

Acute Hospital Admissions for People with Dementia - National picture

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Why avoid non-essential admissions for people living with dementia

- Longer length of stay e.g. 34% of people with dementia stay in hospital for over a month following a hip fracture – 4 x longer than average (Alz Soc, 2016)
- Reduced mobility
- Weight loss
- Loss of communication skills and increased disorientation
- Increased mortality
- Increased morbidity on discharge
- Much higher risk of not returning to place from where they were admitted (e.g. of 60% of people admitted from own home, only 36% returned there)
- Delirium
- Depression

Source: NICE guidance (NG97) Dementia: assessment, management & support for people living with dementia and their carers

Fix Dementia Care Hospitals (Alz Soc, 2016)

SHIELD Study

- Comparison of unplanned hospital admissions for people aged 60 years+ with and without dementia diagnosis
- People with dementia were more likely to have either orthopaedic (e.g. falls/ fractures) or respiratory/ urological (e.g. infections) precipitants of admission than those without dementia.
- Much higher risk than those without dementia of psychiatric crisis resulting in hospitalisation
- Much higher risk of behavioural disturbance resulting in hospital admission
- Increased in dependency levels for several activities of daily living (ADLs) associated with higher risk of hospitalisation for people with dementia
- Changes in routine and environment significantly increased the risk of hospital admission for PWD
- Falls placed people with dementia at a significantly higher risk of being hospitalised



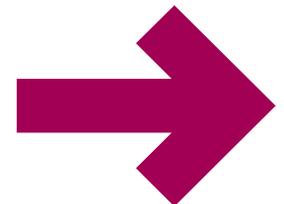
Hospital admissions from Care Homes

- Care home residents had 40 to 50% more emergency admissions and ED attendances than the general population aged 75 and over, but significantly fewer (about half the number) of elective admissions and outpatient appointments.
- 42% of emergency admissions from areas containing care homes were for patients who were in the last six months of their life – almost double the % of emergency admissions of a similar age who did not live in an area containing a care home
- Greater proportion of instances where patients had multiple admissions in a relatively short time period.

Quality Watch: Focus on hospital admissions from care homes, 2015

The reports suggest...

- Holistic approach to providing person-centred community-based dementia care which encompasses cognitive, behavioural, psychological and physical needs of people with dementia
- Responsive care packages and health education to both people with dementia and their carers, including access to services e.g. physio, dentistry, MH services such as preventative visits from MH nurse; OP psychiatrist; care home liaison.
- Importance of developing appropriate end-of-life care plans
- May be some benefit to a specific focus on those people at risk of multiple admissions



What do we know already...?

- What is the admissions picture locally e.g. are a small number of individuals from particular care homes having multiple admissions during the year?
- What proportion of the admissions related to end-of-life care?
- Has CCG risk stratification and case management work included care homes?
- Are any of the admissions related to issues such as poor medicines management including use of anti-psychotics, falls, or nutritional / hydration issues?
- Could homes benefit from community-based chronic disease management? How accessible are services e.g. physio, dentistry, MH services for care home residents
- Do all residents get a full comprehensive assessment on admission, with care planning and a medications review, and regular reviews throughout the year?
- Is there regular access to community geriatricians and/or old age psychiatry?
- Are there shared care protocols with out-of-hours providers and ambulance trusts?

