

# Identifying features associated with higher-quality hospital care and shorter length of admission for people with dementia: a mixed-methods study

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**Declared competing interests of authors:** Mike Crawford is Director of the College Centre for Quality Improvement at the Royal College of Psychiatrists (2011 to present) and was a member of the National Institute for Health Research Health Technology Assessment General Committee (2018–19). He also reports that Imperial College London has received other research grants from the National Institute for Health Research and other funding bodies. Alan Quirk and Chloe Hood work at the Royal College of Psychiatrists (London, UK) and oversee the National Audit of Dementia, since 2013 and 2008 respectively. Peter Crome is chairperson of the Steering Group for the National Audit of Dementia and has been on the Health Technology Assessment Primary Care, Community and Preventive Interventions Panel and Health Technology Assessment Prioritisation Committee A (Out of Hospital) (2014–19). He also reports that University College London has received other research grants from the National Institute for Health Research and other funding bodies. Sophie Staniszewska has been on the following committees: Health Services and Delivery Research Associate Board Members (2012–17); and Health Services and Delivery Research Researcher Led – Associate Board Members and INVOLVE Board (2005–12). She also reports that University of Warwick has received other research grants from the National Institute for Health Research and other funding bodies. Kate Seers was a member of the Health Services and Delivery Research Commissioning Board (Researcher Led) (2010–18). She also reports that University of Warwick has received other research grants from the National Institute for Health Research and other funding bodies.

**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

Hospital care and stay for people with dementia

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## Plain English summary

Concerns have repeatedly been raised about the quality of care that people with dementia receive when they are admitted to hospital. A recent audit found that many people do not receive a proper assessment of their needs and that carers are not sufficiently involved during the person's admission or discharge. As a result, patients' needs may not be properly met and people can end up spending longer in hospital than they need to.

We set out to identify what hospitals can do to improve the quality of care that people with dementia receive and reduce the amount of time that people spend in hospital. We conducted a detailed analysis of information on > 10,000 patients and 4688 carers that was collected as part of a recent national audit. We also conducted a series of in-depth interviews with staff and carers of patients at six hospitals.

We found that people with dementia spend less time in hospital when discharge planning is started soon after their admission. To be effective, it is important that named staff take responsibility for co-ordinating the person's discharge and that systems are in place for getting support from more senior staff when problems arise. Clear communication between staff and family carers can help ensure that staff are aware of the patient's needs and that carers have realistic expectations about what the hospital staff can and cannot provide. When carers are present on the ward, they can reassure patients, encourage them to eat and drink and to accept the treatments they are offered. We also found that training on dementia needs to be provided to all staff in the hospital. If training is followed up by 'hands-on' support from senior staff, it can help to ensure that person-centred care is delivered in a timely manner.



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