THE COGNITIVE IMPAIRMENT IDENTIFIER PROGRAM – a Victorian Hospital Alert and Education Program for Cognitive Impairment

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Presentation Summary

• Brief introduction
  – Prevalence and recognition of CI
  – The challenge
• Present the BHS CII project outcome data
• Present data from the program role outs in other Victorian hospitals
• Describe where the CII alert and education program have gone in Victoria and its potential national relevance
• Conclusions
Background

- “Acute hospitals are not well equipped to respond to the particular needs of people with cognitive impairment and the care given can be compromised.”

(The Victorian Dementia Task Force October 1998)
“I kept forgetting who said what, and there were so many different people…I felt awful that I couldn't even remember what I was there for…it just seemed like a thick fog…”
### Background

Audit of Cognitive Impairment at BHS

<table>
<thead>
<tr>
<th>Wards</th>
<th>Abnormal Clock Face</th>
<th>MMSE &lt;25</th>
<th>Both</th>
<th>Cognitive Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>8/43</td>
</tr>
<tr>
<td>Medical</td>
<td>7</td>
<td>3</td>
<td>6</td>
<td>16/34</td>
</tr>
<tr>
<td>MAP</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1/3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>4</td>
<td>8</td>
<td>25/80</td>
</tr>
</tbody>
</table>

Prevalence of Cognitive impairment on the acute wards 31.3%
Background

• Objective identification of cognitive impairment is important because
  – Delirium is not recognised by the clinicians caring for the patient 30-60% of the time (Inouye SK et al Am J Med 106 565-573)

• Cognitive impairment of any cause is associated with an increased LoS
Background

The Challenge

• Meaningful change in the care of people with CI in the hospital setting requires a paradigm shift - from one where the patient is expected to respond to the demands of the hospital environment, to one where staff need to change their own behaviour and that of the hospital environment appropriate to the cognitive performance of the patient.

• To achieve this requires – an appropriate screening program, a structured hospital-wide education program linked to an alert for cognitive impairment.
BHS CII Project and Outcomes
Project Aims:
• Improve the quality and outcomes of care for older people admitted to BHS by enhancing the ability of hospital staff to identify and respond effectively to needs of patients with cognitive impairment and their carers.

The Project ran through the 2003/4 year
“I kept on forgetting to take the… um… you know those round things. Anyway they sometimes got cross with me”
BHS CII Project and Outcomes

• Core Project Principals
  – An education program to improve the care for people with CI must **engage all hospital staff**.
  
  – Good communication skills and **involvement with family** is necessary to improve the care for people with CI.
  
  – A **visual identifier of CI** is needed to alert all staff and therefore better target additional support for families and better communication with the patient
    • Dementia and delirium are not immediately identifiable.
    • Cognitive impairment like hearing and visual impairment has no visual stigmata
BHS CII Project and Outcomes

• Other reasons for an Alert
  – Consistent with hospital policy for other impairments
  – Driver for process change
    • Sets up an expectation for appropriate action
    • Public statement that CI is important to the organisation
  – A relearning opportunity for non-clinical and casual staff
BHS CII Project and Outcomes

Focus Groups
People with Dementia
Carers

Identifier Learnings
Acceptance
Appearence

Identifier Production and Marketing

Education Learnings
Content
Key Messages

Hospital Wide Education
General Staff
Nursing/Medical Staff
Targeted Challenging Behaviour Management

Focus Groups
People with Dementia
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Identifier Production and Marketing

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General Staff
Nursing/Medical Staff
Targeted Challenging Behaviour Management

Pre Intervention
Care
Awareness of Dementia
Awareness of communication strategies
Use of identifiers
Patient and Carer satisfaction - identifier, care

Post Intervention
Care

“...yes, it represents all of us contributing to a common goal”, “...it resembles a sort of lighthouse, a beacon shining out”,
30/39 participants reported 22 common themes where difficulties had occurred. The 9 highest scoring themes were chosen as key targets for the hospital education program.

- Introduce yourself
- Make sure you have eye contact at all times
- Remain calm and talk in a matter of fact way
- Keep sentences short and simple
- Focus on one instruction at a time
- Involve carers
- Give time for responses
- Repeat yourself… don’t assume you have been understood
- Do not give too many choices
BHS CII Project and Outcomes
Hospital Education Program Evaluation

- 200 staff in the acute service were received education
- 169 completed pre-education surveys
  - Only 63% of nursing staff reported satisfactory confidence managing CI

- DHS requested an independent evaluation be performed by the Lincoln Centre for Ageing and Community Care Research (Latrobe Uni.)
BHS CII Project and Outcomes
Hospital Education Program

• 122 staff surveys were done 3 months post education and CII implementation

  – of those with daily or weekly patient contact 80% reported the CII and education had changed their practice.
    “Thought more about the communication mode & made sure the pt understood what I was saying. Previously might have assumed they understood”

  – of those with daily or weekly patient contact 40% reported the CII and education had changed their response to carers
    “Made me involve the carer a lot more, ask them questions about the patient”
## Self-rated measures:

<table>
<thead>
<tr>
<th>How would you rate your confidence in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>3.06</td>
<td>3.24*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.90</td>
<td>3.03*</td>
</tr>
<tr>
<td>Total</td>
<td>3.00</td>
<td>3.15*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate your level of comfort in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>3.12</td>
<td>3.32*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>3.00</td>
<td>3.10*</td>
</tr>
<tr>
<td>Total</td>
<td>3.07</td>
<td>3.22*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate your level of job satisfaction in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.71</td>
<td>2.97*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.82</td>
<td>2.93*</td>
</tr>
<tr>
<td>Total</td>
<td>2.75</td>
<td>2.95*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How would you rate the level of organisational support you receive in dealing with patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.79</td>
<td>3.00*</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>2.56</td>
<td>2.68*</td>
</tr>
<tr>
<td>Total</td>
<td>2.71</td>
<td>2.86*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your experience how well equipped is the hospital environment to meet the needs of patients with dementia, delirium or memory and thinking difficulties?</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct care staff</td>
<td>2.21</td>
<td>2.17</td>
</tr>
<tr>
<td>Non-direct care staff</td>
<td>3.24</td>
<td>2.96</td>
</tr>
<tr>
<td>Total</td>
<td>2.57</td>
<td>2.52</td>
</tr>
</tbody>
</table>

### Notes:

1 = Very low, 2= Low, 3= Satisfactory, 4= High, 5= Very high.

* Change in “desired” direction.

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**BHS CII Project and Outcomes:** Hospital Education Program
BHS CII Project and Outcomes

Carer Rated Perception of Care

<table>
<thead>
<tr>
<th>Question to Carer</th>
<th>Satisfied (% of response)</th>
<th>Dissatisfied (% of response)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre (n=25)</td>
<td>Post (n=30)</td>
</tr>
<tr>
<td>That the staff knew the patient has Cog. Impairm.</td>
<td>80</td>
<td>87</td>
</tr>
<tr>
<td>Staff introduced themselves</td>
<td>70</td>
<td>81</td>
</tr>
<tr>
<td>Staff did not expect more than patient capable of</td>
<td>75</td>
<td>84</td>
</tr>
<tr>
<td>Staff explained things simply</td>
<td>65</td>
<td>90</td>
</tr>
<tr>
<td>Carer invited to provide information</td>
<td>80</td>
<td>78</td>
</tr>
<tr>
<td>Notice taken of volunteered information by carer</td>
<td>80</td>
<td>84</td>
</tr>
<tr>
<td>Staff understanding of challenging behaviour</td>
<td>55</td>
<td>87</td>
</tr>
<tr>
<td>Carer given information about the treatment given</td>
<td>70</td>
<td>78</td>
</tr>
<tr>
<td>Carer given option to receive discharge information</td>
<td>70</td>
<td>81</td>
</tr>
<tr>
<td>The hospital is dementia friendly</td>
<td>85</td>
<td>92</td>
</tr>
<tr>
<td><strong>Percent satisfied or dissatisfied</strong></td>
<td><strong>73</strong></td>
<td><strong>84.2</strong></td>
</tr>
</tbody>
</table>

Carer satisfaction improved by 11.2% and dissatisfaction fell by 12.4%
BHS CII Project and Outcomes

Conclusions

• It is acceptable to people with CI and their families to use a bedside identifier to alert hospital staff to cognitive impairment

• A hospital education program linked to a CII improves hospital processes that support patients with CI

• In general carers were more satisfied and less dissatisfied with the care their family member received
Dementia Care in Hospitals Program - Repeat evaluation

- First Role out 2006-7
  - Collaboration with 7 hospitals
  - The aim was to replicate the CI Education and use of the CII alert as implemented at BHS
  - similar evaluation data was to be collected
  - DHS requested an independent evaluation be performed by the Lincoln Centre for Ageing and Community Care Research (Latrobe Uni.)

- Limitations
  - Funded by DHS as the “Dementia Care in Hospitals Program”
  - No DHS requirement for evaluation in the funding agreement
Dementia Care in Hospitals Program - Repeat evaluation

• Highlights
  – Pre and Post intervention data collected 6 weeks to 3 months after the education and CII implementation
  – A total of 1,611 surveys only 412 were post intervention
  – 84% of clinical staff reported difficulties working with people with CI, 56% reported difficulties with carers

• Limitation
  – This evaluation could only measure the impact on staff attitudes
<table>
<thead>
<tr>
<th>Location</th>
<th>Group</th>
<th>Participant Type</th>
<th>Knowledge Change</th>
<th>Confidence Change</th>
<th>Organisational Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>+</td>
<td>ns</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A/A</td>
</tr>
<tr>
<td>Barwon</td>
<td>Clinical</td>
<td>Clinical</td>
<td>+</td>
<td>+</td>
<td>ns</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Northern</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>ns</td>
<td>ns</td>
<td>ns</td>
</tr>
<tr>
<td>Wangaratta</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Peninsula</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>ns</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Melbourne</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>ns</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>St. Vincent’s</td>
<td>Clinical</td>
<td>Clinical</td>
<td>ns</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Non-clinical</td>
<td>ns</td>
<td>++</td>
<td>+</td>
</tr>
</tbody>
</table>
• Conclusion
  – Although limited in scope, and subject to differences in project administration (e.g., response rates and the time period between the pre- and post-education surveys), this evaluation has documented improvements in staff knowledge, attitudes and perceived organisational support. Levels of all or most of these measures showed an increase between pre- and post education across all projects. (Lincoln Centre for Ageing and Community Care Research and Victorian Department of Human Services, (2007), *Evaluation of Education and Training of Staff in Dementia Care and Management in Acute Settings.*)
Statewide Adoption and National Relevance
What are the care/management principles that I should follow if someone has dementia?

Once identified, alert all hospital staff coming into contact with patients who have memory and thinking difficulties using the Cognitive Impairment Identifier (CII; tool), a tool designed to be used as a discreet bed-based flag of cognitive impairment. In organisations using the CII, a hospital wide education program trains staff to respond appropriately to the needs of a patient with cognitive impairment and dementia. Please refer to the website for more information about the identifier and how to use it effectively.
The Cognitive Impairment Identifier is part of a hospital wide education program to improve the awareness of and communication with patients with Cognitive Impairment, sponsored by the Department of Human Services, Victoria. It is being implemented in hospitals across the state of Victoria.
A Seven Point Action Plan for Change

- **Action Point 1**: Improve the assessment and diagnosis of dementia
- **Action Point 2**: Improve the responsiveness of acute care so it better meets the needs of people with dementia. We need people working in and managing acute care to understand the needs of people with dementia. We need protocols to be established that will inform all who work in acute care so that they can better support and inform people with dementia and their carers. We need acute care to be adequately resourced to respond to our needs.
- **Action Point 3**: Ensure easy access to quality community care services
- **Action Point 4**: Provide more flexible responses to supported accommodation in the home and in residential care facilities
- **Action Point 5**: Increase the recognition and understanding of the financial cost and legal implications of dementia
- **Action Point 6**: Promote and ensure greater public awareness and understanding about dementia and risk reduction
- **Action Point 7**: Increase investment in dementia research
Underpinning these priority actions are the following fundamental principles:

- **People with dementia and carers need support that will help them to maintain their quality of life.** Respect, compassion and humanity are fundamental.

- **People with dementia need to be supported in their homes.** Identified by all in attendance as the primary need, people with dementia must have easy access to support that is focussed on assisting them to stay in their homes as long as possible.

- **People with dementia and carers need to be recognised as partners in decision making about care options.** Care must be person-centred, planned and involve people with dementia (as far as is possible) along with their carers and family.

- **People with dementia and carers need access to contemporary quality care provided by trained, accredited and appropriately remunerated workers.** Whether in community, residential or acute settings, people with dementia and their carers want staff who are providing them with care and support to be appropriately trained and have an understanding of contemporary dementia care.

- **People with dementia and carers need to see a national symbol for cognitive impairment** so that people with dementia are treated appropriately particularly in the delivery of service.
National Framework for Action on Dementia 2006–2010

• Acute Care: identify acute care services that are sensitive to people with dementia and the needs of their carers and families.
• Develop dementia sensitive principles for Acute care services.
• NSW/Vic
Conclusions and Future Opportunities

• Cognitive Impairment be that delirium or dementia or both is a common problem in hospitals causing patient, carer and staff distress
• Staff are often not easily aware of patients with CI so screening to identify impairment is important.
• An education program improves the attitudes of staff and changes organisations positively
• The use of a bedside graphic for CI is supported by people with CI and their families and can improve carer satisfaction.
• The findings from the CII program in Victoria needs to be repeated in a greenfield site to confirm our findings that education linked to a bedside alert, leads to a sustainable improvement in care of people with CI in the acute hospital setting
“I didn’t want them making a fuss of me…. there are people worse off than me…. I may forget some things but I’m not stupid”

………….. Thank You