

# **The Role of the Advanced Nurse Practitioner in Advancing Dementia**

**By:**

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# Complex care needs..

- \* Dementia is a progressive condition and is associated with complex care needs, high levels of dependency and morbidity which can increase with progression.
- \* Complex care needs in advancing Dementia require a co-ordinated input from a range of healthcare professionals
- \* Complex care needs often challenge the skills and capacity of carers and services
- \* Due to the presence of complex care needs in advancing Dementia the individual may not fit into traditional services or move smoothly through existing services.

# Adding to Complexity

All people with Dementia are individual & unique. Different reality to family/carers.  
Carers abilities vary. Aging population with increased frailty as condition progresses.



**2.5 chronic conditions  
(average)**



**5+  
medications (average)**



**3 times more likely to  
be hospitalised**

# Complex Responsive Behaviours

- \* Dementia is viewed as a 'complex syndrome' due to the multiple physical, psychological, social implications and healthcare needs both for the individual with Dementia and their family/carer, thus requiring interagency collaboration and support across services.
- \* No one healthcare professional will meet the needs of the person with Dementia and/or their family/carer – a web of care...
- \* **Responsive Behaviours:** This term reflects a response by the person with Dementia to something in his/her environment that is negative, frustrating or confusing placing the reasons or triggers outside rather than within the individual (Alzheimer's Society Ontario, 2011).
- \* Research suggested that untreated behavioural symptoms are associated with faster disease progression (Rabins et al, 2011)

# Complex Responsive Behaviours Contd:-

- \* NICE (2011) identify complex behaviours in advancing dementia such as; aggression, restlessness, wandering, delusions and hallucinations which often challenge the skills and capacity of carers and services.
- \* Responsive behaviours can occur across all types and stages of dementia, affecting 98% of individuals at some point of their illness (Lyketsos et al, 2011)
- \* People with dementia are more likely to be referred to specialist services for assessment when responsive behaviours are identified (O'Connell, 2012)

# ANP in Dementia Care

- \* The ANP in Dementia care is an integral member of Donegal Mental Health Service for Older People MDT
- \* Practices as an autonomous practitioner responsible for leading a comprehensive Dementia Nursing Service for individuals diagnosed with dementia and presenting with associated complex responsive behaviours and healthcare needs.
- \* The purpose of the role is to enhance the provision of care for individual's with dementia experiencing complex responsive behaviours and associated care needs in Donegal.

# Key aspects of Role of RANP in Dementia Care

## Clinical

- Clinical – Autonomous practitioner. Timely triage of referrals. Holistic assessment where appropriate and collaborative development of response/treatment plan. Discharge planning.
- Nurse Consultant/role model/mentor to MDT members and other professionals across services Co-work complex cases. Regular clinical supervision with Consultant Psychiatrist.

## Education

- Education: MDT – Dementia Specific Supervision and Dementia Specific Education programme. Dementia specific training to other healthcare facilities.
- Undergraduate training programme. National dementia training programmes.
- ANP CPD requirements – ANP + Nurse Prescribing

## Research & Audit

- Working as critical stakeholder with NDO in Developing PDCP
- Working in developing QCM's Delphi Study representing Mental Health strand.
- Ongoing practice & service development
- Audit of training to-date
- Audit of impact of ANP role to-date - questionnaire

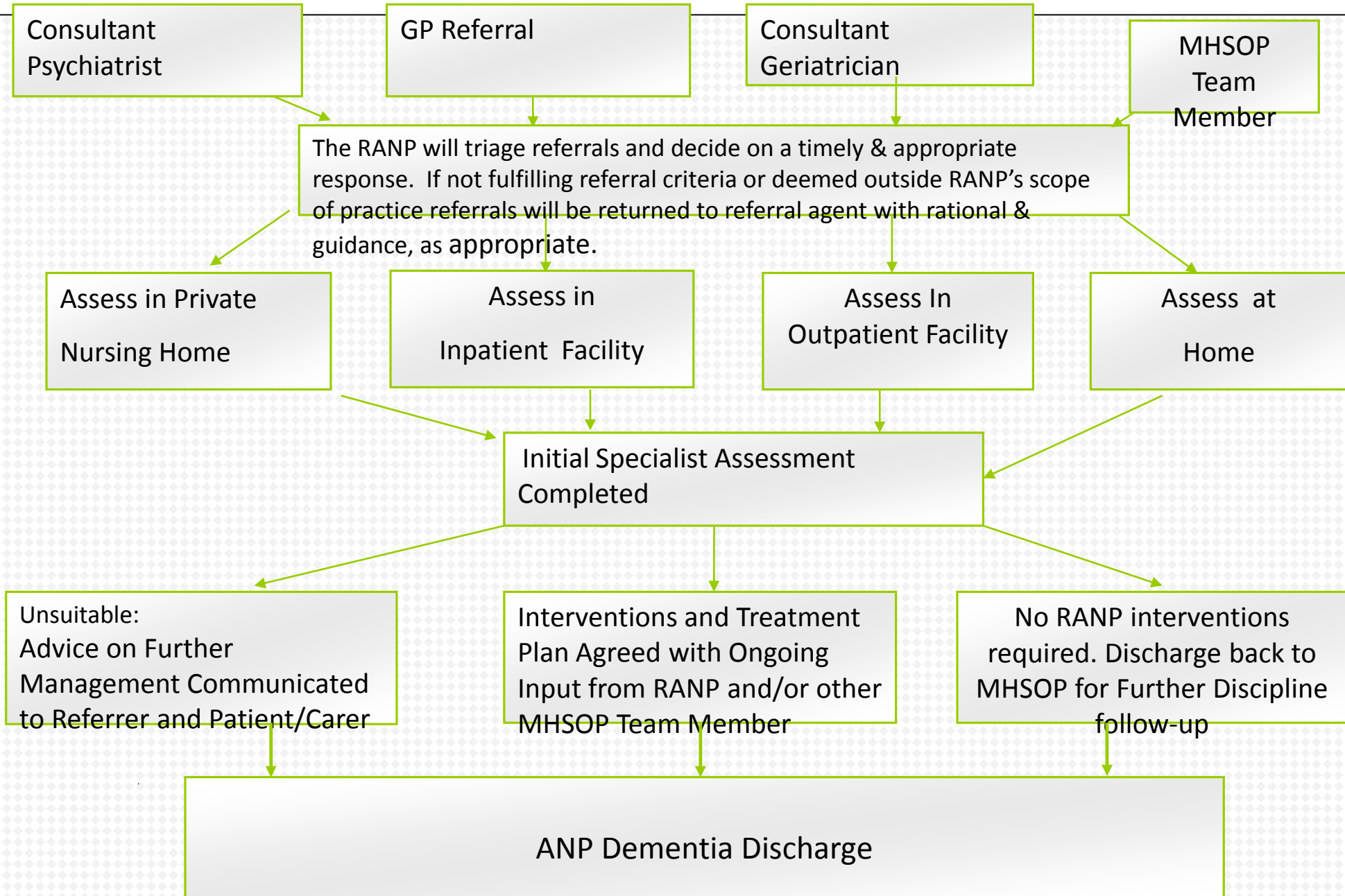
# Referral Criteria and Pathway for RANP in Dementia Care

## Referral Criteria for RANP (Dementia care):-

**Diagnosis of Dementia, irrespective of age, experiencing associated complex responsive behaviours and healthcare needs .**

- \* Direct referrals will be accepted from GPs, Consultant Psychiatrists, Consultant Geriatricians and in-house from MHSOP MDT.
- \* Patients can be assessed either in LUH, Community Hospitals, OP Depts, Nursing Homes, Day-care Facilities, or in their homes.





# The key to success.. Take home Message

- Work together – locally & nationally
- Share knowledge and good practice
- Access further education and training
- No one care plan/approach fits all
- Learn from what works – become confident in crossing the bridge to support PwD in their reality.

