

Improving the care of people with dementia in acute general hospital wards

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Bad press

‘Typical of the circumstances was illustrated when on three occasions when I visited my wife, she was sitting in the corridor, half dressed sometimes, and nobody seemed concerned or aware’

Current orthodoxy?

Hospitals are places of evil where frail older
people must never set foot

There is a lot of it about

- 60% geriatric medical patients
- 30% general medical admissions
- 40% hip fractures
- 25% of hospital beds

Dementia in acute hospitals is different

- 2/3 have added delirium
 - ... which is difficult to diagnose and manage
 - ... and slows things down
- Vascular dementia predominates
- Physically ill and dependent

People with dementia in hospital are complex

Presenting functional problems amongst patients over 70 with cognitive impairment admitted to a general hospital (n=53)

- Falls 42 (81%)
- Immobility 38 (73%)
- Pain 28 (54%)
- Incontinence 24 (46%)
- Breathlessness 12 (23%)
- Dehydration 11 (21%)
- Delirium 11 (21%).

A huge variety of acute medical diagnoses

Final diagnoses amongst patients over 70 with cognitive impairment admitted to a general hospital (n=53)

- fractured neck of femur 7 (1 peri-prosthetic)
- other fractures 6
- pneumonia 4
- multi-factorial fall 4
- multi-factorial functional problem 3
(immobility, pain, confusion, incontinence)
- AF with fast ventricular response 3
(2 syncope, 1 heart failure)
- dehydration/renal failure 3
- urinary tract infection 1
(plus 3 others contributory)
- alcohol intoxication 2
- adverse drug reactions 2
(amantadine, sedatives)
- seizures 2 (alcohol excess, brain mets)
- unresponsive episode/syncope 2
- painful hip post fall 2
- unexplained delirium 2
- cancer 2 (gastric, lung)
- infective exacerbation of COPD 1
- infected leg ulcer 1
- gastroenteritis 1
(with dehydration and syncope)
- stroke 1
- ruptured Achilles tendon 1
- rheumatoid arthritis 1
- progression of vascular dementia 1
(with immobility and poor oral intake)
- acute urinary retention 1 (with a fall)
- anxiety, old stroke 1.

People with dementia in hospital are dependent

Prevalence amongst patients over 70 with cognitive impairment admitted to a general hospital (n=195)

- | | | | |
|------------------|-----|------------------------|-----|
| • delusions | 14% | • MMSE <9/30 | 25% |
| • hallucinations | 11% | • Barthel <5/20 | 31% |
| • agitated | 18% | • help to transfer | 65% |
| • depressed | 34% | (hoist 13%) | |
| • anxious | 35% | • help feeding | 58% |
| • apathetic | 38% | (unable 15%) | |
| • disinhibited | 10% | • incontinent of urine | 67% |
| • sleep problems | 34% | | |

Jobs for geriatricians

- Medical diagnoses and management
- Mental health assessment
- Collateral histories, information giving
- Clinical therapeutics
- Prognostication
- Leading decision making

Dissatisfaction

- 77% of carers dissatisfied with quality of care
- Areas of dissatisfaction:
 - Recognising and understanding dementia
 - Inactivity
 - Social interaction
 - Involvement in decision-making
 - Dignity and respect

Counting the Cost: Alzheimer's Society, 2009

Staff struggle

Areas of concern for nursing staff:

- communicating
- managing difficult behaviour
- patient safety
- wandering
- time to spend with patients, one-to-one care

Making things better

- Whole hospital dementia strategy
- Older people's acute care MH liaison
- Joint medical and mental health wards

Nottingham University Hospitals



Number of Beds	1,665
Number of Wards	92
Inpatient admissions	182,000
Staff	10,000
RN&M	4,000
HCA's	1,000

New model of care

- Environment
- Specialist mental health staff
- Training in person centred dementia care
- Purposeful activity
- New approach to family carers

Spot the difference: standard ward



Yellow bay



Red bay

Spot the difference: MMHU



Yellow bay



Red bay

Environment




Additional specialist staff

- 3 Mental Health nurses (RMN)
- 1 MH Occupational Therapist
- 4 HCA / activity co-ordinators
- 0.5 MH Physiotherapist
- 0.2 Speech and Language Therapist
- 0.2 Geriatrician
- 0.1 Psychiatrist

Person-centred care

- Value people with dementia and protect their rights
- Recognise and respect what makes each person unique
- Understand the perspective of the person with dementia
- Use relationships to reduce distress and enhance well-being

Personal Profile

Name: DOB: Hospital/NHS no.:	Nottingham University Hospitals  <small>NHS Trust</small> <h2>About Me</h2>
<p>There may be important things you can tell ward staff about your relative/friend. Filling in this form will help us understand them as a person, communicate with them better, and help them to feel secure while staying on our ward. Feel free to give as much information as you are able, but the more information we have, the better. It will be kept at the end of their bed.</p>	
I like to be called:	
Significant people in my life:	
Family: Spouse: Carer:	Friends: Pets:
Life history: My childhood: My work: Holidays: Significant places: Personal interests:	
Things I like/dislike: (e.g. food and drink, music, hobbies, activities)	
<small>About Me. Draft 8. CR 2011.</small>	

Name: DOB: Hospital/NHS no.:
Important aspects of my daily routine: Day time: Night time:
How I respond to stress: (e.g. become quiet, pace around, shout out) How I respond to pain: What helps me to relax: (e.g. spend time alone, go for a walk, talk to someone)
<h3>About my relative/friend(s)</h3> <p>This form has been completed by:</p> <p>Relationship:</p> <p>During my stay in hospital my relative/friend(s) would like to be involved in my care by: (e.g. assisting with meal times, out-of-hours visiting if required)</p> <p>You can ring my relative/friend(s) when: (e.g. at night, to advise about care)</p> <p><small>About Me. Draft 8. CR 2011.</small></p>

Activities



Clothes

As our patients recover, it helps if they get up and dressed.



Please ensure that your relative has something to wear, preferably labelled.


Ask the nurse about arrangements for returning clothes for washing.


Thanks, B47

Families

- Recognizing family carer needs
- Gaining and giving information
- Decision making
- Liberal visiting times

Engaging with carers

Name: DOB: Hospital/NHS no.:	Nottingham University Hospitals  <small>NHS Trust</small> Caring Together
<p>This form is for you, the relative/friend of a patient on our ward. We recognise that we need to work together with the people who know our patients best, to provide the best possible care for them. We also know that hospital admission can be a very stressful and difficult time for those who are carers. Filling in this form will help us understand how best to partner with you to provide the best care possible. Feel free to give as much information as you are able. It will be kept at the end of your relative/friend's bed.</p>	
Who is the person who knows your relative/friend the best? Is this you?	
How are you usually involved in caring for your relative/friend? Are there any legal issues we should know about? (e.g. enduring power of attorney)	
How would you like to be involved in your relative/friend's care whilst they are in hospital? (e.g. assisting with meals, helping them to wash and dress, night times)	
Would you be happy for hospital staff to call you to provide support if necessary? (e.g. if your relative/friend became distressed, they asked for you) During the day: During the night:	
Please turn over	
Caring Together. B47 Draft 2011.	

Name: DOB: Hospital/NHS no.:	Nottingham University Hospitals  <small>NHS Trust</small>
What is the best way to consult you about decisions regarding your relative/friend's care?	
We have memory boxes above patient beds, so that bed areas look familiar to our patients, and to prompt conversation. Would you be able to bring in some personal items (e.g. photographs or mementos) for your relative/friend's memory box? Would you be happy to bring in some day clothes for your relative/friend (labelled with their name)?	
Would you be interested in accessing carers support whilst your relative/friend is in hospital? (e.g. Alzheimer's Society support)	
Is there anything else you would like us to know?	
<p>Please do complete the 'About Me' form, which provides us with more information about your relative/friend. For free, confidential advice on the support available to you as a carer, including information about Carer's Assessment, contact Carers Direct on 0808 802 0202 or online at www.nhs.uk/carers</p>	
This form has been completed by: Relationship to patient:	
Caring Together. B47 Draft 2011.	

Challenges

- PCC in an acute care environment
- Essential medical interventions
- Falls
- Nights
- Disruptive vocalisation
- You can overwhelm a ward
- Seamless services and 'external waits'

Can we fix it? Yes we can

I am a registered nurse with over 20 years experience of working for the NHS, but not until I saw the tenderness and respect given to John did I realise what a fantastic service it provides ... they are a special bunch of people on the ward



Patient and family feedback, NUH, 2010

Care Quality Commission

NHS failing in basic care of some elderly patients, warns watchdog

Care Quality Commission says some NHS trusts do not provide dignity and nutrition for some senior citizen patients

Denis Campbell, health correspondent
The Guardian, Thursday 26 May 2011
[Article history](#)



The Royal Free Hampstead NHS trust is failing to meet the standards set by the Care Quality Commission. Photograph: Bruce...

The NHS regulator today criticises the service for failing to provide elderly patients with what the health secretary has called "appalling levels of care" in hospital.



Dignity and nutrition inspection programme

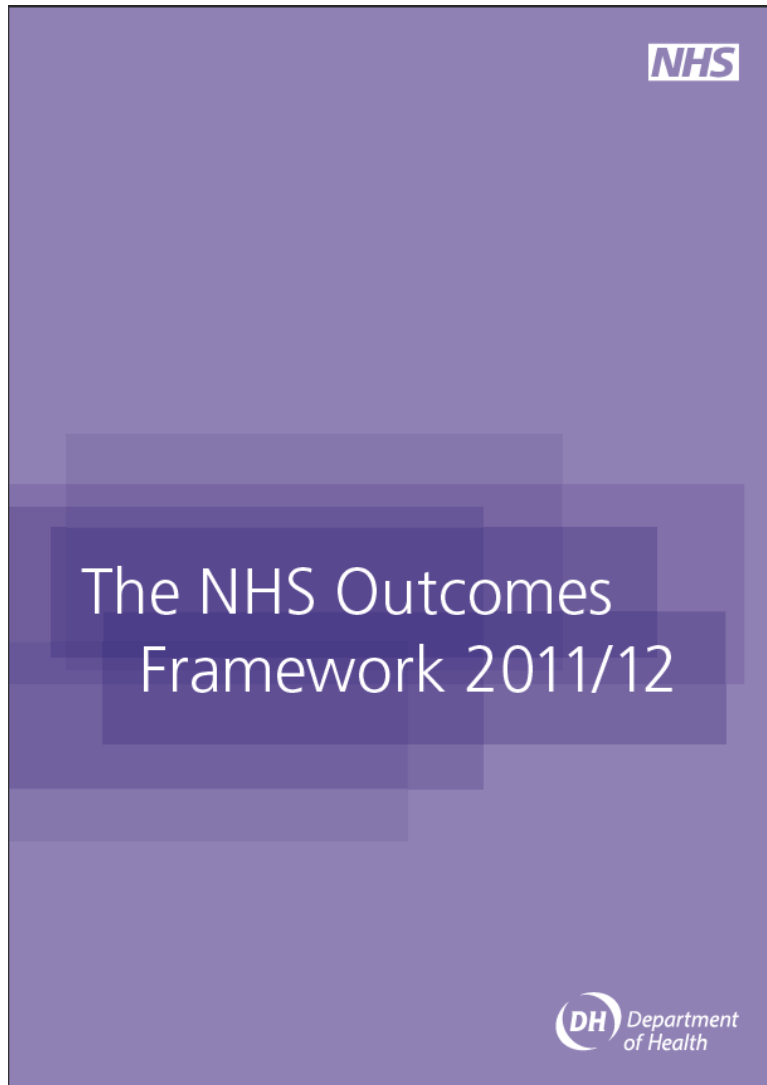
National overview

- Leadership
- Attitudes and skills
- Resources



October 2011

What is an appropriate outcome?



Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm