



An Australian Government Initiative

Abridged Guidelines for Dementia Assessment and Care of Aboriginal people living in remote communities



**Dementia Collaborative Research Centre
Assessment and Better Care
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WESTERN AUSTRALIAN CENTRE FOR
HEALTH X AGEING

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Guidelines for working with people with dementia in remote Indigenous communities

These guidelines have been developed for use by health professionals and aged care staff

Awareness Recognition and Referral

Community Awareness	<ul style="list-style-type: none"> • Limited knowledge in communities -use specific resources such as AA 'Looking out for dementia'
Health professional and Aged Care worker education	<ul style="list-style-type: none"> • For HPs specialised courses such as one offered by CRH • VET programs available on dementia. • Also the need for basic skills such as drivers licenses and first aid • Need for cultural safety education and use of cultural mentor
Detection	<ul style="list-style-type: none"> • Can occur informally through family, aged care service , clinic or AHPs • Could be part of Medicare older person's health check

Initial Assessment and Diagnosis, and post diagnostic support

Cognitive Assessment : KICA	<ul style="list-style-type: none"> • Recommended cognitive screening tool for Aboriginal people over 45 in remote communities – available on-line • Score ≤ 33 on KICA-cog or ≤ 6 on KICA carer
Communication and Record Keeping	<ul style="list-style-type: none"> • KICA checklist should be on clinic and aged care file • Use of chronic disease recall system will help to ensure health checks happen in a timely fashion
Diagnosis	<ul style="list-style-type: none"> • Doctor for general diagnosis, specialist for type of dementia • Telehealth can work well
Exclusion of other conditions	<ul style="list-style-type: none"> • Need to exclude delirium and depression • Exclude other course of cognitive decline through health checks as per CARPA standard treatment manual • May need transport to get to clinic for health checks
Informing the person and their family	<ul style="list-style-type: none"> • Doctor needs to inform family with other health professionals or aged care workers who live in community – video conference may be appropriate • May need interpreter
Monitoring of progress	<ul style="list-style-type: none"> • Should occur by ACAT staff

Management, care, support and review

Assessment	<ul style="list-style-type: none"> •Care Assessment completed by aged care or ACAT workers
Care Planning and key worker	<ul style="list-style-type: none"> •Need care plan proforma which may utilise pictures if literacy an issue •Use carelink telephone service for info re services 1800 052222 •Completed with family and maybe other agencies but care taken to not overwhelm person and family •Use interpreter if required •Should include all services required not just those provided by key agency •Need key worker from most relevant agency to ensure that plan is implemented and reviewed and continuity of care if staff leave •Plan needs to be monitored by ACAT staff due to high staff turnover •Aged care staff may need education in care planning •Regular meetings can improve communication
Co-morbidities and other health issues	<ul style="list-style-type: none"> •Health staff needs skills in communicating with someone with dementia in a culturally safe manner •Gain consent for procedures – ask Aboriginal worker for advice •Give time to discuss medical interventions such as dialysis •Keep watch for health issues such as UTI •Consider home medicines review as medications may cause confusion •Check that someone is ensuring they take medication •Check oral health and pain levels
Carer Support	<ul style="list-style-type: none"> •‘Just in time’ education for carers •Other education to build carer resilience •Ensure carer’s financial needs met by Centrelink
Community issues	<ul style="list-style-type: none"> •Advise may be required by community re the older person’s ability to complete community responsibilities
Legal issues	<ul style="list-style-type: none"> •Check for abuse and neglect •Community may instigate measures (with store) to manage money •May require guardianship •Consider advanced care planning – Aboriginal worker can ensure all relevant people are involved

End of Life

Admission to residential care	<ul style="list-style-type: none"> •Last resort as old people want to pass away on country •Residential care facility needs to be culturally safe •Consider reverse respite if possible
Medical issues	<ul style="list-style-type: none"> •Ensure no one can be seen to have blame about death
Grief and Loss	<ul style="list-style-type: none"> •Ensure negotiations are completed with appropriate people for end of life arrangements

Guidelines for use of KICA	
When to be used	<ul style="list-style-type: none"> •When a family member or other carer expresses concern about cognitive decline •As part of older person's health check (as per CARPA standard treatment manual) •After checks have been done for possibility of delirium (and depression) •No more than every 3 months
Who should do KICA	<ul style="list-style-type: none"> •Acute Setting – doctors, occupational therapists, speech pathologists, ACAT/psychogeriatric service •Urban Community – ACAT staff, Allied Health Professionals (AHPs), DBMAS •Residential Care Registered Nurses, AHPs •Remote Communities ACAT staff, AHPs, RANs, AHWs, Aged care team leaders
Use of interpreters	<ul style="list-style-type: none"> •For all clients who do not have English as a first language •Best practice is use of trained interpreters from Aboriginal Interpreter Service •Alternative may be Aboriginal Health Worker or Aged Care worker •Family member is unsuitable •Interpreter will need education about dementia – e.g. KICA DVD
Physical Environment	<ul style="list-style-type: none"> •Somewhere that client feels comfortable •Distraction free •Preferably no family members
Physical Disability	<ul style="list-style-type: none"> •KICA Cog can be altered for people with a disability •Should be wearing hearing aids and glasses if they have them •For those with visual impairment objects can be given to them for recognition and naming •Enlarged pictures can be used for visual naming and recall, but if not able to see them, these questions can be eliminated and the score adjusted accordingly
KICA carer	<ul style="list-style-type: none"> •This is as important as the KICA- Cog and must be completed •If a family member is not available, aged care workers can be used or someone who knows the person well
KICA-Cog	<ul style="list-style-type: none"> •Adaptations can be made for regional differences <ul style="list-style-type: none"> •inclusion of collection of bush tucker in places where there are not many animals to hunt •use of alternative pictures if not easily recognized
Checklist	<ul style="list-style-type: none"> •Important to complete all sections •Score is only part of assessment •Observations form important part of decision making process

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