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# Cognitive Care Project

Initiative Type

Redesign

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Close

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<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/cognitive-care-project>

## Summary

Stage 1 - of the Cognitive Care Project (March 2016 – February 2017) focused on engaging key stakeholders to identify existing cognitive care practices and associated service gaps and/or knowledge and skill requirements. The project team developed two clinical pathways of BPSD management (a hospital inpatient pathway and a community/RACF pathway) designed to improve

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the quality and safety of care provision for this client group through collaborative practice and improved communication. Stage 2 - (March 2017 – 30 June 2018) extended the work completed in Stage 1 by consolidating local service provider relationships and simplifying the collaborative decision pathway for supporting people experiencing BPSD and/or delirium within Rockhampton and surrounding areas. Cognitive care education needs were identified and training programs subsequently developed.

### Key dates

Mar 2016

Jun 2018

### Implementation sites

Central Queensland Hospital and Health Service

## Key Contacts

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## Aim

Improving collaborative pathways of care for people experiencing behavioural and psychological symptoms of dementia (BPSD).

## Benefits

- improved understanding of dementia and BPSD, delirium and the perspective of patients experiencing cognitive impairment
- tools to facilitate assessment and support of patients presenting with changes to memory, thinking and/or behaviour
- contributes to the development of the Central Queensland Hospital and Health Service (CQHHS) Older Person strategy

## Background

Dementia care is a national health priority in Australia. High quality care for people with cognitive impairment is every hospital's concern, as is reflected in the new National Safety and Quality Health Service standards incorporating cognitive care principles. The Cognitive Care Project was funded by the Healthcare Improvement Unit (Clinical Excellence Division). It originally set out to identify appropriate environments within Central Queensland Hospital and Health Service (CQHHS) in which people experiencing extreme behavioural and psychological symptoms of dementia (BPSD) could best be supported. However, early stakeholder engagement and literature and internal process reviews identified that the existing inconsistent and inefficient delivery of services for persons with dementia (PWD) experiencing BPSD could not be adequately addressed through environmental design principles alone. Rather, the organisation's underlying resources and processes needed structure and development to support best practice care. Stakeholder engagement helped to identify three key areas in which CQHHS required development to meet current best practice cognitive care recommendations: Communication, Collaboration, and Creating Understanding.

## Solutions Implemented

- Implementation of a small pilot trial of the initially developed BPSD clinical pathway and associated tools.
- Subsequent revision and redevelopment of the decision pathway, 'BPSD 123', based on feedback from the pilot phase.
- Identification and/or development and delivery of suitable education opportunities to meet staff needs.
- Broader implementation of 'BPSD 123' and associated tools across Rockhampton hospital

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and surrounding areas (Capricorn Coast Hospital and Health Service, Eventide Nursing Home, North Rockhampton Nursing Home).

## Evaluation and Results

The following offers a summary of the key challenges to collaborative support for people with BPSD, identified through stakeholder engagement and process review, and the chosen approaches to addressing them to meet project objectives:

1. No consistent means of assessing, managing or communicating the presentation of BPSD within or across services.
2. Lack of clarity regarding roles and responsibilities amongst services involved in providing care to people experiencing BPSD.
3. Limited opportunity or encouragement for staff to attend locally-orientated, cognition-specific training.

To facilitate new uptake of project outputs (particularly in regional and rural areas), 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.
- Local Older Persons Healthy Ageing and Cognition advocacy groups be established to offer 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), including experiential components to foster better understanding of the patient's perspective.

## References

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Australian Commission on Safety and Quality in Health

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## Further Reading

[Central Queensland Hospital and Health Service - Destination 2030](#)

## Resources

[Cognitive Care Project Close Report](#)

[Cognitive Care Project Summary](#)

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