Focus on the New Cross Hospital Dementia Project

By Grace Hampson, Project Manager
New Cross Hospital Dementia Project.

Introduction
New ways of treating people who happen to have dementia (as well as other health issues) are being developed at New Cross Hospital. The New Cross Hospital Dementia Project entails groundbreaking work to support people who come into hospital for physical reasons and who also have dementia.

The West Midlands Strategic Health Authority commissioned this two year project, at a cost of £480,000, with New Cross Hospital as a test site. The project involves the collaboration of multiple organisations including Wolverhampton PCT, Wolverhampton City Council and Social Services. It involves a comprehensive and radical approach, working on a whole system basis.

Dementia Care Bundle
A “dementia care bundle” has been designed to improve clinical outcomes within an acute hospital setting and provide more cost-effective care for people with dementia. This bundle comprises the following elements:

- Environment
- Hydration and Nutrition
- Communication
- Outreach

Environment
A 20 bed dementia ward at New Cross Hospital has been opened for people who have dementia as well as the health condition for which they are being treated. This ward has been designed to help engage patients with activities and things that interest them. Specific measures to make the ward dementia friendly include:

- A toilet door that can be seen through the walls.
- A door that can be switched to allow people to hear others in other rooms.
- A garden in the ward for people to sit with others.
- A garden where patients engage
- A toilet door that can be seen through the walls.
- A table, which permits patients who are well enough to sit with others to eat.

Hydration and Nutrition
Special attention is given to ensuring patients eat and drink enough. This involves checking that people get the drinks they actually like, and giving help with drinking if required.

Communication
All staff, from porters to nurses and doctors, receive training in communication with people with dementia. This involves reading body language, making eye contact, and knowing how to understand what may be happening when a person is not responding verbally.

When patients are admitted to the ward, they are allocated a carer. The carer engages with the patient and family (p60)
Focus on the New Cross Hospital Dementia Project (continued)

members, learning in detail about the things that matter to the patient. This communication covers a whole spectrum of interests ranging from important details, such as who else is in their family, all the way down to little considerations such as whether they take sugar in their tea. This enables the carer, and the wider team, to give individualised person-centred care.

Patients are checked at regular intervals, around once an hour, to see if they are happy or if they need anything.

**Outreach and Training**

Not all patients with dementia can be located on the dedicated dementia ward. Patients who have had a stroke, for example, need to be on a ward dedicated to caring for people with this condition.

The New Cross Hospital Dementia Project has an outreach team, going out to wards throughout the hospital to visit patients and staff, thereby enabling them to put improved dementia care into practice.

**Planned Outcomes**

The intended outcomes of the New Cross Hospital Dementia Project are:

- A reduction in falls, infections and pressure ulcers.
- A reduced length of stay and fewer discharges to institutional care.
- Improvements to staff training.
- Provision of person-centred care to patients with dementia.
- Improved patient and family satisfaction, resulting in fewer complaints.
- Reduction in the cost of care, both for the hospital and for the whole care system within Wolverhampton.
- Development of an evidence-based care bundle, which will be shared in the West Midlands, nationally and possibly internationally.

**Components of the Project**

The New Cross Hospital Dementia Project entails six active work threads:

- **Person Centred Care**: responsible for development of the care bundle and associated care processes.
- **Medical / Therapeutic**: developing the clinical model of care, admission criteria, clinical protocols, pharmacology and audit.
- **Training and Development**: ensuring all staff across the Trust have, at the minimum, some knowledge and understanding of dementia.
- **Built Environment**: adapting the dedicated ward to meet the needs of people with dementia in an acute care setting.
- **Metrics / Outcomes**: developing a set of measurable outcomes, compatible with Commissioning for Quality and Innovation (CQUIN) indicators.
- **Evaluation**: setting baseline measures and testing the overall effectiveness of the care bundle and the whole programme. This will be validated externally and is chaired by Professor Dominic Upton at the University of Worcester.

The project began in July 2009 and will be evaluated robustly by independent specialists in July 2011. It is hoped that the findings will be shared throughout the West Midlands, nationally and perhaps internationally.

**References**


"Our aim is to have a fully dementia friendly hospital, or as near as possible," says Grace. "We have a very ambitious training programme for staff."
Improving Hospital Care for People with Dementia (NHS Confederation)

This report covers the issues for NHS Trusts in caring for patients with dementia, many of whom may have been admitted for other conditions. The emphasis is on improving the quality and efficiency of acute care for these people simultaneously.

Shortening the length of stay has the potential to reduce unnecessary costs. Initiatives include the improvement of staff training, to help staff identify patients with dementia and manage hospital admissions and discharges intelligently.

Patients have been helped using colour coding on doors and signs, and illustrated menus. The introduction of nutrition assistants on hospital wards ensures patients receive correct nutritional care and hydration. The over-use of anti-psychotic drugs is cited as a particular issue that needs to be addressed.

The appointment of a lead clinician to bear the responsibility for coordinating and promoting improved care for patients with dementia brings improvements, as do the development of liaison services and increased staff training to improve dementia awareness among staff.

Examples of “best practice”, and of the innovative work which NHS Trusts and cross-agency partnerships are undertaking to enhance patient care, are provided. Specific projects noted for their promise include:

- The role of nutrition assistants at Harrogate.
- The impact of environmental improvements at Mid Cheshire Hospital.
- The work of the mental health liaison team in Leeds.

This report offers a list of challenging questions for boards to consider and suggestions for policy developments which will help in implementing the National Dementia Strategy.

Full Text Link
Reference:

An Instant Test At 40 To Predict Alzheimer's Disease?

It has been incorrectly reported in the press that scientists are developing a “30-second Alzheimer’s screening test” which could be available in under two years.

Research into MRI scans of 428 healthy adults in their forties found changes in the intensity of white matter lesions in specific areas of the brain in 0.4-20% of the participants. The presence of these lesions, called “white matter hyperintensities” (WMH), in the frontal and temporal lobes of middle-aged people was linked to poorer performance in some cognitive tests, especially if the WMH was on the left side of the brain.

This research does not constitute an early test for Alzheimer’s or dementia. It has simply been over-hyped in the press.

Full Text Link (a)
Reference:
Brain scan is not an Alzheimer's test. NHS Choices, Friday November 12th 2010.

Full Text Link (b)
Reference:

“The causes for Alzheimer’s disease are not firmly established and there remains no predictive test”.

“Listening to patients and their carers and engaging with them in a meaningful way is key to treating patients with dignity and compassion”.

Page 3 of 6  Dementia: the Latest Evidence
Examples Illustrating “Living well with dementia: a National Dementia Strategy”

This Good Practice Compendium brings together examples of best practice from across the regions to support local delivery of the National Dementia Strategy and to improve outcomes for people with dementia and their carers. It is designed to be an enabler for local change, as recommended in the Department of Health’s “Quality outcomes for people with dementia: building on the work of the National Dementia Strategy” (2010) report. This compendium of examples is geared to the revised outcomes-based implementation of the earlier 2009 “Living well with dementia: a National Dementia Strategy Implementation Plan”.

Examples of good practice are listed by region. To provide guidance, each example is mapped to the relevant National Dementia Strategy objective(s) (Appendix 2 of this document provides a full listing) and to the quality outcomes for people with dementia (as described in the revised implementation plan, and found in Appendix 3 of this document).

Full Text Link
Reference:

Green Tea Has Potential For Protection Against Alzheimer’s Disease

A concentrated green tea extract, after treatment in the laboratory to mimic the effects of normal digestion, was found to contain over 30 major compounds, called polyphenols which remain active after digestion. The extract was then tested on nerve cells from rats to see whether it helped protect against the toxic effects of certain chemicals and a protein linked to Alzheimer’s disease. The results indicate that green tea metabolites (the contents of the green tea extract) can reduce cell death caused by hydrogen peroxide and beta-amyloid protein in the laboratory. This evidence provides the basis for further studies into flavanols (polyphenols) as a potential way of alleviating some of the effects of Alzheimer’s disease.

Note: These findings do not offer conclusive evidence that green tea combats Alzheimer’s disease or other conditions. This study used animal cells grown in the laboratory and caution is required before applying this research to humans. It is uncertain whether the cell protection seen in isolated rat nerve cells in the laboratory is applicable to human Alzheimer’s disease.

Full Text Link (a)
Reference:

Full Text Link (b)
Reference:

“Green tea could protect the brain against Alzheimer’s and other forms of dementia,” say scientists” reported The Daily Mail (January 6th 2011).
Another Test to Detect Early-Stage Alzheimer’s Disease?

Diagnosis of Alzheimer’s disease currently involves cognitive tests and then the exclusion of other causes through brain imaging. It can only be confirmed by looking at changes in the brain after death. A new technique for a blood test to detect Alzheimer’s disease may soon be on the way.

The new method involves screening the blood for antibodies. The technique involves passing blood samples over special slides coated with a synthetic substance designed to identify the antibodies. This test was first developed using mice and then refined on Alzheimer’s disease in humans. Raised levels of two antibodies have been found to occur in the blood of people with Alzheimer’s disease but not in unaffected people.

Note: This technique may lead to blood tests for conditions such as Alzheimer’s disease, but the research is in its early stages. The study did not determine how early in the course of developing Alzheimer’s disease the antibody changes might be detected, so it is (as yet) unclear whether the test could detect early-stage Alzheimer’s disease as some newspapers suggested prematurely.

Reference:
Alzheimer’s blood test shows promise. NHS Choices, January 7th 2011.

Sub-Standard Care Puts People with Dementia at Risk

Approximately 750,000 people in the UK have dementia, and two-thirds of these live at home with support from family and/or social services. A new Alzheimer's Society report - based on feedback from carers, health workers and patients – asserts that home support given to a quarter of a million people with dementia and their carers is an "absolute travesty" and itself generates unnecessary admissions to hospital and care homes. Sub-standard care results in 50,000 people being forced into care homes early, and each avoidable month spent by these people in care costs the government £70 million. Tens of thousands of people are admitted to hospital unnecessarily.

Better training of staff and improved access to services in the UK are necessary to help people remain in their own homes. Respite care, allowing carers periodic breaks, is often lacking, and there is too little joined up working between the NHS and social care. Local authorities are applying ever stricter criteria for eligibility to social care support. Each dementia patient requires a proper assessment and a personalised care plan to ensure he/she receives the right medication and support.

Commissioners should invest long-term in dementia services and training which are geared to keeping people out of hospitals and care homes.

Reference:

“It is an absolute travesty that so many people with dementia are being forced to struggle without the care and support they need. The consequences represent an unacceptable human and financial cost.”
**Exposure to Statins in Early Old Age May Lower Risk of Alzheimer’s Disease**

This US study looked into whether statins reduce the risk of Alzheimer’s disease, and investigated the influence of age and the Alzheimer’s gene (APOE) e4. Over 3,000 participants were tested for probable Alzheimer’s disease. Overall, use of statins reduced the risk of probable Alzheimer’s disease after adjusting the data for demographic characteristics and vascular risk factors. When taking age into account, the effects of statins were significant only in patients aged 65-80 years and not in those older than 80 years. Statin use appeared to reduced risk of Alzheimer’s disease in patients with the e4 allele but not in those without.

**25% People with Parkinson's Disease Without Dementia Have MCI**

This international study investigated the frequency of mild cognitive impairment (MCI) in people with Parkinson’s disease (PD) without dementia. A quarter were classified as having MCI. People with MCI tended to be older, have an older age of onset of PD, have a longer disease duration, have worse motor function, have greater disease severity and be more likely to use dopamine agonists. People with MCI were more likely to have depression.

Future studies are needed to establish the risk factors for cognitive decline and assess interventions at the pre-dementia stage.

**Post-Traumatic Stress Disorder and Increased Risk of Developing Dementia**

This study examined the association between post-traumatic stress disorder (PTSD) and the risk of developing dementia among 181,093 US veterans aged 55 years or older over the period 1997–2007. Overall veterans with PTSD were nearly twice as likely to develop dementia compare to those without PTSD, and this increased risk held up across all sub-types of dementia.

**Reference:**

**Reference:**

**Reference:**