

Application for funding of a Trial of RemindMeCare therapy amongst patients with early to mid-stage dementia at Kingston Hospital

Proposal

A Trial involving up to 50 people with dementia admitted to Kingston Hospital between September 2017 and September 2018 for elective surgery and/or emergency and voluntary participation in reminiscence therapy individually and or participation in group therapy session(s).

Carers will be invited to assist the patient with dementia in participation of individual and/or group sessions.

Individual and group sessions will be led by a practice nurse.

Sessions will be monitored by a nurse practitioner (allocated to the pilot on a part-time basis for the duration of the scheme).

Group sessions will be conducted by a qualified psychologist recruited by competition and paid on a sessional basis.

Sessions for individuals and group sessions will use RemindMeCare software and tablets provided for the purpose of the trial by Health Connected Ltd.

A steering group has been appointed to oversee the trial and will be invited to agree a report on the trial and the outcomes - input will be invited of the patients, their carers; nurse lead and others whom participated; the psychologist; Health Connected Ltd.

All participants have provided a DBS check.

The Trial has been reviewed by the ethics committee of Kingston Hospital.

All data collated by Health Connected Ltd is subject to confidentiality and remains the property of the patient and their carer; internet security is provided through encryption and secure deletion at the request of the patient and their approved carer.

Funding

Nurse Practitioner @ 30% of salary 2017/2018

Psychologist @ competitive hourly rate x 20 sessions for 1.5 hours per session (£1,900 inc.travel and attendance at steering committee for final report)

Tablets x 10 @ £250 = £2,500 Software @ £800 + £800

The nurse will provide data to enable an assessment of the effectiveness of the use of tablets and the software in assisting carers and the patient with dementia during the stay at Kingston Hospital and whether the scheme has a positive or negative impact on discharge following completion of clinical treatments.

The assessment will provide data on:

Kingston input:

Number of attendances at individual and group sessions.

Satisfaction of attendees based on self-assessment of session; the ease of use of the tablet and associated software.

Self-assessment of the sessions measured for overall mood; capacity and well-being.

Period of admission to Kingston (weeks) by patients.

Period of "delayed" discharge (days).

Did patient return/enter home care/residential/nursing care/self-care with support/without support.

Summary of nurse input and his/her assessment of the pilot outcomes for future engagement and support of patients at Kingston Hospital.

HCL input:

No of times ReMe used at admission and generated impact.

Assessment of reduced medication.

Number of reme activities run across trials and with nos of patients.

Number of family reme engagements.

Wellbeing assessment.

Olivia Frimpong

Service Improvement Lead Dementia and Delirium

Kingston Hospital NHS Foundation Trust

0208 934 2478

Trial of ReMindMeCare with patients at Kingston Hospital living with early to mid-stage dementia

A trial involving 48 patients with dementia admitted for elective surgery or emergency care to Kingston hospital started February 2018, with a planned completion date of July 2018.

During their stay, patients are free to voluntarily agree to participate in reminiscence and orientation therapy individually and in group sessions.

Families of the patients and relevant care home staff are encouraged by staff to assist the patients by registering with ReMe and maintaining remote social connectivity via the software.

14 MSc Psychology students from Kingston University were trained by the hospital to build patient profiles using ReMe and engage them in one to one and group activities, supervised by a practice nurse.

Measures

- Length of stay
- Number of readmissions/failed discharges
- % of patients discharged to care homes
- Number of falls
- Medication- use of antipsychotics and use of anti-depressants
- Wellbeing questionnaire
- Mood assessment/questionnaire
- Qualitative feedback from patients and carers and staff
- Staff outcomes including staff retention
- Restlessness at night
- Incident reports of violence and aggression
- No of complaints/compliments
- Number of one to one 'specials' i.e number of patients requiring direct supervision
- Impact on staff work load

Interim results as of April 2018

t-Test: Two-Sample Assuming Equal Variances		
	<i>Mood Before</i>	<i>Mood After</i>
Mean	115.85	116.76
Variance	2.677	1.773333
Observations	27	25
df	50	
t Stat	-2.19	
P(T<=t) one-tail	0.0167	
t Critical one-tail	1.675	
P(T<=t) two-tail	0.033	
t Critical two-tail	2.01	

Initial data assessment shows a correlation between the use of ReMe and improvement in self-reported mood to a significance level of 0.033.

Further work

Whilst the trial is on-going, initial results both quantitative and qualitative, suggest a significant positive impact of the RemindMe intervention. Plans to expand the use of ReMe onto a new stroke ward and another acute ward, have been sanctioned by the hospital on the basis of this initial feedback from staff and patients.