

# CALVARY ADELAIDE HOSPITAL DEMENTIA FRIENDLY HOSPITAL

## Model/ What:

In December 2021, the Calvary Adelaide Hospital (CAH) supported by regional and hospital executive, agreed to participate in a pilot program to create a dementia friendly hospital using the NHS Dementia-Friendly Hospital Charter (DFHC) <sup>1</sup>. This NHS charter clearly outlines dementia friendly principles and statements that a dementia-friendly hospital should provide, together with a framework to guide hospitals in their self-assessment and planning against each of the principles<sup>1</sup>.

## Background

Calvary Adelaide Hospital since 2020 and prior to that Calvary Wakefield Hospital have demonstrated a commitment to improving the care and outcomes of patients with dementia.

This has been particularly evident in the medical ward at Calvary Wakefield then moving over to the Milne (medical) ward, Calvary Adelaide Hospital. In 2017 Liezel Fourie, Clinical Manager, recognised leader and clinical champion in implementing innovative and evidenced based dementia care for patients and their families with cognitive impairment, dementia and delirium, led the staff on the medical ward Calvary Wakefield in a project focused on the management of delirium and dementia in patients in acute-care settings.

The aims of the project included enhancing the care environment, improved behaviour management, reduced the number of falls and increased engagement with the families of patients.

Some of the key initiatives of this project were: increased dementia education for staff; painting of handrails different colours to walls for safer mobilisation; the introduction of pet therapy; fidget blankets and the use of memory association for patients to find their room.

Although no formal data was collected, Liezel Fourie reported a major outcome of the initiatives were staff being more aware of patients with cognitive impairment, more confident in ways to support them and consequently care for cognitively impaired patients changed.

## What changed?

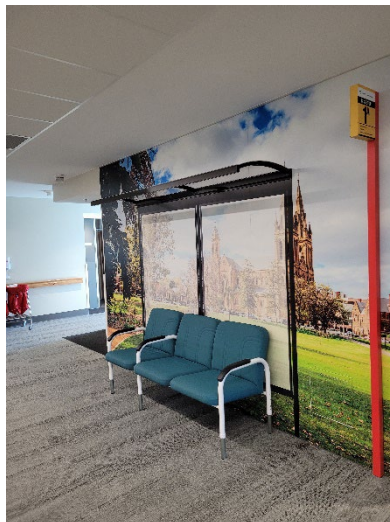
In January 2022, the dementia-friendly hospital charter pilot program commenced again led by Liezel Fourie, Clinical Manager Medical Ward CAH (Milne ward).

The dementia-friendly hospital charter pilot program involved a self-assessment against the NHS Dementia-Friendly Hospital Charter (DFHC) to identify gaps and develop an implementation plan with recommended actions to achieve each principle and standard and improve care for people with dementia. The dementia-friendly hospital charter provides a minimum set of standards that focus on the needs of people with dementia<sup>4</sup>.

The self-assessment, gap analysis and implementation plan was completed against each of the NSH DFHC seven key principles and underlying statements important for creating a dementia-friendly environment for people with dementia and their families whilst in hospital. These seven principles include:

1. Staffing
2. Partnerships
3. Assessments
4. Care
5. Environment
6. Governance
7. Volunteering

Between February and September 2022, the CNAH Milne medical ward and the hospital more broadly, has made positive progress in successfully implementing some of the key recommended actions of the DFHC implementation plan. The key actions achieved sit within the principles and dementia statements relating to staff training, partnerships, assessments, care and environment.



## Summary of Key Actions of the Charter Self-assessment

A summary of actions to date following the self-assessment is below.

A list of suggested actions has also been made these are being worked through in terms of priority, cost and feasibility.

Standard	Resultant Actions in Milne ward and hospital
1. Staffing	<ul style="list-style-type: none"> <li>▪ Incorporated a dementia component into staff induction program available for all staff.</li> <li>▪ Additional on-site training provided by Dementia Australia for dementia champions on Milne ward and a training day for catering staff specific to their role in a patient's hospital journey.</li> </ul>
2. Partnerships	<ul style="list-style-type: none"> <li>▪ Reviewed and updated the confidentiality and release of patient information policy.</li> <li>▪ Developed an introductory letter* with ward information for carers on patients admission. A list of carer community supports has also been developed to add to the introductory letter.</li> <li>▪ Created a document for staff to use as a guideline when deciding if 1:1 nurse special is required for a patient-</li> <li>▪ Developed a process with VMO's to ensure one nominated family/carer is contacted on day 1 of admission to give feedback and to give carer the opportunity to voice concerns. Clear communication by staff to family that VMO will communicate with one nominated family member (reducing repeated conversations to multiple family members).</li> </ul>
3. Assessments	<ul style="list-style-type: none"> <li>▪ All patients who have been assessed as having dementia or delirium on admission, have the Ballarat Cognitive Impairment Indicator (BCII)<sup>3</sup> identifier card placed in a highly visible spot next to the patient's bedside so all hospital staff are aware and can adjust care, support and communication accordingly. BCII training has been rolled out to staff in the hospital.</li> <li>▪ Preferences of care included to "Top 5" patient form on admission.</li> <li>▪ Developed and implemented a policy that all cognitive impaired patients on admission will be referred by the physicians on the medical ward to the CAH speech pathologist for screening.</li> </ul>

<p>4. Care</p>	<ul style="list-style-type: none"> <li>▪ Multidisciplinary (Clinical manager, allied health, pastoral care, discharge planner) weekly ward meetings to discuss all patients on the ward and facilitate early referrals.</li> <li>▪ Nursing staff proactively updating VMO's on their rounds of patients preferences and wishes.</li> <li>▪ VMO and team involved in patient and family discussions so everyone listens to and understands the patient and families views and preferences</li> <li>▪ Pain assessment tool for use with dementia patients is being investigated.</li> </ul>
<p>5. Environment</p>	<ul style="list-style-type: none"> <li>▪ Milne ward purchased 20 new white toilet seat raisers and appropriate paint and coloured themselves for use on ward as there us is currently no "coloured" toilet seat raiser on the market to offer good contrast from surroundings. ( See Photo 1)</li> <li>▪ Signage including text and image installed on toilet door in every room to assist Cognitive impaired patient with toileting. ( See Photo 2)</li> <li>▪ Appropriate wall clocks purchased.</li> </ul>
<p>6. Governance</p>	<ul style="list-style-type: none"> <li>▪ Renew pledge to be a Dementia-Friendly Hospital on the "Caring for Cognitive Impairment" Website.</li> </ul>
<p>7. Volunteering</p>	<ul style="list-style-type: none"> <li>▪ Developing a volunteer support programme for Milne ward. Volunteers have commenced on both morning and afternoon shifts.</li> <li>▪ Developing policy and process to ensure all volunteers at CAH complete Dementia online course in e-learning.</li> </ul>

\* Introductory letter for carers on admission containing the following ward information: Inclusion of the "this is me" form for family to complete to be able to assess patient needs; ward routine; case manager involvement - and that Case manager will contact them to find out what supports are needed; what practical items the patient will need during their stay; ward visiting hours and arrangements; and staff roles with key contact numbers and photos of key staff to aid identification.

Photo 1:  
Coloured toilet seat raiser to offer good contrast from surroundings.



Photo 2:  
Signage including text and image installed on toilet door in every room to assist Cognitive impaired patient with toileting and appropriate wall clocks were purchased.



## Implementation of the charter:

Actions required	Information for other sites
Tool used	<p>The <a href="#">Dementia Friendly Hospitals Charter<sup>2</sup></a> developed by the <a href="#">Dementia Action Alliance UK<sup>4</sup></a>, is freely available for use. The Dementia-Friendly Hospitals Charter was launched in 2015 by the National Dementia Action Alliance UK<sup>4</sup>, then updated in 2018 to include a section on the important role of hospital volunteers.</p>
Who?	<p>Liezel Fourie, Clinical Manager Medical Ward CAH (Milne ward) conducted the charter self- assessment in this instance. Liezel has recommended anyone could perform the self – assessment.</p>
How?	<p>The self- assessment took about a week which included documenting the gaps and actions required. The first self – assessment will take the most time because follow up assessments will focus on the gaps or improvements required from previous results.</p>
Documenting results	<p>A Spreadsheet was used to record the Charter standards, the gaps identified, actions required and progress/ status of the actions. This was used to communicate as necessary to stakeholders and for comparison to future self–assessments.</p>
Communicating results	<p>Plans are for relevant changes as a result of the charter to be communicated to new patients in the admission introductory letter information.</p>
How often?	<p>Liezel suggests the charter be used for follow up every 2-3 years.</p>




<p>Translation of changes</p>	<p>Although other wards in CAH have not performed the DFHC self-assessment, other wards and departments have benefitted from the Milne ward DFHC self-assessment.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>- Milne ward has become well known for being able to cope with patients with challenging behaviours secondary to cognitive impairments.</li> <li>- Ward managers across the hospital know about the tools utilised by Milne ward and borrow ideas / resources as required such as the toilet picture signs.</li> <li>- Milne ward staff have an increase in knowledge and skills through the process and improvements made as a result of the DFHC. This increase in staff knowledge is then shared between wards as staff work in different areas.</li> </ul>
<p>Sustainability of change</p>	<p>Liezel advises the charter will continue to be used as the ward continue to strive to be a part of a Dementia-Friendly Hospital.</p>

Photos 3 and 4: Staff receiving dementia education



## Benefits of the Implementation

Table 2 Benefits

BENEFITS	
Patient 	<ul style="list-style-type: none"> <li>• Patients with dementia have access to an accurate and early assessment of their needs and care is delivered accordingly to improve outcomes</li> </ul>
	<ul style="list-style-type: none"> <li>• Patients experience more integrated and coordinated service delivery between all care providers e.g. speech pathologist to early identify swallowing difficulties and treat accordingly</li> </ul>
	<ul style="list-style-type: none"> <li>• Early and clear communication with patients and their families to ensure they understand and able to make informed choices about their care</li> </ul>
Staff 	<ul style="list-style-type: none"> <li>• Care is provided by hospital staff (clinical and non-clinical) who are appropriately trained in dementia care.</li> </ul>
	<ul style="list-style-type: none"> <li>• Staff demonstrate a proactive approach to caring for people with dementia and/or delirium and are knowledgeable and skilled in identifying and addressing needs.</li> </ul>
	<ul style="list-style-type: none"> <li>• Staff who have questions or need additional support can utilise the Milne ward as a dementia resource and place to learn.</li> </ul>
Organisation 	<ul style="list-style-type: none"> <li>• Improved quality of care in hospital that has developed policies and is committed to being a dementia friendly hospital. DFHC is an evidenced based approach to screening and care of patients with dementia and/or delirium in hospital.</li> </ul>
	<ul style="list-style-type: none"> <li>• Integrated and proactive dementia friendly approach that involves education, training and support of all hospital staff to better identify and care for people and their families with a cognitive impairment</li> </ul>

## Patient, Staff, Carer feedback

### Staff:

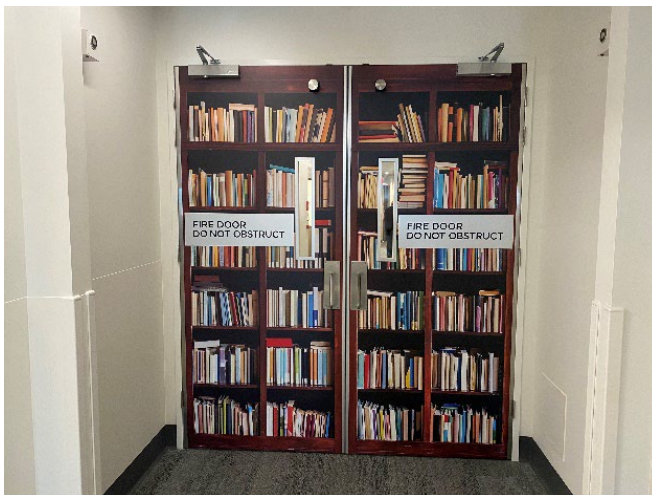
After the Workshop led by Dementia Australia last year where staff from all areas attended after the second week staff reported back how useful it was when they tried out the skills.

Staff report they feel more confident with additional knowledge, skills and tools as a result of the self -assessment actions.

### Family:

Families have been grateful for the care their loved ones have received.

Photos 5 and 6: A less clinical environment was created.



## Resource list

1. [https://www.dementiaaction.org.uk/assets/0001/8146/DAA\\_Dementia\\_Friendly\\_Hospital\\_Charter\\_Booklet\\_06-2015.pdf](https://www.dementiaaction.org.uk/assets/0001/8146/DAA_Dementia_Friendly_Hospital_Charter_Booklet_06-2015.pdf)
2. [https://www.dementiaaction.org.uk/assets/0003/9960/DEMENTIA-FRIENDLY\\_HOSPITAL\\_CHARTER\\_2018\\_FINAL.pdf](https://www.dementiaaction.org.uk/assets/0003/9960/DEMENTIA-FRIENDLY_HOSPITAL_CHARTER_2018_FINAL.pdf)
3. Ballarat Health Services (2004) "Cognitive Impairment Identified Project. An all of hospital education program to improve the awareness of and communication with people with dementia – Linked to a visual cognitive impairment identified.
4. Dementia Action Alliance, UK. <https://daanow.org/>