

Improving hospital care of people with dementia

Ideas for managers on culture change



People with dementia may have a memory span of 30 seconds, and may forget why they are in your hospital. They may try to find a familiar face or place, by walking out. Improving care for people with dementia is about cultural change, continuing education and involving families and carers.

Here are some ideas for making your hospital a friendlier place for patients with dementia. These ideas may suit some hospitals better than others.

Engage and demonstrate executive-level support...

and that of key staff (including senior nursing and medical staff), for dementia care. Hospitals are busy workplaces where immediate and urgent patient health issues are inevitably most important to staff.

In this context, the dementia dimension of a patient's condition can be seen as 'non-core business'. An ongoing focus on dementia will therefore demand strong and ongoing commitment and support from management and senior clinical staff.

Involve key internal stakeholders...

at the program planning stage, to assist in developing organisational commitment for program delivery.

In the Gippsland Health Services Consortium, staff focus groups inform the organisation of staff experiences, understanding and feelings about dementia, and suggestions to improve dementia care in the hospital.

Involve all staff in culture change strategies and activities...

to enhance dementia care and management practices. Effective dementia care needs to be facility-wide, so all groups should be represented at the outset.

- Display easy-to-read posters on strategies for caring for people with cognitive impairment.

Ballarat Health Services displays posters throughout the hospital, especially lifts and hospital foyers. They put advertising on the bottom of whiteboards in medical and surgical wards, place resource folders in participating wards and distribute flyers on dementia care initiatives throughout the hospital cafeteria and outpatient areas.

Review screening/admission assessment processes and documentation...

- Involving carers in hospital admission procedures can help assess cognitive capabilities and determine individual needs and preferences. On admission, keep the carer with the person for as long as possible—they may be the only familiar thing in a strange and threatening environment. Carers can then assist staff with information about the patient's capabilities, pre-dementia abilities and achievements, and historical context of current behaviour.
- Use or modify existing tools, rather than developing new ones. Include at least: cognitive assessment, dementia and delirium; an evaluation of medication; blood profile; any reversible causes of dementia identified in screening/ assessment.
- Assess Activities of Daily Living (ADLs) at admission, throughout the hospital stay, and on discharge.

Bairnsdale Regional Health Service has updated all admission and discharge forms to include a section on cognition. If there are concerns or a positive response to a key question on cognition, staff complete the 'Complex Planned Care Chart'. An holistic picture of the person with dementia is developed, describing their behaviours, preferences and routines. It suggests basic care strategies, to be completed with carer input.

Establish appropriate care standards...

for people with cognitive impairment.

- Ensure that relevant staff are aware of any patient identified as having dementia or cognitive impairment from other causes, for example in the nursing care plan.

Ballarat Health Services has established, in consultation with carers and others, a Cognitive Impairment Identifier (CII), used at the bedside, on relevant correspondence and literature, together with a CII sticker.

- Develop a single care planning form for people with cognitive impairment, to be completed and used by all disciplines. Consider the person's environment, lifestyle and level of functional dependency. Incorporate in the care plan: meeting hygiene needs; providing for mental and emotional needs; nutrition; the patient's personal property. Ongoing communication with the carer encourages their involvement in preparing a comprehensive care plan.
- Develop a comprehensive history, so that the care plan reflects the individual's needs. Seek information from the patient, carers and GPs: the patient's likes and dislikes; sleeping patterns; favourite activities; food preferences; other support which helps the patient cope with dementia.

Establish dementia-friendly physical and social settings...

and be aware of the importance of the patient's surroundings.

- Where possible, reflect their home environment and routine: the times they rise, go to bed, shower, dress and eat; the types of clothes worn; the food they eat; social activities normally undertaken.
- Provide large clear visual cueing, including personalised cueing such as familiar picture cues, to assist a confused person to negotiate the ward/unit layout, and find places such as the toilet, their 'bedroom' and their cupboards.
- Where possible, provide: recreational/ occupational spaces; a kitchen area; a television room; outside walking space; home-like architecture rather than institutional style and scale; even lighting in corridors; corridors free of obstacles; natural light; privacy; personal private spaces, appropriately lit.
- Reduce stimuli—noise (both human and mechanical), lighting, and smells—to provide optimum care to the older person with dementia. Also consider temperature, and 'traffic' through the area. Using space creatively can allow areas to suit people who prefer low stimulation.
- Where possible, avoid: long, wide corridors that lead to other units or stairwell exits; between-unit doors that remain open most of the time; multi-bed rooms.
- Consider a ward exclusively for older confused patients. This could draw on the combined expertise of acute medicine and geriatric medicine and/or psychiatry, in treating and managing acute illness and behavioural difficulties associated with dementia in an appropriately designed environment.

Establish internal access to expertise on dementia care...

for mentoring and support.

- Those with expertise in understanding and managing patients with dementia can: support nursing staff in managing patients with agitated behaviours; contribute to ongoing skill development of staff; advocate for process and protocol development.
- Establish a Clinical Nurse Specialist or identify 'champions' from each ward or in each of the staffing groups to oversee dementia care, and to support and advise staff. Criteria may include: 1. Being identified by the Nurse Unit Manager as 'leaders'. 2. Personality skills to communicate well and respectfully with colleagues. 3. Respected by colleagues.

Southern Health has identified two mentors, who are experts in dementia care from a specialist aged care facility. They attend the hospital weekly and discuss individual patients with staff, conduct an orientation for new staff, and keep a journal of care practices and interventions. The hospital has also identified six champions among the nursing group, to maintain the skills of the staff by acting as sources of encouragement and information for their colleagues, and to orient new staff and medical staff on rotation.

Establish formal links with external expertise in dementia care...

in community groups, external agencies and organisations.

- These include the Cognitive Dementia and Memory Services (CDAMS), Alzheimer's Australia Vic (AAV), Validation Therapy Resource & Training Centre, and Dementia Care Australia. External sources can provide various resources for dementia care, including activities for people with dementia.

Bairnsdale Regional Health Service has established links with community service providers and carers. The hospital has joined the district Aged Care Network, and facilitates the district Carers Support Group.

Review discharge and post-discharge planning documentation and processes...

to take account of dementia status.

- Involve and consult with the carer. Discharge planning extends beyond the hospital: facilitating referral to appropriate community services; making best use of GPs, other health care providers, and social services; arrangements for medical follow-up of acute illness; other care and support services.
- Aim where appropriate for early discharge planning for people with dementia, as their needs can be complex.
- Offer assistance to carers in caring for the patient post-discharge.
- Do spot telephone follow-ups after discharge, asking carers about their hospital experience.

Understand, prevent and manage agitated behaviours...

including aggression and sexuality issues.

- Some people with dementia develop behaviours that challenge the skills of staff. These may include wandering and/or aggressive behaviours. Develop policies and practices to anticipate and reduce agitated behaviours. For example: provide secure areas; camouflage doors/cupboards; lock away poisons/medications; provide safe places for clients to smoke.
- Develop processes that reduce the number of moves a patient has to make. People with dementia are more likely to become agitated if they experience numerous moves in a hospital.
- Develop, and regularly review, a restraint policy.

Establish a carer liaison person in your hospital...

by allocating carer portfolios or the role of 'Carer Champion' to key staff. Alternatively, use your Patient Representative to: listen to carers and assist where they can; point carers in the right direction for other information, assistance or services; treat carer concerns in strict confidence.

This sheet is one of a four-part series, Improving hospital care of people with dementia. See also 'Ideas for managers on education', 'Ideas for staff' and 'Ideas for supporting carer relationships'. Full evaluation report and 'Ideas' series available at www.health.vic.gov.au/agedcare/

Use regular quality mechanisms and ongoing quality assurance activities...

to evaluate, monitor and review good dementia care and management protocols, practices, education and resources in your hospital.

Broadcast, acknowledge and celebrate dementia-friendly care...

internally and externally.

- Establish an internal newsletter via the hospital intranet, or use existing channels, to promote dementia care activities and learnings, with paper copies to all areas.
- Create community awareness and stimulate local interest and involvement—for example, a media launch of a new dementia service or initiative through the local newspaper.

