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Overcoming barriers to screening for cognitive impairment in rural surgical patients

Sean MacDermott¹, Dorothy McLaren², James Muir³, Nicolaas Van Zyl³

¹La Trobe University; Rural Health School, ²Western District Health Service, ³South West Healthcare

In common with rural communities throughout Australia, those in western Victoria are characterised by an ageing population with concomitant issues such as cognitive decline. The median age of 47 years is 10 years greater than that of Victoria as a whole. In western Victoria, nearly one in four (22.6%) of the population is aged 65 years and over. Respective figures are 15.6% for Victoria and 15.8% for all of Australia.

To more fully understand the extent and impact of cognitive decline and hospitalisation in a rural community, investigators at a regional Health Service undertook an initial retrospective data collection focussing on surgical admissions for patients aged 65 and over (ATSI > 45), undergoing a general anaesthetic with at least a 48hr admission. According to existing policy, every person meeting these criteria should have been screening using the AMT 10 tool.

Initial findings from an audit conducted in 2015 demonstrated that compliance with the existing policy was low and that fewer than 65% of patients in this at-risk group had received a cognitive screen. A second audit in 2016 revealed that the screening rate had fallen to 35%. An informal qualitative and human factors approach indicated a lack of faith in the efficacy of the test amongst staff. Additional results from a voluntary survey supported the contention that staff perceived the AMT 10 as ineffective. Results also indicated a lack of understanding of the implications of cognitive decline for patient recovery and on-going quality of life in this surgical cohort.

Barriers to screening identified by staff in this regional health service mirrored those previously identified by staff in larger organisations. In particular, staff viewed themselves as being time-poor, lacked sufficient understanding of the screening tool(s) and didn't see real value in cognitive screening. In response, in 2018, it was decided to replace the AMT 10 with a combination of the AMT4 and the Clock Drawing Test and to provide additional staff training around screening using these tools. Despite these changes, an initial partial evaluation of this intervention in 2019 revealed that just over half (53%) of all patients in this at-risk cohort had received an appropriate screen. It should be noted that at the time of this evaluation the implementation was still underway and was not yet embedded.

Amongst the many lessons learned from this experience is that conducting another audit won't change anything. Reactive change is not good and change should not be confused with progress. Training and education should be designed to win the hearts and minds of staff. Support and buy-in has to be at all levels of the organisation. Above all, screening should be linked to a program of care.

This organisation has devoted significant resources towards improving screening rates over the past five years. These efforts have been hampered by factors such as loss of key personnel and significant organisational restructure. Such workforce issues are common to many regional health services.

Implementing and sustaining screening is a multifaceted task which requires ongoing commitment on behalf of the organisation. Given that up to 40% of patients aged over 65 in hospital have some form of memory or thinking difficulties it is essential that we do better. From January 2019, organisations will be assessed against the new National Safety and Quality Health Service (NSQHS) Standards. Compliance with the Comprehensive Care Standard will require cognitive screening of at-risk populations. It is hoped that this will provide the impetus for organisations to implement and sustain screening.

Presenter

Dr Sean MacDermott is a Senior Lecturer/Researcher in the La Trobe Rural Health School, based at the University's Mildura campus. He has qualifications and expertise in health, social science, research, and project management. Sean has a strong track record in research design and evaluation in health care settings and has worked with Western District Health Services, Ballarat Health Services, and the Department of Health on a number of research, evaluation, and workplace redesign projects. Immediately prior to joining La Trobe, he was the National Project Manager for the National Rollout and Evaluation of the Dementia Care in Hospitals Program. His research interests are in the areas of ageing, regional health workforce, and health services redesign.