

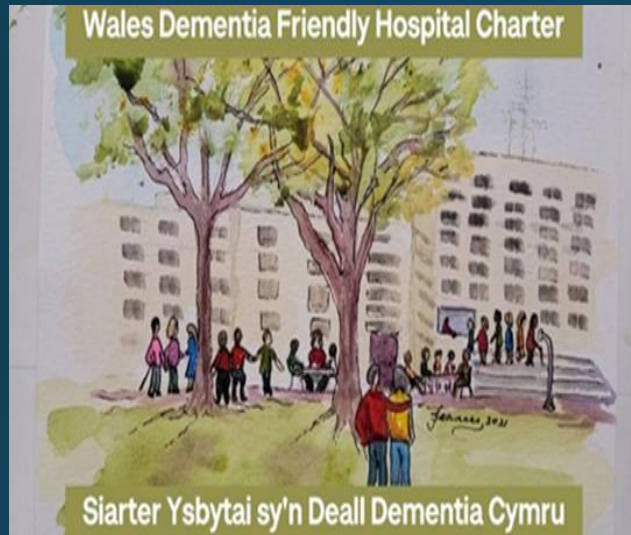
Dementia Meaningful Activity and Engagement in Hospitals

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Organisation Description

- Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. We serve an estimated population of over 639,000, approximately 21% of the total Welsh population.
- The Health Board employed approximately 15,343 staff and is the largest employer in Gwent, two thirds of whom are involved in direct patient care.
- Aneurin Bevan University Health Board covers the Gwent region of South Wales and is responsible for the delivery of health care services. We have a major critical care and a range of community hospitals across the borough's. There is also a range of specialist health centres, local clinics and primary care, mental health and learning disability services.
- On average it is estimated that at least 25% of the hospital inpatient beds are occupied by a person living with dementia with an increased average length of stay.

Summary of Project



The aim of the Dementia Meaningful Activities and Engagement Programme was to improve the experience of care for people living with dementia whilst in hospital. The model would see the introduction of Dementia Volunteer Companions, a suite of person-centred meaningful activities and a programme of dementia learning for staff to help improve person-centred dementia care, supported by a network of Dementia Champions.



RATIONALE & CONTEXT

- The Patient Reported Experience Measures (PREMS) survey undertaken identified that patients in hospital experienced loneliness, boredom, frustration, and fear and people could not access meaningful activity or engagement. Impacting on patient wellbeing, this often resulted in an escalation in behaviours that challenge and an increased in enhanced care, this was very evident in hospitals with single rooms. The need for meaningful activity was also identified by surveys undertaken by the Community Health Council (CHC).
- Staff feedback identified that they did not feel skilled or confident to undertake meaningful activities and engaging with people with dementia. Improvements were needed to ensure staff better understand what matters to people and to employ more person-centred strategies to improve care outcomes, patient experience.

IMPACT & RESULTS ACHIEVED

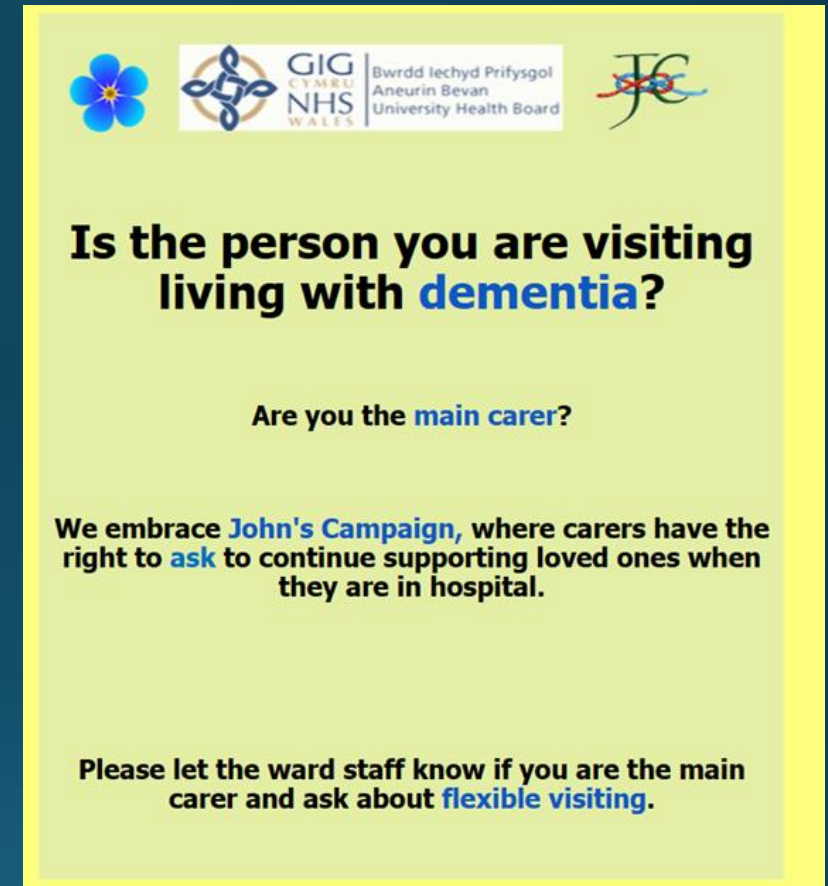
- A mixed method evaluation was used to measure the impact which consisted of staff, patient and carers views through surveys, patient stories and variations of the measures set up at the beginning of the project. We used the patient/carer stories to support staff learning and priorities.
- Feedback specifically from people in hospital, carers and staff has identified negative experiences, with the main themes including:

- **Boredom and isolation**
- **Restricted visiting**
- **Staff knowledge around dementia/identification of people living with dementia**
- **Staff knowledge around capacity and consent**
- **Lack of recognition of needs**
- **Poor communication**
- **Limited involvement of families**
- **Poor signposting**
- **General care including continence care/ oral care/nutrition and hydration**
- **Multiple ward moves**






People's feedback has given us real traction in our efforts to improve inpatient dementia care.

- From feedback we are recognising the importance of carer involvement in hospital. We relaunched “Johns’ Campaign” and actively promoted the need to engage more proactively with carers/relatives, encouraging wards to adopt more flexible working. Leaflets were prepared for patients, carers and staff. The Campaign has been relaunched internally and through social media. Positive comments received since the public re-launch:
- “ Well, I’ve just come across a wonderful member of staff at NHH doing just this....she has certainly put my mind at rest. His dementia has been taken into consideration prior to his treatment and the flexibility shown so far gives me more confidence. Thank you.”



The leaflet features a yellow background with a white border. At the top, there are four logos: a blue flower, the GIG Cymru NHS Wales logo, the Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board logo, and the John's Campaign logo. The main text is in bold black font, with 'dementia' in blue. The text asks if the person being visited is living with dementia and if the visitor is the main carer. It states that the organization embraces John's Campaign, where carers have the right to ask to continue supporting loved ones in hospital. It concludes by asking the main carer to let ward staff know and ask about flexible visiting.

Is the person you are visiting living with dementia?

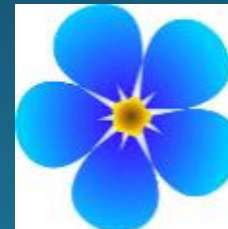
Are you the **main carer**?






We embrace **John's Campaign**, where carers have the right to **ask** to continue supporting loved ones when they are in hospital.

Please let the ward staff know if you are the main carer and ask about **flexible visiting**.

- To promote person-centred care and to ensure staff can recognise 'at a glance' that someone in a hospital bed may have dementia, person centred 'Bedside Boards' have been designed, purchased, and erected on many of the 141 wards so far. Families can write on the boards improving 2-way communication with clinical teams and identify what matters to the person, offer preference, choice, identify immediate needs and assist with communication. Bi-lingual, this template has been shared across Wales.

- We have agreed as a Health Board to use the Dementia Daisy symbol to identify a person who has a diagnosis of dementia. An audit identified an increase in the use of the symbols beside the patient bedroom doors to help identify patients who have a formal diagnosis of dementia to assist with communication and assistance needs.



MY NURSE TODAY IS:		MY PREFERRED NAME IS:	
LANGUAGE		English <input type="checkbox"/> Welsh <input type="checkbox"/> British Sign Language <input type="checkbox"/>	Other:
COMMUNICATION		Independent <input type="checkbox"/> Hearing aids <input type="checkbox"/> Lip reading <input type="checkbox"/> Spectacles <input type="checkbox"/> Interpreter required <input type="checkbox"/>	Other:
DIET		Menu: High energy snacks <input type="checkbox"/> No oral diet <input type="checkbox"/> Food allergies:	Independent <input type="checkbox"/> Assistance needed <input type="checkbox"/> Full assistance <input type="checkbox"/> Dentures <input type="checkbox"/>
FLUIDS		Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Fluid restriction: _____ ml No oral fluids <input type="checkbox"/>	Preferred drink: Tea <input type="checkbox"/> Coffee <input type="checkbox"/> Sugar <input type="checkbox"/> Sweetener <input type="checkbox"/> Milk <input type="checkbox"/> Squash <input type="checkbox"/>
MOBILITY		Independent <input type="checkbox"/> Assistance <input type="checkbox"/>	Supervision <input type="checkbox"/> Falls Risk <input type="checkbox"/> Other:
OTHER CLINICAL CONSIDERATIONS: Include relevant PSAG symbols here			
WHAT IS IMPORTANT TO ME			
MESSAGES			

We have recruited dedicated Dementia Companions, who spend meaningful time with patients, engaging them in activities that matter to them. These Companions have additional training in order to better understand dementia, and how to support those who may have behaviours that challenge. Many of the Companions support patient's ability to connect with families through FaceTime.



Feedback from 1 of the companions included

"I started chatting to the patient we played ball, one of the questions was about his hobbies and interests. He told me he that he liked horse racing and had won on the horses - so I got the RITA out and we used the app on there to play horse racing and betted on the horses - we had great fun and both really enjoyed it, when I was going he asked me if I would come again"



Every hospital ward now has access to a suite of resources. These include activities that can be used by people who have sight impairment, who have dexterity issues, and supports languages other than English such as Welsh. Working alongside our colleagues in assistive technology has allowed us to maximise resources such as RITAs (Reminiscence Interactive Technology Assistance), Magic tables and I-pads, using digital champions to support.





Symbols for the bedside boards linked with patient life stories such as "This is Me" and the learning disabilities "Once for Wales" document have maximised person-centred approaches across general and mental health wards.



Wards have identified at least 1 Dementia champion. A champion network enables a two-way communication for the sharing of information, resources. ABUHB Dementia Champion pin badges have been designed/purchased. These will help patients and carers identify who the Champions are on each ward.

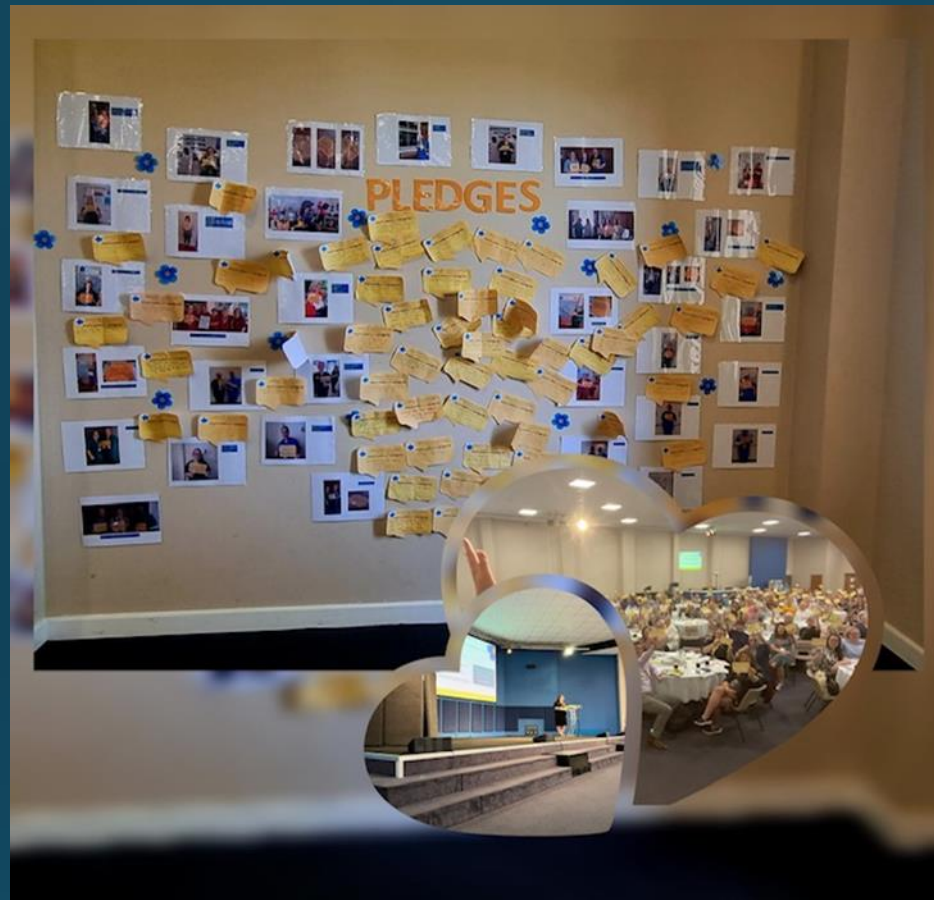


FUTURE SUCCESS

- Neighbouring health boards have requested feedback from our PoC. We have presented to the National Inpatient Dementia Network and National Patient Experience Group, ABUHB Hospital Dementia Steering Group, Quality and Outcomes Committee and Leadership groups.
- We have recognised how this programme can be mirrored with the care homes and prison services and a bid for funding has been submitted for resources to maximise not only this development but ensure continuity of the care from admission to discharge and aftercare.
- In addition to the initial training programme a further series of “Bite Size” learning, 1.5 hours sessions have been developed. The team are participating in induction programmes for newly appointed health care support workers and qualified staff learning plans.
- A Gwent Regional Dementia Conference was held in May 2023 and showcased best practice and has supported further collaboration to improve dementia care across the region.
- Workforce models are being reviewed to consider less traditional roles that would have positive impact e.g., an activities co-ordinator and wellbeing assistants.

KEY LEARNING POINTS

- Identify what matters to the patients you care for.
- Understand the challenges of the areas you are supporting care.
- Celebrate what's working well, as well as identifying areas of improvement.
- Recognise that not one size fits all, different wards and departments have differing requirements, resources, environments, and needs.
- Acknowledge and respond to each individual person who comes into our areas of services as having a unique set of requirements and aim provide holistic care.
- Use the passion, motivation, and desire to improve services from patients, staff and carers that we hear from concern, feedback, advise, recommendation, observations of care and research to inform the project you're supporting.
- Work collaboratively and through a multi-disciplinary approach to make the project work, together we can make changes.



Thankyou