Dementia, Delirium and Distress – The Triple ‘D’ Pathway

Stephen Keates
Acting Lead Nurse for DDD Team
Older adults occupy two thirds of acute beds
Up to 60% of these patients have or will develop during admission a cognitive disorder or mental health condition
Hospital admissions for older adults are associated with an increased risk of falls, increased risk of developing infection, deterioration in mental health, increased use of anti-psychotic medication and increased length of stay, avoidable use of 1:1 care
Over a third of older adult patients admitted from their home will be discharged into care
What makes us different?

- Our service reactively and pro-actively sees patients based on need not diagnosis
- Our service educates and role models to clinicians the importance of identifying need not risk. When a person's need is addressed we automatically reduce the risk
- We educate and role model to clinicians to see ‘challenging behaviour’ as a symptom of distress.
The Kind Stranger and The Bridge

The Island and the Bridge

When the person is on the bridge we can try to bring them back – when the person is on the island, trying to bring them back to our reality can easily create agitation.

Try to bring someone back, if they get agitated we need to cross the bridge and support them to reduce their distress instead.

Our shared reality

With full capacity and good mental health, this is where we are.

Richard’s Reality

He is here alone unless we go and join him.

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Sandwell and West Birmingham Hospitals NHS Trust
The Team
The Vision

- Patient Centred Care
- Education
- Carer Involvement
- Identification
- Champions
- Therapeutic Activity
- Outreach Team
Patient Centred Care

- About me document
- Personalised Care Plans
- ABC charts
- Personalise Environment
- Therapeutic Activity
Education

- Therapeutic activity and person centred care workshops
- Bespoke training provided on the wards
- Role modelling on the wards
Carer Involvement

- John’s Campaign
- Identification of carers
- Quality Improvement service user and carer steering group
- Carer support groups
- Carer support roadshows across clinical areas
Identify Dementia, Delirium or cognitive impairment on admission

DDD pathway implemented on admission

Leaflet given to patient and or/carer to explain pathway
Dementia Champions

- University of Worcester course redesigned to provide a meaningful course to develop skilled dementia champions
- Dementia champions to complete service improvement projects
- To provide consistent integrated patient centred care across the trust for patients admitted or attending outpatient departments who are living with dementia
- Promote a culture of patient centred care
- Increased satisfaction among patients living with dementia and their carers
- Increased levels of staff and board awareness
Therapeutic Activity

- Therapeutic activity co-ordinators
- Volunteers trained to provide Therapeutic Activity across clinical areas
- Specialist HCA’s to provide 1:1 care when required also trained to provide therapeutic activity
Outcomes

- Pathway embedded focus on high risk group
- Winner of PENNA Personalisation of Care Category
- Presentation in PENNA Roadshow Leeds
- Participation in Trust Learning Into Action Events
- Bank and agency staff booked for 1:1 observation care reduced by 60%
- Input into enhanced Vulnerable Adults pathway
- Input into working group on ward staffing initiatives
- Improved collaborative working between and intra acute and community teams
- Bespoke interactive training package rolled out co-produced with Trust Conflict Resolution Trainer
Growing The Team
Enhancing the Vision

- Specialist Dementia, Delirium and Learning Disability nurses – new phase of recruitment into substantive posts
- To improve patient experience through holistic assessment and promotion of patient centred care through role modelling
- To continue to reduce the use of 1:1 care seeking alternative ways of working around personalisation of care
- Team merging with Safeguarding Team to integrate support under Vulnerable Adults umbrella
- To increase carer involvement and the use of John’s Campaign
- To reduce the number of ward moves of patients living with dementia and learning disabilities aiming to keep this to a maximum of 3 ward moves per admission
- To improve the management of Distress in clinical areas and broaden the scope of changing the culture
Any Questions?