Dementia care in acute hospitals

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NHS failing in basic care of some elderly patients, warns watchdog

Care Quality Commission says some NHS trusts do not provide dignity and nutrition for some senior citizen patients

Denis Campbell, health correspondent
The Guardian, Thursday 26 May 2011
Article history

Half of NHS hospitals failing to care for elderly

Care Quality Commission finds "truly appalling and shocking" levels of dignity and provision of nutrition during spot visits

Reality check why are some hospitals failing older people?

Denis Campbell and James Melide
guardian.co.uk, Thursday 13 October 2011 11:39 BST
Article history
Current orthodoxy?

Right place, wrong person

Tadd W et al, 2011
Problems for people with dementia

- noisy busy environments
- fast pace of work
- intensive questioning
- multiple new faces
- moving through different departments and wards
- inability to express wishes
- taking account of other patients’ needs

RCN Guidelines 2010
NIHR MCOP programme

Medical Crises in Older People: 3 linked studies over 5 years.

• Observational phase
  • Follow up study
  • Patient/carer interviews
  • Workforce study

• Service development

• Service evaluation and economic study
• 82 years old
• Slumped in chair having lunch in day centre
• Brought to Emergency Department
• Agitated and combative; observations, exam resisted.
• Given Haloperidol 2.5mg i.m. x2
• Diagnosis: pneumonia
Mr A – medical admissions unit

- 10pm ‘Agitated and very confused’
  - Refused to go to CXR
  - Given haloperidol
- 8am ‘Agitated, tearful’
  - Hitting self over head, ‘wants to be shot’
- Called GP. Normally on trazodone 50mg bd.
- Called psycho-geriatrician; unable to get through
- Talked to wife
Mr A: day 3-10

- Positive blood culture
- Ongoing agitation, upset, aggression.
- More haloperidol
- Integrated discharge team referral
  - ‘not a rehab candidate due to dementia’
  - refer social services
Mr A – outcome

- Fell out of bed and fractured neck of humerus
- Discharged to a nursing home after 30 days
There is a lot of it about

- 60% geriatric medical patients
- 30% general medical admissions
- 40% hip fractures
- 25% of hospital beds
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Whittamore et al, unpublished
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 42 (81%)
- Immobility 38 (73%)
- Pain 28 (54%)
- Incontinence 24 (46%)
- Breathlessness 12 (23%)
- Dehydration 11 (21%)

Harwood et al, unpublished
Final diagnoses amongst patients over 70 with cognitive impairment admitted to a general hospital (n=53)

- fractured neck of femur 7 (1 peri-prosthetic)
- other fractures 6
- pneumonia 4
- multi-factorial fall 4
- multi-factorial functional problem 3
- AF with fast ventricular response 3
- dehydration/renal failure 3
- urinary tract infection 1 (+ 3 contributory)
- alcohol intoxication 2
- adverse drug reactions 2
- seizures 2 (alcohol excess, brain mets)
- unresponsive episode/syncope 2

- painful hip post fall 2
- unexplained delirium 2
- cancer 2 (gastric, lung)
- infective exacerbation of COPD 1
- infected leg ulcer 1
- gastroenteritis 1
- stroke 1
- ruptured Achilles tendon 1
- rheumatoid arthritis 1
- progression of vascular dementia 1
- acute urinary retention 1 (with a fall)
- anxiety, old stroke 1.

Harwood et al, unpublished
People with dementia in hospital are dependent

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
Poor outcomes six months later

- 31% dead
- 27% did not return home
- 18% 30-day readmission, 42% 6-months readmission
- 24% recovered to pre-acute illness level of function
- 16% spent >170/180 days at home

Bradshaw et al, 2012
New model of care

• Environment
• Specialist mental health staff
• Training in person centred dementia care
• Purposeful activity
• New approach to family carers

www.nottingham.ac.uk/mcop
Spot the difference: standard ward

Yellow bay

Red bay
Spot the difference: MMHU

Yellow bay

Red bay
Environment

TODAY IS THURSDAY
THE DATE IS 8 SEPTEMBER
THE YEAR IS 2011
THE SEASON IS AUTUMN
THE WEATHER IS CLOUDY
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
Personal Profile

Nottingham University Hospitals

About Me

There may be important things you can tell ward staff about your relative/friend. Filling in this form will help us understand them as a person, communicate with them better, and help them to feel secure while staying on our ward. Feel free to give as much information as you are able, but the more information we have, the better. It will be kept at the end of their bed.

I like to be called:

Significant people in my life:
Family:
Spouse:
Carer:
Friends:
Pets:

Life history:
My childhood:
My work:
Holidays:
Significant places:
Personal interests:

Things I like/dislike: (e.g. food and drink, music, hobbies, activities)

Important aspects of my daily routine:
Day time:
Night time:

How I respond to stress: (e.g. become quiet, pace around, shout out)

How I respond to pain:

What helps me to relax: (e.g. spend time alone, go for a walk, talk to someone)

About my relative/friend(s)

This form has been completed by:
Relationship:
During my stay in hospital my relative/friend(s) would like to be involved in my care by:
(e.g. assisting with meal times, out-of-hours visiting if required)

You can ring my relative/friend(s) when: (e.g. at night, to advise about care)

Activities
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
Families

- Recognizing family carer needs
- Gaining and giving information
- Decision making
- Liberal visiting times
Mr B – day 2 MMHU

- Delirium diagnosed
- Treated with antibiotics and low dose haloperidol (1mg/d) for 5 days
- Nursed out of bed
- Wife engaged
Mr B – day 2 wife

- Vascular dementia 2005
- Specialist psychiatric day centre, CPN there
- Aggression and mood swings at home. No clear pattern. Helped a little by trazodone.
- Worn out by night time disturbance
- Determined she cannot cope at home, but reluctant for care home
Mr B – next 2 weeks

- On edge, needs careful handling
- Some altercations with other patients
- Gets aggressive during care tasks
- Nights variable
- Defined behaviour plan. No more antipsychotic drugs
- Fine when occupied, or with wife
- Clear ‘warning signs’
Mr B – behaviour plan

• Understand his distress
  - Anxious, disorientated, wants wife
  - Threats and misinterpretations
  - Can’t process complex or overwhelming information
  - Fatigue, sleep disturbance

• Respond
  - Programme of appropriate activities
  - Talking, distracting, reassuring
  - Non-confrontation, backing off
  - Judicious use of one-to-one nursing and time out
  - Identifying triggers and early signs

• Hand over to intermediate care
Mr B – outcome

- Specialist mental health intermediate care
- ‘Staged discharge’ with dementia specialist home care
Mr B – outcome

- Died at home 2 weeks later
Randomised controlled trial

Constraints

• Minimise ward moves for confused patients
• Intense bed pressures
• No waiting on Acute Medical Unit (for assessment/recruitment/consent/bed)
• No empty beds on MMHU, with suitable patients

Other issues

• Need to persuade AMU to do something of no benefit to them
• Majority lack capacity to consent: effort and delay
• 10% lack a personal consultee
Evaluation

Randomisation by clinical service

• ‘Confused, over 65’
• Transferred to MMHU or standard ward
• Patient and carer recruited to follow up study
• Baseline data
• Outcomes at 90 days
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
  - Carer strain and psychological wellbeing
- resource use and costs
- non-participant observer study
- recorded assessments and interventions
- interview study of carers
Recruitment

Target recruitment

Actual recruitment
Consultant on call 24/7
# Recruitment

<table>
<thead>
<tr>
<th></th>
<th>Cumulative totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocated</td>
<td>874</td>
</tr>
<tr>
<td>Recruited</td>
<td>600 (69%)</td>
</tr>
<tr>
<td>Carers recruited</td>
<td>485 (81%)</td>
</tr>
<tr>
<td>Reason for non-recruitment</td>
<td></td>
</tr>
<tr>
<td>Patient Refused</td>
<td>62</td>
</tr>
<tr>
<td>Consultee Refused</td>
<td>116</td>
</tr>
<tr>
<td>Died</td>
<td>12</td>
</tr>
<tr>
<td>Discharged prior to researcher approach</td>
<td>31</td>
</tr>
<tr>
<td>No English</td>
<td>0</td>
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<tr>
<td>Discharged before interview arranged</td>
<td>26</td>
</tr>
<tr>
<td>Too ill</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
</tr>
<tr>
<td>Carer Satisfaction Questionnaires</td>
<td>455 (94%)</td>
</tr>
<tr>
<td>Patient Outcomes complete</td>
<td>511 (85%)</td>
</tr>
<tr>
<td>Carer Outcomes completed</td>
<td>289 (64%)</td>
</tr>
<tr>
<td>Deceased</td>
<td>144 (24%)</td>
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## Baseline characteristics

<table>
<thead>
<tr>
<th></th>
<th>MMHU (n=310)</th>
<th>Standard Care (n=290)</th>
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<tbody>
<tr>
<td>Median age</td>
<td>84y</td>
<td>84y</td>
</tr>
<tr>
<td>Care home resident</td>
<td>28%</td>
<td>21%</td>
</tr>
<tr>
<td>Median MMSE</td>
<td>14/30</td>
<td>13/30</td>
</tr>
<tr>
<td>Delirium*</td>
<td>53%</td>
<td>62%</td>
</tr>
<tr>
<td>Median Barthel ADL</td>
<td>9/20</td>
<td>8/20</td>
</tr>
<tr>
<td>Presented with fall</td>
<td>42%</td>
<td>44%</td>
</tr>
<tr>
<td>Any hallucinations</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Any agitation</td>
<td>69%</td>
<td>64%</td>
</tr>
<tr>
<td>Poor sleep</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>Problems eating</td>
<td>57%</td>
<td>54%</td>
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*p < 0.05

Bradshaw et al, unpublished
## Process differences, from casenotes

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<tr>
<th></th>
<th>MMHU (n=110)</th>
<th>Standard care (N=95)</th>
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<tbody>
<tr>
<td>Cognitive assessment (MMSE)**</td>
<td>52%</td>
<td>26%</td>
</tr>
<tr>
<td>Delirium recorded</td>
<td>37%</td>
<td>28%</td>
</tr>
<tr>
<td>Collateral cognitive history**</td>
<td>64%</td>
<td>33%</td>
</tr>
<tr>
<td>Collateral function**</td>
<td>81%</td>
<td>42%</td>
</tr>
<tr>
<td>OT**</td>
<td>83%</td>
<td>37%</td>
</tr>
<tr>
<td>SLT**</td>
<td>18%</td>
<td>2%</td>
</tr>
<tr>
<td>Clear medical diagnosis*</td>
<td>92%</td>
<td>77%</td>
</tr>
<tr>
<td>Progress discussed with family*</td>
<td>86%</td>
<td>75%</td>
</tr>
<tr>
<td>Antipsychotic drugs</td>
<td>14%</td>
<td>20%</td>
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<tr>
<td>CMHT referral*</td>
<td>20%</td>
<td>9%</td>
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*p<0.05, **p<0.001

Kearney, unpublished
### Non-participant observation study

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

*p<0.05, **p<0.001

Goldberg et al, unpublished
NIHR TEAM Trial: carer very satisfied

<table>
<thead>
<tr>
<th></th>
<th>MMHU (n=234)</th>
<th>Standard care (N=228)</th>
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<tbody>
<tr>
<td>Overall*</td>
<td>48%</td>
<td>38%</td>
</tr>
<tr>
<td>Admission arrangements</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Car parking</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Feeding and nutrition*</td>
<td>35%</td>
<td>28%</td>
</tr>
<tr>
<td>Medical management</td>
<td>37%</td>
<td>33%</td>
</tr>
<tr>
<td>Kept informed</td>
<td>33%</td>
<td>29%</td>
</tr>
<tr>
<td>Dignity and respect*</td>
<td>58%</td>
<td>52%</td>
</tr>
<tr>
<td>Needs of confused patient**</td>
<td>42%</td>
<td>28%</td>
</tr>
<tr>
<td>Discharge arrangements*</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td>Prepared for discharge*</td>
<td>79%</td>
<td>70%</td>
</tr>
<tr>
<td>Discharge about right time</td>
<td>73%</td>
<td>67%</td>
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*p<0.05, **p<0.001

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

*p<0.05, **p<0.001
NIHR TEAM Trial: outcomes at 90 days

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

Bradshaw, unpublished
## NIHR TEAM Trial: health status at 90d

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

NPI: Neuropsychiatric Inventory, behavioural and psychological symptoms
MMSE: mini-mental state examination
DEMQOL: Dementia Quality of Life scale

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
How would you evaluate a palliative care unit?

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions

Domain 3: Helping people to recover from episodes of ill health or following injury

Domain 4: Ensuring that people have a positive experience of care

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm
Summary

• Special needs of people with delirium and dementia in hospitals need to be better met
• Systematic research yields data useful for planning
• Difficult to access research population…
  • … but not impossible
• Better care can be delivered…
  • … but efficiency savings unlikely