

# Delivering safe, effective, person-centred care and improving the experience for patients with dementia in an acute care setting

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Duration: January 2015 - October 2019

Keywords: Dementia companion, acute care setting, environmental

adaptations

### **Project background**

Approximately 23,000 people in Northern Ireland are living with a diagnosis of a dementia disease and approximately 42% of people admitted to hospital have a secondary diagnosis of dementia (Travers et al., 2013; Timmons et al., 2015). Admission can be extremely distressing for people living with dementia and their families, with evidence showing they experience poorer outcomes such as cognitive/functional decline. In addition, acute care environments are often not conducive to meeting the needs of people with a cognitive impairment.

This project was based in a busy, 22-bed elderly acute care ward in Antrim Area Hospital, Northern Ireland.

## Aims and objectives

The aim of the project was to improve the experience for people with a dementia who were admitted to the elderly acute care ward. To achieve this, the objectives identified were to:

- Develop a collective vision about what good care would look like for those living with dementia when admitted to the ward
- Engage with key stakeholders to understand how they could contribute to the vision, via a multidisciplinary steering group
- Look at environmental adjustments that would help those with a dementia feel more at home on the ward
- Develop, implement and evaluate the dementia companion role within the ward
- Share and celebrate the learning and outcomes from the project

# Implications for practice

- Engaging people in sharing their values and beliefs, and using these to develop a vision for future care, is necessary in any practice improvement change
- Engaging stakeholders from a wide variety of backgrounds at an early stage of a project enables support in relation to ideas and resources, and builds stronger relationships for all involved
- Collecting a variety of evaluation data to demonstrate the worth of a new role, including its economic value, is an important way to achieve buy-in among stakeholders

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing

#### Online

Further information about the project can be accessed from: <a href="mailto:fons.org/library/report-details?nstid=75156">fons.org/library/report-details?nstid=75156</a>

# Key activities and outcomes

## • Developing a collective vision with the ward team

In order to develop a shared vision for person-centred care and facilitate transformations in the workplace, the project leaders had to ensure all staff were being listened to and empowered. They invited ward teams to contribute to a values and beliefs clarification exercise, and from this a collective action plan was developed to meet the objectives of the project.

## Developing a collective vision with the multidisciplinary steering group

The steering group comprised nurses, doctors and ancillary staff from portering, domestic and catering services. Some people from non-clinical services said they had never before been asked to discuss their values and beliefs in relation to how they could contribute to person-centred care. This group proved to be very supportive of the project, specifically in respect of the environmental adaptations.

## • Environmental adaptations to the ward area

Quick wins for the ward environment, such as the introduction of clearer signage and dementia-friendly crockery, kept up team spirit and the momentum of the project. Reminiscence folders were developed to use as a communication tool and to stimulate conversation for staff and for relatives when engaging with people living with dementia. Part of the shared vision was to create a quiet space on the ward for patients who may become distressed. After much hard negotiating by the project team, a room was secured on the ward for this purpose. All staff were involved in the naming of the room and the FoNS bursary provided funds for it to be decorated and furnished. The 'Butterfly Haven' was created and opened to provide the desired quiet space.

### • The role of the dementia companion

Developing and piloting the role of dementia companion took many conversations and negotiations between the project team and various stakeholders, within and external to the organisation. Once agreement was reached to fund a pilot, people were recruited to the role from domestic support staff and healthcare assistants. The key aspects of the dementia companion role are:

- spending one-to-one time with all patients on the ward who have dementia or confusion
- assisting and supporting patients with activities of daily living, guided by nursing staff
- engaging in activities using the reminiscence folders to facilitate stimulation

At the time of recruitment, the companions were provided with an extensive training programme, backed up by regular supervision and reflection to help them develop quickly into their new role. To evaluate the role, a large amount of qualitative and quantitative data were collected. The data proved so compelling that funding was secured for more permanent dementia companion roles across the trust. The outcomes included:

- Reduced falls
- Reduced episodes of reported distressed behaviours
- Reduced use of inappropriate security staff requests
- Releasing nurse time to care