

**ENABLING A POSITIVE INPATIENT  
HOSPITAL EXPERIENCE FOR  
PEOPLE LIVING WITH DEMENTIA  
THROUGH WARD STIMULATION**

# BACKGROUND

- Approx. 850,000 people in the UK are living with dementia.
- Approx. 6,695 people living in Sheffield with Dementia
- Spot audit completed on 2 Geriatric wards:
  - Showed 29% of patients had a diagnosis of dementia and another third were classed as “cognitively at risk”
  - ( based on their Abbreviated Mental Score)

# BACKGROUND

- **Negative effects of hospital admission are well known:**
  - ❖ Reduced physical and mental health
  - ❖ Increased risk of discharge to care home
  - ❖ Longer length of stay
  - ❖ Increased risk of mortality
  - ❖ Reduced quality of life
  - ❖ Increase in Care costs

**( Alzheimer's society, " Counting the cost" 2009)**



# BACKGROUND

- The Francis report stated:

People with dementia were often unable to initiate their own needs in modern in patient settings.

(design, layout of ward, environmental limitations in order to minimise infection risk)



# BACKGROUND

- Lack of stimulus is well documented as being a threat to psychological well being in institutional settings
- In 2011, World Alzheimer's report recommended that cognitive stimulation should be routinely offered to people with early stage dementia

# AIM

- To investigate the potential positive effects of increased levels of cognitive and social stimulation on an acute hospital ward for patients who are cognitively at risk.

# METHOD

- A package of social stimulation and environmental enhancements were introduced onto an acute geriatric medical ward.
- The project has been running for nearly three years.

# METHOD

The project covered 4 key areas;

- Dementia friendly environment
- Provision of stimulating resources for patients and relatives to use on the ward.
- Stimulating environment through:
  - ❖ Bi weekly live music
  - ❖ Weekly art group
- Cognitive stimulation groups and 1:1 reminiscence sessions carried out twice a week




# CREATING A DEMENTIA FRIENDLY ENVIRONMENT

- Provision of equipment and resources to enable a ward to become dementia friendly.
- Identification of equipment needs:
  - ❖ “Enhancing the healing environment”
  - ❖ Team members views gained.
- Essence of care money applied for.


# ESSENCE OF CARE BID

- 20 Dementia friendly wall clocks
- 6 individual perpetual calendar clocks
- 1 set of memory bank DVD's
- 5 Daily newspaper subscription for a year
- Subscription to 3 magazines for a year:
  - The peoples friend
  - Gardeners world
  - Your choice sport

# ESSENCE OF CARE BID

- Daily Sparkle Reminiscence subscription for a year.
  - 18 Toilet door signs
  - 6 Blue Stirling toilet frames
  - 30 Non Spill plastic water jugs
  - 10 colour dinner plates
  - Total Bid £4,080.80
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# CHALLENGES OF ESSENCE OF CARE

- Infection control risk versus stimulation
  - (clean hands, death through boredom)
  - Buying equipment on line
  - Cost of individual items
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Toilet



# COGNITIVE STIMULATION & REMINISCENCE

- Enjoyable activities to provide stimulation for thinking, concentration, and memory
  - Used to maintain a persons cognitive and social functioning and regain or maintain motivation.
  - Helps a person retain a sense of who they are
  - Empowers people with dementia
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# COGNITIVE STIMULATION & REMINISCENCE


- Carried out in either a small social group or on a one to one basis.
- Reminiscence work
- Life story work

# PROTOCOL OF SESSIONS

To ensure consistency:

- Volunteers were recruited through the STH volunteer service
- Carried out trust induction .
- Received education in dementia and cognitive stimulation work
- Sessions are facilitated within the parameters of the role description and under the management of the OT

# PROTOCOL OF SESSIONS


- **Balanced weekly timetable of activities for the ward was developed.**
  - **Structure remained the same whether 1 to 1 or group session**
  - **Standardised Length of sessions.**
  - **OT identified pt.'s, topics and memory triggers to be used**
  - **Sessions took place in either day room, in a bay or in a side room**
  - **Patients were identified to participate by any member of the MDT and co ordinated by the OT**
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# STRUCTURE OF SESSIONS


- Introduction
- Main section
- End of the session



# STAFFING JOURNEY

- **Volunteers**
    - Training
    - Limitations
    - Turnover of volunteers
  - **Therapy staff**
  - **Ward staff**
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# RESULTS

- Data was collected by the therapy assistants and technical instructors who ran both the group and 1:1 sessions.
  - A three point scale to capture patients levels of engagement was used:
    - ❖ 0 = non attendance
    - ❖ 1 = passive engagement
    - ❖ 2 = active engagement
  - Patient views were captured
  - Staff involved were asked to complete an evaluation questionnaire
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# RESULTS

- 80% of patients actively engaged in the sessions
- 18% were passively engaged
- 2% declined to participate.
- Feed back from staff and patients through the questionnaires and comments were very positive

# RESULTS


- Highlighted the impact of staffing levels
- A Pearson Coefficient was completed



# CONCLUSION

- Combination of environmental enhancement and stimulation had a positive effect on patients
- There was no adverse effect for the falls rate and length of stay
- Correct staffing levels is very important

# CHALLENGES

- Release of staff
  - Correct skill mix
  - Large quiet space for planned sessions
  - Balance between patient needs and infection control risk
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