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S. Gurlit[1] · R. Thiesemann[2] · B. Wolff[3] · J. Brommer[4] · M. Gogol[5]

[1] Abteilung für Anästhesie und Intensivmedizin, Geriatrieteam, St. Franziskus-Hospital Münster
[2] Klinik für Schmerztherapie, Krankenhaus St. Josef, Wuppertal
[3] Landesvereinigung für Gesundheit und Akademie für Sozialmedizin Niedersachsen e. V., Hannover
[4] Alzheimer Gesellschaft Niedersachsen e. V., Hannover
[5] Klinik für Geriatrie, Krankenhaus Lindenbrunn, Coppenbrügge

Caring for people with dementia in general hospitals

An education curriculum from the Alzheimer's Society of Lower Saxony, Germany

An aging population means increasing numbers of people with dementia in society. Cognitive impairment such as MCI (mild cognitive impairment) or even dementia are often seen in older people with the prevalence increasing with age up to 30–55% in the group of patients aged 90–94 years.

It is supposed that beginning dementia and first syndromes presented by patients are often underrecognized [1, 2, 3, 4]. The incidence of around 250,000 cases annually is also increasing with age, i.e., compared with 2007, Beske [5] calculated for Germany increasing numbers of 51% of people with dementia until 2030 and even 104% until 2050.

Evidence shows that a significant proportion of general hospital inpatients have dementia. These patients tend to stay longer in the hospital than patients without dementia. For the patients, this often has an impact on previously existing or even newly emerging symptoms; for the hospital and the community, this often means an inevitable cost implication. In the general hospital setting, the current prevalence of patients showing dementia syndromes or suffering from dementia when admitted for other reasons is between 3.4 and 43.3% [6]. Trauschke et al. [7] showed that in a geriatric ward, 50% of the patients suffered from cognitive impairment up to dementia, with dementia recognized for the first time in 28.2% of the patients. In a gerontopsychiatric setting, Hewer and Stark [8] described a high rate of patients not only suffering from dementia but also suffering from several nonpsychiatric comorbidities, thus, indicating interventional treatment was also needed. During hospitalizations, people with cognitive impairment are at high risk of developing major complications such as delirium in the perioperative as well as in the nonsurgical setting [9, 10, 11, 12, 13]. The ability of cognitively impaired persons to cope with stress situations, e.g., in-hospital treatment, is affected by staff behavior and the premorbid personality traits and both will influence mood and noncognitive symptoms [14].

In recent years, several good practice principles for care during the crucial setting "general hospital" were developed, including the wish to improve medical treatment for people with dementia and minimize risks of developing major complications of illness (e.g., falls, delirium, pressure scores, and incontinence):

- special care units [15, 16, 17],
- conceptual training of staff responsible for the care of people with dementia in hospitals [18] in order to improve awareness,
- consultation–liaison psychiatry support by multiprofessional teams [19],
- perioperative delirium prevention programs including co-operative medical and psychological interventions by trained staff [20, 21], and
- special emergency department processes [22].

Most of the strategies focus on nonpharmacological interventions such as specially designed ward settings and multicomponent interventions and tailored training solutions for the caregivers [23, 24, 25].

When attempts are made to apply adequate hospital care in people with dementia, many of these multimodal approaches closely resemble interventions already well-established in care homes, e.g., communication training of staff [26, 27, 28, 29, 30], taking architectural and environmental requirements into consideration [31], offering geriatric consultant services [32], and varied nondrug therapies [33].

Tab. 1 Basic education (14 h training; [34])

Module I—Observation and basic knowledge
Observation and awareness (2×45 min)
Basic knowledge of symptoms (2×45 min)
Module II—Understanding and accepting
Understanding (2×45 min)
Accepting (2×45 min)
Module III—Acting and evaluation
Acting (communication, involvement of care givers, nursing care, hospital in-house processing; 4×45 min)
Evaluation (2×45 min)

Tab. 2 Trainer education (160 h training; [34])

Introduction (4×45 min)
Module I—(Self-)awareness (8×45 min)
Module II—Dementia and delirium (14×45 min)
Module III—Understanding and accepting (16×45 min)
Module IV—People with dementia in general hospitals (8×45 min)
Module V—Contact, behavior, and human interaction with patients affected by dementia (32×45 min)
Module VI—Involvement of family, care givers, and proxies (8×45 min)
Module VII—Dementia-adapted approaches in hospital work flows—best practice projects (12×45 min)—reflection of the daily work process and development of own problem-solving approaches (8×45 min)
Module VIII—Hospitation (i.e., practical experience, observational rotation; 32×45 min) and reflection/sharing experiences (8×45 min)
Examination—Final paper (8×45 min) and certification (2×45 min)

The "People with dementia in general hospital" project

Since 2006, the Alzheimer's Society of Lower Saxony, Germany, has been focusing on the problem that adequate care and medical treatment for people with dementia in general hospital is different than that for people without dementia and outcomes are poorer.

Originally founded during a conference of experts in that field, an interdisciplinary team systematically worked on the topic for several years and presented results at various symposia. In 2011 a two-stage curriculum was completed. In combination with a training manual, the curriculum was sent to all hospitals and nursing training colleges in Lower Saxony, Germany. Furthermore, all training materials can easily be downloaded from the Alzheimer's Society of Lower Saxony homepage [34].

The curriculum at stage one (basic education, 14 h training) addresses all people involved in the hospital treatment of patients with dementia. At stage two, advanced training is offered for specialized staff members such as trainers and dementia appointees/chaperones (160 h training).

Basic education

The aim of the basic education, which includes 14 h of training, is to reach hospital staff members at all levels in order to

- provide information, basic knowledge, and basic competence in dealing with and getting in contact with patients suffering from dementia. Special ways of communication as well as recommendations for action with these patients are presented. As a consequence, everyday work in a hospital with demented people shall be facilitated,
- establish more open involvement and communication with families, and
- improve the medical treatment situation of patients suffering from cognitive impairment, resulting in better outcome.

An overview on educational objectives and time requirements for basic education is shown in **Tab. 1**.

Trainer education

The 160-h curriculum established for trainers and specialized staff members concentrates on extensive expertise and qualification. Moreover, graduates shall be able to

- develop and implement special concepts to improve the medical treatment situation of people with dementia in their general hospital,
- offer the "basic education" module of this curriculum to other staff members of their hospital, and
- develop and implement guidelines for quality assurance in their hospital.

An overview on educational objectives and time requirements for trainer education is presented in **Tab. 2**.

Training manual

The training manual presents several other projects implemented on that field ("good practice" with examples from throughout Germany) with a short overview about background and facts of the projects and data on accommodation addresses and contact persons.

In addition, the folder includes a list of 13 recommendations for "dealing with demented people in a general hospital" that can also be presented as a poster in several hospital work areas (e.g., peripheral ward, operating room, emergency room).

The manual also includes an information sheet from the German Alzheimer's Society on what aspects require special attention when a demented person is admitted to a hospital (knowing that hospital environments can be disorientating and frightening for a person with dementia and may make them even more confused than usual) and a list of established speakers in the field.

The training manual also includes a 30-min film. After a well-structured introduction in the area "Dementia and delirium" special recommendations are presented with regard to typical dementia diagnosis-related problems such as moving and walking about, challenging behavior, ensuring adequate nutrition, etc. Finally, in the film some "good practice" examples are also presented—interviews with those members of staff responsible for the implementation and continuation of the projects are conducted and different concepts of the hospitals are presented.

Conclusion and outlook

The aim of the introduced curriculum "Caring for people with dementia in general hospitals" was to improve the situation of demented patients by making the implementation of proposed measures

possible as a low-threshold opportunity for many hospitals.
After having sent the training manual to hospitals and nursing colleges in Lower Saxony, the feedback was overwhelmingly positive. In 2012, the project won the "Preis für Engagement und Selbsthilfe" of the Hertie Foundation and the "Niedersächsischen Gesundheitspreis" awarded by the Lower Saxon Ministry for Social, Women, Family, and Health Affairs.
Currently, in cooperation with the German Alzheimer's Society, the distribution of the concept throughout Germany is being discussed, including further opportunities to encourage and facilitate the implementation of such strategies in the future.

Corresponding address

Dr. M. Gogol
Klinik für Geriatrie, Krankenhaus Lindenbrunn
Lindenbrunn 1, 31863 Coppenbrügge
Germany
gogol@krankenhaus-lindenbrunn.de

Conflict of interest. On behalf of all authors, the corresponding author states the following: The authors have no conflicts of interest. The corresponding author is Vice Chairman of the Alzheimer's Society of Hameln–Pyrmont and the Alzheimer's Society of Lower Saxony, Germany.

References

1. Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde (DGPPN), Deutsche Gesellschaft für Neurologie (DGN) (eds) (2009) S3-Leitlinie "Demenzen". AWMF Register Nr. 038/013. http://www.awmf.org/uploads/tx_szleitlinien/038-013_S3_Demenzen_lang_11-2009_11-2011.pdf. Accessed 18 Dec 2012
2. Torisson G, Minthon L, Stavenow L, Londos E (2012) Cognitive impairment is undetected in medical inpatients: a study of mortality and recognition amongst healthcare professionals. BMC Geriatr 12:47
3. Teodorczuk A, Reynish E, Milisen K (2012) Improving recognition of delirium in clinical practice: a call for action. BMC Geriatr 12:55
4. Jurgens FJ, Clissett P, Gladman JRF, Harwood RH (2012) Why are family carers of people with dementia dissatisfied with general hospital care? A qualitative study. BMC Geriatr 12:57
5. Beske F (2009) Prognosis of morbidity 2050, Vol. 114. Institut für Gesundheitssystemforschung, Kiel (printed in German)
6. Pinkert C, Holle B (2012) People with dementia in acute hospitals: literature review of prevalence and reasons for hospital admission. Z Gerontol Geriatr 45:728–734 (printed in German)

Abstract · Zusammenfassung

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Caring for people with dementia in general hospitals. An education curriculum from the Alzheimer's Society of Lower Saxony, Germany

Abstract

Since 2006, the Alzheimer's Society of Lower Saxony, Germany, has been working to improve care and medical treatment for people with cognitive impairment or dementia in general hospitals. An interdisciplinary team systematically worked on the topic for several years and presented results at various symposia. In 2011, a two-stage curriculum was completed and sent in combination with additional training documents to all hospitals and nursing training colleges in Lower Saxony, Germany. The manual comprised a two-step approach with a 14-h training for hospital staff and a 160-h training for qualification of trainers and dementia appointees/chaperones. In addition, the manual included a list of 13 essential points for "dealing with demented people in a general hospital," the information sheet of the German Alzheimer's Society on aspects requiring special attention when a demented person is admitted to a hospital, short descriptions of best practice models, a list of established speakers in the field, and a 30-min film. In 2012, the project won the "Preis für Engagement und Selbsthilfe" of the Hertie Foundation and the "Niedersächsischen Gesundheitspreis" awarded by the Lower Saxon Ministry for Social, Women, Family, and Health Affairs.

Keywords

Inpatients · Education · Hospital medical staff · Nursing staff · Quality of health care

Patienten mit Demenz im Krankenhaus. Ein Schulungsprogramm der Alzheimer Gesellschaft Niedersachsen

Zusammenfassung

Seit 2006 befasst sich die Alzheimer Gesellschaft Niedersachsen mit der Problematik von Menschen mit Demenz im Krankenhaus. In mehreren Fachtagungen und einer bis heute mehrmals jährlich tagenden Arbeitsgruppe wurden Erfahrungen und Ideen zusammengetragen und ein zweigestuftes Fortbildungscurriculum für Mitarbeitende im Krankenhaus entwickelt. Ziel dieses Maßnahmenbündels, das in einem Ordner an die niedersächsischen Krankenhäuser und Kranken- und Altenpflegeschulen verteilt wurde, ist die Verbesserung der medizinischen und pflegerischen Versorgung von demenziell Erkrankten im Krankenhaus. Es besteht aus einem 14-stündigen Programm für alle Mitarbeitenden und einem 160-h-Programm für die Qualifizierung von Multiplikatoren und Demenzbeauftragten. Ferner enthält der Ordner eine Aufstellung mit Kurzbeschreibungen von Best-practice-Beispielen, einem 13-Punkte-Katalog mit den Essentials für den Umgang mit Demenzpatienten, den Überleitungsbogen der Deutschen Alzheimer Gesellschaft für die Krankenhausaufnahme sowie einen 30-minütigen Lehrfilm. Das Projekt wurde 2012 ausgezeichnet mit dem Preis für Engagement und Selbsthilfe der gemeinnützigen Hertie-Stiftung und dem Niedersächsischen Gesundheitspreis des Niedersächsischen Ministeriums für Soziales, Frauen, Familie, Gesundheit und Integration.

Schlüsselwörter

Krankenhauspatienten · Ausbildung · Medizinisches Krankenhauspersonal · Pflegepersonal · Versorgungsqualität

7. Trauschke T, Werner H, Gerlinger T (2009) Diagnostic procedures and frequency of dementia. A prospective study in the daily routine of a geriatric hospital (PAOLA study). Z Gerontol Geriatr 42:385–390 (printed in German)
8. Hewer W, Stark H-W (2010) General medical interventions in patients with dementia treated in a psychogeriatric unit. Z Gerontol Geriatr 43:180–182
9. Gogol M (2008) Delirium in the elderly. Z Gerontol Geriatr 41:431–439 (printed in German)
10. Rahn A (2008) Delirium-management in the hospital: diagnosis and treatment. Z Gerontol Geriatr 41:440–446 (printed in German)
11. Blommers E, Klimek M, Hartholt KA et al (2011) Perioperative care of the older patients. Z Gerontol Geriatr 44:187–191
12. Hartholt KA, Cammen TJM van der, Klimek M (2012) Postoperative cognitive dysfunction in geriatric patients. Z Gerontol Geriatr 45:411–416
13. Fong TG, Jones RN, Marcantonio ER et al (2012) Adverse outcomes after hospitalization and delirium in persons with Alzheimer Disease. Ann Intern Med 156:848–856
14. Meins W, Frey A, Thiesemann R (1998) Premorbid personality traits in Alzheimer's disease: do they predispose to noncognitive behavioral symptoms? Int Psychogeriatr 10:369–378
15. Zieschang T, Dutzi I, Müller E et al (2008) A special care unit for acutely ill patients with dementia and challenging behaviour as a model of geriatric care. Z Gerontol Geriatr 41:453–459
16. Rösler A, Hofmann W, Renteln-Kruse W von et al (2010) Special care units for the treatment of acutely ill, cognitively impaired geriatric patients in Germany. Z Gerontol Geriatr 43:249–253 (printed in German)
17. Rösler A, Renteln-Kruse W von, Mühlhan C, Frilling B (2012) Treatment of dementia patients with fracture of the proximal femur in a specialized geriatric care unit compared to conventional geriatric care. Z Gerontol Geriatr 45:400–403
18. Angerhausen S (2008) Dementia-a secondary diagnosis in acute hospital care or more? Measures for improving care of hospitalized dementia patients. Z Gerontol Geriatr 41:460–466 (printed in German)
19. Kirchen-Peters S (2008) Gerontopsychiatric consultation-liaison service-pioneers wait for imitators. Z Gerontol Geriatr 41:467–474 (printed in German)
20. Gurlit S, Möllmann M (2008) How to prevent perioperative delirium in the elderly. Z Gerontol Geriatr 41:447–452
21. Gurlit S, Möllmann M (2012) Der alte Mensch im OP. Praktische Anregungen zur besseren Versorgung und Verhinderung eines perioperativen Altersdelirs. Ministerium für Gesundheit, Emanzipation, Pflege und Alter des Landes Nordrhein-Westfalen, Düsseldorf. https://broschueren.nordrhein-westfalendirekt.de/broschuerenservice/mgepa/der-alte-mensch-im-op/1461. Accessed 18 Dec 2012
22. Clevenger CK, Chu TA, Yang Z, Hepburn KW (2012) Clinical care of persons with dementia in the emergency department: a review of the literature and agenda for research. J Am Geriatr Soc 60:1742–1748
23. Hüll S, Voigt-Radloff S (2008) Nonpharmacological treatment strategies in dementia patients. Nervenarzt 79(Suppl 3):159–166 (printed in German)
24. Olazarán J, Reisberg B, Clare L et al (2010) Nonpharmacological therapies in Alzheimer's disease: a systematic review of efficacy. Dement Geriatr Cogn Disord 30:161–178
25. Weidekamp-Maicher M (2012) Nonpharmacological treatments: their influence on quality of life of people with dementia and possible impacts by corresponding instruments: a systematic review of literature. Z Gerontol Geriatr. doi 10.1007/s00391-012-0341-3 (printed in German)
26. Berendonk C, Stanek S, Schönit M et al (2011) Biographical work in inpatient long-term care for people with dementia: potential of the DEMIAN nursing concept. Z Gerontol Geriatr 44:13–18 (printed in German)
27. Wingenfeld K, Seidl N, Ammann A (2011) Preventing disruptive behavior of nursing home residents. Z Gerontol Geriatr 44:27–32 (printed in German)
28. Fischer-Terworth C, Probst P (2012) Effects of a psychological group intervention on neuropsychiatric symptoms and communication in Alzheimer's dementia. Z Gerontol Geriatr 45:392–399 (printed in German)
29. Haberstroh J, Neumeyer K, Schmitz B, Pantel J (2009) Development and evaluation of a training program for nursing home professionals to improve communication in dementia care. Z Gerontol Geriatr 42:108–116 (printed in German)
30. Pfeiffer-Schaupp U (2009) Pre-therapy in nursing home care: new approaches to persons with severe dementia. Z Gerontol Geriatr 42:336–341 (printed in German)
31. Marquardt G, Schmieg P (2009) Dementia-friendly architecture. Environments that facilitate wayfinding in nursing homes. Z Gerontol Geriatr 42:402–407 (printed in German)
32. Schippinger W, Hartinger G, Hierzer A et al (2012) Mobile geriatric consultant services for rest homes: Study of the effects of consultations by internal medicine specialists in the medical care of rest home residents. Z Gerontol Geriatr 45:735–741 (printed in German)
33. Luttenberger K, Donath C, Uter W, Graessel E (2012) Effects of multimodal nondrug therapy on dementia symptoms and need for care in nursing home residents with degenerative dementia: a randomized-controlled study with 6-month follow-up. J Am Geriatr Soc 60:830–840
34. Alzheimer Gesellschaft Niedersachsen (2012) Krankenhausprojekt "Menschen mit Demenz im Krankenhaus". http://www.alzheimer-niedersachsen.de/krankenhaus.html. Accessed 18 Dec 2012

Medizinstudenten üben künftig Patientengespräche

In Zukunft sollen angehende Ärzte Patientengespräche schon ab dem ersten Semester üben. Das sieht ein deutschlandweites Kommunikationscurriculum für Medizinstudenten vor, das derzeit erarbeitet wird. Studien zeigen: Wenn Arzt und Patient zwar dieselbe Sprache sprechen, einander aber nicht verstehen, kann dies zu falschen Diagnosen und Fehlbehandlungen führen. Ein „guter Draht" zwischen Arzt und Patient fördert hingegen die Therapietreue. Denn nur wenn der Patient sich verstanden fühlt und seinem Arzt vertraut, kooperiert er auch bei der Therapie.

Vertreter aller deutschen medizinischen Fakultäten tragen jetzt die besten Übungen und Trainingsmöglichkeiten zusammen, um gemeinsam ein Kommunikationscurriculum für alle Studierenden zu entwickeln. Die Patientengespräche sollen Studenten ihr ganzes Studium hindurch begleiten, wobei die Gesprächssituationen im Laufe der Zeit immer komplexer werden. Das Spektrum reicht von diagnostischen Übungen über Gespräche mit Eltern, deren Kinder behandelt werden, bis hin zum Überbringen schlechter Nachrichten und Gesprächen mit nicht-therapietreuen Patienten.

Im Herbst 2014 soll das Kommunikationscurriculum verabschiedet werden. Das kommt dann nicht nur den Patienten zugute, sondern auch den Ärzten. Denn wenn die Kommunikation mit den Patienten „rund läuft", entwickeln sie seltener ein Burnout-Syndrom.

Quelle: Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF), www.awmf.org