as an important first step
- We cannot act unless we know who is at risk of harm
- Screening is important but screening **alone** does not result in better outcomes
- Processes need to be put in place to find out the causes, to communicate, to individualise care, reduce distress and keep the person with cognitive impairment safe.

Links between Standards

- Clinical Governance
- Partnering with Consumers
- Medication Safety
- Comprehensive Care
- Communicating for Safety
- Recognising and Responding to Acute Deterioration

Safe environment



Action 1.29

The health service organisation maximises safety and quality of care:

- a. Through the design of the environment
- b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose



Clinical Governance Standard

Spaces that are designed for flexible use can help clinicians provide the right level of engagement or stimulation for patients with mental health issues, and can assist patients with cognitive impairment by simplifying the environment to reduce unnecessary stimulation.



Action 4.10

The health service organisation has processes:

- a. To perform medication reviews for patients, in line with evidence and best practice
- b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems
- c. That specify the requirements for documentation of medication reviews, including actions taken as a result

Ensure that these criteria target patients who are most at risk, such as patients who:

- Are admitted as a result of a medicine-related problem
- Are taking multiple medicines or high-risk medicines
- Are taking medicines prescribed by multiple clinicians
- Have known or suspected adherence problems
- Have a chronic disease
- Have, or potentially have, a disability or impairment (for example, cognitive impairment)
- Are over 65 years old
- Have known allergies or ADRs.

Medication Safety Standard

A better way to care

Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital



Actions for consumers

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A better way to care

To be updated

A better way to care

Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital



Actions for health service managers

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A better way to care

Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital



Actions for clinicians

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Questions?



1827
champions

have committed to better care



208
hospitals

on board so far



You
can help

Be a champion. Spread the word.



Nominated cognitive champions

Implementation

- What has worked for you?

Here is one strategy from Nicole

<https://youtu.be/mUeZkYuO2aQ>

What is your best tip?

Examples

- Spend time working out your local issues, barriers and possible solutions



Use the campaign

- Encourage local champions
- Link to educational resources
- Use the campaign resources
- Learn what others are doing
- Participate and promote webinars
- Provide feedback



Suggested strategies

- Use the reflective questions in the [accreditation workbook](#) to review what is already in place
- Spend time working out your local issues, barriers and possible solutions
- Collect baseline data
- Create a plan
- Link to your organisation's priorities, existing initiatives and to safety and quality personnel
- Form a whole of hospital project team
- Encourage leadership across disciplines
- Provide regular feedback
- Connect – State Health Dept, LHD, clinical networks, other champions
- Make use of the campaign
- Celebrate and share success.

Be the local contact

- Add your name to your hospital on the campaign website

The screenshot shows a web browser window displaying the website cognitivecare.gov.au/hospital/. The page features the Australian Commission on Safety and Quality in Health Care logo and the text "Caring for Cognitive Impairment". A prominent blue button labeled "Submit a commitment form" is visible. Below this, a section titled "Participating Hospitals" lists various health services across different Australian states and territories. The "VIC" (Victoria) tab is selected, showing a list of participating hospitals. A blue tooltip is displayed over the "Bairnsdale Regional Health Service" entry, providing contact information for the Lead Champion, Bernadette Hammond.

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
Caring for Cognitive Impairment

Submit a commitment form

Participating Hospitals

ACT NSW NT QLD SA TAS **VIC** WA

Albury Wodonga Health - Wodonga Campus
Alexandra District Hospital
Alpine Health Myrtleford Campus
Austin Health
Bairnsdale Regional Health Service*
Ballarat Health Services
Barwon Health
Bass Coast Health*
Benalla Health
Boort District Health*
Cabirini not-for-profit network

Bairnsdale Regional Health Service
Lead Champion
Bernadette Hammond
Email
bernadette.hammond@brhs.com.au

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Next steps?

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

CARING FOR COGNITIVE IMPAIRMENT



Join the campaign and make a difference
cognitivecare.gov.au #BetterWayToCare

cognitive.impairment@safetyandquality.gov.au

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Thank you

