Palliative Indicators Tool – to aid identification of palliative care needs. 10 hours teaching.

Results

- Hospice referrals for dementia patients increased: 2015/16 76; 2016/17 153.
- Referrals from mental health increased: 2016/17 one referral; 2016/17 six referrals.
- Baseline audit of 24 inpatients demonstrated two were already on My Care Choices Register and mental health ward staff were unaware of this
- By May 2017 My Care Choices Register checked for every admission, seven referrals, three received end of life care on the ward.
- Issues – pain, agitation, nutrition/hydration, ethical dilemmas, falls, infection, advance care planning, carer burden.
- Other outcomes – positive educational feedback, reciprocal job shadowing (nurses), Namaste training (Stacpoole et al., 2015).

Conclusion This project innovatively enhanced collaborative working, increased referrals and established the My Care Choices Register in this setting. Dementia inpatient teams were enabled to improve skills and confidence in providing palliative care. Symptom management was addressed and hospital admissions were avoided for dying patients. Reciprocal educational needs were highlighted. Further work is being undertaken to consolidate this work, identify further dementia/palliative care educational needs and build on the collaboration.

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DEMENTIA CARE IS EVERYONE'S BUSINESS

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Background Studies have found that people with dementia are often admitted to hospital unnecessarily from care homes by staff who have not received enough support to help them understand dementia and how to support them at the end of life.

Aims The presentation will cover how working collaboratively has resulted in a change across the culture of Walsall health-care resulting in improved outcomes for patients with dementia. It will provide practical solutions to commonly found problems when looking at service improvements and provide an honest account of setting up a collaborative partnership between organisations and the challenges we encountered and the ways we overcame them.

Method Support is provided by a range of methods including observations, support sessions, forums and steering groups. Homes can access as much or as little as they want and have ongoing contact to ensure their needs are met. Collaboratively work with other services for more joined up working.

Results As a direct result of the service we now have a community dementia steering group that brings together a range of professionals including care homes, ambulance service, hospital, hospice, community professionals, commissioners to name a few. Here we focus on how we can all work collaboratively to improve care for dementia patients. The service is now recurrently funded and this in part is due to the service

having a direct impact on the decreasing the number of patients with dementia being admitted to the acute sector.

Conclusion There is no quick fix to improving cross boundary and sector working, however, as proven by this service by acknowledging that we all have a part to play and that we can all positively influence patients care change does not have to cost anything other than time and the dedication of the staff involved.

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SYSTEMATIC REVIEW OF FACILITATORS AND CHALLENGES TO DYING AT HOME WITH DEMENTIA

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Background Place of death is important in end of life care and it is reported that given the right support, most people would choose to die at home. A very small minority of people with dementia die at home and knowledge gaps remain on how best to support end of life care at home for people with dementia.

Aim This systematic review synthesised qualitative and quantitative studies to explore the challenges and facilitators of providing end of life care at home for people with dementia.

Methods A narrative approach was adopted to provide a comprehensive synthesis of previously published literature in the area. A systematic literature search was conducted across six electronic databases (AMED, BNI, CINAHL, EMBASE, MEDLINE, and PsychInfo) and reference lists of key journals were searched up to November 2016. Included studies were appraised for quality and data thematically synthesised.

Results Searches returned 1949 unique titles, of which seven studies met all eligibility criteria (four quantitative, three qualitative). All studies were rated for quality and six key themes identified – four facilitators and two challenges. Facilitators included 'support from health care professionals', 'informal caregiver resilience', 'medications and symptom management' and 'appropriate equipment and home adaptations'. Challenges included 'worsening of physical or mental health' and 'issues with formal services'.

Conclusions People with dementia may not always require specialist palliative care at the end of life and many clinicians, services and charities support people with dementia to die well at home. Informal caregivers also provide a significant amount of this care to people. Further research is required to establish how clinicians, statutory services, voluntary agencies and volunteers can support families to allow a greater number of people with dementia to die at home and to determine what services are required to facilitate home death for people with dementia.

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DEVELOPING A COMMUNITY DEMENTIA COMPANION SERVICE – EXTENDING VOLUNTEER LED HOSPICE SERVICES

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