

# CQHHS Cognitive Care Project



The Cognitive Care Project explored best-practice, collaborative care for patients with cognitive impairment (dementia and/or delirium). Funded by the Healthcare Improvement Unit (Clinical Excellence Division), the project aimed to establish a decision pathway for assessing and supporting individuals with experiencing behavioural and psychological symptoms of dementia (BPSD) and/or delirium, within an appropriate environment. Through stakeholder engagement and literature review, 3 key themes emerged upon which project outcomes were developed: Communication, Collaboration and Creation of Understanding. Brodaty, Draper & Low's (2003) 7-tiered model of service delivery was applied to create recommendations for clinical decision-making and referral pathways to local specialist teams.

## Key Outcomes

### Communicate & Collaborate:

- Selection of tools to facilitate assessment and support of patients presenting with changes to memory, thinking and/or behaviour. Common tools facilitate communication across services.
- Development of a collaborative decision pathway, '*BPSD, 123*', which prompts staff through 3 basic steps in supporting the patient, in alignment with NSQHS Standards and other best practice recommendations.
- Agreement regarding specialist service boundaries and collaborative processes; subsequent referral recommendations included in '*BPSD, 123*' (based on Brodaty, et al.).

### Create Understanding:

Development and coordination of multi-modal cognitive care training for staff, to improve understanding of dementia and BPSD, delirium, the perspective of patients experiencing cognitive impairment and the HHS' chosen approaches to supporting them:

- Ongoing in-services, 'lunchbox' education sessions, videoconferences and mini-conferences to educate teams about '*BPSD 123*' and the associated tools
- A full-day, 'Caring for the Patient with Impaired Cognition' workshop, delivered by local cognitive care specialist teams
- Development of a training video in collaboration with CQUniversity's MASK-ED team
- Coordination with Dementia Training Australia to develop a Tailored Training Package for CQHHS (in progress)
- Collaboration with CQUniversity on simulation training specific to caring for patients with impaired cognition (in progress)

## Recommendations and Ongoing Actions

To facilitate sustainability or new uptake of project outputs, we recommend:

- Further work be undertaken to create a common language in clinical documentation and coding for patients with cognitive impairment and older-person specific diagnostic groups. This must include consultation with consumers, and education for clinicians to facilitate practice change.
- A local Older Persons Healthy Ageing and Cognition Network be established to offer advocacy and leadership in development of older persons' health services and care environments (including people with cognitive impairment)
- The collaborative processes, decision pathway ('*BPSD, 123*') and tools are adapted according to local resources and identified needs, before being formalised in cognitive care policy
- Innovative, multi-modal cognitive care education programs are developed or adopted for all staff (clinical and non-clinical)