Compassionate, Collaborative, Caring

Sarah Goldberg & Pippa Foster

This presentation presents independent research commissioned by the National Institute of Health Research (NIHR) under it's Programme Grants for Applied Research funding scheme (Grant Reference Number RP-PG-0407-10147) and under it's Research for Patient Benefit (RfPB) programme (Grant Reference Number PB-PG-0110-21229). 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

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Introductions

- Sarah Goldberg
  - Accountant
  - Nurse
  - Trial Manager
  - …… PhD

- Pippa Foster
  - Managed Services in Voluntary Sector … learning disability/mental health
  - MSc Health Psychology
  - Researcher
  - …… MPhil

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Workshop

- Results from Medical and Mental Health Unit Trial (MMHU)
- Description and headline results from qualitative interview study
- Implications of Results
- Group Activity – vision setting
- Priorities for Compassionate, Collaborative, Caring
- Contact Details…….please complete if you would like to receive the write up from this workshop

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77%

Carers dissatisfied with the overall quality of general hospital dementia care

(Alzheimer's Society 2009)

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Medical and Mental Health Unit

- Nottingham University Hospital
- Funded by PCT – £280k per year/ 3 years.
- Developed over 18 months
  - Literature review
  - Expert Opinion
  - Cohort Study
  - Listening event
- Evaluated by a NIHR programme grant

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Enhanced Staffing

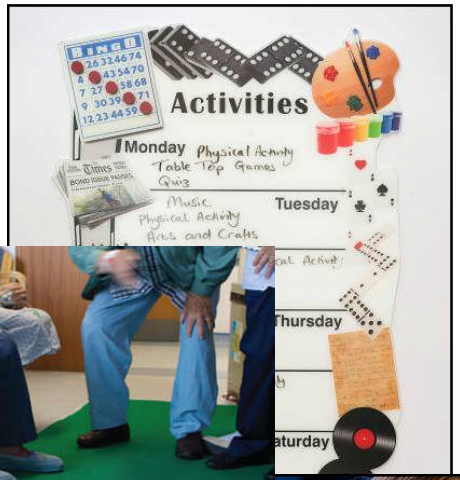
- 3 Mental Health Nurses
- 3 Activity co-ordinators
- 1 Mental Health Occupational Therapist
- 0.5 Physiotherapist
- 0.2 Speech and Language Therapist
- 0.1 Consultant Psychiatrist

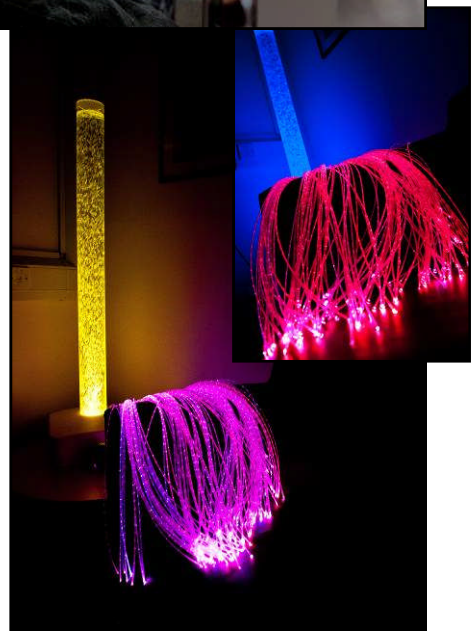
Person-centred care

- 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

DH Commissioning Framework for Dementia 2011

Activities

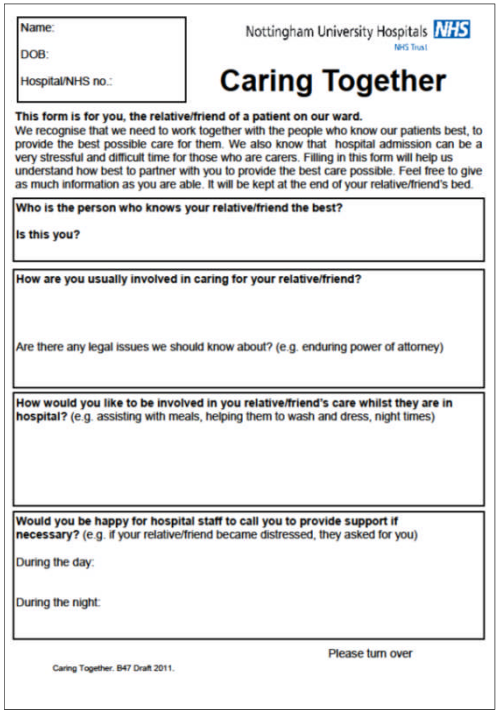

Activities
Monday
Physical Activity
Table Top Games
Quiz
Tuesday
Music
Physical Activity
Arts and Crafts
Thursday



Environment

Family Carers

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



Name:
DOB:
Hospital/NHS no.:

Nottingham University Hospitals NHS
NHS Trust

Caring Together

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.

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 you relative/friend's care whilst they are in hospital? (e.g. assisting with meals, helping them to wash and dress, night times)

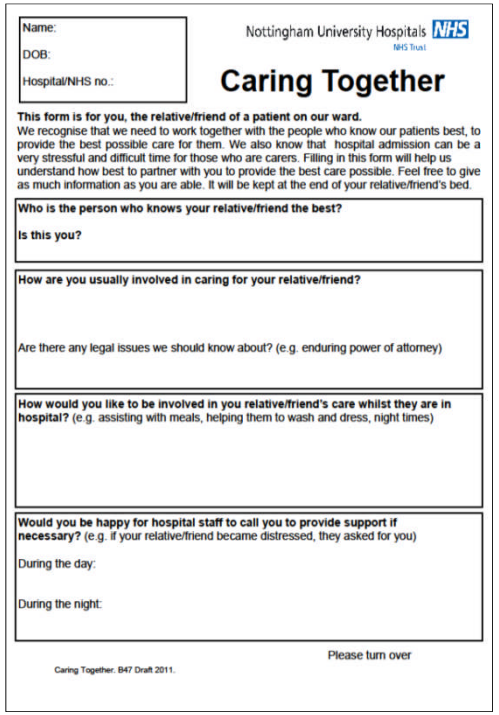
Would you be happy for hospital staff to call you to provide support if necessary? (e.g. if your relative/friend became distressed, they asked for you)

During the day:

During the night:

Please turn over

Caring Together. B47 Draft 2011.



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Caring Together. B47 Draft 2011.

Evaluation

- NIHR Programme Grant – Medical Crises in Older People
- Randomised controlled trial – 90 day outcomes
  - Days at home
  - Range of health status measures
  - Carer strain
  - Carer satisfaction with care
- Observations of care – Dementia Care Mapping
- Patient, staff and carer interviews

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Baseline

	MMHU (n=310)	Standard Care (n=290)
Median age	84y	84y
Care home resident	28%	21%
Median MMSE	14/30	13/30
Delirium*	53%	62%
Median Barthel ADL	9/20	8/20
Presented with fall	42%	44%
Any hallucinations	37%	40%
Any agitation	69%	64%
Poor sleep	50%	57%
Problems eating	57%	54%

***p<0.05**

Non-participant observation study

	MMHU Median (IQR)	Standard Care Median (IQR)
Positive Mood/Engagement*	79%	68%
Active State	82%	74%
Number Enhancers**	4 (1-8)	1 (0-3)
Number Detractors	4 (2-7)	5.5 (3-10.5)

***p<0.05, **p<0.001**

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NIHR TEAM Trial: carer very satisfied

	MMHU (n=234)	Standard care (N=228)
Overall*	48%	38%
Admission arrangements	34%	33%
Car parking	6%	6%
Feeding and nutrition*	35%	28%
Medical management	37%	33%
Kept informed	33%	29%
Dignity and respect*	58%	52%
Needs of confused patient**	42%	28%
Discharge arrangements*	37%	30%
Prepared for discharge*	79%	70%
Discharge about right time	73%	67%

***p<0.05, **p<0.001**

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NIHR TEAM Trial: carer very dissatisfied

	MMHU (n=234)	Standard care (N=228)
Overall*	5%	10%
Admission arrangements	6%	7%
Car parking	20%	26%
Feeding and nutrition*	6%	12%
Medical management	8%	13%
Kept informed	11%	17%
Dignity and respect*	3%	8%
Needs of confused patient**	5%	13%
Discharge arrangements*	12%	19%
Not prepared for discharge*	21%	30%
Discharge too soon	17%	22%

***p<0.05, **p<0.001**

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NIHR TEAM Trial: outcomes at 90 days

	MMHU (n=309)	Standard care (N=290)	P (adjusted)
Median days at home	51d	45d	0.3
Not returned home	26%	30%	0.5
Died	22%	25%	0.9
Median initial LOS	11d	11d	0.2
Readmission	32%	35%	0.8
Total LOS in 90d	16d	16d	0.8
Move to care home	20%	28%	0.3

NIHR TEAM Trial: health status at 90d

	MMHU (n=241)	Standard care (N=219)	P (adjusted)
Median MMSE/30	16	16	0.6
Median total NPI/44	19	17	0.5
Median Barthel/20	12	13	0.8
Median London Handicap/100	33	42	0.9
Median DEMQOL	84	84	0.7
Median proxy DEMQOL	93	93	0.8

NPI: Neuropsychiatric Inventory, behavioural and psychological symptoms

MMSE: mini-mental state examination

DEMQOL: Dementia Quality of Life scale

NIHR TEAM Trial: summary

- Care was different on MMHU
- Patient experience better (mood, activity, staff interactions)
- Carer satisfaction better
- Health status unchanged
- Length of stay, readmissions, care home placement unchanged

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Interview Study

- Staff (MMHU) – Karen Spencer
- Carers (MMHU & Standard Care) – Karen Spencer
- Patients (MMHU & Standard Care) – Pippa Foster & Karen Spencer

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Explored staff confidence, morale and attitudes on MMHU n =22

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Staff quotes

Confidence in Competence

- ‘Well, it’s [training] helped, it’s given us strategies to use and given us a bit more insight into what the patient is going through’. Male, Staff Nurse

Multi-disciplinary

- ‘I think, having the mental health nurses and occupational therapists has really helped us understand the patients better’. Female, Occupational Therapist

Increased knowledge dementia awareness

- ‘I think they [training days] had a big benefit, but not just in terms of education, but in terms of team building and bonding and staff feeling that they were being invested in and valued’. Female, Deputy Sister

Staff quotes

Move towards a patient-centred model of care

- ‘One of the most powerful things for me has been watching other people modelling person centred care, like, the sisters or the mental health nurses, sort of demonstrating how to do it, I think that’s one of the best ways to learn’. Female, Staff Nurse

Improved coping strategies/communication

- ‘I was really frustrated with one particular patient I’d dealt with all day, but I knew I still had sort of half an hour to go. So I said to one of my colleagues, if he needs anything, would you mind stepping in’. Female, Staff Nurse

Positive change in attitudes towards patients

- ‘I’m more flexible with them [patients] now, and I try and talk the way they talk and do things differently than before like holding their hand’. Female, Auxiliary Assistant

Staff identified…

- Staff felt that working in a specialist unit allowed them to provide better care to cognitively impaired patients than they had previously done, partly due to increased training and dementia awareness.

- Most participants acknowledged that their 'confidence in competence' in dealing with this patient group had increased.

- The study also identified the **need for improvements** to the quality of staff-carer communication, increased staffing levels and resources, better management of falls risk, and overcoming organisational barriers to change in practice.

Family carers experiences of MMHU compared with standard care n = 40

- How family carers felt about their communication/collaboration with health professions
  - **Relieved/Appreciative when involved**
  - **Disappointed/Disillusioned when neglected**

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Positive Collaboration

- ‘Every day I visited I requested, somebody to come down and see me and every day they came to see me, and we spoke about his care, what he had done, what the next thing was, so, you know, every time I was able to get the information I needed’. Wife, of patient (MMHU)

- Obviously, they [nurses] explained things, when the nurses came up they used to give him different things, medication, whatever, they always explained what they were doing. Wife of Patient (Standard Care).

Lack of Collaboration

- So no doctor's ever spoken to me at all, and that's another thing that I feel a little bit uncomfortable about because I want to talk to somebody who knows what they're talking about. Son of patient (MMHU).

- I felt … I didn't feel that the doctors were as good as they might have been in the communication, I felt it was not brusque but verging on brusque and, and, their body language was saying they'd barely got time to speak to you. Daughter, of patient. (Standard Care)

Future Direction

- Analysis of Carer and Staff interviews – themes and conclusions
- Development of interventions to reinforce positive family carer/staff collaboration that involves active relationship buildings
- Move from Patient Centred Care towards Patient and Family Carer Centred Care / Relationship Centred Care

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Interviewing Elderly Patients with Cognitive Impairments

- Elderly patients with cognitive impairments risk being excluded or discriminated against if they are not asked their opinions about hospital quality and care.

- Sometimes people assume such people cannot be reliably interviewed.

However

- This may be due to failure to use interview techniques to aid communication

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Talking Mats™

- Talking Mats™ provide a visual framework for people with communication difficulties, helping them understand and respond, encouraging involvement in conversations.

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Method

- 26 confused patients (at hospital admission)
- MMSE assessments conducted on all (cognitive impairment)
- Patients judged by dementia-researcher cognitively able to answer reliably in traditional interview, did so
- Patients unable to participate in semi-structured interview attempted using Talking Mats™

Results

- N=8/26 (31%) interviewed reliably conventionally (mean MMSE 19, range 14-24)
- N=7/26 (27%) not interviewed reliably conventionally, but reliably using Talking Mat (mean MMSE 9, range 1-18)
- N=11/26 (42%) not interviewed reliably either conventionally or using Talking Mat (mean MMSE 12, range 0-24)
- Proportion of cognitively impaired patients able to communicate increased from **31%** to **58%**

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Case Study

- 91 Year Old Gentleman
- Vascular dementia
- Type 2 Diabetes
- Hearing Impairment
- MMSE score = 1/30
- Severe Cognitive Impairment
- Voice dysphonic….very horse
- 'Difficult to communicate with'
- Talking Mat = 30 mins

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Vision Setting

“Some things have to be believed to be seen”

Ralph Hodgson (English Poet 1871-1962)

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Priorities…

Group One

1.
2.
3.

Group Two

1.
2.
3.

Group Three

1.
2.
3.

Group Four

1.
2.
3.

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Contact Details

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- Discussion Series web link

http://www.nottingham.ac.uk/mcop/index.aspx

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