

Improving the care of confused older people in hospital

Evaluation of a medical and mental health unit

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The problem

‘Typical of the circumstances was illustrated when on three occasions when I visited my wife, she was sitting in the corridor, half dressed sometimes, and nobody seemed concerned or aware’

The problem

Sir David said that national targets meant that NHS managers had to concentrate on issues like waiting times and hospital "superbugs" like MRSA.

“During that period, across the NHS as a whole, patients were not the centre of the way the system operated.”

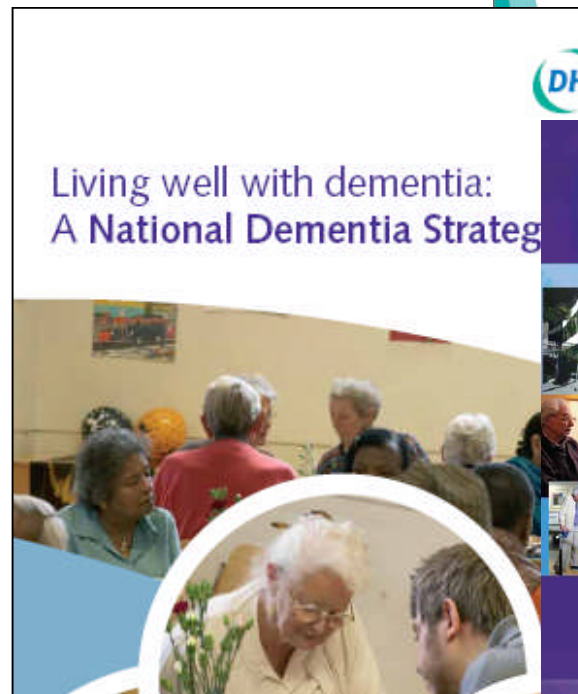
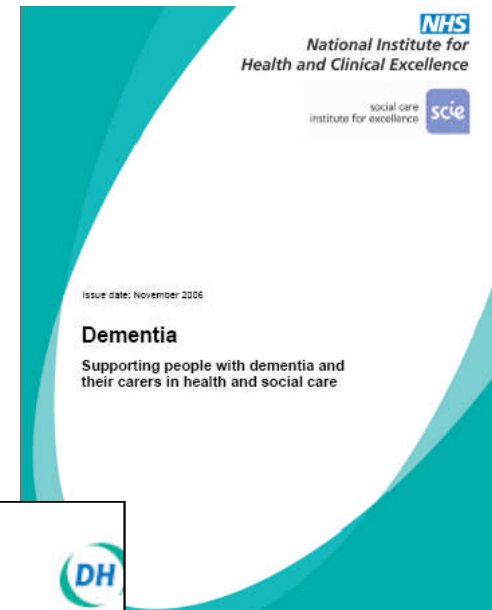
David Nicholson, Health Select Committee,
reported in Daily Telegraph, 5th March 2013

There is a lot of it about

- 60% geriatric medical patients
- 30% general medical admissions
- 40% hip fractures
- 25% of hospital beds

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



Dissatisfaction

77% of carers dissatisfied with quality of care

- Recognising and understanding dementia
- Inactivity
- Social interaction
- Involvement in decision-making
- Dignity and respect

Staff struggle

Areas of concern for nursing staff:

- communicating
- managing difficult behaviour
- patient safety
- wandering
- time to spend with patients, one-to-one care

Research 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: standard ward



Yellow bay



Red bay

Spot the difference: MMHU

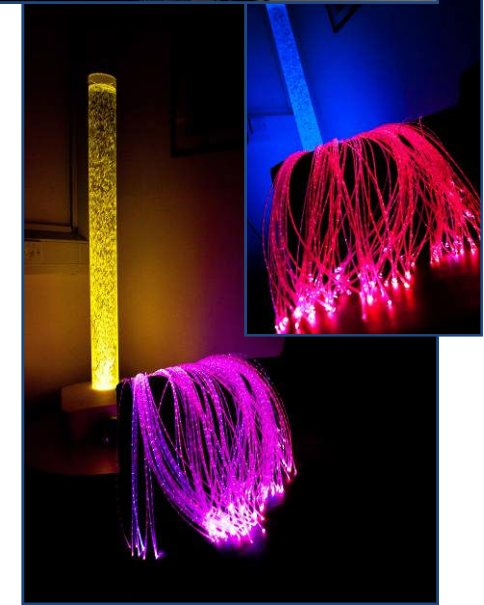
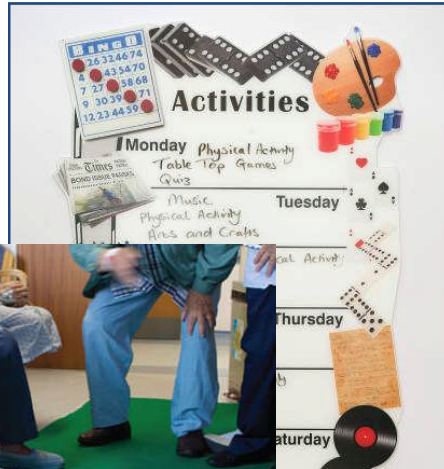


Yellow bay



Red bay

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

The experiment

Randomisation

- 'Confused, over 65'
- Transferred to MMHU or standard ward
- Patient and carer recruited to follow up study
- Baseline data
- Outcomes at 90 days

Difficulties

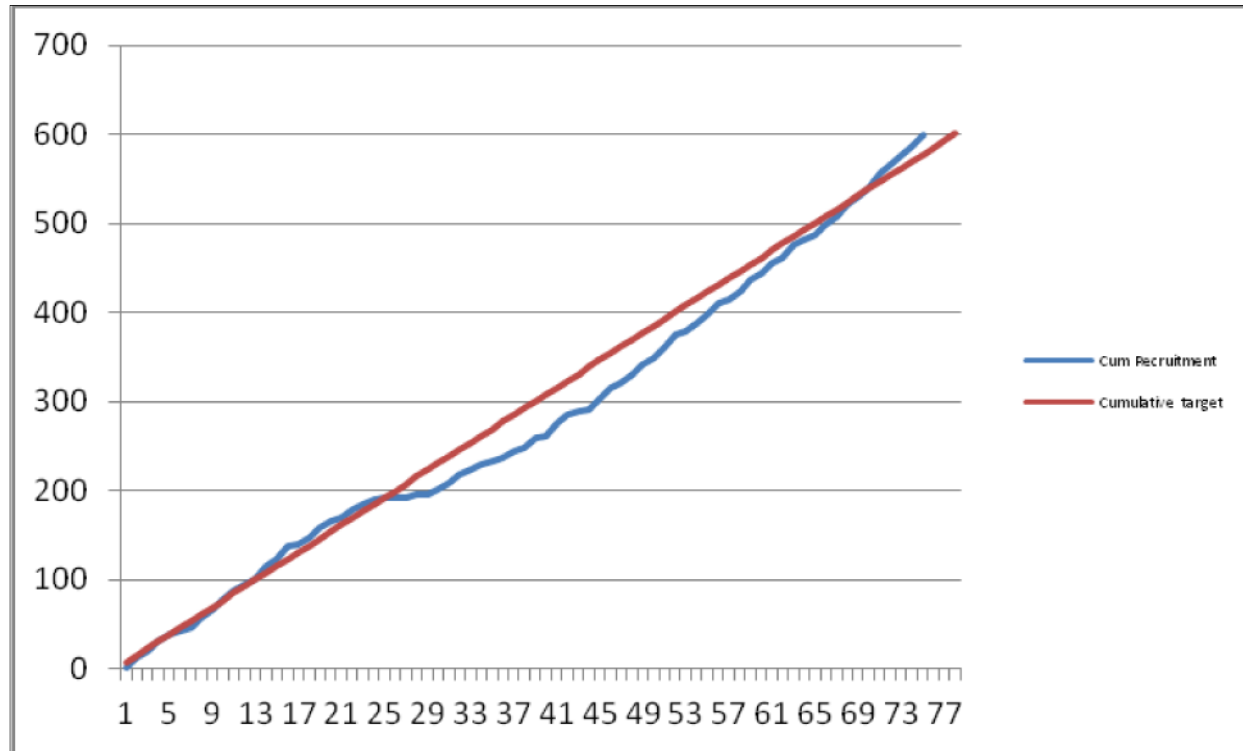
Constraints

- Intense bed pressures
- Minimise ward moves for confused patients
- No waiting on Admissions Unit (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

Recruitment



— Target recruitment

— Actual recruitment

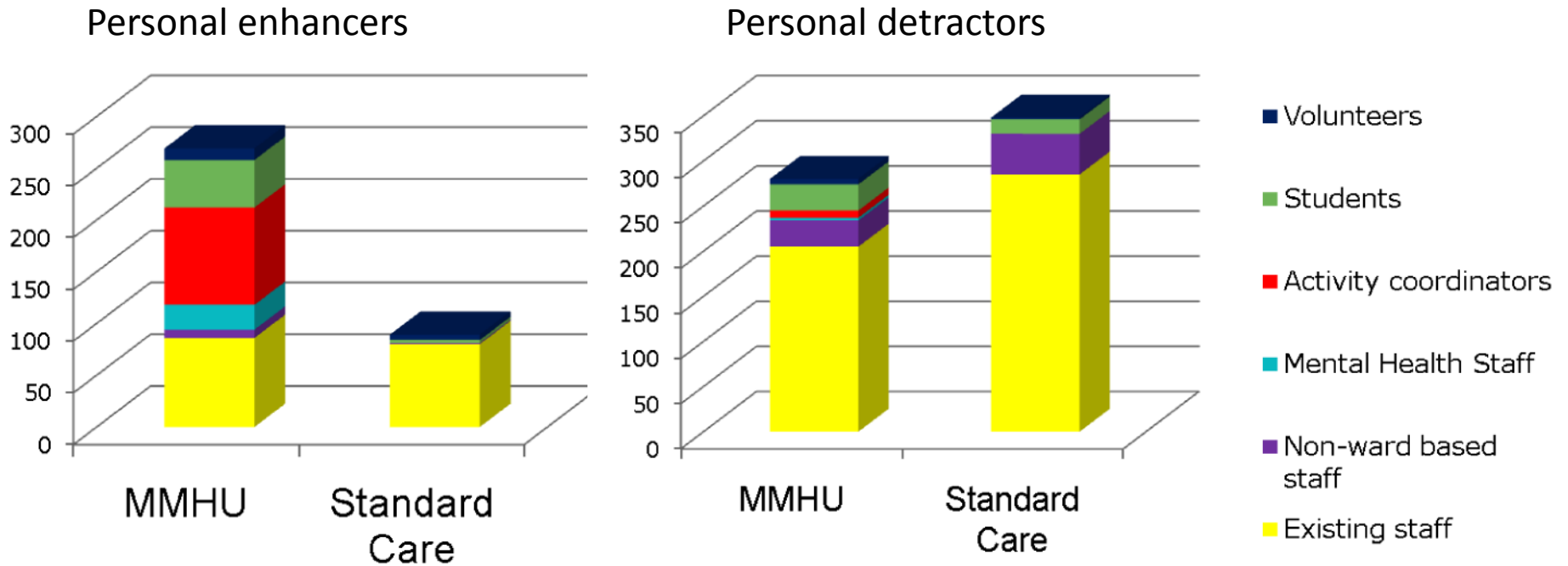
What we measured

- 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
- Non-participant observer study of patient experience
- Interview study of carers, patients and staff
- Resource use and costs

What we found

- Care was different on MMHU
- Patient experience better (mood, activity, staff interactions)
- Carer satisfaction better (and dissatisfaction less)
- Length of stay, readmissions, care home placement unchanged
- Health status after 90 days unchanged

Non-participant observation study



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

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



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

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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.



Why?

- Model of care did make a difference
- Comparison group may have been 'good enough'
- Pressures on the system
- Extreme frailty, approach of end of life for many
- Reliance on community health and social, and discharge choices

What next?

- How to engage and communicate with family carers better?
- How to deal with the really hard problems?
- How to disseminate and roll out model?
- How to re-prioritise service objectives?
- Any other suggestions?