Feedback on the Exposure Draft of the White Paper

12 May 2015

Following attendance at the recent Nursing and Midwifery Consultations on the implementation of One Health System I would like to provide some feedback in relation to improved use of existing services and nursing workforce to improve the efficiency of our health service.

Community Dementia Service

The Community Dementia Service (CDS) has been operating in Northern Tasmania since 1997. The CDS is a unique service which is part of Primary Health, Tasmanian Health Organisation- North (THO-N). The CDS consists of a team of health professionals who offer consultation, assessment, information and the provision of direct care to people with dementia. The service also provides education and support for the families and carers of clients. CDS operates 7 days a week from 7.30 am – 9.30 pm in the Launceston community and provides care to an average of 70 clients. Service provision includes case management, ongoing assessment of client and carer needs, development of a plan of care in partnership with the client and family, provision of direct care, development of strategies to assist carers and families to manage behavioural and psychological symptoms, referrals to and coordination of other needed support services and future care planning for clients and families.

Background

THO-N is committed to improving the pathways to a timely diagnosis of dementia. In 2011 Primary Health (PH) endorsed a six month trial of a cognitive assessment process to assist General Practitioners (GP's) in the assessment and diagnosis of dementia. The trial was in response to GP's reluctance to diagnose dementia particularly in the early stages of the illness (McInally 2015).

The aim of the trial was to formally evaluate the effectiveness of the assessment process and determine its future use by PH. The documented feedback from GP's, and the consensus among clinicians involved in the trial, was that were positive outcomes for clients and their families regarding both the assessment and diagnosis of dementia. The assessment trial also resulted in an increase in networks with other community services which included Alzheimer's Australia Tas. who were very supportive of the trial.

There was no funding provision for the trial with clinicians involved conducting the assessments in addition to their normal role and responsibilities. On completion of client assessments additional information was forwarded to GP's including recommendations, when indicated, for medication reviews, driving assessments, invoking of Enduring Powers of Attorney or appointment of a Power of Attorney, completion of Advance Care Directives and the need for specialist assessments.

The recommendation at the completion of the 6 month trial was that CDS would continue to complete cognitive assessments as assisting GP's in diagnosing dementia not only improve organisational outcomes but also client outcomes. The advantages of a timely diagnosis of dementia include an end to uncertainty for clients and carers, access to treatment options, the ability to plan and undertake care planning, access to practical and emotional support and the opportunity to develop positive coping strategies. The clinical effectiveness of this practice intervention is evident and promotes optimal care for individuals with dementia and their families.

Current Service Provision

The CDS continues to conduct cognitive assessments for individuals either self-referred or referred by family members, other community services, non-government organisations or GP's. There remains no resourcing for this additional service provision. It is testimony to the commitment of the CDS that this service continues. In addition since July 2013, CDS receives access to details of all patients referred to the Memory Clinic, LGH, and where possible conducts cognitive assessments for these individuals while they are awaiting an appointment. Information forwarded to the Medical Specialist includes the cognitive assessment, life history information, current social supports and recommendations. The current CDS process is detailed in the Cognitive Assessment Procedure Flowchart (Attachment 1). This followed feedback received from GP's, service providers and family members during the trial period that appointments for specialist consultations can be a protracted process due to the Specialist's work demands. It is recognised that timely intervention, in the form of assessment and treatment options can have a significant impact on an individual's disease pathway.

Future Possibilities

Dementia currently has a significant impact on the health system. It is estimated that there are 7818 people living with dementia in Tasmania in 2015; the projection is that Tasmania will have 13,544 people living with dementia in 2040 (Access Economics 2009). It is also estimated that 50 to 80 per cent of people with dementia do not have a formal diagnosis (Prince et al 2011).

"Memory clinics are a key response to the need for specialist assessment and diagnosis of dementia" (Bentley et al 2014). Memory clinics also have a key role in supporting the person with dementia and their care providers. As stated in the Nursing and Midwifery Consultation information nurse led clinics have been shown to benefit patients through increasing access and decreasing waiting times while providing the best clinical care. The implementation of One Health System does provide an opportunity to explore innovation opportunities within our existing system and service.

Hobart currently has a nurse-led memory clinic which operates from the Older Persons Mental Health Service site one day per week. The establishment of a community memory clinic in Launceston operating from the Allambi Building, Howick Street, or one of the

existing Community Health Centres would be a cost effective, primary care focused approach to timely diagnosis, early intervention and ongoing support for individuals with dementia and their carers in the North of Tasmania. Resourcing through the provision of access to a Geriatrician would be required for the operation of this clinic. While the appointment of a Nurse Practitioner would be optimal CDS Dementia Nurses, who have Post-Graduate qualifications and specialised knowledge and skills in dementia care, can conduct community or clinic based assessments.

The CDS Dementia Nurse would provide the Geriatrician with comprehensive assessment information to inform the consultation, remove unnecessary duplication of work, and improve continuity and transfer of information and most importantly coordination of care. The CDS Dementia Nurse would also be responsible for providing post-diagnosis information and support services. The approach needs to be balanced between promoting choice and autonomy while providing needed support and services to enable people to be cared for in the community. Person centred care practices can reduce distress for the person with dementia by acknowledging the psychosocial support needs of the individual and their carers (Gibson et al 2007).

GP's are often the first point of contact for individuals, or their family members, who notice changes in memory or behaviour. GP's are central to the provision of ongoing advice and support through a person's journey with dementia. GP's would be able to refer patients to the Memory Clinic for specialist dementia services to facilitate timely access to assessment, care and support. GP's and other health professionals need clear practice guidelines and information regarding local services and referral pathways to assist individuals with dementia following diagnosis (AHMAC 2013). The Memory Clinic would be able to support GP's, and other service providers, in their role through the provision of specialist services not only for assistance with diagnosis but also ongoing support regarding more complex presentations. This would enable individuals with dementia to remain in the community with support provided for GP's, community service providers and family members.

Aside from diagnostic benefits the clinic would also enable timely consultation for existing CDS, and other community service clients, when specialist assessment and support is required. Reassessments could be conducted especially in the presence of behavioural and psychological symptoms of dementia to ensure appropriate and timely support is delivered. This would promote the enablement of individuals, many of whom live alone, to remain in the community. This service model is centred on the philosophy of providing the right care, in the right place at the right time by the right staff.

One in every four people with dementia requires hospital services each year (Alzheimer's Australia 2014). Individuals with dementia experience worse clinical outcomes, increased lengths of stay, higher mortality rates and higher likelihood of readmission compared to individuals who don't have dementia which results in high cost to the health system (Australian Commission on Safety and Quality in Health Care 2013). The CDS could transition to being a greater resource for the Launceston General Hospital staff through the creation of a liaison position within the team. This would enable flexible, responsive consultancy and support for individuals with dementia who are admitted to the acute care system with the aim of improving health outcomes. Outcomes for individuals with dementia

can be improved, leading to efficiencies in health care spending by strategies such as identifying and managing dementia in acute care facilities, reducing avoidable hospital admissions, increasing staff training in communication and responding to behavioural and psychological symptoms, support for carers and discharge planning (Alzheimer's Australia 2014).

The CDS is well placed to provide clinical leadership in dementia care through a consultancy liaison model with the LGH. The CDS Dementia Nurses clinical expertise and knowledge could improve acute care staff understanding of the conditions and issues in caring for individuals with dementia and strengthen clinical decision making for the benefit of patients and the hospital. The creation of a liaison position would enable a flexible response to meet the needs of both individuals with dementia and acute care staff. CDS could also assist with coordination of discharge care using their knowledge of client and carer needs and community services.

Conclusion

There is a need for recognition of current primary health services and the opportunities that the current review provides. Looking at existing innovation in practice demonstrates the potential for maintaining the health and wellbeing of those with chronic and complex conditions in the community. Nurse-led clinics can be an efficient, cost-effective and valued alternative to the more traditional model and they are preferred by service users (McInally 2015). Nurses can assume greater responsibility in clinical assessment regarding the diagnosis of dementia and implementing a dementia care pathway at an earlier point (Page et al 2008). The proposed CDS model would result in both clinical and economic benefits for both community and inpatient clients. Improving quality of life, maintaining function and maximising comfort are appropriate for people living with dementia throughout the disease trajectory with an emphasis on particular goals changing over time (Cognitive Decline Partnership Centre 2015). The CDS has the existing team structure and clinical expertise which could transition to this service model seamlessly.

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Attachment 1

Community Dementia Service – Cognitive Assessment Procedure Flowchart

Attachment 1 Community Dementia Service – Cognitive Assessment Procedure Flowchart