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Caring for cognitively impaired older patients in the general hospital: A qualitative analysis of similarities and differences between a specialist Medical and Mental Health Unit and standard care wards☆

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ABSTRACT

Background: Around half of people aged over 70 years admitted as an emergency to general hospital have dementia, delirium or both. Dissatisfaction is often expressed about the quality of hospital care. A Medical and Mental Health Unit was developed to provide best practice care to cognitively impaired older patients. The Unit was evaluated by randomised controlled trial compared to standard care wards. Part of this evaluation involved structured non-participant observations of a random sub-sample of participants and the recording of field notes.
Objectives: The aim of this paper is to compare and contrast the behaviours of staff and patients on the Medical and Mental Health Unit and standard care wards and to provide a narrative account that helps to explain the link between structure, process and reported outcomes.
Design: Field notes were analysed using the constant comparison method.
Setting: A large hospital within the East Midlands region of the United Kingdom.
Participants: Patient participants were aged over 65, and identified by Admissions Unit physicians as being 'confused'. Most patients had delirium or dementia.
Results: Sixty observations (360 h) were made between March and December 2011. Cognitively impaired older patients had high physical and psychological needs, and were cared for in environments which were crowded, noisy and lacked privacy. Staff mostly prioritised physical over psychological needs. Person-centred care on the Medical and Mental Health Unit was mostly delivered during activity sessions or meal times by activities coordinators. Patients on this unit were able to walk around more freely than on other wards. Mental health needs were addressed more often on the Medical and Mental Health Unit than on standard care wards but most staff time was still taken up delivering physical care. More patients called out repetitively on the Unit and staff were not always able to meet the high needs of these patients.
Conclusion: Care provided on the Medical and Mental Health Unit was distinctly different from standard care wards. Improvements were worthwhile, but care remained

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challenging and consistent good practice was difficult to maintain. Disruptive vocalisation may have been provoked by concentrating cognitively impaired patients on one ward.

What is already known about the topic?

- Person-centred care is widely recognised as the best current approach for caring for people with dementia.
- There is a high prevalence of co-morbid mental health problems among older adults admitted to acute hospitals.
- Acute hospital settings struggle to provide care that is person-centred. However, there has been little systematic study of interventions to improve the quality of care offered to these patients.

What this paper adds

- Specialist Medical and Mental Health Units which implement best practice dementia care can improve quality of care.
- Implementation of best practice is challenging in the general hospital and there are resource implications.
- Introducing mental health expertise and organised activity to a ward can improve quality of care in the general hospital.

1. Background

People with dementia are prone to develop acute physical illness leading to hospital admission. About 50% of people over the age of 65 in general hospital have delirium, dementia or both together (Boustani et al., 2010; Goldberg et al., 2012; Royal College of Psychiatrists, 2005). Dissatisfaction is often expressed about the hospital care for such people (Alzheimer's Society, 2009; Nichols and Heller, 2002; Royal College of Psychiatrists, 2011). Concerns include lack of dignity and respect for patients, insufficient assistance to eat and drink, lack of occupation, an inappropriate hospital environment and insufficient staff training. Internationally, interested groups are working to address these concerns, including the RCN (Royal College of Nursing, 2013), Canadian Dementia Knowledge Transfer Network (Canadian Dementia Resource and Knowlege Exchange, 2013; Dalhousie University, 2012) and the NICHE programme (Nurses Improving Care for Healthsystem Elders, 2013). However, there has been little systematic study of interventions to improve the quality of care offered to these patients.

A specialist Medical and Mental Health Unit (referred to in this paper as 'the Unit') was developed to offer best practice dementia care to patients admitted to the general hospital with co-morbid cognitive impairment or 'confusion'. The Unit was planned for 2 years, and implemented over 18 months. Its development took into account published literature, expert opinion from clinicians working in the field, results from a patient, carer and staff ethnographic study (Gladman et al., 2012) and a cohort study of outcomes of older patients with mental health problems admitted to the general hospital (Bradshaw et al., 2013a). The intervention took an existing 28-bed acute geriatric ward, including its ward based staff and converted it to a specialist unit where only older patients with cognitive impairment were admitted. There were five main areas of enhancement (Harwood et al., 2010). (1) Specialist mental health staff were employed (nurses, occupational, physio and speech and language therapists, psychiatrists and geriatricians). Three healthcare assistants worked as activities coordinators. (2) Staff training in recognition and management of delirium and dementia and the delivery of person-centred dementia care (Brooker, 2007; Kitwood, 1997). (3) A programme of organised therapeutic and diversionary activities. (4) The environment was made more appropriate for people with cognitive impairment. (5) A proactive and inclusive approach to family carers was promoted.

The intervention was evaluated by a randomised controlled trial compared with standard care offered by the hospital (the TEAM trial; Goldberg et al., 2013; Harwood et al., 2011). Patient experience is an important outcome of healthcare (Department of Health, 2012; Legido-Quigley et al., 2008). As part of the evaluation, this was ascertained using structured non-participant observations. Results showed an improvement in the proportion of time patients spent in positive mood (79% versus 68%; $p = 0.03$) and that patients experienced more person-centred interactions (median 4 versus 1 per 6 h observation; $p < 0.001$). The non-participant observations also served as a fidelity measure to assess how the intervention worked and to gain knowledge and understanding of what could be done better and how. In this paper we report the findings from an analysis of field notes made during observations. This analysis provides a narrative account that helps to explain the link between structure, process and reported outcomes.

2. Method

2.1. Methodology

Field notes taken during a structured non-participant observational study and analysed using the constant comparison method aiming to compare and contrast the behaviours of staff and patients observed on the unit and standard care wards.

2.2. Participants

Participants for this study were drawn from patients recruited to the TEAM trial. The TEAM trial recruited 600 patients admitted for acute medical care to a large English National Health Service teaching hospital providing sole