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

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

www.nottingham.ac.uk/mcop Discussion Paper 5
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