
POSTER ABSTRACT**Are the Wards in St Vincent's University Hospital Dementia Friendly?**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Aisling Jane Davis¹, Sarah Mc Nally²

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Introduction: A significant proportion of the inpatients in SVUH have a dementia diagnosis. These individuals have complex care needs and require a specialised environment that is tailored to their dementia needs. The term "environment" refers not only to the physical aspects within the environment but also to the social, cultural and institutional elements that are important aspects of a person environment.

Methodology: A real time audit was completed using the "Is your ward Dementia Friendly" Enhanced Healing Environment Assessment Tool (developed by the King's Fund NHS). 8 wards and 1 out patient setting were assessed .This tool assesses the ward under 7 sections (Safe mobility, continence/ personal hygiene, Eating and Drinking, Meaningful interaction, Well-Being, Orientation, Calmness and security). This tool allows the user to "score" how dementia friendly the ward is against an ideal ward. It also highlights areas for improvement and acknowledges any initiatives already in situ.

Results: The results ranged from 25% to 62% for the overall dementia friendliness of wards in SVUH, with an average of 42%. The ED performed poorly and was the least dementia friendly ward in the hospital, however this is understandable due to the crisis nature of this ward and the limited staffing available. Wards such as TCU and OLW performed relatively well, with over 50% compliance rates. These wards traditionally have a high percentage of dementia patients and have taken positive steps to adapt the environment to accommodate same.

The out patient setting in Carew also performed well with a 56% compliance rate. This is another area with a significant dementia population. Of note this is the only area included in this audit that has previously had an OT environmental review and the recommendations from same in situ.

St Agnes, St Lucy's and St Laurence's performed poorly, averaging a 35% compliance rate. These wards would also have a high percentage of dementia patients. Of note these ward buildings are located in the older parts of the hospital and nil dementia friendly environmental adaptations appear to have taken place unlike OLW, TCU etc.

The wards in SVUH have limited potential to become truly dementia friendly, this is attributed to physical environmental constraints. The majority of the wards are very old and it is difficult to appropriate adapt them within their own footprint. The literature would advise a day room

on all wards to encourage social interaction, space to wander/ engage in activity, space to take meals etc. Unfortunately it is not feasible in the short term to "build on" a day room for each ward. However strong consideration of same should be made when planning for future developments and adaptations. Despite this there are a number of ways to improve dementia friendliness that are less costly and time consuming.

Conclusion: Several recommendations have been made to improve the "dementia friendliness" of the wards in SVUH. These range from simple and low cost modifications such as appropriate signage on toilets (pictures and words), orientation boards, clocks, calendars etc. Other modifications that can improve the dementia friendliness include- use of contrasting colours, dimmer switches on lights, handrails along length of corridors, remove additional clutter, use of day room for meals, activities etc.

Keywords: dementia; universal design; age friendly environment
