

## Table work – Dementia Friendly Hospital Charter

### **Patient Passport:**

1. Should patient passports/ personal profiles (e.g. This is Me/ Forget Me Not) be standardised and be a requirement for all people with dementia whilst in hospital?
  - There should be a standardised form or document, nationally the same document should be used
  - Learning disabilities are proactive in using a passport, which is proactive, rather than reactive as in some older peoples wards
  - Engagement of staff needed, needs to be available on the ward for staff to use
  - One page profiles were in use on NHS Change Day initiative
  - It has to be a choice for the person living with dementia and their carer if they want to use it
  - Identification systems used in some hospitals such as the Butterfly Scheme, This is Me and Forget Me Not
  - Some comments such as overkill of usage
  - Need to ensure that every staff member is made aware of the initiatives
  - Getting to know me form used in A&E in some hospitals – given to all carers until midnight, phoned after midnight if not seen. They were put next to lockers, always in the same place with a 70% adherence
  - Executive buy in needed
  - Use of BME Pillowcase to identify people living with dementia
  - Implement as early as possible in patients journey
  - Need constant vigilance to make sure they are being completed

### **If so:**

2. How do we make sure that information on patient passports / personal profiles gets integrated into care and doesn't become a tick box exercise?
  - Education – Transforms attitudes
  - Realise the importance of the documents, and hence usage and completion increases
  - Value of the experience of people affected by dementia and staff satisfaction
  - Examples of the point of view of people living with dementia and their carers
  - Personal information extremely useful

- Help reduce it becoming just a tick box
  - Should be inclusive to everyone with a communication need, whether or not they are living with dementia
  - Good training and staff buy in
  - Recording of people living with dementia at the early stages alerts electronically loaded only by dementia specialist teams
3. What are the best ways of supporting family carers and involving/including them in care?
- Carers agreement – found it supported staff to include in care
  - Gives a type of permission
  - Gives an opportunity to share the care
  - Opening up visiting times – especially over meal times to encourage carers to be involved
  - Cultural issues – overseas nurses can work differently and carers give various aspects of care in different countries
  - Family structures are different and visitors can come from long distances
  - Some families felt uncomfortable with staff eagerness to get them involved – look at approach of how we engage and involve carers and staff
  - On call room for carers
  - Hammocks for visiting relatives
  - Dementia volunteers to help support carers and staff

## Outpatient Support

1. In what ways can patients with dementia in an outpatient setting be supported?
- All staff to have dementia awareness/ mandatory training across the Trust
  - Need to make dementia training specific to setting i.e What's different in outpatients?
  - Reducing waiting times for people who you know are living with dementia
  - Request that GPs write on referral if the patient is living with dementia
  - Request GPs copy in carers to referral correspondence
  - Send reminder texts/ emails to patients and carers
  - Pre-appointment letter to be easy read, provide good directions to the clinic
  - Inform nursing homes that patients must be accompanied
  - Referral letter to request patients to notify of memory problems
2. Outpatient clinics are extremely busy and medical staff have limited time. What systems do you have in place to overcome these challenges?

- Knowing that someone has dementia and flagging this on records (EPR) at pre-assessment
  - Trying to coordinate attendance eg, longer appointment
  - Markers on notes if the patient is living with dementia
  - Poster in waiting room, “Are you accompanying a patient with memory problems?”
3. Are there any specific reasonable adjustments that can be made to improve these pathways?
- Using an agreed format for assessment eg, All About Me
  - Clear signage
  - Clocks – at eye level, large size, digital presentation
  - Activities – Reminiscence boxes, sensory cards
  - Recommending carers to bring in an activity for stimulation – this should be in outpatient letter
  - Hospital transport – clarify in the letter that a person can be accompanied
  - Liaising with carers re: planning time of visit and appointment
  - Agreed policies/procedures about reasonable adjustments for people living with dementia
  - Raising issues at senior levels/ Board meetings/ Dementia Heads/ Matrons
  - Receptionist is the key person – to be aware of needs of people with dementia
  - Dementia trained volunteers to support people who are waiting for their appointment, to explain to patients what to expect from their appointment
  - Refreshments are available
  - Quieter space if available
  - Dementia patient to be given first appointment of the day
  - Buzzer system could mean patients could go for a walk, but have something to notify them when they need to return for their appointment

## Partnership and Emotional Needs

1. How do wards manage questions and complaints from patients who don't have dementia, towards patients who do?
- Management and leadership
  - Conversation with people without dementia, open, honest conversations
  - Specialist dementia ward?
  - Non stigmatisation of people
  - Challenging behaviours – promoting understanding of people who complain
  - Anticipatory care – Disorientation at night
  - Distraction techniques, activities
  - Understanding there can be difficulties

- History of the patient. Do they like to walk?
- Explanations can hold off complaints
- Discussed booklet vs conversation approach
- Being supportive of all individual patients needs for privacy and dignity
- Bay nursing in some hospitals means a nurse is always in the bay and can address any issues if they arise
- Carers/ family members being able to observe positive interaction between staff and people with dementia
- Debriefing staff and patients following 'incidents'
- Dementia lead nurses/ champions who are visible on the ward
- Fast patient flow prevents opportunity to meet and discuss issues relating to sharing ward environment with people with dementia
- Educating staff
- Encouraging carers onto wards

## 2. Who are we working in partnership with and who leads this?

- Dementia lead
- PALS
- Patients and carers
- Trust board
- Other specialities
- Service user involvement groups
- Dementia specialist nurse
- Care providers
- Social services
- GP's
- Alzheimer's Society
- Safeguarding
- Age UK
- Memory services
- Family members
- Third sector partners – hospice, geriatric teams (particularly providing end of life care), primary care
- Admiral Nurses
- Issues – Struggling to embed person centred tools such as This is Me into electronic records

## 3. How do we assess emotional needs? Can we meet those needs in the acute hospital setting?

- Emotional needs in acute care, not addressed in A&E

- Holistic approach would be better
- Specific CSW for carers – Carer friendly environment
- Carers coffee break
- Activities
- Twiddle mats
- Emotional activities – boxes on all wards
- Volunteers
- Dementia buddies
- Sugar cube café – drop in for people with dementia
- Work with physio and OT and dementia specialist nurse
- Importance of supporting staff and meeting their emotional needs, ie, incident briefing, training.
- Use of This Is Me and Butterfly Scheme
- Potential role of dementia lead nurses
- Memory café within hospital run by Admiral Nurses
- Alexandra Centre holds information and carers support service holds drop in information sessions
- Use of Digital Reminiscence Therapy (My Life system), within acute hospital with corporate staff being involved with using DRT with patients
- Non clinical staff and other staff giving up a lunch break to support and assist patients at mealtimes
- Issues: No psychological therapy support for patients, carers or staff in elderly acute ward, staffing levels poor, long day shifts prevents opportunity to get group of staff together for training and group supervision