

Featured Article

Person-centered care for older people with dementia in the acute hospital

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Abstract

Introduction: Patients with dementia (PWDs) are often subjected to enforced dependency and experience functional decline and emotional distress during hospital stay. Person-centered care (PCC) with specialized psychosocial interventions, minimally obtrusive medical care, and physical restraints-free practice holds potential to improve patient outcomes. We evaluate the effectiveness of an acute hospital dementia unit (Care for Acute Mentally Infirm Elders [CAMIE]) that adopts a PCC protocol.

Methods: Prospective naturalistic cohort study whereby PWDs in the CAMIE unit ($n = 170$) were compared with a control group in usual care wards ($n = 60$) over 6 months. Assessments included patient demographics, dementia type and stage, comorbidities (Charlson's Comorbidity Index), acute illness severity, Well-Being, Ill-Being, functional status (Modified Barthel Index), agitation levels (Pittsburgh Agitation Scale), and quality of life (EuroQoL), assessed on admission and discharge. Multivariate analysis of covariance examined the effect of CAMIE versus usual care on pre-post outcomes.

Results: CAMIE patients showed statistically significant greater gains in Modified Barthel Index function and Well-Being, decreased Ill-Being and agitation, and greater improvement in EuroQoL index score (effect size: $\Delta = 0.18$) after adjusting for baseline differences that translated to a quality-adjusted life years gain of 0.045, assuming stability over 3 months. Estimating added cost of CAMIE stay over usual care at SGD 1500 (USD 1040) for average length of stay of 15 days per patient, the incremental cost-effectiveness ratio fell within the threshold for cost-effectiveness at USD 23,111.

Discussion: PCC for PWDs in acute hospitals not only improves clinical outcomes for patients but is also cost-effective. The results support the adoption of PCC on a wider scale for better care of PWDs.

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Keywords:

Dementia; Geriatric; Person-centered care; Acute hospital; Cost-effectiveness

1. Introduction

With global population aging, the number of patients with dementia (PWDs) is projected to double every 20 years, that is, 65.7 million in 2030 and 115.4 million in 2050 [1]. Consequently, high numbers of PWDs are expected in acute care settings [2]. There is a need to plan ahead to secure best care for PWDs in acute hospitals.

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Hospitalization can cause significant distress to PWDs [3], where enforced dependency and unfamiliar environments negatively impact the well-being of patients, leading to functional decline and deficits [4]. In busy, task-focused acute settings, challenging behaviors often emerge and potentially complicate treatment [5]. Therefore, quality care to meet the needs of PWDs is imperative. Adoption of the person-centered care (PCC) approach that has become synonymous with high-quality care for PWDs should be considered.

Research evidence supports the adoption of PCC in residential care facilities that prioritizes PWDs' well-being first, beyond physical and custodial care [6]. PCC promotes the strengths of PWDs and honors their values and choices [7]. Neglecting PWDs' personal and psychosocial needs can result in need-driven dementia-compromised behaviors, as well as social isolation that potentiates accelerated decline [8]. PCC emphasizes shaping the care environment to value personhood and address the unmet needs of PWDs [9]. PCC in long-term care facilities has decreased use of antipsychotic medications [10] and produced positive patient outcomes, including better quality of life and reduced agitation and challenging behaviors [11,12].

Most research into PCC has been in long-term care facilities [10–12], with little investigation of its effectiveness in acute care settings [13,14]. Providing PCC in acute hospitals can be challenging because of priorities placed on diagnostic procedures, close monitoring, and instituting treatment within short lengths of stay [13]. Therefore, examining the effectiveness of PCC for PWDs in the acute hospital is pertinent and forms the aim of this study.

In July 2012, Khoo Teck Puat Hospital became the first acute hospital in Singapore to set up a specialized unit for PWDs that adopts PCC. The unit, known as Care for Acute Mentally Infirm Elders (CAMIE), is set within a home-like environment, which prioritizes the needs of patients beyond care tasks. The unit has 10 beds, a kitchenette, lounge and dining area, and a sizable outdoor space. Care is operationalized under two protocols: (1) enhanced medical care protocol, which includes moderating intrusive interventions (e.g., catheters, feeding tubes), a physical restraints-free policy, appropriate and modest use of psychotropic medications, careful attention to hydration, bowel and bladder care, and encouraging mobilization and (2) enhanced psychosocial care protocol, which includes prioritizing patient needs over tasks, encouraging family members and volunteers to provide companionship, and engaging in daily structured activities (e.g., music therapy, recreational/group activities). These interventions are modeled after the established Hospital Elder Life Program [15,16] and the philosophy and practice of PCC [9,17,18]. Meanwhile, patients in the conventional geriatric ward (control group) receive standard medical care.

Upon admission, a patient's background information is obtained from the patient and his/her family via a "Know Me Better" form, which is placed at the patient's bedside to facilitate individualized care. CAMIE includes flexibility in custodial activities such as shower and feeding times,

engaging patients in activities of interest (e.g., music listening), and encouraging social integration (e.g., communal dining). The more physically able patients are encouraged to mobilize and spend more time out of bed engaging in group-based activities such as games and puzzles, music therapy, horticulture therapy, and exercises in the lounge and outdoor areas of the ward. The kitchenette is used for cooking demonstrations by the dietitians, and patients are encouraged to participate in group-cooking sessions. Patients with more advanced dementia who are bed- or chair-fast can also participate in the activities with more individualized attention. Examples of more customized activities include one to one music therapy, sensory stimulation with aroma oil massage, and leisurely conversations.

CAMIE is run by a multidisciplinary team of doctors, nurses, and allied health professionals including a social worker, dietician, pharmacist, as well as physio, occupational, and speech and music therapists. There are also one to two volunteers daily who help to feed the patients and engage them in activities and conversations. Family caregivers can participate in patient care as well, and these present opportunities for caregiver training serve to equip caregivers with enhanced skills and confidence to care for the patients after discharge. The team, in particular the social workers and nurses, dedicates time to explore the caregiver's coping and makes attempts to encourage and empower caregivers to care better. There are twice-a-week meetings for team members to update patients' care plans and progress, share experiences, discuss the challenges faced, as well as meet with family caregivers to address their concerns and plan for postdischarge care.

CAMIE has a higher nurse staffing compared with a conventional ward with a staff-to-patient ratio of 4-to-10 (vs. 3-to-10) in the day and 3-to-10 (vs. 2-to-10) at night. The increased staffing allows manpower to be allocated to caring beyond the medical and custodial needs of the patients and is especially important at night when patients with gait instability often attempt to get out of bed unsupervised. All CAMIE staff attend a 2-day in-house training workshop on PCC to learn theoretical and practical applications of PCC in relation to caring for PWDs. Training topics include understanding dementia and its management, challenging behaviors, resolution and validation therapy, and engaging PWDs in purposeful activities. A functional analysis approach to challenging behavior, which considers biological, biographical, psycho-emotional, and situational factors in the understanding the unmet needs of the patient, is emphasized. The training also encompasses an experiential learning activity that helps attendees understand the confusion experienced by PWDs by putting them in a simulated disconcerting environment and making them perform tasks such as wearing diapers and taking medications (a syrup mixture).

We examined the effectiveness of CAMIE care compared with conventional geriatric care as control. Specifically, we hypothesized that PWDs in the CAMIE unit would display greater improvements in general well-being and functional ability, require lower doses of psychotropic medications

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