

**‘ See the person not the patient’
Opportunities & challenges in
General Hospital care.**

Dr Jonathan Webster

**Assistant Director, Quality & Clinical Performance, Bexley
Care NHS Trust**

**Honorary Senior Research Fellow, Christ Church Canterbury
University.**

e mail: jonathan.webster@bexley.nhs.uk

Presentation Structure:

- Some of the hard facts
- Personal reflections
 - Experience & understanding from organisations & practice
 - Learning from and with people
 - Working with staff
- Way forward....

Dementia Care in Acute Hospitals

Royal College of Psychiatrists (RCP, 2005) identified that on average in a 500 bed district hospital:

- 330 beds will be occupied by older people
- 220 of these will have a mental health disorder
- Of which 102 will have dementia (depression & delirium form most of the remainder)

'Who Cares Wins' on outcomes:

Research cited in the RCP report highlighted a range of important outcome measures:

- Increased mortality
- Longer lengths of hospital stay
- Greater rate of care home admission following an acute hospital stay.

In addition...

- Higher risk of developing major complications – pressure ulcers, falls, malnutrition & incontinence.
- Reactive rather than proactive care & management.
- People can be treated ‘differently’.

Fundamentally a poor, unacceptable experience

Potential difficulties:

- Recognition & diagnosis of dementia – *interplay of co morbidities*.
- Many people are not known to other services.
- Crisis/ non elective admission.
- Transfer of care.
- False assumptions – managing 'risk'.
- Fitting into a 'routine'.

National Dementia Strategy

Objective 8: Improved quality of care in general hospitals.

- To improve the quality of care and health outcomes for people with dementia.
- To provide a comprehensive mental health assessment & advice on planning care.
- Develop explicit care pathways
- Senior Clinician Lead

Recognising the context & some of the challenges...

- Hospitals are busy, complex places.
- Patients (people) are vulnerable.
- Reduction in length of stay.
- Environments aren't always perfect.
- Patients can experience a number of ward moves.
- The focus on older people can be variable.
- The value on experiential learning and practice development can vary.
- Links with community services can be mixed.
- Changing workforces and leadership.

However...

‘We need to celebrate our successes
and address the challenges...’

Themes from practice:

- Ways of 'seeing' older people.
- Disconnection from who the person is.
- Tick box assessments.
- Fragmentation between assessment, planning & evaluating care.
- Lack of engagement with older people.
- Scenarios from practice



Study Design/ Journey:

- 3 main action research cycles
- 5 distinct phases
 - Action researcher worked in the clinical area
 - Values analysis (questionnaire)
 - Facilitated Programme (10 sessions)
 - Evaluation
 - Evaluation (after 3 - 6 months)

Themes from the literature

- Assessment sets the foundations for care.
- Biographical assessment helps us to 'see' the person.
- The place of relationships & therapeutic approaches are key.
- Culture & leadership are fundamental.

Themes:

- A journey....
- Liberation through practice development
- The power of tradition & ritual
- Power, authority & culture – ability/ permission to challenge
- Challenges associated with ageing – *‘seeing the person not the patient’*
- Leadership in clinical practice
- Challenges associate with changing practice
- Professional development – *‘Novice to Expert’*

Reflections...



Coasters
and more

To Conclude:

- Improving care for people with dementia is key.
- The importance of 'seeing' the person.
- Leadership & understanding culture is essential.
- We need to work with patients & their supporters.
- We need to understand the issues before identifying the solutions.
- Technical knowledge is important, but the translation to clinical practice is imperative.
- Small changes can make a difference.
- The need for joined-up planning & working
- What do people want from our services? How do we want to be known? What do we need to do?

‘If you can imagine it
you can create it.
If you can dream it,
you can become it,
and if you do it you
can make a difference’

Arthur William Ward

