An Emergency Care Perspective – Dementia

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Most people find the experience of a hospital admission stressful, but people with dementia are more at risk.

People with dementia are more likely to find the experience frightening and disorientating, because of the physical environment, and the physiological changes due to old age.
A fall – laying on the floor all night
Delirium sets in, I am confused, in pain, I hear voices, I am cold and scared
○ The carers come they call me
○ I am going somewhere, with strangers
○ In an ambulance – to a strange place, pain, noise, I am distressed
○ Little is known about me here
○ I am ALONE – take me home
○ Its difficult to get the words out – listen to me
Background

- Every month 700 - 800 patients aged 75 years and over are admitted as an emergency to QEHLK with a similar number of patients to the NNUH
Background

- Cardiovascular disease, respiratory conditions and falls are among the most commonly reported problems.

- Older patients are far more likely to spend longer in A&E and be admitted to hospital because of a lack of support at home.
Attendance Presentations

- Falls
- Infection
- Acute confusion - delirium
- Acute medical or surgical problems
- Exacerbation of long term conditions
- Crisis point with both medical conditions and/or social care problems
October 2013 – 777 patients –
A snapshot of 156 Patient admitted to A&E QEHL

- 33 patients were discharged directly to their usual place of residence
- 123 admitted to hospital
- 110 admitted to an assessment area (therefore requiring another move)
- 42 Cardiovascular events
- 40 fracture/burns/wounds/head injury
- 20 Respiratory problems
- 20 variable reasons including social
- % out of hours
Challenges for the Person, Family, & Carers

Coping with the stress of sudden hospitalisation

- An acute medical problem or trauma, often with deterioration in social arrangement
- Transfer by ambulance to A&E often multiple moves
- Unfamiliar environment, the volume of new information, unfamiliar people;
- Scared, lonely often in pain, an acute medical problem & communication challenges
Emergency Admission Challenges

Information does not follow patients to the A&E unit

- A sudden admission, often out of hours
- Carers or family not available
- Information scanty
- The environment is not conducive to the needs of frail older people with dementia
- Volume and pace of activity is high with invasive procedures
Emergency Admissions

- Difficult for A&E to establish to confirmed diagnosis of dementia
- We know 1 person in 3 will have a degree of cognitive decline
- The 4 hour QI may increase the amount of moves for a person
QEHKL Perspective

PEER APPROACH
Person Centred
Education
Environment
Research and audit
Person Centred Approach

Staff engagement with the carer at the soonest point and identify carer coping levels:
- We have information packages for carers in emergency areas.
- We have a rapid assessment team that enables patients to be returned to a place of residence or respite where possible.
- We will shortly have access to the dementia diagnosis system on arrival.
- Find out about the person...
New Project: Local Assessment Tool

- An assessment tool undertaken on arrival by nurses, specifically for older people in A&E
- Indicators to identify those people that may be able to return home or to alternative rather than an acute admission as soon as we can
- Establish person centred information at the soonest point
Specific A&E program has been developed to support patients in emergency setting. It includes:

- Pain assessment and management of procedures
- Engaging carers – knowing the person
- NSDA Coaching Program
- RCN dementia leadership program
- Dementia champions & support Worker
- Dementia awareness
Dedicated cubicles that support older people and dementia in A&E
New build design has a focus on dementia and therapeutic environment
Signage art and way finding
Sensory stimulation – IPAD project
Supporting families – private space
Research & Audit

- OP Assessment tool project
- IPAD project
- Exploring the value of the DSW in the acute setting
- Pain Project
A regional Approach – Dementia support in A&E

- Dementia education specific A&E program
- Older peoples assessment tool
- Engage carers as soon as possible, invite them to be with the person they care for at all times – information
- Respond to Carer CQUIN feedback
- Pain assessment tools for those with communication challenges
- Environmental design use opportunities
- Communication – avoid lost in translation
**NEW**

**Dementia Team Referral form**

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**I am a doctor who has completed the dementia screening in the blue book and the AMT score is ≤ 8.**

**What do I do now?**

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**I am nursing Mr Brown who has dementia and I feel he is not coping.**

**I would like some additional support for him.**

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**Mrs Jones, who has dementia, is recovering well, but her daughter who is caring for her is withdrawn and seems disinterested.**

**I’m worried she needs extra support.**

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**My patient has been taking anti-psychotic medicine since they were previously in hospital 6 months ago.**

**This medication needs reviewing.**

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**Forms are available on your ward/dept or by contacting the Dementia Team on extn. 3660**

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**Complete a Dementia Team Referral**

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This is now our single point of contact into the Dementia Team.

We take your request or referral and get the right dementia professionals to respond.
The Top 5 Ingredients to Supporting Dementia Care

1. Staff who are skilled and have time to care
2. Partnership working with carers
3. Assessment and early identification of dementia
4. Care plans which are person centred and individualised
5. Environments that are dementia friendly
Communication is the Key (poem Debra Sautner)
Signage

- Triangle of Care
  http://www.youtube.com/watch?v=dMWFkfLsQnY