The clock is ticking on dementia care excuses

Colin MacDonald has introduced a model of care targeting poor standards and patient outcomes in acute general hospitals, reports Alison Whyte

People with dementia who are admitted to acute general hospitals generally do not fare well. Reports show that their health deteriorates, they become more confused, and are more likely to be prescribed anti-psychotic drugs and spend longer in hospital than other patients.

In Scotland, a new model of care has been created following a set of one-year audits across five ‘beacon’ wards in three Edinburgh hospitals – the Royal Infirmary of Edinburgh, Liberton Hospital and St John’s Hospital. It is helping to improve the outlook for these patients.

The audits were the brainchild of Colin MacDonald, who was appointed Alzheimer Scotland’s first nurse consultant in 2009, and is now based at NHS Lothian’s Liberton Hospital.

He says: ‘I was convinced that while much of the criticism of the care of people with dementia in general hospitals was warranted, staff do not come to work to do a bad job. But the complexity of the issue, the clinical pressures and the day-to-day challenges make it hard to focus on dementia. It was always going to be hard.’

In recent years, dementia has become a national priority in Scotland. In 2010 the government published a dementia strategy for the country, followed in 2011 by Standards of Care for Dementia in Scotland, which set out the rights of patients and the standards of care they should receive.

‘About three years ago we were like rabbits in car headlights,’ says Mr MacDonald. ‘Now we have a consistent collective agreement, a framework and all the statutory bodies are singing from the same hymn book. We are building a support infrastructure in hospitals so there are fewer excuses for staff to get it wrong.’

At the start of the project four years ago he set up the ‘beacon wards’ in NHS Lothian to showcase good practice. ‘I wanted to build staff confidence and show them that they can bring about positive change,’ he explains.

He began by targeting charge nurses. ‘Clinical leadership is absolutely crucial. You need to find the right champions – energetic charge nurses who can think outside of the acute hospital box. At first they said: “But we get involved in so many initiatives and we never see the benefit.” I told them that if we improve practice, you will definitely get something out of this.’

Mr MacDonald focused on wards with a large throughput of patients with dementia and wards that were causing concern. ‘There had been a number of complaints from relatives and poor inspections, and managers who knew of ongoing concerns,’ he says. Simple steps were taken to make wards dementia-friendly, such as installing clear signage and easy-to-read clocks.

He held weekly drop-in sessions in each clinical area and made himself available to give advice at other times. He also ran dementia-awareness sessions, offered case study discussions and worked shifts alongside staff.

Achievable goals

In each area, the charge nurse was asked to sign up to ten good practice statements. Each clinical area had its own toolkit containing the statements, policy documents and protocols.

‘I wanted the leaders to have realistic, achievable goals,’ says Mr MacDonald. ‘My role was to give them advice to help them do a better job.’

The first phase comprised 108 patients who had been...
discharged during November 2009 from the Royal Infirmary of Edinburgh. Phase two was a focused audit on the case notes of 40 patients who had passed through the beacon wards.

The results, published in March 2011, showed shorter hospital stays (from 30 to 17 days), fewer discharges to long-stay care (from 52 to 47 per cent), less psychotropic medication prescribed (from 23 to 7 per cent) and fewer catheters inserted (from 30 to 3 per cent).

Some carers still expressed concern, but the number who rated the level of information and involvement, and staff awareness and knowledge, as ‘good’ or ‘very good’ almost doubled.

Patient experience

Mr MacDonald admits that when the audit was over some areas did slip back. ‘If I am being honest, in a couple of areas things did decline, but the other three areas surpassed my expectations.’

The sample was small, but he says it provided a ‘snapshot’ of the experience of people with dementia in a general hospital setting. The model has since been replicated and completed in six new beacon wards at St John’s Hospital with similar results. The dementia toolkit has also been developed for vulnerable patients and is being rolled out to all wards in the acute general hospital.

Mr MacDonald is realistic about the speed of progress: ‘These improvements are not going to happen overnight, but now there are no excuses and no hiding places.’

The work has contributed towards the development of an older people’s mental health liaison team, the Bridging Team, which links mental health services with the hospital, while a new Vulnerable Patients Hub has been set up to share good practice.

Mr MacDonald has been a nurse for 30 years, mostly caring for people with dementia. He is delighted that these patients are beginning to receive the attention they deserve.

‘Right from the moment I started as a healthcare assistant I have questioned the quality of care and treatment offered to people with dementia,’ he says.

‘This has been my passion, and a driving force in my career. There is a lot we can do to make it better. We are still looking at ways to improve. Now we know this is a model that works’


Colin MacDonald with one of the large, clear clocks that help make wards more dementia-friendly

Jo Hanley