

Scoping the role of the dementia nurse specialist in acute care.

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Dementia

Commitment to the care of people with dementia in hospital settings

SPACE – principles to support good dementia care

1. Staff who are skilled and have time to care.
2. Partnership working with carers.
3. Assessment and early identification of dementia.
4. Care plans which are person centred and individualised.
5. Environments that are dementia-friendly.

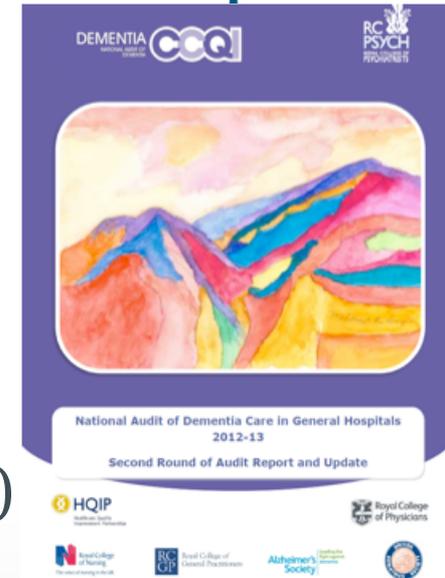
See www.rcn.org.uk/dementia

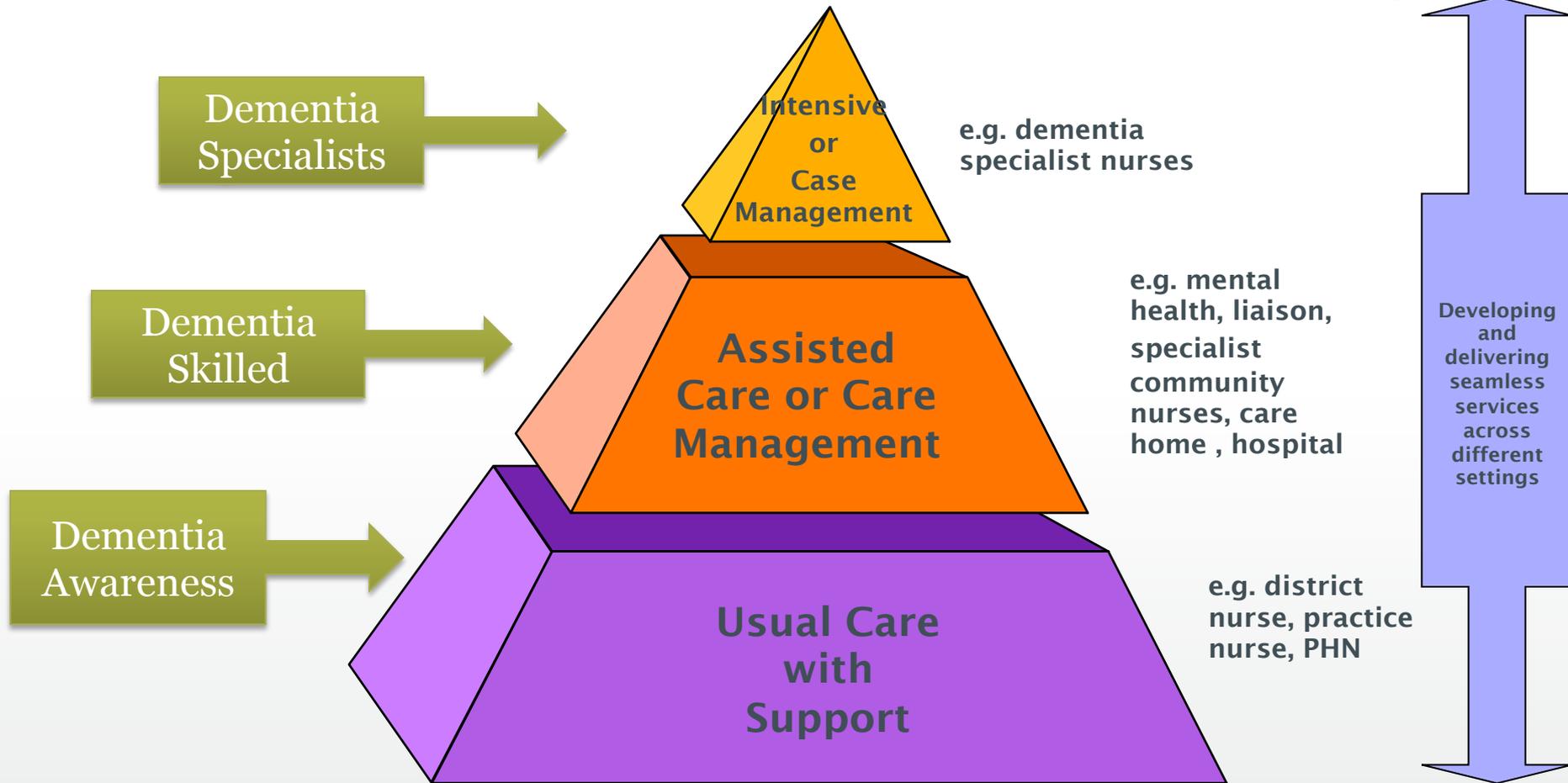
Background

- Growing numbers
- Poor outcomes
- Poor experiences
- How to provide high quality care for people living with dementia when they are admitted to hospital
- Nursing care quality shapes experiences and health outcomes
- General nurses often lack skills, knowledge and confidence in dementia care

Policy context

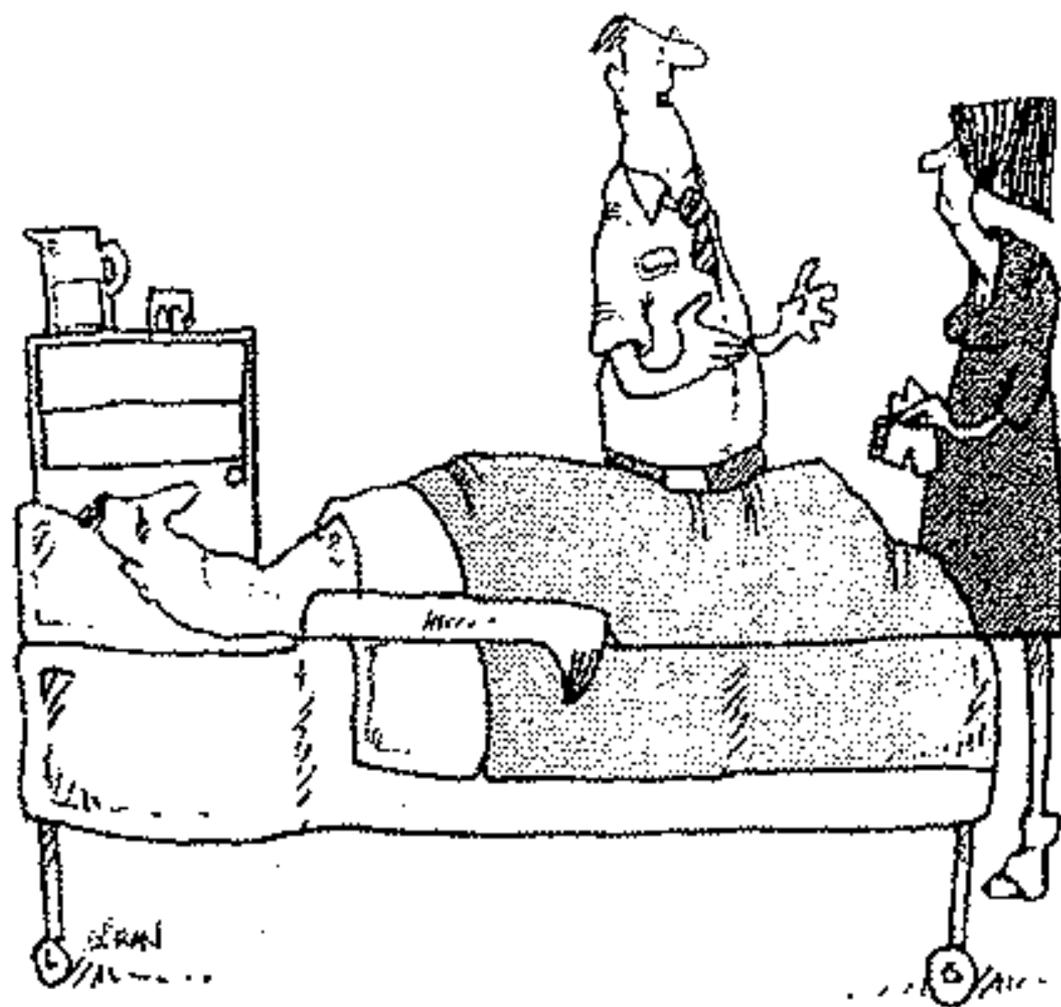
- PM Challenge on Dementia (2012-2015)
- Dementia friendly hospitals CQUIN (England)
- National Audit of Dementia report (2012/2013)
- Hospitals on the Edge (RCP 2012)
- Francis report (2013)
- Keogh report (2013)
- CQC reports
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Model for dementia care nursing

Fallen angels

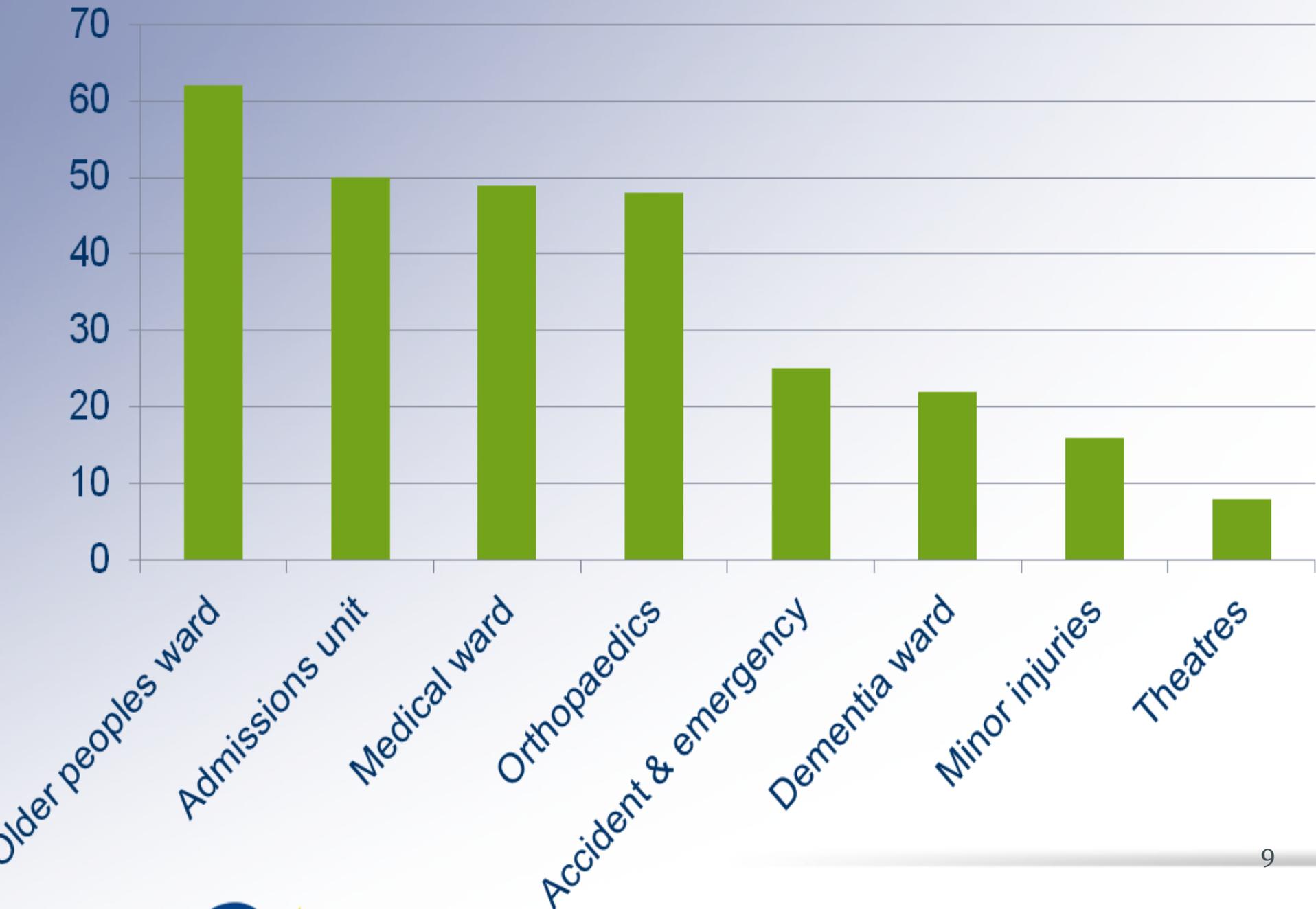


"We'd like to sympathise with your loss, but we haven't any staff who've completed the 'Sympathising with bereaved relatives' module"

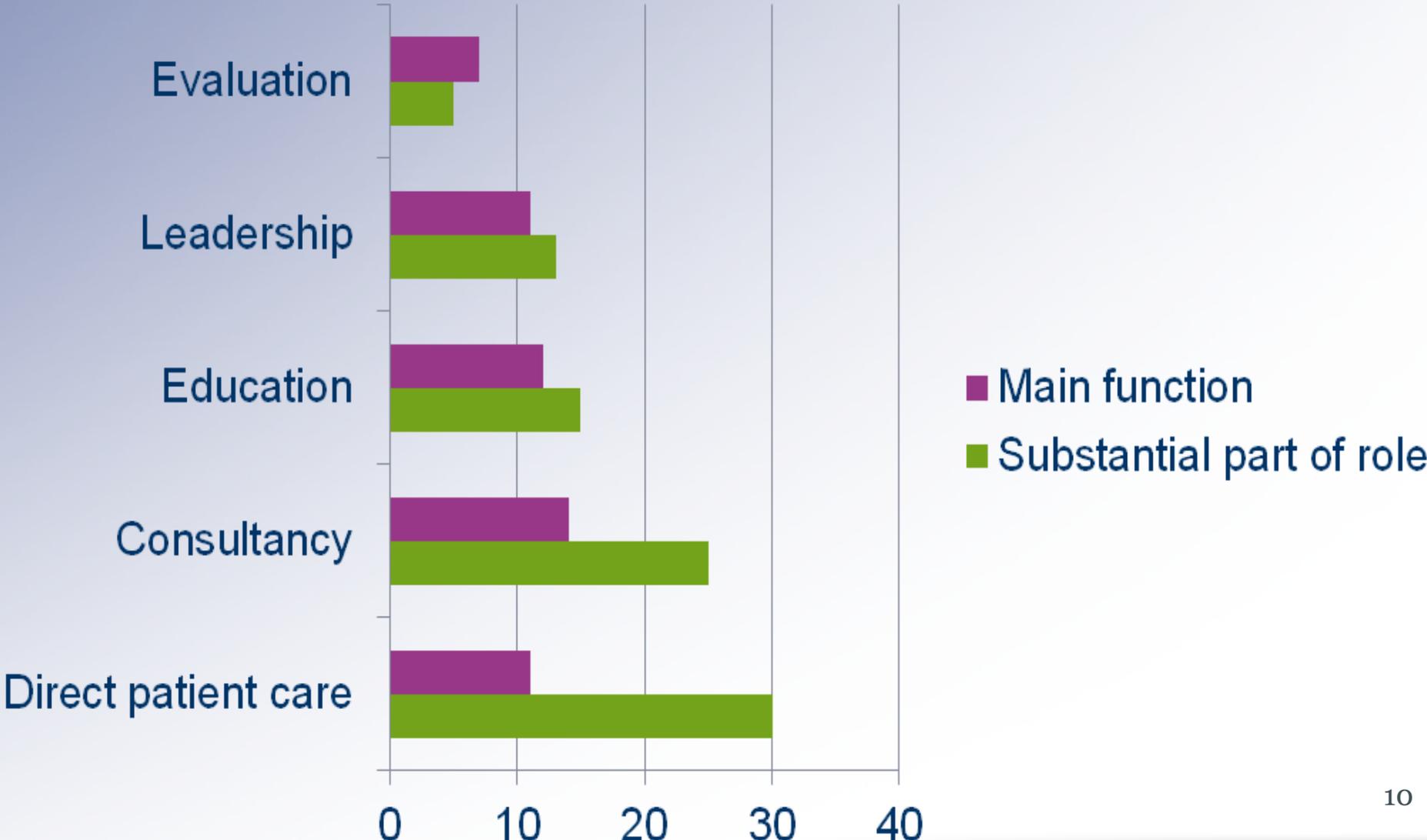
Survey

- 21,760 RCN members with interest in dementia, care for older people, mental health
- Respond if you are a dementia specialist nurse
- 565 responded. N=75 respondents were specialist nurses working in inpatient environment with dementia as main/substantial part of role

Clinical areas supported



Breakdown of activity specialists spend most time undertaking:



Evidence review

- Aim: to determine how nurse specialists can be deployed to support people with dementia in acute hospitals
- Method: preliminary wide scoping review followed by more systematic searches on:

Falls, length of stay, readmissions

Screening, diagnosis and assessment

Pressure ulcers

Delirium

Agitation and behavioural symptoms

Staff behaviour, knowledge and attitudes

Patient and carer reported outcomes



Practice Development

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The creation of a Dementia Nurse Specialist role in an acute general hospital

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Accessible summary

- Evidence indicates that the needs of older people with a mental disorder are not satisfactorily addressed in most UK district general hospitals.
- The creation of a Dementia Nurse Specialist role provided the opportunity to quantify the scope for targeted support.
- The results indicate that there is considerable scope for specialist intervention with patients, carers and nursing staff.

Abstract

Older people form the largest group occupying acute hospital beds and many of them will have undiagnosed mental health problems. The creation of a Dementia Nurse Specialist role in a district general hospital provided the opportunity to assess the extent of the previously unmet need among patients, carers and nursing staff. Over 30 patients were seen each month, while around 6 to 12 were diagnosed as having dementia. Other activities undertaken as part of the role included providing information and support for carers, and advice on management of behaviours and support for ward staff. The role also involved policy writing, pathway and local strategy planning, care plan development, and formal and informal teaching on dementia. It is argued that this fixed-term post demonstrated that a Dementia Nurse Specialist could provide significant input in an acute hospital setting, by improving the experience of hospitalization for vulnerable older people and their carers.

“interventions and outcomes relevant to dementia specialist role”

“studies which provide evidence for the potential effectiveness of such a role”

Falls, length of stay, readmissions

Screening, diagnosis and assessment

Pressure ulcers

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Staff behaviour, knowledge and attitudes

Patient and carer reported outcomes

e.g. Falls

- Evidence base supports use of multifactorial interventions: individual's risk is assessed and interventions are tailored to individual need
- Outcome: reduction in falls rates

A dementia nurse specialist could:

- Undertake individual risk assessments and plan tailored implementation strategy, based on best evidence
- Reduce risk by delivering support for specific dementia-related risk factors
- Advise on dementia-specific factors to be considered in broader strategies

Potential role components (1)

- Direct patient care/ consultancy on the care of individual patients

Comprehensive assessment of need, risk factors for adverse events and distress indicators

Supporting colleagues and family carers to identify care strategies

Care coordination and evaluation across departments

Reviewing medication

Timely referral to mental health liaison services and for specialist diagnostic assessment

Supporting discharge planning as part of multidisciplinary team

Post-discharge follow-up and care coordination with community services

Nursing input as member of specialist team

Potential role components (2)

- Leadership

Initiating/ facilitating implementation of evidence-based interventions:

Multidisciplinary programmes of care

Strategies for case finding and screening for dementia

Patient safety programmes e.g. falls prevention

Readmission reduction: redesigning care delivery

- Education

Educational needs assessment across staff groups

Design, deliver and evaluate classroom and workplace education

Lead implementation of strategies e.g. dementia care mapping

Role model best practice

Clinical audit and service improvement



"I'd better warn you - I've high cholesterol!"

Health warning!

- Specific job design with therapeutic intent and defined caseload
- One specialist nurse per trust may not be enough – one per 300 admissions of people with dementia per year
- Positioning, expertise, seniority and authority to be a leader
- Clear strategic goals, appropriate levers of action and required structures
- Focus on supporting behaviour change, avoiding undue reliance on training interventions alone.

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Griffiths, P Bridges, J Sheldon, H Bartlett, R & Hunt, K.J. (2013)
Scoping the role of the dementia nurse specialist in acute care

<http://eprints.soton.ac.uk/349714/>

Royal College of Nursing (2013)

Scoping the role of the dementia nurse specialist in acute care (2013)

<http://www.rcn.org.uk/development/practice/dementia#com>