Development of an integrated care pathway for people with dementia (DemPath, St. James's Hospital)

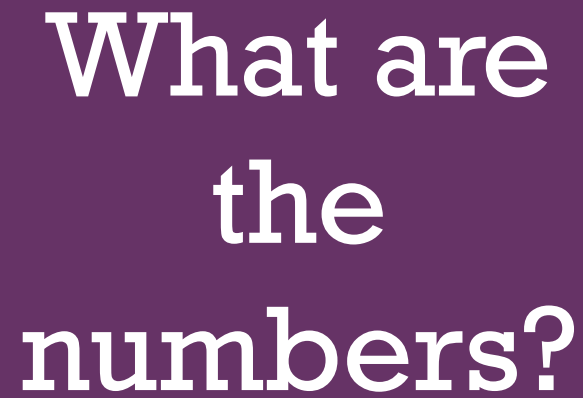Professor Brian Lawlor on behalf of the DemPath team

The acute hospital experience

Chaotic environment/ multiple stimuli

- Disorientating

- Noisy

- Multiple room changes

- Difficult communication

- Changes in usual routine

What are the numbers?

About **25%** of older people in our hospital have **dementia**

Only 1/3 have a previous diagnosis

Around **50%** of older people have **cognitive impairment** (**dementia**, **mild cognitive impairment**, **delirium**)

Irish National Audit of Dementia Care in Acute Hospitals 2014

- Little dementia training and awareness programs

- Poor design features for people with dementia

- No dementia pathways in place

Report of the
Irish National Audit of
Dementia Care in
Acute Hospitals 2014
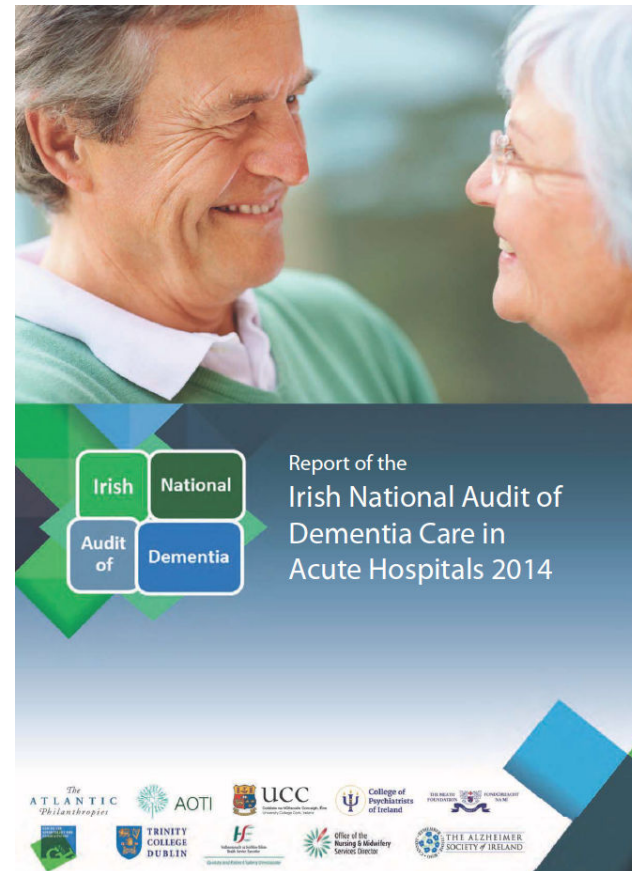
⁺ Scale of the Project

- Ireland's largest teaching hospital
- 1000 bed acute hospital
- Approx. 3500 staff

+ What is DemPath?

Improving the care journey and outcome for people with dementia at St. James's Hospital by :

Improving dementia awareness and education

Making dementia friendly environmental adaptations

Creating an effective & integrated care pathway for people with cognitive impairment, delirium or dementia admitted & discharged from SJH

+ Education

Challenges

- Reliant on good will and volunteering of time

- Lack of buy-in from key stakeholders

- Scale of the Hospital

- Cultural change

- Staff shortages

Strategies

- Leads from CLD and DSIDC

- Focus Groups

- Education Needs Analysis

- Targeted Training

- Dementia Awareness in Corporate Induction

- Development of Dementia Facilitators Course

- Development of Modules to Bridge Gaps to National Programmes

Facilitators Quality Improvement Projects throughout the Hospital

Over 50 facilitators

- Patient Passport
- Small-scale ward design changes
- Embedding of ICP

- "Mealtimes and Me"
- Introduction of Blue Crockery
- Prompting at Mealtimes
- Nutrition and Dementia Guide for Family and Carers

Where we are today?
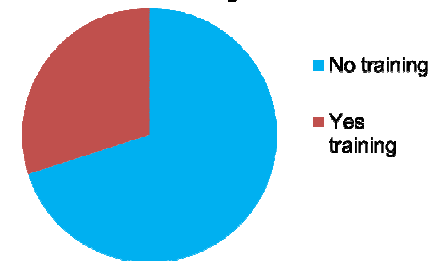
89% patient-facing SJH staff trained

Over 2000 SJH and Community Healthcare Staff trained
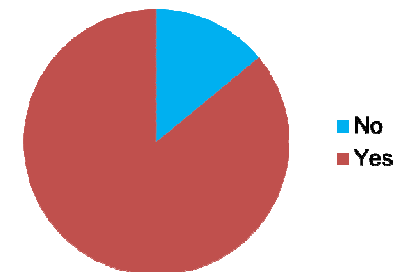
Over 600 attendees to Dementia Education Days

Creation of on-line training tool (CLD & Learning Pool)

2014 Survey

- No training
- Yes training

2016 awareness training

- No
- Yes

Benefits

- "feel energised and confident to contribute to development and delivery of improvements"- Staff Nurse

- "increased confidence in working with patients with cognitive disorders"- HCA

- "increased support for initiatives undertaken on the wards"- Catering

Enhancing the Environment
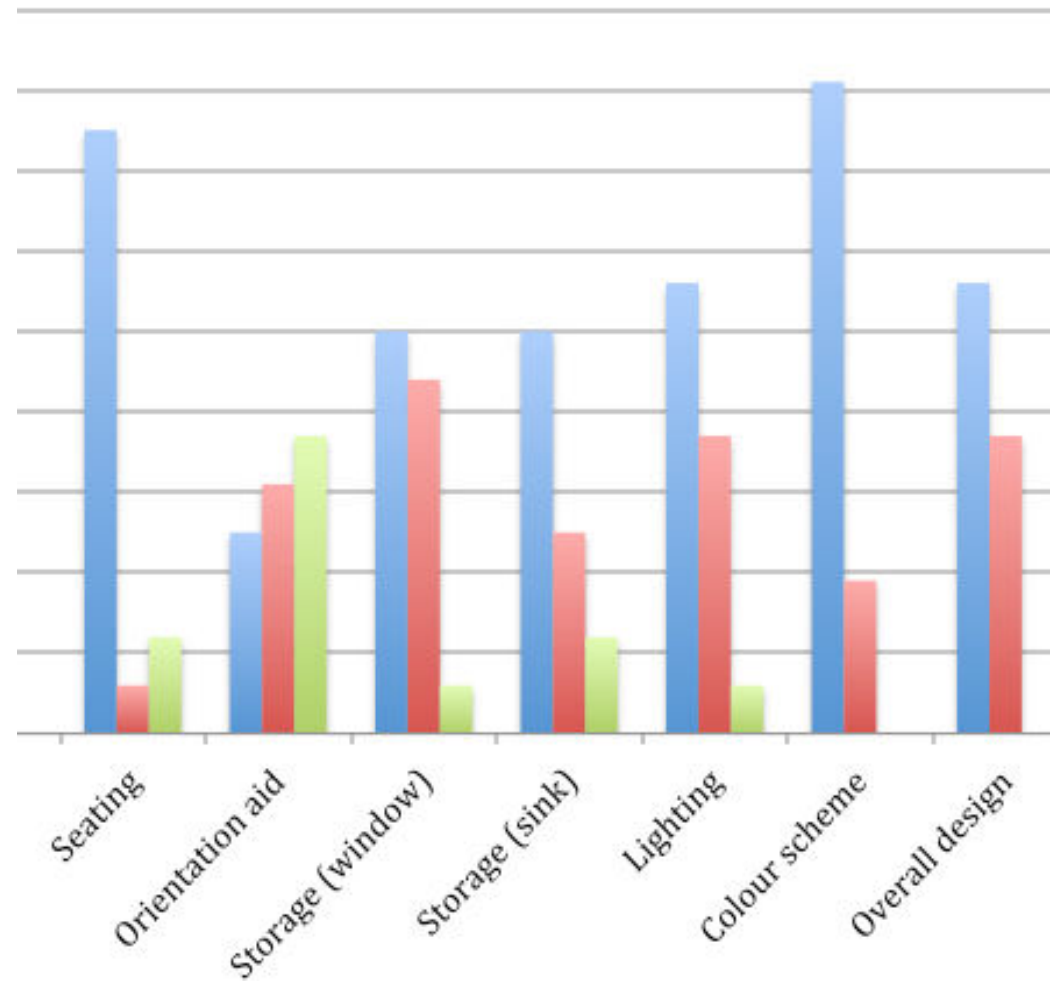
+ Emergency Department

- Transformation of 2 bed bays

- Improved privacy (ward screens)

- Adjustable lighting (for rest & mood)

- Fixed seating (patient/relative/staff)

- Time of day orientation

- Improved storage (hide medical items)

- Alternative colour schemes

Emergency Department

Staff evaluation

93% rated changes good or fair
100% approved changes to color scheme
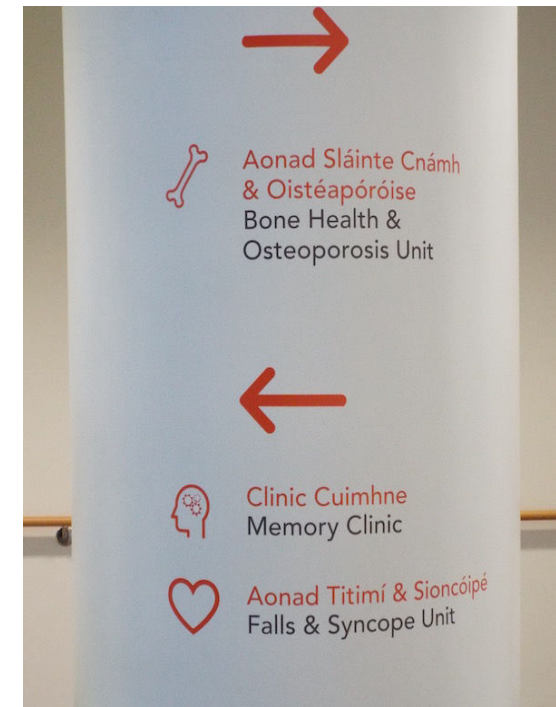81% approved the seating
93% approved the ward screen

MISA wayfinding

- Jumbo sized floor directories
- Building level colour coded
- 'Tilted' floor directories provide additional cueing at lifts

- Combining the written word with picture symbols at eye level to enhance meaning
- Utilisation of walls and pillars at key decision-making points

Mercer's Ward day room

- Transform a drab unloved space into a comfortable living area for patients

- Designated storage space for hoists & wheelchairs

- Seating positioned to encourage interaction

- Creation of a 'viewing' garden to improve outlook from windows
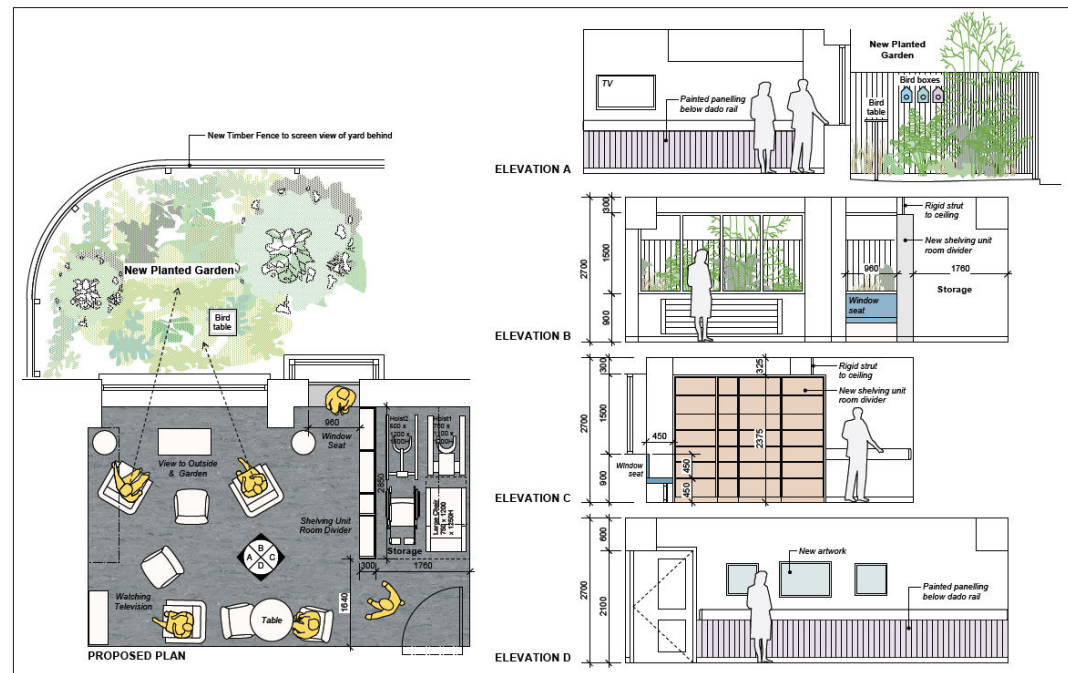
Benefits of an Integrated Care Pathway

- Easier for staff to identify a patient with dementia
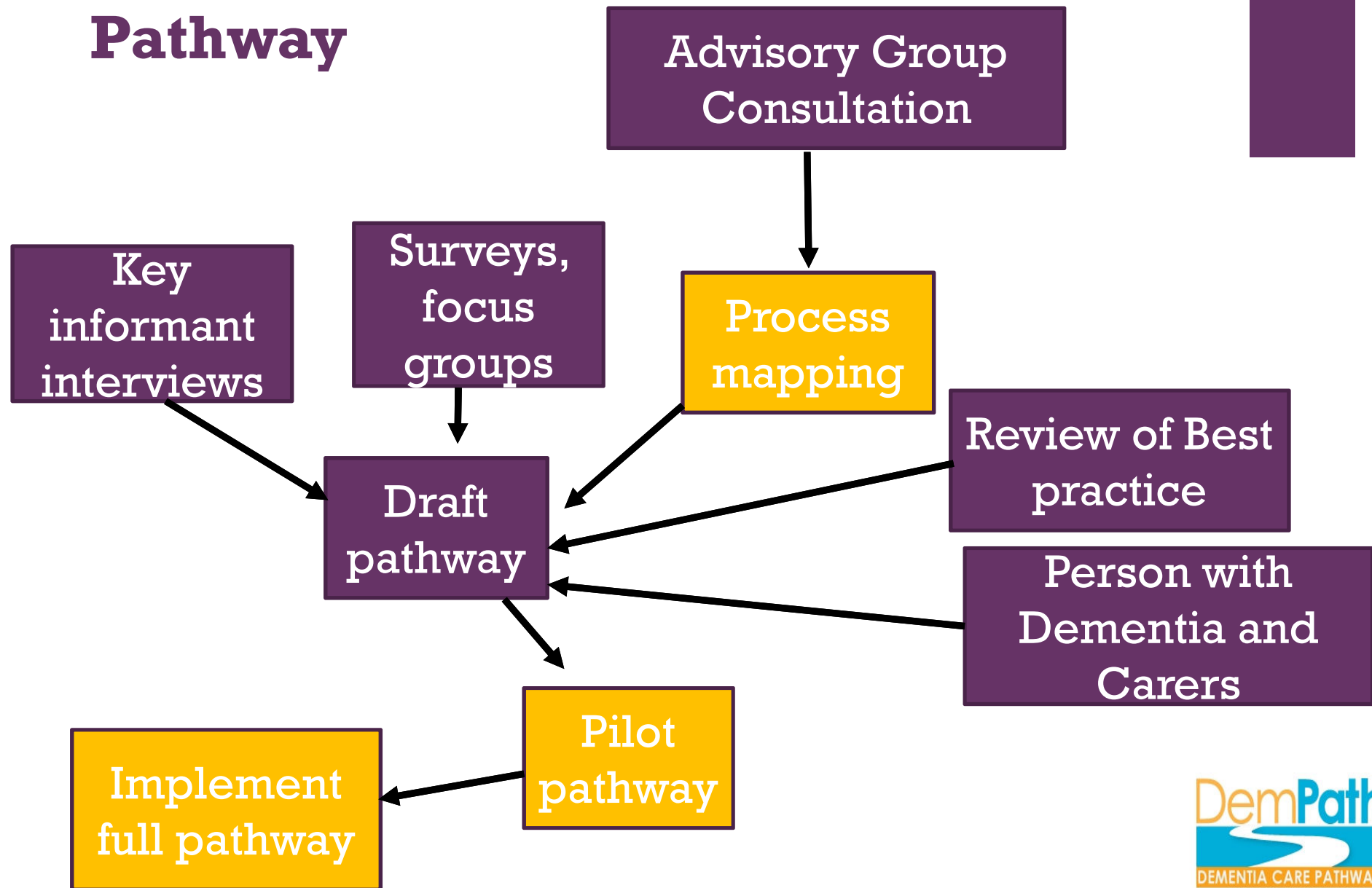- System for gathering gathering pertinent patient information
- Care pathway adds structure & efficiencies to existing nursing workload
- Implementation of ICP largely supported by patients & staff

Better outcomes for person with dementia
Reduced length of stay
Improved quality of care

Care Pathways

+ Developing an Integrated Care Pathway

Advisory Group Consultation

Key informant interviews

Surveys, focus groups

Process mapping

Draft pathway

Review of Best practice

Person with Dementia and Carers

Pilot pathway

Implement full pathway

DemPath
DEMENTIA CARE PATHWAY
ST.JAMES'S HOSPITAL

What we found

- No standardised screening in ED for cognition/dementia/delirium

- Only ad hoc assessment for dementia through out the hospital

- No routine use of cognitive assessments

- No standardised screening or prevention for delirium

- Discharge letter provides little or no information on dementia

- Duplication of information collected by multiple people

- Multiple referrals for 2nd opinion

- Admission to any of 43 wards
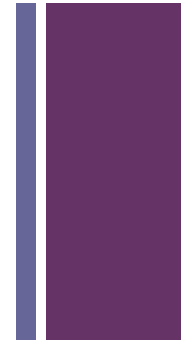
+ Challenges

- No other end-to-end ICP

- Multiple journeys

- Complexity of the process

- Disconnected IT systems

- Difficulties embedding change of work flow in busy working environment

Strategy

**4AT** RAPID ASSESSMENT TEST FOR **DELIRIUM**

- Design and implementation of cognitive assessment using 4AT in **ED**, **pre-admission elective and post-op' surgery**

- Design and tested protocol for capturing ED assessment results

- Design cognitive assessments sheets to be used by medical teams in **AMAU** & **MEDEL**

- Design of amended **discharge letter** to capture results from ED and in-patient cognitive assessments and **communicate** with **GP/PHN**

4AT

RAPID ASSESSMENT TEST FOR DELIRIUM

- 21% possible Cognitive Impairment
- 14% possible Delirium +/- Cognitive Impairment
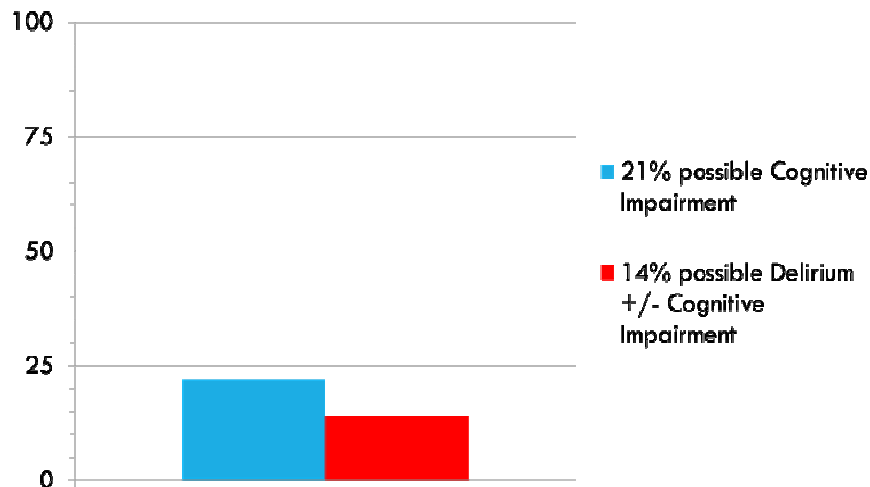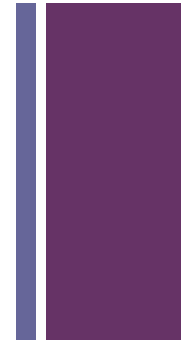
An assessment tool for the identification of delirium and cognitive impairment in acute general hospital settings

- 4 Questions
  < 2 mins to complete

+ Where are we now?

INAD audit SJH data 2014	Dempath audit Nov 2016
■ 80% of patients did not receive an assessment for delirium	■ 100% of people > 65 presenting to ED received a 4AT assessment in AMAU within 24 hrs
■ 85% of patients level of cognitive impairment was not recorded at discharge by using a standardised assessment	■ Cognitive assessment completed before discharge and documented on amended discharge letter
■ 80% did not have symptoms of delirium summarised for discharge	■ Discharge letter changed to capture incidence of delirium during hospital stay

The DemPath journey

"The truth is of course is that there is no journey. We are arriving and departing all at the same time"
David Bowie

Education to Community Healthcare Providers

Identification

Assessment
Visibility of assessments by staff

Implementation of Caresets

Communication of assessments to Community Healthcare Providers
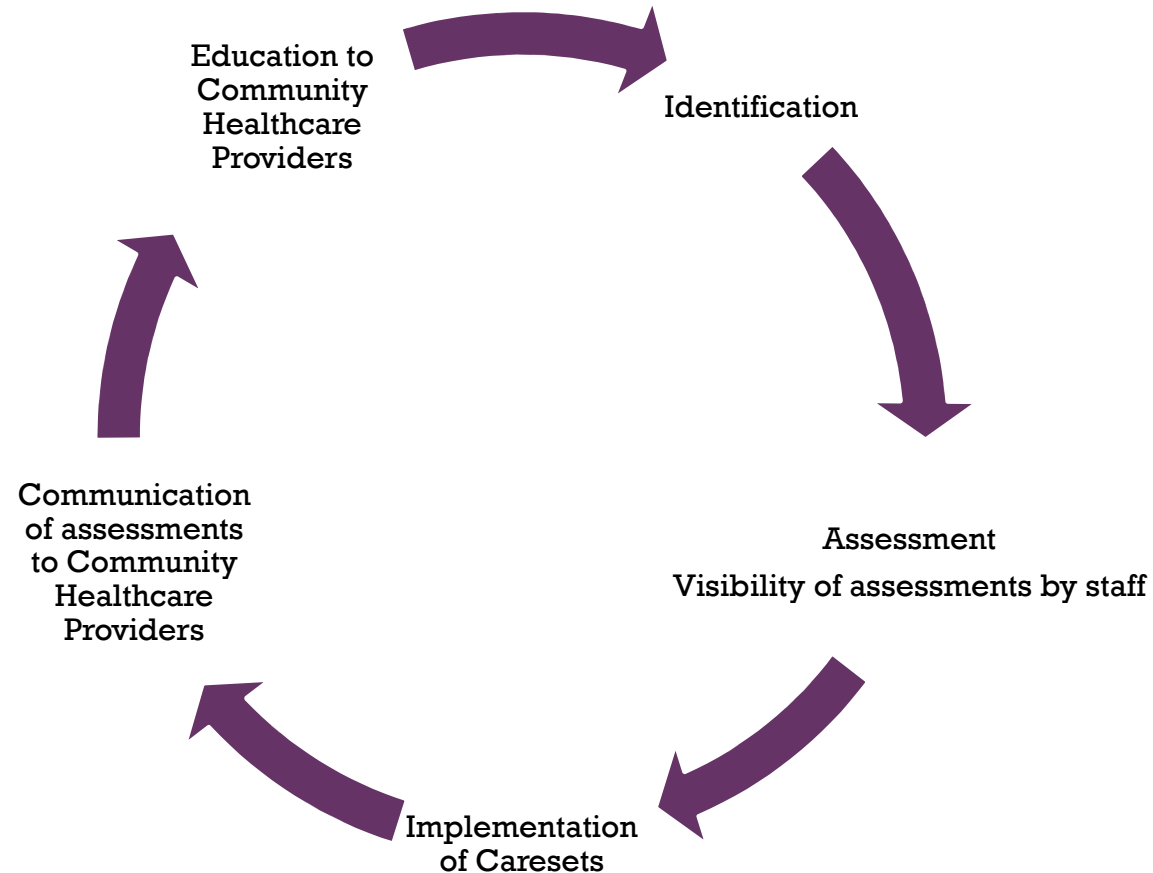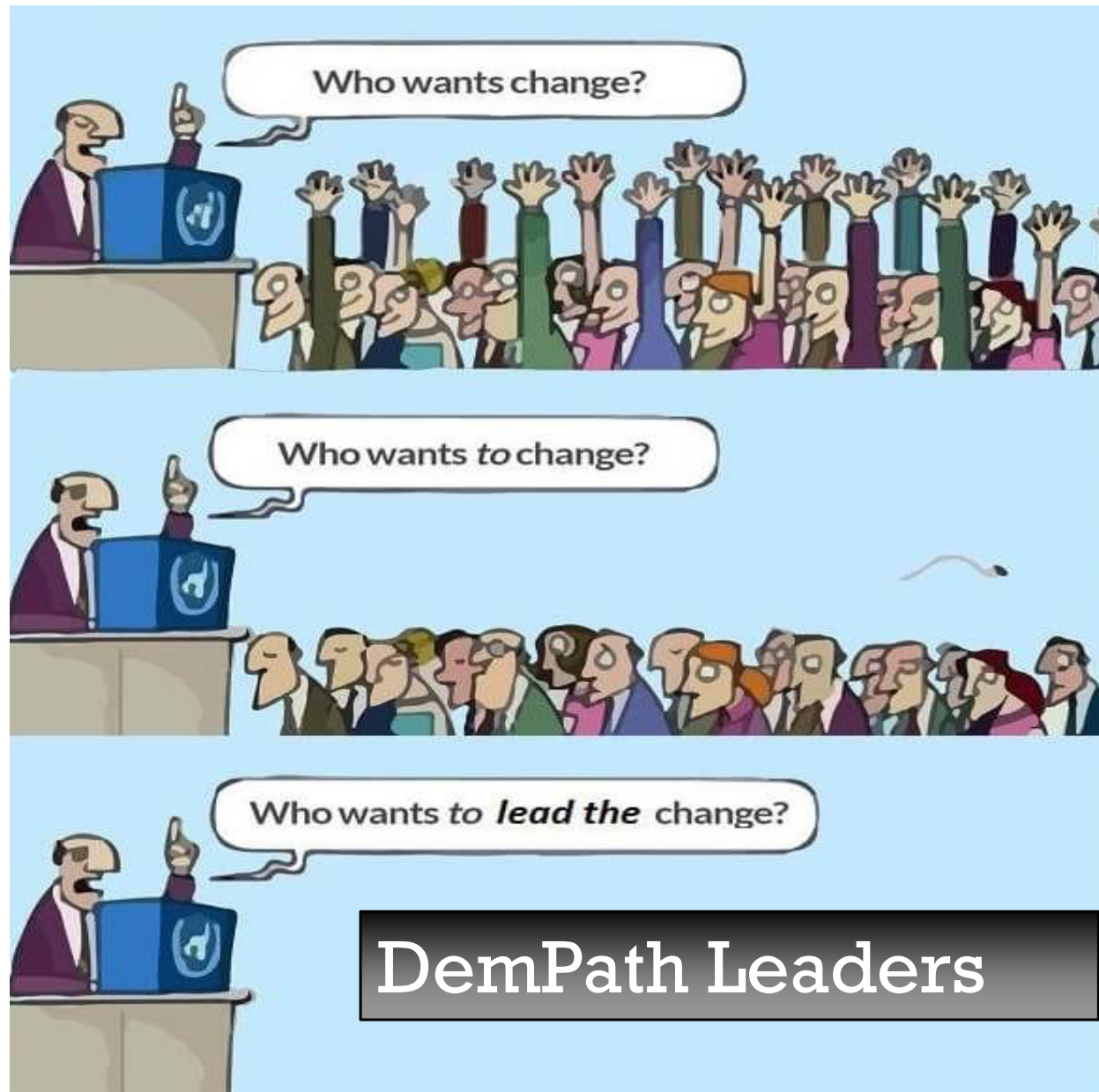
+ Next steps

What's needed for sustainability?

- Continued measurement

- Continued training to insure compliance

- Continued awareness & education to drive real attitudinal change

This will require:

- Leadership

- Embedment within structures to drive & monitor improvements

- Funding commitment

DemPath

DEMENTIA CARE PATHWAY

ST.JAMES'S HOSPITAL

Thanks to the DemPath Team & Genio

- **Dementia Irish Working Group**

- **Natalie Cole (Project Manager)**

- **Louise Murphy (DemPath Nurse)**

- **Matthew Gibb (Lead on Environmental Design)**

- **Cecilia Craig (DSIDC) and Mary Bell (CLD) (Leads on Education)**

- **Geraldine Mc Mahon (Lead on ICP in ED) and ED implementation team**

- **Joe Browne**
- **Noreen O'Dowd**

- **Jo Donlon**

- **Conal Cunningham**

- **Davis Coakley**

- **AMAU Consultants, NCHDs and Nursing Staff**

- **Allied Health (Physio, Social Work, OT, Nutrition)**

- **Kevin Mc Carroll**

- **Ontefetse Ntlholang,**

- **Rosaleen Lannon**

- **David Robinson**

- **Siobhan Hutchinson**

- **Elaine Greene**

- **Jeannette Golden**
- **Community Partners (including Neil Dunne, Anne Kearney, Inchicore Primary Care, Nursing Homes)**

- **Facilities (including catering and housekeeping)**

- **Dementia Irish Working Group**

- **DSIDC**

- **Carers Association of Ireland**

- **QSID**

- **NPDU**