Becoming a Dementia Friendly Hospital: an Italian preliminary experience.
Worse patients health
Increase Disability
Increase hospitalization
Increase institutionalization
Increase caregiver’s stress and burden
Increase health and social costs of disease

BPSD
Neuropathological/Neurotransmetitorial genesis due to dementia
Caregiver relationship
Diseases interaction and pain
Environment
Drugs
PwD  Hospital Admission

• Worsen BPSD
• Increase delirium risk
• Increase mortality risk
• Increase lengths of hospital stay
• Reduction of admission to palliative care system
• Less likely religious beliefs and advance directives are respected
• Increase institutionalization risk
• Increase caregiver burden
• Worsen PWD quality of life
BPSD and Delirium Day-Service for diagnosis and treatment

- Prevent People with Dementia's (PwD) ER access
- Prevent PwD's hospitalization

DS is located into Nuovo Ospedale Civile Sant’Agostino-Estense (NOCSAE) University Hospital in Modena (North Italy) provides assessment and treatment of patients coming from all Modena district, according to “Hub and Spoke” model.

We take in charge patients for temporary period in order to define confusional state/BPSD genesis and to treat it.
PwD’s Hospital Admission
(from Emilia Romagna District Dementia Report 2015)

- 18,136 PwD admitted in Hospital in 2015

<table>
<thead>
<tr>
<th>Tab. 16</th>
<th>Anno 2011</th>
<th>Anno 2012</th>
<th>Anno 2013</th>
<th>Anno 2014</th>
<th>Anno 2015</th>
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<tbody>
<tr>
<td></td>
<td>N° persone ricoverate</td>
<td>% Rispetto al totale</td>
<td>N° persone ricoverate</td>
<td>% Rispetto al totale</td>
<td>N° persone ricoverate</td>
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<td>Ricoveri e diagnosi di demenza</td>
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*Note: The table details the number of people admitted to the hospital with dementia in different years.*
Management of BPSD according to their severity
Modified by www.alcove-project.eu 2013

A
BPSD +/-
Prevention or (1º o 2º) & management of moderate BPSD
HOME

B
BPSD +/-
Acute BPSD
Moderate BPSD

C
BPSD +/
Post-acute BPSD
Severe BPSD

Alzheimer SCU

- Specialist consultant at home
- Day Service

Psycho-geriatrics Service

Memory Clinics
Primary care
Psychological service
Volunteers
Day Center

D Diagnosis C Counseling
DPSD +++

HOSPITAL

BPSD +/-
BPSD +/-
BPSD +/-
BPSD +/−
Is your ward dementia friendly?
EHE programme

Creating dementia-friendly hospitals
12 October, 2012

With over a quarter of people accessing acute hospital services likely to have dementia, Sarah Waller and Abigail Masterson describe an initiative that is already bringing benefits to patients, carers and staff.

Hospital stays are particularly detrimental for people with dementia, who experience longer stays and poorer outcomes than the general population.

The King’s Fund’s Enhancing the Healing Environment (EHE) programme has been working with 23 acute and mental health trusts to improve the care of people with dementia in hospital through a Department of Health-funded programme of projects to improve the physical environment of care.

Read HSJ’s article on how better planning can improve quality of life for people with dementia
Gestione clinica assistenziale dell’anziano con disturbo cognitivo/comportamentale in regime di ricovero ospedaliero nei reparti per acuti e nella Lungodegenza

Modalità relazionali, strumenti e strategie per osservare, riconoscere e gestire i disturbi/malessere dell’anziano

OBIETTIVI FORMATIVI

- Miglioramento delle conoscenze rispetto ai disturbi cognitivi/comportamentali e della capacità di riconoscerli e misurarli
- Miglioramento delle conoscenze delle patologie che possono indurre disturbi cognitivi/comportamentali (delirium, demenza, stati tossico-metabolici, patologia psichiatrica,...)
- Migliorare le conoscenze sulla gestione ambientale e personalizzata dei disturbi del comportamento e sulla rete dei servizi per i pazienti con demenza
- sviluppare competenze specifiche e strategie nella gestione del BPSD
- Migliorare le capacità di lavorare in equipe
- Migliorare le capacità relazionali e di collaborazione con le altre figure coinvolte nell’assistenza (altri operatori sanitari/assistenziali, familiari,...)
2nd step: environment

We furnished 2 snoezelen rooms:
- bedroom
- living room
3rd step: protocol

- **Main Outcome:** reduce severity of BPSD, prevent Delirium
- **Other Outcomes:**
  - Avoid restraints
  - Reduce antipsychotic drugs use
  - Reduce caregiver burden
  - Improve medical staff and caregiver's sense of competence
  - Reduce length of hospital stay
  - Encourage discharge at home

**Inclusion criteria for protocol admission**

- PwD >65 years old with Delirium or relevant BPSD (NPI >24/144 or con almeno 1 symptom > 12)

**Presence of caregiver**

**Exclusion criteria:**
- Intensive care treatment needs (such as mechanical ventilation, tube feeding, monitoring…)
- Coma
- Severe illness (hemodinamically unstable patients, sepsis)
...Rome wasn’t built in a day

• hospital’s health administration: one year of discussions and meetings to understand the relevance of the issue and start supporting it.

• Costs

• Multiprofessional team education
<table>
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<tr>
<th>Metric</th>
<th>Media</th>
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<th>Mediana</th>
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<tr>
<td>MMSE</td>
<td>13,11</td>
<td>4,96</td>
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<tr>
<td>Charlson</td>
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Prevalence of acute organic disease:

- UTI: 3
- Pneumonia: 6
- Stroke: 15
- Heart failure: 3
- BPSD: 18
- Respiratory distress: 6
- Sepsis: 9
- Trauma/hip fracture: 9
- Delirium: 18
- Insuff. Renale: 3

0 5 10 15 20
Tailored Intervention

- Snoezelen: 67
- Psychoeducational Int: 42
- Psychological support: 24
- Rehabilitation: 21
- Mobilization: 70
- Sociali service: 22
Reduction of BPSD

Variazioni di NPI tra T0 e T2 in base alla fascia di gravità

<table>
<thead>
<tr>
<th>Deliri</th>
<th>Allucinazioni</th>
<th>Agitazione</th>
<th>Altoparlanti</th>
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<tbody>
<tr>
<td>88</td>
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<td>100</td>
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<tr>
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<td>84.8</td>
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<tr>
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Table:

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<tr>
<th>Delta npi dimissione</th>
<th>N</th>
<th>Minimo</th>
<th>Massimo</th>
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Test:

<table>
<thead>
<tr>
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<th>Z</th>
<th>Sig. Asint. a 2 code</th>
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Conclusions:

Change in the approach of medical and paramedical staff with PwD
Thanks to:

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