Creating a Dementia Friendly Environment in an Acute Care Setting

Sandra McGuire, Pam Hegarty, Mary Bray, Rebecca Hamilton & Debbie Roe.
Background

- Casey Hospital, Southern Health opened in 2004.
- 243 Beds (in 2011)
- Ward C primary medical unit - 32 beds
- 2009-2010 62% of discharges from Ward C were over 65 y/o and this group accounted for 77% of bed days.
- Australia is an ageing community
- Increase in dementia worldwide.
- Significant impact on financial cost to health care (Access Economics 2003)
Background

• Projected prevalence in Australia:

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER</th>
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<tbody>
<tr>
<td>2011</td>
<td>268,600</td>
</tr>
<tr>
<td>2012</td>
<td>384,300</td>
</tr>
<tr>
<td>2013</td>
<td>981,000</td>
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• Older patients at increased risk of adverse events in acute care (Cassidy, Davies et al 2001)

• Increase in carer stress and fewer carers available in future.

• Increase in admission to residential care post an acute admission for patients with dementia.

• Delirium is a major problem in health care.
Needs analysis to identify gaps

1. 2008 staff survey:
   “How well do we manage patients with cognitive impairment and behaviours of concern?”
   31% surveys returned (n=250)

<table>
<thead>
<tr>
<th>COMMENT/CONCERN</th>
<th>%</th>
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<tbody>
<tr>
<td>There is limited or no psych geriatrician support and advice</td>
<td>43%</td>
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<td>There is inadequate signage including pictures</td>
<td>44%</td>
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<td>There is a lack of personalised items/cues from home</td>
<td>62%</td>
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<tr>
<td>Patient movement across rooms and wards is a problem</td>
<td>51%</td>
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<tr>
<td>Staff felt risk assessments (for this pt. group) within 24 hours of admission was not relevant to their practice</td>
<td>34%</td>
</tr>
<tr>
<td>There was not consistent evidence of comprehensive information exchange with patients families</td>
<td>57%</td>
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<tr>
<td>Staff do not monitor trigger factors for adverse behaviour and plan accordingly.</td>
<td>54%</td>
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</table>
Needs analysis to identify gaps

2. Staff questionnaire and environment audit
   • No place for pts to safely wander
   • Limited aged care and subacute trained staff
   • Limited activity equipment & not available to all staff 24/24
   • 40.3% staff report lack of confidence in caring for a patient with cognitive impairment

3. Snapshot of current patients at Casey.
   • 20% identified as likely to benefit from dementia care:
   • only 6.5% had documented usual routine at home information.
   • only 1.3% had behaviour charts.
4. Review of use of constant patient observers (CPO)

In 2008, January to July, at least one CPO onsite each shift (minimum 3 per day)

- CPO request by staff was the Primary management strategy.

Main requests of staff were for education and improvement in environment in acute care
CASEY DELIRIUM AND DEMENTIA WORKING PARTY (Commenced in 2008)

Post gap analysis:
Vision
For hospital

ACTION AT CASEY

Future Planning
Staff Survey
Education Package
Site Education Sessions
Resource Packages
Dementia Week x2
Focus Groups
Lanyard Guide Cards
Working Party
Priority number one!

Post-education overwhelmingly feedback noted we needed to make environmental changes.
What changes did we make to the environment?

- Activity boxes
- Manuals
- Sensory room
- Signage
What changes did we make to the environment?

• Sensory room – which we opened in 2010
What changes did we make to the environment?

- Symbol based signage throughout ward
- Introduction of communication support points throughout the ward
What changes did we make to the environment?

PATIENT FRIENDLY SIGNAGE
Did we make a difference?

- Improved awareness of the impact of the acute hospital environment on the elderly for all staff, **clinical and non clinical**.

- Over 700 staff attended education sessions

| Session improved my understanding of dementia and delirium | 95.8% |
| Session improved my understanding of identifying triggers to behaviours of concern | 94.3% |

- Improved understanding for all staff on how to respond effectively to patients with dementia.
- Improved patient centred approach.
- Improved assessment and management of patients.
Did we make a difference?

- Began behaviour forums weekly on acute ward.
- **Survey of staff re forums 2010**
  - Staff report using following strategies: – increased interpreter use, behaviour charts, access sensory room and activity boxes and request medication reviews
  - 100 % felt valuable
  - Staff report wanting additional information especially around strategies to manage behaviours of concern

- Reduction in client patient observers

<table>
<thead>
<tr>
<th>MONTH/YEAR</th>
<th>NUMBER OF CPOs ON SITE</th>
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<tbody>
<tr>
<td>February 2010</td>
<td>10</td>
</tr>
<tr>
<td>February 2011</td>
<td>nil</td>
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</table>
Snapshot audit :- medical ward (February 2011)

- Length of stay for patients below state average
- No CPO’s requested. (February 2011)
Snapshot audit: medical ward (February 2011)

**Audit February 2011**
Interventions in management plan

**LEGEND**
1. Orientation
2. Activities
3. Socialization or emotional support
4. Interventions that enhanced care
5. Use sensory room

<table>
<thead>
<tr>
<th>Incidence</th>
<th>Activity</th>
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<tbody>
<tr>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>35</td>
<td>4</td>
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<td>5</td>
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"totals"
LEGEND
1. Carer satisfaction with level of input and involvement.
2. Carer satisfaction with communication.
3. Satisfied staff understood patients limitation.
4. Satisfied staff understood when pt. confused or upset.
5. Staff sensitive to primary carers needs.
6. Satisfied the environment supported pts with dementia.
7. Satisfied patient remained involved in activities of daily living while inpatient.

February 2011(%)
Measurement of patients’ carer satisfaction during inpatient stay.

Measure of satisfaction
Case study

- Past history
- Presentation
- Issues of concern
- Interventions
- Outcome
Challenges

**Funding**
Always a challenge, for set up and maintenance

**Time**
Developing resources and monitoring usage takes time. Key staff added tasks to already busy days

**Education**
Staff turnover a problem. Change management a problem

**Staff**
Lack of key staff to role mode e.g. divisional therapist

**Type of data able to be collected**
Hard to measure the difference we made to the life of each individual
Future plans

• Dedicated area to manage dementia and delirium pts.
• Cognition Nurse consultant position.
• Develop acute care divisional therapist role.
• Weekly behaviour forums (ongoing)
• Continue education for staff.
• Extend program to Emergency department.
• Better care for older people working group (ongoing)
• Continue to promote person-centred care
• Engage the wider community of Southern Health
• Role out dedicated information gathering tools.
References and Thank-you


• Bonnington Symbol System. City of Edinburgh Council Symbol. www.edinburgh.gov.uk


• McCabe Maree, Essential statistics and current trends for dementia (2011)

Thank you to:
Staff and patients at Casey Hospital Southern Health.