# Do shared care wards work?

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# A Radical Suggestion

David Nicholson, chief executive of the NHS Commissioning Board, asserts that ‘Hospitals are very bad places for old, frail people’ and suggests alternatives must be found.

Here is a radical suggestion – make hospitals good places for older people….

Marion ET McMurdo

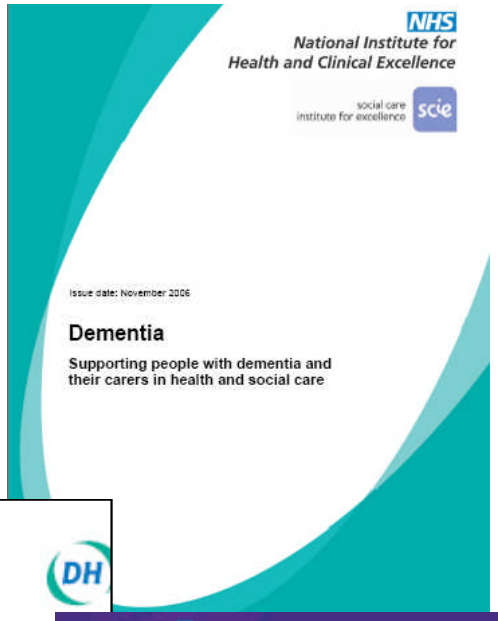
BMJ, 16th Feb 2013

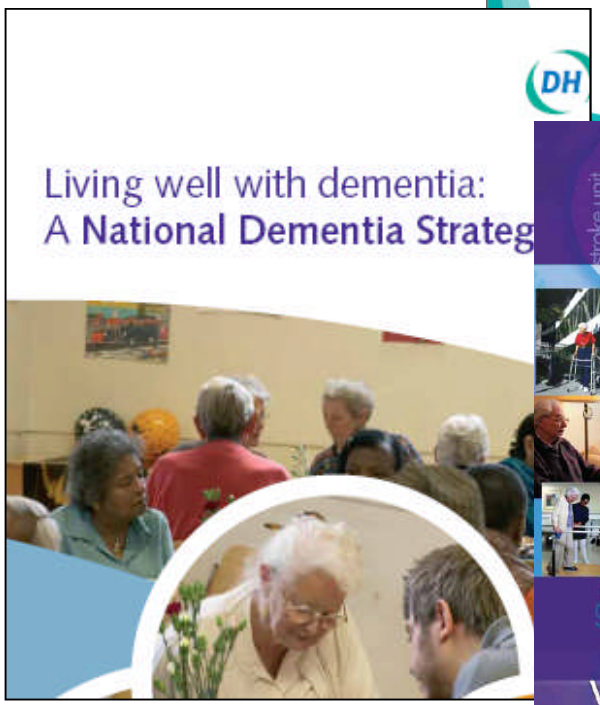
# Comprehensive Geriatric Assessment

- Diagnosis
- Function
- Mental Health
- Social
- Environmental

# Reports and policies

- Between two stools 2002
- Who cares wins 2005
- Everybody's business 2006
- NICE guidelines 2007, 2010
- National Dementia Strategy 2009
- Acute Awareness 2010
- Call to action 2012




# Medical admissions over 70

- 9% delirium alone
- 19% delirium complicating dementia
- 23% dementia alone

- Total delirium 28%
- Total dementia 41%
- Previously diagnosed dementia 28%

Whittamore et al, 2013

# 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 34 (64%)
- Immobility 38 (73%)
- Pain 28 (54%)
- New incontinence 24 (46%)
- Breathlessness 12 (23%)
- Dehydration 11 (21%)

Harwood et al, unpublished

# People with dementia in hospital are dependent

At least moderate severity 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%

Goldberg et al, 2012

# Joint medical-psychiatric wards

- 2 justification and practicality
- 5 descriptive
- 6 evaluations, one pseudo-randomised trial

‘Delirium and dementia, especially with behavioural problems and co-existent medical illnesses’

George J et al, Review,
Age and Ageing 2011

# Joint medical-psychiatric wards

- Dutch study
  - 140 on special unit, vs 97 on general medical ward
  - LOS 20 vs 25 days
  - Readmission 14% vs 30%
  - NH placement 18% vs 27%

- American ‘delirium room’ study
  - 148 patients on ACE unit, 44 with delirium
  - LOS 6 vs 6 days
  - ADL scores improved more in those with delirium

Slaets Psychosomatic Med 1997
Flaherty J Gerontol 2010

# NIHR MCOP programme

Medical Crises in Older People

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

# How to build a Medical and Mental Health Unit

- Support from two Trusts, University and PCTs
- Multidisciplinary development group
- Literature review
- Visits to other units
- Discussion with experts
- Cohort and qualitative studies
- 18 months of learning from experience

# 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: Yellow bay

Standard care

MMHU

# 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

# 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

# NIHR TEAM Trial: 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, strain, psychological wellbeing
- resource use and costs
- non-participant observer study
- interview study of carers

# Baseline characteristics

| | 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**

Goldberg et al, submitted

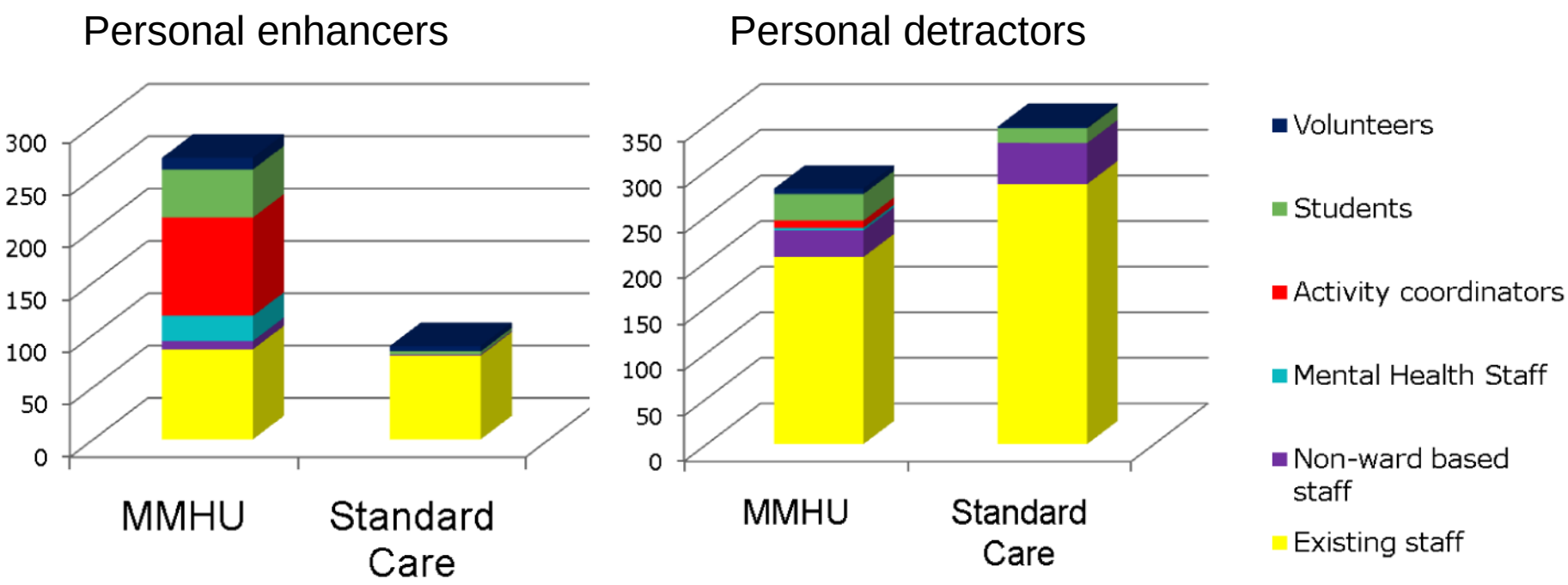
# Process differences, from casenotes

| | MMHU (n=110) | Standard care (N=95) |
|---|---|---|
| Cognitive assessment (MMSE)** | 52% | 26% |
| Delirium recorded | 37% | 28% |
| Collateral cognitive history** | 64% | 33% |
| Collateral function** | 81% | 42% |
| OT** | 83% | 37% |
| SLT** | 18% | 2% |
| Clear medical diagnosis* | 92% | 77% |
| Progress discussed with family* | 86% | 75% |
| Antipsychotic drugs | 14% | 20% |
| CMHT referral* | 20% | 9% |

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

Kearney, unpublished

# Non-participant observation study




Goldberg et al, unpublished

# NIHR TEAM Trial: carer very or mostly satisfied

| | MMHU (n=234) | Standard care (N=228) |
|---|---|---|
| Overall* | 91% | 83% |
| Admission arrangements | 79% | 77% |
| Car parking | 27% | 28% |
| Feeding and nutrition* | 86% | 77% |
| Medical management | 79% | 71% |
| Kept informed | 77% | 64% |
| Dignity and respect* | 94% | 87% |
| Needs of confused patient** | 84% | 71% |
| Discharge arrangements* | 78% | 62% |
| Prepared for discharge* | 79% | 70% |
| Discharge about right time | 73% | 67% |

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

Bradshaw, unpublished

# 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**

Goldberg, unpublished

# 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 |

Bradshaw, unpublished

# 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

Bradshaw, unpublished

# 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

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# Inside the hospital that's leading a kindness revolution: Concluding our series on the crisis of compassion in nursing

By ROS COWARD

**PUBLISHED:** 01:54, 12 February 2013 | **UPDATED:** 01:54, 12 February 2013

Comments (7) | Share

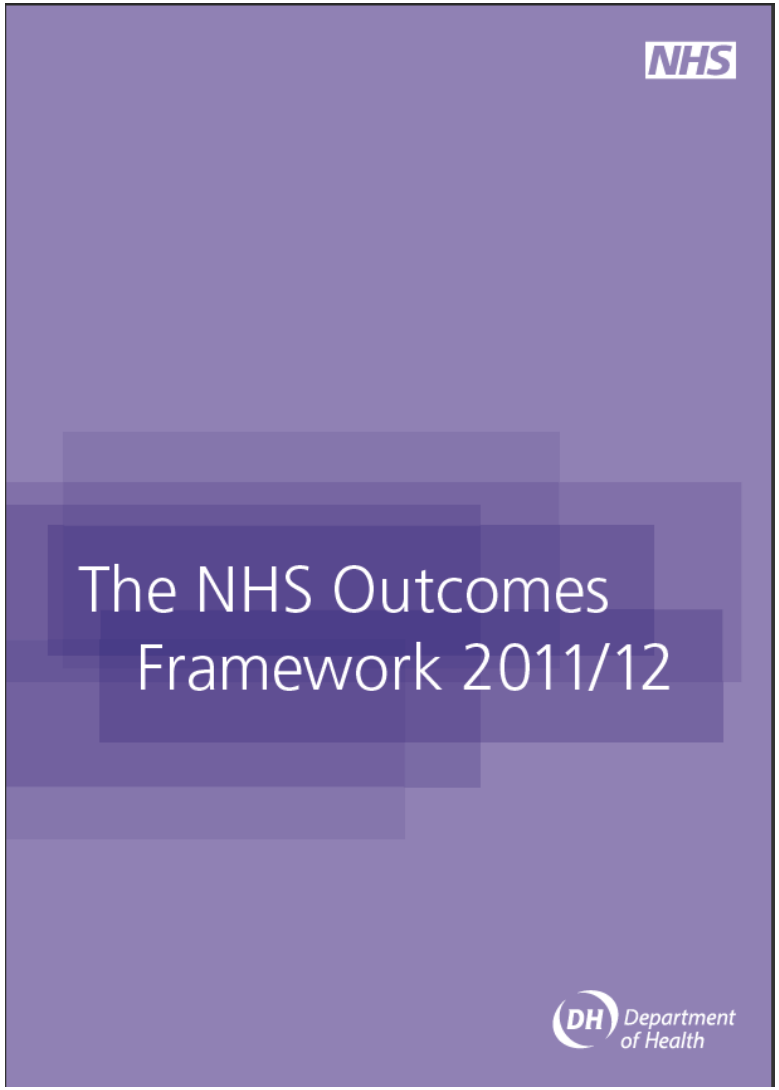
You might expect Ward B47 to be a depressing place.

The majority of patients are aged over 80 and the expectation is that 30 per cent will have passed away after three months.

All have mental health issues such as dementia, Alzheimer's or confusion.

Daily Mail 12th Feb 2013

# How would you evaluate a palliative care unit?




Domain 1: Prevent premature death

Domain 2: Quality of life in long-term conditions

Domain 3: Recovery from illness or injury

Domain 4: A positive experience of care

Domain 5: Treatment and care in a safe environment and protection from harm

# Summary

- Care on a specialist unit is different
- Specialist units are supported by other wards
- And can support liaison services
- A specialist unit can improve patient experience and carer satisfaction
- But probably not hard health status outcomes or resource use
- May represent an efficient way of managing the hardest cases

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