Practical strategies to help develop dementia-friendly hospital wards


Abstract
Hospital stays can have significant negative effects for people with dementia. This article explores methods of improving dementia care in general hospital wards. Taking its starting point as the importance of person-centred care, it explores ways of improving the ward environment, meaningful activities, personal history work, involving carers, and identifying and treating delirium. Practical strategies are suggested in each of these areas. The article acknowledges that implementing change can be challenging in NHS settings where wards are understaffed, and time is precious. However, it encourages all nurses working in these settings to recognise the importance of person-centred care for people with dementia and to make even small changes that can have a significant effect.

Keywords
acute hospitals, carers, delirium, dementia, mental health, older people, person-centred care

THERE ARE 850,000 people with dementia in the UK, with the number estimated to rise to one million by 2025 (Alzheimer’s Society 2017a). In a study of 1,291 carers by the Alzheimer’s Society (2009), 54% said a hospital stay had a significant negative effect on people with dementia, resulting in weight loss, falls, incontinence, exhaustion, pressure ulcers, reduced mobility, loss of communication skills and depression (Alzheimer’s Society 2009, Digby and Bloomer 2014).

People with dementia use 25% of hospital beds and stay in hospital on average twice as long as those without dementia (Alzheimer’s Society 2016). People with dementia are also more likely to be discharged from hospital to residential care rather than returning home (Bauer et al 2011). Clearly, hospitals are not the ideal environment for people with dementia (Reynish et al 2017). This article explores methods of improving hospital wards for people with dementia, including improving the ward environment, meaningful activities, personal history work, involving carers, and identifying and treating delirium. The article is relevant to a wide range of nurses in general hospital settings: people with dementia can be nursed in almost any hospital ward.

The provision of person-centred care is the overall aim of dementia care whatever the setting, that is, putting the needs of the person at the centre of care. It can be achieved by recognising the person, collaborating with them, validating their reality and facilitating them to do what they want (Kitwood 1997). Person-centred care, however, is not always prioritised in the acute hospital (Dewing and Dijk 2016).

Ward environment
The hospital environment is far from ideal for people with dementia (Moyle et al 2008). Of carers surveyed by the Alzheimer’s Society (2016), 92% said that people with dementia found the hospital environment frightening. It can also be confusing: similar bed spaces, doors and corridors can result in the person with dementia becoming lost (Leung and Todd 2010). Environmental design is particularly important for people with dementia to compensate for sensory loss and cognitive impairment (Brawley 1997). Different environmental cues, signs and design factors can help orientate the person with cognitive impairment (Utton 2009).

The first step to improving the ward environment is to assess if it is ‘dementia friendly’. An environmental assessment tool for wards has been developed by the King’s Fund (2014) based on research evidence, best practice and survey responses from those who have used the tool in practice. It is easy to use, provides a good template to assess the ward environment for people with dementia and can be downloaded free from the King’s Fund (2014) website.
The King’s Fund (2014) assessment tool has seven sections, which explore if the ward environment:

» Promotes meaningful interaction between patients, their families and staff.
» Promotes well-being.
» Encourages eating and drinking.
» Promotes mobility.
» Promotes continence and personal hygiene.
» Promotes orientation.
» Promotes calm, safety and security.

A review of the tool found that 97% of 105 respondents would use it again (Waller et al 2017).

Suggestions for ways to improve the ward environment, based on the King’s Fund tool, are outlined in Box 1.

Many of these aspects may seem minor but they can help a person with dementia make sense of their environment. For example, matt flooring is important as shiny floor surfaces can produce glare and reflections, which can be disorientating. Even-coloured flooring is important as patterned floors can give people the illusion of three-dimensional structures, leading to falls when they try to step on them (Buxton 2015).

It is, however, more than physical design that creates a comfortable environment. Relationships with staff and the activities pursued are also crucial to the person’s perception of the ward’s purpose. For example, how the person is served their food at mealtimes, whether at a table with company or on a tray, affects their awareness of their surroundings (Calkins 2010).

Other factors in the hospital environment can increase confusion for people with dementia and should be minimised, for example, frequent moves from ward to ward (Bray et al 2015). Continuity of staff should also be encouraged if possible (Thomson et al 2008).

An inappropriate hospital environment can also be linked to delirium, a state of acute confusion. The National Institute for Health and Care Excellence (NICE) (2010) guideline on delirium suggests that dementia-friendly hospitals reduce the risk of delirium. Nurses can help reduce the risk of delirium by minimising noise at night so that people can sleep, avoiding waking people at night, gently reorientating people, providing activities, welcoming families and ensuring that people have and wear their required and functioning hearing and visual aids (NICE 2010).

Some hospitals have already created dementia-friendly environments. Bradford Royal Infirmary, for example, opened a dementia-friendly care ward in 2017 (Bradford Teaching Hospitals NHS Foundation Trust 2017).

The ward has a carers’ room so that they can stay and drink light refreshments; seating along the corridors also provides opportunities for rest and engagement; paintings on walls help encourage conversation; there are contrasting colours; and a touchdown area in each four-bedded bay means that staff have a place to sit and write, while being able to monitor patients. The ward also has camouflaged exit doors to stop people who want to go home becoming distressed. These are all examples of environmental design to assist people with dementia.

**Meaningful activities**

While they are in hospital it is important to help people with dementia to stay active if possible. Staying active can help people with dementia feel motivated and improve their self-esteem (NHS Choices 2015). Many wards now have activities coordinators or volunteers who can support people with dementia to complete activities. If this is not already in place in your clinical area it could be a way of improving dementia care. Most NHS trusts now have volunteer programmes that wards can become involved with.

---

**BOX 1. Suggestions to improve the ward environment for people with dementia**

1. Does the ward environment promote meaningful interaction between patients, their families and staff? Suggestions:
   » Could social areas be created in corridors such as clusters of chairs for people to sit and talk?
   » Is there an identifiable reception desk for people to see when entering the ward?
   » Is there a dining area where people can interact while eating?
   » Are there social spaces where people can sit together like a day room?
   » Could activities be planned or placed in the day room, for example, games or puzzles?

2. How easy is it for the person with dementia to find their way? Suggestions:
   » Is there sufficient clear, legible signage placed at a height that can be easily read?
   » Do all signs on toilet and day room doors have pictures and words on them?
   » Are signs clear and is there contrast between the words and background?
   » Are signs placed on the doors rather than beside them?
   » Could landmarks like pictures be put in place to help the person find their way?

3. Does the environment help to orient the person? Suggestions:
   » Could accessible, visible calendars, seasonal pictures and large-face clocks be put on the walls?
   » Could pictures of the local area be displayed?
   » Could photos be used to personalise the person’s room or bed space?
   » Could the person have some of their own belongings like ornaments or pictures?
   » Is lighting appropriate for day and night?

4. Is the environment easy to understand and navigate? Suggestions:
   » Is the flooring matt and even-coloured?
   » Are there handrails, raised toilet seats and large handles?
   » Are the handrails and doors in colours that contrast with the walls and floors?

(King's Fund 2014)
Possible activities could include (NHS Choices 2015):
» Games.
» Puzzles.
» Listening to music.
» Singing.
» Exercises.
» Memory activities.

Most of these activities can be done at the bedside and do not require expensive equipment. If there are ward funds or donations available, specifically designed activities can be purchased for the person with dementia such as dementia games and reminiscence tools.

Dementia shops or memory cafés are other possible activities. These are informal meeting places where people with dementia can get support and exchange experiences and information. Hairmyres Hospital in Lanarkshire has created a dementia café, for example. Its dementia-friendly campaign was led by emergency department charge nurse Mairi-Louise Houldsworth who became a dementia champion and fundraiser after her mother was admitted to the hospital. She told me that the most important factor in creating more dementia-friendly hospitals is involving the person with dementia and their carers in the change process. She also said it is important to involve the wider community. Working with support groups and organisations in your area can help support the person with dementia and their carers.

The most important factor in activities is that the person enjoys them. There is no point in playing the same games with everyone; activities must be tailored to the individual. Activities can also be completed with the person’s family: ask them if they can bring in something that the person enjoys or provide them with equipment such as games to play with the person. The ideal time to find out what the person prefers is during personal history work.

Personal history work
The National Dementia Strategy (Department of Health (DH) 2009) noted that insufficient background information was gathered from carers and the person with dementia. Gathering a personal history is one of the most important areas for improving dementia care. While in hospital every person with dementia should have a personal history form completed, such as the Getting to Know Me form developed by Alzheimer’s Scotland (2013). If your ward does not already have a personal history form in use, it can be downloaded from the Alzheimer’s Scotland website. This form can help staff to get to know the person with dementia, their preferences, background and family. Admission to hospital is the ideal time to establish what support the person has and find out how much involvement the person wants their family to have.

Personal history forms can promote a sense of identity for the person, which is especially important when they are in a strange environment (Kitwood 1997). An increased knowledge of the person can also promote better communication between the nurse and patient (Haberstroh et al 2011). For example, knowing the person’s preferred name can help to make them feel more comfortable when communicating and finding out how they express pain can help to identify when they are sore (Willoughby 2012).

Carers can be invaluable for information provision when completing personal history work. It is important to involve them, but this does not always happen. The Alzheimer’s Society (2009) found that relatives often did not feel they were listened to when passing on personal information.
Involving carers

While it is important for everyone to have their family and friends involved in care, carers are especially important for the person with dementia (Clare 2002). People who have dementia tend to rely on their carers for routine and support (Steeman et al 2006).

Carers can also be a great resource for the nurse. They can act as expert advocates for people with dementia, helping staff to find the best way to assist them. Carers can also assist people with dementia, for example, helping them to eat. John’s Campaign is an example of a programme that involves carers. Nicci Gerrard and Julia Jones founded John’s Campaign in 2014.

Nicci’s father John Gerrard had dementia and died after a ‘catastrophic’ hospital stay (John’s Campaign 2018). John’s Campaign calls for the right of people with dementia to be supported by their family carers, including the right to stay with them outside visiting hours. Julia’s mother June has Alzheimer’s disease and vascular dementia and has written a letter to say that she would like her daughter to stay with her if she is admitted to hospital (Figure 1).

Age UK (2016) has developed a free, downloadable booklet on implementing John’s Campaign. It says that allowing carers to stay with people who have dementia outside visiting hours can help them feel safe and secure and promote dignified care. The booklet also provides a series of questions as a baseline audit of carer provision and a step-by-step guide to implementing John’s Campaign in hospitals.

Many hospitals already enable carers to stay with people with dementia. For example, Pinderfields Hospital in Yorkshire provides family support rooms where carers of people with dementia can stay (Dementia Partnerships 2016).

Admission to hospital is also an ideal time to work with carers. If possible, a ward carer liaison nurse should be appointed. It is also helpful to find local carer support organisations to refer carers or to find useful information to share with carers, for example, about respite.

Communication is the most important aspect of the relationship with carers. It is crucial to talk to carers, to let them know what is happening and to ask their opinions. It is important to remember that they are the experts when it comes to their relatives or friends. Julia Jones of John’s Campaign told me that involving family and friends is the one change that any hospital could make, which costs nothing, and can make a real difference.

Identifying and treating delirium

Up to 20% of people with dementia in hospital develop delirium (Alzheimer’s Society 2017b). The symptoms of delirium tend to develop quickly, over hours or days. Delirium can severely affect the person with dementia, sometimes leaving them with permanent reduced levels of functioning.

It is crucial to recognise the symptoms of delirium quickly. These symptoms can include increased confusion, altered levels of alertness, poor concentration, disorientation, behaviour and speech changes, changes in sleeping patterns, mood swings, paranoia and hallucinations. Many of these symptoms may also be present in dementia. This makes it even more important to obtain a baseline level of usual behaviour from family or friends (NICE 2010). Delirium can present as ‘hyperactive’, ‘hypoaactive’ or ‘mixed’. People with hyperactive delirium can be alert and agitated. People with hypoactive delirium can be tired and withdrawn. People with mixed delirium can switch between the two states (Alzheimer’s Society 2017b).

Causes of delirium are outlined in Box 2.

The treatment for delirium relies on treating the underlying cause, for example, antibiotics for an infection or laxatives for constipation. However, at times the cause may not be found or there may be multiple causes. It is important to remember that people with dementia do not tend to be hospitalised solely with dementia. According to the Alzheimer’s Society (2009), they tend to be admitted because of other conditions such as falls, fractures, urinary tract infections, chest infections and strokes. This correlates with the list of delirium risk factors in Box 2.

**BOX 2. Causes of delirium**

- Infections, such as urinary tract infections or pneumonia. These are more likely in people who already have brain injury from stroke or dementia.
- Surgery.
- Dehydration.
- Constipation.
- Epilepsy.
- Liver or kidney problems.
- Terminal illness.
- Being in an unfamiliar environment.
- Side effects of medications such as painkillers.
- Poisons.
- Alcohol or sedative drug withdrawal.

([Gordon et al 2015](#))
Changing practice

The process of changing practice can be challenging (NICE 2007). NICE (2007) found that to bring about change, staff needed awareness and knowledge, motivation, skills, acceptance and belief in change and no practical barriers to change. Awareness, knowledge and skills can all be achieved by training in dementia. The DH (2016) stated that all NHS staff should have training in dementia appropriate to their job role.

Practical barriers to change can include time and staffing levels. A staffing levels survey by UNISON (2014) found that 66% of nurses did not have sufficient time to care properly for patients. They thought that ratios of eight or more patients to one registered nurse (RN) resulted in poorer patient outcomes and higher nurse stress. The Royal College of Nursing (2012) found that on older people’s wards there were 9.1 to 10.3 patients per RN. It is clearly more difficult to spend time with carers and provide person-centred care to people with dementia while wards are understaffed, and nurses are pressed for time.

Conclusion

This article has explored strategies in five areas to help people with dementia to adapt more easily to an acute hospital admission: the ward environment, meaningful activities, personal history work, involving carers and identifying and treating delirium. Some of these changes will be easier to achieve than others and should be encouraged, for example, putting up calendars and large-face clocks. Finding time in a busy shift to play a game with someone or talk at length with their carer is more difficult. However, all these aspects are important and should be part of the nursing role.

References


Royal College of Nursing (2012) Safe Staffing for Older People’s Wards. RCN, London.


