CNA Webinar Series: Progress in Practice

Improve your practice: The changing face of dementia care

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LEARNING OUTCOMES

• Understanding dementia and impact of settings change
• Awareness of negative impact of hospitalization for person with dementia
• Addressing the needs of people with dementia in different settings
• Practical changes to improve health care for people with dementia
• Locating resources
What is Dementia?

It is an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities.
What is Dementia?

It includes

• Memory
• Communication and Language
• Ability to Focus and Pay Attention
• Reasoning and Judgment
• Visual Perception
• Starting a task
Dementia?

People with dementia may have problems with short-term memory, keeping track of a purse or wallet, paying bills, planning and preparing meals, remembering appointments or traveling out of their neighbourhood.
Becoming Dementia Friendly

Ask people with dementia what works and:

• Make our services dementia friendly
• Audit our information (booklets, leaflets)
• Facilities and services can be made more accessible for people with dementia?
• Make our buildings dementia friendly, signage, access
• Do we offer enough informal support for people to access services, groups, committees?
To do this

• Dementia needs to be normalized
• We need to consult with people living with dementia
• We need to understand that people with dementia have voices and can express thoughts, opinions, etc.
• Volunteers – buddies – champions
• Make better use of existing resources
• Organizations should work together more effectively-partnerships
Dementia Friendly Heath care

The dementia paradigm in Canada is shifting. Based on research showing that being in hospital can be devastating for someone living with dementia, persons with dementia are now being encouraged to remain at home and be as active and socially engaged as possible. In light of this discovery, improved education, awareness of best practices and changes in the design of our health system are crucial.
The Numbers Game

Within a typical 1,000 bed District General Hospital, 700 beds will be occupied by older adults. Of these:

• 350 will have dementia
• 480 will be there for non medical reasons
• 440 with co morbid physical and mental disorder
• 192 will be depressed
• 132 will have a delirium
• 46 will have other mental health problems
Education

• Nurses lack appropriate training in recognizing dementia and managing responsive behaviour

• When you leave this webinar, reflect on the average length of training nurses receive in dementia. It varies by province.
Where to begin

As far back as 2009, Alzheimer’s Australia said in their Dementia Friendly Language Position Paper 4:
“Language is a powerful tool. The words we use can strongly influence how others treat or view people with dementia. For example referring to people with dementia as ‘sufferers’ or as ‘victims’ implies that they are helpless. This not only strips people of their dignity and self esteem, it reinforces inaccurate stereotypes and heightens the fear and stigma surrounding dementia.”
Where to Begin

• The message that comes across loud and clear is that we need integrated working
• How can we learn from each other and work together to make this better?
• Investment to save if you invest in this, you will achieve savings
• Staff need to be well informed and skilled
• We need strong leaders who can develop positive relationships
• People with dementia and their care partners must be at the heart of everything
• One thing alone is not enough you need to take a system wide approach
Effects of Hospitalization

• Hospitals can be dangerous places for people with dementia with complications related to falls, undernutrition, skin tears, polypharmacy, pressure areas, infections and deconditioning (Kurrle, 2006)

• Multiple bed moves → distress, agitation, increased confusion

• Hospital environments → disorientation & anxiety (Cunningham & Archibald, 2006)

• Organisational focus on efficient, cure oriented treatment means needs of PWD not met
Effects of Hospitalization

- UK researchers found that 75% of PWD in acute care had behavioural issues
- Staff use sedative and neuroleptic drugs to manage these issues
- Use of these drugs associated with higher mortality
- Link between behavioural issue and pain management
Effect of Hospitalization

- UK figures 77% of nurses reported use of antipsychotic medications
- 145,000 people were given these drugs – only 36,000 showed benefit from this
- 1,800 deaths attributed to their use
- 1,620 CVA attributed to their use
PWD and Hospitals

• Research shows that PWD experience worse symptoms after being in hospital

• Many people are undiagnosed and only recognized when they are admitted to hospital
Benefits of being dementia friendly

• Well-targeted and designed services have improved the quality of care for people with dementia (Hales et al. 2006; Foreman & Gardner 2005; Corbett et al. 2005; Nay et al. 2000)

• Improving services for persons with dementia has the potential not only to enhance the quality of their care experience but, by shortening their length of stay, to reduce unnecessary costs.
An Example

My mother went into hospital because of a chest infection. Having dementia, she found the situation very confusing. At one instance, she began banging the table. Instead of talking to her, one of the staff members left this note on her bedside table.

You are not well, you need to stay in hospital, do not bang the table.
Some suggestions in this situation:

- Involve care partners in the care of the person with dementia – ask for information, this includes other care settings
- Invite care partners to be involved in mealtimes and have flexible visiting times
- Increase awareness of dementia amongst staff. Everyone should have some level of understanding - don’t have to be experts
- If using sitters have them engage the person in meaningful activity
- It is useful to have the person wear something that indicates they have dementia e.g., a blue wristband
Some Examples

Mid Cheshire Hospitals NHS Foundation Trust has introduced changes to the hospital environment, to make it more accessible to those with cognitive impairments:

- Coloured privacy doors: to help patients orientate themselves to the ward environment.
- Signs are now suitable for the visually and cognitively impaired as they incorporate a photograph, a symbol and written words, in appropriate colours.
- Easy-to-interpret menus and daily routines utilising photographs and symbols.
- An activity lounge that runs twice a week, led by the lead nurse for older people, and including social activities such as bingo, dominoes, music and memory boxes.
Some More Examples

• The Japanese Nursing Association has implemented an advanced education and training program to prepare managerial staff, practitioners, and dementia care specialists among nursing staff in a number of health and long-term care settings.

• Nurses can receive dementia specific qualifications and credentials after completing the continuing education requirements.
Does it make a difference?

The changes have already shown signs of improved outcomes, including:

• improved feedback from patients and care partners; both patients with and without cognitive impairments have said how much easier it is to find their way around the wards
• reduced incontinence
• increased dignity for patients
• greater care partner and patient engagement
• positive feedback from staff
Dementia Strategy – DHA Level

Doncaster and Bassetlaw Hospitals NHS Foundation Trust Dementia Strategy 2013-17: Looking forward to our future
Dementia Strategy – DHA Level

Recommendations

• Adapting all environments to support people with dementia, expediting investigation and discharge and raising the standard of care we provide on all our wards

• We want to achieve consistent and collaborative working with acute, community and long-term care to provide the highest standards of care, no matter the location, the time of day or week or the staff involved.
Dementia Strategy – DHA Level

• We want to ensure we provide the very best treatment and care and when cure is no longer an option, we provide timely and sensitive palliation.

• We want our Trust to stand at the forefront of delivery of excellent care for people living with dementia. We want to see reductions in length of stay and readmissions, a reduction in adverse events such as falls and pressure injuries, individual empowerment and patient satisfaction.

• We want our Trust to share its learning with other local Trusts to improve standards across all of Yorkshire and the Humber.
How to these changes happen?

LEADERSHIP

There is a persuasive case for identifying a senior clinician within each DHA to take the lead for quality improvement in dementia.

There are a lack of quality measures of the care of people with dementia in acute care settings.
LEADERSHIP-DEMENTIA CHAMPION

This role could include:

• Being a champion for dementia at both the strategic and operational level
• Developing a care pathway for people with dementia
• Helping to improve the knowledge of dementia within the care setting
• Liaising with teams to promote dignity, increasing the involvement of people with dementia, care partners and building partnerships with external agencies to improve discharge process
Quality

How and what do we (or could we) measure as indicators of the quality of dementia care in care facilities?

- All patients with dementia have a personal care plan
- All facility areas cater for people with dementia
- Measure the effectiveness of training
- Measure patients on discharge
- Staffing ratios
- Qualitative data as well as quantitative data
- Discharge destination and accuracy of diagnosis
And Finally

- ‘Listening to people living with dementia and engaging with them in a meaningful way is key to offering a service that is dementia friendly. We cannot decide without first voice input what dementia friendly looks like.’

- Engage people with dementia

- Have them walk your care setting and tell you what might not be working so well

- LISTEN
More Information

- Check out the [Dementia Services Development Centre Design Guide](#)
- [Stirling University Scotland](#) – Library and Resources
- [Kate Swaffer](#) – blog, website
- Dementia Friendly Communities – check out the various websites
- [Alzheimer's Australia](#)
- [Alzheimer’s Society of Canada](#)
More resources

What is a Friend article
https://www.dementiafriends.org.uk/WEBArticle?page=what-is-a-friend#.VUpztvIVhBc

Virtual Environments – Home
http://dementia.stir.ac.uk/design/virtual-environments/virtual-care-home

Virtual Environments – Hospital
http://dementia.stir.ac.uk/design/virtual-environments/virtual-hospital
Some Ideas To GOOGLE

• Dementia Friends scheme (UK/Japan)
• Home from Home (Ireland)
• Dementia Friendly Hospitals (U.S.)
• Dementia Friendly Communities (Scotland)
• Dementia Friendly Bruges (Belgium)
• Side By Side Project (Australia)
• Public Contact Staff (Australia)
• National Dementia Working Group (Scotland)
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Upcoming Webinar

New pediatric guidelines can help you promote recovery in kids following concussions

Thursday, May 28, 2015
12 – 12:45 pm ET
Thank you!