

## GCHHS PART 9 - HEALTH SERVICE INVESTIGATION

### Dementia or Behavioural and Psychological Symptoms of Dementia

#### Executive Summary

On 1 December 2023, the Chief Executive of the Gold Coast Hospital and Health Service (GCHHS) commissioned a Health Service Investigation under Part 9 of the *Hospital and Health Boards Act 2011* to investigate matters relating to the management, administration and delivery of public health services for patients with Dementia or behavioural and psychological symptoms of Dementia (BPSD).

To assist in their inquiries, the investigation team considered two clinical incidents relating to patients with Dementia. One incident involved a male patient in his seventies, with a background of severe dementia, entering another inpatient's room and assaulting them. The injuries sustained by the other patient resulted in their death due to their underlying medical condition preventing a normal healing response. The second incident related to another male patient in his seventies with violent behaviours on a background of dementia.

In response to the recommendations received from the investigation team, the Chief Executive stood up a taskforce to work through the recommendations. These recommendations related to three broad areas, namely the model of care for dementia and BPSD, infrastructure, and education and training with a special focus on training and support for our staff in responding to the occupational violence risks from this cohort of patients. It is anticipated that it will take six to twelve months to implement these recommendations.

The investigation team made twelve recommendations in the report. The recommendations are set out below:

#### 1. Recommendation:

GCHHS establish a Model of Care for BPSD management including:

- a. A specialised unit (repurpose Complex Management Unit (CMU)) or undertake a green-site development), co-managed by geriatrician and psychogeriatrician.
- b. A multidisciplinary consultation liaison service across Gold Coast University and Robina Hospitals, led by geriatric/psychogeriatric clinicians to consult patients with dementia and/or delirium on general wards who are experiencing changed behaviours or complex care needs.

**2. Recommendation:**

Enhance and expand the University Students in Nursing (USIN) Training Model for skills development on wards. Including, increasing availability to ensure more nursing students and AINs can benefit from this comprehensive training.

**3. Recommendation:**

GCHHS implement a comprehensive interprofessional scenario-based simulation training program. The program should aim to enhance understanding, improve multidisciplinary collaboration, and develop practical skills to manage patients with delirium and Behavioural and Psychological Symptoms of Dementia.

**4. Recommendation:**

Education programs for interns, Resident Medical Officers and medical registrars (basic physician trainees) include training on delirium, dementia and Behavioural and Psychological Symptoms of Dementia.

**5. Recommendation:**

Ensure staff are fully aware of their responsibilities in monitoring and reporting restrictive practices as outlined in published procedures.

**6. Recommendation:**

GCHHS review and implement the Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard with clear monitoring and reporting through its clinical governance structure with feedback to clinicians.

**7. Recommendation:**

The Enhanced Care Service (ECS) is to be reviewed and evaluated with a clear model of care prior to any extension/additional funding of the service.

**8. Recommendation:**

The Clinical Governance Meeting structure is reviewed for the Allied Health and Rehabilitation Service to ensure a direct clear reporting and escalation pathway to the GCHHS Clinical Governance Committee.

**9. Recommendation:**

GCHHS review [its procedure on] Security Specials in comparison with industry standards such as other Queensland Health Hospital and Health Service documentation.

**10. Recommendation:**

GCHHS review Occupational Violence Risk Assessment and Global Risk Assessment documents to identify risk formulation is mirrored and informed by each document when subsequently conducted. The [occupational violence risk assessment guideline] be reviewed to inform the process.

**11. Recommendation:**

GCHHS provide instruction and training for persons assigned the task of OVRA completion to enable accurate OV assessment of workplaces.

**12. Recommendation:**

GCHHS consider a methodology to calculate headcount instead of FTE in relation to OV training needs analysis.