Australian College of Nursing
Voice of influence

Australian Commission on Safety and Quality in Health Care
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To whom it may concern

Re: *Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care: A Consultation Paper*

Thank you for inviting Australian College of Nursing (ACN) to provide feedback on the Australian Commission on Safety and Quality in Health Care's (the Commission) *Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care: A Consultation Paper* (the Handbook).

ACN welcomes the Commission's development of a handbook for clinicians and managers in acute health services outlining key strategies that can be implemented to reduce the risk of harm and improve the quality of health care for patients with, or at risk of, cognitive impairment. ACN believes the Handbook could be greatly enhanced by:

- clarification on the focus of the Handbook;
- a clearer structure and layout;
- a review of the content;
- consistency in the use of language; and
- a greater focus on staff engagement on an individual level with patients in the delivery of care.

The attached submission details ACN's comments in relation to the above points.

Please do not hesitate to contact me for further information or discussion on this matter. ACN welcomes any future opportunities to provide further feedback on the Handbook.

Yours sincerely

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Chief Executive Officer

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Feedback on *Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care: A Consultation Paper*

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Introductory comments

Nurses are central to managing the care and environment of patients with cognitive impairment in the acute care setting. For this reason Australian College of Nursing is pleased to have been given the opportunity to review the Australian Commission on Safety and Quality in Health Care's (ACSQHC) *Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care* (the Handbook). ACN supports the Handbook's focus on the patient journey and its emphasis on involving the patient and patient's carer(s) in the planning and organisation of care by the health care team.

The consultation asks reviewers how well the draft Handbook:

- raises awareness of cognitive impairment as a safety and quality issue;
- provides a useful guide to actions, strategies and resources to improve safety and quality; and
- demonstrates how actions can be mapped to the NSQHS Standards.

ACN has reviewed the Handbook against these criteria and provides a response as detailed below.

- *Raises awareness of cognitive impairment as a safety and quality issue*

Whilst the title of the Handbook refers to the subject of 'people with cognitive impairment' much of the Handbook's content focuses on people with dementia and delirium. If the intent is to only focus on these two conditions associated with cognitive impairment, it is recommended that this be made explicit in the Handbook's introduction and title.

The scope of the Handbook as outlined on page 9 suggests that the actions and strategies proposed to safeguard care quality and safety may be applicable across a range of conditions without offering any clear guidance on the Handbook's applicability beyond the conditions of dementia and delirium. ACN recognizes the broad range of conditions for which cognitive impairment may be a symptom and would suggest that care requirements across these conditions require differentiation.

The Handbook does not explicitly address the complex care requirements of people with cognitive impairment. The inclusion of case studies that demonstrate the complex care people with cognitive impairment often require may be of value.

ACN recommends that a number of principles of quality care related to communication with patients and within multidisciplinary teams and, individualised care be included in the Handbook.

- *Provides a useful guide to actions, strategies and resources to improve safety and quality*

ACN suggests that the Handbook's content could be presented more clearly to the reader. In its current presentation the Handbook identifies a range of responsibilities of health service managers and individual clinicians without clear differentiation.

The term *Mechanisms* is used to describe what appear to be organisational components that, if effectively linked, bring about the conditions required for quality care. These components could be better described as *Strategies* or *Processes*.

The Handbook is structured according to the different stages of the patient's journey to which three safety and quality mechanisms have been applied. However, the mechanisms' subsections "What can you do to improve the care you provide?", "How can I make improvement happen?", "NSQHS Standards", and "Evidence you can use at accreditation", do not provide clear guidance to the reader. For example, it is unclear who the target of each of the subsections is when the term 'you' or 'I' is used.

The safety and quality mechanisms are defined in broad terms and could be further developed to capture key elements. For example, the mechanism 'Skilled and Informed Staff':

- makes no reference to staffing levels;
- does not identify key roles within the multidisciplinary team;
- does not acknowledge the breadth of professional roles required when caring for people with cognitive impairment.

The inclusion of information on the composition of multidisciplinary teams is important to the usefulness of the Handbook. If the Handbook identified the different health professional and non-health professional staff involved in caring for people with cognitive impairment and the extent of their contribution to care this information would help health service managers with service planning, including staff education. For example, nurses have a central role in the care of people with dementia in the acute care setting. Nurses also design and implement care plans that include most of the non-pharmacological interventions that target risk factors for delirium, and prevent a deterioration in cognitive impairment. Alerting health service managers to the benefits in terms of patient outcomes of targeting nurses with additional education could support managers in their service planning.

- *Demonstrates how actions can be mapped to the NSQHS Standards.*

ACN supports the aim of developing a Handbook that illustrates how care activities can be mapped against the National Safety and Quality Health Service (NSQHS) standards. However, as the NSQHS standards are not provided in the Handbook, it does not provide the reader with access to information which enables readers to assess whether they are working to those standards.

Specific comments

Comments to flow charts on pages 14 and 15

The flowchart on page 14 entitled "Evidence Based Safety and Quality Pathway for Patients with Cognitive Impairment" does not capture those people known to have cognitive impairment unrelated to dementia or delirium and therefore does not provide a decision-making pathway for these patients. It is also suggested that the purple box entitled "Identify Cognitive Impairment" be amended to more specifically state the action involved, for example "Assess for Cognitive Impairment".

The Safety and Quality Matrix presented on page 15 lists items as if they all could occur concurrently in response to an individual patient's journey. However, some of the actions belong within a systems approach and should be in place before a patient's presentation (e.g. "Implement evidence based environmental design"). Others items listed should occur in response to an individual's care requirement at the time of delivery of care. Further, the responsibilities for the actions listed are not articulated. Yet, some actions are the responsibility of a health professional, others the responsibility of different levels of health service managers.

Our comments are further provided in relation to the three sections of the Handbook representing a patient's journey.

Identification and Assessment of Cognitive Impairment

The section advises that anyone with cognitive impairment should be assessed for dementia and/or delirium. It could be argued that dementia diagnostic processes are not necessary for all people with cognitive impairment.

Effective Management of Cognitive Impairment

Terminology is not used consistently throughout the document regarding the management of care for people with cognitive impairment. ACN proposes that "management of cognitive impairment" is incorrect terminology as it is the care, environment, medications and behaviours that are managed rather than the cognitive impairment that, in the case of dementia, is irreversible. It should be noted

that the resources listed as valuable references for readers do not refer to 'managing cognitive impairment' but to management of patients with cognitive impairment.

The section *Effective Management of Cognitive Impairment* is largely focused on delirium and does not provide sufficient distinction between delirium and dementia. The section would be enhanced by an increased focus on those factors that impact on the safety and quality of care for those with cognitive impairment related to dementia. Identifying care strategies separately for dementia and delirium would give the document greater clarity in structure and content.

As discussed previously, a number of key elements are missing in the section which ACN recommends should be included. For example:

- the communication of care information within multidisciplinary teams;
- appropriate registered and enrolled nurse staffing sufficient to ensure patients with dementia and/or delirium receive the care, assistance and supervision required; and
- continuity of care (this is a particular concern for nursing where teams may be large).

Whilst a list of strategies for the prevention of delirium is presented on page 32 there is no corresponding list of strategies to support the provision of appropriate care for those with other forms of cognitive impairment such as dementia. It is recommended that the list presented also include approaches to the management of care such as consistency in staffing, communication strategies such as repeated explanations, simple instructions, involvement of patient and so on.

A number of the points listed under *Safety and Improved Quality Outcomes* are not outcomes but are actions that prevent the exacerbation of cognitive impairment and could be presented as such.

The list of activities on page 34 under *What can you do to improve the care you provide?* is extremely limited and should be further developed to include at a minimum the development of systems to support individualised care and adequate staffing levels.

Similarly the list of activities on page 38 under *Mechanism 3 What can you do to improve the care you provide?* is incomplete and should be expanded to include, at a minimum, that the patient be provided with adequate:

- time to complete tasks of daily living;
- staff supports to assist with tasks of daily living;
- time for explanations, repetition of explanations, and delivery of care.

Following the patient story documented on page 40 under "What could have been done better?" the critical factor of increased nursing supervision of care requirements and patient comfort should be included. This section would benefit from further development.

Seamless Care Transitions for People with Cognitive Impairment

This section appears to focus on advance care planning rather than transitioning from and to other services or the patient's home where the integration of services and care is vital. ACN recommends that the importance of discharge planning be highlighted and an overview of strategies provided. Communication between services and appropriate patient referrals at this point of the patient journey should also be highlighted.

To support patient and carer participation in any transition of care, it is recommended that they be involved not only in the decision-making but also in the arrangements made for supports to be provided in the transition of the patient's care.

The section could be further developed by giving consideration to patients' needs when transitioning back to their own home particularly if services are not utilised. This section seems to assume that services are readily available, accessible and availed of in all situations.

It is not clear what is meant by the term 'hospital substitution services' (page 45) in the context of this document and the term should be defined.

Additional comments

The meaning of the terms ‘flow of the day’ (pages 11 and 32) and ‘alert systems’ (page 24) is unclear. Definitions of these terms could be included in the Glossary at the front of the Handbook.

ACN notes that there are a number of spelling and editorial mistakes which will require correction prior to finalisation.