



Person-centred care planning for people with dementia in hospital

Monday 30 October
14:00 – 15:30

Supporting better quality health and social care for everyone in Scotland





Welcome

Michelle Miller

Portfolio Lead

Healthcare Improvement Scotland

Supporting better quality health and social care for everyone in Scotland



Agenda

TIME	TITLE	PRESENTER
14:00	Introduction and welcome	Michelle Miller, Portfolio Lead Healthcare Improvement Scotland
14:10	Dementia in Hospitals Improvement Programme	Marie Innes, Senior Improvement Advisor Healthcare Improvement Scotland
14:30	Practical improvement example <ul style="list-style-type: none">NHS Forth Valley	Jeff Dormer, AHP Co-ordinator NHS Forth Valley
14:45	5 minute comfort break	
14:50	Practical improvement example <ul style="list-style-type: none">NHS Fife	Amanda Simpson, Senior Charge Nurse NHS Fife
15:05	Alzheimer Scotland Dementia Consultants	Con Gillespie, Dementia Consultant NHS Golden Jubilee National Hospital
15:15	Questions from chat and 'call to action'	Michelle Miller
15:25	Summary and evaluation survey	
15:30	Close	

The programme

- Scottish Government commission
Aim - improve hospital care for people with dementia
- September 2019 – September 2021 (to 2023)
- 3 settings - acute, community and specialist dementia units

If you were in hospital...

...what you would want the people supporting you to know?



Dementia in Hospitals - a quality improvement approach

Marie Innes

Senior Improvement Advisor
Healthcare Improvement Scotland

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Quality improvement approach

1. What are we trying to accomplish?
2. What changes can we make that will result in improvement?
3. How will we know that a change is an improvement?

1. What are we trying to accomplish?

Hospital care for people with dementia will be informed by a **personalised care plan** which reflects their strengths, needs, wishes and choices.

The person-centred approach will support the prevention and management of stress and distress.

Question

What gets in the way of good person-centred care planning?

2. What changes can we make that will result in improvement?

- Care plans are completed and documented
- The person and their family / carers are involved, and
- Staff are supported to use person-centred approaches in practice.

2. What changes can we make that will result in improvement?

16
learning
events

350+
attendees

106
coaching
calls

251
attendees

10 team
visits

61
attendees

2. What changes can we make that will result in improvement?

- 'Getting to Know Me' processes
- Creating life story books or memory boxes
- Staff education sessions
- Bedside posters

To improve your patient experience, staff would find it helpful if you or a family member or Carer could share some information about what matters to you. Please fill in the boxes below.

My full name is: My preferred name is:	Person closest to me is who is my
Things that are important to me e.g. routines:	What's helpful when eating and drinking:
What helps when I am in pain:	What upsets me and what makes me feel better:
Things that make me happy and like to talk about:	

Consent given and notes completed

 NHS
Forth Valley
Dumfries & Galloway

3. How will we know a change is an improvement?

- Increased knowledge and understanding of Quality Improvement

I previously knew nothing about quality improvement and have learnt a lot. ..it has given me confidence to consider using quality improvement in other areas

Occupational Therapist

- Improved networking opportunities

3. How will we know a change is an improvement?

- Reduced stress and distress
- Reduced falls

It was so rich the data ...we were able to link in the stress and distress data with less falls, less PRNs...that's the first we've been able to do that as a ward team...we've shown real positive progress here.

Senior Charge Nurse



healthcare improvement podcast

Healthcare Improvement Scotland: Dementia in hospitals programme

Improving hospital care for people with dementia

Lisa McDowall, Senior Charge Nurse at Jubilee Hospital, NHS Grampian

Subscribe now

www.healthcareimprovement.podbean.com



3. How will we know a change is an improvement?

Morale was low - I think the fact that we were trying something else - it helped. It was something positive and moving forward and not anything to do with COVID.

Senior Charge Nurse

The project for me it's just been ...life changing.. as a new senior charge nurse to....implement these changes that I knew needed to be done.

Senior Charge Nurse

3. How will we know a change is an improvement?

We would recommend these as exemplars of good practice

Mental Welfare Commission

Success factors

- Alzheimer Scotland Dementia Consultants
- Partnership approach with families and carers
- Whole team approach
- Flexibility when things are difficult – pause don't stop
- Quality Improvement approach
 - start small,
 - test, test, test!
 - collect data

Next steps

- Supporting Dementia Strategy and SIGN guideline implementation
- Sharing the learning across Scotland
 - Learning system activities including social media
 - Website
 - Dementia in hospitals toolkit
 - Linking with other national programmes and partner organisations

Practical Improvement Examples

Ward 4, Forth Valley Royal Hospital

Jeff Dormer

AHP Co-ordinator

NHS Forth Valley

Set the scene

Ward 4 – Forth Valley Royal Hospital

- 16 bed Acute Assessment Unit
- MDT
 - Occupational Therapist
 - Alzheimer Scotland Dementia Consultant
 - Nurses
 - Activity Co-ordinator
 - Psychologist

Plan to develop opportunity for person centred care through use of meaningful activity

Everyday

- Dementia in Hospitals Collaborative - specialist dementia unit.
- Dementia Specialist Improvement Lead (DSIL)
- Quality improvement skills and capacity within older adults AHP service.
- Getting to Know Me and stress & distress formulations.
- Use of The Pool Activity Level Instrument for occupational profiling.

Connecting People Connecting Support

- Meaningful occupations.
- Valuing the role of everyday activities in therapeutic interventions.
- Individually tailored interventions.
- Providing opportunity and choice in activities.



The change

Aim: For patients in Ward 4 to be engaged in meaningful activity to reduce stress and distress and provide a sense of purpose to the day.

Measure: Documentation in Care Partner of evidence of meaningful activity and the patient outcome.

PDSA Cycles examples:

- **No 1** - Feedback on the activity plan template
- **No 2** - Introduce concept to staff team
- **No 3** - OT to produce a personalised activity plan for 1 patient and add to patients individual folder.
- **No 4** - Personalised activity plan for 2nd patient.

Getting to Know Me

Senior Charge Nurse

- “I think the collaborative has been very positive for helping to change the culture in the ward to improve understanding of stress & distress symptoms. What has been embedded is the GTKM completion and focus on the orientation board completion”
- Stress & Distress Formulation

We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us.
Please ask a member of staff if you need any help to complete this information.

my name: my full name & the name I prefer to be called

the person who knows me best:

home, family & things that are important to me:
your family, friends, pets or things about home

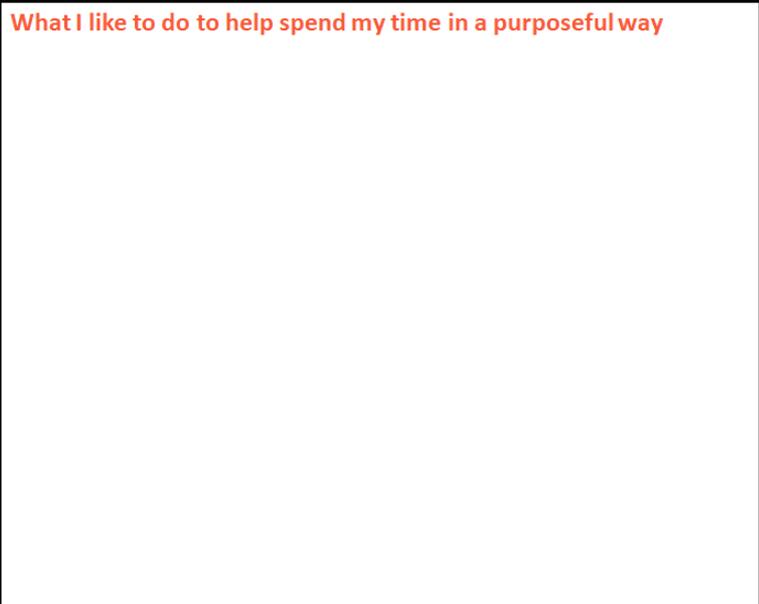
I would like you to know:
anything that will help the staff get to know you, perhaps things that help you relax or upset you

my life so far: this may include your previous or present employment, interests, hobbies, important dates & events.

Activity Plan

_____ activity plan

What I like to do to help spend my time in a purposeful way



_____ activity plan

My desired outcomes



How I would like staff to support me



The difference it made

- Documented in care plan by nursing colleague that use of the meaningful activity identified in activity plan reduced the need for PRN medication.
- Meaningful activity identified in activity plan being utilised by wider staff team.
- Mental Welfare Commission Inspection Report - Acknowledgement of contribution of OT in promoting use of meaningful activity on Ward 4 and use of activity plan to support persons transition to community hospital and/or care home.
- Positive feedback from MDT on availability and access to meaningful activity.

Feedback from OT assistant in community ward

“Enjoys listening to ABBA” – when I asked Louise what music she liked she was unable to name an artist but when I put ABBA on she sang along to most of the songs.

“Post Office in Stirling”- As I knew Lesley worked in the post office we spent time looking at new then old style post cards and stamps.

names & places anonymised

Feedback from OT assistant in community ward

“Football”

Struggled to engage George in seated football game at first, checked activity plan and was able to note down the names of teams he had played in/been captain of. Spoke to George for 5 mins, mentioning names of the teams which brought back memories. George then joined in the game.

Further changes

- Developed guidance note for activity plan.
- Shorter length of stay in specialist dementia unit impacting on ability for information gathering and creation of activity plan.
- High clinical demand for other OT Assessment/Intervention including discharge planning.
- Use of the activity plan in other settings i.e care homes to promote continuity of care. “activity plan has been extremely helpful. The Ward 2 staff copy it on to the GTKM White Board in the persons room”

Happily Ever After?

- Benefits of an MDT approach to meaningful activity: shift in traditional thinking around use of activity i.e. group activities, “planned sit down activity” to more personalised and shorter 1:1 meaningful activity that can be supported by the whole team.
- Role of Getting to Know Me in developing personalised approach to care.
- Development of MDT Integrated Person Centred Care Plan in development on Ward 4



Practical Improvement Examples

NHS Fife

Mandy Simpson

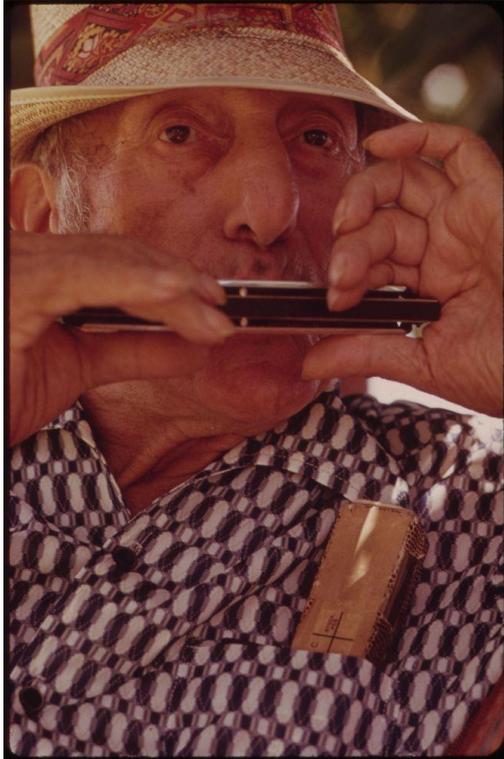
Senior Charge Nurse

Glenrothes Hospital, NHS Fife

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Dementia education board



Thank you for letting my dad be himself in the hospital, he is happy with his mouth organ, it helps with his stress.



Alzheimer Scotland Dementia Consultants

Con Gillespie

Alzheimer Scotland Dementia Consultant
NHS Golden Jubilee National Hospital

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Alzheimer Scotland Dementia Consultants

Alzheimer Scotland Dementia Consultants are working to improve care, enhance practice and transform the experience of people with dementia when they go into hospital.

History of Dementia Consultants role

- Dementia Consultants, or ASDCs, spend most of their time directly involved in improving general and community hospital care for people living with dementia, but they can also be found making a positive impact in mental health and other healthcare settings.
- Alzheimer Scotland launched the Specialist Dementia Nurse Programme back in 2006 and since 2015, every NHS board has had an Alzheimer Scotland Dementia Consultant in post.

History of Dementia Consultants role

- The Alzheimer Scotland Dementia Consultants also work closely with many other professionals and services, including over 1,000 Dementia Champions who are now trained to deliver skilled dementia care. The Dementia Consultants have a clear vision for the work that they do and regularly meet as a group to drive forward national improvements and policy.
- Funding for Dementia Consultants is shared between Alzheimer Scotland, Scottish Government and NHS boards.

Main roles and responsibilities

- Key leadership role in provision of dementia care in all NHS boards in Scotland.
- Advising and contributing to strategy, policy and standards of care.
- Collaboratively contributing to developing and maintaining robust systems to deliver optimum care in all clinical settings.
- Providing expert advice and support towards improving care to clinical teams.

What have we learned from the Dementia in Hospitals Improvement programme?

- There continues to be challenges to achieve the best of care for persons with dementia in clinical settings.
- Staff require support to help make sustainable changes in person-centred care planning.
- Outputs of projects demonstrate the motivation and commitment of clinical teams to improve the quality of care.
- Smaller quality improvement projects have demonstrated what is achievable in helping improve experience for people with dementia and their carers.

How can Alzheimer Scotland Dementia Consultants help?

Help, support and encouragement is available wherever you are practicing:

- Most areas have Dementia Champions who can give immediate practical expertise and help in day to day care delivery.
- If you have an idea to enhance dementia care please contact your local Dementia Champion and /or Dementia Consultant for your NHS board who will help progress and facilitate progressing your idea to enhance care for persons with dementia.
- ASDC will be able to help share learning and influence practice outwith your local area.

Alzheimer Scotland Dementia Consultants

- Suzanne Gray suzanne.gray5@nhs.scot (NHS Tayside)
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Over to you

What will you do next?

Thank you

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