POS 3-16 / Towards a dementia friendly hospital

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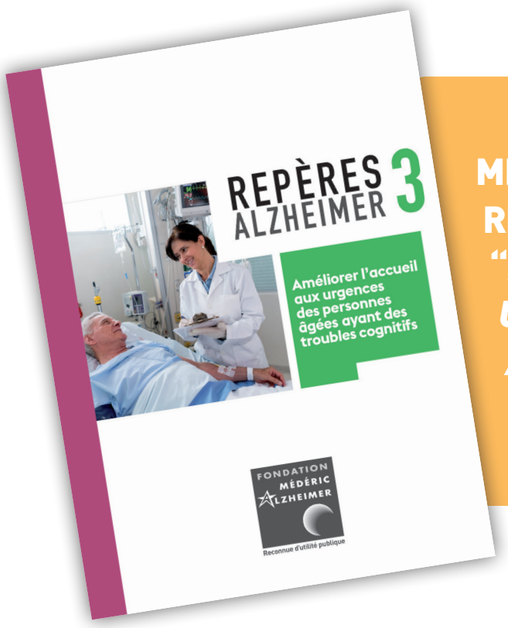
CONTEXT

In France, emergency departments are therefore the classic gateway to the hospital, apart from scheduled appointments and scheduled hospitalizations. More than 14 million people over the age of 15 go to the emergency department every year, i.e. about 1 in 5 French people.

In a society that wants to be dementia-friendly, the first requirement is to have hospitals adapted to people with dementia.
But how can we make emergency departments dementia-friendly?
This is the aim of the Guide repères Alzheimer "*Améliorer l'accueil aux urgences des personnes âgées ayant des troubles cognitifs*", which proposes a four-pronged approach.



METHODOLOGY OF THE GUIDE REPÈRES ALZHEIMER *"AMÉLIORER L'ACCUEIL AUX URGENCES DES PERSONNES ÂGÉES AYANT DES TROUBLES COGNITIFS"*

- The Guide was produced on the basis of an analysis of French and international works.
- A working group convened by the Fondation and including geriatricians, emergency physicians, volunteers, caregivers and patient associations, and the working group of patients, set up by the Fondation, contributed to the reflection on the subject.
- An editorial committee (Fondation Médéric Alzheimer, Société Française de Médecine d'Urgence, Société Française de Gériatrie et Gérontologie, Union nationale France Alzheimer and Fédération Hospitalière de France), defined the editorial line of the Guide.

AXIS 1

IDENTIFY AND MANAGE PEOPLE WITH COGNITIVE DISORDERS

The aim is not to make a precise diagnosis of the intensity of the cognitive disorders and the precise pathology, but at least to be able to identify a state of confusion and, more simply, to alert medical team.

- For example, the BAS (Brief Alzheimer Screen) or the ATMS (Abbreviated Mental Test Score) were designed for rapid identification in the emergency department.

Some hospitals have set up short-term hospitalization units (UHCD) for elderly people arriving at the emergency department or units dedicated to frail elderly people.

Some departments have made professionals aware of good geriatric practices: avoid restraints, barriers, the use of stretchers, avoiding the use of urinary catheters, re-evaluating the value of perfusions...

AXIS 2

RELY ON CAREGIVERS AND COMMUNICATE

For reasons of flow and working conditions, some emergency departments manage access for caregivers on a case-by-case basis, while others limit access for caregivers completely.

In the case of a neurodegenerative disease, it is a "couple" of patient/caregiver who must be welcomed. The caregiver is often in the best position to provide useful information, anticipate reactions and understand the patient's behaviour.

- The caregiver's place must be made secure, without being intrusive, which must obviously be avoided during care, for example.

AXIS 3

TRAIN PROFESSIONALS IN GERIATRIC CULTURE

Insufficient training of professionals will hamper their practice and lead to:

- difficulties in identifying cognitive disorders and anticipating behavioural disorders;
- protocolised practices that can sometimes result in a loss of autonomy (perfusion, stretcher placement, etc.);
- apprehension on the part of professionals when faced with this public who will require more time for care, monitoring and overall management

A training course allows:

- to avoid situations of aggression and misunderstanding;
- to avoid long waiting times by taking quick decisions thanks to a good knowledge of the issues and the appropriate contacts;
- greater respect for the individual, his or her dignity and rights
- identification of situations of abuse and mistreatment.

The training of professionals must be co-constructed with caregivers and expert-patients! Beyond the simple transmission of knowledge, training must "transform" the professional by emphasising life skills. It is a question of role-playing situations, sometimes with failures, in order to push the professional to reflect and even to question his practice and especially his habits.

The debriefing with the patient and his or her caregiver could call into question certain certainties. This cross-training would be a source of mutual acculturation.

AXIS 4

ADAPTING SPACE IN EMERGENCY DEPARTMENTS

Visual: the importance of landmarks

- Clear and simple signage to facilitate movement and location: pictograms, colour codes, large characters...
- Facilitating the identification of places to avoid confusion and misunderstanding by people with memory problems, using simple pictograms: waiting room, toilets, treatment room...

Controlling the sound environment

- Favour partitioned spaces for greater calm;
- Limit the number of alarms (from surveillance and monitoring equipment, scopes, etc.).

Favour soft lighting

- Avoid ceiling lights that are too bright, especially when waiting on stretchers.

CONCLUSION

Hospitals can become dementia friendly hospitals. The aim of this approach is to develop a partnership with the various stakeholders in the geriatric field (outpatient medicine, hospitals, nursing homes, associations) so that before, during and after hospitalization, people living with dementia are traited like any other, really everywhere in the city.

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https://www.fondation-mederic-alzheimer.org/sites/default/files/reperes_alzheimer_03.pdf