

Community Engagement in Action

Supporting People with Dementia in Hospital

Calderdale & Huddersfield NHS Foundation Trust

in partnership with

Greenhead and Crossley Heath Colleges

November 2013



Introduction

Hannah Meehan – College Student and Volunteer

Jacob Reynolds – College Student and Volunteer

Renee Comerford – Ward Sister

Anthony Dawson - Occupational Therapist

Barbara Schofield – Nurse Consultant for Older People

'How it was'

Patients

- Falls and incidents
- Agitation and wandering
- Isolation and boredom
- Discharged to care homes

The word "CHAOS" is rendered in a 3D, metallic, silver font with a slight shadow underneath, giving it a three-dimensional appearance. The letters are bold and blocky, with a slight slant to the right.

Staff

- Low morale and high levels of stress
- Sickness and absence
- Complaints
- Un-co-ordinated care

Ward 19

Environment

- Poor signage
- Every room looked the same
- Cluttered and disorganised
- Shadows and glare
- Nowhere for patients to go
- Invisible staff

CLUTTER

Acknowledgement

‘Research Study to Test the Feasibility and Acceptability of a Multicomponent System of Care to Prevent Delirium in Older People in Hospital’

*Academic Unit of Elderly Care and Rehabilitation, University of Leeds
Bradford Institute for Health Research, Temple Bank House*

Modelled on:

The Hospital Elder Life Programme (HELP)

NICE guidance – Multifactorial Delirium Risk Factors

Prevention of Delirium Programme – ‘POD’

Patient group

- Age 65 years or older
- +
- Cognitive impairment and/or dementia
- or
- Current hip fracture
- or
- Severe illness

Clinical Factors

1. Cognitive impairment/ confusion
2. Dehydration +/- constipation
3. Hypoxia
4. Immobility or impaired mobility
5. Infection
6. Multiple medications
7. Pain
8. Poor nutrition
9. Sensory impairment
10. Sleep disturbance

Prevention and Management Strategies

1. Interventions from nursing, medical and therapy team in preventing or managing 10 clinical factors
2. Specific interventions (e.g. mobilisation, feeding) that depending on the level of need of patients may require skilled therapist and nursing care or moderate/minimal assistance provided with help of volunteers with appropriate competencies
3. Meaningful occupation that ward staff may not have time to carry out routinely: spending time with patients, engaging in social and stimulating activities (e.g. reading, conversation, reminiscence) and for which families and / or volunteers can offer a unique contribution

Acknowledgement

The Butterfly Scheme[®]

reaching out to people with dementia



Care philosophy

- Recognising risk
- Engagement with families and carers
- Understanding the person – memory care plan
- Person centred care planning
- MYLIFE
- Social engagement
- Re-orientation
- Reminiscence

Making it happen – Hannah and Jacob

Student Story

- How this project excited us
- What keeps us coming
- What we do



Where do we go from here?

Training, mentorship and role definition

Enrichment placements – up to 2 years

Trust wide pathway



Completing the Team

