

---

# Cognitive Care Project

Initiative Type

Redesign

Status

Close

Added

06 September 2018

Last updated

05 February 2024

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/cognitive-care-project>

## Summary

Stage 1 - of the Cognitive Care Project (March 2016 – February 2017) focused on engaging key stakeholders to identify existing cognitive care practices and associated service gaps and/or knowledge and skill requirements. The project team developed two clinical pathways of BPSD management (a hospital inpatient pathway and a community/RACF pathway) designed to improve the quality and safety of care provision for this client group through collaborative practice and

---

improved communication. Stage 2 - (March 2017 – 30 June 2018) extended the work completed in Stage 1 by consolidating local service provider relationships and simplifying the collaborative decision pathway for supporting people experiencing BPSD and/or delirium within Rockhampton and surrounding areas. Cognitive care education needs were identified and training programs subsequently developed.

### Key dates

Mar 2016

Jun 2018

### Implementation sites

Central Queensland Hospital and Health Service

## Key Contacts

Dr Jane McLean

2028

[paul.blee.hiu](mailto:paul.blee.hiu)

Clinical Nurse (Cognition Service)

Healthcare Improvement Unit

(07) 4920 7500

QldDementiaAgeingFrailtyNetwork@health.qld.gov.au

## Aim

## Benefits

- improved understanding of dementia and BPSD, delirium and the perspective of patients experiencing cognitive impairment
- tools to facilitate assessment and support of patients presenting with changes to memory, thinking and/or behaviour
- contributes to the development of the Central Queensland Hospital and Health Service (CQHHS) Older Person strategy

## Background

Dementia care is a national health priority in Australia. High quality care for people with cognitive impairment is every hospital's concern, as is reflected in the new National Safety and Quality Health Service standards incorporating cognitive care principles. The Cognitive Care Project was funded by the Healthcare Improvement Unit (Clinical Excellence Division). It originally set out to identify appropriate environments within Central Queensland Hospital and Health Service (CQHHS) in which people experiencing extreme behavioural and psychological symptoms of dementia (BPSD) could best be supported. However, early stakeholder engagement and literature and internal process reviews identified that the existing inconsistent and inefficient delivery of services for persons with dementia (PWD) experiencing BPSD could not be adequately addressed through environmental design principles alone. Rather, the organisation's underlying resources and processes needed structure and development to support best practice care. Stakeholder engagement helped to identify three key areas in which CQHHS required development to meet current best practice cognitive care recommendations: Communication, Collaboration, and Creating Understanding.

## Solutions Implemented

- Implementation of a small pilot trial of the initially developed BPSD clinical pathway and associated tools.
- Subsequent revision and redevelopment of the decision pathway, 'BPSD 123', based on feedback from the pilot phase.
- Identification and/or development and delivery of suitable education opportunities to meet staff needs.
- Broader implementation of 'BPSD 123' and associated tools across Rockhampton hospital and surrounding areas (Capricorn Coast Hospital and Health Service, Eventide Nursing Home, North Rockhampton Nursing Home).

---

## Evaluation and Results

The following offers a summary of the key challenges to collaborative support for people with BPSD, identified through stakeholder engagement and process review, and the chosen approaches to addressing them to meet project objectives:

1. No consistent means of assessing, managing or communicating the presentation of BPSD within or across services.
2. Lack of clarity regarding roles and responsibilities amongst services involved in providing care to people experiencing BPSD.
3. Limited opportunity or encouragement for staff to attend locally-orientated, cognition-specific training.

To facilitate new uptake of project outputs (particularly in regional and rural areas), we recommend:

- Further work be undertaken to create a common language in clinical documentation and coding for patients with cognitive impairment and older-person specific diagnostic groups. This must include consultation with consumers, and education for clinicians to facilitate practice change.
- Local Older Persons Healthy Ageing and Cognition advocacy groups be established to offer leadership in development of older persons' health services and care environments (including people with cognitive impairment)
- The collaborative processes, decision pathway ('BPSD, 123') and tools are adapted according to local resources and identified needs, before being formalised in cognitive care policy
- Innovative, multi-modal cognitive care education programs are developed or adopted for all staff (clinical and non-clinical), including experiential components to foster better understanding of the patient's perspective.

## References

Access Economics. (2009). Keeping dementia front of mind: Incidence and prevalence 2009-2050; report for Alzheimer's Australia. Retrieved from [https://fightdementia.org.au/sites/default/files/20090800\\_Nat\\_\\_AE\\_FullKeepDemFrontMind.pdf](https://fightdementia.org.au/sites/default/files/20090800_Nat__AE_FullKeepDemFrontMind.pdf)

Abbey, J., Piller, N., De Bellis, A., Esterman, A., Parker, D., Giles, L., & Lowcay, B. (2004). The Abbey pain scale: A 1-minute numerical indicator for people with end stage dementia. *International Journal of Palliative Care Nursing*, 10(1), 6-13. doi: 10.12968/ijpn.2004.10.1.12013

Australian Commission on Safety and Quality in Health Care. (2018). Why is cognitive impairment important? Retrieved from <http://cognitivecare.gov.au/>

Australian Institute of Health and Welfare. (2012). Residential aged care in Australia 2010-11: A statistical overview. Retrieved from <http://www.aihw.gov.au/publication-detail/?id=10737422821>

---

Brodaty, H., Draper, B., & Low, L.F. (2003). Behavioural and psychological symptoms of dementia: A seven-tiered model of service delivery. *Medical Journal of Australia*, 178(5), 231-34. Retrieved from [https://www.mja.com.au/journal/2003/178/5/behavioural-and-psychological-symptoms-dementia-seven-tiered-model-service?0=ip\\_login\\_no\\_cache%3D1c45247b6b02f0ce5f1c276e60fcde23](https://www.mja.com.au/journal/2003/178/5/behavioural-and-psychological-symptoms-dementia-seven-tiered-model-service?0=ip_login_no_cache%3D1c45247b6b02f0ce5f1c276e60fcde23)

Clinical Excellence Commission. (2014). TOP 5: Improving the care of patient with dementia 2012-2013. Sydney: Clinical Excellence Commission. Retrieved from [http://www.cec.health.nsw.gov.au/\\_\\_\\_data/assets/pdf\\_file/0006/268215/TOP5-Final-Report.pdf](http://www.cec.health.nsw.gov.au/___data/assets/pdf_file/0006/268215/TOP5-Final-Report.pdf)

Department of Health. (2015). National framework for action on dementia 2015-2019. Retrieved from <https://www.dss.gov.au/ageing-and-age-d-care-older-people-their-families-and-carers-dementia/national-framework-for-action-on-dementia-2015-2019>

Guideline adaptation committee. (2016). Clinical practice guidelines and principles of care for people with dementia. Sydney: NHMRC Partnership Centre for Dealing with Cognitive and Related Functional Decline in Older People.

Inouye, S. K., VanDyck, C. H., Alessi, C. A., et al. (1990). Clarifying confusion: The Confusion Assessment Method. A new method for detecting delirium. *Annals of Internal Medicine*, 113, 941-8.

Laver, K., Clemson, L., Bennett, S., Lannin, N. A., & Brodaty, H. (2014). Unpacking the evidence: Interventions for reducing behavioural and psychological symptoms in people with dementia. *Physical & Occupational Therapy in Geriatrics*, 32(4), 294-309. doi: 10.3109/02703181.2014.934944

NSW Department of Health. (2006). Summary report: The management and accommodation of older people with severely and persistently challenging behaviours. Retrieved from <http://www.health.nsw.gov.au/mhdao/publications/Publications/SumReport-Mgmt-Accom-Oldrpeop-Severly-Pers.pdf>

NSW Department of Health. (2011). Dementia services framework 2010-2015. Retrieved from [https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2011\\_004.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2011_004.pdf)

## Further Reading

[Central Queensland Hospital and Health Service - Destination 2030](#)

## Resources

[Cognitive Care Project Close Report](#)

[Cognitive Care Project Summary](#)

PDF saved 03/04/2025