

Implementation Plan
For
The NSW Dementia Services
Framework
2010-2015

Consultation Draft
September 2011



Foreword

The *NSW Dementia Services Framework 2010-2015* sets the direction for quality dementia care in NSW.

The Framework identifies requirements to achieve outcomes for quality dementia care in NSW and suggests actions for each stage of the service pathway from dementia awareness through community, hospital and residential care up until the provision of end of life care.

Actions within the Framework span both national and state areas of responsibility as quality dementia care consists of integrated Commonwealth, NSW and jointly funded services and programs across health (primary, aged health, mental health), community and the aged care sectors.

This implementation plan, however, focuses on the important actions that align with NSW Government funding and policy responsibility.

The consultation draft implementation plan outlines a series of proposed strategies to be progressed by NSW Health and Ageing, Disability and Home Care (ADHC). It provides solid direction for the immediate future, consolidating dementia care programs and services that contribute in providing a comprehensive response to an expected increase in demand.

Implementation is expected to occur at both state (NSW Department of Health (DoH)/ADHC) as well as Local Health District (LHD)/ADHC local planning area and service levels with clear reporting requirements.

Implementation will require coordination at all levels within the context of the National Health Reforms, with DoH and ADHC working closely with the Commonwealth Department of Health and Ageing (DoHA), LHDs and ADHC regions with Commonwealth funded Medicare Locals and the new 'front end' of Aged Care and the specialist health services and state community services working with General Practice and Commonwealth aged care services.

While considerable activity will occur at the local level, not all activity is expected to be reported at a state-wide level. The emphasis has been on choosing high level indicators that are important and feasible. Feedback on these is a vital component of the consultation.

This draft plan has not been developed in isolation of existing health and community care initiatives, but builds upon significant investment and progress that has already been made.


Examples of dementia care programs and services already established in NSW include dementia experts in community and hospital settings, support programs for various population groups, development of education and clinical support programs to respond to patients with complex presentations such as dementia and delirium in hospitals and/or behavioural and psychological symptoms of dementia. Building on these initiatives is a key principle of implementation.

It is expected that dementia services networks established in local communities will continue, bringing together health, community and aged care sectors to improve service coordination, development and local level planning.

Existing networks provide important models for their expansion across all LHDs and ADHC regions to build integrated responses to dementia care needs.

The NSW Government is committed to implementation of the *NSW Dementia Services Framework 2010-2015* and to working with the Commonwealth to improve outcomes for people with dementia, carers and families.

We welcome the opportunity for your contribution in shaping the way forward for improving dementia care in NSW and release this consultation draft implementation plan through which you can provide comment and feedback in building a commitment to our shared vision of quality dementia care.



The Hon. Jillian Skinner, MP
Minister for Health
Minister for Medical Research



The Hon. Andrew Constance, MP
Minister for Ageing
Minister for Disability Services

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At a glance

The *NSW Dementia Services Framework 2010 – 2015*, released jointly by NSW Health and ADHC, sets the direction for improving quality of life for people with dementia, carers and families in NSW.

The objectives of the Framework are to:

- 1) Improve community awareness about dementia, available help and the link between healthy lifestyles and reduced dementia risk;
- 2) Improve access to timely dementia assessment, diagnosis and management services;
- 3) Improve access to information, counselling, carer education and support;
- 4) Improve the availability and flexibility of community support programs and services;
- 5) Improve the quality of and expertise for dementia care in hospitals;
- 6) Improve the quality of and expertise for dementia care in residential aged care settings;
- 7) Improve access to quality care and expertise for the assessment and management of behavioural and psychological symptoms of dementia; and
- 8) Improve access to quality care and expertise for palliative dementia care.

The consultation draft of the implementation plan is an adjunct to the *NSW Dementia Services Framework 2010-2015*.

It outlines the actions to be progressed by NSW Health and ADHC at both state and local levels, and in partnership with key agencies such as the Agency for Clinical Innovation (one of the four 'pillars of health reform' in NSW).

A number of relevant policy and planning developments since the release of the Framework have been considered in the drafting of this implementation plan.

Its development has been overseen by the *Dementia Services Framework Implementation Steering Committee* (DSFISC) chaired by the Deputy Director-General, DoH and includes representation from NSW Health, ADHC, DoHA and Alzheimer's Australia NSW. There has also been additional advice provided from an expert dementia advisory group.

Another important development for dementia care in NSW is the emergence of findings from the *Hospital Dementia Services Project* that provides further evidence for many of the strategies outlined in this plan.

Detailed information concerning NSW Health and ADHC actions and reporting for each of the Framework's objectives can be found commencing on page 8.

The detailed information highlights why we need action, what we will do in NSW and for what outcome.

It also provides direction for identifying how we will know the plan has made a difference and reporting requirements to assist in measuring its implementation.

There are prioritised strategies for each objective, such as increasing key worker positions. These priorities will be progressed as funding opportunities arise.

Other strategies are already underway or will be progressed within existing programs and policy directives.

The steering committee will provide annual progress reports to Ministers on implementation with information collected and collated from key stakeholders identified in the implementation plan.

The implementation plan proposes reporting against the implementation plan, using the consultation draft process to confirm a number of proposed priority areas for the improvement of dementia care in NSW and reporting targets against which to measure implementation progress.

Why we must change

The number of people with dementia in NSW is projected to increase fourfold from 84,000 in 2009 to 341,000 in 2050 and corresponds with the diagnosis of near 26,000 new cases annually in NSW increasing to 116,000 new cases in 2050.

Caring for a person with dementia can be a significant challenge for family carers who provide emotional support, practical assistance and supervision. We know that carers of people with dementia are at high risk of depression, ill health and social isolation and that early psycho-educational intervention and case coordination can have positive effects.

Dementia is a significant health challenge. It is a serious chronic, usually progressive condition, often with complex co-morbidities requiring expert clinical assessment, diagnosis and management. Consultations confirmed there is geographic variability in access to dementia expertise in the community and in hospitals across NSW. This is further compounded by an already overwhelming demand on the existing, limited workforce with dementia expertise and on dementia specific services in providing care and support.

Consultation also confirmed variation in access to flexible culturally and age appropriate care to address the needs of specific population groups.

The current hospital experience for people with dementia leads to poor outcomes, is inefficient and costly

The Hospital Dementia Services (HDS) Project found that in 2006/07:

- Hospital outcomes including length of stay (LOS), mortality and transfer to residential care are worse for patients with dementia than for patients without dementia - with over 20,000 people with dementia admitted to NSW public hospitals (approximately 25% of all people with dementia in NSW).
- Patients with dementia have over twice the risk of being admitted with hip fractures and have near two times the risk of being admitted with head injuries than patients without dementia.
- Hospital LOS increases for patients with dementia as a function of increasing 'remoteness/rurality', to a much greater extent than it does for patients without dementia.
- Hospital outcomes are accentuated in younger patients (mortality of dementia patients aged 50-64 is about double those without dementia at the same age, transfer to residential care and other accommodation is about 10 times higher, and mean LOS is 2-3 times longer).
- In the 75% of hospitals without specialist aged care wards run by geriatricians or psychogeriatricians, only 40% had access to geriatricians or psychogeriatricians, 21% had access to dementia CNCs, 12% had Emergency Departments with dedicated personnel with dementia expertise (usually ASET).
- People in positions such as ASET, AARCS, Aged Care CNCs and Dementia/Delirium CNCs make a difference - identifying delirium and dementia in patients, enhancing appropriate clinical care in hospital, advocating for the needs of people with dementia, managing relationships between hospital and community-based services and organising post hospital care.

- Increasing access to dementia expertise in both community and hospital settings is crucial to build capacity of mainstream services, as well as providing leadership, expert advice and treatment when required
- Person centred care is a critical strategy. It benefits everyone and is cost effective
- The external and internal environment can either support or hinder maintenance of independence and care provision
- Collaboration, coordination and communication across all systems are essential for good dementia care
- There are many examples of good practice in NSW that can be expanded, be made systematic and sustained

Context

The *NSW Dementia Services Framework 2010-2015* sets the direction for improving quality of life for people with dementia, their carers and families in NSW. It was developed by NSW Health in partnership with ADHC and was released by the Minister for Health and the Minister for Ageing in Dementia Awareness Week 2010.

National and state policy and planning context

The framework outlines the policy and planning context for dementia care. Relevant developments for dementia care since its release in September 2010 include:

- Further implementation of the [National Health and Hospitals Network Agreement](#)¹, including:
 - establishment of the Local Health Districts in NSW;
 - the commencement of the first group of Medicare Locals from 1 July 2011 in 4 regions in NSW: Western Sydney, Hunter Urban, New England and Murrumbidgee;
 - preparation for the transfer to Commonwealth of aged care services under the Home and Community Care Program from 1 July 2012; and
 - consultation about the development of a new “front end” for the aged care sector to improve access to information, assessment and services.
- \$165.652M received to enhance sub acute care service delivery over the period 2009-10 to 2012-13. Under the National Partnership Agreement, “sub acute” includes all four subacute care types– rehabilitation, palliative care, geriatric evaluation and management (GEM), and psychogeriatric care;
- Further implementation of [Caring Together](#), including consolidating the establishment of the Agency for Clinical Innovation (ACI), the Clinical Education and Training Institute (CETI) and the Bureau of Health Information, creating the four pillars with the Clinical Excellence Commission (CEC);
- Completion of the national Dementia Services Pathways Project under the *National Framework for Action on Dementia 2006 – 2010* (NFAD) that has been extended

until December 2011 in order for the current framework to be reviewed;

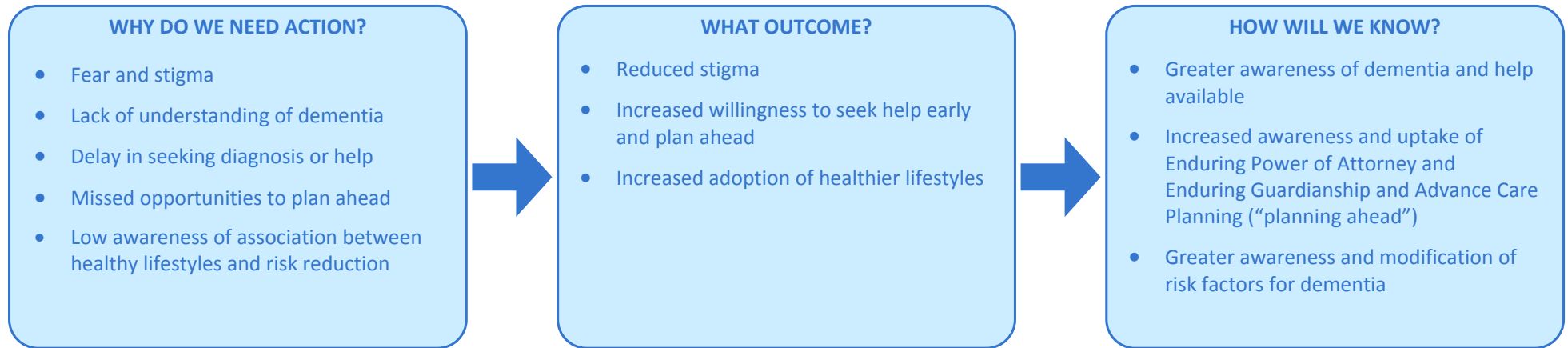
- Development of a draft NSW Health *Integrated Services Framework for Specialist Health Care of Older People* that will provide the “umbrella” strategic framework;
- Development of the draft *Advance Planning for Quality Care at End of Life: Strategic Framework and Implementation Plan*;
- *NSW Palliative Care Service Development Planning Framework 2011 – 2014*, due for release by August 2011;
- Commencement of the mid-term evaluation of the *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 – 2015*; and
- A further \$2 billion investment in disability services for the second phase of the *Stronger Together 2006-2016* initiative. This investment has a whole of life focus for people with a disability.

Principles for implementation

1. Implementation is integrated with current policy, planning and reporting initiatives.
2. Access to dementia expertise is increased in all settings.
3. The capacity of mainstream services is developed to respond appropriately to all people with dementia.
4. The evidence is developed, through evaluation of initiatives and improved reporting mechanisms.
5. Clear accountabilities are established.
6. Coordination between primary health, community, hospital and residential care is promoted.
7. Clear communication channels are developed

¹ Text that is underlined and in blue denotes a hyperlink to the relevant website

1. DEMENTIA AWARENESS



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Continue <i>Dementia Awareness Week</i> activities	Ageing, Disability and Home Care Alzheimer’s Australia NSW	<i>Dementia Awareness Week</i> activities completed
Pilot a risk reduction awareness campaign and parallel GP project	Department of Health	Risk reduction awareness campaign completed GP project completed
Complete dementia awareness projects for Aboriginal and culturally and linguistically diverse (CALD) communities	Ageing, Disability and Home Care	Dementia awareness projects completed
Provide healthy lifestyle information and promote dementia risk reduction programs targeting modifiable risk factors	Local Health Districts	Health promotion activities completed that incorporate dementia risk reduction message
Undertake further advance care planning initiatives	Local Health Districts	Advance care planning activities completed

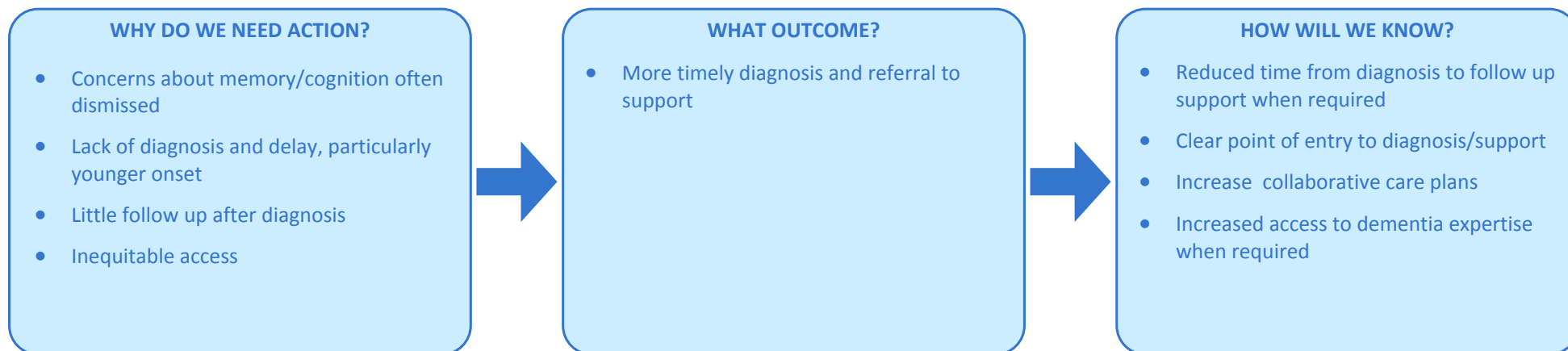
WHAT ELSE IS NSW DOING?

- Advance Planning for Quality Care at End of Life, Strategic and Implementation Framework (draft)
- Connecting Care Program

WHAT ARE THE PRIORITIES?

- Increase advance care planning positions

2. ASSESSMENT, DIAGNOSIS AND ONGOING MANAGEMENT



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Develop integrated models between GPs, AMS and SMART	Local Health Districts	Activities supporting integration with primary care
Increase community dementia CNC and key worker positions	Local Health Districts	Access to dementia expertise in place
Provide clear pathways to SMART and to community support services that reflect local conditions and include specific population groups	Local Health Districts Ageing, Disability and Home Care	Referral pathways in place
Improve diagnostic, care planning and management support in rural communities	Local Health Districts	Access to dementia expertise in place
Coordinate care needs as they increase or become complex	Local Health Districts	Increase in care satisfaction

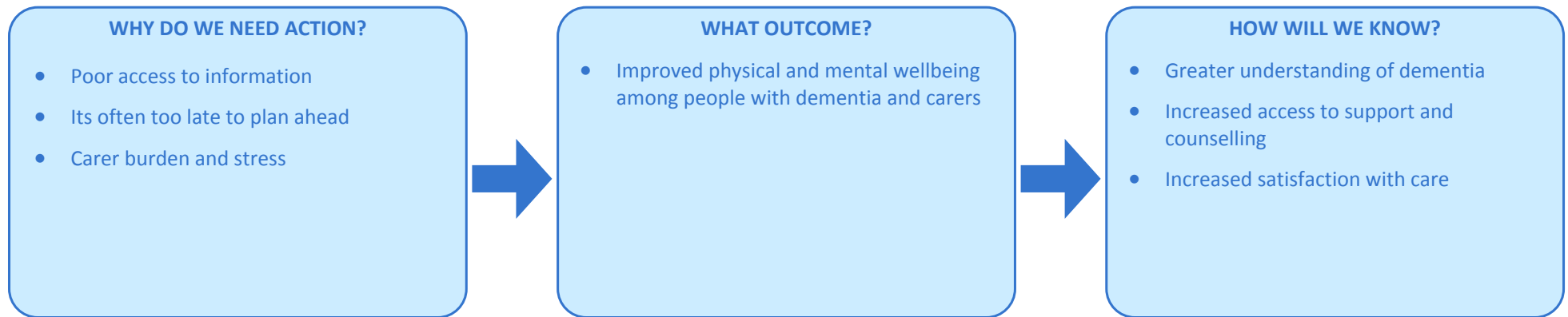
WHAT ELSE IS NSW DOING?

- Establishing links with Medicare Locals
- HealthOne NSW
- Connecting Care Program
- Consultation on the new “front end” for CW aged care sector

WHAT ARE THE PRIORITIES?

- Increase community dementia CNC positions
- Increase coverage of key workers

3. INFORMATION, COUNSELLING AND CARER EDUCATION



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Review the range of carer education and support, including access for specific population groups	Ageing, Disability and Home Care Local Health Districts	Carer education and support reviewed
Conduct mapping of existing Dementia Advisory Services	Ageing, Disability and Home Care	Dementia Advisory Service mapping completed
Develop and distribute Aboriginal specific information resources	Ageing, Disability and Home Care	Resources developed and distributed
Increase proactive follow-up by key workers (community nurses and allied health)	Local Health Districts	Key workers in place

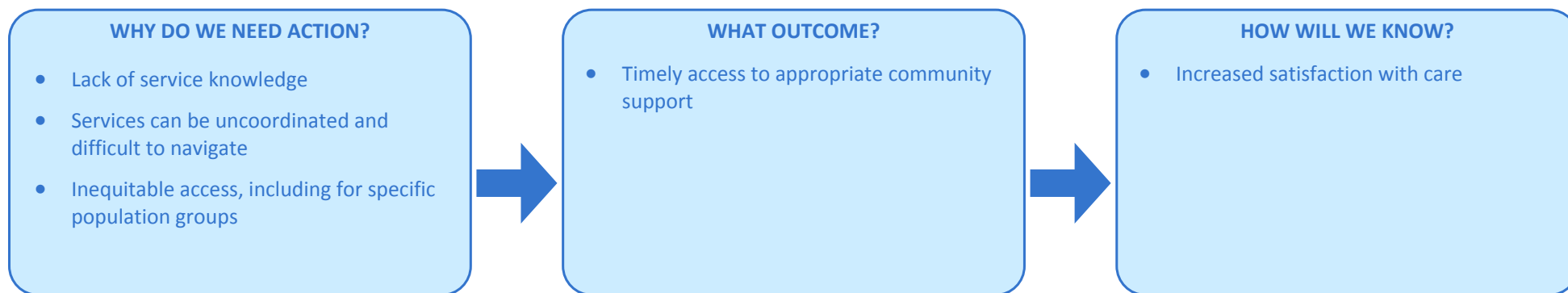
WHAT ELSE IS NSW DOING?

- Compliance with the NSW Carers Recognition Act
- Connecting Care Program

WHAT ARE THE PRIORITIES?

- Increase coverage of key workers

4. COMMUNITY SUPPORT



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Strengthen dementia service coordination and networking	Ageing, Disability and Home Care regions Local Health Districts	Dementia Service Networks in place
Monitor implementation of Community Care Common Standards for services accessed by people with dementia	Ageing, Disability and Home Care	Standards implemented
Pilot an early intervention model for supporting CALD population groups	Ageing, Disability and Home Care	CALD early intervention model piloted
Conduct Younger Onset Dementia (YOD) research	Ageing, Disability and Home Care	Research completed
Consider service models for YOD in planning for the community care program following COAG reforms	Ageing, Disability and Home Care	Service models for YOD included in planning

WHAT ELSE IS NSW DOING?

- Preparation for the transfer to Commonwealth of aged care services
- Establishment of the NSW Community Care Program
- Community care access point in the Hunter
- INSPIRED Study (for improving YOD service provision)

WHAT ARE THE PRIORITIES?

- Strengthen local service coordination

5. HOSPITAL CARE

WHY DO WE NEED ACTION?

- Poor outcomes, including increased risk of delirium, falls and behavioural symptoms
- Lack of recognition of dementia and delirium
- Dementia unfriendly design
- Inappropriate use of chemical and physical restraint

WHAT OUTCOME?

- Improved detection, assessment, treatment and person-centred care of people with dementia, delirium and behavioural difficulties in hospital
- Increased acute care in place of residence

HOW WILL WE KNOW?

- Increased access to dementia expertise
- Increased identification, hospital record coding and treatment of dementia and delirium
- Improved physical environments
- Reduced adverse events
- Increased access to HITH
- Increased satisfaction with care

WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Provide clinical support, education and leadership	Local Health Districts	Access to dementia expertise in hospitals
Implement Confused Hospitalised Older Person Study (CHOPS)	Agency for Clinical Innovation, Aged Health Network	Evaluation completed and findings promoted
Improve dementia detection, care and intervention	Local Health Districts	Adverse events monitored and reduced
Implement the National Delirium Guidelines and Pathway	Local Health Districts	Delirium pathways in place and monitored
Increase dementia access to hospital substitution programs	Local Health Districts	Dementia patients access to hospital substitution programs
Expand carer consultation and support strategies	Local Health Districts	Carer consultation and support strategies in place
Identify and respond to current design constraints in hospitals	Department of Health	Outcomes of project reported, environmental audits conducted
Strengthen evidence and support the development of behavioural units	Department of Health	Evidence collected, site appraisals undertaken

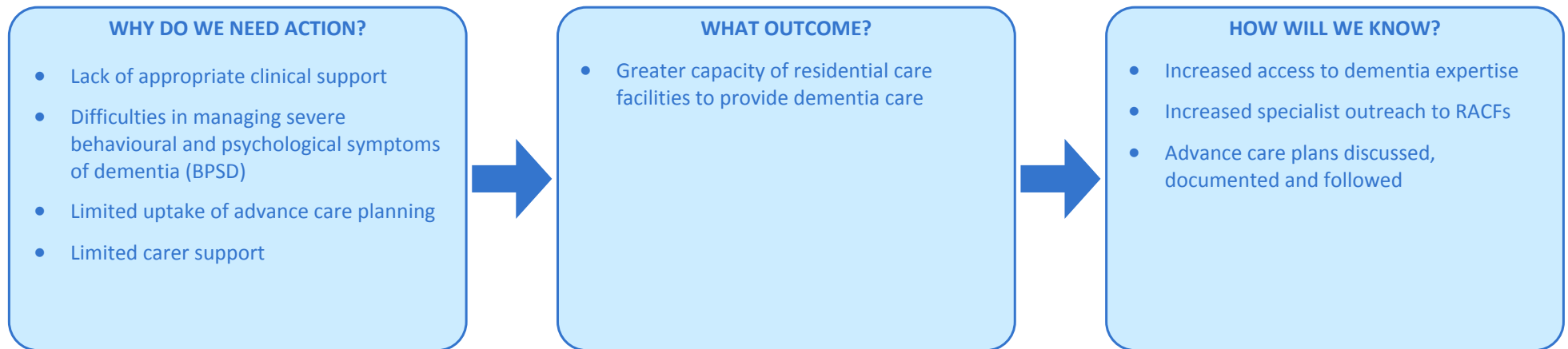
WHAT ELSE IS NSW DOING?

- Integrated Services Framework for Specialist Health Care of Older People
- Orthogeriatric Model of Care – Agency for Clinical Innovation
- Partnering in the Hospital Dementia Services Project

WHAT ARE THE PRIORITIES?

- Increase dementia/delirium CNC/NP positions
- Further develop acute behavioural units
- Conduct a dementia design project
- Conduct dementia HITH trial

6. RESIDENTIAL CARE



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Provide residential facilities with access to specialist clinical support	Local Health Districts	Clinical support services for residential care in place
Provide advance care planning outreach to residential care	Local Health Districts	Advance care planning activities into residential care completed
Include ongoing carer support in role of key worker	Local Health Districts	Post-transition carer support in place

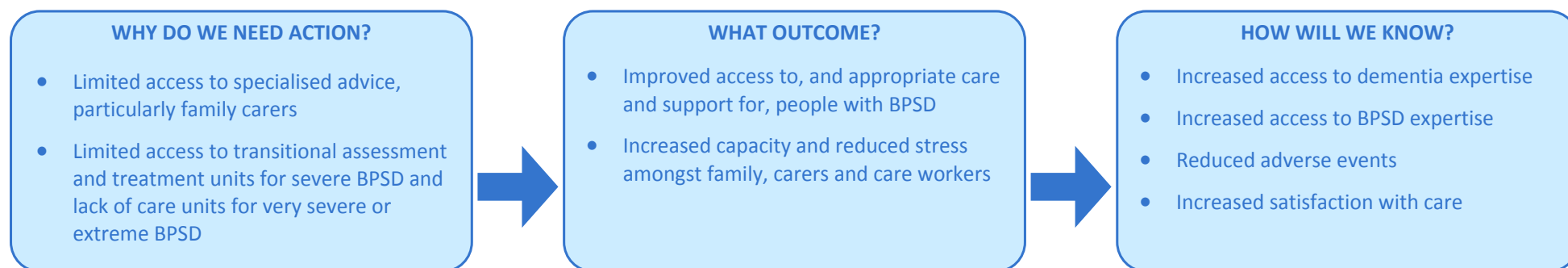
WHAT ELSE IS NSW DOING?

- Integrated Services Framework for Specialist Health Care for Older People
- Development of outreach models to residential care

WHAT ARE THE PRIORITIES?

- Increase coverage of key workers
- Increase advance care planning positions

7. BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Provide clinical care, support and education in response to BPSD in the community	Local Health Districts	Community access to BPSD expertise in place
Further develop collaborative arrangements between SMHSOP and aged health services in assessment and management of BPSD	Department of Health Local Health Districts	Policy frameworks in place Local service arrangements/agreements in place
Conduct study to determine the function, location and model of care of specialist intensive care for people with very severe BPSD	Department of Health	Study completed
Continue to implement and conduct a mid-term evaluation of the <i>NSW Specialist Mental Health Services for Older People (SMHSOP) Service Plan 2005-2015</i>	Department of Health	Evaluation completed Progress with implementation of SMHSOP Service Plan
Implement recommendations from evaluation of the transitional assessment and treatment units for severe BPSD	Department of Health Local Health Districts	Recommendations guide future service development and expansion

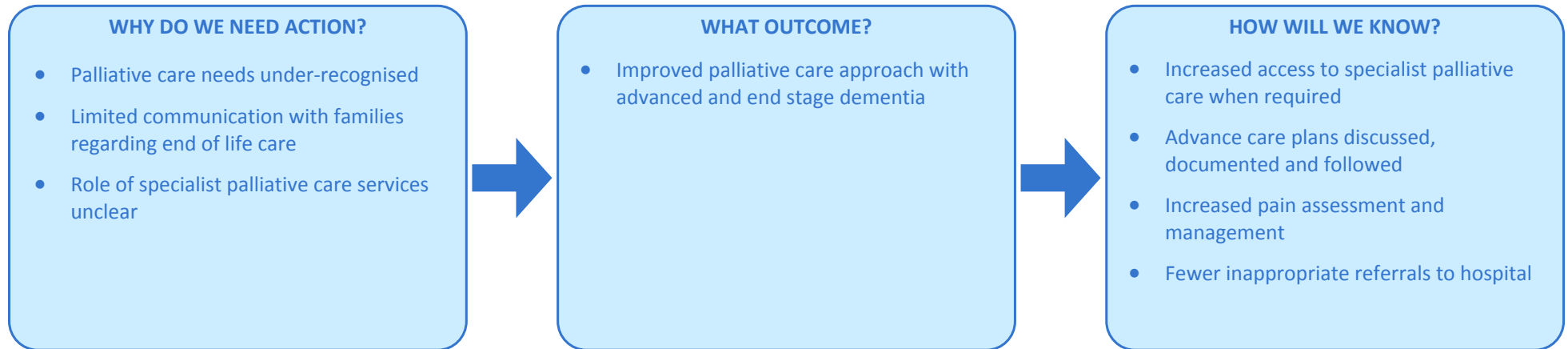
WHAT ELSE IS NSW DOING?

- NSW Specialist Mental Health Services for Older People (SMHSOP) Service Plan 2005-2015
- Integrated Services Framework for Specialist Health Care for Older People

WHAT ARE THE PRIORITIES?

- Increase Behavioural Assessment and Intervention Service (BASIS) positions
- Undertake an appraisal for the development of a specialised intensive care unit for people with very severe or extreme BPSD

8. PALLIATIVE CARE



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Support the use of best practice models for pain assessment and management for persons with dementia	Local Health Districts	Pain assessment/management protocols in place
Promote evidence and good practice examples from CW funded Dementia Palliative Care projects	Department of Health Local Health Districts	Outcomes of Round 5: Dementia Palliative Care Grants distributed
Define the role of specialist palliative care services in dementia care and pain management in all settings	Department of Health	Statewide Centre for Improvement in Palliative Care program reporting completed

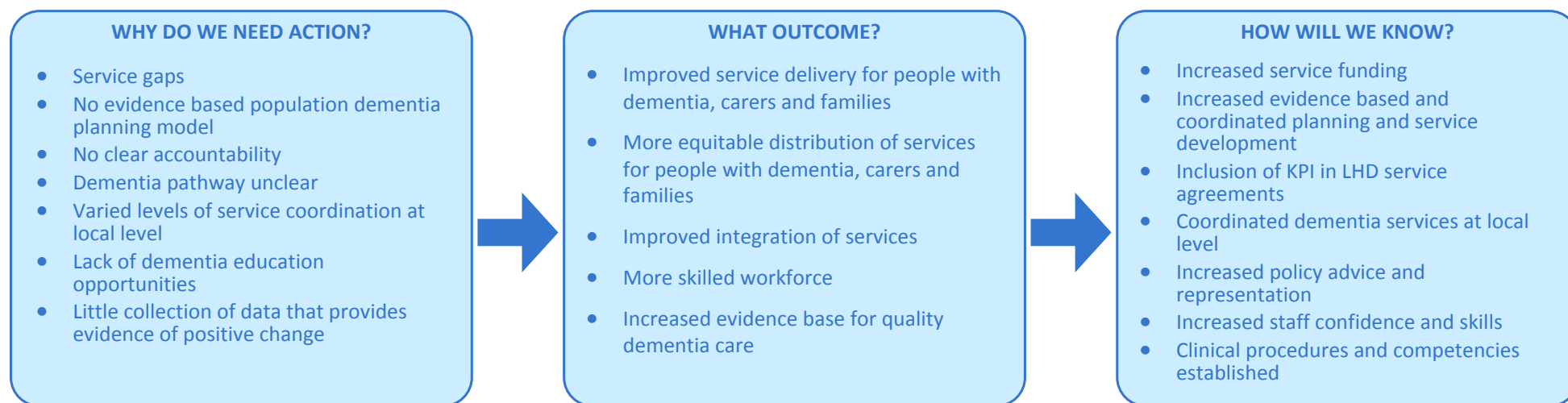
WHAT ELSE IS NSW DOING?

- Advance Planning for Quality Care at End of Life, Strategic and Implementation Framework (draft)

WHAT ARE THE PRIORITIES?

- Increase advance care planning positions

9. ENABLERS



WHAT WILL WE DO?	WHO WILL DO IT?	WHAT WILL WE REPORT ON?
Develop a dementia population planning model	Department of Health	1 st version model completed
Undertake integrated dementia service planning against the Framework's service requirements	Local Health Districts	Integrated dementia service planning
Develop dementia care pathways	Local Health Districts	Care pathway in place
Establish and/or continue local dementia service networks	Local Health Districts Ageing, Disability and Home Care regions	Local dementia service networks in place
Increase participation in E-Learning Program	Local Health Districts Ageing, Disability and Home Care	Increase in dementia knowledge
Develop dementia competencies	Ageing, Disability and Home Care	Competency framework developed
Evaluate good practice examples	Ageing, Disability and Home Care	Evaluation pilot project completed

WHAT ELSE IS NSW DOING?

- The Starters Program – Clinical Education and Training Institute
- Dementia Quality Self Assessment - Clinical Excellence Commission
- Health Statistics NSW
- Community Care Better Practice Project

WHAT ARE THE PRIORITIES?

- Development of a dementia population planning model
- Continuation of the Dementia E-Learning Program
- Increase dementia services planning and coordination

Stakeholder Implementation and Reporting

Implementation is expected to occur at state, LHD/ADHC regional and service levels. Alzheimer's Australia NSW is also a key stakeholder in implementing the Framework.

LHDs that already have dementia planning structures and participate in integrated, local Dementia Service Networks are well placed to progress implementation.

An annual report to the DSFISC will collate activity from Dementia Policy Team (DPT) led projects, DoH and ADHC,

dementia specific SMHSOP activity, relevant pillar agencies and LHD and ADHC regional dementia activities that are reported to DoH and ADHC. ADHC will be developing arrangements for reporting to the Community Care Directorate.

This annual report will be forwarded to the Ministers of Health/Ageing with recommendation for public release.

Key areas for reporting are listed below:

Who will do it?	What will we report on?
Department of Health	<ul style="list-style-type: none"> • Dementia risk reduction projects • Dementia environmental design in hospitals • Evidence to support development of behavioural units • Policy initiatives supporting dementia care • Dementia population planning model • Relevant activities from the National Health Reform
Local Health Districts	<ul style="list-style-type: none"> • Health promotion activities incorporating dementia risk reduction messages • Advance care planning activities • Access to dementia/BPSD expertise • Key workers • Integration with primary care • Care satisfaction • Carer education and support • Adverse events for patients with cognitive impairment in hospital • Access for dementia patients to hospital substitution programs • Carer consultation/support strategies in hospital • Transitional assessment and treatment units for severe BPSD • Clinical support services for residential care • Carer support following transition to residential care • Dementia Service Networks • Dementia care pathway • Integrated dementia service planning
'Pillars of Reform'	<ul style="list-style-type: none"> • Evaluation of the CHOPS Study
Ageing, Disability and Home Care	<ul style="list-style-type: none"> • Dementia awareness projects • Dementia Advisory Service mapping • Cultural and age-specific projects and resources • YOD research • Aboriginal projects • Community Care Common Standards • Dementia competencies • Service evaluation pilot projects • Carer education and support • Relevant activities from the National Health Reform
ADHC regions	<ul style="list-style-type: none"> • Dementia Service Networks
Alzheimer's Australia NSW	<ul style="list-style-type: none"> • <i>Dementia Awareness Week</i> activities

Next Steps

Consultation Outline

We expect the consultation to promote discussion on how the strategies outlined can be implemented locally and in the context of national health and aged care reforms. It is also important to discuss those strategies that would be difficult to implement without additional resources and that are priorities for further investment. Thirdly, the final implementation plan, following completion of the consultation, should clearly reflect reporting responsibilities that are both important and feasible in measuring change.

The draft implementation plan has been overseen by the DSFISC in consultation with a dementia expert advisory group prior to this consultation process. It is also important to acknowledge that its development occurs on the background of some well developed programs and policy frameworks that are already in place and support quality dementia care.

The DoH and ADHC will use the responses to the consultation draft paper to confirm a number of proposed priority areas for the improvement of dementia care in NSW and will develop templates that will be the basis for continued action and reporting. Of particular interest are the views and ideas of stakeholders about the feasibility of implementing actions and reporting against the plan. Some questions to reflect this interest are listed below.

Submissions do not have to address these questions and may respond to other issues raised in the draft implementation plan.

1. Are the strategies in the plan feasible to implement and report against?
2. How are you going to implement and report against the strategies?
3. Can you report using existing data or through audits?
4. Are the priorities in the implementation plan for NSW Health and ADHC right?
5. Are there priorities missing in the plan that are consistent with NSW Health and ADHC responsibilities?
6. What are the key partnerships and governance arrangements critical to supporting your implementation of activities and reporting?
7. What opportunities exist for improving dementia care in the context of parallel initiatives (What else is NSW doing)?

Appendix 1 - Glossary

Dementia Service Coordinator	Responsible for facilitating planning and dementia service networking activities across primary care, Commonwealth aged care services, state specialist health services and state community care and disability services in a geographical area. This will involve maintaining up to date service information, establishing and maintaining networks to identify and respond to service gaps, undertaking service improvement and developing interagency protocols and pathways to support people navigate local services.
Key Worker	<p>The key worker is a person with nursing or allied health qualification, skilled in dementia care and who works closely with the person's GP/AMS, proactively follows up after diagnosis and builds a continuing relationship. The key worker is responsible for provision of direct care services and care coordination for people with dementia, their carers and families. This will often involve maintaining continuing contact with a person and their carer over long periods of time, providing intensive support during periods of crisis.</p> <p>In NSW the key worker role is currently undertaken by a range of positions such as dementia community nurses where they exist, generic positions in aged health services, dementia counsellor positions with Alzheimer's Australia NSW and to varying degrees by Dementia Advisory Services. As care needs become more complex, the person may be referred to a case management/brokerage service such as <i>Community Options</i> where the case manager usually carries out the key worker role.</p> <p>The key worker role will require further clarification in consultation with the Dementia Expert Advisory Group and negotiation with the Commonwealth in the context of the broader aged care reforms.</p>
Planning Ahead	Planning ahead refers to making arrangements about financial, health, medical and lifestyle choices for the future in case a person loses capacity to make decisions. It includes making a will, appointing an enduring power of attorney and/or an enduring guardianship and undertaking advance care planning.
Advance Care Planning	Advance care planning is a process of planning for future health and personal care whereby the individual's values, beliefs and preferences are made known so they can guide decision-making at a future time when the individual cannot make or communicate their decisions. Advance care planning is usually undertaken within a health, institutional or aged care setting and with the assistance of trained professionals after an individual has been diagnosed with life-limiting condition. It requires respect for the individual and their autonomy. ²

² draft *National Framework for Advance Care Directives 2011*
Implementation Plan for the NSW Dementia Services Framework 2010 – 2015 – Consultation DRAFT

Appendix 2 - Acronyms

AARCS	Acute to Age Related Care Services
ACI	Agency for Clinical Innovation
ADHC	Ageing, Disability and Home Care
AMS	Aboriginal Medical Service
ASET	Aged Care Services in Emergency Team
BASIS	Behavioural Assessment and Intervention Service
BPSD	Behavioural and Psychological Symptoms of Dementia
CALD	Culturally and Linguistically Diverse
CEC	Clinical Excellence Commission
CETI	Clinical Education and Training Institute
CHOPS	Care of the (Confused) Hospitalised Older Person Study
CNC	Clinical Nurse Consultant
CW	Commonwealth
DoH	Department of Health
DSFISC	Dementia Services Framework Implementation Steering Committee
GEM	Geriatric Evaluation and Management
GP	General Practitioner
HDS	Hospital Dementia Services
HITH	Hospital in the Home
HPPPC	Health Policy Priorities Principal Committee
INSPIRED	Improving Service Provision for Early Onset Dementia
KPI	Key Performance Indicator
LHD	Local Health District
LOS	Length of Stay
NFAD	National Framework for Action on Dementia
NP	Nurse Practitioner
NSW	New South Wales
RACF	Residential Aged Care Facility
SMART	Specialist Memory Assessment Review Teams
SMHSOP	Specialist Mental Health Services for Older People
YOD	Younger Onset Dementia