Statewide Dementia Clinical Network

Forum Report
Friday 26 August 2011
1.0 Introduction
Dr Kana Appadurai, Co-Clinical Chair, Statewide Dementia Clinical Network (SDCN)

Dr Appadurai opened the August 2012 SDCN Forum by providing some background to the network and its history, discussing the theme of the forum, and advising participants of some last minute changes to the program due to illness.

2.0 Key Points from Presentations

2.1 Welcome and Introduction
Dr Don Martin, Director, Governance Assurance Directorate, Patient Safety and Quality Improvement Service (PSQ)

Dr Martin began by informing participants about the services provided by the Centre for Healthcare Improvement (CHI – see http://www.health.qld.gov.au/chi/), then gave a rundown on latest developments on the National Health Reform front (see http://www.health.qld.gov.au/health-reform/).

Dr Martin explained the mechanics of the reforms, and established a connection between the focus of the reforms, patient centred care, and the theme of today’s forum.

2.2 Strategic Direction of the Network
Dr Eddy Strivens, Co-Clinical Chair, SDCN

Dr Strivens brought the attendees up to speed on the activities of the SDCN since the March 2011 forum. He discussed the workgroups, assessment forms (common versions for Queensland Health (QH)), the SDCN’s registration sponsorship for a small number of members to attend the Alzheimer’s Australia conference, and Dr Appadurai’s presentation to the QH Executive Management Team (EMT) on matters relevant to the SDCN.

The network’s operational plan has been signed off by the Patient Safety and Quality Improvement Service (PSQ) & the Centre for Healthcare Improvement (CHI). The plan’s 5 key priority areas are: acute care, emergency department (ED), primary care, indigenous/rural & remote, and clinical indicators.
The 4 workgroups have been tackling tasks relating to older persons in the emergency department, screening tools (and the promotion thereof), links to specialist services, standardised statewide guidelines for telegeriatrics and memory loss, patient journey mapping and educational resources.

EMT & PSQ are very interested in indicators that can help ensure quality care for the cognitively impaired. Dr Strivens encouraged participants to network, get ideas out, and have lively discussions with colleagues and friends.

2.3 **Older Peoples Health and Extended Care Unit (OPHEC) Update**  
*Kathryn Beacham, A/Director, OPHEC*

Kathryn updated the audience on OPHEC’s recent activities, including funding the OPHEC/ClinEdQ online training program, contracting of the Australian College of Mental Health Nurses, the expert reference group (focusing on generic and general working), and utilising existing resources. The review of the National Framework for Action on Dementia is progressing, and OPHEC is working to encourage the uptake of Geriatrics as a specialty.

Implementation has commenced for the Comprehensive Electronic Geriatric Assessment (CeGA) online, and sub acute National Partnership Agreements are underway.

Kathryn regretfully informed participants that the Productivity Commission report – Caring for Older Australians contained no specific proposals for people with dementia, despite predicted growth in numbers.

2.4 **Older Persons in the Emergency Dept (OPED) Project Final Report**  
*Shirley Lindsay, OPED Project Officer, Ipswich Hospital*

Shirley provided an informative outline of the project which, having commenced in 2007 as the ED processing component of a suite of aged care programs at Ipswich Hospital, has now been finalised. The project was also recently presented at the Qld Clinical Senate.


The program aims to improve and streamline every aspect of an older person’s journey through the ED environment, from an initial rapid response assessment by OPED staff upon arrival, connections with the Older Person’s Evaluation, Review and Assessment program (OPERA) through to returning patients to the familiar surrounds of their place of residence, where possible, at the earliest opportunity.

Ipswich now has one multidisciplinary team focusing on aged care and community health located within the hospital, enabling staff to actively seek out relevant patients.
2.5 A Reflection on Dementia ‘on Country’
Joan Mom, Home and Community Care (HACC), Cape York Health Service District

Joan opened by discussing the nature of their caseload of 221 clients through the communities, then went on to tell the moving and poetic story of an 84 year old Aboriginal woman who lived ‘on country’ and was in receipt of the services of the HACC team in Cape York.

Special thanks to Joan for stepping in at the last minute to fill a gap in the program, to give a very personal interpretation of person centred care.

2.6 Clinical Indicators Workgroup
Dr Melinda Martin-Khan and Linda Schnitker, Centre for Research in Geriatric Medicine (CRGM)

Melinda and Linda provided an update on the activities of the CRGM, and of the SDCN Clinical Indicators workgroup. The work has focused on process indicators, with a 9 site study covering 650 patients. The second goal was to identify current electronic collection options (in EDIS and HBCIS) in Queensland Health; however an issue was identified that if there is no mention of cognition, coders are unable to record dementia.

The third goal was to identify and recommend various assessment screening tools for the older person, with the requirement that tools be supported by evidence linking to improved outcomes, and be available on the SDCN website. The group will be developing a one page summary of their findings.

Linda discussed her research, with all quality indicators relating to documentation, showing that the basic levels are not being done very well. A standardised screening tool is yet to be established, and principal diagnoses at the end of an admission is still unlikely to record dementia or delirium. Further staff education is required re: correct terminology.

2.7 Telehealth & Dementia
Naomi Whiting, Statewide Telehealth Services (STS)

Naomi provided a tutorial on the fundamentals of telehealth (live audio/video interactive link), discussing both the challenges faced by Qld Health, and the benefits that telehealth can deliver. There are currently 960 videoconference end points, linking 260 facilities throughout the telehealth system, as well as more than 100 Retrieval Services Qld connections.

There are 16 current sites recording data for community health, aged care and primary care occasions of service. STS is keen to work with the SDCN to develop uptake of their technical support.
2.8 Consumer Dementia Research Network (CDRN)
Marilyn Wagland, Member of the CDRN, Alzheimer’s Australia

Marilyn provided an informative presentation on the CDRN, which was formed in 2010 by Alzheimer’s Australia. The aim was to involve consumers and carers (present or past) in research.

The concept is in its infancy in Australia, with the National Health and Medical Research Council (NHMRC) yet to involve consumers in their work.

The CDRN aims to provide consumer perspective, be a resource, remove barriers, and plan an active role in all stages of research projects (not just as research participants). They are involved in the consumer perspective only, and are not looking at the science.

For further details, Marilyn invited participants to contact Dr Ellen Skladzien (Ellen.Skladzien@alzheimer's.org.au).

2.9 Alzheimer’s Australia Conference – feedback from attendees
Elizabeth Williams, CNC – Gerontic Nursing, Sunshine Coast Health Service District
Anne Cole, Principal Program Officer, Older People’s Health, Townsville Health Service District
Madeleine Downey, A/Team Leader, GEMS, Cairns Base Hospital

In May 2011 a small number of applicants had their registration fees for the Alzheimer’s Australia Conference funded by the SDCN. Liz, Anne and Madeleine kindly volunteered to report back on their favourite presentations, doing so both verbally at today’s forum, and via written word in the latest SDCN Bulletin - click the link for a detailed account:


2.10 Themed Discussion – “Have we lost the plot?”
Delaune Pollard, Consumer Representative, SDCN

Delaune has had an interest in the theme of her presentation for some time now, and relished the opportunity to hold court and challenge the audience on the issues. She started by vocalising the fears held by many caregivers, especially those outside the metropolitan areas, when their relative or friend with Dementia is admitted to hospital. These fears relate to a perception that this cohort, who require extra assistance with basic activities of daily living, will not receive the assistance, resulting in malnutrition (through problems with opening packages, serving dishes, etc), contractures, and so forth.

Delaune facilitated a lively discussion on protected meal times (and related signs/symbols), traffic light colour coding, patients being unable to access food in inappropriate containers (and therefore going hungry), patient centred-ness and toileting problems.
3.0 Working Groups - Feedback

Transitions in Care for People with Dementia – Dr Catherine Yelland

The group will pursue the development of a web-based patient journey map for Dementia sufferers. They have further refined the list of components, and now plan on addressing the finer points of the plan, and how to develop and implement, with a view to having a close to finalised version ready for the next forum.

Indigenous and Rural & Remote Workgroup – Dr Eddy Strivens

This group is working with a Northern Territory resource trial in Townsville – 1 feedback session so far, planning to facilitate similar sessions with 5 different groups. Full results will be presented at the March 2012 forum.

Telegeriatrics protocols (looking into success factors, required workup and responsibilities) with a ‘hot tips’ one pager are to be developed. The ATSIAT (Aboriginal and Torres Strait Islander Assessment Tool) developed by the Cairns and Hinterland Aged Care Assessment Team has proved to be a very useful source of background information for dementia assessments.

Clinical Indicators – Liz Williams (on behalf of Dr Melinda Martin-Khan)

The bulk of the work was presented in item 2.6 (above). Documentation of cognition is a necessary clinical indicator and the group has assembled a revision and decided a screening in ED is required (to be followed up on discharge). This is not a diagnosis as such, but could lead to further testing for diagnosis.

Further, the group is determining the exact nature / requirements of coding – for example, what are the practical effects and can it lead to an alert for the next admission? Alternatives to paper-based screening tools are also being investigated.

Dementia in the Emergency Department – Dr Kana Appadurai

The need for the Statewide Emergency Department Clinical Network (SWEDN) and the Statewide Older Persons’ Health Clinical Network to start working together had been previously identified, and this is now happening. The tri-network collaboration is developing a flow chart to promote the minimum standard for managing the confused older patient as they move into, through, and out of the ED.

The group quickly realised the importance of engaging the Queensland Ambulance Service (QAS) to assist with the early identification of possible cognitive issues in the patients they transport to the ED. QAS were eager to be involved, and have commenced participating in the meetings. A draft flow chart is on paper.

The group today started tweaking the flowchart for further discussion at the next meeting. The project is to be discussed at the next SWEDN meeting to review and assess support for the concept. The longer term plan is that the flowchart, once finalized, will be properly formatted and then piloted prior to wider implementation.
4.0 Conclusion

Dr Eddy Strivens, Co-Clinical Chair, SDCN

Dr Strivens summarised the presentations and activities of the day, then thanked everyone for attending, especially those who had travelled great distances to attend.

Should you require copies of any of the presentations, please email the network Coordinator, Ian Johnson, via IanE_Johnson@health.qld.gov.au

DATE CLAIMER: The next SDCN Forum will be held on March 23, 2012, at the Pavilion, Breakfast Creek, Brisbane. Invitations will be sent to all SDCN members in February 2012.
Total Attendees: 60

Total evaluation forms received: 31 (18 with comment, 13 without, 1 with comment only)

Summarised Results:

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<tr>
<th>Objectives and Content</th>
<th>Agreed</th>
<th>Neutral</th>
<th>Disagreed</th>
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<tbody>
<tr>
<td>The objectives of the forum were clearly outlined</td>
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<td>The forum stimulated my interest</td>
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<td>The presentations were useful and relevant</td>
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<td>The objectives of the forum were achieved</td>
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<td>There was sufficient time to meet the forum objectives</td>
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<td>There were sufficient opportunities for sharing ideas</td>
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<td>The forum was well organised</td>
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<td>Information was presented in a user friendly format</td>
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<td>The chairs/facilitator maintained a supportive and participative forum environment</td>
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<td>I found value in networking with colleagues</td>
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<td>The venue used was suitable</td>
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Suggestions for the content of future forums and network focus included:

- Break into small discussion groups following brief discussions for more networking & brainstorming
- More time for workgroups to allow active participation by all members
- Future topics:
  - how can the network interact/work with new primary health organisations (Medicare locals) to improve care of patients with Dementia
  - GLBTI (Gay, Lesbian, Bisexual, Transgender & Intersex) issues on the agenda
  - Presentation on natural disasters for people and families living with dementia

There was a great deal of positive feedback regarding the overall usefulness of the forum, the relevance and quality of the presentations (including feedback from consumer groups), value of the networking opportunity and the balance of information provision and practical workgroup sessions.
## Statewide Dementia Clinical Network Forum

**Friday 26 August 2011**

**The Century Room, @ The Pavilion, Allan Border Field, 1 Bogan Street, Breakfast Creek QLD 4010**

‘Putting Patients Front and Centre: Promoting Person Centred Care for People with Dementia at the Acute Care Interface’

<table>
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<tr>
<th>Time</th>
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<tr>
<td>8:30am</td>
<td>Registration &amp; Coffee</td>
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| 9.00  | **Welcome and Introduction**  
Dr Don Martin, Director, Governance Assurance Directorate, Patient Safety and Quality Improvement Service |
| 9.20  | **Strategic Direction of the Network**  
Drs Kana Appadurai & Eddy Strivens, Co-Clinical Chairs, SDCN |
| 9.30  | **Older Persons Health and Extended Care Unit (OPHEC) Update**  
Kathryn Beacham, A/Director, Older People’s Health and Extended Care Unit |
| 9.50  | **Older Persons in the Emergency Dept (OPED) Project Final Report**  
Shirley Lindsay, OPED Project Officer, Ipswich Hospital |
| 10.10 | **A Reflection on Dementia ‘on Country’**  
Joan Mom, Home and Community Care (HACC), Cape York Health Service District |
| 10.30 | Morning Tea                                                                               |
| 11.00 | **Clinical Indicators Workgroup**  
Dr Melinda Martin-Khan and Linda Schnitker, Centre for Research in Geriatric Medicine (CRGM) |
| 11.20 | **Telehealth & Dementia**  
Naomi Whiting, Statewide Telehealth Services (Confirmed) |
| 11.40 | **Consumer Dementia Research Network (CDRN)**  
Marilyn Wagland, Member of the CDRN |
| 12.00 (60) | Lunch                                                                                 |
13.00  **Alzheimer's Australia Conference – feedback from attendees**  
*Liz Williams, Anne Cole & Madeleine Downey*

13.20  **Workgroups**

1. Transitions in Care for People with Dementia – *Catherine Yelland*
2. Indigenous and Rural & Remote Workgroup – *Eddy Strivens*
3. Clinical Indicators – *Melinda Martin-Khan*
4. Dementia in the Emergency Department – *Kana Appadurai*

**14.20**

**Afternoon Tea**

**14.40**  **Feedback from the Workgroups**

Group leaders to provide short overview of the preceding workgroup session, as well as achievements since the March 2011 SDCN Forum (incl. update from Linda Schnitker)

**15.00**  **Themed Discussion – “Have we lost the plot?”**

*Delaune Pollard, Consumer Representative, SDCN*

**15.35**  **Summary and future directions**

*Drs Kana Appadurai & Eddy Strivens, Co-Clinical Chairs*

**15.45 pm**  **Close**

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**Street Address:**  Allan Border Field, 1 Bogan Street, Breakfast Creek QLD 4010