Improving Care for Patients Living with Dementia: The Regional Geriatric Program of Eastern Ontario Acute Care Dementia Strategy

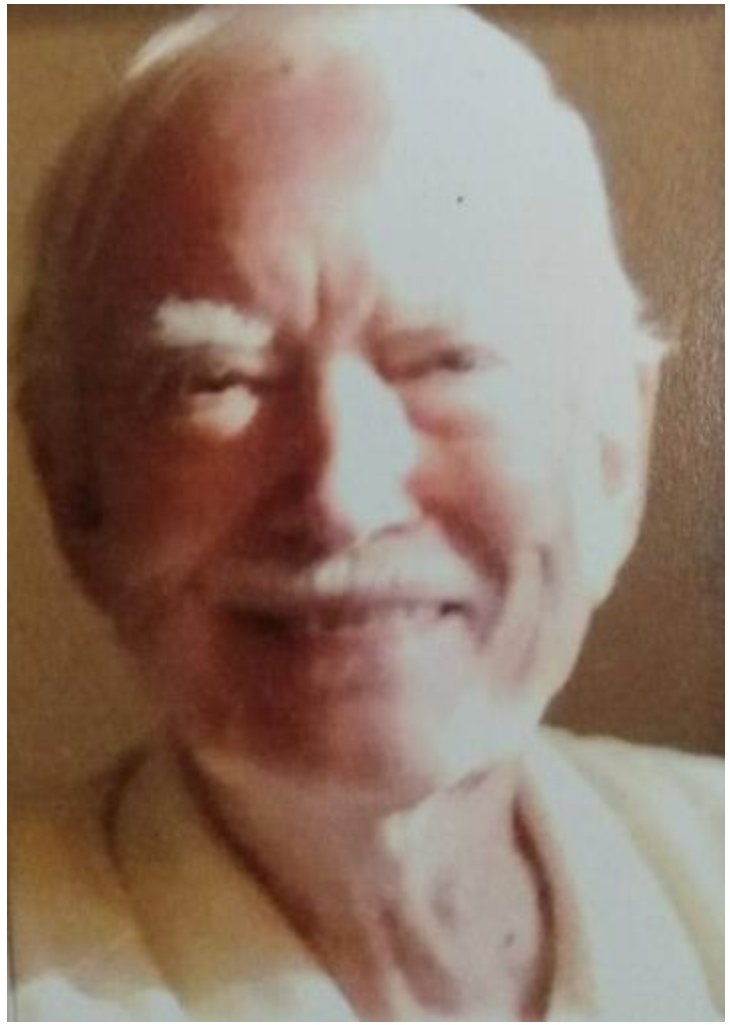
Background

Overview of Strategy

Focus areas

Operationalization of the Strategy

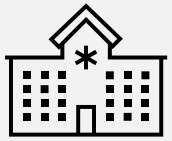
Next Steps…



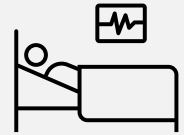
Impact of Dementia

- Older adults living with dementia spend 2.5 hours longer in Emergency Departments than those without Dementia

- Hospitalization rates are 65% higher for older adults living with dementia



- Older adults living with dementia aged 65-79 stay in hospital twice as long as those without dementia



- Older adults with dementia experience more adverse outcomes when admitted to hospital

Impact of Dementia in Acute Care

ED Capacity

Post-op complications

Agitated behaviours

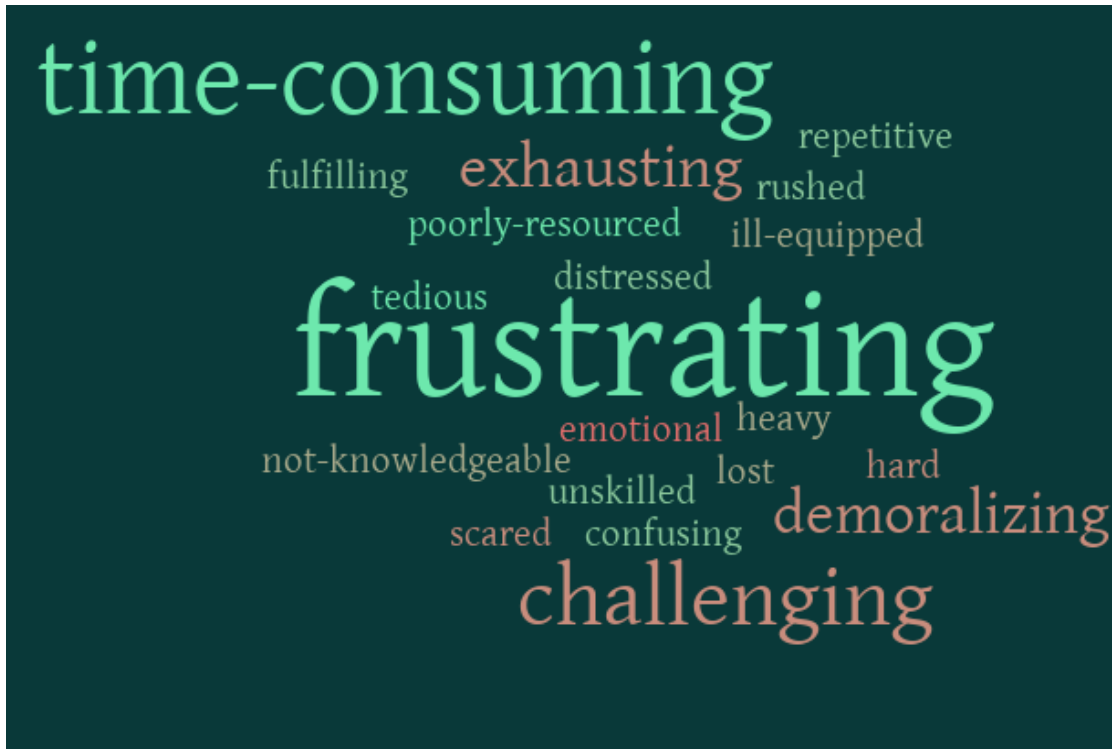
Poor patient experience

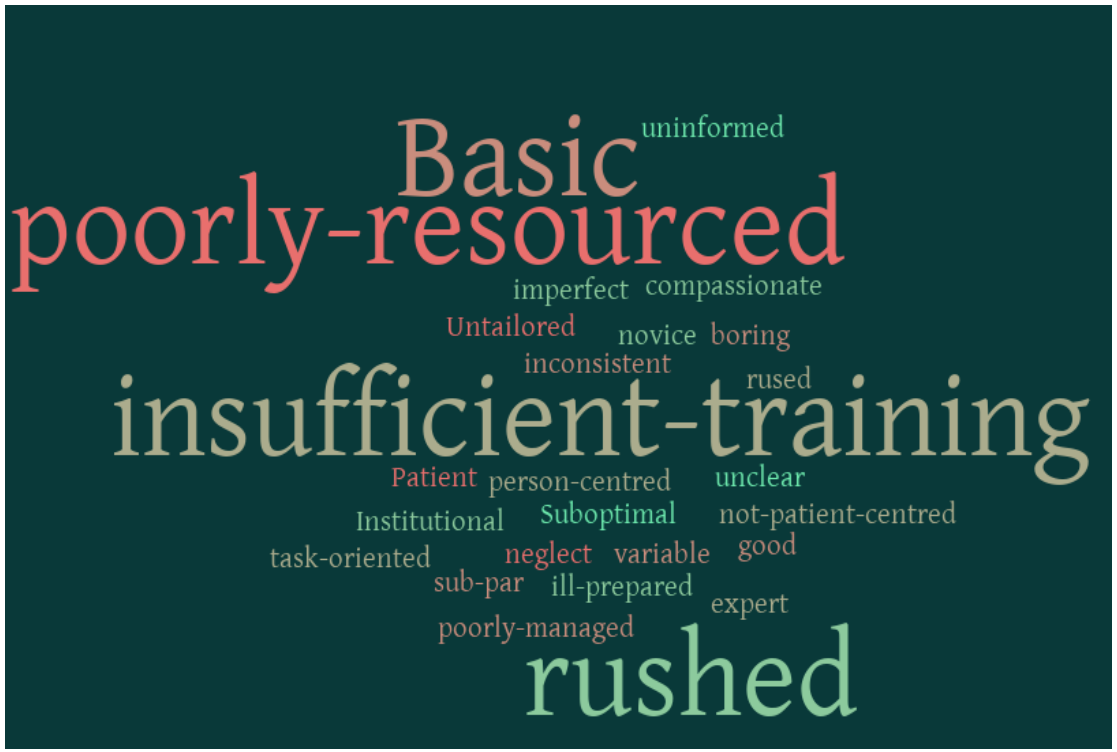
Sitter Costs

Alternate Level of Care rate

Care Partner Experience

Front-Line Staff Experience





Why do we need an acute care Dementia Strategy?

- Acute care capacity compared to system demand by people living with dementia (PLD) is not sustainable
- Acute care realities and cultural factors contribute to high costs, poor patient experience and poor outcomes for PLD
- Impact to patient and caregiver experience
- Impact to staff who provide care

Key components of a Comprehensive Acute Care Dementia Strategy

- Hospital-level data
- Strong Leadership and Corporate Commitment
- Detection and Documentation
- Value and support families as ECP
- Person-centred, individualized care
- Staff education
- Dementia care expertise
- Non-pharmacological approach to behaviours
- Individualized, proactive discharge planning
- Supportive physical environment

Vision:

Strengthen a system of dementia care that reflects the hospital's vision, mission and strategic goals:

- ✓ **Decrease length of stay**
- ✓ **Improve outcomes and person-centered care**
- ✓ **Improve staff well-being**
- ✓ **Optimize health system resources**
- ✓ **Proactive and preventative approach**

Synergies with Existing Initiatives

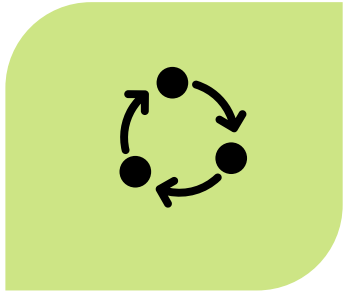
- TOH ALC Strategy
- TOH delirium policy
- Personhood
- Integrated electronic care plan
- Critical illness conversations/End-of-Life

Organizational Structure

Executive Leadership

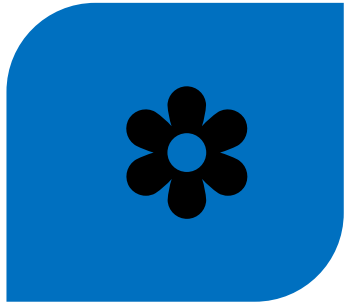
TOH Dementia Strategy Steering Committee

Documentation and Data



Building Staff Capacity and Process Optimization

Caregiver Experience, Transitions in Care and Community Partnerships



End-of-Life Care

Evaluation – Corporate Communication Strategy

Documentation and Data Working Group

Goals:

- Identify people with dementia in the electronic record
- Develop real-time prevalence of dementia within the hospital
- Implement a hospital scorecard for dementia

Building Staff Capacity and Process Optimization Working Group

Development of a ***Dementia Care Pathway***

- Input from the dementia strategy, literature, committee
- Utilization of Care Pathway Headings from ALC Leading practices

Development and optimization of ***Care Processes***

- Mapping out current care processes
- Identification of opportunities for optimization

Optimization of the Physical ***Care Environment***

- Input from the dementia strategy, literature, committee

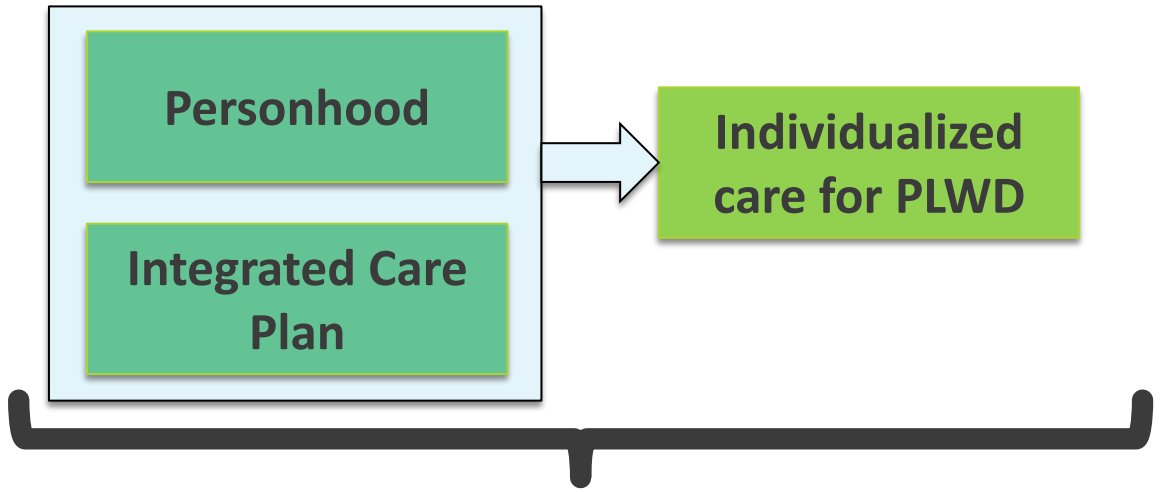
Dementia Care Pathway

Early ID and Assessment

Care Plan Development

Care Plan Intervention

Proactive Transitions



Working Group 1

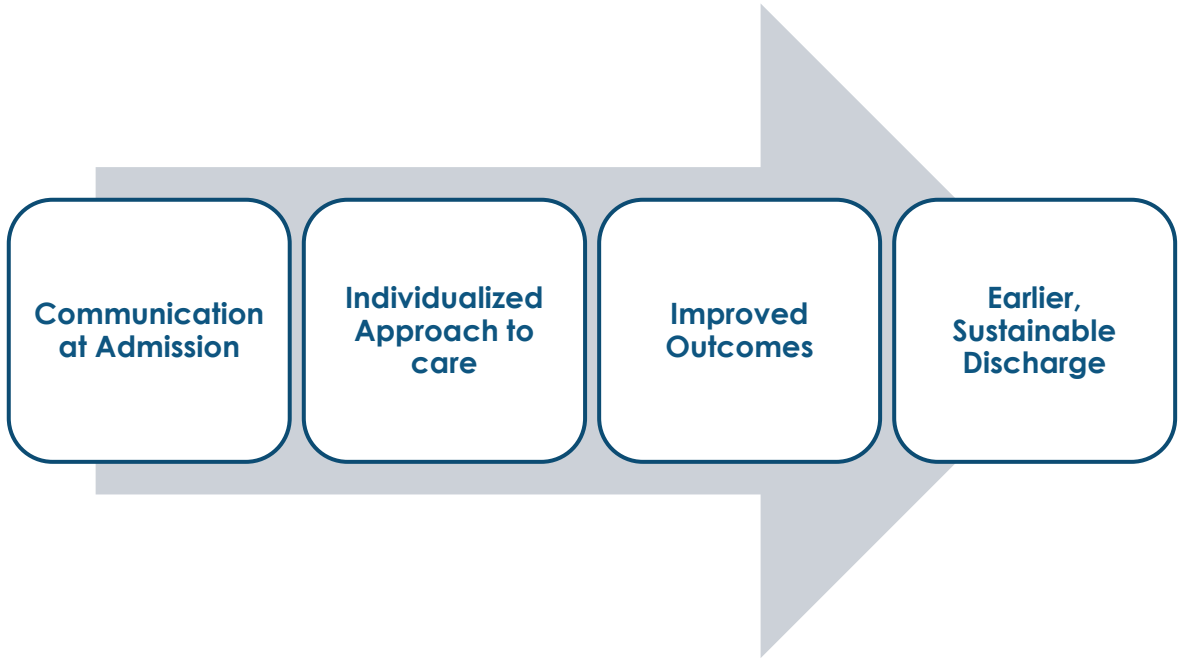
Working Group 2

Working Group 3

Care Partner Experience, Transitions in Care and Engaging Community Partners Working Group

Goals:

- Increase early engagement with patients and care partners
- Improve communication to support pro-active, timely transitions
- Enhance partnerships with community and LTC sector



Next steps….

- Epic – implement electronic flagging
- Dementia scorecard
- Collaboration with NPPD:
  - Epic Care Plan revamp with dementia care as pilot
  - “What Matters Most” care board implementation
- Build the Nurse Educator role
- Dementia Care Coach
- Platform for communication – baseline information, care plan, GoC

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