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Commentary

REFRAMING DEMENTIA CARE IN MALTESE HOSPITALS

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Abstract. This commentary addresses the urgent need to improve the care of patients with dementia and cognitive impairment in Maltese hospitals by proposing a number of dementia-friendly hospital-based initiatives. The authors discuss the rationale for developing these interventions in view of the increase in prevalence of persons with dementia in the Maltese Islands, some of whom may require hospital care at any time. Lessons learned from initiatives abroad are reviewed and an overview of the key objectives set out in the National Strategy for Dementia in the Maltese Islands is given. Finally, this article proposes a number of dementia-friendly initiatives that can be introduced in Maltese hospitals so as to induce the required change.

Keywords: dementia, Alzheimer's disease, hospital care

1 Introduction: A Rationale for Change

Dementia is a clinical syndrome caused by neurodegeneration, with Alzheimer's disease as well as vascular, Lewy-body and frontotemporal dementias being the most common underlying pathologies. It is characterised by progressive deterioration in cognitive ability and capacity for independent living. It is a health and social care priority for many high-income countries. At any time, a quarter of the patients in acute hospitals are persons with dementia or cognitive impairment (Royal College of Psychiatrists, UK, 2011). Persons with dementia may require the need for referral and admission to an acute hospital due to different comorbid conditions. Moreover, due to the demographic changes of the Maltese population and global population ageing, the number of persons with dementia is most likely to increase over the coming years. It is estimated that there are currently around 6,071 individuals with dementia in the Maltese Islands, with the number expected to rise to 12,955 (equivalent to 3.26% of the total population) by the year 2050 (Scerri & Scerri, 2012).

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In parallel with population ageing, the number of older individuals aged 65+ in hospital wards is expected to increase. For example, according to unpublished data collected by the first author from the Clinical Performance Management Unit of Mater Dei Hospital, Malta (MDH), approximately 20 % of all MDH admissions in 2012 were over the age of 75 years. Consequently, using a rough estimate based on the EUROCODE age range prevalence rates (Alzheimer Europe, 2009), around 3,600 individuals with dementia were admitted to MDH during the year 2012, which is equivalent to around 3.8 % of the total yearly admissions.

2 The International Situation

International studies show that dementia patients may account for as much as 42% of patients aged over 70 years in general hospitals (Lyketsos et al., 2000). However, there is ample evidence that the quality of care of patients with dementia in hospital settings is far from optimal (Zekry et al., 2008) and can be very challenging (Clissett et al., 2013). The Royal College of Psychiatrists, UK (2011, 2013) carried out two national audits of dementia care in general hospitals in the UK and identified "disappointing results" in the first audit. The second national audit found that positive initiatives had been taken since the first audit, although much more had to be done. Positive initiatives included the development of Dementia Champions, the collection of a life history (personal information) of persons with dementia when in hospital and reduction in the use of anti-psychotic medications. Nevertheless, a number of negative findings were also noted, such as a dearth of proper assessment for delirium risk and cognitive function, as well as a general lack of staff awareness of how best to care for these patients, indicating a huge need for better staff training and support. Moreover, discharge plans often failed to record important details about ongoing health needs and only 36% of hospitals had a fully developed care pathway. Finally, hospital boards were still not sufficiently engaged in scrutinising dementia care by measuring readmission rates, delayed discharge, falls and relative complaints. These findings, together with the recommendations of the National Strategy for Dementia in the Maltese Islands 2015-2023 (Scerri, 2015), were used to identify a set of proposals for Maltese hospitals. A brief overview of the National Strategy for Dementia in the Maltese Islands (Scerri, 2015) will be given first.

3 The National Strategy for Dementia in the Maltese Islands (2015-2023)

This recently launched strategy highlights six key objectives, a brief summary of which is given here.

3.1 Increasing awareness and understanding of dementia

One fundamental aspect of this strategy is that of increasing awareness and understanding of dementia among the general public and health care professionals, in order to reduce stigma and misconceptions about the condition. Information campaigns that will seek to provide information about dementia and measures that aid its prevention will be launched, highlighting the importance of timely diagnosis and services that are available in the community and elsewhere. The strategy also aims to provide adequate knowledge on dementia to non-professional sectors of the population, including service providers who come into direct contact with individuals with dementia.

3.2 Timely diagnosis and intervention

Early symptom recognition and interventions through appropriate referral pathways, together with the necessary pharmacological and psychosocial support, offer the best possible management and care for individuals with dementia. This strategy also encourages the development of advanced care directives.

3.3 Workforce development

Good quality care will be ensured through the provision of training and educational programmes for staff working with individuals with dementia, giving particular importance to challenging behaviour and palliative care. Caregivers and family members who are responsible for the daily care of individuals with dementia will also be provided with adequate training. This would help them offer the best quality care and cope with new challenges.

3.4 Improving dementia management and care

A holistic approach to service provision for individuals with dementia, their caregivers and family members will be adopted. Apart from providing all pharmacotherapeutic options to Alzheimer's disease patients, individuals receiving a diagnosis of dementia will have care plans developed by a multidisciplinary team specialised in dementia management and care. These will address activities that maximise independent living, adapt and develop skills, and minimise the need for support. This, together with a rehabilitation service for those with other comorbidities, will seek to better equip the patient to return to the community. The strategy also aims to strengthen community care for individuals with dementia and their families so that services are closer to the people who need them. The individual with dementia, as well as the caregiver and family members, need to be viewed as a single unit requiring appropriate care and support. The proposed creation of a Dementia Intervention Team will serve as a single point of referral for individuals with dementia and their caregivers, and will help in providing the most appropriate support according to the family's needs. Provision of different forms of respite services and the availability of outreach support are being seen as central in achieving quality care in the community. This strategy also aims to create extra dementia units in community care homes. Regular monitoring of homes in order to ensure high standards of care and the gradual incorporation of dementia-friendly measures are also addressed.

3.5 Ethical approach to dementia management and care

This strategy aims to promote an ethical approach to dementia management and care by providing individuals with dementia and their caregivers with the necessary psychological support needed in making important decisions regarding their health and welfare.

3.6 Research

Information regarding the epidemiology of dementia in the Maltese Islands, patterns of detection and diagnosis, and delivery of care are needed for proper planning and allocation of health and social care resources and for outcome evaluation. Since delivery of care is context-specific, the strategy aims to promote and support epidemiological research in the field of dementia in different local care settings. Other research initiatives in the dementia field, through collaboration with other research entities, will be strongly encouraged.

4 Reframing Dementia Care in Hospitals: Some Proposed Initiatives

Based on the objectives highlighted in the National Strategy for Dementia in the Maltese Islands and together with key partners such as the Administration of all local hospitals, the Secretariat for Rights of People with Disability and Active Ageing, the Psychiatric and the Neurological Departments at MDH, the Department of Geriatric Medicine at the Department of Health, the Geriatric Medicine Society of Malta, the University of Malta and the Malta Dementia Society, a working team can be set up with the ultimate aim of improving the quality of care of persons with dementia admitted to Maltese hospitals and their relatives/informal carers, by making these hospitals more dementia-friendly.

Table 1 highlights some of the possible initiatives that can be adopted to reach this aim and the rationale for developing them.

Table 1. Possible initiatives that can be adopted and the rationale for developing them

Key objectives as highlighted by the National Strategy for Dementia in the Maltese Islands	Initiatives	Rationale
Increasing awareness and understanding of dementia	Develop a dementia information unit in hospitals that provides information to the general public and acts as a point of contact for persons with dementia and their informal carers requiring use of this service.	Increasing awareness reduces stigma associated with the condition and fosters an inclusive and dementia-friendly society.
Timely diagnosis and intervention	Encourage cognitive testing using standardised instruments to increase case finding, especially in older persons with suspected cognitive impairment. Encourage interdisciplinary collaboration and immediate referral to clinical specialists such as neurologists, psychiatrists and geriatricians when a patient presents with suspected cognitive impairment. Decrease waiting times for appointments with specialists for individuals with suspected cognitive impairment through the recruitment of additional specialists.	Evidence shows that the majority of persons with dementia are never diagnosed. The benefits of timely diagnosis include identification of treatable physical and psychiatric causes, treatment of comorbid conditions, initiation of psychosocial support, and instigation of pharmacological symptomatic treatments (Prince, Bryce & Ferri, 2011).
Workforce development	Develop training programmes for all hospital staff.	Local studies indicate that health care professionals lack the necessary knowledge about dementia (Caruan-Pulpan & Scerri, 2014; Scerri & Scerri, 2013) and there is an information gap on dementia amongst the general public (Scerri, 2010).
	Encourage interdisciplinary and inter-departmental collaboration in the development of these training programmes.	In 2010, the Rehabilitation Hospital Karin Grech, Malta (RHKG), in collaboration with MDH and the Malta Dementia Society, organised a number of information sessions in MDH which were well-attended. Since then, however, no further training initiatives have been implemented, especially with newly recruited staff.
	Introduce person-centred dementia care training in induction programmes for newly recruited staff and continuous professional development programmes for skills updating.	Feedback from a public questionnaire indicated that only 36% of respondents considered health care professionals as having the necessary skills in dementia management and care (Scerri, 2015).
Improving dementia management and care	Reduce the use of anti-psychotic medications and physical restraints by: - encouraging the use of non-pharmacological interventions and increase staff 'resilience' through staff training and development, interdisciplinary collaboration and better use of voluntary services; - providing appropriate activity to encourage social engagement, maintenance of function and recovery through the use of interdisciplinary teams; - developing hospital protocols on when and how to use anti-psychotic medications and physical restraints in persons with dementia; - developing care plans that are based on individuals, their biographies, preferences and an understanding of their abilities. This may require the collection of personal life history information.	Anti-psychotic medications and physical restraints are still being used to manage challenging behaviour in dementia patients in hospitals, although there is evidence that these increase the risk of death (Gill et al., 2007).
	Involve family members in care planning and encourage staff to recognise their own needs by, for example, providing flexible visiting times so that family carers can be involved directly in care where desired.	Working in partnership with family carers and friends is not only important for delivering the right care but can also be helpful for staff. Families often hold valuable information that can help staff obtain an accurate assessment, provide care which meets the needs of the individual, as well as facilitate effective discharge planning.
	Reduce readmissions and length of stay of long-term care dementia patients in acute hospital wards through better collaboration between MDH and the Memory Clinic or Geriatric Clinics and Wards at RHKG.	Public questionnaire feedback showed that only 21% of individuals received an initial dementia diagnosis at MDH. Moreover, although the Memory Clinic has been running for more than a decade, only 42% of respondents comprising individuals with dementia, caregivers and relatives, reported using this service (Scerri, 2015).

Table 1 (cont). Possible initiatives that can be adopted and the rationale for developing them

Key objectives as highlighted by the National Strategy for Dementia in the Maltese Islands	Initiatives	Rationale
Improving dementia management and care (cont.)	Enhance a smoother transition from the Emergency Department to hospital wards or transfers from one hospital to another and improve discharge planning processes through the development of clear care pathways.	It may be difficult for dementia patients to understand the various changes in setting following admission to hospital.
Ethical approach to dementia management and care	Monitor any complaints of abuse in relation to patients with dementia and take immediate action. Provide health care professionals with access to appropriate training programmes in dementia disclosure, respect for personhood and wellbeing. A 'partners in care' approach would also be encouraged.	Individuals with dementia may be subjected to a greater risk of physical abuse than individuals without cognitive impairment (Cooper et al., 2009).
Research	Consider funding dementia research in Maltese hospitals. Research areas that may be considered include but are not limited to: • prevalence of persons with cognitive impairment admitted to these hospitals; • effectiveness of dementia training strategies for staff working in these hospitals; • perspectives of dementia patients and their family caregivers in relation to their hospital experience;	Research on dementia in Maltese hospitals is currently lacking and requires more funding.
	• use of Dementia Care Mapping (DCM) to evaluate the quality of care/life of persons with dementia in hospitals	DCM has been used in research studies to measure the quality of care/life in hospital settings (Goldberg et al., 2013).

5 Current Evidence on the Effectiveness of Similar Initiatives

The initiatives proposed in Table 1 are similar to the National Institute of Clinical Excellence, UK (NICE) Quality Standards (2010) that encourage the development of "a liaison service that specialises in the diagnosis and management of dementia and older people's mental health" (p. 25) for patients with suspected or known dementia using acute and general hospital in-patient services. Although still in its infancy, evidence of the potential impact of such services is emerging. In a recent randomised controlled trial, Goldberg et al. (2013) compared patients in a medical and mental health unit (MMHU) with those in standard care wards in a general hospital. The primary outcomes consisted of the number of days spent at home in the 90 days following randomisation, while the secondary outcomes consisted of patients' and family carers' experiences with hospital care. Although there was no significant difference in the number of days spent at home between the specialist unit and standard care groups, patients in the specialist unit spent significantly more time with a positive mood or engagement and experienced more staff interactions that met emotional and psychological needs. Moreover, family carers' satisfaction with care was significantly more pronounced for patients in the specialist unit group. The study concluded that patient experience and carer satisfaction might be more appropriate outcomes in such a population. A secondary analysis of the same trial (Goldberg et al., 2014) showed that the main reason for these outcomes was the type of care provided in the MMHU, which was distinctively different from that in the standard care wards. This was probably due to the introduction of additional staff such as nurses specialised in mental health and activity organisers. However, this study concluded that implementing best practice and person-centred dementia care in hospital settings remains challenging and may require additional expenses.

The initiatives for Maltese hospitals proposed in Table 1 are also based on the Royal College of Nursing, UK (RCN) guidelines (see Thompson & Heath, 2013) that propose five principles for improving dementia care in hospital settings, namely staff, partnership, assessment, individualised care and dementia-friendly environments. In order to put these guidelines into practice, a RCN project that included nine National Health Service, UK (NHS) general hospitals was commissioned (Brooker et al., 2014), with the aim of improving the experience of care for people with dementia and their carers in these hospitals. The evaluation report concluded that a structured development programme for staff was a catalyst to achieve positive outcomes. Many of the hospitals participating in the programme developed and implemented training for their staff that increased

staff knowledge and confidence, while also bringing about observable changes in practice. Patient outcomes such as better documentation systems, more patient engagement and a reduction in complaints related to dementia care were evident. This project concluded that better networking among hospitals can help to spread good practice, while similar initiatives should be tailored to the needs of staff working in each hospital.

6 Conclusion: Setting Priorities

Current developments in other countries provide preliminary evidence that initiatives similar to those proposed in this commentary (see Table 1) have potential to improve the experience of patients with dementia and their carers in Maltese hospital settings. Moreover, the proposals presented here are comprehensive and target different key objectives of the National Strategy for Dementia in the Maltese Islands. It is understandable that all these initiatives cannot be implemented immediately. As a result, it is suggested that priority areas are identified in consultation with the major stakeholders, so that these initiatives are implemented over a defined period of time. In this respect, short-, medium- and long-term goals can be developed, as shown in Table 2. Together, these proposals should pave the way for Maltese hospitals to become truly dementia-friendly.

Table 2. Short-, medium- and long-term goals that can be developed to reach key objectives highlighted by the National Strategy for Dementia in the Maltese Islands

Key objectives as highlighted by the National Strategy for Dementia in the Maltese Islands	Short-Term	Medium-Term	Long-Term
Increasing awareness and understanding of dementia			+
Timely diagnosis and intervention		+	+
Workforce development	+	+	+
Improving dementia management and care	+	+	+
Ethical approach to dementia management and care	+	+	+
Research		+	+

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8 Conflicts of Interest

The authors report no conflicts of interest.

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