Dementia Care in the Acute Care Setting
Promoting a Person-centred Approach

Pam Nichols
Education Officer, Acute Care Project
Alzheimer’s Australia WA Ltd
Acute Care Sector Project

Aim

- Improve the experience and outcome of hospital stays for people with dementia by increasing staff awareness and skills
Acute Care Sector Project

• Rationale
  – Patients with dementia have
    • Longer stays
    • More complications
    • Increased incidence of delirium
    • Likelihood of discharge to higher care

• Funding source
  – HACC – one year pilot (July 2005-June 2006)
Recruitment for Pilot Project

• 4 metropolitan hospitals
  – 2 public hospitals (800 beds)
  – 2 private (600 beds)

• 1 regional health service
  – 24 hospitals (400 beds)
Resources

• Facilitation and learning resources
  – Workbooks, videos, case studies, activities
  – Content adapted from NSW Health resource

• Evaluation tools
  – Pre, post and follow-up questionnaire
  – Design - Centre for Research on Ageing
Workshop Design

• One-day workshop
• Process - principles of adult learning
  • Interactive
  • Flexible
  • Responsive
  • Purposeful
Workshop Goals

• To motivate participants to develop appropriate:

✍ Knowledge - clinical, social, emotional
칡 Skills - communication, person-centred care
😊 Attitude – empathy, advocacy, empowerment
Participants

- Workshops = 23
- Participants = 350
  - 64% Nurses
  - 26% Patient support
  - 8% Allied health
  - 2% Administration

Designated roles

- Support staff
- Nurses
- Allied health
- Administration
Metro and Rural Difference

- Metropolitan = 238
  - 74% Nurses

- Rural = 112
  - 52% Non-clinical
Content

- Person-centred care
  - patient, family, team
- Communication
- Environment
- Clinical aspects
  - types of dementia
  - differential diagnosis - delirium
  - assessment + management of complications
Person-centred Care

Experiential activity

• Participants are asked to think of a time when they were treated really well – then list the words that describe their feelings

• Participants are then asked to think of a time when they were treated poorly – then list the words that describe their feelings
Personhood

loved
happy
well-being
uplifted
ecstatic
important
special
valued
motivated
positive
appreciated
respected
warm & fuzzy!
wanted
flattered

angry
hurt
wounded
unrespected
unloved
devalued
like "shit"
furious
annoyed
pissed off
cross
livid
mad!
riled
unconsolable
dejected
rejected
disappointed
Personhood
Personhood

“A standing or status that is bestowed on one human being by another in the context of a relationship and social being. It implies recognition, respect and trust”
(Kitwood 1997).
Well-being

- **Comfort** – freedom from pain & stress
- **Identity** – personality, spirituality
- **Attachment** – family, community, connection to land
- **Inclusion** – social interaction, belonging (roles)
- **Occupation** – active engagement, using abilities
Communication

- Impacts
  - neurological
  - social, emotional

- Communication strategies
Environmental Impacts

- Lack of familiarity
- Negative stimuli – physical + sensory
- Increased
  - Confusion
  - Anxiety
  - Agitation
Environmental Impacts
Improving the Environment
Clinical Aspects

- Types of dementia
- Differential diagnosis
  - delirium
- Assessment + prevention of complications
  - pain, poor nutrition, falls
Evaluation

Pre-workshop statements on expected outcomes

- > 95% Agreed they were participating in workshop to learn more about all listed workshop topics

- > 98% Agreed they would feel more confident and would be able to respond more positively to people with dementia
Evaluation

Post workshop statements on knowledge, skills and attitude change

• > 95% Agreed that all workshop topics contributed to knowledge on dementia care

• > 96% Agreed they felt more confident and would be able to respond more positively to people with dementia
Evaluation

Follow-up statements (4-6 weeks later)

- > 85% Agreed workshop topics had contributed to knowledge about dementia

- 89.7% Agreed they had applied the knowledge gained effectively

- > 90% Agreed they felt more confident and were able to respond more positively to people with dementia
Most Useful Topics

- **Post workshop**
  - All
  - Clinical (types, differential diagnosis)
  - Communication
  - Assessment
  - Environment

- **Follow-up 4-6 weeks**
  - Communication
  - Environment
  - Clinical (co-morbid conditions)
  - Person-centred care
Management Evaluation

Respondents = 12

- 83% agreed that patients and families had benefited from the knowledge gained by staff
- 75% agreed that staff had increased their ability to provide best practice dementia care
- Only 66% agreed there was improved assessment of patients
- Only 58% felt there was improved patient care resulting from staff and family partnerships
Areas Identified for Modification

- Working in partnership with families
  – participants and management

- Regional differences
  – clinical components
Project – Phase 11

• Content modification
  – Develop patient and family information forms
  – case studies, scenarios adapted for regional needs
Project – Phase 11

• Participation
  – Interim data July 2006 – March 2007
    • 13 hospitals (6 metro, 7 regional)
    • 4 health regions
Phase 11 Interim Results

Suggestions for improving care

• Environment - special care units, equipment, signage
• Increase staff to patient ratios
• Staff and family education
• Improve communication between staff
• Appropriate community care for Indigenous patients
• Introduce care pathways
Future

• Reference group
  – Stakeholder representation

• Increase regional and metropolitan coverage

• Collaboration with WADTSC
  – Train-the-trainer
  – Hospital audits
  – Develop special topics
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