**DEMENTIA FRIENDLY HOSPITAL & COMMUNITY**

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**Introduction** - 62% of people feel that a diagnosis of dementia means that their life is over. 1 in 4 hospital beds are occupied by people with dementia, who are over 65 years. Key reports such as the National Dementia Strategy, the National Audit of Dementia Care and the Care Quality Commission highlight a number of deficits relating to the care of patients with dementia in general hospital settings, which need to be addressed to improve outcomes for patients.

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**AIM**

**PRIMARY DRIVERS**

- In response to these report findings, Hampshire Hospitals NHS Foundation Trust (HHFT) aimed to ensure all patients with dementia receive care to meet their individual needs in an appropriate environment by 2017.

**SECONDARY DRIVERS**

- Strong clinical leadership to promote and sustain the visibility of dementia care.
- Appoint dementia clinical leads.
- Develop trust-wide strategy.
- Identify champions for dementia.
- Graded programme of education.
- Lead Dementia Specialist Nurses Appointed.
- Dementia care bundles developed and rolled out trust wide.
- Dementia care plans developed and rolled out trust wide.
- Joint working links made with SHFT OPMH service.
- Dementia patient and carer support packs for all on arrival to hospital (linked in with external agencies).
- Finger food menu available for dementia patients if required.
- Activity Coordinator role implemented across wards.
- Cake and Shake round available on all wards in between meals.
- Dementia team expanded to deliver 7 day working 365 days a year.
- Joint working with Wessex Heritage Trust on Memory Box project funded by National Lottery.
- Wessex AHSN Dementia project to share good practice across region.

**CHANGE IDEAS DELIVERED**

- **Aim/primary driver - Outcome measure:**
  1. Improved confidence levels in staff to look after patients with dementia.
  2. Patients and carers feel better supported during their stay in hospital.
  3. Reduction in falls in patients with dementia.
  4. Improved dementia environment scores.

- **Secondary driver - Process measure:**
  1. Numbers of patients screened, identified and referred to team.

**Delivery Overview** - Due to the scale of the project a dementia steering committee was formed consisting of a wide range of clinical and non-clinical multi-professionals and a carer representative. The group met bi-monthly to start with for planning purposes. An action plan was developed with the Acute Elderly Care wards on all three sites being identified as the primary focus to start with. This allowed the committee an opportunity to trial out a number of PDSA cycles and use the group meetings as a review point before acting and rolling the change out further across the trust. As the project progressed the dementia team slowly grew in size, so more projects were taken on which involved working collaboratively with other organisations and networks.

**OUTCOMES**

- **Total Falls - Acute Elderly Care Ward Where Dementia Interventions Implemented First**
  - "During my mother's recent visit this year, I witnessed how much improved the care of dementia patients is. I asked my mum what the difference was and she said, 'It is like therapy.'"
  - "I'm a dementia specialist nurse based in another trust. My husband is currently a patient and I am staying with him. I was touched by how impressed I am with the signage and information on dementia services. It is also great to see you signed up to Johns campaign".

- **"We think it is wonderful that your dementia team now exists as there was nothing like it when my mum was in hospital many times before and at her death".**

- "Training days very motivating".

- "I was a patient and I am staying with him. I like to say how much better our care is now, as I am aware of the importance and role of the dementia training and support provided by the care team."

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**Next Steps & Learning** - to make a difference to dementia patients and their carers it is imperative to use a range of quality improvement (QI) initiatives in order to inspire, raise awareness and educate those around you.

As the dementia service has grown it has also allowed us to take on smaller QI projects and then continue to use the steering committee as that study point of the PDSA cycle.

Over time we have refined our outcome measures and have learnt from our mistakes. At the end of last year we have finally got to a point where we are now set up to be able to look at our fails rates involving those patients with a dementia diagnosis. This has led us to re-thinking how we work with our other specialist services. We have recently started joint working with our falls and tissue viability services in order to take a more proactive approach with our patients.

A further expansion to the dementia service occurred at the beginning of 2017. The focus now is on providing compassionate leadership and support to all clinical areas 7 days a week (7-7pm), 365days a year across all sites. This allows us to continue to deliver our original aims and objectives, but also continue to create that culture where the patient is at the centre of the care we give.