Models of dementia care in an acute hospital setting

Dr Duncan Forsyth
Consultant Geriatrician
Addenbrooke’s Hospital, Cambridge
• Dementia is core business to any DGH
  – 1/4 to 1/3 beds occupied by people with dementia.
• Gradually the NHS is responding to this changing demographic and seeking to provide dementia friendly environments and staff.
• This is not a one size fits all approach but there are some key fundamental principles which underlie the changing pattern of our delivery of customer care and adapting the environments in which we work and our patients, hopefully, no longer suffer unnecessarily.
What I hope you will learn from this talk is:

- The principles of a service industry applied to the NHS.

- A better insight into the implications of transferring a knowledge base from dementia-friendly homes to the work environment of an acute hospital.
With apologies to Cilla Black and Blind Date!
BUT NOT to Kate Granger

• What’s your name and where do you come from!
• How are you here to help (What are you looking for)
The Right Care: creating dementia friendly hospitals

• The goal - that by March 2013 every hospital in England will have committed to becoming a dementia friendly hospital, working in partnership with their local Dementia Action Alliance.

• Focus on improving five key areas:
  – The environment in which care is given
  – The knowledge, skills & attitudes of the workforce
  – The ability to identify & assess cognitive impairment
  – The ability to support people with dementia to be discharged back home
  – The use of a person centred care plan which involves families & carers.
Environment
The King’s Fund’s Enhancing the Healing Environment (EHE): Common themes

- poor signage, lack of intuitive cues & little purposeful use of colour & contrast to aid way-finding
- poor lighting, leading to glare & light pooling that can result in an unintentional barrier
- shiny floor surfaces that can look as though they are wet and slippery
- clutter & distractions
- stark, unwelcoming spaces including featureless corridors & little personalisation of bed spaces
- under-use of gardens & outside spaces.
Royal Devon & Exeter Hospital – memory garden
The King’s Fund’s Enhancing the Healing Environment (EHE): Desired outcomes for people with dementia in ward environments

- Easing decision making
- Reducing agitation and distress
- Encouraging independence and social interaction
- Promoting safety
- Enabling activities of daily living.
Some hospitals have adapted wards to better suit the needs of people with dementia. Bradford Royal Infirmary has won national awards for its dramatic refurbishment of two wards, including cinema-style seating for people to watch archive films, a reminiscence café & memory boxes.
Other common themes

- Colour coded bays and toilets –
  - contrasting & bright colours such as purple and yellow, green and blue are easier to spot for people who are losing the ability to identify different colours.
- Signage to make it easier to find your way around the ward.

Southampton:

- doors are now brightly coloured.
- Restricted access doors are coloured so as to blend in with the surrounding walls and not confuse the patients.
- Less clutter.
- First hospital based Admiral Nurse
Other common themes

- Norfolk & Norwich have used recognisable photographic scenes of Norfolk (Cromer Pier, Wells, and Happisburgh lighthouse) placed around the ward to help trigger people’s memories and make it a more relaxing environment.

- **Day and date clocks / orientation boards**
REMEMBER - this is a hospital not a home!

• “...the recent trend to create simulated spaces within healthcare buildings, such as a pub or post office, that allow patients to experience once familiar activities. In settings such as care homes this can have a very positive impact, offering a link back to a time when residents had more mobility and providing important opportunities for social interaction. However ...patients in acute settings such as hospital wards, who are often confused, need to be aware of where they are.”

• “...life sized objects such as post boxes and a bus stop were painted on the walls of one of their wards as part of ‘dementia friendly’ artwork. In this instance patients became very confused by a post box that didn’t allow you to post any letters and a bus stop where a bus would never arrive.”

• Blog by Benjamin Wall, Healthcare Architect
In the 2013 survey, 60.9% of patients reported that they never felt lonely in a single room.
Knowledge skills and attitudes
Education and training

- Education of healthcare professionals plays a key role in improving patient management
- **BUT** need to involve all health & social care staff
  - part of mandatory training
Formalised Training

- Alongside the environmental changes, training was provided.
- A specialist dementia nurse was appointed. The specialist mental health nurses designed a teaching package which ensures that staff are aware of strategies to use when working with people living with dementia that are admitted to an acute ward & are able to utilise the environment & the resources to improve the patients experience.
- Training was delivered over 8 sessions each of 20 minutes & each session was repeated as necessary so that all ward staff might attend.

- Session 1  Dementia.
- Session 2  Person Centred Care.
- Session 3  Behaviour as communication.
- Session 4  Behaviour as communication.
- Session 5  Meaningful activities.
- Session 6  Depression.
- Session 7  Delirium.
- Session 8  Dementia/Delirium.
See behaviour as communicating need

- People with dementia are not difficult, willful, attention seeking, or aggressive by nature.
- May feel threatened, frustrated, anxious, lost, afraid.
- May be overwhelmed by questions, noise or ward activity.
- May be trying to communicate pain, discomfort, thirst, need for the toilet.
- May be bored.
Make the most of family and friends’ expertise: to improve patient and staff experience

• Factual information
• Causes of distress & comfort
• Background, biography, routines
• Beliefs or values when assessing best interests
• For occupying, sitting, hands on care
  • Flexible visiting hours
  • Do they want to be involved or is this ‘respite’
• Keep them informed & involved
  - Avoids dissatisfaction & complaints
John's Campaign: for the right to stay with people with dementia in hospital

• “We are calling for the families and carers of people with dementia to have the same rights as the parents of sick children, and be allowed to remain with them in hospital for as many hours of the day and night as is humanly possible. We recognise that there will be some practical difficulties but we are convinced these are not insuperable.”
What about the rest of the hospital?
Aim for the familiar

• See the world through the eyes of the person with dementia
• What would make it feel more safe?
• What might be threatening?
• Personal possessions (labeled and not valuable)
Cognitive assessment
Dementia CQUIN: FAIR (Find, Assess and Investigate, Refer)

All emergency admissions aged over 75

- No known dementia
  - Clinical Diagnosis of delirium
    - no
    - yes
      - Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life?
        - yes
          - Diagnostic assessment
            - Positive
              - Referral
            - Inconclusive
              - Feedback to GP
            - Negative
              - Care as usual
        - no
          - Care as usual

- Known dementia
  - Diagnostic review, if indicated
    - 3
      - Referral

- Dementia pathway

Find 2 Assess and Investigate 3 Refer
‘Delirious about dementia’ 2005
Cognitive screening algorithm

Is there cognitive impairment?  MMSE, CLOX1

Duration of cognitive impairment?  CAM, IQCODE

- Delirium
- Delirium and chronic impairment (?dementia)
- Chronic impairment (?dementia)

Ix and Rx
Assess for severity, consider depression, etc.

?REFERRAL
• There is no one size fits all

• Perhaps for the purpose of screening in the DGH we should just ask the following:
  • Is this person known to have a dementia?
  • Has this person had delirium before?
  • Is anyone concerned about their memory (themselves, their relatives, you)?
Different ways of working
What about a care pathway?

Most support for carer and patient needed on:

– Admission
– Transfer
– Discharge
Who’s here?

- James Paget Hospital have introduced an electronic dementia alert to inform the dementia team whenever someone with dementia is admitted and where they have been admitted to.
Professor George Tadros, Consultant in Old Age Psychiatry at Birmingham Heartlands Hospital, has changed the way he & his colleagues work, making sure that people with dementia get the right care.

'What we have done is what people have wanted to do for a long time to bridge mental and physical health. Traditionally, liaison psychiatrists sit outside the hospital. They visit the hospital when needed and mostly get called to deal with younger patients.

'We set up a new team called RAID, which stands for Rapid Assessment, Interface and Discharge. This is a large team including psychiatrists, psychologists and nurses who provide a strong presence within the hospital. They have changed care for people with dementia.’
Supporting: Cambridge liaison old age psychiatry

- Consultation-liaison model (co-commissioned by CCG and CUH)
  - 1.6 consultants, 3.8 band 7 nurses
- 1200 referrals in 2014
  - (some one-off assessments but many have short term pharmacological and/or psychological therapy with regular reviews)
- Response times:
  - emergency one hour, urgent one day, routine two days
  - most seen same day or the following day if referred late in the day
  - ED and RADAR are prioritised.
- LOS in those with mental illness comparable to those without a Δ
- Development & delivery of dementia strategy, dementia champion training
- CPD all grades of medical, nursing & AHP staff
- 2014 winners of the Francis Jaye compassionate care award and were finalists in NHS England Compassion in practice award.
Bay nursing – the issues

- Staff feeling stressed & under pressure
- Staff feeling unsafe in practice
- Unsafe for patients
- Too many specialising requests, leading to staff covering the shifts who were not dementia/delirium trained
- Budget overspend
Bay nursing: improves staff well being and saves money

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Reduction in specialling
Bay nursing has enabled us to improve care, ensuring we give person centred care at high standards. We are now able to provide extra activities, such as:

- Patients eating together at a dining table
- Board games, hair & nails being done
- Communication between nurses, patients & relatives is a lot more effective

**Additional benefits**
“Bay Nursing gives staff the chance to get to know us, its more sociable.” Extracted from patient experience questionnaire

“My mum is well looked after she is eating so well and gaining weight something we have struggled with as a family for months.” Cherie (Daughter of a patient)

“You hear so much bad press about dementia care, they need to come to G6 and see there is amazing care going on, my mum is safe and well looked after.” Jean (Daughter of a patient)

“I do not need to use my buzzer as staff are always there to help me.” Extracted from patient experience questionnaire
Good dementia and delirium management simultaneously improves care and costs.

“Good care costs less.”

Dr Keith McNeil, Addenbrooke’s CEO
THANK YOU FOR YOUR ATTENTION