A tale of two (or three) wards

Dr Duncan Forsyth
Dr Fiona Thompson
Addenbrooke’s Hospital, Cambridge
The Right Care: creating dementia friendly hospitals

- The goal - that by March 2013 every hospital in England will have committed to becoming a dementia friendly hospital, working in partnership with their local Dementia Action Alliance.

- Focus on improving five key areas:
  - The environment in which care is given
  - The knowledge, skills & attitudes of the workforce
  - The ability to identify & assess cognitive impairment
  - The ability to support people with dementia to be discharged back home
  - The use of a person centred care plan which involves families & carers.
The King’s Fund’s Enhancing the Healing Environment (EHE): Common themes

- poor signage, lack of intuitive cues & little purposeful use of colour & contrast to aid way-finding
- poor lighting, leading to glare & light pooling that can result in an unintentional barrier
- shiny floor surfaces that can look as though they are wet and slippery
- clutter & distractions
- stark, unwelcoming spaces including featureless corridors & little personalisation of bed spaces
- under-use of gardens & outside spaces.
Addenbrooke’s £15k ward
Ward £1m, Addenbrooke’s
Day and date clocks / orientation boards
Impact on patient outcomes

- Length of stay and readmission rates
- Incidence of BPSD
- Use of antipsychotics
- Falls
- Staffing levels
Bay nursing: improves staff well being and saves money

<table>
<thead>
<tr>
<th>Ward £0</th>
<th>Oct 2013</th>
<th>Nov 2013</th>
<th>Dec 2013</th>
<th>Jan 2014</th>
<th>Feb 2014</th>
<th>Cost over 6 months:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.88%</td>
<td>3.09%</td>
<td>4.46%</td>
<td>5.05%</td>
<td>5.81%</td>
<td>17,825.04</td>
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<tr>
<td>Ward 2</td>
<td>1.54%</td>
<td>4.94%</td>
<td>3.08%</td>
<td>2.90%</td>
<td>3.94%</td>
<td>14,207.93</td>
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<tr>
<td>Ward 3</td>
<td>0.79%</td>
<td>5.71%</td>
<td>7.77%</td>
<td>7.27%</td>
<td>10.08%</td>
<td>22,811.93</td>
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<tr>
<td>Ward £15k</td>
<td>1.39%</td>
<td>2.80%</td>
<td>1.83%</td>
<td>0.53%</td>
<td>1.39%</td>
<td>7,701.54</td>
</tr>
<tr>
<td>Ward £1m</td>
<td>3.81%</td>
<td>1.59%</td>
<td>2.97%</td>
<td>4.02%</td>
<td>4.18%</td>
<td>14,711.51</td>
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</table>
£1m ward

£15k ward
### Specialising

<table>
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<tr>
<th>Ward</th>
<th>Number of shifts</th>
<th>Nov 15</th>
<th>Dec 15</th>
<th>Jan 16</th>
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<tbody>
<tr>
<td>£1m ward</td>
<td>Requested</td>
<td>53</td>
<td>52</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Filled</td>
<td>38</td>
<td>32</td>
<td>4</td>
</tr>
<tr>
<td>£15k ward</td>
<td>Requested</td>
<td>0</td>
<td>26</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Filled</td>
<td>0</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>£0 ward</td>
<td>Requested</td>
<td>70</td>
<td>31</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Filled</td>
<td>49</td>
<td>16</td>
<td>33</td>
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### Dementia Training

<table>
<thead>
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<th>Ward £1m</th>
<th>7</th>
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<tbody>
<tr>
<td>Ward £15k</td>
<td>29</td>
</tr>
<tr>
<td>Ward £0</td>
<td>1 – Staff Nurse</td>
</tr>
<tr>
<td></td>
<td>Ward £1m</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Discharges</strong></td>
<td>902</td>
</tr>
<tr>
<td><strong>Mortality Rate</strong></td>
<td>9%</td>
</tr>
<tr>
<td><strong>Readmission Rate</strong></td>
<td>21%</td>
</tr>
<tr>
<td><strong>Beds</strong></td>
<td>26</td>
</tr>
<tr>
<td><strong>Discharges/Bed</strong></td>
<td>35</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>Computers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>10</td>
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<td></td>
<td>14</td>
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Supporting: Cambridge liaison old age psychiatry

- Consultation-liaison model (co-commissioned by CCG and CUH)
  - 1.6 consultants, 3.8 band 7 nurses
- 1200 referrals in 2014
  - (some one-off assessments but many have short term pharmacological and/or psychological therapy with regular reviews)
- Response times:
  - emergency one hour, urgent one day, routine two days
  - most seen same day or the following day if referred late in the day
  - ED and RADAR are prioritised.
- LOS in those with mental illness comparable to those without a Δ
- Development & delivery of dementia strategy, dementia champion training
- CPD all grades of medical, nursing & AHP staff
- 2014 winners of the Francis Jaye compassionate care award and were finalists in NHS England Compassion in practice award.
Referrals to liaison psychiatry from three wards

- 6 month period – total referrals = 101
- Numbers, diagnosis, complexity, LOS
- Use of sedation including audit against Trust guidelines
- Use of sedation at discharge and onward communication.
Median LOS

• Ward £1m – 14 days
• Ward £15k – 22 days
• Ward £0 – 20 days

• Complexity – GAF and contacts equivalent
• Contacts median 2-3
• ‘Adapted GAF’ 40-50 range for all referrals.
DD referrals, prevalence of severe BPSD and use of sedation.
Referrals from the three wards to LPOP over six month period.

Total referrals
N=101

- Delirium or dementia
  N=70

- Severe BPSDD
  N= 45

- Other problems related to DD
  N=25

- Sedation
  N=36

- No sedation
  N=9

- On sedation at discharge
  N=6

- Clear communication to review
  N=5

- Other psych
  N=31
Audit of use of sedation in patients with severe BPSDD referred to LPOP

- Prior to referral 97% of patients treated in line with Trust standards
- Post referral to LPOP 100%
- Six out of 36 patients remained on sedation at point of discharge. 30 patients had sedation stopped either by psych or medical team
- Clear communication for future review in 5/6 patients either in medical or psych discharge notification
So what is the impact of ward renovation on patient outcomes?

• Possibly reduced LOS
• ? increased staffing requirements
• Possible reduced levels of BPSD and sedation in adapted wards.
• Less specialling
• Across the board- low levels of sedation and 5/6 stopped by discharge.
• Falls rates probably more affected by staff and bay nursing than less sedation
• Consider confounding factors: training, other factors affecting discharge planning effectiveness.
THANK YOU FOR YOUR ATTENTION