New Directions: Initial Steps Towards Elder-Friendly Hospital Wards

By Matron Karen Bowley from the Dementia Ward, New Cross Hospital.

Introduction

Ward D8 at New Cross Hospital are embarking on a project to improve care of the elderly services. RWHT staff are developing a number of ideas for improvements which were received in a Listening in Action event held on the ward. Some of these suggestions involve small changes with only minor costs while others entail larger projects that will require investment of one sort or other.

One of the simple small changes we have made already is to provide brightly coloured light weight cups for patient drinks. This enables patients to see their mugs easily and hold them more securely, giving patients more confidence to drink and thus improve hydration.

First Steps...

The name chosen is: New Directions - the journey of a thousand miles begins with one step. (Lao-Tzu, 604 BC - 531 BC).

The broad aims of the project are to work with patients, relatives and staff to improve services and outcomes for elderly patients, with a particular focus on:

- Communication with compassion.
- Assist patients to maintain independence, ensuring dignity.
- Relieve pain effectively.
- Encourage adequate nutrition.

This is in line with the “CARE campaign”, a joint drive by the Patients Association and Nursing Standard magazine to improve fundamental patient care throughout the UK.

The Quality Mark

Part of the project entails working with the Royal Colleges to define the quality of care for elderly persons. The “Quality Mark for Elder-Friendly hospital wards” is a new initiative which seeks to identify the essential elements of care for older people on hospital wards and support staff to improve and gain recognition for the quality of care they provide.

The scheme encourages consistent attention to essential care and continuous improvement through a three stage data collection cycle, during which wards put together an action plan, work on implementation and finally achieve their improvement goals.

Structure & Process

The Quality Mark creates an overall picture of how “elder-friendly” each ward is. This entails collecting information from patients, staff, the Ward Manager, a Lead Consultant, a team of Executives and senior hospital management. This information is collected through questionnaires and PIE, an observation tool developed specifically to look at the quality of care received by patients with dementia as it takes place.

Patient Feedback

Feedback from patients is a key component of the measurement of care quality. All older patients are asked to complete a
This month’s recommended web resource:
You may wish to view:
• Delivering Excellence in Dementia Care in the Acute Hospital.
This freely-available set of presentation slides summarises the background, philosophy, personnel and achievements of the New Cross Hospital Dementia Project.

New Directions: Initial Steps Towards Elder-Friendly Hospital Wards (continued)

brief questionnaire rating their comfort, food and drink, the support and help available from staff, and the respect shown for their privacy and dignity.

This is then linked to information provided by ward staff and leaders about morale and support for staff, skills and training, resources and the ward environment. Executives provide an outside perspective on the ward. Hospital level data provides information about the organisation the ward works within. D8’s Executive sponsor for the Quality Mark Project is Director of Nursing, Cheryl Etches.

Pilots
The data collection is undergoing pilot in 6 pioneer Trusts; one of which is the Royal Wolverhampton Hospitals Trust (RWHT). Staff on Ward D8 at New Cross Hospital and on Ward 2 at West Park Hospital (Wolverhampton) are involved in giving out questionnaires to older patients, providing feedback via staff questionnaires, and undertaking observations of care.

The Ward D8 Manager, Sister Diane Williams, and Dr D’Costa at New Cross Hospital, working with the Ward 2 Sister, Althea Hibbert and the consultant Dr Jawad at West Park Hospital, are leading the team in this work and will lead the action plan development. Staff from the Trust are also invited to provide feedback on the process of implementing the Quality Mark and how it could best be used to improve practice.
For more information see: www.wardqualitymark.org.uk

VERA Framework for Communication with Dementia Patients (Nursing Standard)

The authors present their communication framework for use by healthcare professionals who come into contact with people with dementia. The framework is based on four key concepts: Validation, Emotion, Reassure and Activity (VERA). The framework was developed initially to meet the needs of students who find it useful to have structured guidance on how they should interact with people who have dementia.

This article offers a step-by-step communication process which guides and helps nurses in their endeavours to provide compassionate and caring responses to patients.

Full Text Link (Access requires an Athens password, a journal subscription or payment).

Reference:

Nutritional Optimisation for Older People with Dementia (Nursing Standard)

This article examines interventions to establish and maintain adequate nutritional intake in older people with dementia. A literature review identifies and evaluates 12 articles. Nurses need sufficient time and better training.

Full Text Link
Reference:
In this Department of Health web video, Prof. Burns applauds national efforts towards developing a suitably dementia-friendly healthcare environment. The main points raised are:

- The King’s Fund Enhancing the Healing Environment programme promotes the importance of managing and enhancing the care environment to provide better outcomes for people with dementia.
- Simple but effective steps can improve the care environment. Examples include altering the lighting, signs and floor coverings in hospital environments.
- An illustrative case-study based on work at New Cross Hospital (RWHT) shows how the A&E Department at Royal Wolverhampton Hospitals Trust has been pursuing an initiative to improve the care of people with dementia, by focusing on communication with staff and the importance of adequate nutrition and hydration. Changes to the layout of the A&E reception and assessment areas have resulted in a significant decrease in the number of falls. 87% of staff now rate their working environment to have improved.
- The video commentary stresses the importance of working to understand the special needs of patients with dementia, the issues of important to them, and what can be improved by altering the environment to meet their needs. These insights apply not just in general hospital settings but also in care homes and the community generally.

Read more and view the video: The importance of the healthcare environment. (Department of Health, Dementia).

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**Impact of Commissioning for Quality and Innovation Scheme (CQUINs) 2012/11 in London (MHP Health Mandate)**

This report analyses the impact of Commissioning for Quality and Innovation Scheme (CQUINs) in London. CQUIN involves a quality increment which applies strictly to a level of service over and above the standard contract.

This report examines the issues which appear to have been “incentivised” in 2010/11, how hospitals (the “service providers”) performed against their targets, and the financial impact of their actual performance.

The report estimates that London hospitals missed out on nearly £22 million of revenue in 2010/11 as a result of their failure to meet CQUIN goals; which was 23% of the total CQUIN revenue available.

Commissioners and providers are advised, by the authors of this report, to use CQUINs as a tool to prioritise improvements in care for conditions with increasing prevalence and costs, such as dementia.

London hospitals are working towards the London Dementia Care Pathway. The use of a CQUIN to incentivise adherence to the hospital care pathway – as presented in the Healthcare for London Dementia Services Guide – is thought to be encouraging.

- **Full Text Link (a)**
  Reference:

- **Full Text Link (b)**
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“50% of London acute trusts achieved the full payment available through the effective implementation of the London Dementia Pathway CQUIN in 2010/11”.

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Professor Alistair Burns (National Clinical Dementia Director, Department of Health) talks about the importance of the healthcare environment for people with dementia.
Three million lives could be improved across England by using new high-tech healthcare. After seeing the technology in practice in Cornwall on January 3rd 2012, Care Services Minister Paul Burstow decided it should be made available to more people with long-term conditions (such as dementia).

Over the next five years the Department of Health will work with industry, the NHS, social care and professional organisations to bring the benefits of assistive technology including telehealth and telecare to millions of people. Telehealth and telecare use IT equipment and networks to monitor vital health signs such as pulse, weight, respiration and blood oxygen levels, which can be read remotely by health professionals. This means people can stay in their own homes safely with the reassurance that a doctor or nurse will be alerted should problems arise.

**WSD Programme**

The Whole System Demonstrator (WSD) programme was set up by the Department of Health to determine the potential benefits of telehealth and telecare. The programme involved a randomised control trial involving 6191 patients and 238 GP practices across three sites; Newham, Kent and Cornwall.

**Department of Health Concordat**

A “Concordat” (i.e. an agreement) has been launched between the Department and the telehealth and telecare industry, outlining the framework for successful implementation of telehealth and telecare in healthcare in England. There should be fewer unplanned admissions to hospitals and care homes, and easier / swifter discharge from hospitals, if these plans work as intended.

**Promoting Effective Commissioning and Supporting QIPP (NHS Confederation)**

There has not been a consistent definition of what constitutes an inpatient bed in mental health, and this has resulted in difficulties in benchmarking and judging performance. This report addresses the in-built variations in peoples’ understanding and suggests a set of definitions for use by commissioners and service providers.

An assessment in hospital is necessary in some cases. A “dementia bed” is one for a patient with a presumed or confirmed diagnosis of dementia who has severe behaviours which require assessment in a hospital setting. The design of the setting should be tailored to the needs of those with dementia and consider the use of appropriate assistive technology.

**Reference:**

An Outcomes-Based Approach in Mental Health (NHS Confederation / Mental Health Network)

The Mental Health Network had earlier been commissioned by the Department of Health to produce a report about how to develop an outcomes-based approach to improving mental health. The main recommendations from that report are presented in this briefing, and targeted at the Government, the NHS Commissioning Board and emerging Clinical Commissioning Groups (CCGs).

The policy context for outcomes in mental health is explained, including the need to develop an implementation framework in support of the “No health without mental health” strategy.

A case study looks briefly at the example of NHS London, concerning use of the dementia needs assessment pack (entitled “The Chapter”). This is being used across the region. A public health physician has been commissioned to assess the current prevalence of dementia in every London borough, taking into account the demographic profile of the population and likely changes in demand. The percentages of people identified as having dementia currently varies from 30 per cent to 75 per cent, between different areas.

The Chapter supports the examination of models of care for people with dementia and helps to determine when and where efficiency savings could be made; for example, in terms of unplanned and emergency hospital admissions. The aim is to calculate the appropriate level of preventable hospital admissions for local service providers to use as a performance target.

The development of outcome measures is underway, which might be applied more broadly.

Full Text Link

Reference:

Extra Care Housing Schemes: Benefits for Older People’s Health (PSSRU and Housing LIN)

Extra care housing offers practical alternatives to residential care, with savings for the NHS and social care services.

This review of 19 extra care housing schemes by the Personal Social Services Research Unit (PSSRU) concludes that extra care housing does improve older people’s health and wellbeing, coupled with greater choice and independence. The report summarises an evaluation of 19 schemes funded between 2004 and 2006, with findings on improved outcomes, care efficiencies and cost effectiveness plus other more qualitative factors including older residents' wellbeing.

Full Text Link (a)

Reference:

Full Text Link (b)

Reference:

The Personnel Social Service Research Unit (PSSRU) and Housing LIN have published an evaluation of the Department of Health’s Extra Care Housing Fund.
Pre-Dementia More Common in Men than Women (BBC Health News)

Researchers at the Mayo Clinic tracked the health of almost 1,500 elderly men and women over three-years. More men developed mild cognitive impairment (MCI) (72 in every 1,000) compared to women (57 per 1,000). Men have a higher risk of developing the earliest signs of dementia, namely MCI, although it is widely accepted that women are more likely to develop full-blown dementia in later life.

Understanding why men are relatively unlikely to develop full dementia could offer useful clues about how dementia progresses and possibly suggest the means of halting dementia in future.

Full Text Link
Reference:

Future Alzheimer’s Disease Sufferers Are Potentially Identifiable Ten Years Earlier

People at risk of developing Alzheimer’s Disease (AD) could be pre-diagnosed ten years before the disease becomes manifest, according to a study published in the Archives of General Psychiatry.

The research at Lund University (Sweden) involved 140 people with Mild Cognitive Impairment (MCI). This study investigated the potential of cerebrospinal fluid (CSF) biomarkers for total tau (T-tau), phosphorylated tau (P-tau), and β-amyloid 1-42 (Aβ42) to predict the future onset of AD dementia in patients with mild cognitive impairment (MCI). It also compared these CSF biomarkers between early and late converters to AD.

Full Text Link (a)
Reference:

Enhancing the UK’s Research in Dementia (Alzheimer’s Research UK)

This report urges the Government and other policy makers to show still greater commitment to a UK national dementia research strategy.

The UK has a world-renowned dementia knowledge-base and research capability, but these world-class strengths could be undermined relative to overseas initiatives unless scientists have better opportunities to enter and remain in dementia research.

Full Text Link
Reference: