



Australian  
College of  
Nursing

Voice of influence

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Mr Holland

**Re: Inquiry into: *Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD)***

Australian College of Nursing (ACN) is pleased to provide a submission on the *Care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD)* to the Senate Standing Committee on Community Affairs.

ACN supports the view that effective high quality care and management of younger and older Australians living with dementia and BPSD can significantly improve health and lifestyle outcomes for people with dementia causing illnesses. However, the following comments are made recognising that dementia is not a single 'disease'. Dementia is a set of symptoms that can result from a wide range of illnesses, some of which are reversible and some of which are able to be moderated if a diagnosis of the underlying cause is made.

This submission provides a general response to the inquiry and outlines the potential of the nurse workforce to contribute to the coordination and delivery of care to people with a range of conditions causing dementia.

Please do not hesitate to contact me for further information in relation to the ACN submission. We look forward to the outcomes of this Inquiry.

Yours sincerely

Adjunct Professor Debra Thoms FACN (DLF)  
Chief Executive Officer  
Australian College of Nursing

3 May 2013

## **Submission**

### **Australian College of Nursing submission to: the Senate Standing Committee on Community Affairs Inquiry into the care and management of younger and older Australians living with dementia and behavioural and psychiatric symptoms of dementia (BPSD)**

#### **Terms of Reference**

- a) Scope and adequacy of different models of community, residential and acute care for Australians living with dementia and BDSP:**
  - i) Commonwealth-provided support and services**

While the Federal Government provides support and services through funding of the residential care sector, there is no quarantined support specifically for dementia services. As a result, there is rarely adequate funding for specialised care and services such as, specialised activity programs and closer individual engagement, which are important for maintaining and/or enhancing the quality of life for an older person with dementing illnesses. Funding is available however for these kinds of services delivered in the community, for example through Extended Aged Care at Home (EACH) packages. Nevertheless, this type of assistance often falls short in catering for the needs of both the carer and the person being cared for, especially in the context of BPSD. Consideration needs to be given to better integration of services funded through both Commonwealth and State programs.

Given the insufficient number of dementia specific units and facilities currently available to meet existing demand, persons with dementing illnesses requiring residential care are often cared for in environments designed for residents with a higher level of physical need and dementia specific care is often not available or provided. There are also significant gaps in the provision of any type of tailored care for younger people living with dementing illnesses and BPSD (i.e. 30-65 years age range). The limitations of living within often unsuitable aged care facilities, places great stress on younger and older people living with dementia and BPSD.

Appropriate staffing is another constant issue of concern within residential aged care. The skill-mix of staff is often not appropriate to provide for the complex needs of individuals with dementing illnesses and BPSD.

Aged Care Assessment Teams (ACATs), or any future arrangements that result from the *Living Longer Living Better* reforms, also need to be better resourced particularly in regional areas, to allow for more appropriate, efficient and timely assessments to be undertaken which would go some way towards improving existing Commonwealth services.

- ii) State and territory provided services**

Services in the states and territories can be fragmented and confusing for older people and/or their carers who wish to access services such as Home and Community Care (HACC) services. It is acknowledged that the *Living Longer Living Better* reforms are aiming to reduce this kind of systems fragmentation with solutions such as the proposed aged care service *Gateway*, however, it is important to reiterate the depth of this problem to ensure it is given the highest priority.

Another critical issue at the state and territory level is the need for jurisdictions to provide education to health care staff and health care professionals in the management of people presenting with dementing illnesses and BPSD in acute and community care settings, particularly older people admitted with highly complex needs.

#### **The skilled generalist nurse**

The health support needs of individuals with dementing illnesses lie in areas such as health promotion, early detection and remedy of health and social problems as well as advocacy in dealing with other aspects of the health system. Nurses in these roles provide health knowledge, information,

skills and experience and are agents of connectivity within our health care system. Nurses are unique in providing essential linkages between the system's many users, health professionals and service arrangements while placing the patient and their supporters at the centre of care pathways.

The skill set of the generalist nurse includes broad clinical and health care skills, an understanding of a wide range of practice environments, an ability to coordinate multi-disciplinary teams, and liaise with other service agencies. The generalist nurse also advocates for people in their care. Just as general medical practitioners are able to work proficiently in the general medical environment, so too are nurses able to function effectively in general nursing contexts and have significant value to add to the care pathway of individuals with conditions that render them mentally confused.

### **Role of nurses as coordinators of care**

In meeting the goal of supporting people with dementia symptoms to remain independent for as long as they can, health service and care pathways should be developed that seamlessly link people through diagnosis to interdisciplinary care delivered by health care teams. These teams should have the capacity to understand the full range of dementia-causing conditions, possess the skills to deliver contemporary treatment and care, provide information and advice as well as be able to coordinate care. Community and specialist nurses skilled in this field of care are uniquely placed to provide a coordination role linking people diagnosed with dementing illnesses with other health professionals and social services as required. Such services include dental care, social workers, occupation therapists, transport services and legal/financial support services.

ACN believes nurses are generally underutilised in the delivery of health care services in Australia. While there are positive trends towards enhancing and expanding the roles of nurses, particularly in the promotion of private sector aged care and primary health care services, there are currently many areas within health care that would benefit from greater investment in the nurse workforce. In dementia care, the roles and potential contribution of nurses to treatment and care should be examined in the development of national strategies towards improved intervention practices.

Nurses, due to their prominence across health settings as well as through the nature of their service engagement, are able to support people with dementia symptoms from all dementia etiologies in their efforts to maintain good health and wellbeing. With targeted skills enhancement, registered nurses could more routinely provide dementia care and assist in setting self-management and family/carer management goals and actions in collaboration with other health professionals.

Nurses should be supported to establish clinics, consultation rooms and mobile services to people with dementia in the community and elsewhere, due to their systems knowledge and clinical skills. Nurses have the capability to lead inter-professional and cross-sector teams. To ensure effectiveness and efficiency in the design and delivery of dementia care and services, strategic investment in nursing roles to support accurate early diagnosis and intervention should become a policy priority.

### **b) Resourcing those models of care**

There is a need for dementia specific service models and funding, that is separate from the general aged care funding allocation.

#### **Specialist nursing roles**

Specialised nurses and nurse practitioners are able to provide a comprehensive approach to the care and support of people with challenges to their health or safety. Specialist and consultant nurses with postgraduate specialty qualifications can greatly increase the range of services available in all care contexts. ACN recommends the development of specific incentives for approved providers in aged care to engage in developing diverse practice for nursing roles. The aged care sector needs to provide more specialist nursing services to meet the rising prevalence of people with dementia causing conditions. Incentives and innovative models of care that would allow the sector to achieve this would assist in meeting the growing demand for services resulting from the ageing population.

#### **Nurse practitioner services**

Acknowledging the emergence of national policy aimed at growing the role of NP in aged care and in primary health care, ACN believes there are great opportunities to further develop NP roles. ACN also notes that there are practical issues requiring attention, including Medicare Benefits Schedule (MBS)

and Pharmaceutical Benefits Scheme (PBS) options and barriers to navigating the legislative requirements for collaborative arrangements with medical practitioners. There are also service delivery and professional considerations that will need to be resolved in order to ensure an enabling environment for the greater utilisation of NPs in speciality areas. In the face of demographic change and an ageing population in Australia, NPs present a practical solution to improving access to high quality care and to reducing the high cost associated with dependence on hospital-based medical services.

The health and wellbeing of people with dementia symptoms will continue to depend on accurate diagnosis and access to skilled and knowledgeable health professionals who can provide effective clinical interventions. Regardless of where this access occurs, the expectation is that these professionals will have advanced abilities in assessment, diagnosis and treatment options as well as advice on healthy and productive lifestyles and strategies in adaptation where necessary. A higher proportion of care could take place in the community setting if a cohesive framework for skilled nursing care could be established within communities. The political will to move from the dominant medical paradigm to a more inclusive and professional integrated one is required to activate this highly skilled and effective workforce to provide a greater contribution in the area of dementia care.

### **Education**

From an educational perspective, improving the quality of life and assisting people to remain independent for as long as possible can be achieved as part of a Commonwealth multi-faceted plan, through ongoing education of nurse nationally. Federal government sponsored Post Graduate studies for registered and enrolled nurses in dementia intervention would greatly increase the national professional skill-base throughout the Australian community. For broad acceptance, these courses would include education that can be completed within a day, a few days, a few weeks or a few months, and need to be offered several ways including distance mode, internet-based and face-to-face workshop format.

Australian College of Nursing is an ideally placed national education provider to design and deliver a suite of dementia education modules across Australia.

### **Scope for improving the provision of care and management of Australians living with dementia and BDSF, such as:**

#### **i) Access to appropriate respite care**

There is limited availability of appropriate respite care for persons with dementing illnesses. Increased availability and access to dementia specific respite facilities and services can support people living in their own residences for longer periods. The lack of respite care can precipitate entry into residential care.

#### **ii) Reduction in the use of both physical and chemical restraints**

Reduction in the use of both physical and chemical restraints can be achieved by proper and well-targeted education of carers, staff, GPs and pharmacists. It is well known that both physical and chemical restraints can exacerbate situations and place people with dementing illnesses at risk of harm. Whilst it is acknowledged that there has been a reduction in the use of physical restraint in recent years, more still needs to be done to enable staff and carers to understand what constitutes appropriate and safe 'restraint'.

### **Antipsychotic medication**

ACN firmly believes that antipsychotic medications should only be used in the short term and should not be used as an intentional form of chemical restraint. The use of antipsychotics in this manner amounts to an over-treatment of the condition.

Overuse of anti-psychotics can have serious side-effects, including risk of heart attack and stroke. A key element in achieving accurate early diagnosis of dementia or alternative illness causing disorienting symptoms, is the collaboration between nurses and medical professionals involved in care. Clearly, the excessive use of antipsychotic drugs in residential aged care is associated with issues of fragmented care, inadequate staffing, lack of funding and training in this area.

Ideally, review of patients' medications should occur frequently, with a view to promoting quality of life. This requires that staff have adequate access to training and accurate, detailed background information. It would be helpful for aged care staff to know who prescribed a certain medication and for what reason. Patients themselves in aged care facilities will often not be able to give their own patient history – it therefore becomes important that integrated care with detailed documentation is delivered. As stipulated by current best practice guidelines, medical practitioners must collaborate with nurses giving them detailed background information about individual patients' care programs.

**Contact Details**

Debra Thoms  
Chief Executive Officer  
Australian College of Nursing  
P 02 6283 3401 (Canberra)

[Debra.Thoms@acn.edu.au](mailto:Debra.Thoms@acn.edu.au)