



## Acute hospital care for older people with dementia

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## Current orthodoxy?

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



## Dissatisfaction

- 77% of carers dissatisfied with quality of care
- Areas of dissatisfaction:
  - Recognising or 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

Counting the Cost: Alzheimer's Society, 2009



## Dementia-unfriendly hospitals

- Noisy, busy, environments
- Fast pace of work
- Intensive questioning
- Multiple new faces
- Moving through different departments and wards
- Close proximity of other patients

RCN Guidelines 2010



## Safety and risk

- Distress
- Disturbed behaviour
- Anti-psychotic drugs
- Falls
- Loss of abilities
- Complications
- Nutrition
- Prolonged length of stay
- Re-admissions
- Care home placements
- Complaints



## How to build a medical and mental health unit

- NIHR programme grant for applied research
- Support
  - Acute Trust
  - Mental Health Trust
  - PCTs



## How to build a medical and mental health unit

- Acute geriatric medical ward
- Multidisciplinary development group
- Literature review / visits / experts
- Cohort and qualitative studies
- 18 months of learning from experience



## New model of care

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

[www.nottingham.ac.uk/mcop](http://www.nottingham.ac.uk/mcop) Discussion Paper 5



## Specialist staff

Standard 28-bed ward complement PLUS

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



## Person centred dementia care

- Emotional and psychological as well as physical care
- Understanding
- Communication
- Non-confrontation
- Personal profiles



## Activities

- Occupational profiling
- Every task is an activity
- Arranged activities for those who are able
- Times of day



## Families

- Gaining information
- Giving information
- 'Caring together'
- Visiting times
- Decision making



## Challenges

- Falls
- Nights
- Seamless services
- 'External waits'



## Quality

- Better experience
- Less disturbed behaviour
- Families happier
- Impact on hard outcomes awaited



## 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



## The bad news

- Demographics
- The Law
- This model may cost more
- System-wide problem: culture and value changes



## The good news

- Better care is possible
- General healthcare staff can learn about communication, psychological and emotional care
- Distress behaviour prevented or contained
- Rigorous research enables logical decision making