

Queensland Health

# Dementia Framework 2010-2014





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# **Dementia** Framework

2010-2014

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## Overview

### Vision

*A better quality of life for people living with dementia and their carers and families.*

### Objectives

*Queenslanders working together to make a positive difference to the lives of people with dementia, their carers and families.*

*The Queensland Government, along with service providers and the broader community, working together to create an accessible, seamless pathway for people with dementia, their carers and families.*

### Principles

- 1 People with dementia are valued and respected. Their right to dignity and quality of life is supported
- 2 Carers and families are valued and supported and their efforts are recognised and encouraged
- 3 People with dementia, their carers and families are central to making choices about care
- 4 Service responses recognise people's individual journeys
- 5 All people with dementia, their carers and families receive appropriate services that respond to their social, cultural or economic background, geographical location and needs
- 6 A well-trained supported workforce that delivers quality care
- 7 Communities play an important role in the quality of life for people with dementia, their carers and families



# Executive summary

## Introduction

People with dementia need access to health services, including surgery.

People with dementia may at times need to access care and support services provided in their own home or elsewhere in the community; they may need treatment in a hospital emergency department; they may need to be admitted to an in-patient bed in an acute hospital or require out-patient services.

In every instance, their additional and special needs as a result of their dementia need to be addressed. To do so, Queensland Health clinicians and other staff must understand the impact of dementia on the patient, their carers and families, and have highly developed skills in the diagnosis, treatment and management of dementia.

The *Queensland Health Dementia Framework 2010-2014* contains strategies and actions that will deliver improved outcomes for people with dementia in all settings and irrespective of the primary focus of treatment.

The *Queensland Health Dementia Framework 2010-2014* shares the vision, objectives, and principles of the *National Framework for Action on Dementia 2006-2010*.

Queensland Health seeks to deliver outcomes consistent with those in the national framework across the same five Key Priority Areas (KPA) for action, namely: KPA 1 - care and support; KPA 2 - access and equity; KPA 3 - information and education; KPA 4 – research; KPA 5 - workforce and training.

The *Queensland Health Dementia Framework 2010-2014* anticipates a person-centred approach that includes:

The promotion of healthy ageing strategies across the lifespan

Earlier screening, diagnosis and/or referral to specialist services

More standardised eligibility and diagnostic assessment

More accessible and coordinated quality care

A more highly trained workforce

Support for carers and families

Support for the research agenda

Queensland Health is committed to the support of clinical research projects such as those focused on improving the care of people with dementia in acute hospitals and will continue to explore opportunities for further collaborative research.

In addition, the maintenance of collaborative links with non-government organisations raising awareness of dementia and providing information, education, care and support services to people with dementia, their carers and families is considered fundamental to the success of the *Queensland Health Dementia Framework 2010-2014*.

Success factors have been developed that will enable specific actions to be identified and measured.

### Implementation

Implementation of the *Queensland Health Dementia Framework 2010-2014* will enable the delivery of Queensland Health's vision of 'a better quality of life for people living with dementia and their carers and families'. It has been endorsed by the Statewide Dementia Clinical Network and the integrated Policy And Planning Executive Committee (IPPEC). It is to be used by health service districts to guide their response to the increasing prevalence of dementia within their communities. The development of local service plans and the identification of local strategies and priorities will be consistent with the contents of the framework.

Queensland Health anticipates an interdisciplinary approach to care for people with dementia, their carers and families. While dependent on need and the availability of resources, the interdisciplinary model may include all or a mix of the following health professionals: geriatricians, psychogeriatricians, neuropsychologists, acute and emergency department nurses, community nurses, allied health professionals (eg: social workers, occupational therapists, physiotherapists, psychologists, speech pathologists, allied health assistants), and palliative care nurses.

Aged care nurses within Queensland Health's residential aged care facilities may also be part of an interdisciplinary team.

### Funding

Existing funding of \$2million recurrent has been allocated to health service districts from the *Healthy Ageing* budget and is available to implement local initiatives drawn from the framework.

This framework is about *how* the delivery of health services may be improved for people with dementia, their carers and families.

Local initiatives may include dementia specific staff training across all sectors as well as service improvements resulting in more coordinated care to people with dementia, their carers and families.





## Review & Evaluation

The *Queensland Health Dementia Framework 2010-2014* will be reviewed within two years of its placement on the website of the Statewide Dementia Clinical Network.

Annually, health service districts will report progress against the success factors which will also inform Queensland Health's reporting to the Commonwealth within the context of the *National Framework for Action on Dementia 2006-2010*.

Specific key performance indicators will be developed to enable reporting to take place.

## Background

### What is Dementia?

Dementia is described as:

*"A syndrome due to disease of the brain, usually of a chronic or progressive nature in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not clouded.*

*Impairments of cognitive function are commonly accompanied, and occasionally preceded by deterioration in emotional control, social behaviour, or motivation. This syndrome occurs in Alzheimer's disease, in cerebrovascular disease and in other conditions primarily or secondarily affecting the brain."*<sup>1</sup>

In most cases, the progression of dementia starts with mild symptoms that gradually lead to a terminal decline in the central nervous system.

The range, nature and severity of symptoms enables clinicians to categorise whether a person is in the early, middle and late stages of dementia, though often the transition between the stages is difficult to determine.

Dementia is not a normal part of ageing but mostly affects people over the age of 70. Alzheimer's disease is the most common form of dementia in Australia and despite a better understanding of it, a cause and cure are yet to be identified. However, both genetic and environmental factors appear to be important in causing Alzheimer's disease.

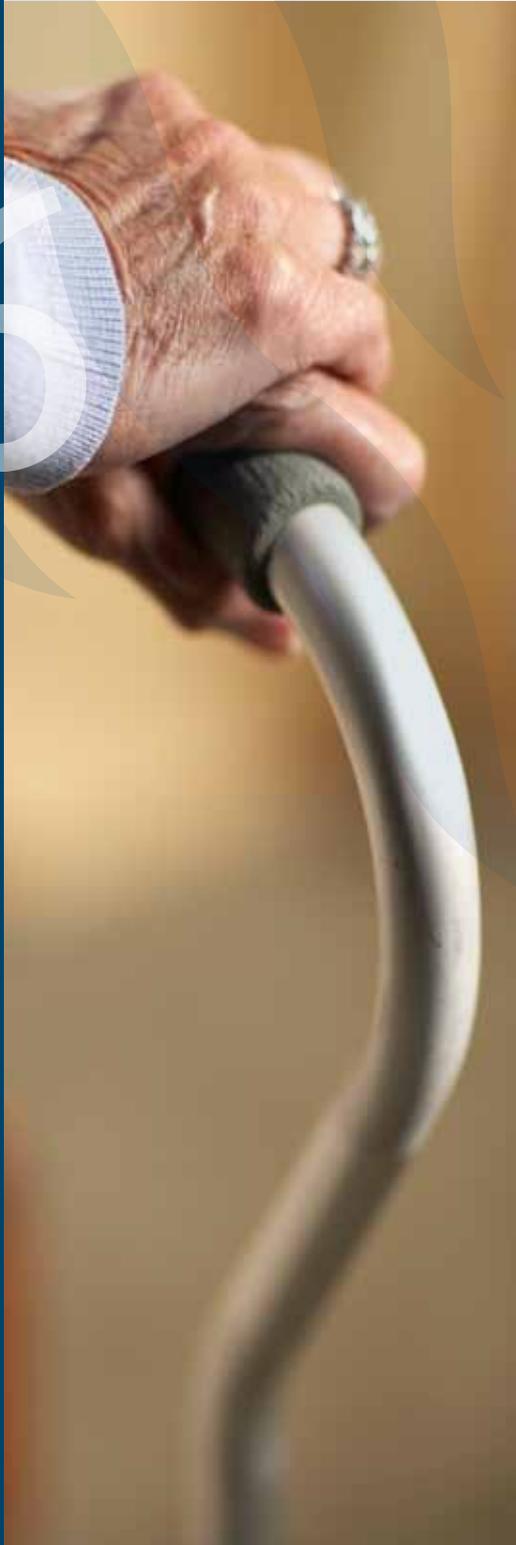
But dementia is not just a medical condition. The social costs, including stigma and social isolation, are significant while the economic costs were estimated at \$5.4billion per annum in 2008.<sup>2</sup>

Without successful research into possible causes, cures and treatments into delaying the onset and into earlier diagnosis those costs will continue to rise.

<sup>1</sup> World Health Organisation (1992)  
International Statistical Classification of Diseases & Related Health Problems (ICD)  
10th Revision Volume 1 Geneva: WHO

<sup>2</sup> Access Economics Pty Ltd (2009): Making Choices: Future Dementia Care: Projections, Problems & Preferences,  
A Report For Alzheimer's Australia

<sup>3</sup> Australian Bureau of Statistics: Cat.No.3303.0 Causes Of Death Australia 2007 Released 18 March 2009



## Dementia in Australia

Data from the Australian Bureau of Statistics reveals that dementia has moved from the seventh leading cause of death in Australia in 1998 to the fourth in 2007. The number of deaths due to dementia has increased 126% from 3,244 in 1998 to 7,320 in 2007.<sup>3</sup>

The data reveals that 5.15% of all deaths in Australia in 2007 were due to dementia.

In addition, dementia is the third highest cause of non-fatal disability burden in women and the fifth highest cause of non-fatal disability burden in men.<sup>4</sup>

## Dementia in Queensland

Mental and behavioural disorders were identified as the underlying cause of 819 deaths in Queensland in 2007, representing 3.2% of all registered deaths of Queenslanders in that year.

Dementia accounted for 88% of deaths due to mental and behavioural disorders. Between 1998 and 2007 the number of deaths due to dementia increased by 165% from 271 deaths in 1998 to 717 deaths in 2007.<sup>5</sup>

The data reveals that 2.81% of all deaths in Queensland in 2007 were due to dementia. Within Queensland Health's acute public hospitals, 11.1% of admitted patient episodes of care recorded dementia as the 'principle' diagnosis or 'other' diagnosis during 2008-09.<sup>6</sup>

## Dementia in Queensland – Estimates & Projections

A 2007 report by Access Economics Pty Ltd for Alzheimer's Australia (Qld) on dementia estimates and projections for Queensland and its regions concluded:<sup>7</sup>

The age distribution of people with dementia in Queensland shows a rapid increase amongst those aged 85 years and over

As the proportion of older people in the population increases, by 2016 dementia will become the major cause of disability

One in six Australians with Dementia live in Queensland – this equated to 40,000 people in 2007

Over 50% of people with dementia live in three Queensland Health, Health Service Districts: Metro North, Metro South and the Gold Coast

The Sunshine Coast - Cooloola region is projected to have the most growth in dementia (6.6 fold) in the period 2002-2050

4 Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez Ad, (2007): The Burden of Disease and Injury in Australia 2003. Phe 82. Canberra: AIHW

5 Australian Bureau of Statistics: cat. No. 1318.3 Causes of Death Queensland 2007 released 23 January 2009

6 Queensland Health: Admitted Patient Episodes of Care for Dementia as the Principal or Other Diagnosis, Public Acute Hospitals 2008-2009

7 Access Economics Pty Ltd (2007): Dementia Estimates & Projections: Queensland & Its Regions, A report for Alzheimer's Australia

A 2009 report for Alzheimer's Australia updated the projections and concluded that:<sup>8</sup>

By 2050, 258,000 people with dementia will live in Queensland (up from a projection of 171,000 made in 2007)

By 2050 over 87,000 new cases of dementia would be diagnosed every year, twice the total number of cases in Queensland in 2007 (up from a projection of 41,000 in 2007)

Queensland (along with Northern Territory and Western Australia) has the fastest growth in dementia prevalence, and an increasing share of Australians with dementia live in Queensland

## Special Needs Groups

No studies have been undertaken to determine the prevalence of dementia in the rural and remote Indigenous population of Queensland.

However, Indigenous Australians living in the Kimberley region of Western Australia have been shown to have much higher rates of dementia than Non-Indigenous Australians. Kimberley Indigenous people aged 65 years and over have a prevalence rate for dementia of 26.8% whereas Non-Indigenous Australians aged 65 years and over have a prevalence rate of 6.5%.

In addition, the age of onset of dementia among Indigenous Australians is much younger than in the Non-Indigenous population.

Kimberley Indigenous people aged 45 years and over have a prevalence rate for dementia of 12.4% whereas Non-Indigenous Australians aged 45 years and over have a prevalence rate of 2.4%.<sup>9</sup>

The Kimberley findings suggest the likelihood that the prevalence of dementia in the rural and remote Indigenous population of Queensland would be greater than for the Non-Indigenous Queensland population.

The proposed expansion in the use of the validated screening tool (KICA-screen) for cognitive impairment (with full assessment using the KICA-Cog tool) will enable earlier diagnosis of dementia in the rural and remote Indigenous population of Queensland.

People from culturally and linguistically diverse (CALD) backgrounds have an equal risk of developing dementia as other population groups, but are likely to need health and support services provided in a culturally appropriate manner and information provided in a language other than English.<sup>10</sup>

There is an increasing number of people between the ages of 40 and 65 who are developing younger onset dementia, and whose needs are very different from those of older people with dementia. Some 1,700 Queenslanders fall into this category.

Queensland Health will explore opportunities for the development of more flexible service models for people from CALD backgrounds and for those with younger onset dementia and their carers.

## Policy Settings

In the 2005 budget, the Commonwealth announced funding of \$320.6million over 5 years for *Helping Australians with Dementia and their Carers – Making Dementia a National Health Priority*.<sup>11</sup>

Known as the *Dementia Initiative*, it included measures directed at increasing community engagement through community grants at: improving care quality through the establishment of the Dementia Behaviour Management Advisory Service; dementia research; and dementia workforce education and training.

<sup>8</sup> Access Economics Pty Ltd (2009): Keeping Dementia Front of Mind: Incidence & Prevalence 2009-2050, A report for Alzheimer's Australia

<sup>9</sup> Logiudice D, Smith K, Thomas J, Lautenschlager Nt, Almeida Op, Atkinson D, Flicker L. Kimberley Indigenous Cognitive Assessment Tool (KICA): Development of a Cognitive Assessment Tool for Older Indigenous Australians. *International Psychogeriatrics* 18:2, 269-280, 2006

<sup>10</sup> Government of Australia 2006 National Framework for Action on Dementia 2006-2010

<sup>11</sup> Government of Australia 2005 Helping Australians with Dementia & their Carers – Making Dementia A National Health Priority



*Toward Q2: Tomorrow's Queensland*<sup>12</sup> contains the Queensland Government's vision for 2020 and is framed around five ambitions to meet the challenges to come. The ambition of making Queenslanders Australia's healthiest people will include a focus on encouraging all to live healthier lifestyles, thereby reducing the risk of developing chronic illnesses. Increasingly, dementia is seen as a chronic illness.

There is some evidence that some modifiable lifestyle choices may help reduce the risk of dementia or delay its onset. While dementia remains incurable, addressing modifiable risk behaviours is one strategy that can be promoted and adopted.

In epidemiological studies, smoking, hypertension, diabetes, overweight and obesity, and depression appear to be risk factors for dementia. Protective factors against dementia include: good education; enriched environments; social support; physical, social and leisure activities.

In 2004, Queensland Health published its *Directions for Aged Care 2004-2011*.<sup>13</sup> This strategic policy framework continues to provide a vision for the delivery of aged care services in Queensland based on core principles across a number of policy areas, including dementia.

Queensland Health *Directions for Aged Care 2004-2011*.<sup>14</sup> recognised the increasing prevalence and incidence of dementia in Queensland and sought to deliver improved assessment, diagnosis, and early interventions for people living with dementia, their carers and families across a number of settings. In addition, better coordination of services, particularly at the interface of the acute sector and the community and residential sectors was sought, as it was at the interface of the community and mental health sectors.

## Queensland Health - Achievements Since 2004

Queensland Health has delivered significant achievements since 2004 including, but not limited to:

The establishment of the Statewide Dementia Clinical Network. Clinicians now have a lead role in advising and recommending about policy, service planning, and improving the delivery of quality dementia services across Queensland

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A greater emphasis on dementia service planning within Health Service Districts

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The use of telemedicine, online inpatient assessment and data transfer to take specialist dementia services into rural and remote areas of the state

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Improved referral to and coordination of dementia services through community hospital interface service models

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A more highly trained and skilled workforce, particularly within Queensland Health's community health services and its 20 residential aged care facilities

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An increase in the number of memory clinics

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<sup>12</sup> Government Of Queensland 2008 *Toward Q2: Tomorrow's Queensland*

<sup>13</sup> Queensland Health 2004 *Directions For Aged Care 2004-2011*

<sup>14</sup> *Ibid*

Other initiatives that complement Queensland Health's achievements include:

The *Queensland HACC Dementia Services Development Strategy 2007-2011*<sup>15</sup> which will enhance dementia specific care and support services for those people with dementia who choose to live in their own home

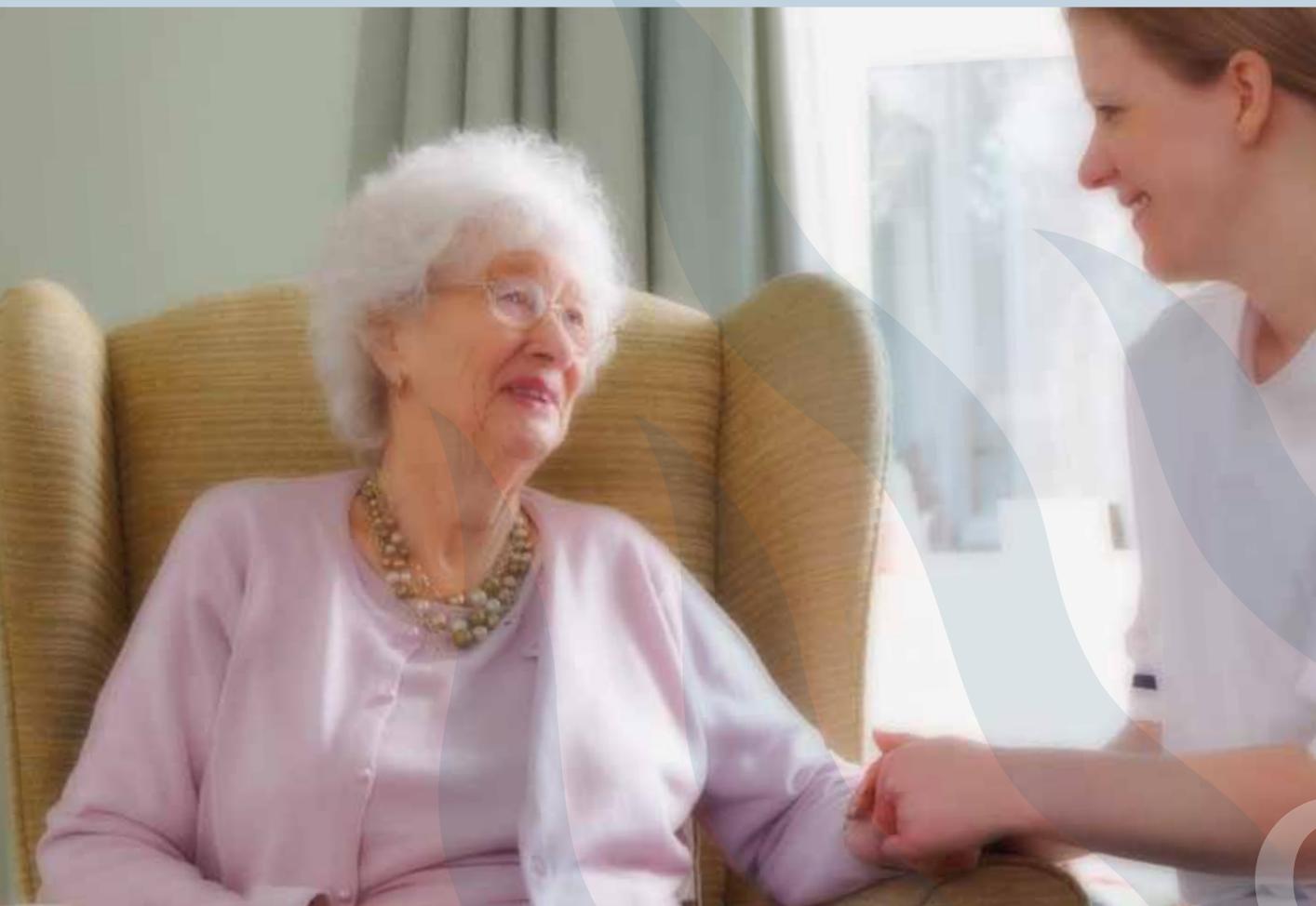
The Dementia Behaviour Management Advisory Service

Extended Aged Care at Home Packages – Dementia

An expansion in services offered by the non-government sector

The Queensland Home and Community Care (HACC) strategy is strongly aligned with the *Directions for Aged Care 2004-2011*<sup>16</sup> and the *National Framework for Action on Dementia 2006-2010*.<sup>17</sup> It seeks to provide a clear direction for improving the capacity of the HACC program to meet the future needs of people with dementia and their carers and families.

Further evidence of the preference for people with dementia to remain at home is to be found in the April 2009 report by Access Economics Pty Ltd to Alzheimer's Australia *Making Choices: Future Dementia Care: Projections, Problems and Preferences*<sup>18</sup> which also found that 37% of people with dementia living in the community do not receive any formal (paid) care.



<sup>15</sup> Disability Services Queensland 2007 HACC Dementia Services Development Strategy 2007-2011

<sup>16</sup> Queensland Health 2004 op.cit.

<sup>17</sup> Government of Australia 2006 op.cit.

<sup>18</sup> Access Economics Pty Ltd (2009) op.cit.

# Key Priority Area One

## Care & Support

### Outcomes:

More specialised and coordinated diagnosis, treatment, management and support services for people with dementia, their carers and families

Strategies & Actions	By Whom
<p><b>Service Planning</b></p> <p>All Health Service District service plans to include strategies and or actions to address dementia</p>	<p>Health Service District (HSD) State-Wide Dementia Clinical Network (SDCN)</p>
<p>Continue to implement the dementia strategy in <i>Queensland Health's Directions for Aged Care 2004-2011</i><sup>1</sup></p>	<p>HSD SDCN</p>
<p>Support Queensland's <i>HACC Dementia Services Development Strategy 2007-2011</i><sup>2</sup></p>	<p>HSD SDCN</p>
<p><b>Health Promotion</b></p> <p>Link and promote population health strategies to support healthy and active living across the lifespan</p>	<p>HSD Population Health</p>
<p><b>Assessment &amp; Diagnosis</b></p> <p>Encourage the appropriate and consistent use of validated and standardised clinical assessment and diagnostic tools within Queensland Health as recognised by the State-Wide Dementia Clinical Network</p>	<p>SDCN Aged Care Assessment Program Advisory Committee (ACAPAC) Health professionals</p>
<p>Expand the use of the Indigenous screening tools, (KICASCREEN and KICA-IQ) in rural based Aboriginal And Torres Strait Islander communities</p>	<p>Aged Care Assessment Team (ACAT)</p>
<p>Support, advocate and enable earlier and improved screening, diagnosis, and referral of people with dementia by general practice through:</p> <ul style="list-style-type: none"> <li>- wider use of the GPCOG screening tool</li> <li>- improved links with specialist dementia services and memory clinics and with specialist non-government organisations and peak bodies for education, information and support</li> </ul>	<p>General Practice Qld (GPQ) Local Divisions of General Practice SDCN HSD</p>
<p>Support and advocate the use of innovative information technology within general practice to enable more timely screening, diagnosis and/ or referral</p>	<p>GPQ Local Divisions of General Practice</p>
<p>Identify and/or develop care referral pathways and points of access to enhance the continuity and coordination of care for people living with dementia and their carers and families</p>	<p>SDCN Clinical Practice Improvement Centre (CPIC) HSD</p>
<p><b>Service Models &amp; Pathways</b></p> <p>Develop and/or expand dementia specific interdisciplinary teams to coordinate the assessment and management of dementia service provision within the acute sector; between acute and community sectors; and within the community sector</p>	<p>HSD</p>

## Success factors:

In all settings, greater recognition of the special needs of people with dementia

Improved and consistent eligibility and diagnostic assessment

More flexible and coordinated service models in all settings

### Strategies & Actions

### By Whom

Develop service models that are more flexible and culturally appropriate, particularly for people with younger onset dementia, and for people from ATSI and CALD communities and which link to specialist non-government organisations and peak bodies

HSD  
Non-Government Organisations (NGOs)  
Peak Bodies

Influence practice change in dementia care in acute hospitals, emergency departments and medical assessment planning units through the implementation of service models that include dementia specific clinicians (for clinical teaching and consultations), care pathways and use of quality indicators to measure client and service outcomes

SDCN  
HSD  
Clinicians

Consider and support the expansion of the memory clinic model as appropriate

HSD

Participate in the Commonwealth's Dementia Services Pathways Project

SDCN  
Older People's Health and Extended Care Unit (OPHECU)

Distribute the *Clinical Practice Guidelines and Care Pathways for People with Dementia Living in the Community*

OPHECU

Expand and/or promote the use of clinical practice guidelines for the management of delirium in older people<sup>4</sup> in hospitals, at the acute-aged care interface, in residential care and in community care, given the high risk of patients with dementia developing delirium

HSD  
OPHECU  
Clinicians

Include dementia in Queensland Health's Primary Clinical Care Manual

Office of Rural and Remote Health

### Built Environment

Consider the update and/or amendment of the Australian health facility development guidelines to ensure they reflect the needs of people with dementia in all built environments

Health Infrastructure and Projects Division  
Statewide Emergency Departments Clinical Network (SEDCN)  
SDCN  
OPHECU

### Clinical Partnerships

Develop partnerships with the Statewide Emergency Departments Clinical Network, the Statewide Cardiac Clinical Network, the Statewide Intensive Care Clinical Network, the Statewide Older Person's Health Clinical Network, the Statewide General Medicine Clinical Network, and the Statewide Older Person's Mental Health Sub-Network of the Statewide Mental Health Network to improve care of older patients with cognitive impairment in emergency departments and hospital wards

SDCN



## Key Priority Area Two

### Access & Equity

#### Outcomes:

People with dementia and their carers/families to be able to access quality care and support irrespective of location and cultural background.

Strategies & Actions	By Whom
Work with the Commonwealth Department of Health and Ageing in the planning and targeting of aged care services for those living with dementia	OPHECU
Continue to implement the dementia strategy in <i>Queensland Health's Directions for Aged Care 2004-2011</i> <sup>5</sup>	HSD
Support Queensland's <i>HACC Dementia Services Development Strategy 2007-2011</i> <sup>6</sup>	HSD
Expand the use of telehealth services across Queensland to enhance access to geriatrician and psychogeriatrician input into assessment and service delivery through the use of the InterRai-AC assessment tool and the CeGA on line software	HSD Statewide Telehealth Services

## Key Priority Area Three

### Information & Education

#### Outcomes:

People with dementia, their carers/families and health professionals to have access to meaningful information and education

Strategies & Actions	By Whom
Develop a Statewide Dementia Clinical Network website for use by health professionals and people with dementia and their carers and families to ensure the transfer of information about dementia	SDCN CPIC
Ensure the Statewide Dementia Clinical Network website has links to seniors organisations, to specialist non-government organisations and to peak bodies that promote an awareness of dementia and a positive view of ageing, well being and social inclusion	SDCN CPIC
Support the Queensland Office for Seniors, specialist non-government organisations and peak bodies in disseminating positive lifestyle messages to seniors	SDCN OPHECU

## Success factors:

Improved access to dementia services, including to specialist geriatrician and psychogeriatrician services

### Strategies & Actions

Support the planning, development and staffing of sub acute units that provide care to people with behavioural and psychological symptoms of dementia (BPSD)

Expand the use of telemedicine memory clinics to enable consistent geriatric assessments and referrals for dementia and cognitive disorders

Promote the development of culturally appropriate dementia services for ATSI and CALD communities

### By Whom

HSD

HSD  
Statewide Telehealth Services

HSD

## Success factors:

A community more informed about positive ageing and risk reduction strategies, dementia, and associated life planning and legal issues

### Strategies & Actions

Support the role of the Adult Guardian and the Guardianship and Administration Tribunal in relation to the interests of people with impaired capacity

Promote the attendance of staff at dementia information and education courses offered by the non-government sector (including Alzheimer's Australia (Qld), Alzheimer's Association of Queensland and the Eastern Australia Dementia Training and Study Centre)

Encourage staff in Queensland Health facilities to access dementia information and education services offered by the non-government sector and funded by the Commonwealth or the jointly funded Home and Community Care Program

### By Whom

SDCN  
OPHECU

HSD

HSD

## Key Priority Area Four Research

### Outcomes:

Evidence based research into the cause, cure and care of dementia is supported and people with dementia and their carers/families have access to the findings

Strategies & Actions	By Whom
Develop links between research and clinical practice through information about research activities being available on the Queensland Health website to people with dementia, their carers and families and health professionals	SDCN CPIC
Support and promote the Commonwealth Government Dementia Initiative including the Dementia Collaborative Research Centre at the Queensland University of Technology	SDCN
Support and promote individual clinical research projects, particularly those within Queensland Health public hospitals	SDCN HSD



## Success factors:

Extent to which practice and service models reflect research findings  
Support for individual research projects

### Strategies & Actions

Support trials of new models of assessment and care and support services

Continue to explore local opportunities for collaborative research with the non-government sector

Identify ways of translating research and project outcomes into practice

### By Whom

SDCN  
HSD

SDCN  
HSD

SDCN  
HSD  
OPHECU

15

# Key Priority Area Five

## Workforce & Training

### Outcomes:

People with dementia and their carers/families to be able to access a knowledgeable, skilled and professional workforce in all settings

Strategies & Actions	By Whom
Recognise the Statewide Dementia Clinical Network as Queensland Health's source of excellence for advice on dementia policy, service planning, systems efficiency and resource allocation	All QH Divisions
Provide additional dementia specific training to Aged Care Assessment Teams	NGO ACAT Education Officers
Provide training in the use of assessment tools including the indigenous screening tools (KICA-screen and the KICA-IQ) and the Rowland Universal Dementia Assessment Scale (RUDAS) in Health Service Districts	NGO ACAT Education Officers
Support the training of geriatricians by working with teaching hospitals and physician training programs	SDCN CPIC HSD GPQ Divisions of General Practice Statewide Older Person's Clinical Network (SOPCN)
Prioritise participation in dementia specific education packages (Certificate IV, Diploma in Dementia Practice), programs and ongoing in-service training for all levels of staff across disciplines and sectors (acute, emergency, aged care assessment teams, allied health, community, residential, multi-purpose health services, palliative)	SDCN CPIC HDS



## Success factors:

Improved recruitment and retention of a more skilled workforce

Strategies & Actions	By Whom
Support Divisions of General Practice as it encourages a greater uptake of dementia training opportunities by general practice	GPQ Divisions of General Practice SDCN SOPCN
Promote the inclusion of dementia care in courses for health professionals at TAFE, undergraduate and post-graduate level and encourage use of on-line learning	SDCN Mental Health CPIC OPHECU Office of the Chief Nursing Officer (OCNO)
Explore the means to increase the number of clinical placements in dementia nursing within Queensland Health	OCNO
Encourage the employment of dementia trained Practice Nurses in general practice	GPQ OCNO
Explore the role of Nurse Practitioners in the assessment and management of people with cognitive impairment	SDCN Mental Health Workforce Planning and Coordination
Continue to provide education and training that maximises the use of Telehealth to access geriatric and psychogeriatric expertise and support	Statewide Telehealth Services HSD
Maximise the use of internet facilities at Queensland Health infrastructure in rural and remote locations to enable access to dementia training opportunities	Statewide Telehealth Services HSD
Support a workplace that values, attracts and retains a quality volunteer workforce – in accordance with the Queensland Government Q2 goal of a <i>Fair Queensland</i>	HSD

1 Queensland Health 2004. Directions for Aged Care 2004-2011

2 Disability Services Queensland 2007. HACC Dementia Services Development Strategy 2007-2011

3 Abbey, J. , Palk, E. , Carlson, L. and Parker, D. 2008.

Clinical Practice Guidelines and Care Pathways for People with Dementia Living in the Community. Brisbane: QUT

4 Clinical Epidemiology and Health Service Evaluation Unit, Melbourne Health 2006.

Clinical Practice Guidelines for the Management of i Delirium in Older People. Commissioned on behalf of the Australian Health Minister's Advisory Council (AHMAC), by the AHMAC Health Care of Older Australians Standing Committee (HCOASC)

5 Queensland Health 2004. op.cit.

6 Disability Services Queensland 2007. op.cit.

