

## **CONSUMER FACT SHEET: PATIENTS WITH COGNITIVE IMPAIRMENT OR AT RISK OF DELIRIUM**

### **About this fact sheet**

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed a series of fact sheets for consumers and carers about the National Safety and Quality Health Service (NSQHS) Standards (second edition). This fact sheet provides information about the actions in the NSQHS Standards that relate to cognitive impairment.

### **About the NSQHS Standards (second edition)**

The primary aims of the National Safety and Quality Health Service (NSQHS) Standards are to protect the public from harm and to improve the quality of health care provision.

The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

In Australia, all hospitals must be accredited. To become accredited, hospitals must pass external assessments to show they have implemented all of the requirements of the eight NSQHS Standards.

The Commission has included actions in the NSQHS Standards for hospitals to improve care for people with cognitive impairment or at risk of developing delirium.

Anyone going to hospital can find the experience stressful. For a patient with cognitive impairment – who may be having difficulties with their memory, thinking or communicating – the experience can be overwhelming.

A patient with cognitive impairment will need extra care and supervision to stay safe during their hospital stay.

### **Hospitals should aim to:**

- ✓ Partner with patients, carers and families to provide safe and high-quality care for people with cognitive impairment or at risk of delirium.
- ✓ Make sure that everyone working in the hospital is aware of cognitive impairment, the possible harm that can occur if the right care is not provided, and how they can help to prevent delirium. This includes clinical and non-clinical workforce.
- ✓ Recognise when a patient has cognitive impairment and find out what is causing it.

# AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

People with **cognitive impairment** have difficulties with memory, thinking or communicating. These difficulties can be temporary or long term.

**Delirium** is an acute medical condition that can occur suddenly in people who are unwell or have had surgery and may only last a short time.

A person may feel confused and disorientated, and may be unable to pay attention. Carers and families will usually report that the person is not their normal self.

Delirium may be caused by many different things and sometimes the cause is not known. Delirium may have serious consequences if not identified, but can be reversed if the causes are found and treated.

A person living with cognitive impairment is more likely to develop delirium during their hospital stay than someone without cognitive impairment.

For older people who are in hospital, **delirium and dementia** are common causes of cognitive impairment. **Dementia** is a collective term for a number of disorders that cause decline in a person's memory, judgement or language that affects everyday functioning. Dementia is different from delirium because the decline is gradual, progressive and usually irreversible. The most common type of dementia is Alzheimer's disease.

## Other forms of cognitive impairment

People at any age may also be cognitively impaired due to other conditions such as an acquired brain injury, a stroke or intellectual disability.

## What can I do if I have cognitive impairment and I am in hospital?

- ✓ Let your doctor, nurse or allied health professional know if you are experiencing any changes in your memory or thinking, particularly if you feel that it has happened recently.
- ✓ Try to answer the questions you may be asked to test your memory and to obtain background information about your health. These questions will help determine if there is a need for further investigation, and to make decisions with you about your care and treatment.
- ✓ While you are in hospital, let your doctor, nurse or allied health professional know what assistance you may need.
- ✓ Participate in discussions and decisions about your health condition and possible treatment as much as you are able and choose to. Ask that your carer, a family member or support person also be involved, if that is what you want.
- ✓ Let your doctor, nurse or allied health professional know what is important to you, if you have any treatment preferences or if you have an advance care plan.
- ✓ If you are unable to make your own healthcare decisions, your doctor, nurse or allied health professional will find out who is able to make decisions on your behalf and will consult them. This person is called your substitute decision-maker.
- ✓ If you don't have a carer or a family member who is able to visit you, you may wish to nominate someone whom your doctor, nurse or allied health professional can contact to inform them of your hospital admission and care concerns.

## **What can I do if I am a carer, support person or family member of a patient with cognitive impairment?**

- ✓ Let the doctor, nurse or allied health professional know if you have any concerns about the memory, thinking or behaviour of the person you care for. Also let them know if the person has been diagnosed with dementia or other forms of cognitive impairment.
- ✓ If possible, keep an up-to-date list of all prescription and nonprescription medicines and the dosages of these medicines that the person you care for is taking, and bring all medicines to hospital.
- ✓ If the person you care for is not able to, tell the doctor, nurse or allied health professional if you know their healthcare preferences or if they have an advance care plan.
- ✓ If the person you care for is not able to, inform the doctor, nurse or allied health professional if the person has appointed someone to make decisions on their behalf or if they have an order of a tribunal.
- ✓ Let the doctor, nurse or allied health professional know about the person you care for, in particular their routine, what assistance may be helpful, and how they can be comforted if they are distressed in your absence. Clarify with them from the beginning about the person's capacity with communication, hearing, sight and other areas where assistance may be helpful.
- ✓ If you are the person's substitute decision maker and medicines are suggested to alleviate distress, ask about the risks, benefits and alternatives. Ask about any changes to the person's list of medicines and the reasons. Think about what the person would want.
- ✓ Let the doctor, nurse or allied health professional know if the person you care for is not their normal self on admission or at any time during their hospital stay. The person may have developed delirium.
- ✓ If the person you care for is having difficulty understanding and you know of ways that could help with communication and support their participation in making decisions, let the doctor, nurse or allied health professional know.
- ✓ Ask the doctor, nurse or allied health professional if you may stay, and bring in familiar objects and activities for the person you care for.
- ✓ Let the doctor, nurse or allied health professional know how involved you wish to be in the person's care. Some family members choose to stay with the person as much as possible while others may need a break from their caring role.
- ✓ If the person you care for has been diagnosed with delirium, discuss how you can help. You can ask the doctor, nurse or allied health professional for an information brochure to give to other relatives or family members.

## Resources

### Where do I go for more information?

The [NSQHS Standards microsite](#) provides quick and easy access to targeted information for clinicians, consumers, managers and others

The [Australian Charter of Healthcare Rights](#) outlines the key rights of patients and consumers when seeking or receiving healthcare services

The Commission has a [Caring for Cognitive impairment](#) campaign to increase awareness of cognitive impairment as a quality and safety issue. It includes stories from people with cognitive impairment and carers

Dementia Australia has many useful resources including:

- [Going to hospital](#) help sheet
- A delirium and dementia helpsheet that explains delirium and how it relates to people with [dementia](#)
- [Planning ahead tools](#) that provide information and links for each state and territory to answer “Who will the doctor ask to give consent for my medical treatment if I am not able to give my own consent?”
- Dementia help sheets for Aboriginal and Torres Strait Islander, and culturally and linguistically diverse backgrounds

NPS Medicinewise has useful information under [Medicines and dementia: what you need to know](#) and developed a [Dementia and Medicines](#) brochure with Dementia Australia

[My Aged Care](#) is a web site that provides information on aged care services. Information is also available by calling **1800 200 422**

Delirium information is available at the [Australian Delirium Association](#) website

Brain injury information is available at [Brain Injury Australia](#)

[Top 5](#) is a program that captures important information from carers to help personalise care

Examples of “get to know me” forms for people with dementia include [Focus on the person](#), [Sunflower tool](#) and [This is me tool](#)

[Admission2Discharge](#) features an admission to discharge folder (A2D) that facilitates timely transfer of relevant and current information to enable the hospital workforce to meet the needs of people with intellectual disability

