

# Hospital Care for Patients with Dementia: Clinical Challenges and System-Level Opportunities

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# DISCLAIMER



Nothing to disclose



This presentation was created for the sole purpose of providing education and training and does not reflect the opinions of the Department of Veterans Affairs.

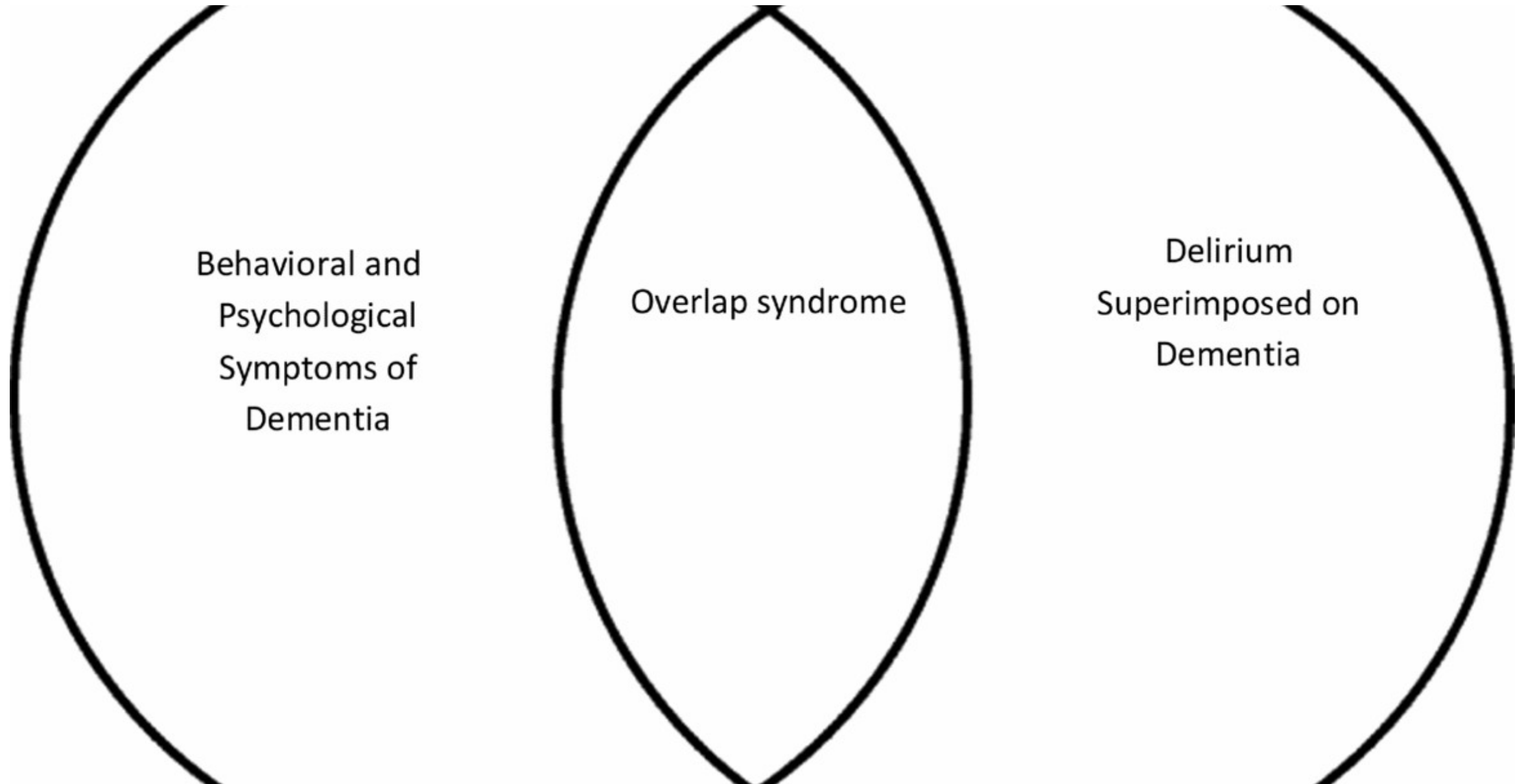
# OBJECTIVES

- Quantify the Silver tsunami
- Describe the challenges of caring for dementia in acute care
- Make the case for this being a “system of care” problem
- Introduce the Acute Care Behavioral Rounds Team

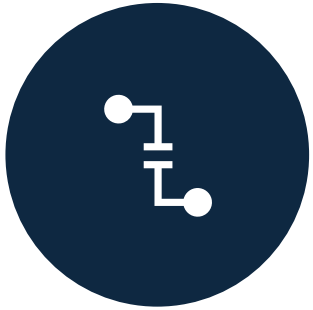


**Table 1. Clinical Features of Diseases That Mimic Delirium**

Feature	Condition <sup>a</sup>	
	Delirium	Dementia
Acute change in mental status	+	–
Inattention	+	±
Altered consciousness	+	–
Disorganized thinking	+	±
Altered psychomotor activity	+	±
Chronic duration	±	+



# By the numbers



? MEMORY CARE  
BEDS IN KY



? ACE UNITS IN KY



3



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# Clinical Case

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75 yo man with history of dementia, BPH admitted from home with 2-day increasing agitation and aggression toward his wife.



He is admitted to the floor for “UTI.” Your called by his nurse 4 hours later for “agitation.”

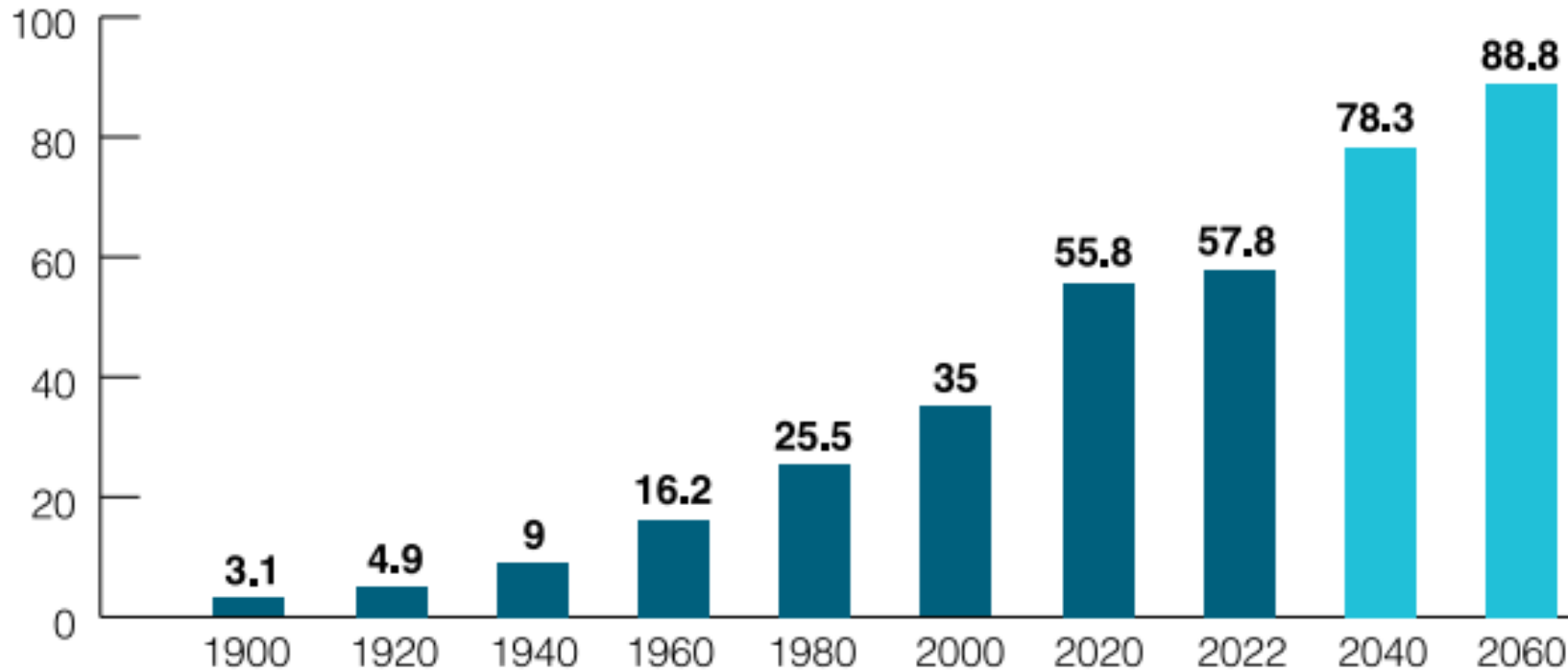


Reactions?



# Age in the US

**Number of Persons Age 65 and Older, 1900 - 2060  
(numbers in millions)**



- In 2022, 31.9 million women and 25.9 million men were 65+
- People 65+ represented 17.3% of the population in the year 2022
- The percentage of people 65+ is expected to grow to 22% by 2040

*Note: 2040 and 2060 are projections*

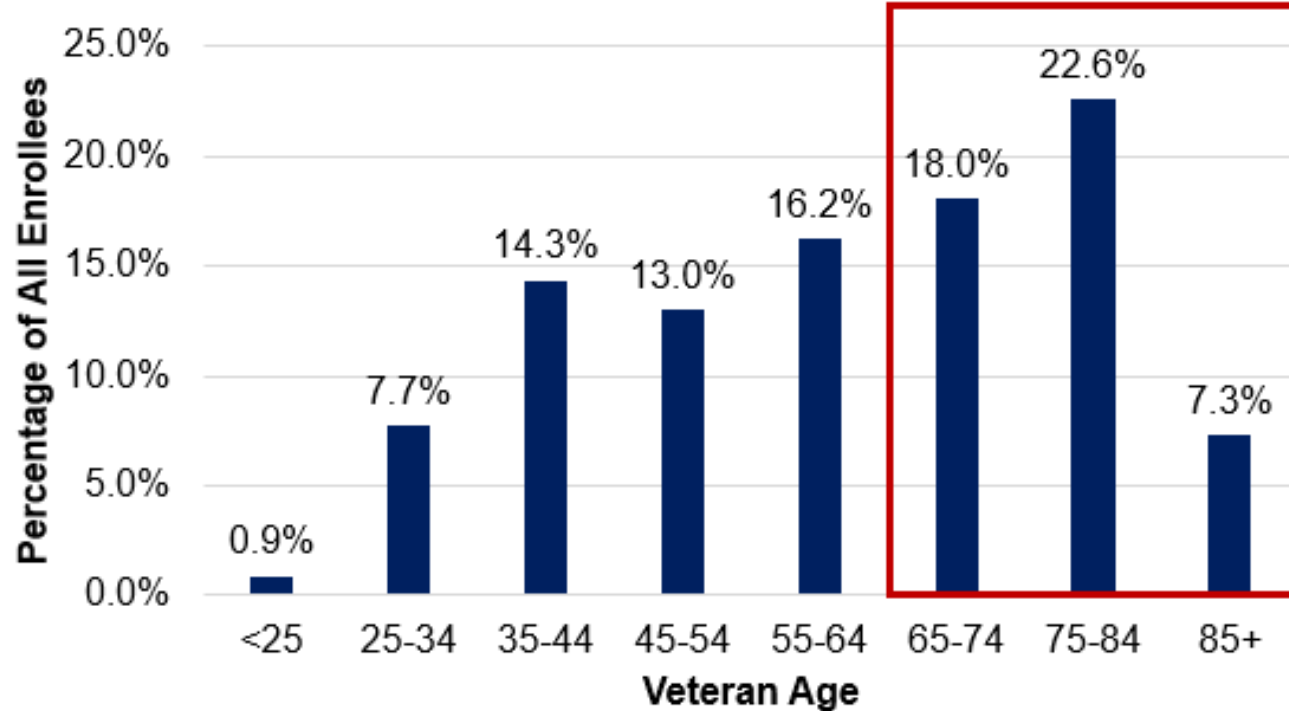
*Source: U.S. Census Bureau, 2020 Decennial Census, Population Estimates and Projections*

Reference: National Council on Aging. (2024, May). *2023 Profile of Older Americans*.

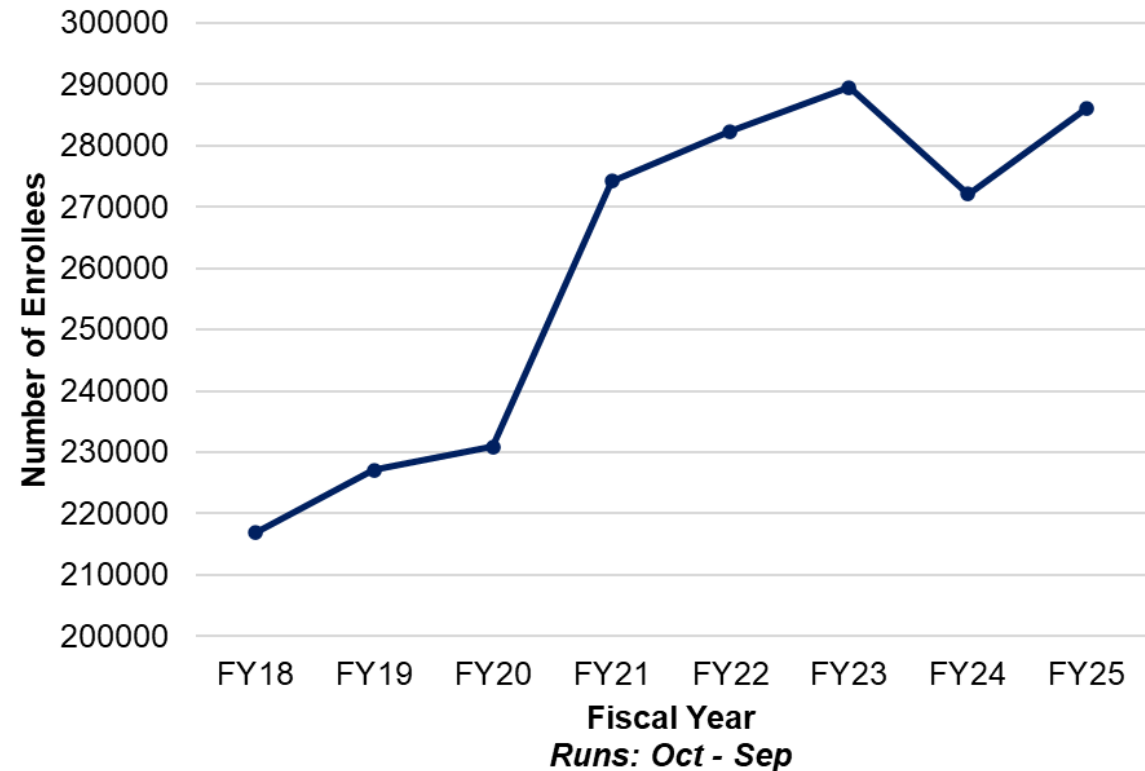
[https://acl.gov/sites/default/files/Profile%20of%20OA/ACL\\_ProfileOlderAmericans2023\\_508.pdf](https://acl.gov/sites/default/files/Profile%20of%20OA/ACL_ProfileOlderAmericans2023_508.pdf)

# Age and Health of US Veterans

**Veterans Enrolled in the Veterans Health Administration**

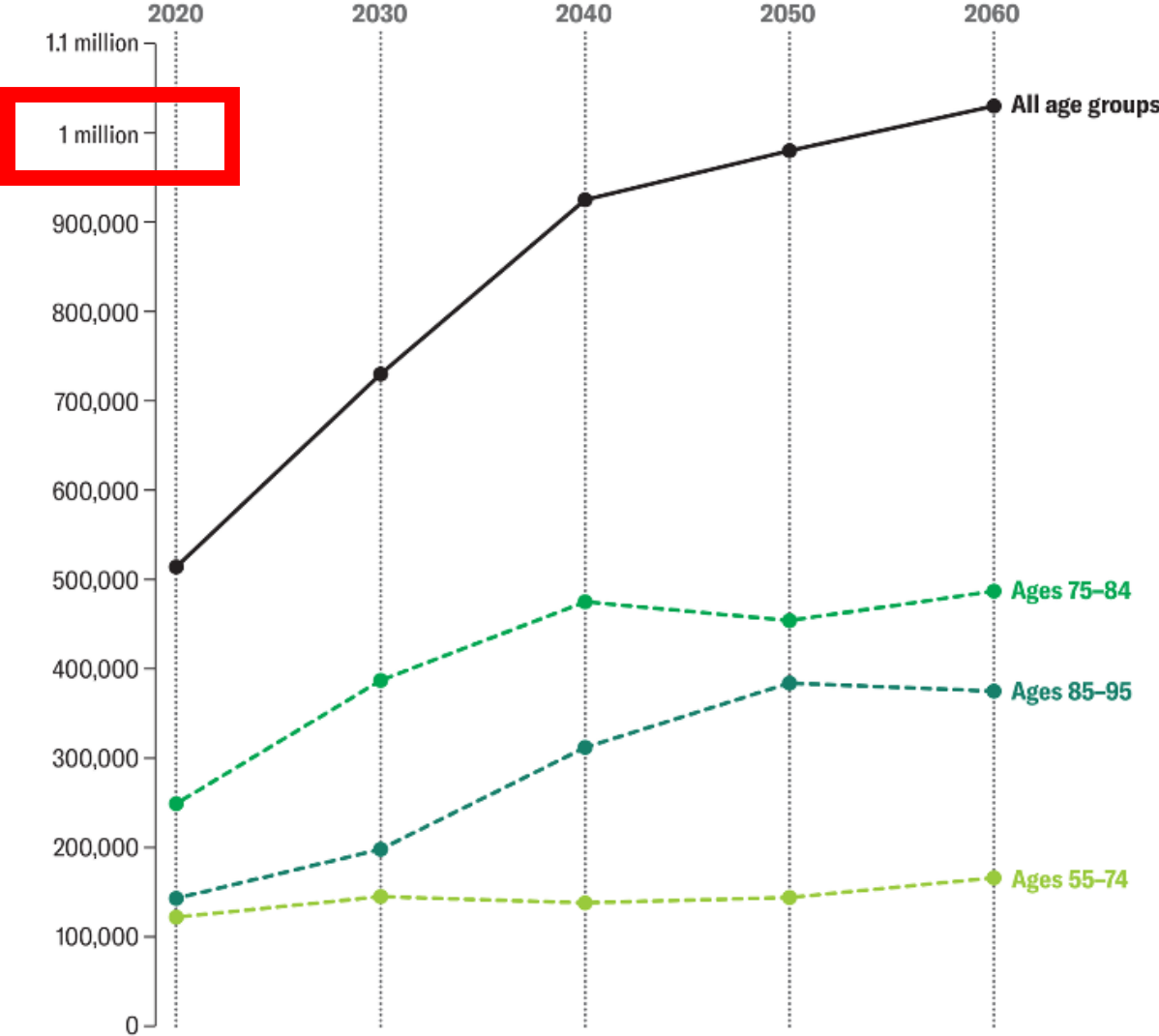


**Unique VHA Veterans with Dementia**



- 9,179,433 Veterans enrolled in VA care
- 47.9% of VA Population is 65+
- 286,084 Veterans have a diagnosis of dementia, 3.1% of VA Enrollees

Estimated Number of U.S. Adults Who Will Develop Dementia Each Year, 2020–2060



nature medicine

Brief Communication

<https://doi.org/10.1038/s41591-024-03340-9>

## Lifetime risk and projected burden of dementia

Received: 15 May 2024

Accepted: 3 October 2024

Published online: 13 January 2025

Michael Fang<sup>1</sup>, Jiaqi Hu<sup>1,2</sup>, Jordan Weiss<sup>3</sup>, David S. Knopman<sup>4</sup>,  
Marilyn Albert<sup>5</sup>, B. Gwen Windham<sup>6</sup>, Keenan A. Walker<sup>7</sup>, A. Richey Sharrett<sup>1</sup>,  
Rebecca F. Gottesman<sup>8</sup>, Pamela L. Lutsey<sup>9</sup>, Thomas Mosley<sup>9</sup>,  
Elizabeth Selvin<sup>1</sup> & Josef Coresh<sup>1</sup>✉

# Dementia in Acute Care

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Approximately **1 in 5** older hospitalized patients have dementia

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Represents 1.8 million hospitalizations annually

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Higher rates of falls, hospital-acquired infections, pressure ulcers, delirium

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Increased LOS, mortality, and discharge to SNF

# Prolonged Hospitalization and Adverse Events in Veterans Awaiting Guardianship: A Retrospective Cohort Analysis


Original Research | Published: 08 May 2025

- 175 Veterans across 14 VA hospitals
- Median LOS 39 days
- Nearly 50% experienced: involuntary hold, behavioral code, elopement attempt, or restraints
- 28% experienced an HAI or fall

# The American Psychiatric Association Practice Guideline on the Use of Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia

Victor I. Reus, M.D., Laura J. Fochtmann, M.D., M.B.I., A. Evan Eyler, M.D., M.P.H., Donald M. Hilty, M.D., Marcela Horvitz-Lennon, M.D., M.P.H., Michael D. Jibson, Ph.D., M.D., Oscar L. Lopez, M.D., Jane Mahoney, Ph.D., R.N., PMHCNS-BC, Jagoda Pasic, M.D., Ph.D., Zaldy S. Tan, M.D., M.P.H., Cheryl D. Wills, M.D., Richard Rhoads, M.D., Joel Yager, M.D.

# Antipsychotics for agitation and psychosis in people with Alzheimer's disease and vascular dementia

Viktoria Mühlbauer, Ralph Möhler, Martin N Dichter, Sytse U Zuidema,  Sascha Köpke, Hendrika J Luijendijk

Authors' declarations of interest

Version published: 17 December 2021 [Version history](#)

<https://doi.org/10.1002/14651858.CD013304.pub2> 

# Brief Summary

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Modest benefit

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Significant Harms

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*“The apparent effectiveness of the drugs seen in daily practice may be explained by a favourable natural course of the symptoms, as observed in the placebo groups.”*



# Commentary

Agitation?

Relook?

# Workplace Violence and Dementia

Most often reported by nursing and nursing assistants

Physical aggression closely linked to cognitive impairment

Delirium and history of mental health diagnosis greatest predictors

# Workplace Violence and Dementia



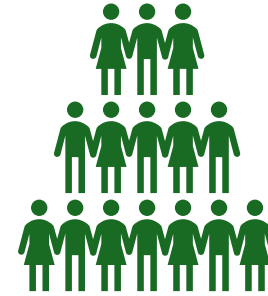
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- *“despite inappropriate design and no resourcing, hospitals routinely expect medical wards to accept these patients when no psychogeriatric bed is available even when the presentation is complicated by physical or sexual violence. The authors contend that this practice is unsafe and unethical. It breaches the Code of Rights for all patients and places physicians at medico-legal risk.”*

# Healthcare worker's attitudes



## Characterized by:

Positive intentions  
Variable knowledge  
Only briefly improved with training alone



## Most often identified barriers:

Organizational culture,  
Leadership support  
Training

# Non-pharmacological interventions for preventing delirium in hospitalised non-ICU patients

✉ Jennifer K Burton, Louise Craig, Shun Qi Yong, Najma Siddiqi, Elizabeth A Teale, Rebecca Woodhouse, Amanda J Barugh, Alison M Shepherd, Alan Brunton, Suzanne C Freeman, Alex J Sutton, Terry J Quinn Authors' declarations of interest

Version published: 26 November 2021 Version history

<https://doi.org/10.1002/14651858.CD013307.pub3> 

- 22 RCTs involving 5719 patients
- Multicomponent non-pharmacologic interventions
- Reduced incidence by 43% compared to usual care
- No effect on mortality
- Might reduce LOS, delirium duration and severity



## Summary thus far...

Our population is rapidly aging

Estimates suggest dementia incidence will double

Likely 1 in 4 hospitalized older patients will have dementia

Inpatient care of dementia: poor outcomes, ↑ LOS, delirium

Staff have limited knowledge, skills, and resources

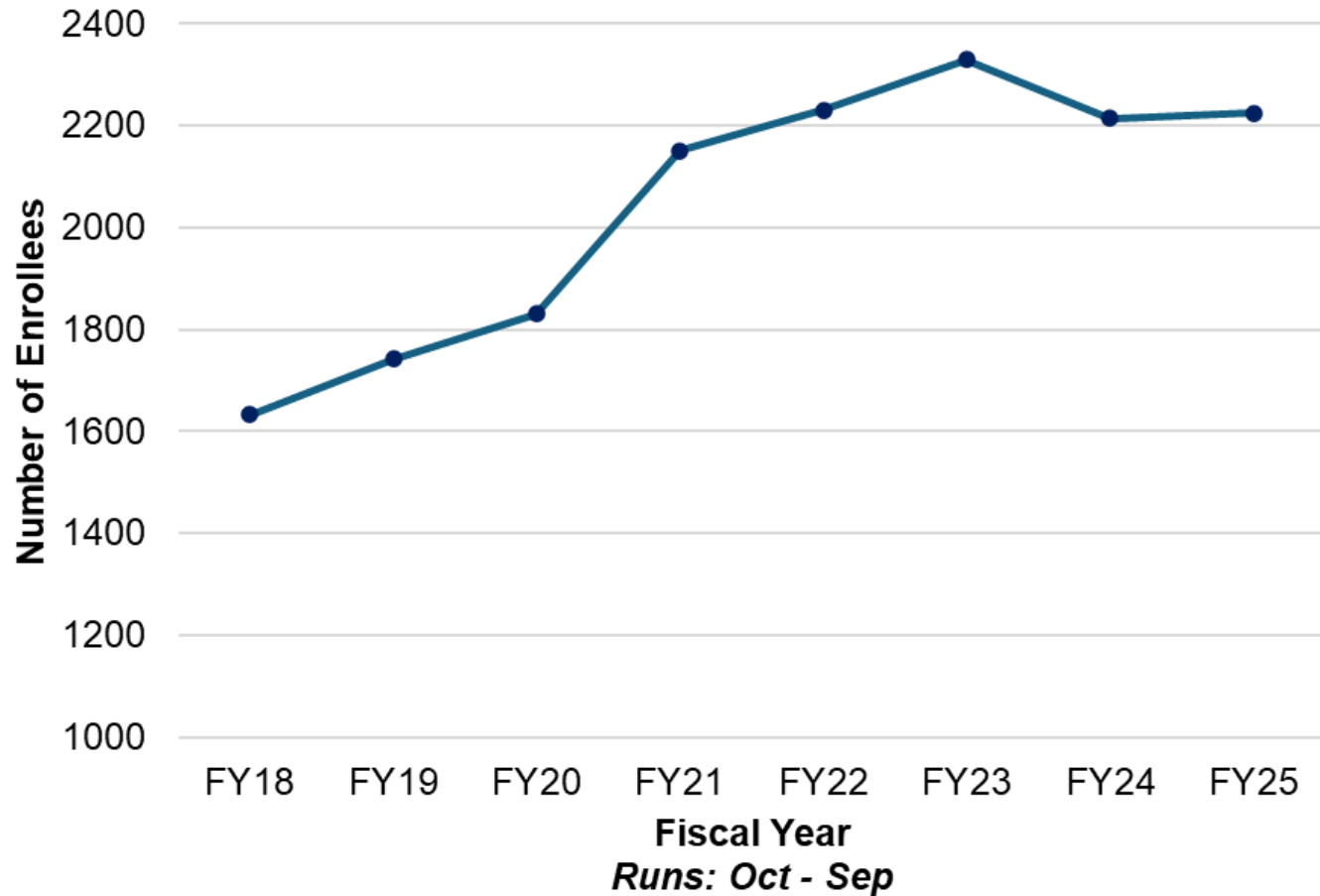
Best efforts suggest we can reduce delirium by 40%

An offshore oil rig is engulfed in a massive fire, with thick black smoke billowing into the sky. The rig is situated in the middle of the ocean under a dark, overcast sky. The text "Beginning our journey..." is overlaid in white, outlined font, with a vertical line to its right.

Beginning our  
journey...

# Kentucky's / Lexington's 65+ Population

Unique Lexington VA Veterans with Dementia



## Kentucky:

- Number of Persons 65 & Older: 793,007
- Percent of population: 17.6%

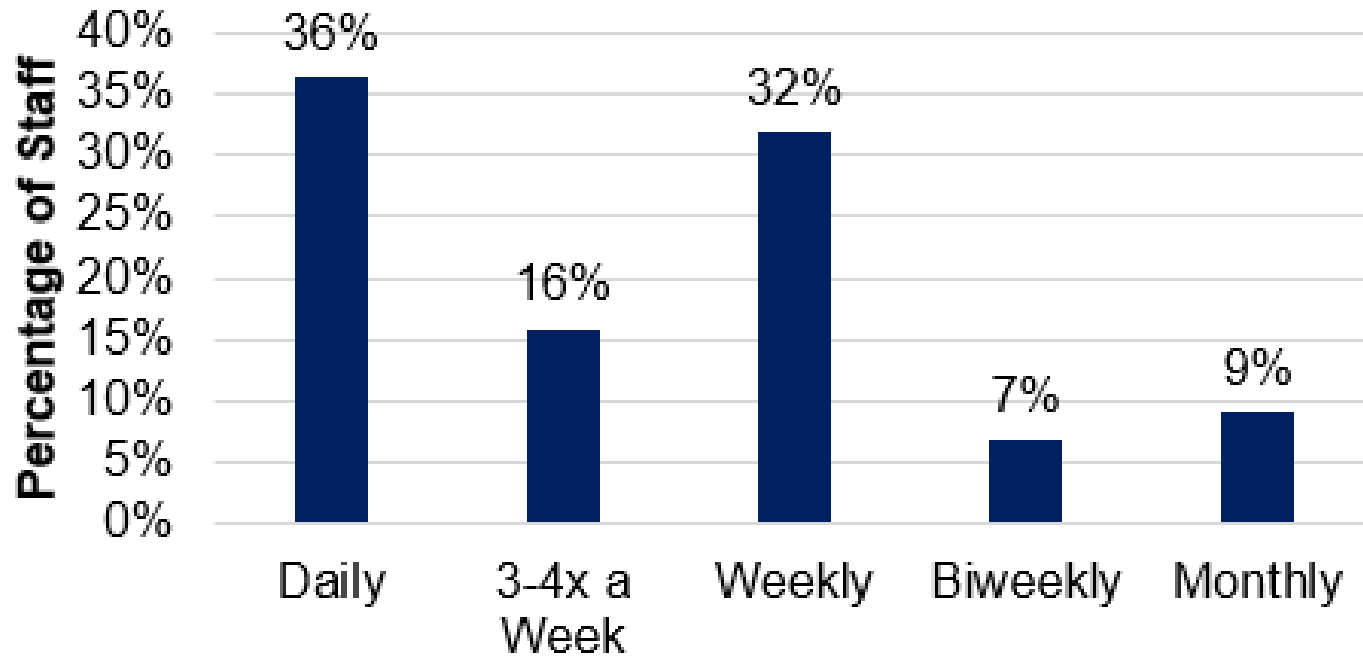
## Lexington VA Health Care System

- Number of Veterans in System: ~83,000
- Veterans 65+: ~32,000
- Veterans with a Dementia Diagnosis: 2,225



# Managing Veterans with Challenging Behaviors

**Occurrence of Staff Interactions with a Veteran Exhibiting Disruptive Behaviors**



## Themes of Staff Concerns

**Workplace Violence and Safety Concerns**

**Staffing Issues and Burnout**

**Lack of Support from Leadership**

**Increased Falls and Patient Safety Issues**

**Need for More Structured Care and Protocols**

**Need For Specialized Unit**

**Mismatch in Nursing and Provider Expectations**

## Managing Challenging Veteran Behaviors

### *Preliminary Data*

I have resources available when it comes to handling veterans with challenging behaviors



I am satisfied with the support available when handling veterans with challenging behaviors

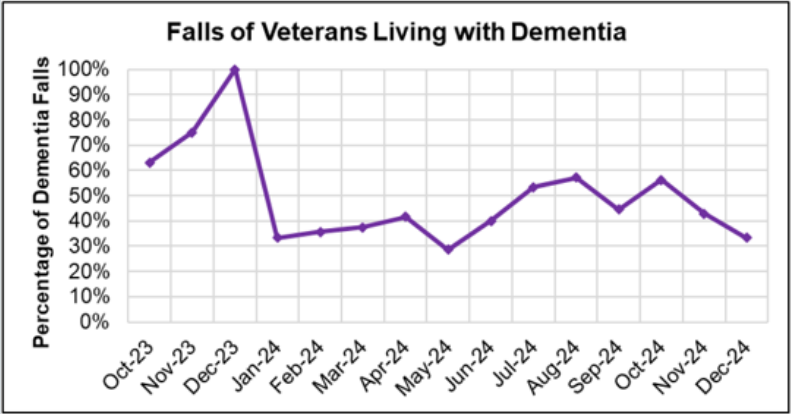
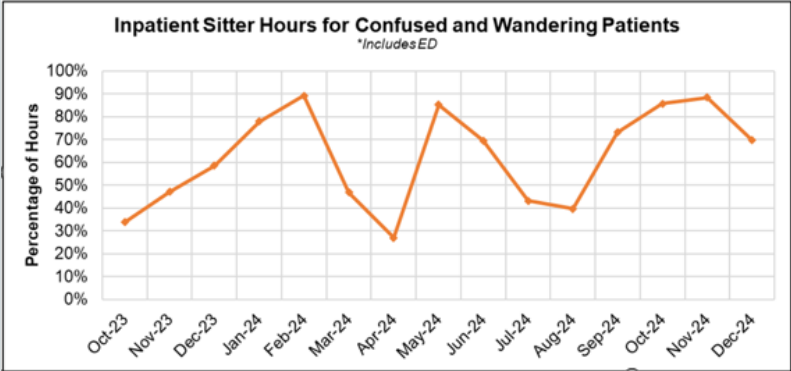
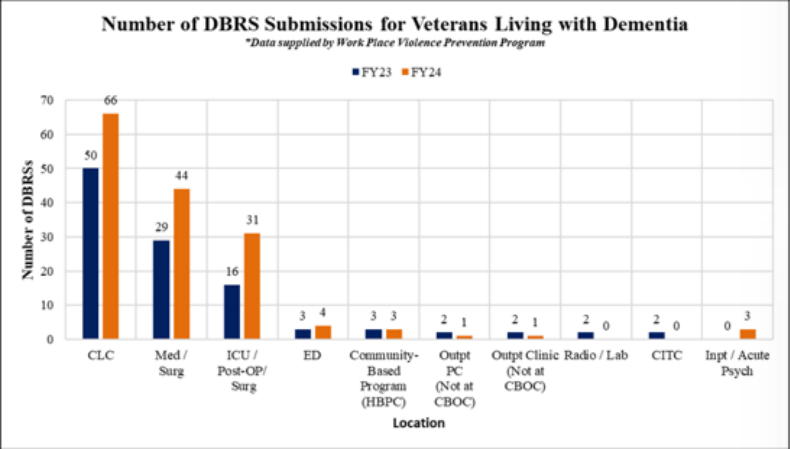
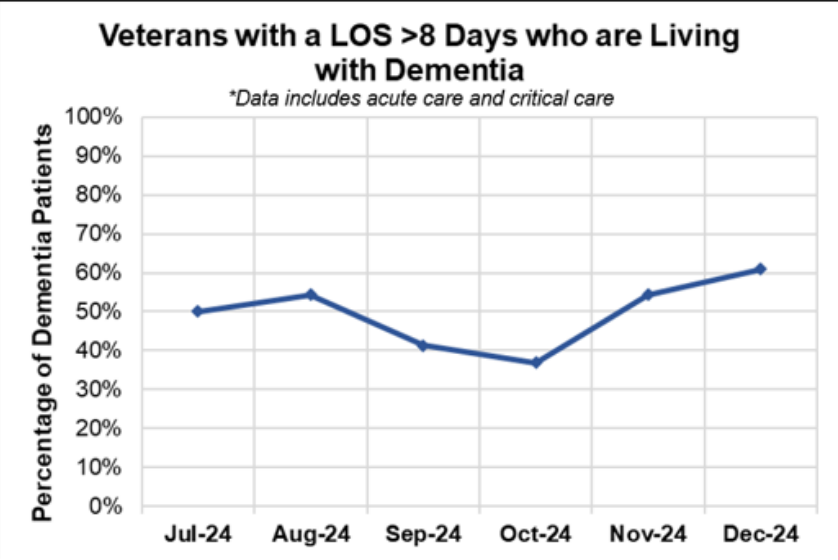


I feel my concerns regarding prevention of workplace violence are addressed timely



■ Strongly Disagree   ■ Disagree   ■ Agree   ■ Strongly Agree

# Metrics





## VA Mission

To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers and communities

## VHA Priorities

Hire faster and more competitively	Connect Veterans to the soonest and best care	Serve Veterans with military environment in mind
Accelerate VA's journey to a High Reliability Organization	Support Veterans' whole health, their caregivers and survivors	Prevent Veteran suicide

## Lexington Mission Statement






We improve the lives of Veterans

- Strategic Priority!

## Lexington Leadership Code of Behaviors

- Creates Trust & Mutual Respect
- Effectively Communicates
- Recognizes & Rewards
- Develops Talent
- Demonstrates Responsibility
- Promotes Change Management & Innovation
- Ensures Service-Focused

## Lexington Strategic Drivers

 <b>Employee Experience</b> <i>Committed, Empowered, Inspired</i>	 <b>Veteran Experience</b> <i>Honoring Their Service</i>	 <b>Safety &amp; Quality</b> <i>Zero Harm</i>	 <b>Access</b> <i>Right Care, Right Place, Right Time</i>	 <b>Stewardship</b> <i>Responsible Resource Use</i>
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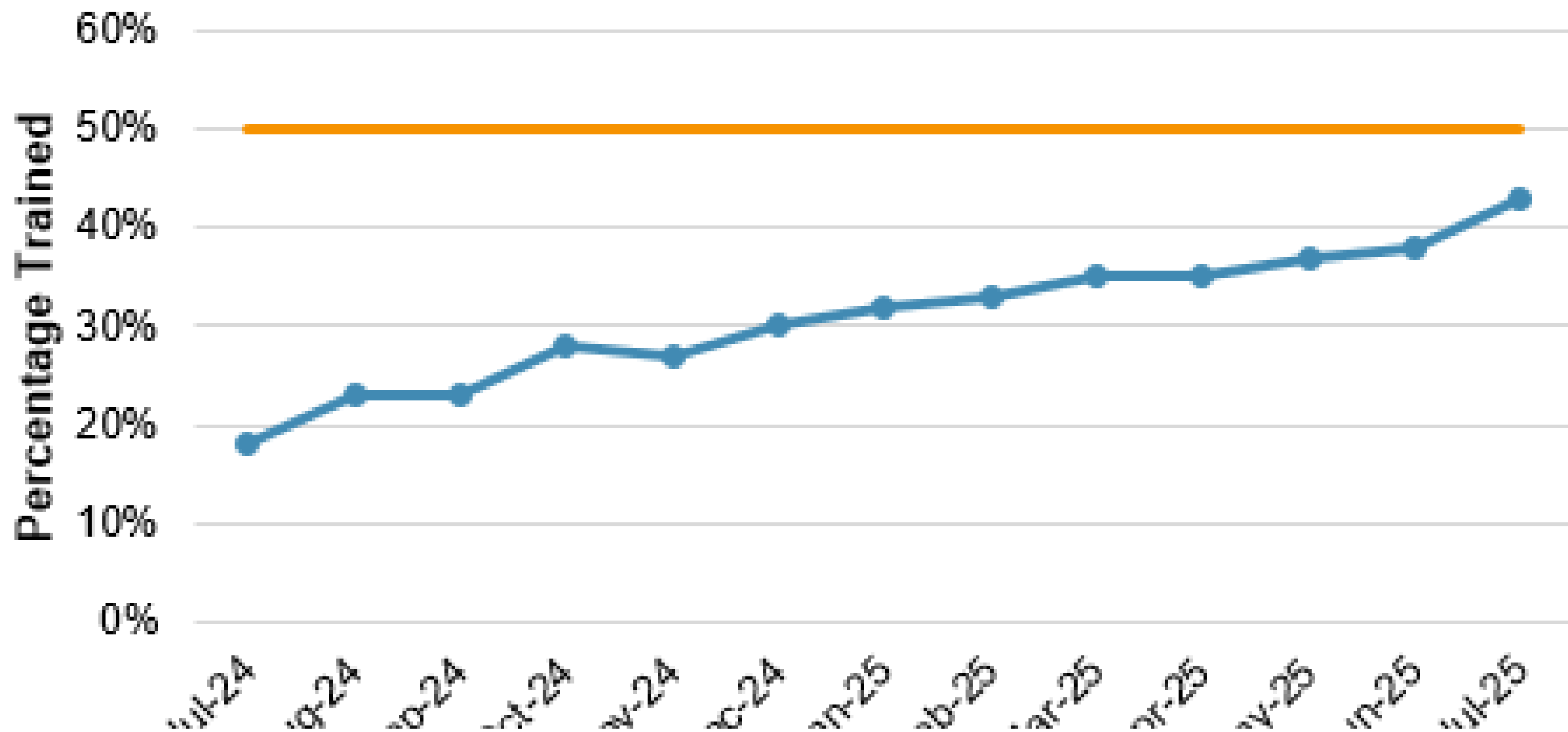
## Lexington Focus Areas

Employee Engagement & Retention	Wayfinding & Communication to Veterans	Caring For Elderly Veterans	Consult Management & Practice Management	Resource Management & Waste Reduction
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## Lexington Key Performance Indicators

1) AES Best Places to Work 2) AES Data Use 3) ELT Leadership Rounding 4) Perf. Improvement Communication 5) Stay VA Touchpoints	1) Veteran Trust Score 2) Leader Rounding on Veteran 3) Truthpoint Surveys 4) PATS-R Response Timeliness 5) Wayfinding Metric	1) Mortality 2) Readmissions 3) Sepsis (SEPSIS) 4) Dementia Behaviors 5) Dementia Education	1) Primary Care Access 2) Specialty Care Access 3) Mental Health Access 4) Clinic Cancellation Rate(<45Day) 5) Timeliness to Schedule	1) New/Lost Veterans 2) Community Care House 3) Facility Open House 4) Open Enrollment 5) Fewer Primary Care
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# PERCENTAGE OF NURSING STAFF TRAINED IN POSITIVE APPROACH TO CARE



# Acute Care Behavioral Rounds Team (ACBRT)

- What is the ACBRT
- Adapted from the Milwaukee VA
- Lexington is 1/7 in progress of adoption/adapting
- Nursing lead
- EHR note for initial assessment
- EHR note for follow up assessment
- STRIDE & Medication Consults

FOR STAFF USE ONLY



**Before Entering:  
Please Review Veteran's  
Preferences on Reverse Side**

FOR STAFF USE ONLY

Veteran Preferences

I like to be called: \_\_\_\_\_

Social:	History:
Important people to me:	I'm from (location):
My Branch of military is: Select One	My educational level is: Select One
My religion is:	For a living I did:
Glasses: -	Hearing Aids: -
Dentures: -	My favorite hobbies are:
Dominant Hand: -	

Situation / Reason for Consult:	
<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Aggression toward staff
<input type="checkbox"/> Aggression towards others	<input type="checkbox"/> Wandering
<input type="checkbox"/> Verbal outbursts	<input type="checkbox"/> Refusal of care
Triggers / Warning Signs:	

Staff Interventions	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Things I like:	Things I don't like
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
Things I do when I am upset:	Misc. things you might need:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

# ACBRT Priorities



REAL TIME  
COACHING



BEHAVIORAL  
CARE PLANS



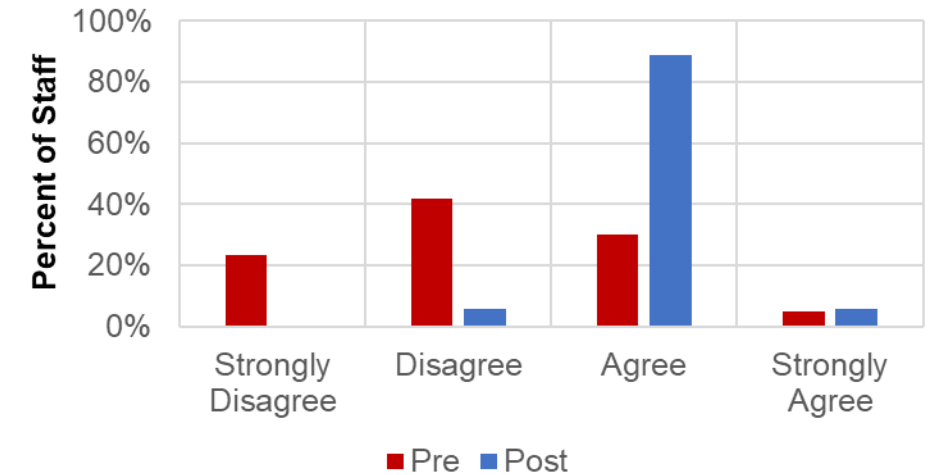
ADDITIONAL  
RESOURCES



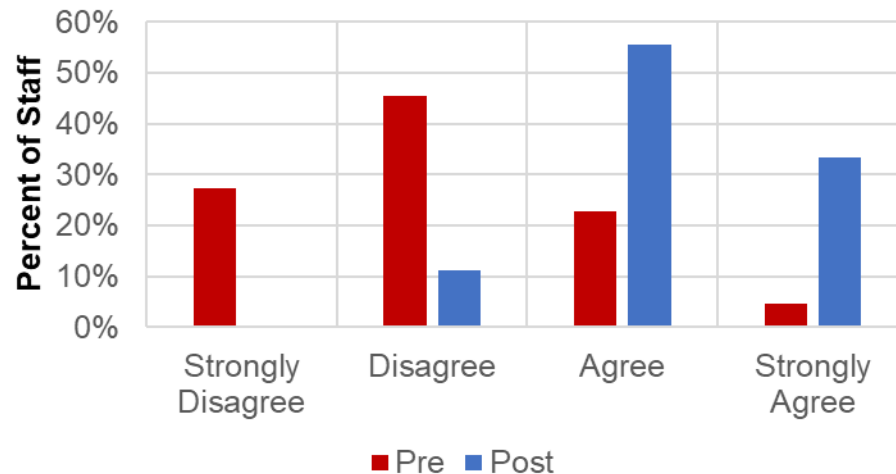
CONSISTENT  
FOLLOW UP

# Acute Care Behavioral Round Data

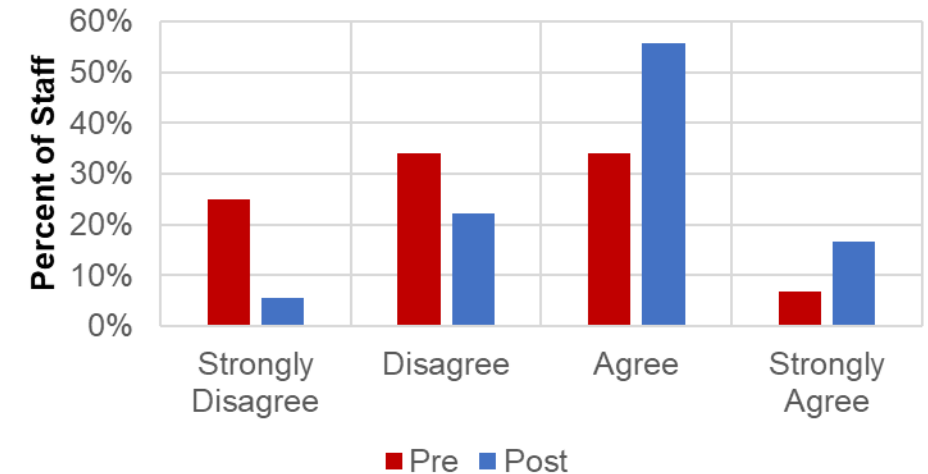
**I have resources available when it comes to handling veterans with challenging behaviors**



**I am satisfied with the support available when handling veterans with challenging behaviors**



**I feel my concerns regarding prevention of workplace violence are addressed timely**







# Next steps

Night team  
champions/education

Behavioral Code Team

Dementia-Specific Unit

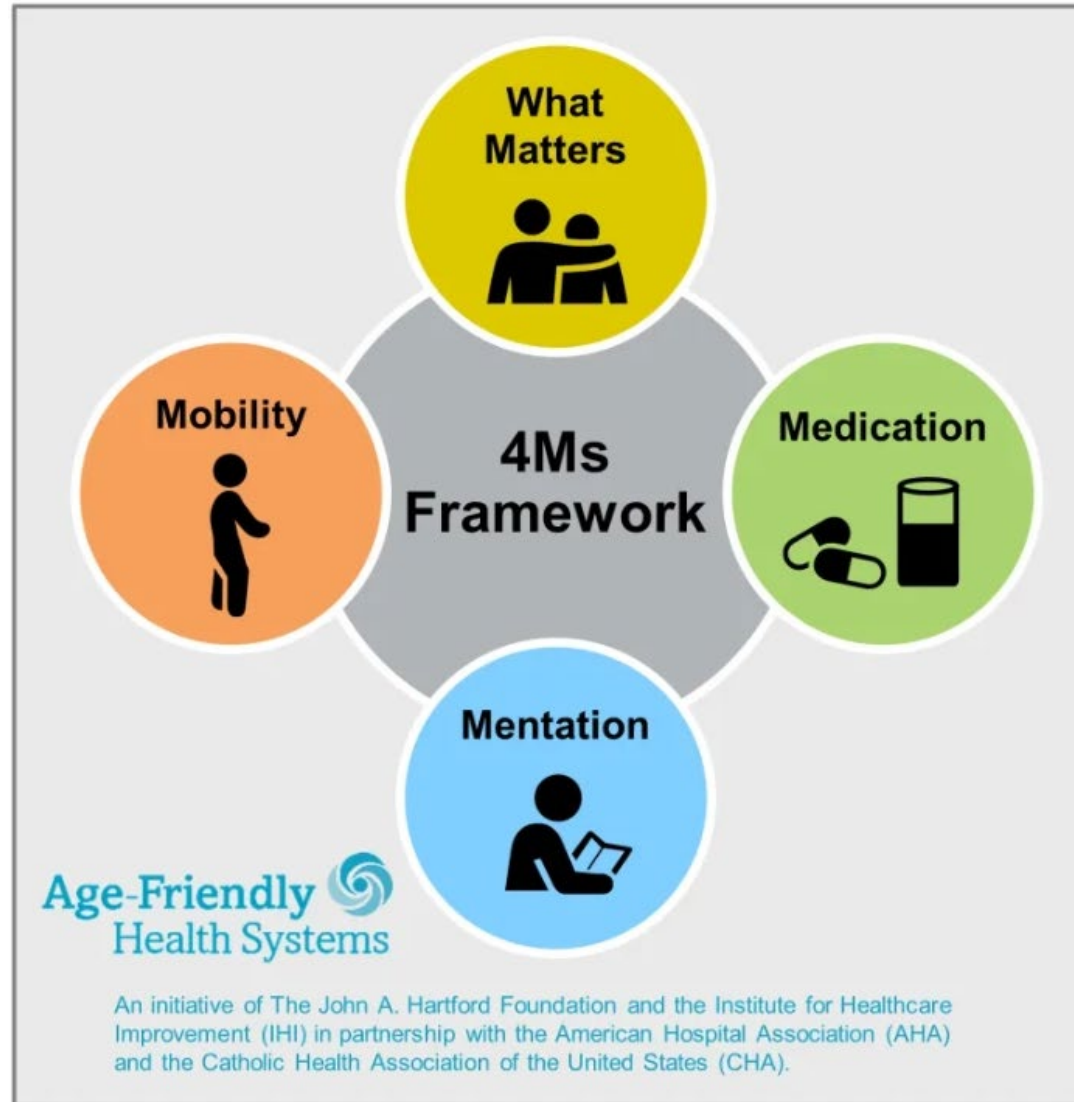
Age Friendly Designation

# Age-Friendly Health Systems

## Age-Friendly Health Systems aim to:

- Follow an essential set of evidence-based practices
- Cause no harm
- Align with What Matters to the older adult and their family caregivers

In an Age-Friendly Health System, value is optimized for all — patients, families, caregivers, health care providers, and the overall system.



## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

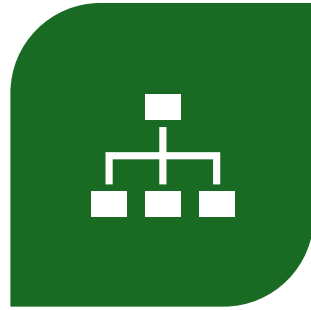
## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

# Summary



TAKE A DEEP BREATH



SYSTEM-LEVEL CHANGE  
WILL BE REQUIRED



START WITH DATA  
RELEVANT TO LEADERSHIP



PARTNER WITH NURSING



# Thank You

- Elizabeth Lancaster
- Jenn Mason
- Tamara Baker

