The Dementia Care Pathway for use in acute hospitals

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Project team

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Advisory Group

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Background

At RMH

• 2002-2012, 2.3% of all medical and surgical multiday admissions were associated with a diagnosis of dementia
• 25% of Orthopaedic medical unit patients in 2011 & 2012
• 13-15% medical unit episodes involved people with dementia
• Probably underestimate of real numbers as this is based on coded dementia Dx
• People with dementia were older, had more comorbidities compared to those without dementia
• Episodes involving people with dementia had greater LOS, increased odds of an unplanned admission within 30 days, and greater chance of having at least one in-hospital complication
Background

Other research

- Hospitalised people with dementia are not always receiving best quality of care (Wenger 2007; Martin-Khan 2009, Sampson 2006)
- For example: *People with dementia were less likely to have an up to date medication list; People with dementia were less likely to be referred to palliative care, and receive palliative medication*

Care pathways

- Structured, multidisciplinary care plans used by health services to detail **essential steps** in the care of patients with a specific clinical problem
- Aim to link evidence into practice and optimise clinical outcomes
- Have been shown to reduce LOS and in-hospital complications (Cochrane review: Rotter, 2010)
Proposal

• To develop a Dementia Care Pathway for use in acute hospitals
• To implement and evaluate the Dementia Care Pathway at the Royal Melbourne Hospital (RMH) and the Wimmera Base Hospital (WBH)
  ▪ RMH large major city hospital (principal referral); 4 Medical Units, Assessment and Planning Unit
  ▪ WBH medium rural hospital; 2 wards – mix medical and surgical patients
• Project commenced January 2014 – 3 year
Pathway development

Literature review
Advisory Group consultation

Key informant interviews
Focus groups/surveys
Process mapping the patient journey

Draft Dementia Pathway

Appraisal and review of draft pathway (Stakeholder workshop)

Final Dementia Pathway
Pathway implementation & evaluation

1. Develop an implementation and evaluation framework
2. Baseline data collection (pre-implementation)
3. Pilot phase
4. Full implementation Post implementation data collection
5. Evaluation: Before and after study design
Work to date

• Ethics approval

• Literature review
  ➢ Grey literature – most from UK
  ➢ Peer review literature

• Process mapping the patient journey at RMH
Literature review

• Summarising best practice recommendations
  ➢ Personal needs
  ➢ Social care and carer needs
  ➢ Physical needs
  ➢ Mental health needs
  ➢ Other - palliative care/end of life
What is Process Mapping?

- Improvement tool used to understand, simplify and improve processes
- Provides a visual of steps involved

Process maps can be high level or very detailed
Begin high level

- Arrival
- Assess
- Care Plan
  - Patient Management
  - Discharge
Patient flow – person with dementia

DRAFT: For discussion only

Issues:
1. Mornings v busy - don't always have time to complete nursing Ax and CP
2. Medical staff don't usually attend APU MDT meetings

30 From Ax

41 ED care coordinator completes functional Ax incl cognition

42 Does pt have MST score ≥2, or other Dietitian referral criteria (as indicated on IP 8F)?

43 Is pt going to be DC home?

44 ED CC commences DC plan & makes early referral to IP AH to cont DCP

45 ED CC completes DCP (much more liaison and planning required for someone with dementia)

46 Does pt have high number of medications?

40 Nursing risk screen & care plan complete (IP 8F)?

47 Is there a change in pt's function &/or cognition?

49 ED Pharmacist screen patients in ED using Symphony

50 ED Pharmacy to review

51 Does pt have mobility issue? Previously ambulant w change in mobility status

55 Is patient on high risk medications?

52 Refer to Physiotherapy

53 Is pt aged 65 years or over?

54 Is pt able to give Hx?

56 Collateral Hx (IP49) - contact family/ NOK/carer

57 APU: MDT ward rounds & MDT whiteboard mtgs Ward: weekly DCP meetings

58 ED Pharmacy review not indicated

59 Further Ax/Mx

60 Does pt have cognitive impairment?

61 APU/ward Pharmacist review all patients

64 To Pt: Mx

Session 1: March 7, 2014
Issues identified so far

- No routine cognitive Ax in ED
- Ad hoc identification of dementia in ED, APU and wards
- Nursing Ax and care plans often repeated in APU & on ward
- Inefficiencies re contacting carers, GP, RACF staff
- Use of interpreters
- Delays in allied health referrals
Next steps in mapping the patient journey

• Complete process mapping at RMH
• Process mapping at WBH
• Direct patient observation – patient and carer input