The Cognitive Care Project explored best-practice, collaborative care for patients with cognitive impairment (dementia and/or delirium). Funded by the Healthcare Improvement Unit (Clinical Excellence Division), the project aimed to establish a decision pathway for assessing and supporting individuals with experiencing behavioural and psychological symptoms of dementia (BPSD) and/or delirium, within an appropriate environment. Through stakeholder engagement and literature review, 3 key themes emerged upon which project outcomes were developed: Communication, Collaboration and Creation of Understanding. Brodaty, Draper & Low’s (2003) 7-tiered model of service delivery was applied to create recommendations for clinical decision-making and referral pathways to local specialist teams.

Key Outcomes

Communicate & Collaborate:
- Selection of tools to facilitate assessment and support of patients presenting with changes to memory, thinking and/or behaviour. Common tools facilitate communication across services.
- Development of a collaborative decision pathway, ‘BPSD, 123’, which prompts staff through 3 basic steps in supporting the patient, in alignment with NSQHS Standards and other best practice recommendations.
- Agreement regarding specialist service boundaries and collaborative processes; subsequent referral recommendations included in ‘BPSD, 123’ (based on Brodaty, et al.).

Create Understanding:
Development and coordination of multi-modal cognitive care training for staff, to improve understanding of dementia and BPSD, delirium, the perspective of patients experiencing cognitive impairment and the HHS’ chosen approaches to supporting them:
- Ongoing in-services, ‘lunchbox’ education sessions, videoconferences and mini-conferences to educate teams about ‘BPSD 123’ and the associated tools
- A full-day, ‘Caring for the Patient with Impaired Cognition’ workshop, delivered by local cognitive care specialist teams
- Development of a training video in collaboration with CQU’s MASK-ED team
- Coordination with Dementia Training Australia to develop a Tailored Training Package for CQHHS (in progress)
- Collaboration with CQU on simulation training specific to caring for patients with impaired cognition (in progress)

Recommendations and Ongoing Actions
To facilitate sustainability or new uptake of project outputs, 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.
- A local Older Persons Healthy Ageing and Cognition Network be established to offer advocacy and 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)