

Acute hospital management of confused older people

Prof Rowan H. Harwood

Nottingham University Hospitals NHS Trust

& University of Nottingham

rowan.harwood@nuh.nhs.uk

This presentation is on independent research commissioned by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research funding scheme (RP-PG-0407-10147). The views expressed in this presentation are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

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’

There is a lot of it about

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

Problems for people with dementia

- noisy busy environments
- fast pace of work
- intensive questioning
- multiple new faces
- moving through different departments and wards
- inability to express wishes
- taking account of other patients' needs



NIHR MCOP programme

Medical Crises in Older People: 3 linked studies over 5 years.

- Observational phase
 - Follow up study
 - Patient/carer interviews
 - Workforce study
- Service development
- Service evaluation and economic study

People with dementia in hospital are dependent

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

- delusions 14%
- hallucinations 11%
- agitated 18%
- depressed 34%
- anxious 35%
- apathetic 38%
- disinhibited 10%
- sleep problems 34%
- help to transfer 65% (hoist 13%)
- help feeding 58% (unable 15%)
- incontinent of urine 67%

Poor outcomes six months later

- 31% dead
- 27% did not return home
- 18% 30-day readmission, 42% 6-months readmission
- 24% recovered to pre-acute illness level of function
- 16% spent >170/180 days at home

New model of care

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

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

Randomised controlled trial

Constraints

- Minimise ward moves for confused patients
- Intense bed pressures
- No waiting on AMU (for assessment/recruitment/consent/bed)
- No empty beds on MMHU, with suitable patients

Other issues

- Need to persuade AMU to do something of no benefit to them
- Majority lack capacity to consent: effort and delay
- 10% lack a personal consultee

Evaluation

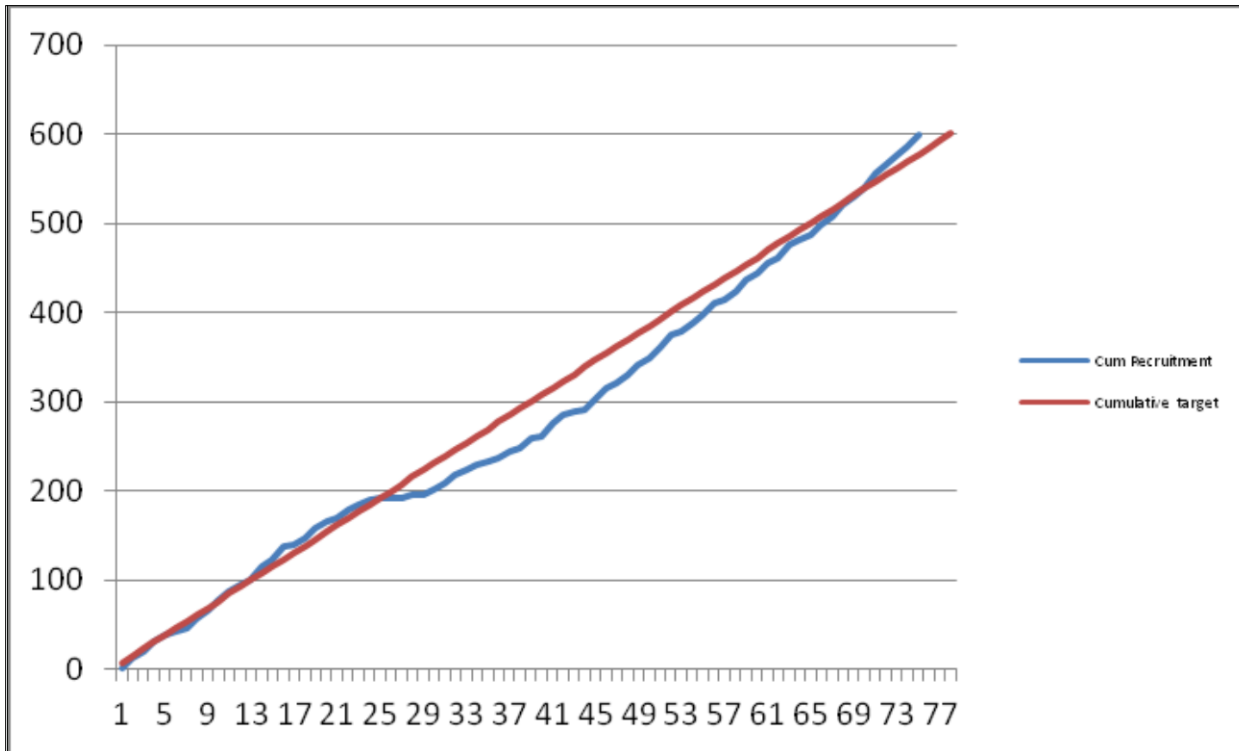
Randomisation *by clinical service*

- 'Confused, over 65'
- Transferred to MMHU or standard ward
- Patient and carer recruited to follow up study
- Baseline data
- Outcomes at 90 days

Outcomes at 90 days

- number of days spent at home or original care home:
 - length of stay, readmissions, deaths, new care home placements
- health status scales:
 - Quality of life, behaviour, disability
 - Carer satisfaction
 - Carer strain and psychological wellbeing
- resource use and costs
- non-participant observer study
- recorded assessments and interventions
- interview study of carers

Recruitment



— Target recruitment

— Actual recruitment

Recruitment

| | <i>Cumulative totals</i> |
|---|--------------------------|
| Allocated | 874 |
| Recruited | 600 (69%) |
| Carers recruited | 485 (81%) |
| Reason for non-recruitment | |
| Patient Refused | 62 |
| Consultee Refused | 116 |
| Died | 12 |
| Discharged prior to researcher approach | 31 |
| No English | 0 |
| Discharged before interview arranged | 26 |
| Too ill | 11 |
| Other | 16 |
| Carer Satisfaction Questionnaires | 455 (94%) |
| Patient Outcomes complete | 511 (85%) |
| Carer Outcomes completed | 289 (64%) |
| Deceased | 144 (24%) |

Issues

- Competing priorities in acute care settings; speed
- Commercial vs academic research: governance needs
- Drug vs non-drug research: burden and risk
- Service evaluation vs research: 'Data-lite study'
- Randomisation prior to recruitment
- Meaning of capacity, apparent distress, info sheets
- Consultees – access, absence, professional
- Service responsibilities: research support funding