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# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TUESDAY 23 NOVEMBER

CARING FOR COGNITIVE IMPAIRMENT



Newsletter No. 13

## MESSAGE FROM THE COMMISSION'S CEO

Welcome to the latest edition of the Cognitive Impairment Newsletter.

I am pleased to welcome Anna Edwards as Principal Advisor as we farewell and thank Anne Cumming who has taken up a two-year appointment leading the new Aged Care Standards team.

In recognition of the specific needs of people with intellectual disability, our Cognitive Impairment Program has expanded to become the Cognitive Impairment and Disability Program.

The Program team is currently developing fact sheets to support health services and clinicians providing care to people with intellectual disability and I invite you to participate in the consultation on these important resources.

Although we are nearing the end of the second consecutive challenging and tiring year for health workers, it is important to continue to share expertise and knowledge. If your organisation has implemented an initiative or is undertaking research I encourage you to share it online or email the team.

Kind regards,

**Adjunct Professor Debora Picone AO**

## INTELLECTUAL DISABILITY FACT SHEETS – CONSULTATION

We are currently working on four fact sheets for release in early 2022 which address: safety and quality issues; person-centred care; comprehensive care and governance for people with intellectual disability. Each highlights specific strategies for improvement, examples of good

practice and links to further resources. There is also a fact sheet with key actions for clinicians and an easy read summary of the fact sheets.

Consultation on the draft fact sheets closed on 22 November. The revised fact sheets will be available in 2022.

## **NEW DISABILITY PROGRAM**

The newly expanded Cognitive Impairment and Disability Program is a development recognising the needs of people with intellectual disability. While people with intellectual disability are included within the definition of cognitive impairment in the National Safety and Quality Health Service Standards, there is evidence they are over-represented in potentially avoidable deaths and have a higher premature mortality rate.

Work is underway to develop resources providing specific, targeted strategies and actions to support health services respond to specific needs of people with intellectual disability and their families and carers. The resources address the potential factors resulting in negative hospital experiences such as barriers to communication, attitudes of clinicians and a lack of engagement with families.

The Cognitive Impairment Advisory Group has appointed a representative living with intellectual disability who is providing valuable guidance and feedback on ways to improve inclusivity when engaging with consumers. These contributions will inform the Program's Commission-wide project to streamline an inclusive consultation process.

## **WE WOULD LIKE YOUR STORIES - EXPANDING COGNITIVE CARE ONLINE**

The expansion of the Commission's Cognitive Impairment Program to include disability provides us with an opportunity make our Cognitive Care website more inclusive of people with intellectual disability.

In addition to providing resources we would like to hear your stories and share your hospital experience - as a carer or family member or a person living with intellectual disability.

If your hospital or health service has undertaken research, implemented an initiative or developed a resource to support quality health care provided to people with intellectual disability we would like to publish this on our Cognitive Care website to share your knowledge and expertise with others working in the field.

The email address and link to the share your story form are below.

## **LAUNCH OF THE UPDATED DELIRIUM CLINICAL CARE STANDARD**

The updated Delirium Clinical Care Standard was launched by Associate Professor Gideon Caplan, President of the Australasian Delirium Association, at the Australasian Delirium Association Conference, on Thursday 9 September.

The Standard aims to improve the prevention of delirium in patients at risk and the early diagnosis and treatment of patients with delirium, so that the incidence, severity and duration of delirium are reduced.

Professor Susan Kurrle and Anne Cumming presented about the history of the Standard and the updates in the new revision. The presentations will be available on the Commission website.

Key changes to the Standard include:

- Adding Quality statement 3: Patient-centred information and support, a new quality statement regarding information and support to reduce the distress and severity of symptoms of delirium
- Changes to Quality statement 6: Preventing complications of care, to include the risks of functional decline, malnutrition and dehydration for those with delirium rather than only the risk of falls and pressure injuries
- Changes to Quality statement 7: Avoiding use of antipsychotic medicines, to reflect current evidence that the routine use of antipsychotic medicines is not recommended for a patient with delirium.

The link to the Delirium Clinical Care Standard is below.

## **EASY ENGLISH TRANSLATIONS**

Our new consumer resource for people with cognitive impairment, their families and carers: *My Healthcare Rights – a guide for people with cognitive impairment*, and the Easy English translation are now available in 20 community languages:

(Arabic, Bengali, Chinese Traditional, Chinese Simplified, Dari, Farsi, Greek, Hindi, Italian, Karen, Korean, Macedonian, Nepali, Portuguese, Punjabi, Spanish, Tagalog, Tamil, Thai, Vietnamese).

Links to these resources are below.

## **NDIS PROVIDER PRACTICE ALERTS**

The NDIS Quality and Safeguards Commission contracted the Commission to develop three Provider Practice Alerts which have just been published on their website:

- Comprehensive Health Assessment
- Oral Health
- Lifestyle Risk Factors

The three evidence-based Alerts provide information to NDIS Service Providers about preventing, identifying and managing key health-related risks to participants. The Alerts are usually 2-3 pages and are written in plain English.

As well as providing information about how NDIS providers can support participants to manage and reduce key risks, the Alerts include practical tools and resources online which are appropriate for people with disability, their family members and carers, and service providers.

Links to the Provider Practice Alerts are below.

## **LITERATURE REVIEW ON ANTIPSYCHOTICS**

The Clinical Care Standards team has published *Use of antipsychotic medicines – A literature review* on the Commission's website. The literature review was conducted to better understand the use of antipsychotic medicines for people aged 65 and over.

The link to the literature Review is below.

**LINKS:**

- [Share Your Story Form](#)
- Email: [cognitive.impairment@safetyandquality.gov.au](mailto:cognitive.impairment@safetyandquality.gov.au)
- [Delirium Clinical Care Standard](#)
- [My Healthcare Rights – A guide for people with cognitive impairment](#)
- [About healthcare rights for people with cognitive impairment – Easy English guide](#)
- [Language Translations of My Healthcare Rights – A guide for people with cognitive impairment](#)
- [NDIS Practice Alert: Comprehensive Health Assessment](#)
- [NDIS Practice Alert: Oral Health](#)
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