

The dementia friendly hospital

- Contradiction
- National dementia strategy
- Hospital survey
- National audit
- Neuroleptic use
- Dignity campaign

Acute Medical Ward for Dementia

- Ward Design
- Focal point of expertise
- Test our ideas
- Concentrate care
- Crystallise good & bad

Care Bundle Design

- Communication
- Hydration
- Nutrition
- Environment
- About Me

Education of Team

- Nurses
- Doctors
- Physiotherapists
- OTs
- Volunteers
- Social worker
- Capacity
- Rehabilitation

Out Reach Dementia Service

- Consultant nurse
- Sister
- OTs
- Consultant
- Selected ward nurses

Admission Criteria

Dementia plus acute physical illness

The dementia coordinator maintains a priority patient 'pull board'

Exclusion Criteria

- MMSE ≥ 25 or AMT ≥ 8
- Delirium alone
- Waiting for 24 hour care
- Dementia requiring specialist interventions e.g.:#
NoF, acute variceal bleed
- Pre-Op patients with Dementia
- Alcohol withdrawal (Delirium Tremens)
- Where care can be, given equally, well on another ward

Staffing ratios

- Twilight shift
- Number of nurses
- Dedicated OTs
- Physiotherapy
- SALT
- Volunteers

Different ways of working

- More flexible
- About Me document
- Activities
- Use of Garden
- Emotional support to patients & carers

Interaction Interaction Interaction

- About Me document
- Emotional support to patients & carers
- Activities
- Use of Garden
- Music
- Snacks
- Protected meal times
- Volunteers
- Chaplain
- Artist

Outcomes

- Discharges to own home
- Weight gain
- Falls
- Infections
- Pressure sores
- IV fluid use
- Comment book

What next?

- Discharge
- Person centred care throughout hospital
- Coordination of OPA and hospital based investigations
- Outreach to community
- Carer support group
- and so much more....