OVERLOOKED POSSIBILITIES FOR THE USE OF PERSON-CENTER CARE DURING HOSPITAL ADMISSION OF PATIENTS WITH ALZHEIMER’S DISEASE

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**OECD (2015) Addressing Dementia**

<table>
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<tr>
<th>Category</th>
<th>Description</th>
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<tr>
<td><strong>More than half of all people with dementia</strong></td>
<td><strong>undiagnosed</strong></td>
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<td><strong>One in three only</strong></td>
<td><strong>leave the house once a week</strong></td>
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<td><strong>Carers</strong></td>
<td><strong>20% more likely to have mental health problems</strong></td>
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<td><strong>A third of those in care homes on</strong></td>
<td><strong>antipsychotics</strong></td>
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<td><strong>Hospital costs</strong></td>
<td><strong>three times higher than for other people</strong></td>
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<td><strong>A third come out of hospital with</strong></td>
<td><strong>reduced functional ability</strong>. Half of these people never recover.</td>
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Patience with dementia

- Prevent admissions
- Delirium
- Care
- Training
- Discharge and follow-up

Hospitalisation time and costs
Dementia care culture in hospitals

- The literature exposed that the care culture(s) in general hospital leave much to be desired with regard to people with dementia (Dewing, 2016).

- The culture of care in hospital wards is focused on physical needs, routines and meeting compliance targets, rather than on working towards meeting the needs of individuals (Cowdell, 2010).

- The literature reveals that in practice, the principles of person-centered care are not always applied, whether as a result of time pressures, an organisational culture focused on curing diseases or negative attitudes towards people with dementia (Dewing, 2016).
Patients with dementia admitted to orthopedic wards - focus on care and the use of psychosocial methods during hospitalization

OPEN/Department of Clinical Research/University of Southern Denmark

Cooperation with:
Professor Lise Hounsgaard
Birthe Pedersen, associate professor
Rolf Band Olsen, geriatric psychiatrist
Design

**Previous study**
- Followed one or more patients at a time
- Did observations for shorter periods of the day (3-5 hours daily)
- Followed either day or night shift

**This study**
- Followed one patient at a time
- Did observation from admission to discharge
- Did observation in consecutive day- and nightshifts (13-15 hours daily)
22 days, 37 shifts and a total of 256 hours of observation was conducted
Method

- Participant observation (Spradley, 1980) on patient and staff at a orthopedic hospital ward – hip fracture unit
- The patients had a Alzheimer’s diagnoses
- Data collection was done as felt notes and transcribes to a coherent text in the days and weeks after observation
- Data is analyzed with a hermeneutic-phenomenological framework approach inspired by Dreyer & Pedersen (2008) and discussed in the framework of interactional nursing (Scheel, 2008)
Consent from staff

• Approach the chief nurse at the hospital
• Meeting with ward management
• Presentation of the project to the employee group done by head nurse
• Posting notices on the ward about observation taking place
• Obtain oral consent from staff at each shift
Consent from patients with dementia

Primary procedure
• Standard formula from the Central Scientific Ethical Committee (S1)
• Approval from the next of kin to the patient consent

Secondary procedure
• S1 form can not be signed by the patient but consent has been given -> lead nurse witnesses consent
• Approval from the next of kin to the patient consent

Tertiary procedure
• Standard formula from the Central Scientific Ethical Committee (S7)
• (Approval from the next of kin to the patient consent)
Preliminary findings

The data analysis showed that situations around 1) giving the patient medication and 2) interpreting if the patient was in pain, was relevant in understanding the possibilities of using psychosocial methods during hospitalization.

The following main topics was identified:

- Camouflaging the medication
- Giving IV morphine - peace and turmoil
- Dialogue and engagement on medicine intake
Preliminary results

- The longitudinal data showed that even though staff had little specific knowledge about dementia care they were able to - through contact with the relatives, nursing home and observational practice - gather information relevant for conducting person-centered dementia care.

- However, much of the valuable information about the patient was lost between shifts or simply drowned in an overwhelming amount of information in the electronic patient journal. As such, much of the learning about the patient needs and wishes had to start over again with every shift.