

Dementia in the Acute Hospital Setting

Introduction

This search of current nursing literature will discuss the training of pre and post-registered nurses relating to care of patients with dementia and the challenges that face both patients and nurses in the hospital setting. It will focus on a section of literature regarding caring for patients admitted to only acute medical and surgical wards. It will analyse current research findings, national reports and audits, and ascertain whether recommendations for staff training and dementia awareness have been or should be implemented across National Health Service (NHS) trusts in England and Wales. My interest in dementia care in the acute hospital setting stemmed from working both as a health care assistant and a student nurse in a variety of acute medical and surgical settings. I observed that caring for people with dementia can be challenging and varies greatly from nurse to nurse. My personal experience was that care techniques were subjective to individual nurses who often appeared to be frustrated with the challenge of giving enough time to those with dementia while attending to a ward of acutely unwell patients. Evidence supports these notions and suggests that best care is not always attained (Gandesha et al. 2012). A range of audit and research literature on this area of special interest was examined to obtain a better picture of the situation. The context of dementia from a UK perspective will be discussed as background to educational requirements and challenges that these patients may pose.

Prevalence and Definitions

Before reviewing the evidence, a view of the situation and definitions of dementia will be given. Dementia is a progressive and incurable brain disease incorporating several clinical diagnoses; the most common of which are Alzheimer's disease (62%) and vascular dementia (17%) (Tadd et al. 2011). It is associated with increasing age (Traynor et al. 2011) although a minority of cases occur in people less than 65 years (Downs and Bowers 2008). Patients present with varying symptoms according to the type of dementia diagnosed (Dickson and Weller 2011). However dementia affects cognitive abilities such as memory, information

processing, use of verbal language, mobility and difficulties with occupational, social and day to day activities (Chater and Hughes 2012). Patients with dementia may also present with episodes of delirium which is a disturbance of consciousness altering cognitive function intermittently (Thompson and Heath 2013).

Alzheimer's Society (2009), a report that drew on research from a scope of public policy documents and research literature estimate that there are approximately 800,000 people in the UK living with dementia; the majority of which are older people who are more likely to have complex medical needs and spend time in acute hospital wards (Department of Health 2012) (DH). The most common causes of hospital admission are chest infections, urinary tract infections and falls/fractures (Sampson et al. 2009, NHS Confederation 2010, Tadd et al. 2011). Approximately a quarter of hospital beds are used by patients with dementia at any given time (Royal College of Psychiatrists 2013) (RCP) and these figures are expected to double over the next 20 years due to an ageing population (Sampson et al. 2009, Baillie et al. 2012a).

Patients admitted to acute hospital wards with dementia have a poorer outcome regarding length of stay, mortality and further institutionalism (DH 2009, Alzheimer's Society 2012). Furthermore, this group of patients require more hours of nursing care, are more likely to functionally decline during admission and suffer from delayed discharge. This can result in permanent decline in health and added costs to NHS trusts (Mukadam and Sampson 2011). The Health Foundation (2011) state that a significant reason for these poorer outcomes is lack of professional understanding by health care professionals in providing appropriate care. They report that estimated savings of £700 million could ensue if length of admission for every patient with dementia in an acute setting was reduced by 2 days.

Dementia Nurse Specialists

Elliot and Adams (2011) reported on the trial of a Dementia Nurse Specialist (DNS) as a short term role in one general hospital concluding that evidence indicated that the needs of older people with mental health disorders including dementia in most acute hospital settings are not addressed. However, these were improved through education to nurses provided by a DNS. A significant reason for this is the lack of evidence based training to nurses on acute wards relating to dementia care (Moyle et al. 2008) and in identifying patients with dementia (Chang et al. 2009). Evidence

based research is essential to all health care professionals as best care can only be provided by knowledge gained from up to date qualitative and quantitative research. Evidence that is reliable and credible underpins clinical practice enabling evidenced based practice and better health outcomes (Jefferis et al. 2013).

National Audit of Dementia Care in General Hospitals

National audits over the last 5 years have recommended implementation of dementia services such as dementia lead nurses, standardised assessment and care protocols and compulsory staff training (DH 2009, Harwood et al. 2010, Thompson and Heath 2013, RCP 2013). Yet there are many recent reports of examples of poor and sometimes negligent care (Leung and Todd 2010, Francis 2013, RCP 2013). Gandesha et al. (2012) reported on results from the National Audit of Dementia Care in General Hospitals, a survey responded to by 968 qualified nurses relating to perceived sufficiency of training. The report findings indicated that nurses working on acute wards rated significantly lower adequacy of training than nurses working on care of elderly wards. Other audits such as the Counting the Cost report (Alzheimer's Society 2009) indicated that more than half of nurses had not received any pre or post registered dementia training. This report is worthy as it drew on information taken from qualitative and quantitative research from national organisations and via questionnaires from 1136 nurses and ward managers.

The National Audit of Dementia Care in General Hospitals was commissioned by Healthcare Quality Improvement Partnership to address the concerns of care for people with dementia (Tadd et al. 2011). These audits aimed to identify hospital's provision of assessment, care models and staff training using 7987 case notes from 98% of hospital trusts in England and Wales. Result from the 2nd round audit of National Audit of Dementia Care in General Hospitals 2012 acknowledge that there has been improvement in implementation of staff training frameworks in hospitals since 1st round audit in 2011 (Royal College of Psychiatrists 2013). The 2nd round report highlighted that approximately 75% of hospitals now provide dementia awareness training to nurses, although almost 50% are still failing to provide dementia awareness training as part of induction programmes. The report suggests that further improvement is required in providing better and more consistent staff training, as despite some progress, there appears to be a gap between actual

training and written reports (RCP 2013). Following the 1st round audit, Royal College of Nursing (RCN) commissioned an online survey. 1484 carers of people with dementia responded, with two thirds of those reporting on questions relating to acute hospital admissions. The authors of this report, Thompson and Heath indicated that the main barriers to providing good care were lack of understanding of the condition, not enough time to care and failing to communicate with patients (Thompson and Heath 2013). Improvements are not as forthcoming in dementia/delirium assessment on admission to acute wards. Although 81% of hospitals had appointed senior clinicians to implement care pathways and 82% of hospitals now report dementia champions at ward level, only 38% of documentation indicated that an assessment had been carried out (RCP 2013).

Acute hospital settings present many challenges both to patients with dementia and nurses caring for them (Tadd et al. 2011, Ballie et al. 2012a, Thompson and Heath 2013). Yet Harwood et al. (2011) report that there is little evidence of research aimed at investigating these challenges and the provision of detailed policies on how to deal with them. Patients with dementia are more likely to find an unfamiliar environment unsettling, frightening and confusing due to the nature of impaired cognitive ability (Moyle et al. 2008). This accounts for literature suggesting that an acute ward environment comprised of identical doorways and bed spaces causes added confusion to patients who are apt to wandering, confusing another patient's bed for their own and losing perspective on time (Leung and Todd 2010, Thompson and Heath 2013). This often creates increased disorientation, aggression or withdrawal. This further challenges the nurse's role in maintaining nutritional, personal hygiene and drug administration tasks as individuals can no longer respond to familiar faces, environment and daily routines (Tadd et al. 2011).

Another report by Tadd et al. is significant as the ethnography of four hospital trusts were explored to measure outcomes. Non-participatory observations of practice were studied across 16 wards 24/7 in conjunction with in depth interviews from discharged patients, carers, nursing and managerial staff. This study focused on ward culture, organisational systems and perceived quality of care. Data analysis enabled the authors to make evidenced based recommendations for future practice in providing dignified care. Tadd et al. (2011) explain that one reason for increased functional decline is that care of patients on acute wards is prioritised from the

perspective of the medical condition for which they have been admitted, often overlooking or ignoring their mental health condition. Most acute wards follow a rigid, task driven routine such as drug round, meal time and washing, while staff lack the necessary skills required to provide proficient dignified care. This form of nursing can cause increased anxiety and delirium resulting in poorer outcomes for individuals (Tadd et al. 2011, Calnan et al. 2013). Disorientated patients with dementia, even during short stay admissions may quickly lose their abilities (Harwood et al. 2010). Alzheimer's Society (2009) report that patients admitted to acute hospital wards for longer periods are more likely to suffer from permanent worsened effects of dementia and physical health. They are more likely to receive prescribed antipsychotic drugs and to be discharged to residential care rather than their home (Thompson and Heath 2013).

Leung and Todd (2010) acknowledge that specialist services do exist in some trusts and that training in managing behaviour, using life stories and implementing dementia care mapping are all good techniques that can help nurses to improve quality of care. Dementia care mapping is an observational method of recording interactions that take place between individuals and nurses over a period of time (Ervin and Koschel 2012). This enables evaluation of what works and doesn't work for patients, and whilst observations are subjective, it is a useful way of tailoring person-centred-care to help staff to understand the experience of dementia from the patient's perspective while rating quality of care given (National Institute for Health and Clinical Excellence and Social Institute for Care Excellence 2007) (NICE-SCIE).

A view of the types and prevalence of dementia training for nurses was scoped from the literature. Alzheimer's Society (2013) reports that the answer to this challenge is for nurses to adopt a more flexible approach providing care less from a task perspective and more from the patient's perspective as this is both achievable and beneficial to patients. Leung and Todd (2010) report that most nurses have received little or no training and are ill equipped to deal with the many challenges that face both the patient and nurse. Additionally NICE (2013) state that nurses suggest that dementia education programmes should include identifying signs and symptoms, communication and person-centred-care methods, treatment to include medicine administration and how to monitor side effects. Particular emphasis was placed on requirement to assess pain. Nurses also suggested that learning about the impact of

dementia on the individual and managing challenging behaviour would be useful. Dementia training is not a compulsory element of the pre-registered nursing curriculum although this has been recommended to the Nursing and Midwifery Council (NMC) by several national organisations. (NICE-SCIE 2007, Alzheimer's Association 2009, All-Party Parliamentary Group on Dementia 2012, Thompson and Heath 2013). The NHS Confederation (2010) recognises that providing dementia training to staff could benefit hospital trusts in several ways. These include nurses equipping nurses to identify those with dementia, therefore being able to implement care pathways appropriate to patients. Effective management of patients with dementia helps avoid disorientation and anxiousness which could reduce the amount of time spent attending to challenging behaviour and allow staff more time to care for all patients on an acute ward.

Student Nurse Experiences

A qualitative research study whose aim was to explore the experiences of 464 adult nursing students divided into focus groups of between 4 – 6 students who had worked in acute hospital settings. Whilst this is a relatively small sample and all students were representative of one university, focus groups are often viewed as a good way of gathering in depth phenomenological experiences. Accounts indicated that students learnt how best to care for patients by trial and error, but recognised that individual needs were better met when time was spent getting to know the individual and their family/carer (Baillie et al 2012b). Students reported having to challenge normal ward procedures such as not allowing a patient to walk around, and stated having to gain permission to introduce meaningful activities which deviated from normal routines to provide care that better suited the individual. An example of this was given by one student nurse who stopped attempting to help a patient shower in the morning as it appeared to cause considerable anxiety and increased confusion. The student discussed this with the patient's normal carer, who explained that the patient never showered at home but took a bath later in the day. The student changed the routine accordingly. Student nurses remarked that adopting a flexible approach avoided anxiousness and aggression. This is supported by Edvardsson et al. (2010) who advocate that flexible methods of care are more congruent to person-centred-care.

Students discussed the benefit of acquiring patient's life stories from carers helping communication and understanding patients better as individuals (Ballie et al.2012a). McKeown et al. (2010) recognise that it is not always easy to find time or opportunity to acquire life stories in a hospital setting but acknowledge that understanding life history provides personal insight enabling provision of individualised and appropriate care. Furthermore Tadd et al. (2011) explain that many nurses reported that where training courses were available in hospital trusts, they were not attended as there was not sufficient time to release staff from wards. However student's experiences reflected that nurses appeared to have no specialist training in dementia (Ballie et al. 2012a).

Training initiatives and clinical trials

Despite some of the literature reporting the negatives of dementia care and nurses training, there are some positive messages for future nursing practice in the UK. Some hospital trusts have been more forthcoming in implementing dementia training programmes for general nurses. In Scotland, The Dementia Champions Programme was devised to train and establish dementia champions to educate nurses in the acute hospital setting. Education was centred on evidenced based research and expertise from professionals including consultant psychiatrists, specialist liaison nurses and adult protection representatives, drawing upon evidence from reports by national organisations. The scheme has improved dementia awareness amongst nurses and continues to develop (Waugh et al. 2010). Admiral Nurses are specialist dementia nurses who care for patients in the community (Hibberd 2011). Recently however, an Admiral Nurse was appointed to an NHS hospital to oversee the development of a training course in understanding body language and managing patients who cannot verbally interact. The role also included mentoring clinical nurses on acute hospital wards. Admiral nurse Jeni Bell advised that hospitals are insufficiently equipped to care for medically ill people on hospital wards who have dementia (University Hospital Southampton NHS Foundation Trust 2013). Some universities are working with NHS trusts in conjunction with Dementia Partnerships to offer pre-registration dementia training to nursing students, providing academic credits for attendance to dementia strategy launch events (Dementia Partnerships 2012).

A noteworthy trial to end upon is a prototypical trial conducted by Professor Harwood and his team from Nottingham University Hospitals NHS Trust and Nottingham University. The trial was entitled Medical Crises in Older People. The controlled clinical trial involved the creation of an acute ward for emergency medical admissions with the aim of admitting patients specifically with dementia. This trial ward was entitled Medical and Mental Health Unit (MMHU). Outcomes were measured by comparison made with an equal amount of patients admitted to a comparative standard acute ward. The primary outcome measurement was number of days spent at normal place of residence in the 90 days after randomised admission to MMHU or to a standard ward. Secondary outcomes included carer's reported satisfaction of care, mortality, readmission, behavioural and psychological symptoms, cognitive impairment and health and social care resource use.

The MMHU was developed to create a stimulating colour coded environment, minimisation of noise levels and a promoted involvement of family/carers in decision making, caring and communication. In addition to normal staff compliment, MMHU also employed specialist mental health staff who provided training to nurses in care methods and introduced a programme of leisure and therapeutic activities (Harwood et al. 2011). Data analysis results revealed that this trial has succeeded in the following ways: Improvement in systematic diagnostic assessment, minimised use of psychotropic drugs, improvement in person-centred-care and communication methods, better patient orientation due to ward layout, facilitation for patients to walk around, reduction in night-time disturbance, carer involvement opportunities and fewer carer complaints (Harwood et al. 2010).

Conclusion

A range of literature has been sourced, identified and reviewed to help to understand the needs of patients with dementia when admitted to acute wards in the UK. There is an urgent need for improved evidence based knowledge of dementia by nurses so that assessment, care and treatment provide flexible and dignified care. This would improve patient outcomes and reduce overall health costs. Research suggests that the majority of nurses perceive that dementia training is either lacking or insufficient in supporting them to provide adequate care in acute settings. This problem is due to increase with an ageing population, so there is need for more research to take place

to enable greater understanding to underpin clinical practice and education. However there is also a need to act upon past recommendations to place dementia care centrally in pre-registered nursing curriculums. Trials where specialist dementia nurses have implemented care models and provided training to staff improved understanding of working in this area, contributing to improved care and better outcomes to patients.

Search Methods: Refer to Appendix for table of searches

During my research, I entered search terms such as “dementia and nursing”, “general hospitals and dementia”, “nurse training and dementia”, “acute care and dementia”. I discarded articles that were more than 6 years old or had been superseded by more recent evidence, inapplicable to the precise subject or lacked relevant research based on UK findings. A manual search of reference lists identified in the main papers helped to uncover further literature. However this study reflects only a small range of literature searched due to limited word count which limits analysis of the findings. I read several papers by Professor Harwood relating to improving care for patients with dementia in a hospital setting. I contacted Professor Harwood (Nottingham University Hospital NHS Trust) by email who provided me with details relating to his trial and its evaluation; also forwarding other reports used in this study included Tadd et al. 2011. Harwood emphasised the pressing need of changes in organisational culture to raise awareness to nursing staff and other health care professionals in dealing with this growing problem in general hospitals across the UK. The main papers used in this study were:

- Alzheimer’s Society – 2009 Report
- Royal College of Psychiatrists 2013 National Audit of Dementia Care in General Hospitals
- Harwood et al. 2010 and 2011– trial papers
- Ballie et al. 2012 – Two articles on focus group studies
- Department of Health 2012 – National Dementia Strategy
- Thompson and Heath 2013 – RCN Dementia strategy publication
- Tadd et al. 2011 - Ethnographical study

Appendix A

Database	Search Terms	Results
CINAHL Plus with Full Text	Dementia and nursing	Caring for older people with dementia in hospital Part two: strategies. Full Text Available (includes abstract) Baillie, Lesley; Merritt, Jane; Cox, Janet; Nursing Older People, 2012 Nov; 24 (9): 22-6. (journal article - research, tables/charts) ISSN: 1472-0795
Ebsco	Dementia and nursing	Caring for older people with dementia in hospital. Part one: challenges. Full Text Available (English) ; Abstract available. By: Baillie L, Nursing Older People [Nurs Older People], ISSN: 1472-0795, 2012 Oct; Vol. 24 (8), pp. 33-7; PMID: 23189504
Referenced from article	Caring for older people with dementia in hospital Part two: strategies.Full Text Available (includes abstract) Baillie, Lesley; Merritt, Jane; Cox, Janet; Nursing Older People, 2012 Nov; 24 (9): 22-6. (journal article - research, tables/charts) ISSN: 1472-0795	Royal College of Physicians National Audit of Dementia Care in General Hospitals 2012-13 Second Round Audit Report and Update
Ebsco	General hospitals and dementia	Improving quality of care for people with dementia in general hospitals. Full Text Available By: Heath, Hazel. Nursing Older People. 2010 Quality of Care Supplement, p1-16. 16p.
Ebsco	General hospitals and dementia	The creation of a Dementia Nurse Specialist role in an acute general hospital. Full Text Available By: ELLIOT, R.; ADAMS, J. Journal of Psychiatric & Mental Health Nursing. Sep2011, Vol. 18 Issue 7, p648-652. 5p. DOI: 10.1111/j.1365-2850.2011.01771.x.
CINAHL Plus with Full Text	General Wards and Elderly care and dementia	Evaluation of a Medical and Mental Health Unit compared with standard care for older people whose emergency admission to an acute general hospital is complicated by concurrent 'confusion': a controlled clinical trial. Acronym: TEAM: Trial of an Elderly Acute care Medical and mental health unit.Full Text Available By: Harwood RH; Goldberg SE; Whittamore KH; Russell C; Gladman JR; Jones RG; Porock D; Lewis SA; Bradshaw LE; Elliot RA; Medical Crises in Older People Study Group (MCOP), Trials [Trials], ISSN: 1745-6215, 2011 May 13; Vol. 12, pp. 123; PMID: 21569471

CINAHL Plus with Full Text	Understand* and Dementia and Nurs*	Literature review: understanding nursing competence in dementia care Traynor, V, Inoue, K, Crookes, P JOURNAL OF CLINICAL NURSING; JUL, 2011, 20 13-14, p1948-p1960, 13p.
CINAHL Plus with Full Text	Knowledge and dementia and nurs*	Improving the care of people with dementia in hospital Waugh A et al (2011) Improving the care of people with dementia in hospital. Nursing Standard. 25, 32, 44-49. Date of acceptance: June 30 2010
CINAHL Plus with Full Text	Knowledge and dementia and nurs*	Moyle, W., Borbasi, S., Olorenshaw, R. and Wallis, M., 2008. Best practice for the management of older people with dementia in the acute care setting: a review of the literature. International Journal of Older People Nursing. 3 (2), 121 – 130.
Ebsco	Nurse and Training and dementia	Adequacy of training in dementia care for acute hospital staff. Full Text Available By: Gandesha, Aarti; Souza, Renata; Chaplin, Robert; Hood, Chloe. Nursing Older People. May2012, Vol. 24 Issue 4, p26-31. 6p. 1
Alzheimer's Society	Accessed from other articles	Counting The Cost 2009
Ebsco	Dementia and education and hospitals	Two thirds of hospital staff think their training in dementia is inadequate. Detail Only Available (English) By: Limb M, BMJ (Clinical Research Ed.) [BMJ], ISSN: 1756-1833, 2011 Dec 16; Vol. 343,
Ebsco	Dementia and education and hospitals	Strategies to deliver dementia training and education in the acute hospital setting. Detail Only Available Chater, Kathryn; Hughes, Nic; Journal of Research in Nursing, 2013 Sep; 18 (6): 578-93. (journal article - research, tables/charts) ISSN: 1744-9871
Ebsco	Dementia and education and hospitals	RAISING AWARENESS TO SUPPORT PEOPLE WITH DEMENTIA IN HOSPITAL. Full Text Available By: Duffin, Christian. Nursing Older People. Jun2013, Vol. 25 Issue 5, p14-17.
Ebsco	Dementia and education and hospitals	Dementia care in hospitals still poor. Full Text Available By: Berry, Lisa. Nursing Older People. Sep2013, Vol. 25 Issue 7, p7-7.

Ebsco	Dementia and acute care	The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families. Authors: Clissett, Philip1 philip.clissett@nottingham.ac.uk Porock, Davina2 Harwood, Rowan H.3 Gladman, John R. F.
Ebsco	Dementia and acute care	National Institute for Health and Clinical Excellence and Social Institute for Care Excellence., 2007. Dementia A NICE–SCIE Guideline on supporting people with dementia and their carers in health and social care. London: The British Psychological Society and Gaskell.
Ebsco	Dementia care mapping and Hospital	The feasibility of care mapping to improve care for physically ill older people in hospital. Full Text Available Academic Journal (English) ; Abstract available. By: Woolley RJ; Young JB; Green JR; Brooker DJ, Age And Ageing [Age Ageing], ISSN: 1468-2834, 2008 Jul; Vol. 37 (4), pp. 390-5; PMID: 18359955, Database: MEDLINE Complete