Role of Education & Dementia Education Programme Update

Dementia Care in Acute Hospitals Conference

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Presentation Overview

- Barbara’s Story
- Acute Services and Dementia
- National Policy & Reports
- National Dementia Education Project: Needs Analysis, Progress to-date
- Dementia Champion in the Acute Care Setting
- Gaps & Challenges for Dementia Education
- Future Plans for Dementia Education
- References
Barbara’s Story

Delivering dignity for older people and those with dementia
The dementia patient is not giving you a hard time. The dementia patient is having a hard time.

Awareness!
Acute Services and Dementia
What we know

- Up to 25% of acute hospital beds occupied by person with dementia
- 50% of dementia in acute hospitals goes unrecognised
- If diagnosed - not always recorded or communicated accurately
- Detection and assessment poor
- Adverse outcomes – higher mortality and length of stay four times longer than other people over 65
- People with dementia, while in acute care, at risk of developing major complications including pressure sores, falls & incontinence
- Hospital environment inappropriate
Research tells us that

- What happens in general hospitals can have a profound and permanent effect on individuals with dementia and their families.

- People with dementia in acute hospitals experience worse outcomes than those without dementia.

- Strong association between lack of meaningful activity/occupation and responsive behaviours & depression.

- Therapeutic activity programmes decrease responsive behaviours by providing engagement in pleasant activities.
We do know that:

- Improved services can enhance quality of care, shorten their length of stay and reduce costs.

- Even short courses can have an impact on staff’s attitudes and knowledge.

- Significant reduction in responsive behaviours & use of psychotropic drugs & restraints after interventions.

- Communication skills essential for supporting people with responsive behaviours.
National Policy & Reports Identified:

- Staff who have the most contact often have the least knowledge
- Organisations employ staff who may lack knowledge
- Need for education & skill development for staff to provide evidence based person-centred dementia care
- Skills needed to identify medical, functional and environmental limitations
- Need for better understanding of cognitive impairment among health care staff in acute services
- Need for Psychosocial Approaches
National Dementia Education Project Overview

• National steering group established
• Project plan developed
• Audit of programmes available/provided nationally
• Literature review completed
• National Educational needs analysis conducted
• Suite of dementia education programmes developed sequentially, based on best practice, needs analysis, and continuous evaluation
• National Governance Structure established
83% of registered nurses had not received training in dementia care in past 5 years in RoI

78% of care staff have not received training in dementia care in past 5 years in RoI

In the acute sector 5% of Nurses and 21% of care staff had received dementia training.

Need for education for staff in acute settings
Recommendations – Needs Analysis (RoI)

- Modular generic education/awareness programme
- Multidisciplinary groups to have access
- Programmes to be delivered within a person-centred philosophy, taking into account experience of adult learners
Recommendations – Needs Analysis (RoI) contd.

- Learning methodologies to facilitate practical application and implementation of programme

- Additional area specific modules to be developed

- A structure to develop and facilitate local peer support

- Structured management support and buy in essential
National Project - Progress to date

- Generic Educational Dementia Programme
- Early Identification of Memory Problems
- Dementia Champion Module (Level 8)
- Home Help Education Awareness Resources
- Delirium Awareness Information
- Responsive Behaviours Programme
- National Governance Group established
While education & skill development is required across the spectrum, there is a need to focus on developing *Dementia Champions* in acute care.

- Eliminate the use of ‘specials’ in acute care
Gaps & Challenges

- Acute Care   Poor uptake for Education
- Moratorium/Release of staff
- Whole systems approach
- Involving the Person with Dementia & Carers
- Need for creativity & new ways of working across services
Future Plans

- HSE/DCU Dementia Elevator Project
- Genio Projects
- National Clinical Care Programmes
- Undergraduate/FETAC Courses
- Changing Minds Project IHF/HSE/ASI
- National Dementia Acute Audit
- National Dementia Strategy
Meeting the challenge to build capacity

- Commitment to a person-centred philosophy

- Good practice is not static and involves the ongoing evaluation of current practices and the development of new initiatives

- Organisational support crucial - Education alone will not change practice

- Strong Leadership & Management Support critical at all levels
I Have Dementia.
My eyes do see, My ears do hear
I am still me, So let's be clear
My memory may fade,
My walk may slow
I am ME inside
Don't let me go.

www.keepinmindinc.com


Barbara’s Story (2012) Guys and St Thomas NHS Burdett Trust for Nursing


Ministerial Task Force on Dementia Services in Victoria (1997) *Dementia Care in Victoria: Building a Pathway to Excellence*.


