

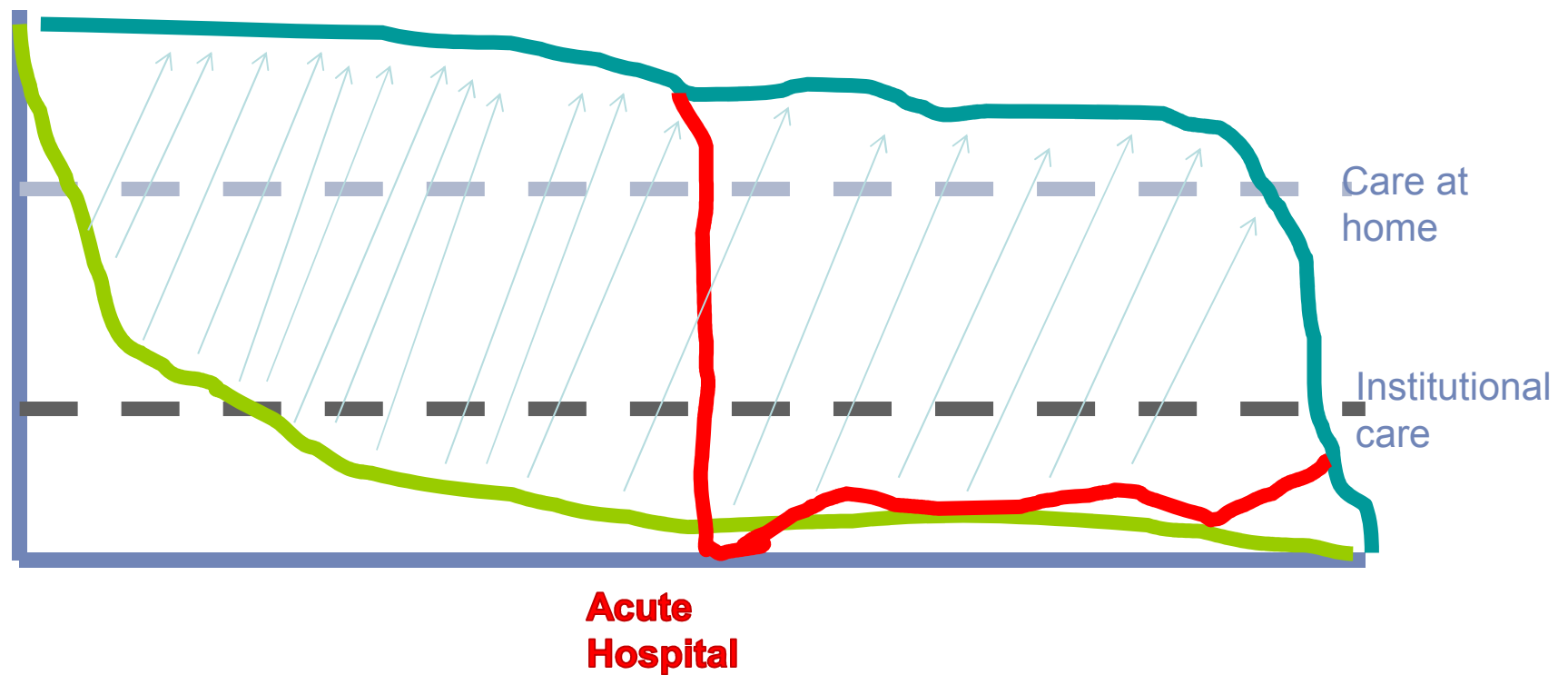


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# Person Centred Care

Professor June Andrews

# The “leaf model” – what keeps people with dementia above the line?



- A broad consensus
- Human value
- Individuality
- Perspective of person with dementia
- Relationships and interactions



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# The Acute Hospital Study

# A broad consensus

*Intentional rounding is cited by staff, but the variable frequency of the rounding makes it less than the anticipatory care on which the evidence base of intentional rounding is founded, so benefits not guaranteed*

# Perspective of person with dementia

*A number of initiatives have been put in place, such as protected meal times, red trays, in respect of diet, and this requires careful audit.*

# Human value

*Nursing staff in response to questions attribute any deficits in personalised dementia or delirium care for disturbed behaviour to “shortage of time”.*



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# Individuality

*Resources such as volunteers and carers  
were not being considered as they could*



# Relationships and interactions

*The discharge lounge and the knowledge of  
Emergency department nurses currently  
presents missed opportunities*

# Perspective of person with dementia

*Medical and nursing staff are aware of how to test for cognitive impairment but there is a variation in understanding of whose job this is, and what is to be done with the result.*

# Human value

*Medical and nursing staff have a variable level of clinical focus on evidence based strategies for how one supports a person with dementia or delirium in an acute setting*

# Relationships and interactions

*There is a communications deficit in staff in terms of the “register” used in speaking to patients, which is not adapted to the patient’s age or condition.*

# Human value

*There is a failure to “own” the space; control of environmental or boarding issues perceived not to be clinically based and “for” someone else; particularly true about noise and light, both day and night. This “learned helplessness” is reflected in attitudes to bed management.*

# Perspective of person with dementia

*Audit in general involving patients' responses needs to be reviewed as it specifically excludes this target group of patients.*

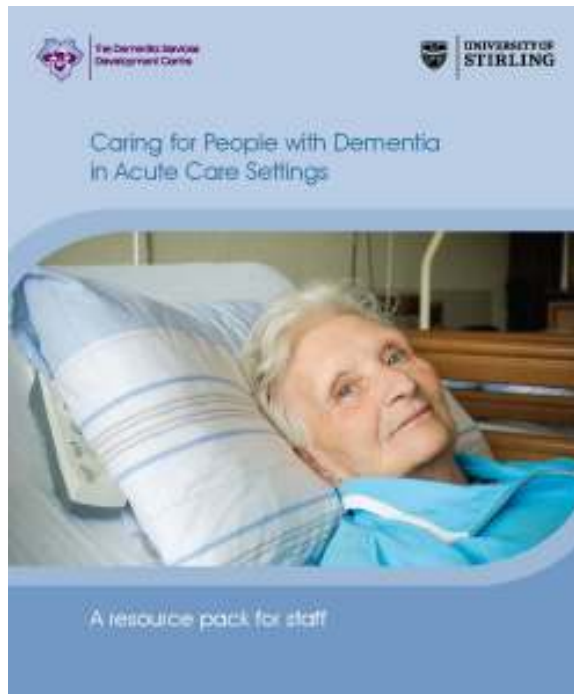
# Relationships and interactions

*There is a training issue in that a very short intervention (the champions programme?) is too little to make a real difference in how patients with dementia are managed*

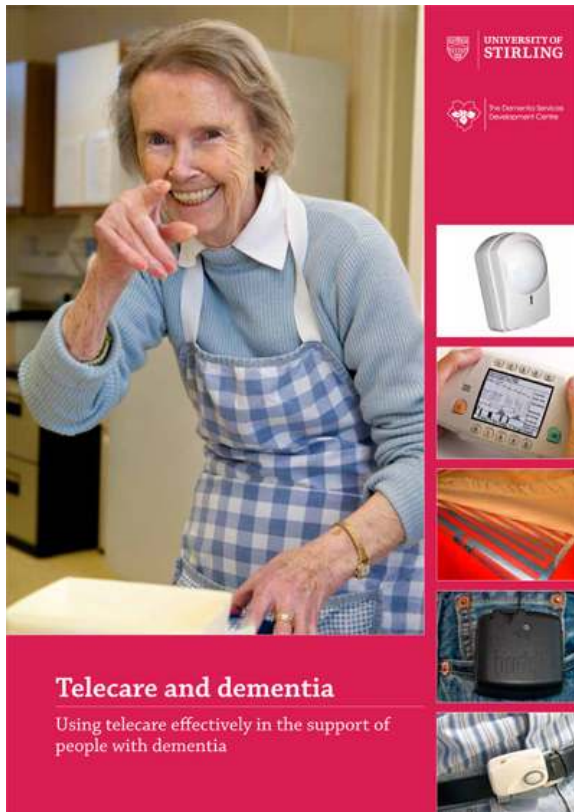
# Perspective of person with dementia

*Dementia and delirium as clinical diagnoses vs more general category of “vulnerable patients” who need staff to be “person centred” moves the focus away from diagnosis and treatment. The soft focus hides the absence of targetted action.*









**Telearcare and dementia**  
Using telecare effectively in the support of people with dementia



**Delirium**  
2nd edition

DSDC THE DEMENTIA SERVICES DEVELOPMENT CENTRE

DC THE DEMENTIA CENTRE



**End of life care for people with dementia: a best practice guide**

## DSDC Acute hospital Gold standard response

- identify
- pathway
- family and volunteers
- training
- antipsychotics
- nutrition and hydration
- environment, exercise and positive distraction
- discharge
- liaison
- leadership
- involvement of carers

- A broad consensus
- Human value
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- [www.dementia.stir.ac.uk](http://www.dementia.stir.ac.uk)
- @ProfJuneAndrews
- @dementiares
- @DSDC