Care of older people with mental health problems in hospitals

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3 studies

- NIHR PGfAR Medical Crises in Older People cohort study of older people with mental health conditions in an acute hospital
- SDO Better Mental Health: staff interviews, patients & carer ward observations and home interviews
- NIHR PGfAR Medical Crises in Older People RCT comparing experience and outcomes between usual wards and special unit for confused patients
NIHR PGfAR MCOP cohort study

- 250 people screened positive for a mental health problem, baseline and 6 month outcomes
- Estimate: ½ of all patients >70 in hospital cognitively impaired
- Associated with severe dependency for continence, feeding & transferring
- Only 1/3 made it to 6 months, alive, same address, without readmission
  - 31% dead
  - 42% re-admitted
  - 24% went into care home
Summary

- Common, widespread: core business
- High needs – medical and psychiatric
- Poor outcomes, transitions, palliation
- High resource use
60 interviews medical and surgical ward staff

Staff were unprepared and unsupported for the challenging job of looking after confused patients:
- all levels
- all staff groups
- training (under and post graduate, on job)
- emotional support from employer
- resources
- target culture
80 hours of observation, 34 interviews

Core problem: admission to hospital is a disruption of routine for patient / carer / staff

Core process: gaining or giving control to overcome disruption for patient / carer / staff

Outcomes

- Patient: fear, boredom, disorientation, exhaustion, stress, cycle of decline ... comfort, personhood , getting better
- Carer: embarrassment, indignity, frustration, anger, guilt, complaints ... reassurance, satisfaction, feeling supported
Summary so far

- Common, widespread: core business
- High needs – medical and psychiatric
- Poor outcomes, transitions, palliation
- High resource use
- Staff unprepared and unsupported
- Changing the core processes might improve patient and carer short, medium and long term outcomes
NIHR PGfAR MCOP RCT of usual wards and special “confusion” unit

- Recruited and in follow-up
- 300 usual care, 300 intervention
- Health, cost and economic outcomes at 3 months
- Quality of care: observations
- Experiences: interviews
- Results later in 2012 ...
Development of a 28 bedded geriatric ward
Aim: demonstration unit, be different, make a difference
1st June 2009 open for business
In-patients: confused, not intoxicated, not for MHA detention, no over-riding other need
Staff

- Staff changes and skill mix:
  - specialist mental health nurse (band 7)
  - 4 HCAs, 2 for extra night time cover
  - 2 mental health nurses (band 2)
- Additional PT, OT, SALT and Dr time
- [usual staff: 1 manager, 3 deputies, 15.5 staff nurses, 5.5 HCE, 3 RSW]
- Extra costs of £280,000 per annum
Training

- Person centred care ethos
- Behaviour management
- Time out / work books / ward based
- All staff
Emphasis on purposeful activity

- OT assessment
- HCA activity co-ordinator
- Care “tasks” become “activities”
Environment change

- Move ward more space:
  - wandering
  - activity / meals area
- Relatives / interview room
- Differentiate ward bays (redecorate)
- Signage / contrast / visibility
- Noise strategy
Family involvement

- “About me”
- Leaflets about the ward
- General policy of inclusion rather than exclusion
Impression

- Care has changed
- Early signs (compliments, award, emerging findings) for the better
- A serious attempt costs money
- Yet to see if value for money
- Centre of excellence: leadership, innovation & training
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SDO study
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NIHR PGfAR cohort study
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See www.nottingham.ac.uk/mcop
