

At the heart of *care* for people with *dementia* in *hospital* is the *formation of relationships* that help staff understand the needs of patients, and affirm 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*.

Improving the Experience of Care for People with Dementia in Hospital: Synthesis of Qualitative & Quantitative Evidence

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BACKGROUND

Hospital services are intrinsically geared towards fast and effective assessment, diagnosis, intervention and discharge. Services run on the assumption that patients will be able to express their wishes, acknowledge the needs of other patients and move through the system as required. For people with dementia, particularly when they are ill or have had an accident, hospital settings can be confusing, challenging and overwhelming. Trying to improve the care of people with dementia while they are in hospital is an ongoing challenge for health providers and there is uncertainty about the best way to do this.

METHODS

We are undertaking three systematic reviews following best practice guidance to explore:

- the experience of care in hospital
- the experience of interventions to improve the experience of care in hospital
- the effectiveness and cost effectiveness of interventions to improve the experience of care in hospital

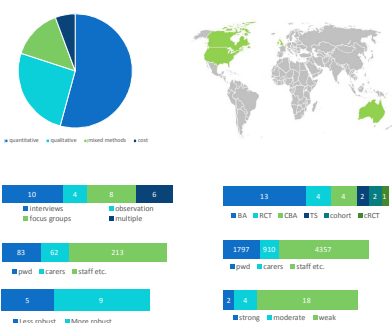
for people with dementia, their family and staff.

This poster focusses on the findings for people with dementia. We used Kitwood's model of Person Centred Care to structure this part of the synthesis.



We need **your help** to make sure our findings are as useful as possible – if you are interested in discussing further please contact us via the study webpage!

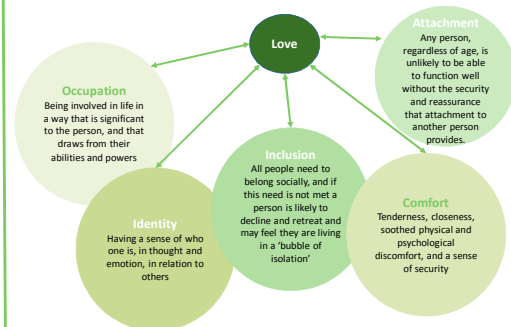
RESULTS



- Rich qualitative evidence describing experiences including interviews with people with dementia
- Lack of robust quantitative evidence to inform effectiveness and cost-effectiveness
- Few studies measure experience of care from the perspective of the person with dementia
- Good overlap conceptually between quantitative and qualitative evidence for 'comfort' and 'occupation'
- Gaps in qualitative and quantitative evidence for 'attachment' and in the quantitative evidence for 'identity'
- Interventions appear to be addressing issues highlighted within the qualitative evidence but not evaluating them quantitatively

"This [the chip card] helps me find my room, I know I can try out all the doors, so I can forget my room and still find it; I don't have to worry and I don't have to interrupt and ask the people in white to show me my room." [Female PwD, Margot 2006, p119, author edits]

The main psychological needs of people with dementia (Kitwood)



Six categories of interventions

Special care units (4 studies) 	Increasing information, knowledge & skills (14 studies) 	Increasing ward capacity (3 studies)
Support for carers (3 studies) 	Activities (7 studies) 	Changes to ward (2 studies)

Category	Components	Target
Support for carers:	<ul style="list-style-type: none"> • Information/education • Inclusive approach • Therapeutic support e.g. leaflets, peer support for carers 	Carers
Institutional level support	e.g. steering groups that include those from hospital governance	Hospital level
Changes to ward environment	e.g. homey décor, removing nursing station	Hospital level
Activities	e.g. music therapy, horticulture, art therapy	Person with dementia
Improving knowledge, information & skills	<ul style="list-style-type: none"> • Training • Cementing new knowledge through feedback on wards • Documentation • Existing specialist knowledge utilised • New approach e.g. training about PCC 	Volunteers, students, staff
Increasing capacity	<ul style="list-style-type: none"> • Specialist/ non-specialist e.g. addition of volunteers 	Volunteers, students, staff