



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

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Why do we need this pathway?

- ▶ 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 persons 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 Vision



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

Identification

- ▶ Identification of Dementia, Delirium or cognitive impairment on admission
- ▶ DDD symbol clearly marked at patients bed
- ▶ DDD pathway implemented on admission
- ▶ Leaflet given to patient and or/carer to explain pathway



Dementia Delirium Distress

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



Clinical Team

- ▶ Specialist Dementia, Delirium and Learning Disability nurses
- ▶ To improved patient experience through holistic assessment and promotion of patient centred care through role modelling
- ▶ To reduce the use of 1:1 care
- ▶ To increase support available for staff in supporting them with the application of DOLS and Capacity Act
- ▶ 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

Outcomes

- ▶ Within first 3 months of implementation of team and pathway, bank and agency staff booked for 1:1 observation care reduced by 60%
- ▶ Reduction in falls
- ▶ Reduction in admissions to 24 hour care
- ▶ Reduced incidents of violence and aggression
- ▶ Reduction in complaints for these patient groups
- ▶ Increased carer involvement
- ▶ Improved collaborative working between acute and community teams

Any Questions?

