Optimising nursing care of people living with dementia who transfer between hospitals and nursing homes

Angela Richardson PhD Student, RMN
a.richardson13@bradford.ac.uk

Acknowledgement

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Supervisory Team

What is transitional care?

This study is focused on transitional care for people living with dementia when they move between hospital and nursing home.

“a set of actions designed to ensure the coordination and continuity of healthcare as patients transfer between different locations or different levels of care within the same location”

(Coleman et al. 2003:556)

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Session outline

What we know: Hospital to care facility transitions

Resident and family outcomes

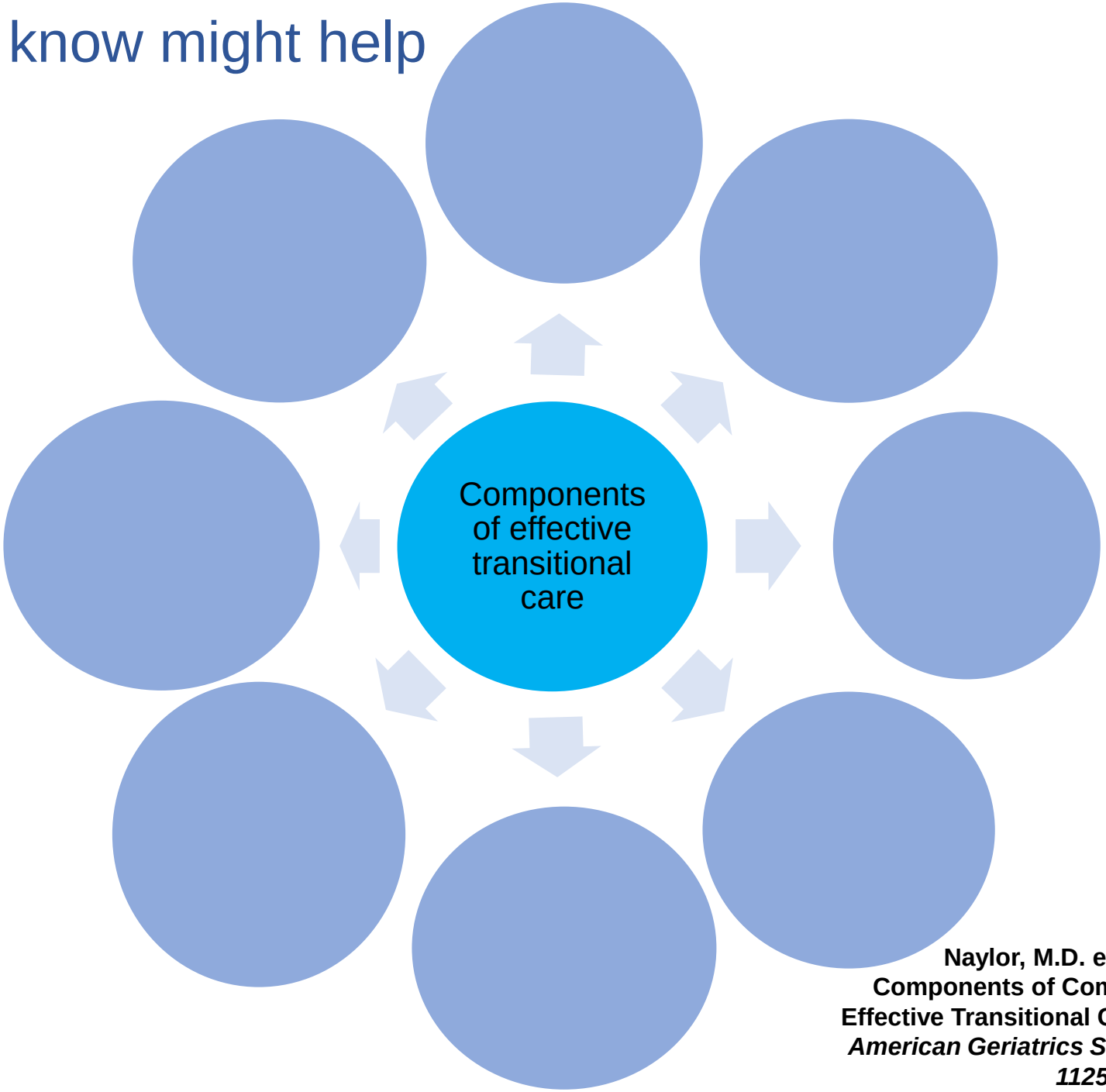
- Lack of follow up tests and medicines review (*Caruso, et al 2014*)
- Delays in fundamental care
- Risk of falls
- High levels of resident distress
- Re-hospitalisation
- Individual and family dissatisfaction (*King et al 2013; Gilmore-Bykovskyi et al 2017*)
- People living with dementia feeling unsettled and powerless (*Digby et al 2011*)

What we know: Nurses' role in transitional care

- Nurses have central roles within the discharge process (Nosbusch et al. 2011)
- Many NHS hospitals have nurse-facilitated processes (Lees 2012)
- Evidence has demonstrated that nurse-led interventions can improve discharge experience and reduce readmissions (in the home setting) (Naylor et al 2004, 2014)
- Timing of transitions can impact on the nurses' role in care homes or care facilities due to workforce capacity issues *(Gilmore-Bykovskyi et al 2017, Kable et al 2017)*
- Shift patterns and reliance on agency staff can be a barrier for getting to know patients affecting care continuity (Nosbusch et al. 2011)

What we know might help: NICE guidance

What we know might help



Naylor, M.D. et al. (2017) Components of Comprehensive and Effective Transitional Care. *Journal of the American Geriatrics Society 65 (6), 1119-1125.*

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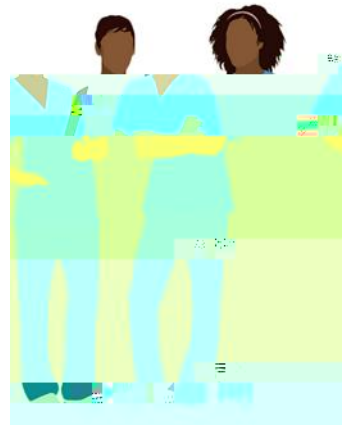
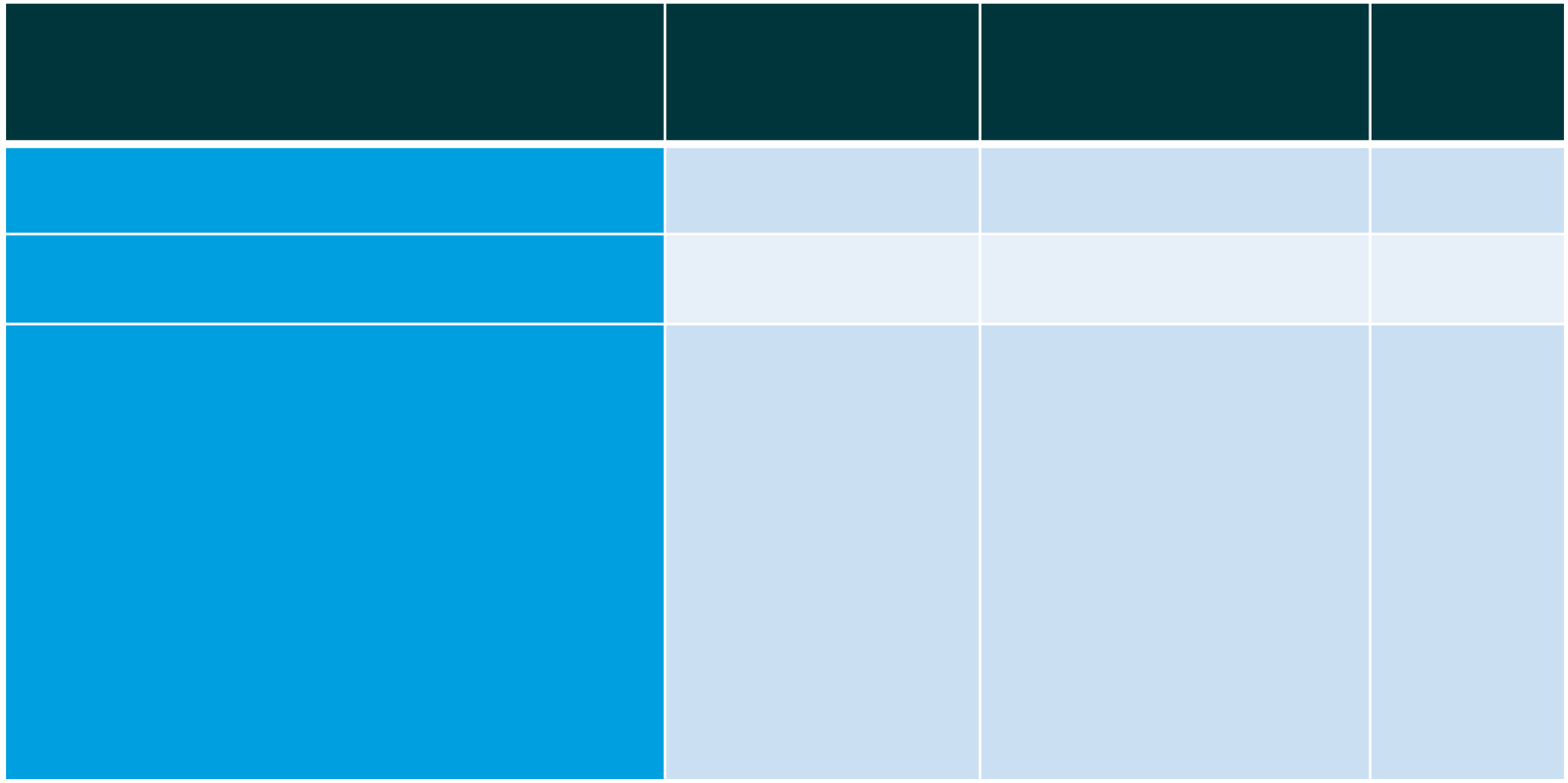


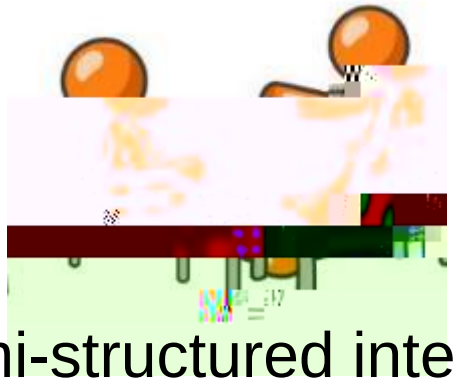
Aim of research

To explore nurse perspectives on the roles they need to perform to ensure quality transitional care for

Research questions



Advisory group

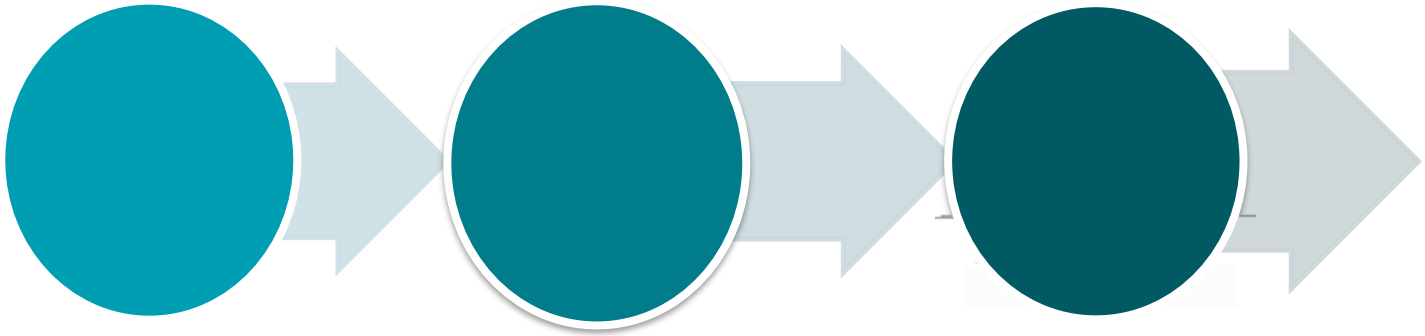


Semi-structured interviews

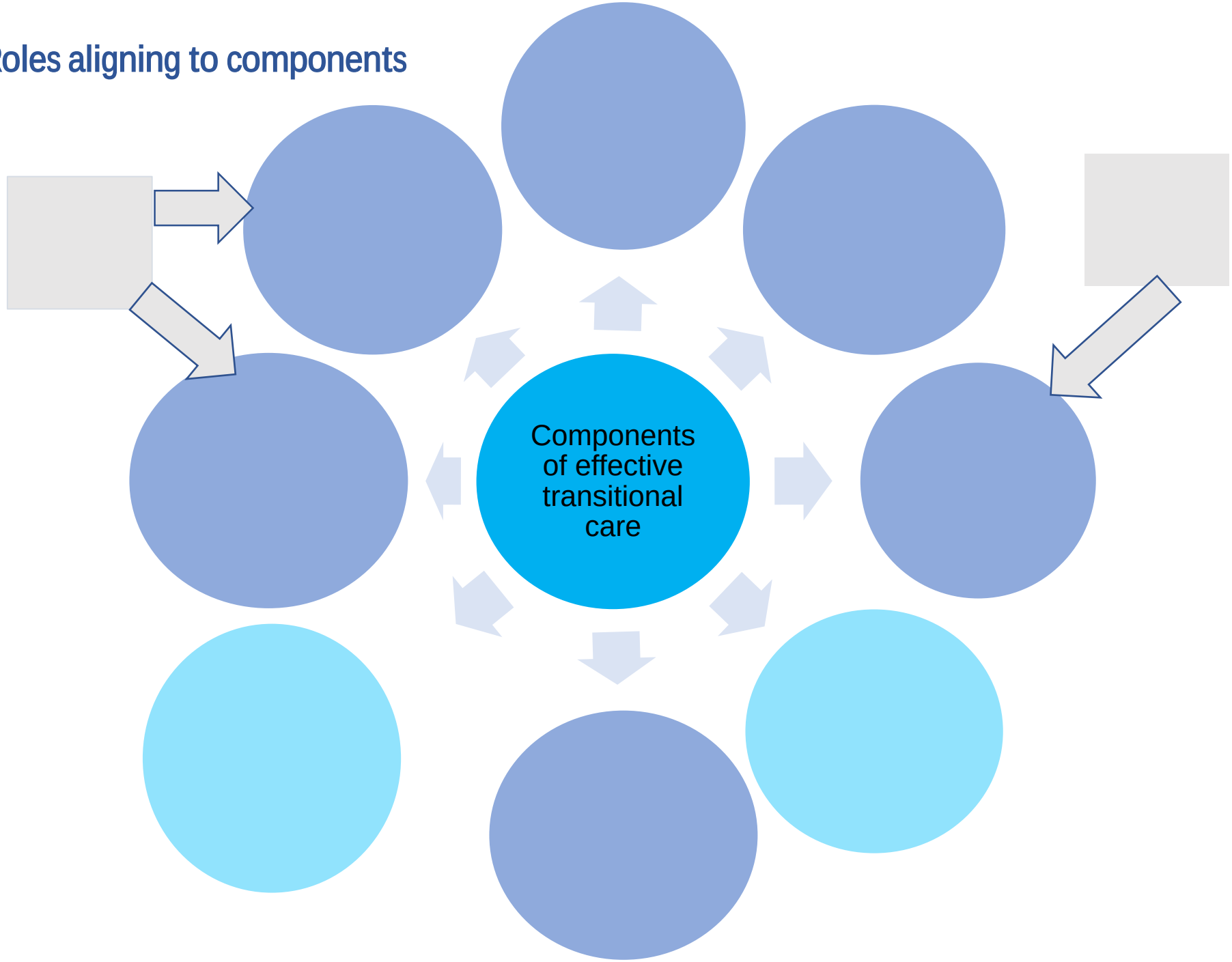
Focus groups

Inductive and Deductive Analysis

Finding: Nurses' roles in transitional care



2. Roles aligning to components

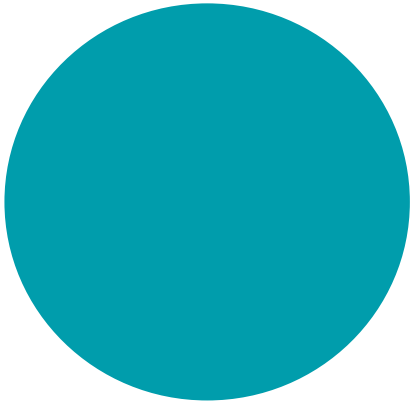


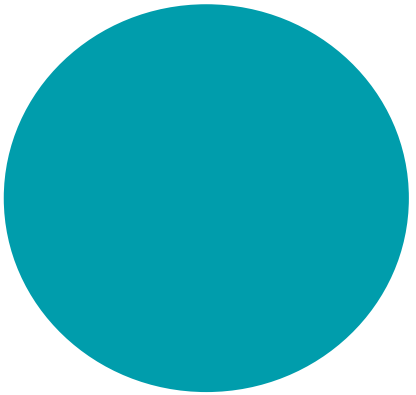
Care continuity

Naylor's definition

Management continuity: comprehensive implementation of individualised care

New components for this transition

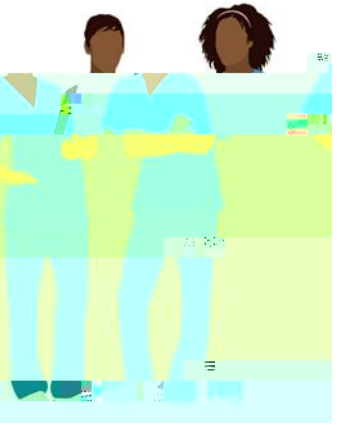




“it’s a two way discussion really between the care home and

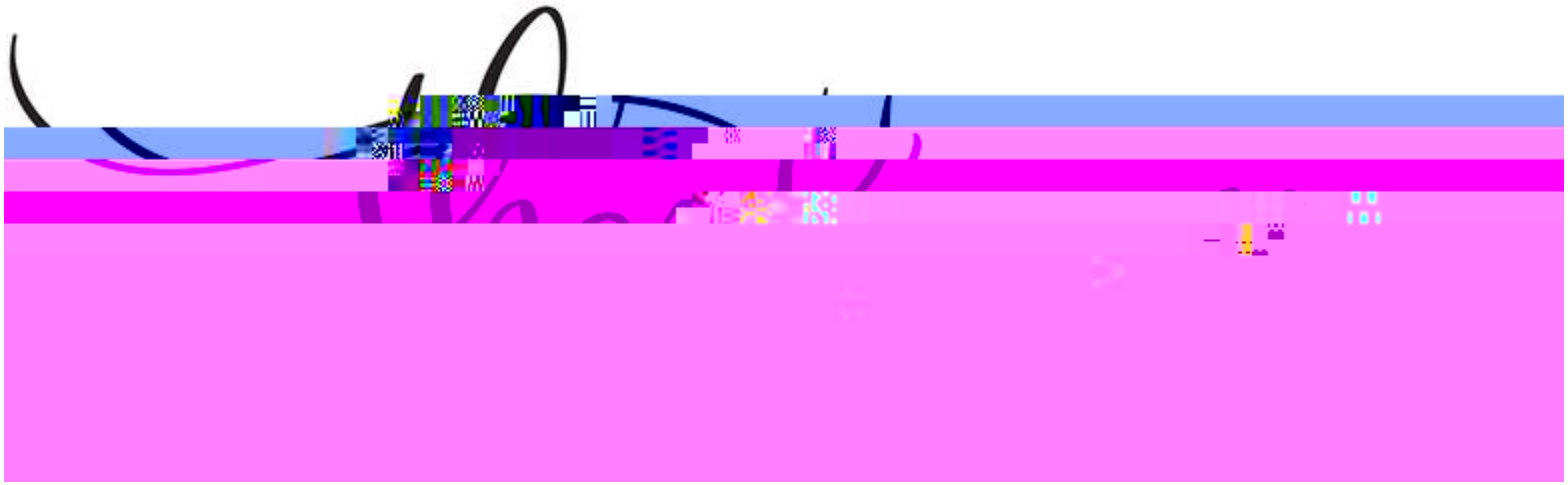
“More often I get call asking about the person, their abilities prior to going into hospital. And that they will be discharging fairly soon.”
(Care home nurse)

Conclusion



Study findings can be used to inform:

- Future hospital and care home policies
- Nurse education curricula and staff training.



Angela Richardson
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