

Education & Training & Development for the Whole Workforce-

Developing a New Culture

Jo James



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Throat, Nose and
Ear Hospital

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The Idea

- **Become an Exemplar of General Hospital Care for People with Dementia**
- **Provide an environment where patients feel safe and carers feel confident**
- **Every part of the patient's journey to work**



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Where to start..

We have to start thinking about our hospitals as providing an experience.

What kind of an experience?’

Lee 2005



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In Hospital...

‘Meet the damaging world of control, of rigid institutional routines, of risk avoidance, of unhelpful environments, of eagerness to prescribe or run for the sedatives, of attributing everything to dementia, of mechanistic care-giving, of one size fits all.’

Barbara Pointen 2008



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Maggie's Acute Experience – Day 1

- Seen by GP
- Picked up by Paramedics
- Triage by A&E nurse
- Bloods by EDA
- Assessed by Dr
- Moved by Porter
- Xray by Radiographer
- Sent to ward
- Moved by another Porter
- Seen by ward nurse
- Asked to move chair by Domestic
- Served drinks by Housekeeper
- Asked about menu by Volunteer
- Taken to the toilet by the Healthcare Assistant



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And then....

- Ward Manager
- Ward Clerk
- Registrar
- Consultant
- Physio
- Physio Assistant
- OT
- Diabetic Nurse
- Dietician
- Discharge co-ordinator
- Social worker
- Security Staff
- Bed Manager
- Speech & Language Team
- Chaplain
- Complementary Therapist
- Hospital Transport



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The Plan

- To offer and encourage all members of staff to undertake training
- To highlight personhood, communication and reasons why someone might get stressed
- To provide an environment which supports the training



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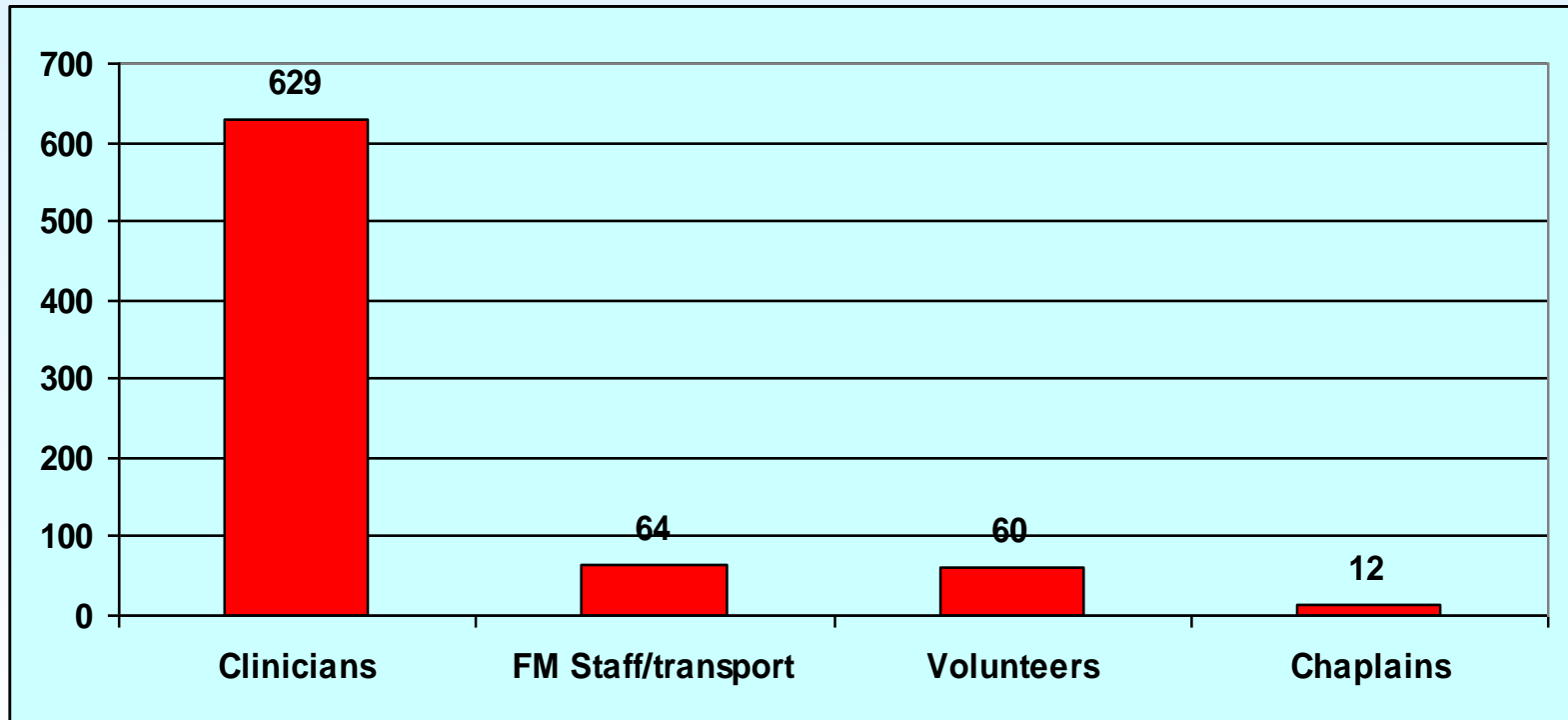


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Training Delivered to 765 members of staff since April 2010



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Regular training

- Monthly backfilled study days for nurses
- Bi-Monthly FM training (1/2 day)
- Monthly transport staff training (1/2 day)
- Regular slot on FY1 & 2 training programme
- Nurse Induction Slot
- Best Practice in Dementia Care course for HCAs
– 3 groups running.
- Quarterly MDT Ethics Workshops



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The Response so far...

- 100% of staff felt it was relevant to their practice
- 98% nurses & 100% of non-clinical staff said that the training would affect the way they deal with people with dementia.
- Non-clinical staff have been by far the most responsive to the training



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Supporting the Change

- **Specific guidance for teams**
- **Dementia Portal**
- **Person-centred care (8 Important Things About Me)**
- **Carer's Passports**
- **Blue bands**
- **Improved signage**
- **Orientation Adjuncts**
- **Complementary Therapies for all inpatients with dementia**
- **Coloured Glass Scheme**
- **Pictorial Menus Development**



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Measuring Success

- Difference in LOS for pts with and without dementia has dropped by 3 days
- Number of patients with dementia staying over 30 days has dropped by 4%
- Pt & Carer satisfaction has increased from 20% to 60%
- Well-being score has increased from 73% to 86%



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Summary

- Changing culture is no quick fix.
- There needs to be an infrastructure in place to ensure that change is sustainable
- We need to prove to hospital managers that good dementia care is cost effective
- There needs to be funding.
- We need to engage with our local service users on a regular basis.
- Be willing to share what we do and work together.



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**Idea exchange
Carer's Passports
Blue Bands
Shared Training
Support for Each Other**

University College London Hospitals **NHS**
NHS Foundation Trust

North Middlesex University Hospital **NHS**
NHS Trust



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Any Questions



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