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

Jackie Bridges, Peter Griffiths, Helen Sheldon, Rachel Thompson
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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](http://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 Nursing

Delivering through partnership and in all environments of care to ensure nurses work with GP and primary care (including practice nurses) to manage the interface with community services:
- Patients' home
- Hospitals
- Care homes
- Care homes with nursing
- Hospice services
- Community mental health care and Voluntary sector organisations
- Out of hours service

Dementia Awareness – All Nurses
All nurses to have an awareness of dementia
- Basic training
- Making every contact count
- Able to support and signpost public health messages

Dementia Skilled – All providing nursing to people with dementia directly
- All nurses that have more regular and intense contact with people with dementia, providing specific interventions, care, and support.
- They have an enhanced knowledge and are skilled in dementia care.

Dementia Specialists – Experts in the field of Dementia care
- Nurses with an expert level of skill and knowledge / specialist role / dementia champions in the care, treatment, and support of people with dementia, their carers and families.
- Their educational and consultative roles aim to improve the delivery of dementia services delivering changes in practice.

Examples of nursing professions who have a contribution across the pathway include public health nurses, midwives, mental health nurses, learning disability nurses, district nurses, community nurses/midwives, specialist nurses, practice nurses, specialist nurses providing specialist care and other nurses.

Purpose
This strategy recognises that the majority of care is provided by support staff who may not have expertise in dementia care. This document is a statement of the principles and expectations of good practice in dementia care and highlights the areas ripe for improvement. The strategy aims to be inclusive and to acknowledge and support the diverse range of nurses and other support staff delivering care. It highlights the need for education, training, and support for nurses across the lifespan of the disease to ensure that all nurses deliver high quality care.

Key Documents
- Department of Health: Commissioning Services for People with Dementia (2011) National dementia strategy: Equalities action plan
- Department of Health (2011) On the interface with GP and primary care
- Department of Health (2011) National dementia strategy: Equalities action plan
- Dementia Action Alliance – National Dementia Group
- Common Core Principles for Supporting People with Dementia (Skills for Health and Skills for Care 2007)
- Alzheimer’s Society (2009) My Life Until The End: Dying Well with Dementia
- Department of Health: Living well with Dementia: A National Strategy (February 2009)
- Department of Health: Commissioning Services for People with Dementia (2011) National dementia strategy: Equalities action plan
- Royal College of Nursing - Measuring up to the Principles of Dementia Nursing (2009)
- Dementia Friendly Hospitals
- NICE Quality Standards for dementia
- Progress report to the Prime Minister on his challenge on dementia (November 2012)
- Oxfordshire NHS Trust, Lesley Benham
- This pathway has been developed in partnership with a range of stakeholders across the NHS and other organisations. Thanks are extended to all contributors, specifically the following: Acknowledgements

Competing all nurses to have an awareness of dementia care

All nurses will have an awareness of dementia care
- Basic training
- Making every contact count
- Able to support and signpost public health messages

Intensive or Case Management
- e.g. Admiral Nurse, dementia specialist nurse
- Developing and delivering care in the person's home, coordinating hospital settings and between the two

Assisted Care or Care Management
- e.g. mental health nurse, liaison nurse, community midwife, care home nurse, hospital nurse

Usual Care with Support
- e.g. district nurse, practice nurse, PHN

End of life and bereavement support
- Dementia nursing, acute nurses, Macmillan nurses and palliative care nurses. This is not exhaustive – this is a list intended for all nurses, irrespective of provider eg NHS, Social, Private, Voluntary or Prison Sector.
- This strategy recognises that the majority of care is provided by support staff who may not have expertise in dementia care. This document is a statement of the principles and expectations of good practice in dementia care and highlights the areas ripe for improvement. The strategy aims to be inclusive and to acknowledge and support the diverse range of nurses and other support staff delivering care. It highlights the need for education, training, and support for nurses across the lifespan of the disease to ensure that all nurses deliver high quality care.

Key Facts
- All nurses contribute to the delivery of the dementia pathway to care
- NHS/PRIOR, and/or nurses contribute to care of people with dementia, at all stages of the dementia journey
- Some aspects will be required of any nurse, whatever their role or mental health specialty. All nurses are expected to understand and be able to identify people with dementia, their carers and families
- All nurses must be able to work collaboratively with other care providers to ensure a seamless care transition between the person with dementia, their carer/family, and primary care and secondary settings
- All nurses must be able to use knowledge to influence and promote evidence-based care
- All nurses must be able to work with people to provide a positive experience of the care by the people they are supporting
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- All nurses must be able to work in a way that understands how people with dementia experience complex and acute illness
- All nurses must be able to work to ensure that the dignity and rights of people with dementia are promoted and maintained
- All nurses must be able to work to ensure that people with dementia are able to make informed choices about the care they receive
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Dementia Nurses
- All nurses that have more regular and intense contact with people with dementia, providing specific interventions, care, and support.
- They have an enhanced knowledge and are skilled in dementia care.
- Their educational and consultative roles aim to improve the delivery of dementia services delivering changes in practice.

Dementia Champions
- Education, training, and support for nurses across the lifespan of the disease
- countdown.

Nursing Officer – Communications, NHS England, Department of Health

[Image of nurse with children and text: "Nursing vision A1 poster v0_4.indd   1"]
Model for dementia care nursing

- **Dementia Specialists**
- **Dementia Skilled**
- **Dementia Awareness**

**Intensive or Case Management**
- e.g. dementia specialist nurses

**Assisted Care or Care Management**
- e.g. mental health, liaison, specialist community nurses, care home, hospital

**Usual Care with Support**
- e.g. district nurse, practice nurse, PHN

Developing and delivering seamless services across different settings
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

- Older peoples ward
- Admissions unit
- Medical ward
- Orthopaedics
- Accident & emergency
- Dementia ward
- Minor injuries
- Theatres
Breakdown of activity specialists spend most time undertaking:

- **Evaluation**: Main function, Substantial part of role
- **Leadership**: Main function, Substantial part of role
- **Education**: Main function, Substantial part of role
- **Consultancy**: Main function, Substantial part of role
- **Direct patient care**: Main function, Substantial part of role
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
The creation of a Dementia Nurse Specialist role in an acute general hospital

R. ELLIOT\footnote{Formerly Dementia Nurse Specialist, Broomfield Hospital, Mid Essex Hospital Services NHS Trust, Essex, and \textsuperscript{2}Formerly Senior Lecturer, Anglia Ruskin University, Peterborough, UK} RMN BSc (Hons) MSc & J. ADAMS\footnote{RN PhD} RMN

\textbf{Keywords:} carers, dementia, diagnosis, education, nurse specialist, older people

\textbf{Correspondence:}
R. Elliot
Cambridgeshire and Peterborough Foundation Trust
Fulbourn Hospital
Fulbourn
Cambridge CB21 5EF
England
UK
E-mail: rose.elliot@cpft.nhs.uk

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\textbf{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.

\textbf{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”

<table>
<thead>
<tr>
<th>Falls, length of stay, readmissions</th>
<th>Agitation and behavioural symptoms</th>
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<tr>
<td>Screening, diagnosis and assessment</td>
<td>Staff behaviour, knowledge and attitudes</td>
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<td>Pressure ulcers</td>
<td>Patient and carer reported outcomes</td>
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<td>Delirium</td>
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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:
    - Patient safety programmes e.g. falls prevention
  - Multidisciplinary programmes of care
    - Readmission reduction: redesigning care delivery
  - Strategies for case finding and screening for dementia

- **Education**
  - Educational needs assessment across staff groups
    - Lead implementation of strategies e.g. dementia care mapping
  - Design, deliver and evaluate classroom and workplace education
    - 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.
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