Dementia care: supporting transitions from one care setting to another

A guide to support continuity of care from hospital to aged care settings for people living with dementia.

Dementia Support Australia

Funded by the Australian Government
A service led by HammondCare

Navigating care transitions can be challenging for people living with dementia, their families and health care professionals. New routines, environments and caregivers may cause distress and behaviour changes, meaning thoughtful planning is essential. This guide offers practical strategies to support smoother transitions.

Every move is unique but, in most cases, clear communication and person-centred care can improve the experience. Whether transitioning between home, hospital or residential care, this resource provides key considerations and risk reduction strategies to help maintain dignity and comfort.

Dementia Support Australia is here to help, providing advice and recommendations that can help make a transition out of hospital be as smooth as possible. Our specialists provide tailored advice to assist individuals, families and care teams.

Contact Dementia Support Australia on 1800 699 799 or visit dementia.com.au

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Contents

Behaviour changes in an acute care setting

This section will help you:

- Understand why changes in behaviour may occur in hospital.
- Identify factors like routine changes or medical issues.
- Respond in ways that help the person feel safe and supported

Navigating transition between care settings can be challenging for those living with dementia. We all play a part in supporting smoother transitions and enhancing quality of care.

Moving to a new environment, such as the hospital setting, may result in distress and increase behaviour changes for a person living with dementia. It is important for staff to understand why this occurs and what they can do to prevent or reduce the behaviour.

What are common contributing factors to behaviour changes in hospital?

Loss of routine: Routine and familiarity play a crucial role in enhancing independence and functionality for individuals living with dementia. This means that exposure to new and unfamiliar settings in the hospital can exacerbate confusion and distress.

New support teams: Dementia progression may result in the person being unable to share or manage their sensory, mobility, communication, or social needs. Care teams can address these unmet needs when they know the person well, but in hospitals, care teams change frequently – there are many new faces involved due to the multidisciplinary nature of a hospital setting. The new care team must get to know the person beyond their clinical needs, which requires more than a clinical handover.

Clinical changes: A person living with dementia may be admitted to hospital due to a clinical condition. Hospital admissions also place people with dementia at higher risk of falls, infections and pressure injuries. These changes may result in delirium and a temporary change in behaviour or cognitive abilities.

How does the environment affect behaviour?

The environment can be a significant strain on people living with dementia. In addition to being unfamiliar, a hospital environment:

- is typically brighter and has limited natural light patterns, which can affect sleep and mood.
- may have limited lifestyle activities, often relying on patients to manage their social and engagement needs. When this isn't possible, it may lead to a lack of physical activity, under-stimulation and altered sleep, resulting in changed in behaviour.
- may have limited public spaces and may not have secure areas. This may result in people exploring the environment and being unaware of private spaces or exits.
- may require shared rooms. Lack of privacy as well as the behaviours and habits of other people, may result in altercations or distress for a person living with dementia.
- may have restricted, limited or no access to outdoor or garden spaces. Outdoor spaces increase physical and mental wellbeing and enrich general health.
- may be complex in design, with long corridors, multiple access points in small spaces and visual clutter, which can be confusing. Not having clear and predictable wayfinding prompts can cause anxiety, distress, agitation and aggression.

What can I do to help?

Behaviour support plans

Obtaining and developing behaviour and communication support plans provides staff with the ability to provide care in a way that assists the person living with dementia to return to their baseline and feel comfortable.

Support plans may include communication needs, approach strategies, engagement and information on factors that have previously contributed to behaviour, such as pain, medications, bowel health, medical events, environmental impacts, stimulation levels, or carer approach.

Obtaining comprehensive behaviour and communication support plans from informal and formal carers assists individuals living with dementia in regaining their baseline functioning and promoting a sense of safety, comfort and familiarity. When previous carers are not available, it is recommended to liaise with a nurse or specialist to develop new support plans.

Any support plans should be updated regularly based on feedback from regular staff and included in discharge summaries.

Download resources and tools to support the development of behaviour support plans:

dementia.com.au/bsp

Visiting a loved one with changed behaviours: a guide for family and friends

Visiting a loved one living with dementia in hospital who is experiencing a change in behaviour can be upsetting. Changes may be abrupt and you may feel a lack of privacy while working through these challenges. While adapting how you communicate and engage with your loved one may be difficult, the ongoing presence of family and friends can provide familiarity and security for the person living with dementia.

As family or a friend what is my role in supporting my loved one?

Meet the team

Get to know the specialists and team members. Ask about their roles, who is the best contact and how to contact them.

Share information

Share what has been working before the admission to hospital to maintain routines as well as effective approaches.

Take notes

Provide details on doctors and medical specialists to support continuity of care. Creating a folder with past specialist letters and previous health concerns may assist you in keeping track of changes and sharing accurate details. You may also find it helpful to make notes of discussions.

Discuss expectations

Share with the care team who the primary contact is, their preference for contact methods, and what they should expect from the care team such as when or why they will call.

Coordinate with others

Discuss visiting plans with family and friends to ensure a supportive and coordinated approach.

Visiting times

Discuss suitable times for visits. The team may know when your loved one is more alert or less distressed, and will be able to confirm best visiting hours with you.

Personal items

Ask about bringing personal belongings or engagement items that can provide comfort and purpose to your loved one while they are in an unfamiliar environment. This could include a blanket, some photos or a preferred pillow.

Limit visitors

Discuss the suitability of family visits; smaller groups of two may be more manageable. Some specialist hospital units may have restrictions on the number of visitors or visits from children.

Find a space

Some hospitals have limited appropriate spaces to connect with your loved one. If bringing family, check there is adequate seating in the room. Enquire about other spaces that may be free and that provide privacy. e.g. a courtyard.

As family or a friend what can I do when I visit?

Bring an activity

Consider past hobbies and day-to-day activities the person enjoys doing at home and past hobbies. The more meaningful the activity is to the person, the more likely they are to engage with it. Be creative! Consider alternative ways the person can engage when their abilities change. They may enjoy watching, speaking about or doing the activity in a new way. They may also like just watching you engage in an activity, being a passive participant.

Maintain routines

Continue routines from home, like watching sporting events together or bringing coffee or food from favourite places (check with the care team about dietary considerations or restrictions due to changing care needs).

Music

Play familiar music that may evoke positive memories. If in a shared room, consider whether a headset may be more appropriate.

Presence and touch

Offer comfort through physical touch such as holding hands, brushing hair, and sitting together in silence. Simple presence can be reassuring, and a gentle massage may bring comfort.

Outdoors

Consider visiting the hospital café or outdoor spaces for a change of environment.

Live in the moment

Engage in discussions, share observations and facilitate sensory experiences from the surroundings. Avoid questioning or testing the person's memory. This may cause further distress.

As family or a friend how do I respond to strong emotions or new behaviours?

- Avoid the use of negative language, such as 'no', 'don't' or 'stop'. This can at times make frustration, confusion or anger worse in the moment.
- You might not always understand what a person living with dementia is saying, so look at what emotion they are expressing. Are they happy? Sad? Frustrated? Validate the person's feelings and experiences. This is when you go along with their experiences and avoid challenging what is said. Some experiences you may not want to go along with and in these situations you may validate the emotion and try to redirect to a positive or comforting topic. For example, *'I can see that makes you sad, I'm here for you. Do you want to have a cup of tea with me?'*
- Remain calm and neutral. Appearing shocked, angry or upset may be misinterpreted by your loved one and increase the behaviour change. Consider taking a moment in a private area to feel your emotions, as they are still valid. It may be beneficial to have a friend or counselling service you can talk to.
- Avoid questioning or challenging the person about their behaviour or emotions later, as this may result in further distress. Sometimes people living with dementia may not be aware that they are behaving in a way that's incongruent with what you would expect of them. Questioning and challenging can lead to further distress and upset for the person.
- Look for signs of pain, such as wincing, grimacing, clenching teeth, groaning or frowning. Raise any concerns with a nurse or doctor.
- Leaving to provide space may support the person to return to self-soothe or relax in their own time.
- Consult with Dementia Support Australia (DSA) or a nurse at the hospital for specific response ideas tailored to your loved one's needs.

As family or a friend how can I leave without causing distress?

Set expectations

Establish the purpose of your visit from the beginning and leave when the activity is finished. For example, share that you are visiting for lunch and leave when finished.

Engaging staff

Talk to hospital staff about assisting with diversion when you leave. The staff may assist the person to the bathroom or alternative activity when you leave.

Provide an activity

Leave your loved one with something to do after your departure.

Quick and calm goodbyes

Avoid lingering or displaying worry, as this can escalate their distress.

Language

Avoid using language that could be interpreted as final, such as 'goodbye' and 'I am leaving'. Use phrases that indicate a return such as *'I'm going to the shops/work and will come back to see you.'* When making promises for your return, consider if your loved one will recall what you have said. If they expect you to be back at a certain time, they may become distressed when you do not return.

Reassurance

Address any concerns the person raises. They may be able to be reassured that the hospital care team is there to help and that you will return.

Leave a message

If the person can read, a reminder message in a prominent position may reduce confusion or distress. This may include; why they are there, to remain in bed, that the team are caring for them and that the family know they are there.

Consider a schedule

If appropriate, you might like to have a visual schedule with the times you are visiting for the week available for your loved one to see. This can be helpful for hospital staff to direct your loved one back to if they ask about your presence once you're gone.

As family or a friend is there support for me?

Hearing about behaviour changes and events from the care team may cause you to feel a range of emotions. It is important to understand that the staff have requirements to keep you aware of any changes and incidents. You do not need to 'fix' or 'stop' the behaviour from happening again. The care team have specialists and strategies to prevent and respond to potential future events.

Ask about support

Enquire about available hospital resources like social workers, outreach programs and support groups.

National Dementia Helpline

Contact the National Dementia Helpline at **1800 100 500** for information about support services and education programs.

Dementia Support Australia

Reach out to Dementia Support Australia at **1800 699 799** to speak with a consultant for advice and support on behaviour changes or visit **dementia.com.au**.

Watch now: Hospital stays: Tips for carers and health care professionals

dementia.com.au/transition-videos

Environment affects support: care approaches vary between home, hospital and residential aged care settings.

In part, this is due to the differing experiences of risk in these settings and systems and resources available to support each individual. ‘Risk reduction strategies’ help us assess and respond to behaviour changes to reduce impact and distress on the person and others. Risk reduction is a plan to respond to behaviour changes to reduce impact and distress on the person and others. Risk reduction practices that work well in one setting may not be suitable in another due to variations in environment, staffing and legislation. Additionally, new care staff, environments and routines may result in changes in behaviour.

This resource outlines common risk reduction practices and how they differ between hospital and aged care settings. The information supports open discussions and helps the receiving care team understand and adapt existing risk and behaviour support strategies to the new environment. This information can aid in transition planning not only between hospital and aged care but also during any environmental and care provider change.

Why are risk reduction practices different in new settings?

Limited access to recreational opportunities and spaces

Hospital wards may have limited or restricted access to recreational spaces, including outdoor areas. This may lead to a lack of physical activity, under-stimulation, changes in mood and altered sleep, which could result in changes in behaviour. Depending on the next care environment post discharge from hospital, behaviours may increase or decrease.

Co-patients and residents

Hospital and some residential care home rooms are shared with other patients and residents. Lack of privacy as well as the behaviours and habits of other people, may result in altercations or distress for a person living with dementia. Additionally, hospital wards are likely shared with co-patients who are connected to medical devices that may be noisy. People living with dementia may be unable to recognise private spaces or medical equipment that should not be touched. These potential differences may result in risk reduction practices that may not be necessary for other care settings - for example closer observation of the patient or more active redirection.

Secure spaces

In hospital and residential aged care, some wards or areas are secure. A locked door or redirection from open doorways may escalate verbal and physical agitation which may not occur in environments where the exit is not accessible, or where there is free access to the outdoors. Hospital staff can keep this in mind when discussing a patient's needs and how their behaviours may present differently in different environments.

At times, a secure environment is recommended for an individual moving into residential care, as leaving care environments unassisted may not be safe for them. However, this is not always the case, so it is important to consider whether a secure environment is required as not all people living with dementia will require one. A service may implement short-term one-to-one staffing to support the person, or to assist with redirection back to the care environment if necessary. We want to ensure the person is living as free from restrictions as possible.

Staff

Staff education and availability may vary between services. Hospital environments have access to onsite doctors, specialists, allied health, registered nurses and security. Comparatively, aged care services including residential care homes are likely to require time to plan and arrange for onsite access to a GP or specialist input, as an example.

In an aged care setting, most activities of daily living are supported by care staff or Assistants in Nursing (AINs) with the support of a comparatively smaller team of Registered Nurses (RNs) and allied health staff. Aged care providers may have diversional therapists or activity staff to support engagement which is still a growing area in hospital settings.

Policies and procedures

Services have differing policies and procedures related to behaviour support practices and risk reduction. Both hospital and aged care services have legislative requirements that prioritise person-centred care and uphold human rights principles to minimise the use of restrictive practices ensuring they are only implemented as a last resort.

Download resources and tools to support considerations during transitions:

dementia.com.au/care-settings

Considerations during transitions

Define and clarify
Ensure everyone is using the same definitions

Establish frequency
Determine if the change in behaviour or support need is a new, current or frequent concern

Provide context
Understand what prompted the risk reduction practice

After building an understanding of risk reduction practices, the receiving aged care setting can consider:

Would the behaviour be **more or less likely to occur** in their environment?

Are there alternative approaches if the current risk reduction strategies cannot be supported in their environment?

Are the **risk reduction strategies transferable?**

We're here to help, 24 hours a day, 365 days a year – 1800 699 799

Different considerations when choosing a suitable care environment

There's no one size fits all when it comes to considering which environment in an aged care setting will be most suitable for someone living with dementia. Some people may need secure environments, but many can be supported safely elsewhere. It is important that the environment chosen is enabling, and is the least restrictive option for each individual.

This enclosed guidance is designed to guide conversations so that we are reflecting on what questions we should consider, when determining the most suitable environment for each person.

Start with the person, not the environment

When in the initial stages of discharge planning, it is important to first consider the abilities and needs of the person.

People's experiences differ, and a diagnosis of dementia impacts people in different ways. Here are some things to consider:

How does the person respond to:

- Verbal instructions
- Visual cues and signage
- Loud, busy, or shared environments
- New carers
- Other people who may have behaviours

! These communication needs can help us understand whether an individual can be easily redirected within their environment. It may also lead us to realise that an aged care environment, which presents a less risky environment than a hospital setting, may be better suited to support independence and wayfinding – the environment itself may help a reduction in any changed behaviour. Just because someone has a diagnosis of dementia, does not mean that a Memory Support Unit (MSU) or dementia specific or a secure unit, is required.

What is the person's history of behaviour:

- Is there a history of walking excessively or pacing? Is there a purpose that should be explored and can be supported such as seeking an exit, walking for leisure, difficulty with wayfinding, pacing due to emotional distress?
- Is there a history of physical distress when attempting to leave and have there been successful strategies implemented to support during these circumstances?
- Has the individual become lost in the community before and are unable to navigate the community safely resulting in injury or harm to them? Would this experience be the same now in a new environment and with their current care needs?

! The above questions are very helpful in understanding a person's history and past experience. It is important to remember though that a new environment, particularly out of hospital into aged care, can present a more enabling and supportive environment away from busy corridors, lots of unfamiliar and changing faces, and bright lights.

A person will respond differently in their new environment with different supportive structures. Further, an experience in one environment may not occur in another environment, so it is always worth trialling different circumstances and strategies. Consider the least restrictive, most supportive option first.

What is the person's mobility needs:

- Can they move independently?
- Do they use walking aids, have sensory needs or need help to move safely?
- Is there a high falls risk and therefore being closer to staff areas or common areas may be beneficial?
- It is important to specify when a person is bed-bound as they are very unlikely to require a secure unit, due to being unable to walk. They may also be placed at an increased risk in a unit where other residents have a history of walking into private spaces.

! Just because a person living with dementia is a high falls risk or walks independently, does not necessarily mean a secure environment is required. Consideration of room availability close to staff areas or common areas may be adequate support to increased observation, redirection and support needs.

Access to the outdoors:

A special note on the importance of access to the outdoors.

Access to outdoor spaces can significantly enhance the wellbeing of individuals living with dementia. Engaging with nature offers numerous benefits, including reduced agitation, improved mood, and increased opportunities for physical activity and social interaction.

! Access to the outdoors is often easier to accommodate in aged care in comparison to the hospital environment, and this may contribute to an improved experience as they move into a longer term care environment. Don't underestimate the impact of access to outdoor spaces.

Assessing the risk when deciding a suitable environment

When moving out of hospital into aged care, the person is moving into their new home environment. To place them in a secure environment that restricts their access to the community, there does need to be a significant risk to themselves or others. **See next page for considerations:**

- Consider the risk versus benefit of a secure environment, which is a restrictive practice.
- Does the person who is making the decisions about this person's care and accommodate needs (the substitute decision maker) think there is a risk that requires a secure environment? Often, they hold relevant information that will help determine this decision.

Considering alternatives to secure environments

Now that we understand the person and the environment, we can consider what supports would be suitable to reduce potential risk. Most aged care homes have the following systems in place to support individuals:

- Wayfinding cues and access to the outdoors which may support safe and purposeful walking.
- Technological supports, for example door alerts and GPS monitoring.
- The option to choose a room that is closer to staff areas or common areas which increases line of sight whilst supporting independence as much as possible. Or perhaps choosing a room at the end of a corridor may reduce confusion or loud noises, which could be a better option for an individual.
- Consideration of whether the individual can be supported to enter and exit the areas of the home safely, which may reduce frustration. For example, sliding doors may be inviting for some people and prompts exiting, whereas some handles, buttons, or displayed passcodes may be more difficult to navigate independently and might be a source of frustration.
- Would staff benefit from capacity building on engagement, de-escalation or reorientation in dementia care? Would an in depth handover on the person's specific circumstances enhance the care experience due to deeper understanding from the very beginning?

! It is important to remember that dementia is a progressive condition and cognitive or physical changes may mean the person's needs change and their experience in one setting will differ in another setting. It is always worth the time considering the options, and determining what other ways an individual can be supported in an environment. No one size fits all, and no person's situation remains the same. Keep asking the above questions.

Referring to a new care environment: considerations for health care professionals

Referrals to care homes or service providers offer a snapshot of support needs to ensure the person is a suitable fit for the care environment. Out of date assessments or focusing on a previous behaviour without providing context may result in care providers making unintentional assumptions, resulting in inappropriate care.

What should be included in referrals?

Personalise the referral

Start with a brief summary of who the person is, their strengths and positive aspects of their life history. This information supports care homes to see the depth of the person outside this brief moment of behaviour change. Providing context also builds connections between the person, their family, and the care home.

Social preferences

Share information about the person's social preferences, their hobbies and their interests. This will help the care home staff envision how the person will fit into day-to-day life at the care home, ensuring the person's engagement and wellbeing can be enhanced.

Family involvement

Include information about the person's family or primary caregivers, their involvement in the individual's care, and any specific family preferences or involvement in decision-making. This is important to include to prevent unnecessary delay. You could even consider asking an involved family member to review the information to make sure it is up to date.

Previous behaviour context

Behaviour changes in individuals with dementia are closely linked to clinical changes and their care context. When referring a person with a history of increased behaviours, particularly in a situation where the behaviour has resulted in hospital admission or contributed to prolonged admission, it is essential to provide a clear and detailed account of any contributing factors that influenced the change.

Noting the contributing factors, potential care services may highlight why the behaviour is no longer a concern due to effective pharmacological interventions and non-pharmacological strategies. Providing the previous behaviour context supports care providers in preparing for and monitoring contributing factors relevant to the person.

Current behaviour support plan

Clearly outline any current behaviour support needs. Describe the nature and frequency of the behaviour, as well as any triggers or factors that influence the behaviours. This information helps the care home staff evaluate their capacity to support the person.

Potential risk and risk reduction

Providing the last month's incident reports will assist the care home in evaluating potential risk. Make sure the incidents have appropriate information that puts the incident in context.

What should be included in referrals? (Continued)

Environmental needs

Services may assume a person living with dementia requires a dementia-specific care environment. It is important to note if a person requires a secure living environment, or single room. Not all people living with dementia require a secure unit, or dementia-specific unit.

What can hospital staff consider when creating referrals?

Update information

When referring a patient living with dementia who has a history of changed behaviours to a care home, a referral with updated and accurate information is essential for finding a suitable service and permanent care home. Detailed information may also build confidence in the receiving care team that they can effectively support the person.

Avoid relying only on the Aged Care Assessment or Support Plan

Documentation from the aged care assessment captures a snapshot of an individual's needs and circumstances at a specific point in time. Considering the progressive nature of dementia, it is important for the hospital team to supplement the application with current information particularly if the aged care assessment is not current.

Visits

Encourage the care home to visit the hospital to discuss the admissions information further and meet the person. This supports them to build a better understanding of who the person is.

Context

Hospital teams should provide clear information on risk reduction practices to establish what the strategy or practice involves, the frequency of its use, and context as to why it is required. This prevents assumptions during transition.

What can care homes consider when reviewing referrals?

Reviewing changes

Care home management and admission teams are encouraged to reconsider applications when updated information is provided. This approach recognises the dynamic nature of dementia and ensures that the care provided remains aligned with the person's changing requirements.

Providing feedback

In cases where a care home determines that an individual is not a suitable fit, it is recommended that they offer feedback to the referrer to enable the hospital to clarify potential misunderstandings and for the care home to support the hospital team in understanding the care home's potential limitations and capacity.

Length of stay

When considering admissions to hospital, the length of stay does not reflect the needs of a person. Therefore it is important to review other information provided to understand the person's needs.

In-person visits

When possible, have a member of staff from the care home visit the hospital to meet the person and understand their care needs. This supports the care home team to obtain an accurate picture of who the person is by interacting with the person and speaking to staff about their experiences. This also enables the person to engage with a familiar face upon arrival at the care home, should the referral be accepted.

Risk reduction strategies

Care homes should be seeking clarifying information around risk reduction practices to establish what the strategy or practice involves, the frequency of its use and context as to why it is required. This is to prevent assumptions during transition.

After building an understanding of risk reduction practices, the receiving care home can consider:

- Would the behaviour be more or less likely to occur in their environment?
- Are the risk reduction strategies transferable?
- If the current risk reduction strategies cannot be supported in their environment, are there alternative approaches?

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dementia.com.au/transition-videos

Timing a transition

Planned and purposeful evaluation of readiness for a supported hospital discharge, gives a person living with dementia every opportunity for a successful transition to this different environment. This is particularly important if the individual has been in hospital for a longer period of time.

Requesting sufficient time for the development and implementation of effective discharge plans, is essential to ensure a successful and positive experience for the person and their family. This may also reduce the risk of the person returning to hospital due to distress or changed behaviours. Although planning time is desirable, it is not always possible.

What should be considered when timing a move to a new care environment?

Care teams

- Allocating time for staff from the receiving care environment (residential care or home care staff) to visit the person in the hospital setting is beneficial. This helps the staff get to know the individual and build rapport, which can be reassuring for the person during the move. Having a familiar face among the care team at the new setting can facilitate a smoother transition.
- A planned discharge with sufficient time will enable an effective handover of behaviour support plans and history from hospital staff. This is important as the receiving care home environment may require purchases to be made, equipment to be set up, staffing changes or education for staff.
- Ensuring that the receiving care environment can be prepared to welcome the individual with sufficient staff and support resources available, can make this transition as smooth as possible. This allows for the potential for extra helping hands, to ensure the room is ready and that any equipment and clinical resources are available prior to the transition.

Family

- Sufficient time allows the person living with dementia and their family to adequately prepare for the move. They may need time to pack personalised items from home, which can provide a sense of familiarity and comfort in the new environment.
- Financial advice and other contractual arrangements may need to be addressed as well, which can often contribute to the anxiety around a transition across care environments. It is important to know that there is often a grace period for these matters to be arranged, so this can reduce the pressure somewhat, but it is important to keep communication lines open about what is needed.
- Additionally, this period allows them to access emotional support to address any anxieties or concerns they may have about the transition.

Handover with a focus on behaviour changes

Handover is a term used to describe the transition of care from one person or health care service to another. Effective handover involves passing on important information to ensure continuity of care.

What should be included in a behaviour support handover?

- **Define the specific actions involved in the behaviour.** Descriptions of behaviours should avoid subjective terms like 'aggressive', which may be misunderstood. It can be more helpful to cite what you observe as opposed to using labels. For example, 'pinching', or 'pushing' etc.

- **Discuss risk of injury.** Some people may have a history of hitting others but have not caused any injury as the contact made is not strong. Understanding the impact of the event can help to dispel any myths about what may have occurred during the incident and enable a care team to prepare accordingly.
- **Note the frequency of the behaviour** and the situations or times when the behaviour tends to occur. Providing frequency can allow the receiving care team to understand when extra supports may be required to help the transition.
- **Outline preventive measures in place,** such as pain management, engagement strategies and approaches. The hospital teams may not have been able to implement some strategies previously used prior to admission to hospital. The recommendations, which may have come from previous care providers, family or consultants, may still be of benefit to share.
- People may have varying degrees of behaviour changes. It's helpful to **share early signs of behaviour change.** Additionally, noting what strategies supported the person to de-escalate or return to positive interactions is key.
- **Having an appropriate de-escalation plan** is important. Share what is helpful to do and say when the behaviour is occurring.

Download resources
The Dementia Support Australia de-escalation plan template
dementia.com.au/abcde

What else should be covered in a handover?

- **A social history** promotes a holistic view of the person beyond their behaviour and assists staff in rapport building. There may also be previous habits, routines or trauma contributing to the behaviour that are beneficial to know. Understanding someone's preferences will also equip staff in responding when behaviour changes.
- **Sensory and mobility requirements,** including necessary aids to support independence such as hearing aids and walking supports.
- **Clinical needs** which are covered in the hospital discharge summary.

Acute teams supporting handover to care homes

Hospitals provide handover in discharge summaries, over the phone to the receiving care staff, or perhaps during a visit if the receiving care staff come to the hospital before the transition occurs.

Hospital staff are encouraged to take time to gather information from all disciplines that were involved in care, and provide an up to date discharge summary that includes aspects of care beyond medical need, looking to ensure information shared is relevant to the current episode of care. Consider reaching out to staff who know the person well, to speak with the care home or writing a summary of preferences and approaches that have been effective.

Receiving care environment supporting handover

In the care home or with the home care staff, conducting toolbox sessions during handover or at designated times prior to admission assists the staff's ability to support these individuals and have a smooth transition.

Due to staffing changes between shifts and days, multiple handover sessions may be required to ensure all staff have received the same information. It's helpful to think more broadly than the clinical team (e.g. hospitality, cleaning, administration and volunteers), as all staff contribute to a home-like environment for the person.

Family supporting handover

The role of family and friends in handover includes sharing information about who the person is. This information is crucial for staff to provide holistic care. Staff may have social history forms to complete or may request a handover report. Dementia Support Australia (DSA) has an 'About Me' tool that can help prompt you to start the conversation about who a person is outside of their clinical care needs. You may consider sharing:

- Life history and key moments or events
- Past routines
- Hobbies and interests throughout their life
- History of pain and how they managed pain prior to their diagnosis
- History of stress and what helps turn their day around
- Significant life events that contribute to behaviour changes

Download the 'About Me' tool

Considering the environment across different care settings

Moving into a new care environment can be a difficult time for a person living with dementia. Many changes occur at once, including shifts in routine, social supports, independence and the overall environment. By adjusting the physical space, you can create a more home-like atmosphere that fosters familiarity and comfort, helping to reduce disorientation and distress.

What can I do to help?

- **Bring in a bedspread, quilt or rug** that the person likes and connect with. This might be something that has been on their bed or in their living room – or may even be a blanket with their favourite sporting team or pets.
- **Photos of family, friends and pets** can be useful reminiscence tools – too many can be overwhelming. Older photographs can stimulate conversations for visitors and help staff to get to know the resident.
- **Decorate their bedroom with things related to their hobbies or interests,** like collections or special gifts and memorabilia. You may also like to create spaces for their hobbies and activities and let the care team know so they can support these.
- If there are specific **cultural and religious items** that are meaningful to the person, place them nearby. Make sure the staff know if they are interested in attending church services or having pastoral visitors.
- **Smaller pieces of furniture** that are familiar, like a sideboard or a side table may be able to be used in the person's room. Make sure they are purposeful and not going to be a hazard to the person with dementia or the staff.
- **Ensure they can go outside every day** if that is what they like, and that there is a place to sit or walk.
- When planning your visits, think about where this might happen – outside their bedroom.
- Check with the care home to make sure these items are okay to bring as there may be particular considerations that need to first be taken into account.

Watch now: Moving out of hospital: tips for carers and family members

dementia.com.au/transition-videos

How can I make the move as supportive as possible?

- **Arrange their bedroom so they can move around easily,** with good line of sight to the bathroom where possible. You could consider adding temporary signage to the door with their name, or 'bathroom' to make it easier to find.
- **Create seating options** outside of a bed.
- Work with the hospital or care home to **make sure any monitoring systems in the room meet their needs and preferences** – such as a falls alarm, or pressure mattress. Sometimes it isn't possible to change this.
- **Share successful tips from their previous environment.** For example, perhaps a shower in the morning is preferred to the afternoon or night time.
- Most importantly, **ensure staff knows the person's daily routines** and what they like to do, and don't like to do.
- **Download the 'About Me' tool** below to help.

These tips are designed to make living spaces more comfortable, familiar and supportive for the person. Remember, it takes time to settle into a new environment, for everyone.

Download resources
The Dementia Support Australia 'About Me' tool

dementia.com.au/aboutme

Helping with the orientation and adjustment to a new care environment

While moving from home or hospital into a residential care home can be challenging for anyone, people living with dementia may take more time to adjust. This is because dementia may impact a person's ability to recall recent changes and the person may rely on others to support their wellbeing. Making time to provide additional support early in the transition can reduce distress and decrease confusion to provide a smooth transition.

How can family and care staff support a person during transition?

- Becoming familiar with the care home environment, the people who work there and the routines, is a helpful first step. Arranging to visit the home before the patient's discharge from hospital could help to create a familiar environment.
- Keep in mind some of the hints in the previous section on visiting loved ones. While it will never be 'home', you can make the space more familiar by taking in special items. The best time to do this is before the patient moves in, so that it feels more familiar on arrival.
- Family presence can be important to provide reassurance and familiarity. The best time to visit will differ from person to person. Sometimes mealtime is best as an example, but other times this could cause unintended disruption or confusion. Ask the care home about the best time to visit.
- Moving into aged care is commonly a stressful time for everyone involved because there is a lot of change and much to consider. Remember, you are not alone – there are many people to help you.

Watch now: Moving to a care home: Tips for aged care professionals

dementia.com.au/transition-videos

How can care staff support a person as they settle in?

- **Seek out information from hospital staff about how the person was cared** for during their hospital stay. This insight will help inform a plan for behaviour support.
- Everyone is unique, so **learn the person's preferences by speaking directly with them or consulting family and friends** about their life story and history.
- On the first day, **allocate a staff member to spend time with the new resident,** offering space as needed. Avoid leaving them alone with no meaningful tasks or placing them in busy group settings, which may cause anxiety.
- **Designate staff to oversee the transition by liaising with family, specialists, and previous carers,** and speaking with staff across shifts to ensure a comprehensive handover and frequent communication to address any concerns that arise.
- In the first few months, **the new resident may need to be shown the environment and be introduced to staff multiple times.** Over time they may start to build a routine and feel familiar in their environment.
- Behaviour may differ from hospital reports due to environmental changes and changes in care from the transition process itself. It may be beneficial to **speak with hospital staff about how the person presented in the first few weeks in hospital, or with family about previous transition periods.**
- As the first few days, weeks, and even months in a new environment may result in a behaviour increase, it is recommended to **trial additional strategies to support the person to remain in their current care environment.** Additional moves to hospital may extend their delirium and distress.

Services and supports available for family and next of kin during transition

Building a network of support is important to consider early in your carer journey. This is because it may be overwhelming when other changes or events are occurring, or there may be waitlists to consider. While you may not feel the need for services right now, reaching out early can be an opportunity for you to understand what services are local to you, how they can help, any estimated cost and potential wait times.

Who is available to support us?

Social workers

While in the hospital, patients may be linked with a social worker. Part of their role may be to provide regular therapeutic supports, such as supportive psychotherapy to patients and their families, advocacy, and psychosocial assessments where necessary. They may also help with navigating aged care assessments needed for aged care supports.

Services Australia

Services Australia assesses and provides access to government support payments. It is essential to notify Services Australia of changes, such as you or those you care for being admitted to hospital, as this may affect your payments.
Services Australia Aged Care Line can be contacted on 1800 227 475.

Financial advice

My Aged Care recommends accessing financial guidance before moving to a care home. This may include private services or the Financial Information Service through Services Australia.
Services Australia can be contacted on 132 300.

Carers Australia

Carers Australia advocates and lobbies on a wide range of issues that affect carers. They also manage the delivery of national programs, support and services for carers across Australia.
Carers Australia can be contacted via the Carer Gateway on 1800 422 737.

Older Persons Advocacy Network (OPAN)

OPAN offers free, independent and confidential support and information to older people. They support older people in understanding and exercising their rights and finding solutions to issues that they may be experiencing with an aged care service or situation.
OPAN can be contacted on 1800 700 600.

Senior Rights Service

Senior Rights Service offers free and confidential legal advice for older people. State-specific services include Senior Rights Service (NSW/ACT), Senior Rights Victoria, Seniors and Disability Rights Service (NT), Aged Rights Advocacy Service (SA), Seniors Rights and Advocacy Service (WA), and the Seniors Legal and Support Service (QLD).
Seniors Rights Service can be contacted on 1800 424 079.

Aged Care Quality and Safety Commission

The Aged Care Quality and Safety Commission has resources on quality, safety and rights in aged care services. For complaints that cannot be resolved with the care service, a complaint may be made with the Quality and Safety Commission.
The Commission can be contacted on 1800 951 822.

My Aged Care

My Aged Care is a free government service that provides information on aged care services in Australia and assesses eligibility for those care services. Once linked into a service, you are able to check what you have in place and manage services through My Aged Care.
My Aged Care can be contacted on 1800 200 422.

Private transition services

There are private services that assist families in locating and applying for care home placements as well as navigating the transition into care.

Dementia services

Dementia Support Australia

Dementia Support Australia (DSA) is a free nationwide service dedicated to improving the quality of life for people living with dementia and their carers. The service focuses on understanding the causes of changes in behaviour and provides tailored support to care workers, carers and service providers.
DSA can be contacted on 1800 699 799 or by visiting dementia.com.au

Dementia Support Australia

Dementia Australia

Dementia Australia is the national peak body for supporting people living with dementia, their family and carers. They offer a range of supports such as counselling, guidance on assisting dementia focused services, post-diagnostic support and peer support.
Dementia Australia can be contacted on 1800 100 500 or by visiting dementia.org.au

Dementia Australia®

Contacts

Dementia Support Australia

Funded by the Australian Government
A service led by HammondCare

We're here to help 24 hours a day, 365 days a year.

1800 699 799

dementia.com.au