



Dementia Strategy

2019 to 2022



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1 Introduction and context

The Golden Jubilee National Hospital is home to regional and national heart and lung services, has major centres for orthopaedics, ophthalmology and diagnostic imaging and is the flagship hospital for reducing waiting times in key elective specialties.

The Golden Jubilee Foundation (the Board) has a broad remit to treat patients from across Scotland. Our Board delivers a range of services including elective joint replacements, heart and lung surgery including transplants, interventional cardiology procedures and a range of diagnostics tests. The forthcoming expansion will see a near doubling of elective services for the West of Scotland region.

1.1 Our Quality Ambitions

Our work supports the quality service delivering person centred, safe effective care for every patient, taking consideration of the nine protected characteristics under the Equality Act.

1.2 Our Values

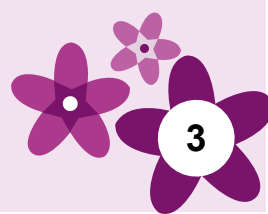


1.3 Our Dementia Strategy

Scotland has an ageing population, and with this comes the increased prevalence of dementia. Scotland's National Dementia Strategy (June 2017) outlines a number of challenges and change actions, including a commitment to:

Continue to implement national action plans to improve services for people with dementia in acute care and specialist NHS care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital.

Scotland's National Dementia Strategy 2017-20.
Edinburgh: Scottish Government, pp.18-19.



Our Board Dementia Strategy 2018-2021 is designed to reflect good practices, to identify how they can be enhanced and to propose our aspirations for the coming three years.

As with most areas of healthcare, dementia care is evolving and adapting continuously, and it is essential that as an organisation we recognize this.

It is also important that we remember that no-one is defined by a diagnosis and that the experience of people living with dementia and their carers will be reflected in other policy documents. Equally, no-one who would benefit from any improvements should be excluded because they do not have a diagnosis of dementia.

2 Key drivers

The Scottish National Dementia Strategy 2017-2020 recognises that the 10 Point National Action Plan remains an appropriate framework for coordinating improvements in Acute Care. These actions were developed in line with the Standards of Care for Dementia. Within this strategy document we state our Board response to how we will implement each of these actions. This plan supports the implementation of the Standards of Care for Dementia in acute care to ensure the current system of hospital care is improving the capability and capacity of staff working in such settings. The key responsibilities for implementation of the National Standards lie with Anne Marie Cavanagh, Nurse Director/Board Executive Lead and Tilda McCrimmon, Lead Nurse for Dementia/Board Operational Lead.

3 Progress and achievements

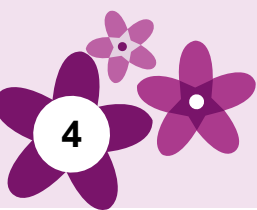
Our Dementia Strategy 2015-2018 identified three key objectives for the organisation:

3.1 To implement and embed a Dementia Champions Network

We now have 10 Dementia Champions and two Registered Nurses currently in training. This means that we have a Dementia Champion in most clinical departments. Dementia Champions are key to identifying and implementing improvements in their own areas and supporting the Lead Nurse for Dementia. Regular meetings with the Dementia Champions to share updates and good practice are led by the Lead Nurse (Appendix 7).

3.2 Staff education ensuring compliance with the Promoting Excellence Framework

The Promoting Excellence Framework (2011) identifies the knowledge and skills required for all staff working in health and social care related to their involvement with people living with dementia and their carers. The levels range from 'informed' through to 'expert'.



Dementia awareness sessions continue to be part of the Corporate Induction programme. Through the duration of the previous strategy Informed level sessions have been completed by 33 staff; 22 Healthcare support workers from nursing and allied healthcare professions have completed Best Practice in Dementia Care at skilled level and 12 staff have completed the skilled level NHS Education for Scotland (NES) Learn-pro module 'People with Dementia in Acute Care' and 109 staff have completed the (NES) Delirium module.

Our Dementia Champions have Enhanced level skills and the Lead Nurse role requires Expert skill level.

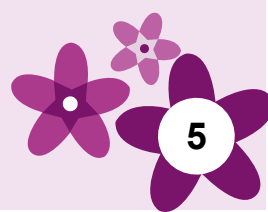
3.3 Implementing a dementia friendly hospital and hotel

The eight inpatient dementia friendly rooms are used well in our inpatient areas. If a patient is identified as having dementia prior to admission, they will be allocated one of these rooms. If diagnosis has not been noted prior to admission, this can be discussed with the patient and carer on arrival. If a carer has requested to stay, they will be allocated a patient room where there is room to allow a relative to stay with the patient overnight. These rooms can also be used to support people with delirium, as they have date and time clocks which assist with orientation and are located near the nurses' stations to assist with discreet observation. The forget-me-not symbol, used discreetly and with patient consent, helps ensure that people living with dementia and their carers get extra support when needed. In Ophthalmology Outpatients, where patients are assessed in several rooms and are reviewed by different health care professionals, it is attached to the case notes to identify that the patient may need extra support with their examination.

A small magnetic version is also attached to the external whiteboard to alert staff that room may be in use for longer than average and to consider using other rooms. In orthopaedic inpatient wards, it is placed at the patient's room to alert staff to patients need for increased support. A similar forget-me-not symbol can be used on Wardview screens. It is also used in posters and materials related to dementia care.

The hospital volunteer team provide an accompanying service to support people to areas within the hospital.

The Caring Behaviour Assurance System supports the positive attitudes to all within the hospital. The increased awareness of the lived experience of people with dementia through Promoting Excellence training has fostered a more supportive and enabling approach. Increasing numbers of staff are supporting relatives living with dementia in their personal lives and this personal experience also fosters more "dementia friendly" attitudes and behaviour.



4 Key objectives 2019-2022

Our aim over the term of this strategy is to build on the strong foundations now in place. We have set out our key objectives and stated where these map to the National Priorities.

We have five key areas of focus:

4.1 **Objective one: embedding leadership and quality improvement knowledge (national priority one)**

Skills and knowledge acquired by the Lead Nurse via the Scottish Improvement Leadership course will be used to support the improvement projects identified by the Dementia Champions and Healthcare Support Workers who have completed the Best Practice in Dementia Care course. These will be in relation to improving dementia care throughout the Board.

Continuing Professional Development opportunities will be identified to enhance skills, including a development session for Dementia Champions. Work is being taken forward nationally by NES to provide a role description for Dementia Champions, this will be incorporated into the role at the Golden Jubilee following consultation with key stakeholders.

4.2 **Objective two: staff education and training for dementia care (national priority two)**

Dementia awareness will continue to be part of Corporate Induction. This will be adapted to support the redesign of the induction process (which is ongoing at present). Education matching the Promoting Excellence Framework will continue to be provided for the foreseeable future.

Skilled level practice is being integrated into many Nursing and Allied Health Practitioners pre registration training programmes. This will be monitored and reflected in future course availability.

The nationally funded Dementia Champions Programme continues to be offered and we plan to support our clinical staff to participate in this training opportunity.

There are national plans by NES to review the current Promoting Excellence Framework, the Lead Nurse for Dementia will represent the organisation during the review process.

For the duration of this strategy all possible opportunities for training and education in dementia care will be reviewed and developed, taking account of newly developed materials from external sources and based on local training needs analysis information on staff professional development requirements.

4.3 **Objective three: work as equal partners with families and carers (national priority eight)**

The support of families and carers can be crucial in achieving the best outcomes for patients living with dementia. Work will continue with Senior Charge Nurses to ensure that all carers feel welcome and involved in care planning and preparation for discharge. We acknowledge that many of our colleagues within the Board also have caring commitments to family members with dementia outside of work.

The Lead Nurse for Dementia has supported development of the Employee Carers Guide information booklet which is awaiting approval within the Board and will continue to work with the key stakeholders within the Board in improving support provided to employees who are carers.

4.4 Objective four: to continue to minimise and respond appropriately to stress and distress (national priority nine)

Throughout the hospital there continues to be variation in the prevention, treatment, and management of patients with stress and distress related to dementia and delirium. The Lead Nurse for Dementia will continue to work to improve this by supporting areas with training and implementation of the Guidelines for Enhanced Supervision (Appendix 1), 4AT rapid clinical assessment for delirium (Appendix 2) and T.I.M.E.Bundle delirium treatment plan (Appendix 3).

The Clinical Governance department will continue to review incidents reported through the DATIX adverse incident reporting system. This information will be used to identify learning needs relating to behavioural changes to ensure the safety of both patients and staff.

Scottish Intercollegiate Guidelines Network (SIGN) Guidelines for the Treatment and Management of Delirium are due to be published in 2019. These will be reviewed by the Lead Nurse and incorporated into practice at the Golden Jubilee National Hospital.

'Focus on Dementia', the national dementia improvement portfolio within Healthcare Improvement Scotland (HIS) is proposing a National work stream related to Stress and Distress in Acute Care. The Lead Nurse for Dementia will participate in this important work through the Alzheimer Scotland Dementia Nurse Consultants Group. This group will also coordinate implementation of this across NHSScotland.

4.5 Objective Five: Board wide projects

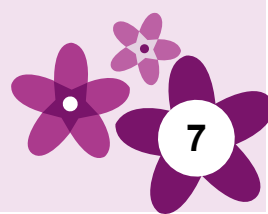
The Lead Nurse for Dementia contributes to wider hospital projects to ensure that the needs of people living with dementia are supported throughout. This will include a focus on employees raising awareness of the benefits of early diagnosis combined with identifying adjustments that can be made to support continued employment.

Engagement will continue with the Hospital Expansion Team to provide advice and support to new developments within the Board.

An electronic Patient Record (ePR) will be implemented during the duration of this strategy. Working closely with Dementia Champions, dementia care will be embedded within the electronic record.

4.6 Objective Six: Promote an anti discriminatory culture (national priority 5)

In recognition of the additional challenges faced by people living with dementia and characteristics protected by the Equalities Act (2010) a report 'Dementia and equality – meeting the challenge in Scotland@ (2016) was published. We will work to ensure that the recommendations of the report are met by the Board.

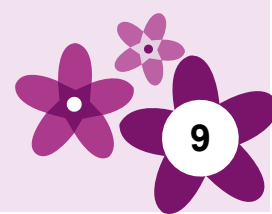


5 Implementation of National Key Actions

Our objectives for the next three years identify key parts of the national actions that we plan to take forward however we acknowledge the work ongoing with respect to the other national actions:

<p>1</p>	<p>Identify a leadership structure within NHS Boards to drive and monitor improvements There is a clear leadership structure in place with the Lead Nurse for Dementia role now embedded within the organisation.</p>
<p>2</p>	<p>Develop the workforce against the Promoting Excellence Framework There are resources in place to develop the workforce.</p>
<p>3</p>	<p>Plan and prepare for admission and discharge Identifying people living with dementia at pre-admission clinics allows better planning for their admission. The “Getting to Know Me” document (Appendix 4) is provided to be completed and brought on admission. This document provides all staff with details to inform person centred care planning and to assist when patients have difficulty communicating their needs. Any additional support needs are also explored in clinic. Delirium information is provided at some pre-assessment clinics. The discharge team work from pre-admission to ensure safe and timely discharge.</p>
<p>4</p>	<p>Develop and embed person-centred assessment and care planning The Getting to Know Me document, and working with the person living with dementia and their carers, allows staff to develop individual care plans Use of “What Matters to Me” boards also supports the provision of person-centred care. The importance of individualised care is also emphasised within the training provided.</p>
<p>5</p>	<p>Promote a rights-based and anti-discriminatory culture The Charter of Rights for People with Dementia and their Carers, Scottish Government (2009). Edinburgh: Scottish Government, pp.2-6, set out the right of people with dementia to continue to receive equitable care and not to be excluded based on their diagnosis. This is promoted throughout the hospital by the Lead Nurse for Dementia, Dementia Champions and Best Practice Health Care Support Workers and through training materials. It is also recognised in our Values.</p>
<p>6</p>	<p>Develop a safe and therapeutic environment With the help of the Best Practice Healthcare Support Workers we have an activities resource which can help support people living with dementia and those experiencing delirium in our care. The resources include a CD player, CDs, playing cards and puzzles. It also includes “Pocket Ideas, a moment in time” a booklet which provides topics for conversation and suggested activities to support staff to communicate with people living with dementia. ‘Twiddlemuffs’, which are used to calm and distract patients from removing devices, are also included. The Lead Nurse for Dementia is part of the Ophthalmology Expansion Team and has input into the design process to ensure the new build has dementia design principles incorporate at all stages.</p>

<p>7</p>	<p>Use evidence-based screening and assessment tools for diagnosis The AMT4 (Appendix 5) is used on all patients over 65 attending for pre-assessment and on admission. This can assist in diagnosis of dementia. 4AT and CAM ICU (Appendix 6) are used to identify delirium and trigger the implementation of the T.I.M.E. Bundle, which provides interventions to treat and support patients who have developed delirium. The use of these tools is regularly audited.</p>
<p>8</p>	<p>Work as equal partners with families, friends and carers We have updated our Carers Information Leaflet to reflect The Carers (Scotland) Act 2016. There are posters throughout the hospital welcoming carers to identify themselves to staff and to be involved in patient care. All inpatient areas are working towards open visiting.</p>
<p>9</p>	<p>Minimise and respond appropriately to stress and distress Measures already in place include: pre-admission planning, dementia friendly rooms, a flow system in outpatient ophthalmology, and encouraging carer involvement. These all help reduce stress and distress for patients.</p> <p>Resources for social activities are available for people experiencing distress and delirium, and staff are reminded regularly through training on how to access these at any time of day or night.</p> <p>Guidelines are now in place to support nursing staff when patients require enhanced nursing support due to stress or distress. Implementation of these guidelines is monitored by the Lead Nurse for Dementia and nurse managers.</p>
<p>10</p>	<p>Evidence the impact of changes against patient experience and outcomes There is an ongoing audit of processes to support people living with dementia including audit of AMT4 completion on admission and at day five after surgery. Plans are in place to review compliance with Single Questions in Delirium (SQID) and support improvements to the use of this and associated care planning.</p> <p>Any patient feedback in relation to dementia related care is encouraged through internal and external systems and improvements to care would be adopted and learning from this feedback.</p>



6 Wider engagements

We have strengthened our links with the Alzheimer Scotland (Alzscot) Resource Centre in Clydebank. The Golden Bistro continues to support a local reminiscence group, run by the local Alzheimer's Scotland Advisor, with our hospital volunteers also participating at this group.

The Dementia Awareness and Engagement Group (a group for people with mild to moderate dementia), from the Resource Centre have provided feedback on planned hospital improvements (i.e. resources and activities for our patients with dementia). They have also supported staff training by providing talks on their experiences of living with dementia.

The Lead Nurse for Dementia attends the Alzscot Dementia Nurse Consultant Group. Attendance at this group has raised awareness of the different approach required to support people living with dementia in our scheduled care environment.

This dual role with NHS24 has also strengthened links with this Board.

We have links with the Alzheimer Scotland Centre for Policy and Practice at the University of West of Scotland.

We have supported (and will continue to support) Dementia Awareness Week and Alzheimer's Month with information stalls, posters and advice and support from the Lead Nurse for Dementia.

7 Responsibilities

To ensure the delivery of this strategy there needs to be clear responsibilities for staff

7.1 Executive Nurse Director

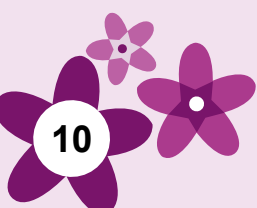
As the Executive Lead for Commitment 7, the Nurse Director is our executive sponsor for this strategy.

7.2 Lead Nurse for Dementia

The Lead Nurse for Dementia is our Board Operational Lead for Commitment 7 and has operational responsibility for implementation of this Strategy. They lead the Dementia Champions Network and coordinate all Dementia related education with the support of the Clinical Education team.

7.3 Senior Charge Nurses/ Clinical Nurse Managers/ Department Managers

It is the responsibility of the Senior Charge Nurses/ Clinical Nurse Managers/ Department Managers to ensure that their staff are adequately



trained in relation to care of patients with Dementia and use of cognitive screening tools. They should also ensure that the environment in their ward/ department is conducive to supporting patients with dementia.

8 Review and Monitoring

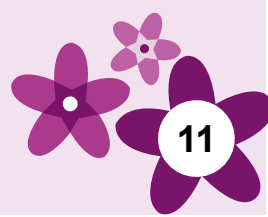
Implementation of this strategy will be monitored and reviewed by the Involving People Group and the Person Centred Committee.

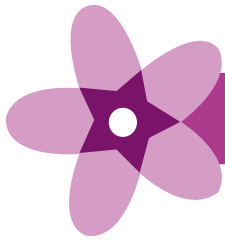
Key indicators that will be used to monitor the effectiveness of the strategy, include:

- Monitor and review AMT4 compliance statistics to establish key trends and act on these.
- Monitor, review, and report on uptake of education opportunities by staff groups.
- Monitoring and review of compliance with 4AT and T.I.M.E. Bundle implementation.
- Monitor and review any changes with to the National Dementia Strategy and implementation of the 10 Key Actions.

9 References

- Charter of Rights for people with dementia and their carers in Scotland
https://www.alzscot.org/campaigning/rights_based_approach
- Standards of Care for Dementia in Scotland
<https://www.gov.scot/Publications/2011/05/31085414/0>
- Promoting Excellence
<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/about-the-framework.aspx>
- Connecting People, Connecting Support.
<https://www.alzscot.org/ahp>
- Scottish National Dementia Strategy 2017-20
<https://www.gov.scot/dementiastrategy> Carers (Scotland) Act 2016
<https://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016>
- Scotland's Dementia Strategy 2013-16
<https://www.gov.scot/Topics/Health/Services/Mental>





Guidelines for Increased Nursing Support For patients with Altered Cognition

Document number	1
Name	Guidelines for Increased Nursing Support for patients with Altered Cognition
Summary	
Associated documents	
Target audience	All nursing staff
Version number	1
Date of this version	18 July 2017
Review date	17 July 2019
Name of Board	Golden Jubilee Foundation
Approving committee/group	Nurse Leaders Group
Document author	T. McCrimmon

1 Background

Why is support required?

- If the patient is possibly at risk of harming self, i.e. by falling, leaving ward area, removing devices, not being able to follow treatment guidance.
- If the patient is at risk of harming others.
- Consider if there are elements of verbal or physical aggression.

2 Content

Consider the level of Support Required
Always consider the least restrictive intervention.

- Regular visual check?
- Increased intentional rounding?
- Constant one to one nursing?

Risk should be added to the Safety Brief and reported at the Daily Huddle. The Senior Nurse should ensure area supported to allow one to one support. The Nurse in Charge would be initially responsible for deciding if this can be provided by existing ward staffing. If not, the Senior Nurse should consider if staff can be deployed to the area. It may be that deployed staff would be used as part of rotation of staff supporting the patient or to assist with staff breaks and would only be required for part of shift. If not, additional staff from the Nurse Bank may be required.

One to one support

Where the patient is exhibiting violent/aggressive behaviour support should primarily be focused on safety of patients and staff. The patient room should be made safe for patient and staff by removing any unnecessary furniture and equipment. Trying to reorientate the patient is often counterproductive and may increase agitation. Further information is available in the Ward Dementia Resource folder.

Where possible, the member of staff providing support should engage with the patient to reduce their stress. The Getting to Know Me Document provides conversation topics and can provide clues about what is causing this behaviour. Family and friends should be asked to provide small items which may be helpful, i.e. CD player, CDs, books, magazines or photographs.

The hospital now has some activities materials which can also be used to support them. These are located in room A1056 in Clinical Education, Security can gain access outwith office hours. It may be appropriate for some areas to consider developing their own resources.

Who should provide support?

Where possible, all planned nursing, medical and Allied Health Practitioner care and treatment should continue for the patient. The member of the Multidisciplinary Team (MDT) providing that care to the patient would also be providing one to one support during the period of care. When their input is complete, they must ensure that one to one care is maintained.

The patient's family and friends can also provide support unless it is deemed unsafe for them to do so. They should also be reminded to inform staff if leaving patient.

At all other times care can be provided by a Nursing/Rehabilitation Assistant. Where the patient is not a risk to others, i.e. high falls risk, hospital volunteers may be able to support activities with them.

Providing one to one support can be mentally challenging and tiring. Staff should be rotated at a minimum of two hourly intervals. If patient has a special rapport with a member of staff and their removal is likely to cause further distress, the staff member should be given a break every two hours.

Mentors may find this a suitable learning opportunity for student nurses, and should plan student nurse involvement appropriately.

Supporting Documentation

An individual care plan should be put in place, identifying the level of support needed by the patient. This should be discussed by the MDT and the patient and family/carers. Family/carer should be included in care plan and areas of care they are available to perform documented.

- Adults with Incapacity Certificate Section 47
- Q- pulse BOARD-HOSP-FORM-6 Certificate of Incapacity
- Q-pulse BOARD-HOSP-POL-1 Consent to Operation, Anaesthesia and Treatment Appendix G
- “Getting to Know Me” can be obtained in small numbers from Lead Nurse for Dementia or may be ordered from Stores department. If Stores are running low in stock, Communications department can print short run supplies until a new order has been placed by the Materials Management department.

The following can be found at: U:\Dementia Resource Folder\Delirium

- 4AT and TIME bundle
- Bowel Record Chart
- Abbey Pain Tool
- One to one Care Supportive Observation Record (Appendix 1) – levels 9 and 10 are intentionally blank for staff to add in particular behaviours causing concern/ being monitored. This observation chart should be used as a record of activity but can also be used to identify any patterns in behaviour. If a pattern emerges staff should consider anything that is causing change i.e. increased activity in ward, visitors leaving, and toileting pattern. If triggers identified plans should be adjusted to try to remove or reduce.

Appendix 1

Affix addressograph label or complete:

Patient name:

Hospital number:

DOB: ____ / ____ / ____ Age: ____

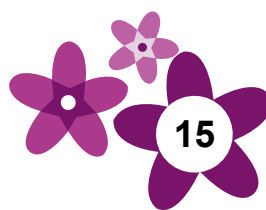
Supportive Observation Record

Time	Patient is	Comments. Interventions. Activities being carried out.	Initial
00:00 02:00			
02:00 04:00			
04:00 06:00			
06:00 08:00			
08:00 10:00			
10:00 12:00			
12:00 14:00			
14:00 16:00			
16:00 18:00			
18:00 20:00			
20:00 22:00			
22:00 24:00			

Patient is:

1. Sleeping	6. Pulling at devices
2. Awake and settled	7. Restless
3. Crying out	8. Aggressive
4. Shouting	9. *
5. Hallucinating	10. *

* intentionally left blank for you to add any particular behaviours causing concern/being monitored



How to

C
COMFORT

E
ENVIRONMENT

A
ACTIVITY

S
SOCIAL
CONTACT

E
ENGAGING

Stress and Distress in Dementia

Are they free from pain?
Are they hot/cold enough?
Are they hydrated?
Double check if they might be in pain

Do they have an Interest and Activity Checklist completed?
Are there opportunities for meaningful and purposeful activities?
Be creative about activity - it doesn't always have to involve staff

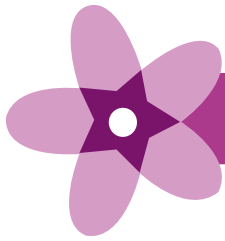
Make eye contact
Use simple instructions
Use yes/no questions
Allow enough time for the person to respond
Accept alternative perceptions of reality
Use DO rather than DON'T instructions
Notice and acknowledge how they might be feeling

Is it too noisy/too quiet?
Is it too bright/too dark
Are signs clearly visible for toilet?
Are signs clearly visible for each room/each door?
Do rooms have an identifiable use?

Are there opportunities to have contact with family/friends/others?
Are there opportunities to form friendships?
Are there opportunities to contribute to the home?

Used with kind permission of NHS D&G





Appendix 2

Affix addressograph label or complete:

Patient name: _____

Hospital number: _____

DOB: ____/____/____ Age: ____

4AT Single Assessment

(1) Alertness			
This includes patients who may be markedly drowsy (e.g. difficult to rouse/ and or obviously sleepy during assessment) or agitated/hyperactive. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.			
		Score	Initial
Normal (fully alert, but not agitated, throughout assessment)	0		
Mild sleepiness for <10 seconds after waking, then normal	0		
Clearly abnormal	4		
(2) AMT4			
Age, date of birth place (name of hospital or building), current year			
No mistakes	0		
One mistake	1		
Two or more mistakes/untreatable	2		
(3) Attention			
Ask the patient "Please tell me the months of the year in backwards order, starting at December". To assist initial understanding, one prompt of "What is the month before December?" is permitted.			
Achieves seven months or more correctly	0		
Starts but scores < seven months/refuses to start	1		
Untestable (cannot start because unwell, drowsy, inattentive)	2		
(4) Acute change of fluctuating course			
Evidence of significant change or fluctuation of alertness, cognition, other mental function (e.g. paranoia, hallucinations) arising over last two weeks and evident in the last 24 hours.			
No	0		
Yes	4		
Total score			

Score 4 or above? Commence T.I.M.E.

4At Score

- 4 or above:** possible delirium +/- cognitive impairment
- 1-3:** possible cognitive impairment
- 0:** delirium or severe cognitive impairment unlikely

(delirium is still possible if (4) information incomplete)



Appendix 3

Affix addressograph label or complete:

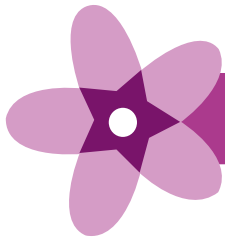
Patient name:

Hospital number:

DOB: ____/____/____ Age: ____

T.I.M.E. Bundle

Initiate T.I.M.E. within two hours (initial and write time sent)		Assessed / sent	Result seen	Abnormality found
T	Think exclude and treat possible triggers			
	NEWS (think sepsis six)			
	Blood Glucose			
	Medication history (identify new medications/change of dose/medication recently stopped)			
	Pain review (Abbey Pain Scale)			
	Assess for urinary retention			
	Assess for Constipation			
I	Investigate and intervene to correct underlying causes			
	Assess Hydration and start fluid balance chart			
	Bloods (FBC, U&E, Ca, LFTs, CRP, Mg, Glucose)			
	Look for symptoms/signs of infection (skin,chest,u-rine,CNS)and perform appropriate cultures/imaging depending on clinical assessment(see sepsis six)			
	ECG (ACS)			
M	Management Plan			
	Initiate treatment for all underlying causes found			
E	Engage and Explore (complete within two hours or if family /care not present within 24 hours)			
	Engage with patient/family/carer – explore if this is usual behaviour. Ask: How would you like to be involved?			
	Explain diagnosis of delirium to patient and family/ carers (use delirium leaflet)			
	Document diagnosis of delirium			



Appendix 4



Affix addressograph label or complete:

Patient name: _____

Hospital number: _____

DOB: ____/____/____ Age: ____

AMT4

Questions AMT4

What is your date of birth?	Correct	<input type="checkbox"/>	Incorrect	<input type="checkbox"/>
How old are you?	Correct	<input type="checkbox"/>	Incorrect	<input type="checkbox"/>
What is this place?	Correct	<input type="checkbox"/>	Incorrect	<input type="checkbox"/>
What year is it?	Correct	<input type="checkbox"/>	Incorrect	<input type="checkbox"/>

Score

/4

Score (a score of three or less would indicate cognitive impairment)

Is the patient happy for further investigation?

Yes

No

Referral sent to GP?

Yes

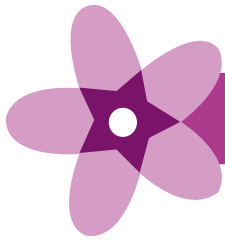
No

Comments:

Assessor's name: _____

Assessor's signature: _____ Date: _____





getting to know me

This information will help staff to support you. It will help us get to know you, understand who and what is important to you, and how you like things to be.

We invite you, your family, friends and carers to complete this information with as much detail as you want to share with us.

Please ask a member of staff if you need any help to complete this information.

my name: my full name & the name I prefer to be called

the person who knows me best:

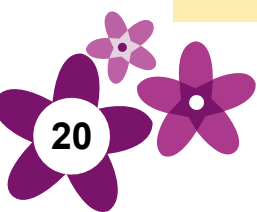
home, family & things that are important to me:

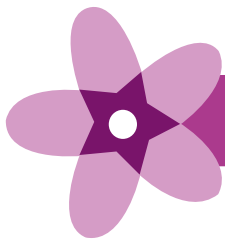
your family, friends, pets or things about home

I would like you to know:

anything that will help the staff get to know you, perhaps things that help you relax or upset you

my life so far: this may include your previous or present employment, interests, hobbies, important dates & events





Appendix 5

things you should know about my spiritual & cultural needs:

this can be important religious or other beliefs, or anything that makes you feel happy & content

food & drink:

tell us about your likes and dislikes, where you like to eat, if you need any help with eating or drinking or special diet



Dining room

sleep & rest: tell us about your usual routines & what helps you to rest or relax



Bedroom

taking medication:

perhaps you prefer tablets, syrup, need help or take your medication in a specific way



Medication

personal preferences & self care:

tell us about your normal routine, any help you need & your preferences

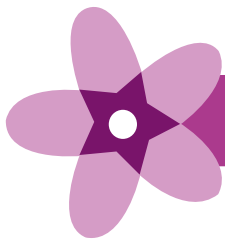


Shower



Bathroom





Appendix 5

getting about: tell us how you usually get around indoors and out, any walking aids you use or difficulties you have

communication, hearing & vision:

tell us what helps when we are communicating with you & any aids you use e.g. glasses or hearing aid

personal possessions: describe items you always like to have with you or close at hand, perhaps a special item that gives you comfort

maintaining my independence:

tell us about things you like to do for yourself and how we can help you to be independent

anything else? If you need more space to give us more information about you, please use the additional information page

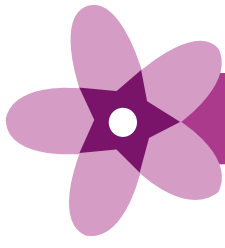
I agree this information can be shared with the staff helping me

signed _____ date _____

This information was provided by

signed _____ relationship _____





for friends & family

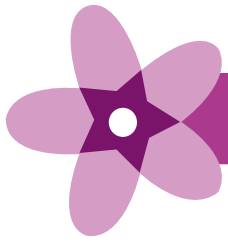
Please help the staff to provide the best care for your relative/spouse/partner or friend by sharing information with us – information that will help us get to know the person and how you would like to be involved in their care. It may be helpful to bring along a photograph or item important to the person. If you do, please tell us why this is significant.

I think it is important that you know...

how would you like to be involved in the care of your relative/spouse/partner or friend?

Perhaps you would like to help at mealtimes or with aspects of personal care, bring in personal items or activities or have the opportunity to talk to the person on the phone if they are anxious or upset.





additional information

Please use this extra space to add in anything else you think we should know about you.

guidance notes

This document is for anyone who has specific needs or preferences they want staff to know about.

My name: Your full name but also the name you would prefer staff to use if this is different.

The person who knows me best: Who is most likely to know how you like things to be?

Home, family & things that are important to me: This could be details of your family members, good friends, pets or other aspects about life at home that mean a lot to you.

I would like you to know: Tell us about anything you think will help us get things right for you – likes and dislikes, routines important to you, things that help you to relax, or things that might upset you, e.g. I don't like a lot of noise.

My life so far: This may include your past or present employment, experience and skills you have, special places, interests, hobbies, important dates and events in your life.

Things you should know about my spiritual & cultural needs: This may be about beliefs and practices important to you – religious or otherwise. Tell us about the sorts of things that make you feel happy and content, or perhaps places and events that have special meaning to you.

Food & drink: Tell us about your likes and dislikes, where and how you like to eat, e.g. I like to eat at a table, drink black coffee or prefer small portions. Let us know us about any help you need, allergies or special diet – and if this relates to your preference, health or beliefs.

Sleep & rest: Tell us about your usual routines, when you usually get up, go to bed, things that help you to rest and relax e.g. I sleep with the night light on; I like a hot drink before going to bed; I take a nap in the afternoon.

Taking medication: Perhaps you prefer tablets, syrup, need help or take your medication in a specific way. Do you use any aids such as a dose box?

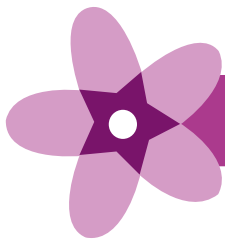
Personal preferences & self care: Tell us about your normal routine, any help you need and preferences e.g. I prefer a bath/shower in the morning or at night; like my clothes out in order; brush my teeth before I eat.

Getting about: Tell us how you normally get around indoors and out; do you use any aids such as a walking frame or stick; do you manage distances, stairs or need an inhaler?

Communication, hearing and vision: Tell us what helps when communicating with you. Do you hear or see better on one side? Do you use a hearing aid or glasses? What are your glasses for? Are they just for reading; seeing things close up or at a distance? Do you have a known eye condition? If so, where should we position ourselves or items so that you can see best? Do you use a magnifier, Braille or sign, large print, or prefer things written down?

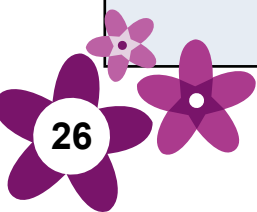
Personal possessions: Are there items you always like to have with you or close at hand, a special item that gives you comfort e.g. a family photo.

Maintaining my independence: Tell us how we can help you be as independent as possible – perhaps you can manage yourself if we prepare things in a certain way for you.



CAM-ICU

Feature 1: Acute Onset or Fluctuating Course	Score	Check here if present
<p>Is the patient different than his/her baseline mental status? OR Has the patient had any fluctuation in mental status in the past 24 hours as evidenced by fluctuation on a sedation/level of consciousness scale (i.e., RASS/SAS), GCS, or previous delirium assessment?</p>	<p>Either question Yes →</p>	<input type="checkbox"/>
Feature 2: Inattention		
<p>Letters Attention Test (see training manual for alternate pictures) Directions: Say to the patient, "I am going to read you a series of 10 letters. Whenever you hear the letter 'A,' indicate by squeezing my hand." Read letters from the following letter list in a normal tone three seconds apart. SAVEAHAART or CASABLANCA or ABADBADAAY Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A."</p>	<p>Number of errors >2 →</p>	<input type="checkbox"/>
Feature 3: Altered Level of Consciousness		
<p>Present if the actual RASS score is anything other than alert and calm (zero)</p>	<p>RASS anything other than zero →</p>	<input type="checkbox"/>
Feature 4: Disorganized Thinking		
<p>Yes/No questions (see training manual for alternate set of questions) 1. Will a stone float on water? 2. Are there fish in the sea? 3. Does one pound weigh more than two pounds? 4. Can you use a hammer to pound a nail? Errors are counted when the patient incorrectly answers a question. Command Say to patient: "Hold up this many fingers" (hold two fingers in front of patient) "Now do the same thing with the other hand" (do not repeat number of fingers) *If the patient is unable to move both arms, for second part of command ask patient to "add one more finger" An error is counted if patient is unable to complete the entire command.</p>	<p>Combined number of errors >1 →</p>	<input type="checkbox"/>
<p>Overall CAM-ICU Feature 1 plus 2 and either 3 or 4 present = CAM-ICU positive</p>	<p>Criteria met →</p>	<input type="checkbox"/> CAM-ICU Positive (Delirium Present)
	<p>Criteria not met →</p>	<input type="checkbox"/> CAM-ICU Negative (No Delirium)



Dementia Interest Group Terms of Reference

General Aim

To raise awareness within the Golden Jubilee National Hospital of dementia and its impacts on individual quality of life of people with dementia and those who care for them, and how raising awareness and knowledge can impact positively on service delivery within the hospital.

We are seeking to provide a dementia friendly hospital environment, by embedding the 10 point national action plan in every day practice.

The 10 Actions are:

1. Identify a leadership structure within NHS Boards to drive and monitor improvements
2. Develop the workforce against the Promoting Excellence Framework
3. Plan and prepare for admission and discharge
4. Develop and embed person-centred assessment and care planning
5. Promote a rights-based and anti-discriminatory culture
6. Develop a safe and therapeutic environment
7. Use evidence-based screening and assessment tools for diagnosis
8. Work as equal partners with families, friends and carers
9. Minimise and respond appropriately to stress and distress
10. Evidence the impact of changes against patient experience and outcomes

General Objectives

The broad objectives of the Golden Jubilee National Hospital Dementia Interest Group are:

- To assist in the delivery and implementation of programmes of change required to ensure that the hospital provides care for those with a diagnosis of dementia in line with the 10 point action plan.
- To target specific programmes of change which are explicit to the needs of the Golden Jubilee National Hospital.
- To act as a source of expert advice for staff, patients with dementia and their family, friends and carers.
- To be actively involved in future programmes of training for hospital staff to ensure that members of our workforce can improve their knowledge of dementia.
- To provide peer support for the members of the group and to share expertise and knowledge.

Membership

The group is open to all Dementia Champions, Best Practice in Dementia Care HealthCare Support Workers and members of staff who have reached Skilled or Enhanced Level in the Promoting Excellence Framework.

Meetings

Will be held every eight weeks.

Reporting and accountability

The progress of the group will be reported to the Involving People Group by the Lead Nurse for Dementia as required.

Definitions/Explanations

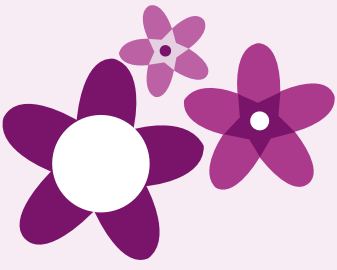
Dementia Champion

Qualified Nurses and Allied Healthcare Professionals who have completed the Promoting Excellence Dementia Champion Programme, placing them at an enhanced level of knowledge on the NES Clinical Excellence Framework.

Best Practice in Dementia Care Healthcare Support Worker

Healthcare Support Workers who have completed Dementia Services Development Centre 12 week skilled level resource for Healthcare Support Workers.





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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

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