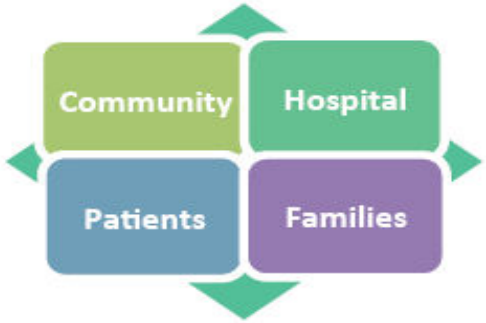


Cork IDEAS project
Integrated Dementia Care Across Settings

A 3-year innovative project funded by Genio/HSE

An integrated service for patients and their families
Providing excellent acute hospital care where necessary, alternatives to admission where possible, and support for those caring for the person at home.

Mercy University Hospital
Cork city community

Dementia Nurse Specialist

Dementia Care Coordinator

Occupational Therapist part-time

In-home respite fund

Education fund

Consortium 45 members

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

https://www.ucc.ie/en/ideas/

http://www.muh.ie/

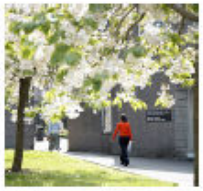
Cork Integrated Dementia Care Across Settings IDEAS Project

Spotlight

News & Eve

Read about c events

Cork-IDEAS Project | Hospital Initiatives | Community Initiatives



News and Events

19 SEP **Dementia Awareness Week 2016 »**

A Dementia Awareness Week is being held in MUH from 19th-23rd September

A number events are planned for the week including a National Dementia Roadshow Event on 21st September at 2.30pm

26 APR **Dementia Awareness week »**

26 APR **Evening Reception »**

26 APR **The Mercy Foundation Raffle »**

Read more news

Cork Integrated Dementia Care Across Settings (IDEAS Project)

Last Updated: Monday, 03 October 2016 11:18

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Mary Mannix
mmannix@muh.ie

Research Support Officer
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The TEAM

Project Lead

Dr Suzanne Timmons, Consultant Physician in Geriatric Medicine
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What is Genio?

Cork IDEAS Project

Integrated DEmentia Across Settings (IDEAS)

The Cork IDEAS project is an initiative to improve and integrate dementia care in Mercy University Hospital and the community. Care provision for people with dementia will be person-centred, with alternatives to admission where possible, improved links between hospital and community and better supports for those caring for the person at home. Nursing care in Mercy University Hospital will be directed by the Dementia Nurse Specialist, who has been appointed as part of the Cork-IDEAS project.

As the project progresses, we hope to reduce waiting times in the emergency department (ED), provide alternatives to the ED and limit the number of ward and bed changes during hospital stay for patients with dementia.

The Cork-IDEAS project will promote screening for dementia in the ED which is important because dementia is under diagnosed but affects about 30% of older people admitted to the Mercy. It is reported that 25% of all acute hospital beds are occupied by a person with dementia at any time. As the population ages, this percentage will continue to rise.

Other key aspects of the project include making minor environmental changes which support the person with dementia, led by an Occupational Therapist, improving discharge supports and facilitating families/carers who wish to continue caring for the patient in the hospital. Developing a "patient passport" (a concise write-up about the person including their likes / dislikes for when patients can no longer express this for themselves) will be an important feature in the care of patients with dementia, facilitating person centred care in a dementia friendly environment.

Mercy University Hospital will shortly introduce volunteers to support the care of patients with dementia, in particular providing company, sitting and chatting or accompanying a person for a walk to the shop or canteen. Educating and training staff is key to the success of these initiatives and will be ongoing for the duration of the project. A community care co-ordinator will lead in the development of an integrated care pathway for people with dementia between community and hospital and back to community. The co-ordinator will improve links between acute hospital staff and key community stakeholders in an effort to ease the patient's journey when they need acute hospital care. A priority of the project also includes supporting families and carers to continue caring for their relative in the community.

Pathway initiatives supporting:

- Assessment / diagnosis
- Quality of experience
- Hospital avoidance / supported discharge

Assessment / Diagnosis

Delirium/Dementia Screening for Patient ≥ 70 years Presenting to the Emergency Department

4AT test

1. Alertness

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

2. AMT4 (*4-item Abbreviated Mental Test*)
Age, Date of Birth, Place (name of hospital/building), Current Year

No mistakes	0
1 mistake	1
≥2 mistakes/untestable	2

3. Attention - Months of the year Backward

Achieves 7 months or more correctly	0
Starts but scores <7 months / refuses to start	1
Untestable (cannot start because unwell, drowsy, inattentive)	2

4. Acute Change or fluctuating symptoms?

NO	0
YES	4

4AT Total Score: Maximum possible = 12

0 = Normal → not for pathway

1 = minor cognitive impairment → not for pathway

*CNS Dementia: Mary Mannix
→ Bleep_____ (Available 9-6 Tuesday -Friday)
→Place patient sticker in referral book out of hours

ED Nurse Completes 4AT for All Patients ≥ 70 Years, *post triage*

4AT Score 2-3: Cognitive Impairment
Also *Possible* Dementia – but many do not have dementia so don't label as such

→ Inform ED Registrar

→ Inform CNS Dementia*

4AT Score ≥4: Suspect Delirium +/-Dementia

→ Inform ED Registrar: urgent
ED Registrar Refers to Medical Registrar

→ Inform CNS Dementia*

→ Medical Registrar assesses patient within 1 hour

→ Diagnosis of delirium or not is made

→ No delirium → Decision made to Discharge or Admit

→ Delirium is present

Discharge:
Letter to GP to include details of disorientation or poor attention

Admission:
CNM2 (Shift Leader) informs Bed Manager re high priority for bed (4 hours)

Dementia/Delirum Care Bundle:
1) Assign Dementia Cubicle
2) Carer Involvement
3) Hydration/Nutrition
4) Pain assessment

- **Follow National ED Delirium Algorithm**
- **Discharge only if senior doctor directs**
- **CNM2 (Shift Leader) informs Bed Manager re high priority for bed (4 hours)**
- **Family/carer informed**
- **Refer to MUH Challenging Behaviour guidelines**

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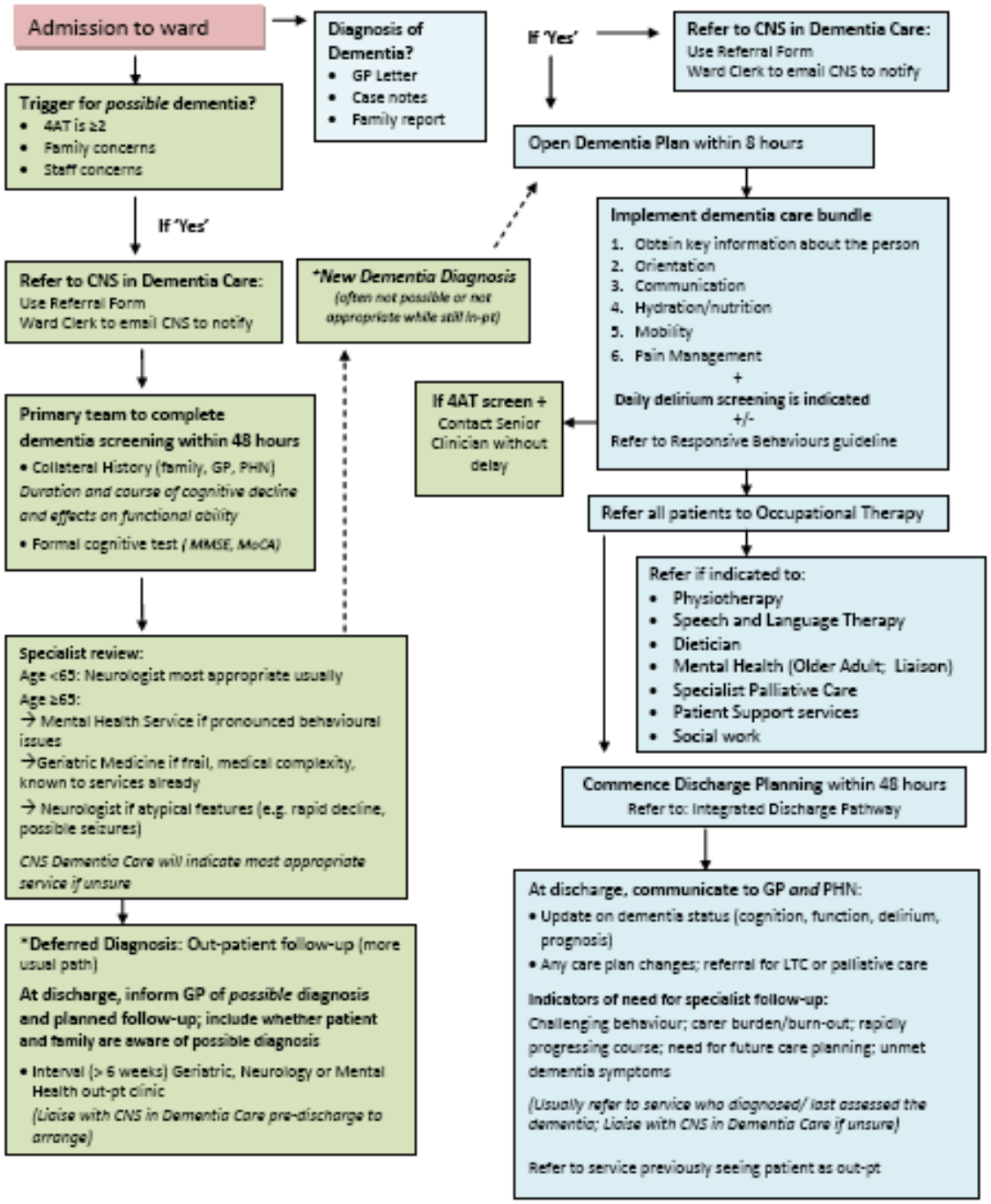
Integrated Care Pathway for Dementia



Delirium on general hospital wards: identifying patients at risk, delirium screening and next steps

Patient is admitted to your ward

Identify patient AT RISK

Age ≥ 70 or any of the following → you must screen daily for delirium:

- **Pre-existing cognitive impairment**
- **Previous delirium**
- CNS disorder e.g. Stroke, Parkinson's
- Functional dependence/ frailty
- Visual/Hearing Impairment
- Depression
- Many comorbid illnesses
- Polypharmacy

Identify and treat delirium precipitating factors

Intrinsic:
Infection Hypoxia Dehydration
Metabolic/electrolyte imbalance
Pain Constipation Urinary retention

Medications:
CNS-acting drugs
Withdrawal: drug/alcohol/ nicotine

Health related:
Surgery esp. neuro, cardiac, ortho
Catheterisation; Use of restraints
Isolation room; Change of environment

** **Having several risk factors dramatically increases the risk of delirium****

4AT delirium screening tool

1. Alertness
Normal (fully alert, but not agitated, throughout assessment) 0
Mild sleepiness for <10 seconds after waking, then normal 0
Clearly abnormal 4

2. AMT4 (*4-item Abbreviated Mental Test*)
Age, Date of Birth, Place (name of hospital/building), Current Year
No mistakes 0
1 mistake 1
≥2 mistakes/untestable 2

3. Attention –
Months of the year Backward
Achieves 7 months or more correctly 0
Starts but scores <7 months / refuses test 1
Untestable (cannot start because unwell, drowsy, inattentive) 2

4. Acute Change or fluctuating symptoms?
NO 0
YES 4

Total ___

If 4AT score is 0, screen is negative → **Repeat tomorrow**

If 4AT score is 1-3, screen is negative, although patient may have cognitive impairment → **Repeat tomorrow**

If 4AT score is ≥4, this is a POSITIVE Screen

This patient needs a formal delirium assessment today

* Possible delirium is a medical emergency – contact a senior doctor or nurse without delay
* Document the positive screen
* Identify and treat all possible risks/ precipitants
* **Arrange urgent formal delirium assessment as per local protocol:** (e.g. liaison dementia/delirium service, psychiatry or psychiatry of old age, geriatric medicine)

Caring for the patient with possible or proven delirium

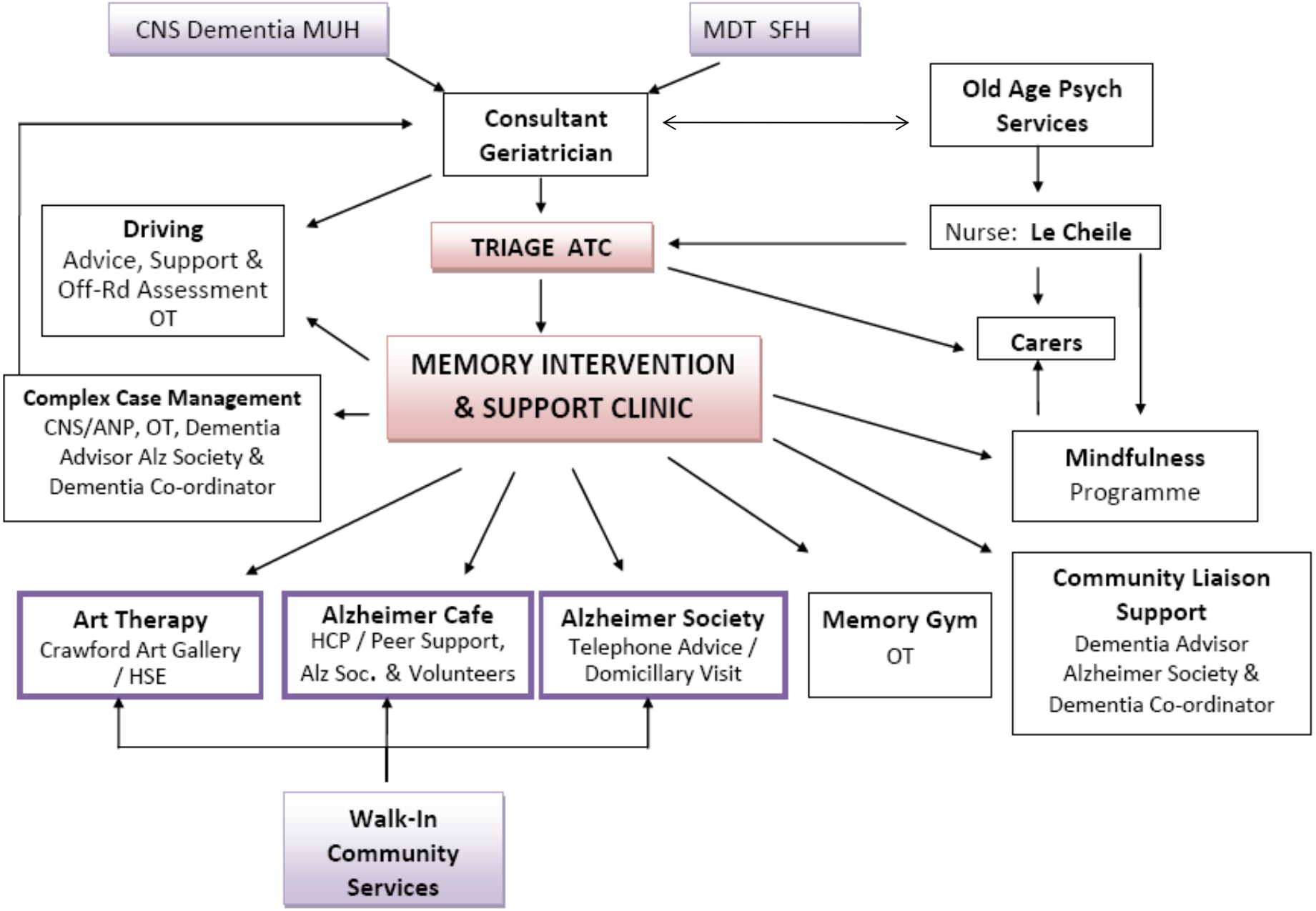
- Explain gently what is happening, orientate the person frequently
- Nurse in a quiet area, consider "one to one" care
- Have familiar staff or family around the person
- Ensure (working) hearing aids and spectacles are available
- Encourage and assist mobility
- Ensure adequate nutrition and fluids
- Limit moves of the person between/within wards
- Medications to treat delirium will be guided by the delirium team

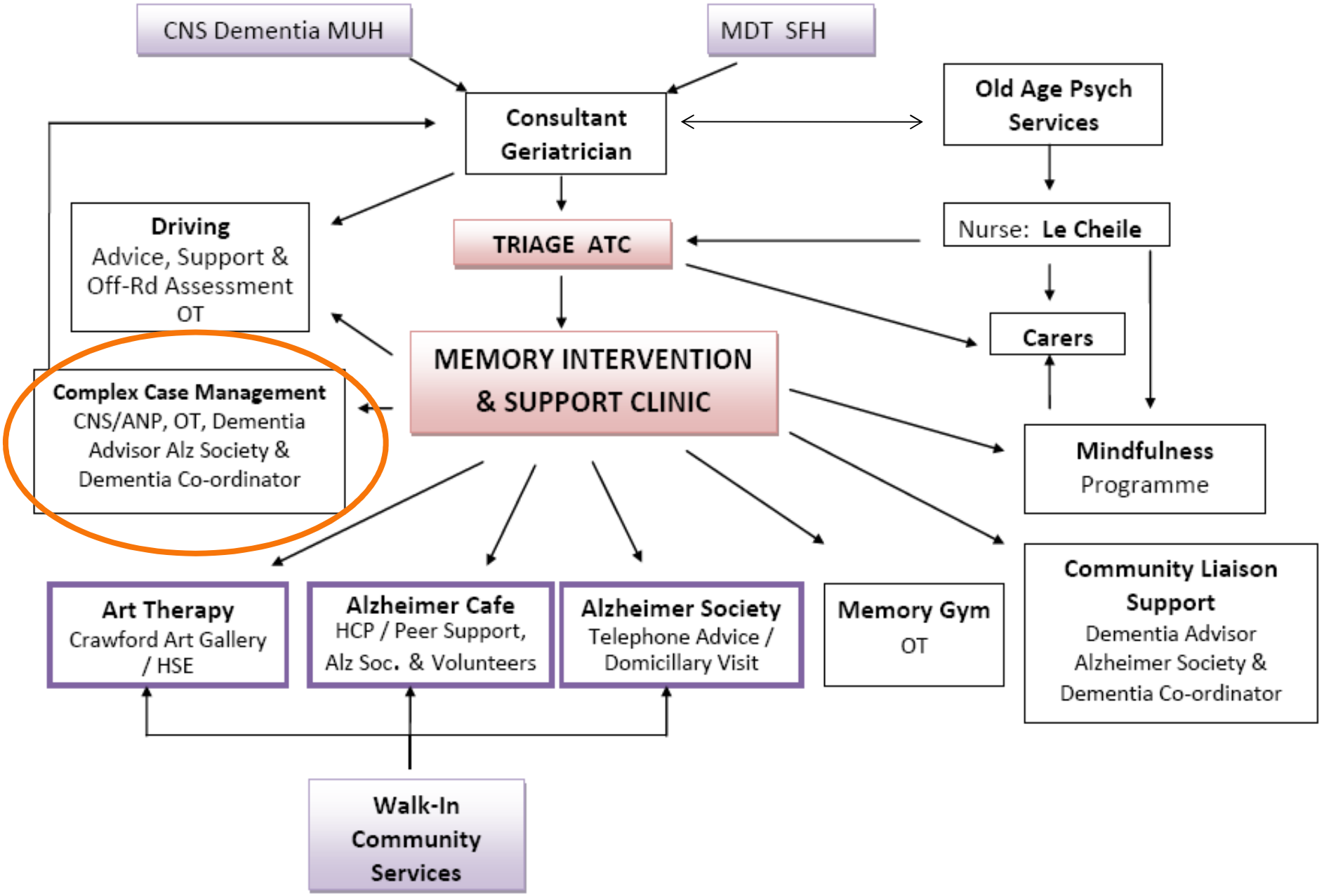
Follow-up

Ensure the person has a follow-up appointment with the delirium/dementia service

Document delirium on discharge letter to GP and make sure the family know of the risk of future delirium

Integrated working approaches between hospital and community: hospital avoidance and supported discharge


CNS Dementia MUH
MDT SFH
Consultant Geriatrician
Old Age Psych Services
Driving
Advice, Support & Off-Rd Assessment
OT
TRIAGE ATC
Nurse: Le Cheile
Carers
MEMORY INTERVENTION & SUPPORT CLINIC
Complex Case Management
CNS/ANP, OT, Dementia Advisor Alz Society & Dementia Co-ordinator
Mindfulness
Programme
Art Therapy
Crawford Art Gallery / HSE
Alzheimer Cafe
HCP / Peer Support, Alz Soc. & Volunteers
Alzheimer Society
Telephone Advice / Domicillary Visit
Memory Gym
OT
Community Liaison Support
Dementia Advisor Alzheimer Society & Dementia Co-ordinator
Walk-In Community Services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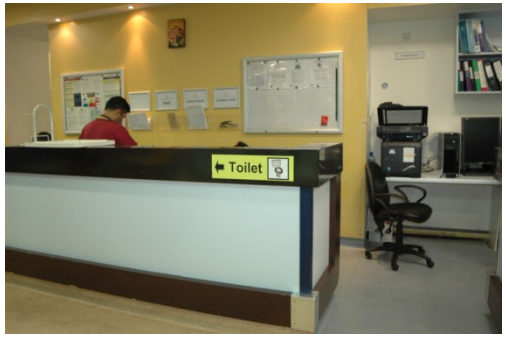
Quality of Experience

Environmental changes:


TOILET


TOILET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Next Steps: link bridges

Education / training /awareness

Hospital: Target approx 700 staff

First Steps: Existing staff

564 general staff awareness session

47 x

10 x

Next Steps: Induction Training

Part of UCC pre-intern training session – since June 2016

Part of new MU

Part of general

"One-off events"

August 2015: ED dementia education week

Nov 2015: dementia awareness week

Sept 2016: dementia awareness week

DSIDC videos for loan

Education / training /awareness

Community: Target PCT

First Steps: raise awareness

Dementia Awareness sessions: 271 to date

Dementi

Mental H

Next Steps: Facilitate training

"Dementia Education and Resource" booklet

Commitment from Dir of PHN North Lee to facilitate staff to complete Dementia Champion training.

Next Steps: GP / PCT training

Cork GP faculty presentation May 2016

Linking with "Prepared" project: piloted in one PCT

New GP dementia module

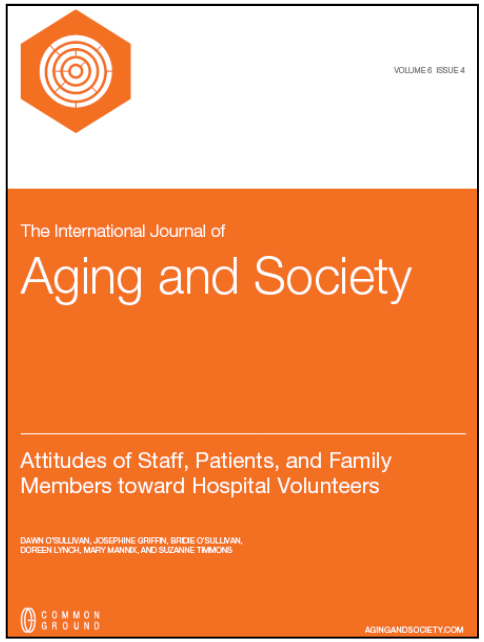
Volunteers

Initial stakeholder interviews

Required new hospital policy

SAGE volunteers:
Coordinated by SAGE
Evolution: regular → as needed calls
supporting transitions to long-term care
literacy support

Hospital volunteers (10→ 8 → 18)
Coordinated by an "expert volunteer"
Evolution: In initial under-use → novel roles
Buddy walking
Branding: T-shirts plus ID badges
ED: needs to be highly responsive



Enablers of education, environmental change and change management

- National agenda item
- National dementia education availability
- MUH special qualities
- Dedicated staff for the project
- Leading out with dementia awareness
- Regular updates
- Fundraising as awareness raising

Acute Consortium Members

Dr. Suzanne Timmons, Geriatrician
Mary Mannix, Dementia Nurse Specialist
Sandra Daly, CEO
Dr Elaine Dunne, Psychiatry of Old Age
Dr Gemma Browne, Consultant Lead for Acute Medical Assessment Unit
Josephine Griffin, Patient liaison Officer
Margaret McKiernan, Director of Nursing MUH
Prof. David Kerins, Clinical Director MUH
Sile O' Grady, Emergency Department Advanced Nurse Practitioner
Geriatricians: Dr. Colm Henry, Dr. Kieran O' Connor, Dr. Catherine O'Sullivan
Dr Adrian Murphy, Emergency Department Consultant
Ms Eileen Looney, Discharge Coordinator
Anne O' Hea, Anne Quirke, Occupational Therapists
Ruth McCullagh, Physiotherapist
Micheál Sheridan, Mercy University Foundation
Dr Paul Gallagher, CUH geriatrician, Dr Ciara McGlade MGH geriatrician
Sharon Maher, CNM St Mary's ward
Colman Rutherford, Head of Social Work
Emer O' Regan, Dietician
Grace O'Sullivan, Coordinator, Hospice Friendly Hospitals programme

Community consortium members

Gabrielle O'Keeffe, Lead for Social Care CHO 4

Dr Aoife Ni Chorcorain Psychiatry of Old Age

Dr. Eoin Monahan GP

Dr. Jim Harty, GP

Cora Williams, Director of Public Health Nursing North Lee

Jon Hincliffe, Alz Soc Ireland Cork branch

Aidan Warner, Primary Care Community Worker

Patrick O'Keeffe, Carer

Bruce Pierce, St. Luke's Home, Director of Education

Mary J Foley, ANP Older Persons, Memory Support Clinic / Alzheimer's Cafe

Peter Cox, Family Carers Ireland

Dr. Tony Foley, GP

Esther Kennelly, Community Mental Health Nurse

Garett Cody and Ken Anthony: Home support manager, North and South Lee

Dr. Catherine Sweeney, Medical Officer, Marymount University Hospice and Hospital