A Guiding Framework for Education and Awareness in the Development of Person Centred Dementia Care

National Dementia Education Project 2012

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Nursing & Midwifery Services Director

Tús Áite do Shábháilteacht Othar
Patient Safety First

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National Dementia Education Project 2012.

For

Nurses and Care Staff working across all care groups in the HSE.

Content Page

Abbreviations

Foreword

Introduction 8

Project Background 9

Aim 11

Core Principles 11

Scope of Project 12

Implementation Framework 13

Project Governance 14

SECTION 2 GENERIC DEMENTIA EDUCATION AND AWARENESS PROGRAMME 15

Introduction 15

Aim 15

Learning Outcomes 15

Programme Team 16

Target Audience 17

Programme Delivery 17

Programme Syllabus 19

Programme Evaluation 20

Certificate 20

SECTION 3: LEVEL 8 DEMENTIA CHAMPION MODULE 21

Introduction 21

Aim 21

Learning Outcomes 21

Programme Team 22

Target Audience 22

Programme Delivery 22

Programme Syllabus 22

Method of Assessment 23

Programme Evaluation 23

Certificate 24

SECTION 4: SUPPORTING THE PERSON WHO PRESENTS WITH BEHAVIOURS THAT CHALLENGE. 25

Introduction 25

Section A: Facilitators Programme 26

Aim 26

Learning Outcomes 26

Programme Team 26

Target Audience 26

Programme Delivery 26

Method of Assessment 26

Programme Evaluation 27

Certification 27

Section B: Participant Programme 27

Aim 27

Learning Outcomes 27

Programme Team 27

Target Audience 27

Programme Delivery 28

Programme Evaluation 28

Certificate 28

SECTION 5: EARLY IDENTIFICATION OF MEMORY PROBLEMS IN THE OLDER PERSON 29

Introduction 29

Aim 29

Learning Outcomes 29

Programme Team 30

Target Audience 30

Programme Delivery 30

Programme Syllabus 31

Method of Assessment 32

Certification 32

SECTION 6: HOME CARE WORKER INFORMATION BOOKLET AND CD 33

Introduction 33

Aim 33

Target Audience 33

Programme Delivery 33

Programme Syllabus 33

APPENDIX A 35

APPENDIX B 37

APPENDIX C 40

REFERENCES 42

Abbreviations

Abbreviations

ABA:	An Bord Altranais
ANP:	Advanced Nurse Practitioner
CNE:	Centre for Nurse Education
CNME:	Centre for Nursing and Midwifery Education
CNS:	Clinical Nurse Specialist
DCU:	Dublin City University
DON:	Director of Nursing
DSIDC:	Dementia Services Information and Development Centre
HSE:	Health Service Executive
ONMS:	Office of Nursing and Midwifery Services

Foreword

It is with great pleasure that we introduce this *Guiding Framework for Education and Awareness in the Development of Person Centred Dementia Care.* We believe that this will make a significant input to support people to live well with dementia and help make the dementia journey a better one for all.

Since the establishment of the National Steering Group for the National Dementia Project in 2008, a diverse group of people have worked together to bring their vision to fruition: to develop and launch a multi modular person centred dementia education programme. At each stage of its development, the programme has taken into account both international best practice guidelines and the education needs of nurses and care staff in Ireland (de Siún & Manning, 2010).

Through continuous evaluation and innovative programme design and delivery, the dementia education programme is suitable for a wide range of health care staff across all care sectors. The programme not only delivers up to date information on dementia and dementia care, but is designed to foster an environment where participants can examine and challenge their own unconscious behaviours and beliefs in the area of caring for a person with dementia.

This framework document brings together the suite of programmes that are now available as a result of the national dementia education project. My thanks to the sub-education group who gave generously of their own time to design and continually develop each of the education programme modules. The valued contributions from our collaborators, especially Dr. Kate Irving, DCU, Mr. Pat Kenny, HSE Land, The Alzheimer's Society and Dementia Services Information and Development Centre (DSIDC), brought a richness of experience and knowledge which greatly enhanced the programme.

My thanks also to all the healthcare staff who facilitated the development of the education programme through their participation and contribution during the needs analysis, piloting and evaluation phases of the project.

I wish to acknowledge the support and advice received from the members of the National Dementia Training Steering Group. I also wish to express my appreciation to the National Council for Professional Development of Nursing and Midwifery, who funded this project.

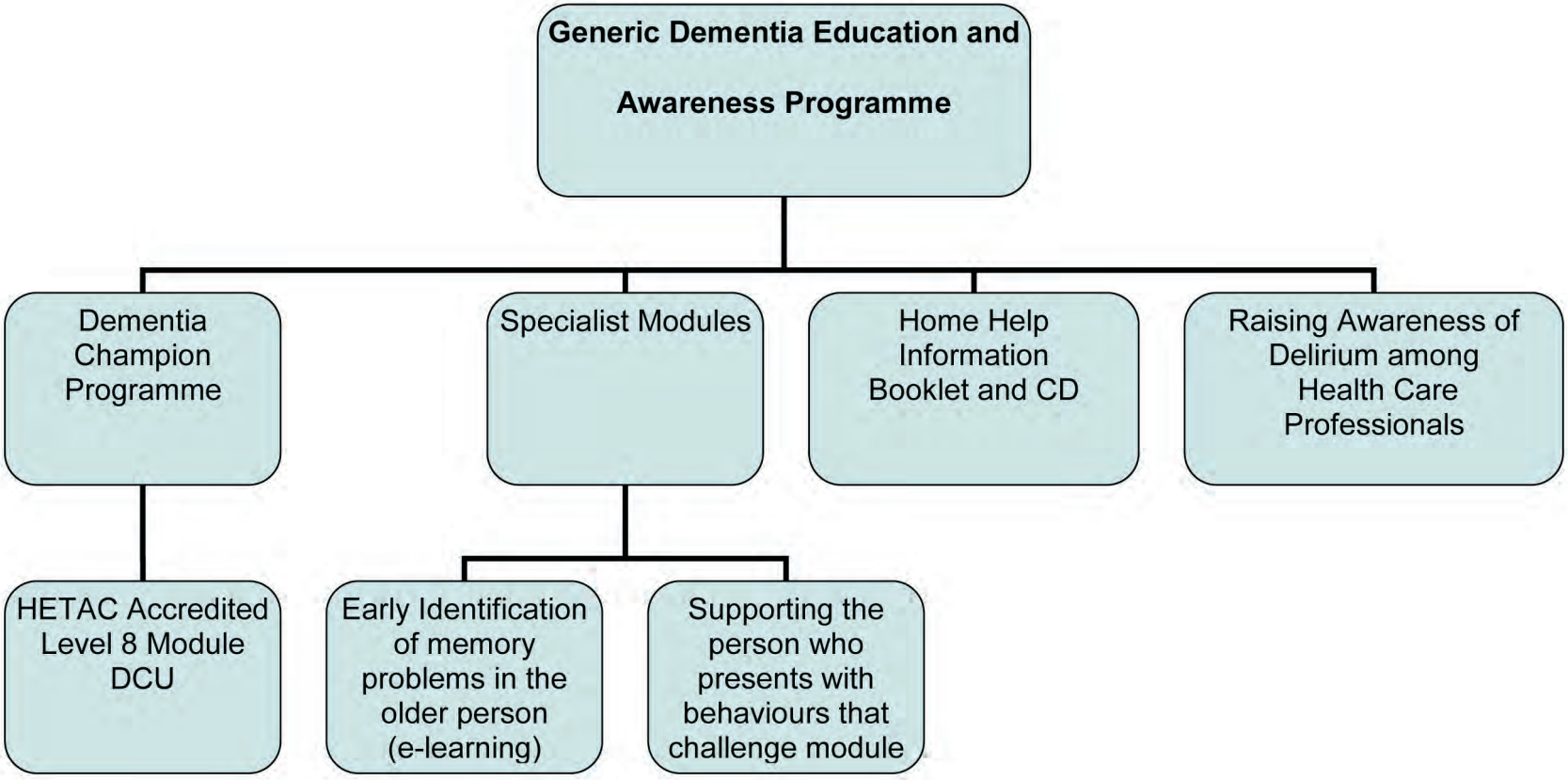
Finally, particular thanks are extended to Ms Mary Manning, Interim Director of the Nursing and Midwifery Planning and Development Tullamore, and Project Manager to the National Dementia Training Programme, and Ms Anna de Siún, Health Services Researcher for the project.

Yours Sincerely

Patrick Glackin
Chair of the National Dementia Project
Acting Area Director Nursing and Midwifery Planning and Development
Health Service Executive West

Section 1: Project Overview

Dementia Education Programme Flowchart



Introduction

In Ireland there are currently over 41,000 people living with dementia, and this number is projected to increase to over 100,000 by 2036. It is estimated that at least 40% of people with dementia are currently in residential care in Ireland and 18% of acute medical beds are occupied by people with dementia (O'Shea, 2007). Therefore there is a great need for an increase in the number of carers and home care staff to have received specialist dementia training and skills development. (Wanless Social Care Review, 2006).

The Action Plan for Dementia (1999) emphasised the need for services in Ireland to be more person-centred and responsive to individual needs and circumstances. The importance of delivering a dementia service which is underpinned by a person centred model has also been recommended in a substantial number of reports (HSE Working Group, 2007; HIQA Standards, 2007; Murphy et al, 2007; Alzheimer's Association, 2007; NICE Guidelines, 2007; Vision for Change, 2006).

Education and training in the detection, assessment and diagnosis of dementia is crucial to enhance services and quality of care for both the person with dementia and their families and carers (O'Shea & O'Reilly, 1999; Cahill et al, 2006; HSE Report, 2007; NICE Guidelines, 2008; DOH, 2009). A wide range of staff will need training related to the entire trajectory of dementia (Ministerial Task Force on Dementia Report, 1997; Sachs et al, 2004; HSE Working Group, 2007; Palliative Care Report, 2008) as the majority of people with dementia will come in contact with health services providers across the continuum of care.

However, opportunities for dementia specific training are very limited in Ireland (Palliative Care Report, 2008). A number of organisations caring for people with dementia in Ireland employ staff who may lack knowledge and understanding of dementia (HSE Working Group Report, 2007). Therefore there is a tremendous need for a national dementia education programme in Ireland, spanning all care groups and areas of work.

Project Background

Funding was sought and granted from the National Council for the Professional Development of Nursing and Midwifery for a three year project for the development and implementation of a person-centred educational programme for staff on caring for older people with dementia in acute, residential, mental health and community care settings.

In April 2008 a steering group (Appendix A)was established to oversee the following project phases:

Phase 1: An audit of current programmes available/provided nationally in dementia care was carried out.
Phase 2: A comprehensive literature review was conducted to inform the development of the project.
Phase 3: A national needs analysis was carried out to identify the learning and education needs of a random sample of nurses and care attendants across all care groups. The report is available from the project manager and also available on www.lenus.ie .
Phase 4: A generic educational awareness programme was devised by members of the sub education group based on best practice from the literature review and the findings of the needs analysis.
Phase 5: The programme was piloted in the Mayo and Roscommon areas in the HSE West and a comprehensive evaluation was carried out by an external researcher. The report is available from www.lenus.ie.
Phase 6: A HETAC Level 8 Dementia Champion module was developed and accredited by DCU. The module, which was facilitated by Dr Kate Irving of DCU School of Nursing, was piloted in December 2010 and evaluated. The evaluation report is available from the project manager.
Phase 7: In response to feedback from the evaluation of the generic education and awareness programme, a specialist module in supporting the person who presents with behaviours that challenge was developed.

Phase 8: In response to a need identified in the National Needs Analysis Report (2010) an e-learning course on the early identification of memory problems for the older person was developed, and is available to staff working across all care groups through HSE Land.ie.

Phase 9: An information booklet and CD on caring for the person with dementia in their home were developed for home helps. This format was used as it was found to be most compatible with home helps education needs and availability.

Phase 10: Information and awareness posters were developed as an educational aid for staff on the following topics:

- Recognising delirium in older hospitalised patients.
- Distinguishing characteristics of delirium, dementia and depression.
- Diagnosing, preventing and managing delirium in older patients.

Aim

The main aim of this project is to address care staff's knowledge deficit regarding caring for older people with dementia and to facilitate them to create a caring and dignified environment, where a person-centred approach to dementia care can be fostered.

Core Principles

The philosophy of the person-centred dementia care programme is to facilitate the development of reflective self directed adult learners.

The underpinning values and principles of the programme are to:

- Ensure that dementia care respects people with dementia.
- Adopt a person-centred care approach that views people with dementia as individuals.
- Focus on the feelings and emotions of people with dementia and their carers.
- Ensure that people with dementia are supported to maintain strengths, abilities and qualities throughout.
- Recognise all behaviour as a form of communication and develop an understanding of meaningful communication skills, activities and responses to individual needs.
- Understand the impact of a range of different dementias on individuals.
- Recognise the signs of well-being and ill-being in people with dementia and their carers, and respond appropriately.
- Adopt a person-centred approach to educating dementia care staff.

(Sheard D, 2003, p.10).

Scope of Project

In the national needs analysis, both nurses and care attendants identified the same needs in terms of information and skills development. Staff stressed the need for the education programme to be as inclusive as possible to ensure that the philosophy and vision of care can be shared throughout and across whole organisations. The framework has been designed to meet the information and education needs of a wide range of staff:

- The generic dementia education and awareness programme has been designed to meet the needs of nurses (all grades) working in acute, community, mental health, public and private residential and intellectual disability services and care attendants (all grades) working in acute, mental health, public and private residential and intellectual disability services.
- The information booklet and CD has been designed to meet the needs of home care workers.
- The level 8 dementia champion module has been designed for staff who have completed the generic dementia education and awareness programme or an equivalent education programme.
- Supporting the person who presents with behaviours that challenge module is open to all staff who have completed the generic education programme or an equivalent education programme.
- The e-learning programme can be accessed by health care staff in both the public and private sector.
- The posters on delirium were designed as a resource for all health care professionals working in acute, residential, mental health, intellectual disabilities and community services.

Implementation Framework

Following the development and piloting of each phase of the dementia education framework, the following structures have been put in place to ensure on-going sustainable implementation of each aspect of the education programme.

- The generic education and awareness programme, entitled 'Enhancing and Enabling Well-Being for the Person with Dementia' has been launched and responsibility for it's continued delivery lies with the Directors of each CNME. The programme can also be rolled out in other locations where appropriate facilitators are available.
- The level 8 dementia champion module, entitled 'Enhancing Person Centred Dementia Care' is currently being rolled out in the DCU school of nursing
- The home help handbook and CD, entitled 'Caring for the Person with Dementia in their Home' has been signed off and distributed to home helps/health care staff working in the community through the home help co-ordinators/line managers.
- The e-learning module is completed and will be available through HSE Land
- Supporting the Person who Presents with Behaviours that Challenge Facilitators' and Participants programme will be available in October 2012.
- Posters on identification of delirium have been signed off and distributed to all clinical areas throughout the country. The information included in the posters is intended to raise awareness among staff of the need to recognise delirium and to be able to differentiate between delirium, dementia and depression. The information is also available to download from the HSE website. (Appendix B).

Project Governance

The National Dementia Education Programme has been made available through internal Health Service Executive (HSE) structures from 1st December 2010. The programme is primarily delivered through the Centres of Nurse and Midwifery Education (CNMEs), but may also be delivered through other non HSE agencies subject to availability and appropriate expertise.

The overall governance for the management and evaluation of the programme rests with the Office of the Nursing and Midwifery Services Director, HSE. A programme review board has been established which met first in November 2011, and will meet annually initially to review the programme. The board was chaired by Mr Patrick Glackin A/Area Director ONMSD HSE West & Chairperson of the National Dementia Steering Group. The board has representation from ONMS, The Alzheimer Society of Ireland, CNME, CNE, Dementia Advisory Resource Centre, ANP in Dementia, CNS in Dementia, Dementia Services Information and Development Centre, DON and Course Participant Representatives.

The main responsibilities of the review group members are to:

- review the implementation process of the generic dementia education programme.
- agree and recommend changes to the programme based on the evaluation feedback from the co-ordinators.
- conduct the programme review in a transparent and non-discriminatory manner.
- act in a professional, confidential and ethical manner at all times.
- maintain appropriate records of actions and decisions.

The responsibility for the delivery and co-ordination of the programme will rest with the Director of each CNME (for programmes delivered by CNME's). Programmes delivered through other non HSE agencies will be responsible for the delivery and co-ordination of the programme in their respective areas.

Section 2 Generic Dementia Education and Awareness Programme

Introduction

Enhancing and Enabling Well-Being for the Person with Dementia is a three day programme which combines formal learning techniques with informal experiential learning techniques suitable for adult learners. The three programme days are delivered with a minimum interval of two weeks in between (10 weeks max) to allow participants to complete work based activities. The work place activities give participants the opportunity to apply the skills and knowledge learnt during the programme. The programme has been designed to maximise learning and minimise the theory/practice gap often found in more traditional training structures.

Aim

To provide participants with the knowledge, skills and attitudes required to deliver high quality, person-centred care to the person with dementia and their carers.

Learning Outcomes

By the end of this programme participants will be able to:

- Describe the normal ageing process.
- Describe dementia.
- Explain the impact the progression of dementia has on a person, their families and social network.
- Recognise the impact the environment has on the person with a dementia and their carers.
- Implement person-centred care.
- Enhance quality of life for the person with dementia.
- Identify the main principles concepts and methods of communication with the person with dementia.
- Identify and respond to changes in behaviour creatively.
- Explore and support partnerships between the person with dementia, family and care givers.

- Recognise and understand the need for palliative care for people with dementia.
- Identify ways of approaching effective and collaborative teamwork to improve dementia care.

Programme Team

While CNMEs have responsibility for the co-ordination/delivery of the programme, it is recommended that the individual modules are delivered by local subject matter experts and overseen by a named co-ordinator within the centre.

It would be anticipated that to deliver a module on the generic programme the facilitator would have to have as a minimum the following skills:

Desirable	A degree or postgraduate diploma in dementia or in the relevant area
Essential	Expertise, knowledge and experience of dementia care
Essential	Experience of working in the area of dementia
Essential	Knowledge experience and an understanding of Person-Centred care

Suggestions of possible people that may be able to facilitate individual modules include:

- Advanced Nurse Practitioner Dementia/Gerontology
- Key Personnel in the Alzheimer's Society
- Community Psychiatry Nurse (CPN)
- Clinical Nurse Specialist Dementia/ Gerontology
- Dementia Mapper
- Psychiatrist of Later Life
- Social Worker
- Occupational Therapist

- General Practitioner
- Public Health Nurse
- Geriatrician

Target Audience

The programme has been designed for nurses from acute, community, residential (public and private), mental health and intellectual disabilities and care attendants from acute, residential (public and private), mental health and intellectual disabilities. It is recommended that there should be two participants at a minimum from individual care sites. Participants should be working in an area where they currently come into contact with a person with dementia.

Programme Delivery

The learning environment has a significant effect on the educational experience of participants. This environment includes not only the classroom or place of learning, but the emotional climate that the facilitator creates when interacting with participants. When working with adult learners it is important to utilise methods that tap into ways that make sense to them. This involves capturing opportunities for the two types of learning to help them to validate and consolidate all sources of information available to them; formal learning through teaching or reading and informal learning through experience and trial & error.

Creating a learning environment

When delivering the programme the facilitator must try to ensure that all participants are able to maximise their own preferred way of learning in a workshop. The learning cycle (Honey and Mumford 1982) is a tool that can assist facilitators with this. The four key stages to a learning experience are:

1. Having an experience, such as doing a group exercise or watching a video.
2. Reviewing the experience, by reflecting on how it made them feel.

3. Drawing conclusions from the experience and identifying what has been learned from it.
4. Planning the next steps and thinking about how to apply the learning in the workplace.

The importance of debriefing

A characteristic of adult learners is the amalgamation of new learning into current knowledge and experiences. Adults' learners retain what makes sense to them/ is of use to them and discard what is left. A good debriefing, often referred to as reflective practice helps the participant to explore the relationship between new knowledge and experiences to what they already do and know and decide if their future thoughts and actions will change as a result.

Collaborative teaching

The choice of facilitator to engage participants in the maximum number of opportunities to achieve the session aims can be a challenge for the course co-ordinator. The expert in clinical practice may not have the same level of expertise in the skills of facilitating learning in the adult learning classroom setting. To support the clinical expert in the facilitator role in the classroom setting the option of a 'collaborative' facilitator may be very attractive and supportive of the clinical expert. Collaborative teaching, in this context, is a mentoring strategy in which the clinical expert plays a specified part alongside a supporting experienced tutor- the experienced tutor 'buddies' the expert clinician. It is about the blending together of 'knowing that'- clinical expertise and 'knowing how'- classroom teaching skills and strategies.

Programme Syllabus

Day 1

Time	Session Title
30 mins	Welcome and Outline of Programme
60 mins	Growing Older
30 mins	Coffee
90 mins	Overview of Dementia
30 mins	Lunch
90 mins	Person-Centred Dementia Care
15 mins	Break
60 mins	Creating a Dementia Friendly Environment
20 mins	Work Based Activities Evaluation

Day 2

Time	Session Title
30 mins	Feedback from Day 1
90 mins	Communicating with the Person with Dementia
30 mins	Coffee
90 mins	Behaviours that Challenge- No Quick Fix
30 mins	Lunch
70 mins	The Person, their Families/Carers' and Dementia Care
15 mins	Break
80 mins	Partnerships in Care
15 mins	Work Based Activities & Evaluation

Day 3

Time	Session Title
30 mins	Feedback from Day 2
60 mins	Enabling and Enhancing Quality of Life (DVD)
30 mins	Coffee
40 mins	Enabling and Enhancing Quality of Life (Group work & discussion)
60 mins	Palliative Care and Dementia
30 mins	Lunch
60 mins	Implementing New Learning and Action Planning
15 mins	Break
40 mins	Pathway for Dementia Champion
40 mins	Evaluation & Presentation of Certificate

Work Based Activities

Day 1	Day 2	Day 3
Dementia Quiz	Observation of Care	Resource File for Place of Work
Carry out an Environmental Audit	Resources and Supports for Dementia in the Community	Identify Areas for Improvement and Develop Plans
Positive Person-Centred Dementia Work	Language Exercise	
Reflective Practice 3S's Stop Start & Share	Reflective Practice 3 S's	Reflective Practice 3 S's

Programme Evaluation

At the end of each programme day participants are asked to fill in an evaluation sheet to rate the day and to give feedback regarding any changes they would recommend. Programme facilitators are also asked to complete a self evaluation form at the end of each workshop. On the final day of the programme participants are facilitated to evaluate the programme as a group and to explore whether their original aims and objectives (identified on day 1) have been met.

Certificate

Participants completing the programme are awarded a certificate of participation from the relevant CNME/education centre. The programme also has An Bord Altranais Category 1 approval.

Section 3: Level 8 Dementia Champion Module

Introduction

As part of the HSE Dementia Champion Initiative a level 8 module entitled 'Enhancing Person Centred Dementia Care' was developed and accredited by DCU. This 150 hour module is facilitated by Dr Kate Irving of DCU School of Nursing. The module covers practical aspects of care from early to palliative stages of the condition with an emphasis on skill development and knowledge transfer, culminating in the completion of a change management project in the student's service area. The information leaflet for the 2012 programme can be seen in Appendix C.

Aim

To critically appraise person-centred care of people with dementia and their carers and to enable nurses to develop skills that enhance personhood and well-being.

Learning Outcomes

On successful completion of the module the student will be able to:

- Evaluate different theoretical approaches towards dementia such as those relating to dementia as a disease, a behaviour, a disability or a human experience and the implications they have upon practice.
- Analyse the role of the nurse in implementing different strategies that promote a sense of personhood in people with dementia within a range of clinical settings.
- Debate the current provision of dementia care in Ireland and the role of different agencies in relationship to present health care policy.
- Enhance skills in the assessment of people with dementia and their carers within different clinical settings.
- Demonstrate the effective use of communication skills that will promote personhood in people with dementia and allow their views and opinions to be heard.

- Demonstrate effective use of psycho-social interventions that will promote the well-being of people with dementia and their carers.
- Examine the relationship of people with dementia, to their family, and health and social care workers through their journey through dementia and how it may contribute to their well-being.
- Appraise how ethical nursing care may be achieved in people with dementia and how dignity is maintained.

Programme Team

The course is currently being facilitated by Dr Kate Irving of the School of Nursing in DCU.

Target Audience

The programme is open to staff who are currently working in regular contact with people with dementia, who have completed the generic dementia education and awareness programme or comparable education/training and who have a basic comfort with learning through technology.

Programme Delivery

Though the pilot programme was delivered on-site, this model of delivery was unsustainable. The module is currently being delivered in DCU. The 150 module hours are allotted as follows:

Lectures:	15
Tutorials/Group work:	20
Seminars (student led):	7
Independent learning time:	108
TOTAL:	150

Programme Syllabus

- Physiological and theoretical approaches towards people with dementia and their care.
- Local, national and international strategies, policies and guidelines towards the provision of care to people with dementia and their informal carers.

- Health promotion strategies that will help people with dementia and their carers cope through their journey with dementia.
- People's accounts of dementia and arising behaviours.
- Living with dementia the individual, their carers and the community (transitions through their journey with dementia), the impact of therapeutic interventions on the person, financial supports and entitlements, community support services (voluntary and statutory), primary carer and family supports.
- Scope of care incorporating approaches towards person-centred and family centred nursing.
- Physical/body care to people with dementia.
- Nurses impact on quality of life issues (e.g. well-being, hopefulness, self esteem and confidence, exclusion, isolation), empowering the person to live with dementia taking full account of their health beliefs, utilisation of complementary and alternative therapies.
- Supporting and supervising practitioners within dementia care settings.
- Special groups with dementia; younger people, people with an intellectual disability, people who are from marginalised ethnic groups, people who are dying with dementia and people who are gay.
- Research awareness and evidence-based practice within dementia care.
- Values and the promotion of dignity within ethical dementia care practice.

Method of Assessment

100% completion of a work book throughout the course which will involve student led presentations during the course. Some activities for the workbook will be group based and others will be individual, however all write up will be individual with reference to the students own work setting and reflective of NQAI level 8.

Programme Evaluation

Module evaluations are kept in accordance with DCU and An Bord Altranais requirements.

Certificate

Participants receive a transcript at the end of the module with the credits awarded, module title and NVQ8 level. The module also has category 2 An Bord Altranais approval.

Section 4: Supporting the Person Who Presents with Behaviours that Challenge.

Introduction

In response to feedback received during the evaluation of the generic dementia education and awareness programme a one day module on behaviours that challenge has been developed. This module will involve two strands;

- One day programme to prepare facilitators to facilitate education on supporting the person with dementia who presents with behaviours that challenge.
- One day education programme for participants on how to support the person with dementia in a person centred way when they present with or develop behaviours that challenge.

This programme has been developed to facilitate the development of reflective self directed learners using a spiral curriculum approach. Utilising Blooms taxonomy it allows facilitators the opportunity to assist participants move from knowledge and comprehension to application, and using self directed learning to analysis, synthesis and evaluation. There is a need to ensure a competent workforce to support the person with dementia in a person centred way when they present with behaviours that challenge. Each nurse is expected to act to enhance their professional development and that of others by demonstrating a commitment to lifelong learning and practice within the limits of their own competencies and take measures to develop and maintain their competence.

Section A: Facilitators Programme

Aim

To prepare participants to facilitate education on supporting the person with dementia who presents with behaviours that challenge

Learning Outcomes

On completion of the programme the participant will

- Discuss the concept of facilitation.
- Have an understanding of the principles of adult learning.
- Be confident using the educational materials of the programme to facilitate education of colleagues.
- Maintain documentation relevant to the education programme.
- Engage in ongoing reflection and have knowledge of the support services available to them.

Programme Team

Subject matter experts

Target Audience

Health care staff who work with people with dementia.

Programme Delivery

One day programme using facilitation to enhance problem based learning based on DVD case study presentations coordinated by Centres of Nurse and Midwifery Education.

Method of Assessment

Completion of programme workbook to enhance self directed learning.

Programme Evaluation

Both participants and facilitators will complete an evaluation sheet at the end of the programme. Adhering to the governance of the dementia programmes, managers input on the outcomes of the programme will also be sought.

Certification

This programme will have ABA Category one approval and will be reviewed annually as part of the overall governance structure established as part of the ONMSD National Dementia Project.

Section B: Participant Programme

Aim

The aim of the programme is that participants will be able to support the person with dementia in a person centred way when they present with or develop behaviours that challenge

Learning Outcomes

On completion of the programme the participant will

- Discuss the factors contributing to behaviours that challenge
- Have the skill and confidence to assess the person presenting with behaviours that challenge using a variety of frameworks
- Plan, adopt and evaluate person centred creative approaches to supporting the person with dementia who present with behaviours that challenges

Programme Team

Facilitators who have completed the one day facilitator programme.

Target Audience

The programme will be available to all grades of staff to attend similar to the generic programme. A pre requisite for participants to attend this one day programme will be that they must have attended either the generic 3 day programme or have received education in person centred dementia care.

Programme Delivery

The one day programme can de delivered on site by the facilitator to a group of staff or in a Centre for Nurse Education (CNME)

Programme Evaluation

All participants will be expected to complete a workbook and certain tasks which will help to demonstrate knowledge and skills in providing care and support for people who have dementia. There will be an expectation that Line Manager's sign the workbook to confirm completion of same.

Certificate

This programme will be submitted for ABA category one approval (for Nurses).

Section 5: Early Identification of Memory Problems in the Older Person

Introduction

This short online course introduces participants to the experience of those with memory problems. The programme adopts a person-centred approach to care, highlighting the need to plan care with the maximum possible participation of the person with memory problems and his or her significant others. This is achieved by emphasising that assessment and care should be aimed at identifying a person's strengths and capacities to maintain independence and self-determination for as long as possible.

The programme provides an excellent introduction to a range of conditions that affect memory, including Alzheimer's Dementia, Lewey-body Dementia, Vascular Dementia and Delirium. A "narrative" style has been adopted, presenting case-examples and providing online assessment practice for participants. This is in keeping with current educational thinking on narrative or story-based learning in many clinical education programmes around the world.

Aim

To equip health care professionals with the skills to identify memory problems, to differentiate between different types of dementia and delirium and to look at memory problems within a broader social and personal context, thus mobilising therapeutic help earlier and maximising outcome potential.

Learning Outcomes

This learning resource has been developed to:

- Promote clinical practice that is comprehensive, systematic, safe and always in the best interests of the individual and their carers.
- Reflect the most current empirical evidence on screening and assessment in dementia care.
- Equip health care professionals with the skills necessary for the early identification of memory problems.

- Help health care professionals distinguish between Dementia, a chronic condition, and Delirium, an acute and sometimes life-threatening condition.

Programme Team

Pat Kenny, HSE Land
Mary Manning, Project Manager National Dementia Project
Patrick Glackin, A/Interim Director & Chair
Dr Kate Irving, Dublin City University
Anne Quinn, ANP Dementia
Evelyn Reilly, CNS Dementia (ID)
Doreen Lynch, Director Centre For Nurse Education
Marissa Butler, ANP Dementia Candidate

Contributions from

Professor William Molloy, Geriatrician Cork University Hospital
Professor Mary McCarron, Dean of Health Sciences, TCD & Associate Professor of Research at School of Nursing, TCD
Dr Kate Irving, Dublin City University
Cecelia Hayden CNS Dementia

Target Audience

The course is to be aimed at primarily nurses and healthcare professionals working across all care groups i.e. Community, Acute, Intellectual Disability, Mental Health, Practice Nurses and Residential care centres. The programme will also be relevant for other health care professionals, including all health and social care professionals who have contact with people with memory problems.

Programme Delivery

Students can access the programme online through the HSE land portal. Programme duration is approximately one hour.

Programme Syllabus

- What is dementia?
- Recognising dementia.
- Assessment of memory problems.
- Benefits /Disadvantages of having an assessment.
- Importance of early identification.
- Life with dementia from the perspective of a person with dementia.
- Delirium and dementia differences.
- Case study; initial assessment in the home with a person who has early concerns about memory.
- Skills Lab (scenario-based learning), interactive online assessment. Here the learner chooses how to progress the assessment and is presented with real-time consequences.
- Introduction to a short cognitive screen.
- Interactive demonstration of the Qmci Screen. Learners must identify the screens components to aid in establishing a good working knowledge of the screen.
- Building on knowledge gained in the previous unit, learners are asked to complete scoring of an assessment using an interactive assessment on-screen.
- Examples on how to carry out an assessment in the home setting and in an acute setting.
- Nursing assessment of early Mild Cognitive Impairment. In this interactive assessment, learners are provided with the opportunity to complete the assessment of a person with signs of early memory problems. When complete, learners can compare their findings with the correct assessment result. This feature allows for the development of clinical skills online and in advance of actual patient care.
- Memory problems and Intellectual Disability.
- Summation, focussing on the importance of enhancing positive coping skills of people with memory problems.

Method of Assessment

On-line self assessment

Certification

A certificate is available on completion of programme and successful completion of assessment.

Section 6: Home Care Worker Information Booklet and CD

Introduction

Though home care workers identified the same information and educations needs as other health care staff in the national needs analysis, their availability for formal education sessions was very limited. Therefore, an information booklet and CD were developed, in conjunction with the Alzheimer's Society of Ireland, to meet the identified need. The booklet contains information about dementia and practical advice on caring for a person with dementia in their own home.

Aim

To provide information to home care workers to enable them to support people to live well with dementia in their own homes.

Target Audience

The information booklet and CD were developed for home care workers working in the community.

Programme Delivery

The information booklet and CD has being distributed to all home help co ordinators (n=70) and Directors of Public Health Nursing (N=20) to distribute to the home care workers in their areas. The Alzheimer's Society of Ireland have also distributed the booklet widely throughout their services. The CD format was developed in response to suggestions received during the needs analysis, to facilitate home care workers to listen to the information whilst driving.

Programme Syllabus

The following topics are covered in the information booklet and CD

- What is Dementia?
- Early Symptoms and Diagnosis.
- Understanding and Respecting the Person with Dementia.

- Person-Centred Language.
- Communication.
- Guidelines for Effective Communication.
- Common Issues for People with Dementia.
- Hallucinations and Delusions.
- Tips for Coping with Dementia.
- Understanding Behaviour which is Challenging.
- Tips on Ways to Help the Person to Maintain their Independence.
- Meaningful Activities.
- Mealtimes and Eating.
- Dressing.
- Personal Hygiene: Washing and Bathing.
- Continence Management.
- Problems with Sleeping.
- Palliative Care.

Appendix A

National Dementia Training Steering Group Membership

1. Mr. Patrick Glackin, A/Area Director of NMPD, HSE West
2. Ms. Mary Manning, Project Manager to the Programme
3. Ms. Mary Wynne, A/Area Director of NMPD, Dublin North East
4. Ms. Liz Roche, Director of NMPDU, Palmerstown
5. Professor. Kathy Murphy, National University Galway Irealnd NUIG
6. Ms. Doreen Lynch, Director of CNE, Mercy University Hospital, Cork
7. Ms. Michelle Carrigy, Acting Nurse Manager, Med E1 Directorate, St. James's Hospital, Dublin.
8. Ms. Sinead Fitzpatrick/Ms. Vena Doyle, NHI Practice Development Facilitator, Nursing Homes Ireland, Unit G6, Centrepoint Business Park, Oak Road, Dublin 12.
9. Ms. Anne Quinn, ANP Dementia, Thurles
10. Ms. Cecelia Hayden, CNS Dementia, St. Vincents, Athy
11. Ms. Julie Ling, DOHC.
12. Ms. Cecelia Craig, Dementia Services Information Development Centre DSIDC *
13. Ms .Margaret Kerlin, Team Co-ordinator, Mental Health Services for Older People, Mental Health Services, Donegal
14. Mr. PJ Rainey, DON, Mental Health Services, Mayo
15. Ms. Paula Phelan, Director of Nursing, Community Nursing Unit Birr Co Offaly
16. Ms. Paula Hand, Director of Nursing, St. John of God North East Service for Intellectual Disabilities
17. Ms. Mary Mahon, Director of Public Health Nursing, HSE, St. James's Green, Kilkenny
18. Ms. Annie Dillon, Project Officer, The Alzheimer Society of Ireland, Temple Road, Blackrock, Dublin
19. Ms. Mary Tynan, National Partnership

20. Ms. Margaret Feeney, National Planning Specialist for Older Persons, Office of the Assistant National Director for Older Persons*

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Members of the Sub-education Groups

1. Ms. Mary Manning, Project Manager to the Programme
2. Dr. Kate Irving, School of Nursing, DCU
3. Evelyn Reilly, CNS Dementia, ID Services
4. Marissa Butler, ANP Candidate Dementia
5. Pat Kenny, HSE Land
6. Louise Buckley, HSE Older Person Services
7. Alaine Mc Partland, RCNME Sligo
8. Ms. Annie Dillon, Project Officer, The Alzheimer Society of Ireland, Temple Road, Blackrock, Dublin
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11. Ms. Anne Quinn, ANP Dementia, Thurles
12. Ms. Doreen Lynch, Director of CNE, Mercy University Hospital, Cork
13. Professor. Kathy Murphy, National University Galway Ireland NUIG

Appendix B

Recognising Delirium in Older Hospitalised Patients

Older people in hospital or long-term care may be at risk of delirium

Delirium also referred to as 'acute confusional' state is a serious disturbance in a person's mental abilities that results in a decreased awareness of one's environment and confused thinking. It is one of the most common complications of medical illness or recovery from surgery among older adults in the hospital.

Delirium has an abrupt onset, occurs over hours or days and symptoms fluctuate over time. Usually short term, lasting days to weeks but symptoms may persist for longer. It is a serious condition associated with poor outcomes and therefore **requires prompt investigation and treatment of the underlying cause.**

Delirium can be hyperactive (agitated, hyperalert) or hypoactive (lethargic, hypoalert) but some people may show signs of both (mixed). Hypoactive and mixed delirium may be more difficult to recognise.

Delirium is commonly mistaken for dementia, depression or accepted as part of old age. A careful history should be obtained from the patient's family or carer(s) in order **to establish their baseline cognitive status.**

RISK FACTORS

- **Aged 65 years or older**
- **Pre existing cognitive impairment, dementia or depression**
- **Previous history of delirium**
- **Current hip fracture**
- **Visual and/or hearing impairment**
- **Severe illness (that is deteriorating or at risk of deteriorating)**
- **Multiple medical problems**
- **Alcohol or drug abuse**

Nurses should maintain a high index of suspicion for delirium in the older adult, when a new onset/acute or sub-acute deterioration in behaviour, cognition, or function occurs.

PRECIPITATING FACTORS

- **Effects of medication e.g. narcotic analgesia, benzodiazepines, cardiac medications, anticholinergics, steroids**
- **Pain**
- **Illness, infection, burns**
- **Post surgery e.g. orthopaedic, cardiac**
- **Constipation**
- **Malnutrition**
- **Immobilisation**
- **Sleep deprivation**
- **Extremes of sensory input**
- **Physical restraints**
- **Indwelling catheters**
- **Substance withdrawal**
- **New and different environment**
- **Electrolyte imbalance**

SIGNS & SYMPTOMS OF DELIRIUM

- **A sudden change or fluctuation in mental status (may help to compare with MMSE before onset if available).**
- **Fluctuating level of consciousness (ranging from hyperalert to unrousable)**
- **Reduced ability to maintain attention or stay focused**
- **Memory impairment: poor registration and retention of new material**
- **Disorientation in time and often in place**
- **Disorganised thinking e.g. rambling, irrelevant, incoherent or inappropriate speech**
- **Perceptual distortions which may lead to misidentification, illusions and hallucinations**
- **Disturbed sleep-wake cycle**

TYPICAL SIGNS OF HYPERACTIVE DELIRIUM

- Hyperalert
- Restlessness, agitation – picking or pulling at clothes, bed linen, IVs, catheters, attempting to get out of bed/chair, wandering
- Labile mood: irritability, fear, anxiety, elation
- Lack of cooperation with reasonable requests, anger, belligerence, combativeness, aggression

TYPICAL SIGNS OF HYPOACTIVE DELIRIUM

- Lethargy
- Decreased alertness
- Drowsy, difficult to wake
- Lack of interest
- Staring into space, apathy
- Sparse or slow speech
- Reduced mobility/ movement

Patients with mixed-type delirium fluctuate between hyperactive and hypoactive delirium

Developed by Anne Quinn, Advanced Nurse Practitioner Dementia, St Patrick's Hospital Cashel, Co Tipperary as part of The National Dementia Education Project ONMSD (2011)

Source: NICE (2010) Clinical Guideline 103: Meagher et al (2000) Relationship between symptoms & Motoric Subtypes of Delirium; Journal of Neuropsychiatry & Clinical Neurosciences: (12) 51-56: AHMAC (2006)Clinical Practice Guidelines for the Management of Delirium in Older People.

DISTINGUISHING CHARACTERISTICS OF DELIRIUM, DEMENTIA AND DEPRESSION

	DELIRIUM	DEPRESSION	DEMENTIA
DEFINITION	**Delirium is characterised by an acute fluctuating onset of confusion, disturbance in attention, disorganised thinking and/or decline in level of consciousness**	**A change of mood that lasts at least two weeks with feelings of sadness and loss of interest and pleasure in usual activities**	**Dementia is a gradual and progressive decline in mental processing ability, affecting memory, communication, language, judgement and abstract thinking**
ONSET	• Sudden onset over hours or days	• Variable: Weeks to months. • May coincide with life changes	• Gradual onset over months to years
COURSE	• Reversible with early treatment but can cause serious disability or death • Often fluctuates over 24 hour period • Worse at night and on awakening	• Usually reversible with treatment • Often worse in the morning	• Progressive. • May be slowed with treatment but not reversed
MEMORY	• Impaired - recent and immediate memory	• Generally intact or may be minimally impaired • Can be selective • In severe cases can present as a pseudo-dementia	• Impaired - recent and remote memory
THINKING	• Fluctuates between rational and disorganised/ distorted thinking • Fluctuating alertness and cognition	• May be indecisive • Reduced concentration • Low self esteem • Feelings of hopelessness	• Difficulty with abstract thinking • Poor decision making • May have word finding difficulty
PERCEPTION	• Distorted: Illusions, delusions and / or hallucinations • Difficulty distinguishing between reality and misperceptions	• Themes of guilt and self loathing • May experience delusions and/or hallucinations in severe depression	• Signs may include delusions of theft/ persecution • Hallucinations depending on type of dementia e.g. Lewy Body Dementia
SLEEP	• Disturbed but no set pattern- may have noctural confusion, day/night reversal	• Disturbed • Early morning wakening or hypersomnia	• Normal to fragmented • May have nocturnal wandering and confusion
MOOD	• Variable – irritable, aggressive, fearful	• Depressed • Flat, sad, withdrawn • Changes in appetite • Diminished interest in usual activities	• Variable – irritable, apathetic, labile • Depressed mood often present in early dementia
DIAGNOSIS	• Diagnosis based on rapid onset of fluctuating symptoms • Can be mistaken for progression of dementia	• May deny being depressed but exhibit anxiety • Others may notice symptoms first • Increased complaints of physical illness • Social withdrawal is common	• Usually diagnosed approximately 2-3 years after onset of symptoms • Must rule out other cause of cognitive decline e.g. depression or delirium

Compiled by Anne Quinn, Advanced Nurse Practitioner Dementia, St. Patrick's Hospital Cashel, Co. Tipperary
As Part Of The National Dementia Education Project ONMSD (2011)

References: Vancouver Island H ealth Authority (2006) Delirium in the Older Person.
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DIAGNOSING, PREVENTING & MANAGING DELIRIUM IN OLDER PATIENTS

Delirium is a common problem in all healthcare settings with a prevalence of 20%-30% on medical hospital wards, 10%-50% on surgical wards and under 20% in long term care (NICE, 2010). The etiologies of delirium are diverse and multifactorial and may be caused by acute illness, medical complication or drug intoxication. More than one etiology is often responsible for delirium.

For inpatients who are elderly, medically unwell and patients in the postoperative period, delirium may result in a prolonged hospital stay, increased complications, increased cost, and long-term disability. Delirium is also associated with higher mortality rates both during hospitalisation and post-discharge.

The identification and management of delirium requires **a multidisciplinary team approach** and involves identifying and correcting the underlying problem, supporting functional needs, reducing distress and managing agitation. Many patients with delirium are discharged before their symptoms are fully resolved, and this factor must be accounted for in planning their post-discharge care.

Clinical Presentation

Delirium always should be suspected when an acute or subacute deterioration in behavior, cognition, perception or function occurs, especially in patients who are elderly, have dementia, or are depressed.

Diagnosis

The diagnosis of delirium is clinical and includes:

- Observation: Patients with **hyperactive delirium** demonstrate features of restlessness, agitation and hypervigilance and often experience hallucinations and delusions. By contrast, patients with **hypoactive delirium** present with lethargy and sedation, respond slowly to questioning, and show little spontaneous movement and fail to progress in rehabilitation. Patients with **mixed delirium** demonstrate features of both types.
- Obtaining a thorough history of onset and course i.e. from family, carers, nursing notes
- A careful and complete medical history and physical examination including mental status examination
- Medication review
- Laboratory and radiology tests to highlight possible underlying causes
- Several screening tools are available to aid in identifying delirium. Comparison with an AMTS (Abbreviated Mental Test Score) or MMSE (Mini Mental State Examination) score before the onset of delirium is ideal. Administering the AMTS or MMSE several times during the course of delirium can be a way to assess improvement. Other available tools include The Confusion Assessment Method (CAM), The Delirium Rating Scale (DRS) and the Delirium Observation Scale (DOS). Choice of assessment tool will depend on training/expertise and setting.

(The current standard for the diagnosis of delirium appears in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition).

Preventing Delirium

- Following admission to hospital assess and monitor people at risk of developing delirium.
- Avoid moving at risk people within and between wards.
- Ensure appropriate placement on the unit – Avoid too much noise, glaring lights/shadows.
- Provide frequent explanation and reassurance.
- Use clocks/signage to orientate.
- Ensure prompt assessment and treatment for constipation, dehydration, hypoxia, pain, infection or nutritional problems.
- Avoid unnecessary catheterisation, cannulation and restraints.
- Encourage early mobilisation following surgery or illness.
- Reduce noise and avoid nursing or medical procedures during sleeping hours if possible.
- For people with sensory impairments ensure they have access to their glasses or hearing aids.

Managing Delirium

- Identification and treatment of the underlying cause(s).
- Continue with measures outlined under prevention.
- Ensure the diagnosis of delirium is documented in the person's nursing notes/hospital record/ discharge letter.
- Ensure effective communication, reorientation and reassurance –Enlist the help of family/friends where appropriate.
- Ensure regular assessment to check for improvement or deterioration.
- Non-pharmacological treatment is best, but pharmacological treatment may be necessary where a patient is very distressed or agitated.

Where symptoms do not resolve: Re-evaluate for underlying causes: Follow up and assess for possible dementia

Developed by Anne Quinn, Advanced Nurse Practitioner Dementia, St Patrick's Hospital Cashel, Co Tipperary as part of The National Dementia Education Project ONMSD (2011)

References: NICE (2010) NICE Clinical Guideline 103/Delirium: Diagnosis, Prevention & Management. American Psychiatric Association. Treatment of Patients with Delirium Practice Guideline http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm. Inouye, S.K (2006) Delirium in Older Persons. New England Journal of Medicine. 354: 1157-1165

Appendix C

Dementia Champions
A National Practice Development Programme 2012

People with Dementia NEED YOU!

What is a Dementia Champion?

A dementia champion is someone with excellent knowledge and skills in the care of people with dementia. They will have an understanding of the change process from a theoretical and practical perspective. A champion is self motivated and motivates others, acts as a role model in the delivery of person centred care, they are an advocate for people with dementia and a source of information and support for co-workers. A champion is someone that has the leadership qualities and communication skills to act as a change agent.

Who can become a Dementia Champion?

Both qualified and unqualified Staff across all care sites who have received the relevant education and wish to further develop their skills and expertise in the area. The level 8 module will kick start or fine tune your skills as you will be required to successfully complete a change project where you work. Following completion of the module you will be supported by a national network of dementia champions who have completed the module before and from whose mistakes and good practice you may continue to learn.

What's Involved?

- Promoting ongoing culture changes in the development of best practice dementia care
- Supporting the roll out of initiatives to improve dementia care
- Act as a resource and support for the person with dementia, staff and families/carers
- Sharing best practice with their colleagues
- Advocating for the person with dementia
- Role modelling best practice
- Contributing towards embedding a culture of person centred dementia care
- Taking on a leadership role in the development and enhancement of quality driven dementia care
- Liaising with the relevant services to access the most up to date knowledge on dementia. Services such as the Alzheimer's Society the Carers society, DSIDC services and others as applicable
- Working in collaboration with managers to develop and enhance structures/processes within the organisation to support a person centred dementia culture of care delivery

What's in it for me?

Perhaps you're the best person to answer this one ....but how about **an increased sense of satisfaction** with your work and knowing as a champion **You can** make a difference to developing dementia care.

Before you embark on this journey, it's important that you realise that the role of the dementia champion is not be an add on to the role of the individual staff member. It will be assimilated into their current role. You will need to discuss with your manger how best to achieve this.

A learning contract signed with your manger committing to supporting you in the role of dementia champion will be required before an application for funding will be processed.

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