

Better Emergency Department care for people living with dementia

Emergency Departments are chaotic, noisy and often fail to meet the needs of people living with dementia and their caregivers. As a result of the physical layout, the staffing challenges, and stressful environment, people living with dementia experience a high risk of injury or poor experience of care.

Providing dementia friendly care in Emergency Departments is possible if the environment and care processes are adjusted and staff are appropriately trained and supported to meet the holistic needs of people with dementia.

Creating 'dementia friendly' experiences requires broad change - addressing one element in isolation is insufficient.

Project Overview

Emergency departments (EDs) are chaotic, noisy and often fail to meet the needs of patients with dementia and their caregivers. As a result of the physical layout, the staffing challenges, and stressful environment, people with dementia experience a high risk of injury or have a poor experience of care in this setting.

This study was conducted in two EDs in the United Kingdom to identify opportunities to improve care.

What did we do?

To understand the current knowledge around patient experiences, we did a review of published research and collected information using a novel, co-designed survey.

To identify opportunities for improvement, we observed activities in the EDs and interviewed practitioners providing direct care for people living with dementia to identify individuals who achieve uncommonly good outcomes.

What did we find?

Key findings included:

- patients and caregivers had more positive experiences when staff understood dementia; lack of respect, failure to preserve dignity, and failure to encourage independence were frustrations for caregivers
- the physical environment of the ED strongly influences experiences of care

- the biomedical focus of ED staff is misaligned with patients’ and caregivers’ need for holistic care
- patients who are mobile but can’t understand or retain information given to them, and who do not have family or friends with them, have a higher risk of a safety incident
- extremely distressed or disorientated patients are more likely to have poor experience of care, including increased likelihood of restraint by drugs
- the physical layout of the ED is often confusing and the continual noise and lighting is disorientating, leading to distress, whereas a quieter space within the department would be better, where tasks can be completed at a reduced pace
- the culture of reducing risks in EDs often leads to hospital admissions rather than returns to the community, which would be more conducive to good patient and caregiver experience
- the social environment of EDs, influenced by the attitudes and actions of senior clinicians and managers, can de-emphasize team working and holistic care
- ED staff reported gaps in their education about dementia and geriatric assessment, limiting their confidence to help people living with dementia
- though most staff learning in EDs is experiential, formal coaching, mentorship or rapid feedback from

senior staff would increase staff skills and confidence

We concluded that changes to improve EDs should target areas that would have the most positive impact prioritizing feasible modifications or approaches within currently available resources.

In summary, creation of a dementia friendly ED depends on:

- adapting the physical environment so that staff can care for patients and caregivers while reducing the factors that cause most distress for people living with dementia and their caregivers;
- addressing challenges in the social environment that tolerate ageism, normalize unsafe or unsuitable care practices, and focus excessively on tasks of care at the expense of providing person-centered experiences; and
- Improving staff training to increase confidence and support earlier identification of the patients who are at risk of bad experiences who need extra attention.

What was the impact?

This research highlights changes that can be made in the ED to make care safer, better, and less stressful for patients with dementia. Data from these explorations was used to propose a model of what a “Dementia Friendly ED” should be.

How was the research funded?

This research was funded by the UK Alzheimer’s Society.

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