

## Counting the cost: caring for people with dementia on hospital wards

Report from the Alzheimer's Society, November 2009

This is an important report – the latest in the salvo of communications which have followed the publication of the National Dementia Strategy and the recent UK Dementia Congress where this work was given a prepublication airing

It is important because the experience of people with dementia in General Hospital wards is widely understood to be less than ideal. Something must be done to improve it for the benefit of patients and to make better use of facilities in General Hospitals and elsewhere. This much is identified within the Dementia Strategy which made some suggestions of useful initiatives:

- allocation of one session of consultant time to champion the cause of dementia in all General Hospitals
- support of specialist liaison teams from Old Age Psychiatry
- training and support for staff within General Hospitals

This document is positioned to press home these messages and to take matters a little further. Its method is to report findings from an Alzheimer's Society research survey (DEMHOS) and to set these in the context of evidence culled from published literature and then to offer recommendations for action.

The survey was distributed to 21,000 members of the Society via its monthly newsletter and produced 1,291 responses 96% from carers.

A complementary study circulated a questionnaire to all ward managers and nurse managers in England, Wales and Northern Ireland. It yielded 657 replies from nurses and 479 replies from nurse managers.

This design means one cannot be sure that the findings have a general applicability though they are of interest and most are in keeping with other anecdotal reports and everyday clinical experience.

The review of the literature undertook database searches and had access to the systematic review undertaken by the Royal College of Psychiatrists National Audit of Dementia project

[www.rcpsych.ac.uk/clinicalservice/standards/centreforqualityimprovement/nationalauditofdementia.aspx](http://www.rcpsych.ac.uk/clinicalservice/standards/centreforqualityimprovement/nationalauditofdementia.aspx)

The data reveal that:

- Up to 1 in 4 beds in General Hospitals are occupied by people with dementia
- 42% of acute admissions over 70 years have dementia, 48% of admissions over 80 (These figures relate to one study in a London Hospital and may not be applicable elsewhere)
- General health appeared to be adversely affected in 47% of people with dementia
- Symptoms of dementia appeared to worsen in 54% of patients
- More than 1 in 3 patients admitted from home to hospital are discharged to a Care Home
- Nearly 80% of nurses said that antipsychotic medication is routinely prescribed to people with dementia in hospital
- 90% of nurses felt that people with dementia stayed longer in hospital than others with similar physical health needs
- 50% of carers felt patients with dementia spent longer in hospital than they expected
- Prolonged stay in hospital is associated with deterioration of physical health, increased symptoms of dementia, higher use of antipsychotic medication and greater likelihood of discharge to a Care Home

**Common causes of admission are:**

- Falls
- Hip fracture or replacement
- Urinary tract infection
- Chest infection
- Stroke

**Length of stay:**

For all these people with dementia spend longer on average than people without dementia

From these the assumption is made that people with dementia would benefit from earlier discharge and a calculation made which estimates that £80 million could be saved by discharging patients with dementia one week earlier than is achieved at present.

**Use of antipsychotics:**

From DEMHOS 77% of nurses said antipsychotics were prescribed always or sometimes to people with dementia. Surely this means sometimes and means very little

Carers reported that antipsychotics were prescribed for 12% - 8% of people in hospital for one week, 25% of people staying two months or more

## **Difficulties:**

The DEMHOS responses reported:

- 80% of carers were dissatisfied with care provide
- 90% of nurses say that caring for people with dementia is challenging
- Nurses did not recognise symptoms of dementia, person-centred care was not practised, poor support with feeding and drinking, little social interaction, little involvement of patient or family in decision-making, lack of dignity and respect
- Lack of access to rehabilitation skills and poor discharge arrangements
- Need for training for nurses and nurse assistants who provide frontline care

**Recommendations:** listing and comments

- 1) **Dementia should be recognised as a priority by the NHS**
- 2) **Reduce the number of people with dementia being cared for in hospital:** it may be that this could be achieved and with benefit – by reducing the number of people being admitted and reducing the length of stay in hospital of those who are admitted. The assumption that simply insisting that people with dementia are not allowed to stay longer than the average for non-dementia patients is naïve and potentially counterproductive: people stay longer because they have unresolved multiple needs and may take longer to recover – these are also cogent reasons why people who stay longer are more likely to demonstrate additional symptoms and to receive additional medication and then to be discharge to a Care Home rather than their own home
- 3) **Hospitals should identify a senior clinician to champion dementia:** This is a sound suggestion but the time allocated for this must be at least a fulltime equivalent (not one session) and should be from within the General Hospital's staff
- 4) **Commission specialist liaison older people's mental health teams**
- 5) **Ensure an informed and effective workforce for dementia in hospitals**
- 6) **Reduce the use of antipsychotic medication on General Wards:** this is probably a reasonable objective – but we need to establish baselines and organise training in alternative approaches and recurrent audit of the effects – as required by the recent report on the use of such medication in Care Homes

- 7) **Involve people with dementia, carers, family and friends in the care of people in hospital.** Yes – but this should be one of the first recommendations
- 8) **Be sure that people with dementia in hospital are properly provided with food and drink and helped to consume it.** Surely
- 9) **Begin to change the approach to care for people with dementia to one of dignity and respect.** Surely this has to be the very first recommendation in the list and the first two words should be removed. Do it now!

The major matter which is totally ignored – not addressed – is that of the organisation of most General Hospitals in recent years. This is based on a system of filters through general purpose acute assessment wards which are often frantic in their milieu, noisy and not related to community sources of support before or after admission. They pass patients on to other wards after initial assessment – producing instant discontinuity, raising the likelihood of fear and confusion in everyone especially people with dementia and further loss of information amongst those now providing care.

There are strong arguments for specialist wards to cater for people with the most severe and complex admixture of dementia and physical illness and for the provision of continuity of care within the hospital and maintenance of links with community services including Primary Care.

This is an important and timely report. It is a pity that the methodology is not stronger. Its emphasis on economic savings simply by imposing a restriction on length of stay is misguided, misleading and potentially counterproductive.

Its recommendations are reasonable but will be strengthened by addressing the organisation of care in General Hospitals and reordering the existing points:

- 1) **Treat all patients including people with dementia and their families with dignity and respect**
- 2) **Involve patients and families, including people with dementia in their care**
- 3) **Organise hospital care to optimise continuity of care within the hospital for patients including people with dementia: provide a specialist ward to care for people with the most complex admixture of dementia and physical illness**
- 4) **Organise hospital care to maximise the use of knowledge and relationships within community services including Primary Health Care**
- 5) **Recognise dementia as a priority**
- 6) **Appoint a fulltime dementia champion within the hospital service who will present an annual review of all aspects of dementia care in the hospital for the consideration of the Trust Board in open public meeting. He/she should be supported by a multi-disciplinary/multiagency hospital dementia forum which includes people with dementia and carers and meets at least quarterly**

**making minutes of these meetings routinely available to the Trust Board and to other interested agencies**

- 7) Ensure staff are informed and effective in the care of dementia**
- 8) Commission a specialist mental health liaison service for older people**
- 9) Monitor and audit all aspects of care for people with dementia whilst in hospital including nutrition, prescriptions of medication and the provision of suitable therapeutic activities and environment**

**It remains for local movers and shakers to take hold of this report and make effective use of it**

David Jolley

***for dementia plus*** January 2010