

CENTRE FOR GERIATRICS AND REHABILITATION

Improving Dementia Care in Acute Hospitals - education and more....

- Acute hospitals are designed to treat acute illness, and the environment, processes and systems are challenging to the person with dementia.
- Admission to hospital is a critical event for a person with dementia, associated with cognitive and functional decline and high mortality.
- However, does this relate to poor dementia care??
- And does better care improve outcomes??

- ### To be covered...
- How common is dementia in acute hospitals?
 - What do the National Dementia Strategies require?
 - What is the current state of dementia care in Irish hospitals?
 - What is the status of acute hospital staff dementia training?
 - What training is currently available for acute hospital staff?
 - What is required for changes in dementia care to happen?
 - What should our goals of acute hospital staff training be???

How common is dementia in acute hospitals?

Sampson: 600 older acute, medical admissions, one hospital: 40% had dementia
(Brit J Psych 2009)

Travers: 500 older medical/surgical/orthopaedic admissions in four Queensland hospitals: 21% had dementia
(Int Med J 2012)

Timmons: 600 older admissions to any speciality in six Cork hospitals: 29% had dementia in public hospitals
(Age & Ageing 2015)

Independent predictors of dementia:

- Age (OR 1.1 per year older)
- Function: (OR 0.84 per point Barthel Index increase)
- Malnutrition (OR 5.7)

| Setting | Dementia (%) | Delirium (%) |
|---------------------------------|--------------|--------------|
| Primary Hospital (N=97) | 6% | 37% |
| Rural, public hospitals (N=385) | 23% | 27% |

We need to focus on ED....

Single hospital:

Case note review 60 Patients with dementia 2014

- 57 presented first to ED
- Only 34 had G.P. Letters

Prospective study of 400 older people attending ED June-Nov 2015

- 22% of ≥70 yr olds attending ED have dementia
- 12.7% had delirium
- 46.3% of those with dementia had delirium
- 74% of all delirium occurred in a person with dementia

Dementia was most common in ambulance transfers (35% v 17%, p<.001) and people aged ≥80 (29% had dementia)

And we need to focus on delirium education...

About 54-60% of people with dementia have delirium on admission to Cork hospitals

75% of all delirium in older adults occurs in a person with dementia

| Condition | Delirium (%) | No delirium (%) |
|-----------------------|--------------|-----------------|
| Malnutrition | 47% | 26% |
| Frailty | 72% | 54% |
| Visual Impairment | 7% | 5% |
| Hearing Impairment | 65% | 41% |
| Education (primary or | 49% | 44% |

Outcomes

Length of Stay (LOS):
LOS was independently predicted by:

- Delirium (p=0.01).
- Co-morbidity (p = 0.01)
- Functional dependency (p = 0.01)
- Age (p = 0.03)

The combined adverse outcome of **in-hospital mortality or new discharge to long-term care** was independently influenced by:

- Stroke
- Infection
- Functional dependency (p= 0.01)

Dementia or delirium didn't independently influence this outcome

But the combined adverse outcome of **mortality or new admission to long-term care** at 1 year follow-up was independently predicted by delirium (p=0.01)

In-hospital outcomes for people with dementia

National Dementia Strategies

England:

2009: acute hospital = 1/17 objectives

Recent Targets: "by March 2015"

- Dementia-friendly hospitals (**Dementia Champions**)
- "Improving dementia and delirium care": national target 2014/15
↔ Undertaking **case finding /assessment /referral** for at least 90 per cent of patients aged 75 and over admitted as an emergency for >72 hours
- Trust-level **senior clinical lead** for dementia

And part of £50m care environment **capital funding** 2013/14

Scotland, 2010-2012 and 2013-2016:

Very strong focus on hospital care:

- National Dementia Standards in Hospital
- Implementation and Monitoring Group
- 10-point action plan
- Dementia Champions (300); and Nurse Consultants and Specialists

Northern Ireland, 2011:

- Identify people with dementia at the point of admission
- Information sharing between primary and secondary care
- Care plan: focusing on provision of **dementia-specific supports** to support timely treatment and discharge
- Staff knowledge and skills training

Republic of Ireland

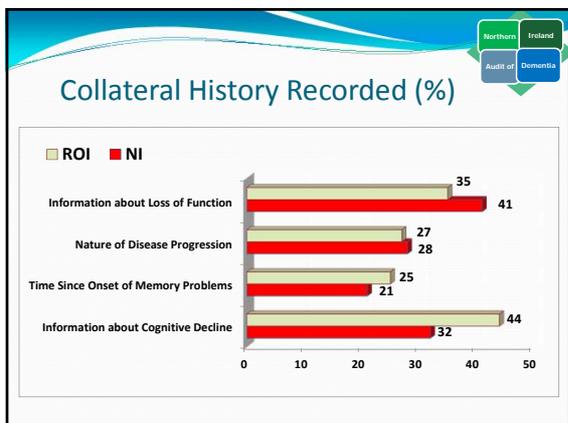
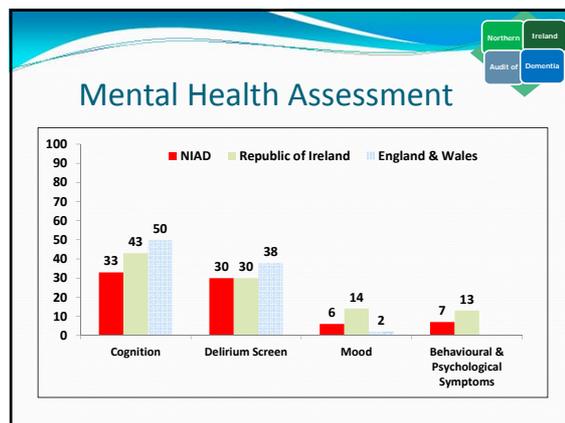
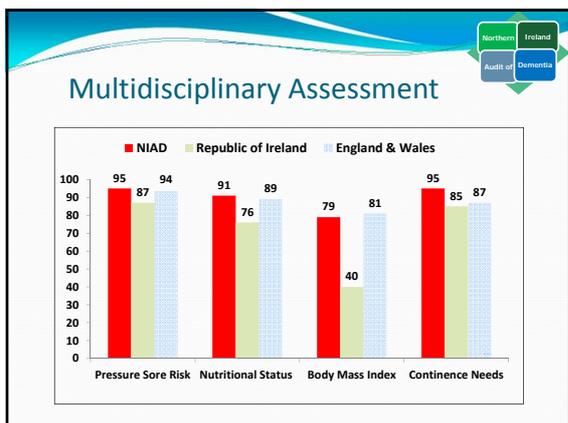
Dec 2014:

- Hospitals to be **dementia friendly**, people treated and supported in an **expeditious manner**
- Staff training, including palliative approaches**
- The Health Service Executive (HSE) to develop and implement a **dementia and delirium care pathway**; **senior clinician** within each hospital to lead development, implementation and monitoring
- HSE to develop guidelines on dementia-friendly **wards**
- Hospitals to prioritise assessment of **social and environmental support**

What is the current state of dementia care in Irish hospitals?

Acute Hospital Dementia Care Audit data from 4 countries

- England and Wales: 2010, 2012, and 2015/16
- Southern Ireland: "INAD": 2013 data, published 2014
- Northern Ireland: "NIAD": 2014 data, published June 2015

- ### Key Recommendations
1. Each hospital has responsibility for **training and knowledge strategy**
 2. Each hospital has **Liaison Psychiatry, POA, and Geriatric Medicine**
 3. Each hospital has policies / systems for **delirium prevention/ treatment**
 4. **Mental status assessment** is integral to admission of person with dementia
 5. Hospitalisation: appropriate for expert review of **antipsychotic medication**.
 6. National guidelines on **dementia friendly ward designs** as standard into all refurbishments and new builds.

Patient and staff experience

Northern Ireland – focus groups - 61 patients, and carers, by the Regulation and Quality Improvement Authority, 2014:

- “the majority found the experience to be mostly negative”
- Staff not being aware a person had dementia, ←→ overall negative aspect of their experience; staff seeing them as difficult or aggressive
- Some positive experiences, specifically where identification scheme was in place “Butterfly Scheme”, “Purple Folder”.
- “Staff must be properly trained” - people felt the majority were not!

www.rqia.org.uk

So what do we know about acute hospital staff dementia skills/ training...

Literature....

- Dementia training for staff increased positive attitudes towards patients with dementia, in addition to improvements in staff competency levels
Kada et al
- However organisational change is also necessary for training to affect acute care outcomes for patients with dementia in the long term
Moyle et al
- Focus groups with UK HCA and Staff Nurses in a single unit:
 - Practice-based teaching and multifaceted educational strategies needed to address the complex learning needs of staff;
 - Barriers included pressures of acute hospital environment and time constraints;
 - Nurse and HCA learning needs were similar .
 - Both valued learning from fellow staff, and wanted input from an external dementia expert to aid on-going learning and provide support.

Charter and Hughes

UK survey: 2210 nurses, doctors and health care assistants: perception of the adequacy of their training in dementia care:

- Staff mainly perceived their training to be inadequate
- Areas of specific concern to nurses were training in assessment of cognitive ability and management of challenging behaviour
- ≤ 1/3 nurses rated their education as adequate in assessment of stage of dementia and management of associated behaviours
Gandasha et al.

Irish Data....

Frustrating

Frightening

Difficult

Stressful

Challenging

Mallow General Hospital: Survey of 25 nurses, 2009

Most popular suggestions offered for improving care:

- Good leadership in dementia care
- Further education/training
- Specialised unit within the hospital
- Higher staff ratios

Deficient knowledge:

- Pharmacological and non-pharmacological interventions for disturbed behaviour
- Communication
- Ethical issues
- Understanding the disease
- Needs of family

Continence and pain control were identified as low priority for further education.

Dementia Education Needs Analysis, 2010:

(1200 staff in total)
114 nurses in acute setting; 52 HCAs

Only 5% of general hospital nurses and 21% of HCAs had received training in dementia care.

Compared to 25% nurses in LTC/ mental health

Biggest deficits:

- Understanding dementia – signs , symptoms, stages
- Working with the families; therapies and approaches
- Wandering, behaviours that challenge
- Assessment, dementia meds
- Communication (triad)

Better training → more person centred care, not hope



de Siún and Manning

Priorities for Training: (Acute only)

Knowledge, Environment, correct staff ratios, family presence
 Nursing Students to experience good care
 Safety to transport (eg to Xray)
 Constant up-skilling as rare contact
 Specials: little training, language barriers,

Type / format of education: (all settings)

- Needs to be inclusive – all levels and all staff
- Site specific and teacher from same setting
- Refresher training
- Unit/ward based learning
- Self directed/ e-learning was rated low
- Group discussion/ peer learning/ case based

Staff Education and Training



- 2012: Survey of nurses in six Cork hospitals, response rate 58%.
- N= 151; 44 worked in surgical units, 42 medical units, 26 mixed medical/ surgical, 9 in (geriatrics), 11 in ED; 19 in ICU/CCU.
- Overall, only 17% said they had sufficient training in dementia care
- Specifics of where education was insufficient:
dementia specific communication strategies > pain assessment > cognitive assessment > management of patient behaviours
- 72% did not have access to peer support or reflective practice groups
- Almost all (97%) felt that further staff training would improve care

ORIGINAL ARTICLE
 A multicentre survey of acute hospital nursing staff training in dementia care
 Alan Gilroy, Sarah Tyrone, Peter Whelan, Andrew Manning, Sharon Keenan, Andy Bennett

Inadequate Resources

- Only 16% agreed that staffing on their wards were sufficient to provide one to one nursing care when required.
- Only 35% felt there were enough staff on the ward at all times to ensure patients are assisted if required with personal care, personal hygiene, mobilising, and at mealtimes.
- Although 67% of respondents indicated that a system was in place to report incidents of inadequate staffing, just one in three felt that such reports were dealt with in a timely manner.
- Less than half felt that they had enough time to ensure that patients are comfortable in their environment, or to support any patients who were unfamiliar with and/or disorientated by their environment.

Dementia Educational Needs Analysis



Performed in 2013/2014:

- Most were interested in general dementia education, not information on psychosocial treatments, or improving quality of life or communication skills
- Need for more information on assessment of pain: under-detection; and management of responsive behaviours
- Poor knowledge of anti-dementia drugs, antipsychotics and hypnotics
- Education should be on-site, with multiple opportunities to attend.
- Each session shouldn't be longer than half to a full day maximum.

Irving K, Piatek P, Kilcullen S, Coen A, Manning M.
 Irish national dementia educational needs analysis. Dublin: DCU; 2014.

Staff Education and Training



| | |
|----------------------------------|-----|
| Knowledge and training framework | 21% |
| Included in staff induction | 6% |
| Mandatory | 0 |

- Half of hospitals had "provided dementia awareness training" to nurses and doctors, much less to HCAs and AHPs, rarely to support staff.
- Half of hospitals had provided training in behaviours that challenge
- Very few had provided communication training
- 40% had provided capacity assessment training to doctors (> nurses)

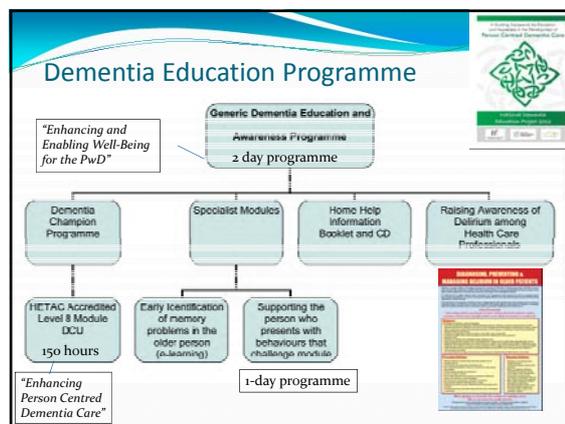
DeStún, A., O'Shea, E., Timmons, S., McArdle, D., Gibbons, P., O'Neill, D., Kennelly, S.P. Gallagher, P. (2014). Irish National Audit of Dementia Care in Acute Hospitals. Cork.

So what training is available for acute hospital staff?

DSIDC - Dementia Care in an Acute Setting (1 day)

Dementia Training Ireland: one-day workshop for the acute hospital setting, and half day course for staff in emergency care

IHF – palliative care in dementia – courses and suite of guidance notes



Early Identification and Initial Management of Delirium in the Emergency Department

Acute Medical Resuscitation Unit

1. Suspect Delirium

1.1. Suspect delirium if there is an acute change in mental status

1.2. Suspect delirium if there is an acute change in attention

1.3. Suspect delirium if there is an acute change in consciousness

1.4. Suspect delirium if there is an acute change in orientation

1.5. Suspect delirium if there is an acute change in memory

1.6. Suspect delirium if there is an acute change in behaviour

1.7. Suspect delirium if there is an acute change in affect

1.8. Suspect delirium if there is an acute change in perception

1.9. Suspect delirium if there is an acute change in judgement

1.10. Suspect delirium if there is an acute change in insight

1.11. Suspect delirium if there is an acute change in motivation

1.12. Suspect delirium if there is an acute change in social skills

1.13. Suspect delirium if there is an acute change in interpersonal skills

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Cork Challenging Behaviour Guidelines

- Began in 2011; Finalised in May 2014
- Included an agreed training plan for “challenging behaviour”
- “In extreme cases the Policy and Guideline should not be adopted unless it has a reasonable resource allocation as judged by the Training and Implementation Project Team”
- For one large hospital, 360 WTE are to be trained in groups of 15, then 24 courses would be required, running monthly for 2 years.
- Not yet implemented...

Quality Improvement Projects

- St. James’s Hospital (SJH):** DemPath project
- Mercy University Hospital Cork:** Cork Integrated Dementia care Across Settings (Cork-IDEAS) project
- Connolly Hospital:** Connolly Hospital Integrated Care Pathway for People with Dementia

Independent evaluation 2017

Cork-IDEAS project, Mercy University Hospital

| | |
|--|--|
| <p>Better recognition of dementia:</p> <ul style="list-style-type: none"> Diagnosis highlighted on referral Increased staff dementia awareness Brief cognitive screening of vulnerable people on admission | <p>Improved care in hospital:</p> <ul style="list-style-type: none"> Staff training Dementia Champions (2/ ward) Policy development Comprehensive assessment using validated tools Improved built environment DNS: leadership, complex care Facilitation of continued care by family or carers Volunteers / SAGE reps |
| <p>ED avoidance/limitation:</p> <ul style="list-style-type: none"> ED pre-notified if person needs urgent admission ED processes/environment change | |
| <p>Facilitation of discharge:</p> <ul style="list-style-type: none"> Joint outreach/in-reach team Planning includes person and carers, Early notice of discharge Enhanced support post discharge | |

Dementia Awareness Sessions

- Target: approx 700 staff
- Current: 260 staff

Dementia Training

- 10 dementia champions trained (CNE/DCU level 8 module)
8 trained; Target was 2 in every unit+ 2 night duty (approx 14)
- 4-hour National Dementia Training Programme; no fixed target but focus on ED, AMAU, geriatric ward.
Commenced November '15 - 8 trained
- ED Awareness Month: August 2015 - Resource Folder and weekly talks

Next Steps:

- Doctors..
- Induction training...

Community Dementia Awareness Training

- Dementia Awareness session was offered to the 9 ADPHN sectors - 92 have taken it up to date.
- Staff were given a "Dementia Education and Resource" booklet
- *Dementia Awareness /Knowledge Questionnaire* prior to the session: 80% of staff stated they had never received any Dementia Training. Only one had progressed to Dementia Champion level.
- Commitment from Dir of PHN North Lee to identify and facilitate interested staff to complete Dementia Champion training.
- Mental Health services: 32 staff from the Community and Acute setting receiving Dementia Awareness Training.

Goals of Education:

"Acute Hospital Staff are able to":

- Identify **cognitive impairment** using tools appropriate to their own setting and refer appropriately
- Identify **delirium**, screen for reversible causes and refer onwards
- Work with **families and carers**, assess support needs and plan discharge
- **Communicate** well with a person with dementia
- Perform basic **functional assessments** in a person with dementia
- Some are able to perform **therapeutic interventions**

What is required for change?

- Leader to encourage change
- Management support and communication to implement what has been learned
- Ongoing support- eg expert peer, links to other hospitals, peer support networks
- Individual responsibility

From National Dementia Needs Analysis 2010

Summary

- Dementia is common in older people admitted to hospital and in ED
- We do have room to improve dementia care in Irish hospitals
- Individual staff are open to training, but many demands
- Education in isolation ≠ better care in practice
- Dementia Strategy could be a useful tool to mandate change
- Hospital Quality Improvement Plans may show the way
- We may need to be more strategic in the education we provide