

Abstract for Alzheimer's Society annual conference 2019

Improving the experience of care for people with dementia in hospital: Synthesis of qualitative and quantitative evidence, development of a logic model and co-production of plans for practice change

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Background and Objectives

Many people admitted to hospital have dementia. People with dementia tend to stay in hospital longer than those without dementia. Hospital stays can be particularly confusing and challenging not only for people with dementia, but also for their carers and staff that care for them. Improving the experience of care for people with dementia in hospital has been recognised as a key priority.

Methods/Processes

We undertook three systematic reviews following best practice guidance to explore i) the experience of care in hospital; ii) the experience of interventions to improve care in hospital; and iii) the effectiveness and cost effectiveness of interventions to improve the experience of care in hospital for people with dementia, their family and staff. Twelve electronic databases were searched for relevant qualitative and quantitative research. A Project Advisory Group of dementia specialists, hospital staff, commissioners and family carers advised us throughout the project.

Results/Evaluation

From 8469 records screened at title and abstract, 101 papers describing the experience of care (83) and/or interventions (18) and 26 papers assessing interventions to improve care were eligible for inclusion. Review findings were used to create conceptual models to help show how interventions can improve the experience of care for people with dementia and the family and staff who care for them.

Conclusions/Perspectives

There is some evidence supporting a positive impact of dementia care units, activity-based, or tailored interventions on the experience of care for people with dementia. At the heart of the need for care of people with dementia in hospital is the formation of relationships that help staff understand the needs of the patients, and affirm the patients' status as people rather than problems. Facilitating such relationships needs to begin at institutional levels and include changes to ward cultures and environments, as well as training for staff.