



Integration Joint Board

26th July 2018

This Report relates to
Item 7 on the Agenda

Mental Welfare Commission Report on People with Dementia in Community Hospitals (Dumfries and Galloway Response to National Recommendations)

(Paper presented by Denise Moffat and Graham Abrines)

For Approval

Approved for Submission by	Denise Moffat, General Manager
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List of Background Papers	https://www.mwcscot.org.uk/media/409326/dem
Appendices	Appendix 1 University of Stirling, Dementia Design Building Audit: Hospital Design: NHS Dumfries and Galloway

SECTION 1: REPORT CONTENT

Title/Subject:	Mental Welfare Commission Report on People with Dementia in Community Hospitals (Dumfries and Galloway Response to National Recommendations)
Meeting:	Integration Joint Board
Date:	26 th July 2018
Submitted By:	Mhairi Hastings
Action:	For Approval

1. Introduction

- 1.1 On the 24th May 2018, the Mental Welfare Commission published a report on their first themed visits to people with dementia in Community hospitals across Scotland. They visited 287 people with dementia, or who were being assessed for dementia, in 78 wards in 56 Community Hospitals, they also heard from 104 family carers.
- 1.2 In their letter to the Chief Operating Officer the Mental Welfare Commission published a report on their first themed visits to people with dementia in Community hospitals across Scotland. They visited 287 people with dementia, or who were being assessed for dementia, in 78 wards in 56 Community Hospitals, they also heard from 104 family carers.
- 1.3 They noted and appreciated that the reasons for admission to community hospitals generally relates to physical health needs, but are aware that roughly a quarter of patients in community hospitals have dementia. Their visits also highlighted that people often stay for significant periods - just over half of those seen had been in the community hospital for a month or longer, with 18% staying for more than three months. They moot their belief of the importance of service planning and design with this group in mind.
- 1.4 The report offers 12 recommendations for IJB's, to which they seek a response within three months. This report then provides Dumfries and Galloway's draft response to the 12 recommendations for the IJB's approval. The report recommendations are:

All Integration Joint Boards should ensure that:

Wards use a dementia design audit tool every two years, and take appropriate actions to make ward environments as dementia-friendly as possible.

Staff use the Equal Partners in Care (EPIc) framework, and encourage and enable carers to be involved in their relative's care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.

Staff use care planning systems which include a focus on supporting patients' needs in relation to their dementia. These should be based on personal life story information.

Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours:

- There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists) when required.*
- When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed.*
- People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continued use is appropriate.*
- Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, Decisions about technology.*

Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review, and the principles in the Commission's good practice guidance, Rights, risks and limits to freedom, are applied.

The service plan for each community hospital includes a focus on developing activity provision, and on encouraging input from local communities, in wards.

Staff provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.

Staff are proactive in helping patients' access independent advocacy services and any barriers to access are addressed.

Health service managers give priority to ensuring:

- that all non-clinical staff attain the knowledge and skills at the informed level of the Promoting Excellence framework (see Appendix 2).*
- that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NHS Education Scotland (NES) national 'Dementia Skilled - Improving Practice' resource (see Appendix 2).*
- that all wards in community hospitals are able to access support from staff at the Enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence.*

- *that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.*

There is appropriate and timely input available from specialist dementia services and other specialisms, such as pharmacy, into community hospitals.

Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Consider the response to the 12 recommendations provided in Section 4 of this paper and approve appropriate responses and actions for service improvement and design**

3. Background

- 3.1 In considering the responses to the 12 recommendations, the contributors have considered relevant and necessary, local and national policy, legislation and standards.

4. Main Body of the Report

4.1 Recommendation 1:

Wards use a dementia design audit tool every two years and takes appropriate action to make ward environments as dementia friendly as possible.

Response:

- In 2017 the Partnership worked with the University of Stirling, Dementia Services Development Centre to undertake Dementia Design Audits across our Community Hospitals at a cost of £12k. A report was received by the Partnership in early 2018 (Appendix 2) and informed of 7 themes for improvement across all 8 Community Hospitals. The recommendations are provided in Table 1 Dementia Design Audit Recommendations.
- The Community Health and Social Care Directorate Management Team are working through the recommendations for improving the current buildings where reasonably practicable and possible. Consideration of meeting other standards, such as Infection Control is also required in some standards. Replacing flooring and redecorating walls to meet colour recommendations requires financial support, but also potential disruption to the bed capacity

within the hospitals, which would impact upon Dumfries and Galloway Royal Infirmary. The management teams will however, also consider this learning for any future planned structural or refurbishment works in hospitals.

- At Community Hospital, operational level, the findings for each Unit have been provided to the Nurse Manager and Senior Charge Nurse (SCN). The Community Hospital teams are working to improve the more easily achieved recommendations i.e. decrease clutter at entrances, improve social spaces. Some small improvements have been noted in Director walk rounds and with Infection Control inspections.

Action:

The Directorate will continue to work with the recommendations provided at both senior management and operational levels.

The Directorate will consider how to undertake ongoing audit of the design, however, it would not be seen as practicable or efficient to undertake this level of external audit at this cost in the current financial climate and during ongoing planning for Community Hospital use.

The Directorate will work towards how the ongoing audits are undertaken at local level, rather than purchasing external review.

4.2 *Recommendation 2:*

Staff use the Equal Partners in Care (EPIc) framework and encourage and enable carers to be involved in their relatives care and to work in partnership with staff, and that carers are given appropriate information as soon as possible after admission.

Response:

- Following on from the successful implementation of Triangle of Care at Midpark Hospital, short term funding was secured to provide support for a similar pilot project in Thornhill and Newton Stewart Community hospitals. The Carer lead from Midpark is currently supporting staff within these areas to implement the Carers Pathway and to date the following work is underway:
 - Carer links have been identified in both hospitals
 - Triangle of Care self assessment was undertaken and an action plan was developed at each hospital
 - All documentation has been reviewed and changes made to meet the needs of this service and to include recommendations from the Carers Act (Scotland) 2016

- Training took place in November 2017, January and February 2018 and the majority of staff in all participating areas have completed EPiC Level 1: Carer Aware and Epic Level 2: Caring Together
- Family Carer and Visitors information leaflets were updated and development of photo album and carer support information display poster
- Thornhill Hospital went live with implementation in March 2018 and Newton Stewart in April 2018

Action:

As the work in two test areas is in early stages, this will continue. Improvement methodology will be utilised to ensure appropriate evaluation prior to any further spread across Community Hospitals.

4.3 *Recommendation 3*

Staffs use care planning systems which include a focus on supporting patients needs in relation to their dementia. These should be based on personal life story information:

Response:

- The use of 'This is me' is now widespread across Dumfries and Galloway, with a drive to ensure that when a person is admitted to hospital they bring this record with them, allowing the team to best utilise the information it contains, along with discussion with the person, family and carers. Where a record is not produced, or indeed if there is no document, all staff are encouraged to begin one with the person, their family and carers.
- This then assists the Multi Disciplinary Team (MDT) to further assess and plan with agreement the care required, as well as assess the individual's response to that care.
- The IDEAS team, along with the Nursing Directorate Lead Nurses, are working on formulating a new patient record. The aim of this 'Bundle' is to set a standard across Dumfries and Galloway of assessment tools, care plan, implementation and evaluation records which are person centred, but also take cognisance of the evidence base available, for example Stress and Distress work, person centeredness, AMT4 & AT4 assessment and AWI legislation. This would be in addition to the persons own passport.

Action:

- Continue to create, test and implement, this Bundle.
- Educate teams and individuals to use to meet the persons agreed wishes and outcomes, as well as legislation.

- Measures impact using care assurance cognition standard.

4.4 *Recommendation 4:*

Medication should be used as a last, not first, resort in the management of stressed and distressed behaviours:

- There should be a specific care plan detailing the non-pharmacological interventions to be used, informed by input from specialist psychiatric services (dementia nurse consultants, liaison nurses or psychiatrists) when required.
- When a patient is prescribed medication 'if required' for agitation, there should be a clear care plan detailing when and how the medication should be used, and this should be regularly evaluated and reviewed.
- People with dementia on multiple psychotropic medications should be prioritised for multi-disciplinary review, including pharmacy, to ensure that continued use is appropriate.

Response:

- Please see 4.3, as this will be incorporated into care planning principles ensuring that the rationale for the medication and indications for treatment is clearly stated
- In addition NHS Dumfries and Galloway are working towards supplying Pharmacy input in to all cottage hospitals. This will assist in reviewing appropriateness of medication as well as suggesting alternatives were possible.

Action:

Continue with planned work as per Section 3.3

4.5 *Recommendation 5:*

Where the use of electronic location devices is considered, there are protocols, including individual risk assessments and consultation with relatives/carers and attorneys and guardians; which should follow the Commission's good practice guidance, *Decisions about Technology*.

Response:

There are minimal 'location devices/ used in Dumfries and Galloway currently. However, with a new technology strategy launched by the Board in April 2018 this will assist us to assimilate this work and ensure that this recommendation is

considered. The Decisions about Technology good practice guide will be used as part of the work.

Action:

This work needs to be considered and appropriate policy and process agreed for use.

4.6 *Recommendation 6:*

Whenever the use of any form of restraint (for example bedrails) is being considered, staff complete an appropriate risk assessment, the need for restraint is kept under review and the principles in the Commissions good practice guidance, Rights, Risks and Limits to Freedom are applied.

Response:

NHS Dumfries and Galloway have and use evidence based Bed Rail Assessment.

Action:

- Continue to use and review use of the Bed Rail Assessment
- Ensure in the development of any further risk assessment for restraint that the Commission's good practice guidance is informing process, policy and training standards.

4.7 *Recommendation 7:*

The service plan for each community hospital includes a focus on developing activity provision and on encouraging input from local communities, in wards.

Response:

NHS Dumfries and Galloway are currently working on a Community Hospital Strategy for effective use of these inpatient facilities. This recommendation will be considered as part of ongoing strategy development and operational design.

Action:

Continue to develop and produce a Community Hospital Strategy

4.8 *Recommendation 8:*

Staff to provide patients with information about the reasons for being in hospital, and about their treatment, as often as is necessary, and that information given verbally is supplemented by information in other formats.

Response:

- As part of Care Assurance work in Dumfries and Galloway this recommendation has been the conclusion of our own learning. Work is underway to consider, how we ensure that information is provided in verbal and written formats, to both patients and their significant others, as necessary. And, that it is recorded in care records that this information has been supplied. One example of this is our developing MDT Review Policy for Community Hospitals. This draft policy is suggesting that patients and/ or their carer/ guardian/ advocate should be in attendance at any future MDT discussions, with a follow up letter provided to them regarding the agreements for care that have been made. This allows them to consider this post meeting and where information or plan has been unclear question the decision making process. The Bundle in development (see Recommendation 4.3 response) will also include information and record on agreed plans and information provided to the person and/ or, their carer, guardian or advocate.
- Further to this, the IDEAS Team and a locality Community Mental Health Team have commenced a pilot project with one Community Hospital with the aim of providing regular Mental Health input. Both an IDEAS Team member and a Community Psychiatric Nurse are attending fortnightly MDT's with the GP, ANP, Nursing staff, Social Work, Occupational Therapy and Physio. The emphasis for this work is about taking a holistic approach to the person and prevention of escalation of stress and distress where staff can identify early indicators and interventions including non-pharmalogical interventions that can be put in place to minimise distressing behaviours. It can also provide support regarding AWI and cognitive assessment. This is still in its early stages and will be reported on later this year.

Action:

Continue to develop policy and work in how best to meet this recommendation at operational levels

4.9 *Recommendation 9*

Staff are proactive in helping patients' access independent advocacy services and any barriers to access are addressed.

Response:

- Following an Ombudsman recommendation in 2017, all Community Hospital Nurses are aware to offer Advocacy Services to all people. Information on how to do this is available in all Community Hospitals. Local Care Assurance Process is monitoring and measuring this improvement work. Evaluation of this will be available following Late Summer and Autumn Level 3 Care Assurance Reports across all Community Hospitals.

- In addition, local Advocacy services have been providing learning and development opportunities for staff in the District general Hospital. The Community Directorate have been liaising with the Patient Feedback team to facilitate these sessions across the localities of Dumfries and Galloway.

Action:

- Evaluate Care assurance reports for effectiveness of work undertaken in September 2018.
- Provide further Education and Development opportunities, delivered by Advocacy Services, directly to teams in Community Hospitals.

4.10 *Recommendation 10:*

Health Service Managers give priority to ensuring:

- that all non-clinical staff attain the knowledge and skills at the informed level of the Promoting Excellence framework (see Appendix 2).
- that all clinical staff attain the knowledge and skills at the Skilled level of Promoting Excellence using the NES national 'Dementia Skilled - Improving Practice' resource (see Appendix 2).
- that all wards in community hospitals are able to access support from staff at the Enhanced level, including dementia champions, and from staff operating at the Expertise level of Promoting Excellence.
- that clinical staff have appropriate training on the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

Response:

The responses and actions provided within this IJB report when agreed will support the response to MWC regarding these recommendations at IJB level. This paper, agreed by the Deputy Director of Nursing and General Managers assures that they are in agreement of the actions detailed and will support the work moving forward.

Action:

- The IJB to agree or question this paper and its responses and actions.
- The IDEAS Team provide training on dementia across the D&G region which is accessible to all health & social care staff. In 2016 the team developed a one day training course for community hospitals. This training was subsequently delivered in every community hospital across the region, from March - December 2016. Table 2 below details the numbers of team members who attended the training in each Hospital area. This training opportunity was extended to the wider Multi Disciplinary Team in localities in order to fill training places not required by community hospital staff. This led

to a range of disciplines attending the training such as district nurses, physiotherapists and social work staff. Having a mix of different staff groups proved to be a huge advantage to the training in the group work discussions, sharing of practice and strengthening partnership working. Consequently, Barbara's Story encouraged Community Hospital staff to attend the other training provided by the team.

- D&G's Care Assurance process, specifically relating to Cognition and Adults with Incapacity Act (AWI) in Community Hospitals has during late 2017 and the first 6 months of 2018 identified gaps in nursing staff knowledge and understanding around implementation of AWI. The process does not assess the knowledge of other professionals. However, no Community Hospital has achieved Bronze status (>75% Compliance) in relation to these two assessed areas of practice, this highlights a need not only for Nursing staff, but of the wider Multi Disciplinary Team (MDT). This together with learning arising from improvement work in Dumfries and Galloway Royal Infirmary (wards 16 and 14), undertaken by the Older People in Hospital Lead and considering the shared theme of caring for Older People in Hospitals, it is clear that increasing the learning and development opportunities and uptake of them on Capacity and the Act, for MDT members, is necessary to directly impact and improve people's outcomes in all hospitals. Table 3 demonstrates the poor uptake of opportunities provided in 2016.
- Specific training dates are currently being planned for all staff later this year and this will be ongoing through the IDEAS Training Plan. This will be planned to meet the knowledge gaps identified through care assurance programmes, and a review of the current training provided to meet Promoting Excellence Standards.
- A full and complete register of staff training will be owned by the Locality for the whole MDT at each Community Hospital. This will detail the need for which level of Promoting Excellence Training each individual must meet, when they have completed or when they will undertake. This will be supported by the IDEAS team in the development of training schedules.

4.11 *Recommendation 11:*

There is appropriate and timely input available from specialist dementia services and other specialists, such as pharmacy, into community hospitals.

Response:

- Currently there are approximately 150 dementia champions on a database for Dumfries and Galloway, Table 2 provides a breakdown of the number of champions within community hospitals.
- Dementia Champions can access support and input on specific issues from Alzheimer's Scotland Dementia Nurse Consultant and there are good examples of our community hospitals making progress with common issues,

for example, three Community Hospitals have delivered Dementia Informed sessions to teams In addition to this there are a range of training events provided by the Alzheimer's Scotland Dementia Nurse Consultant, these include:

- Dementia Champions Update Days
 - Bespoke training/education sessions
 - Care Assurance work (Cognition Standard) which includes Adults with Incapacity Act
- The Alzheimer's Scotland Dementia Nurse Consultant Work plan for 2018-9 includes – The 10 Care Actions from Dementia Strategy 2010 which continues to underpin the local and national work of Alzheimer Scotland Dementia Nurse Consultants.
 - The responses and actions in Recommendations 3 and 10 (bullet point 4) offer our response to this recommendation. The Board accepts that supporting people with Dementia in a Community Hospital requires all actions and recommendations to be addressed however there is a need to pull these actions together for implementation, as well as work collaboratively with all other strategic and operational improvement work i.e. pharmacological intervention work; Dementia Champion developments; Older People Care work.

Action:

Delegate authority to the Deputy Nurse Director to lead a piece of collaborative work across Mental Health and Community Directorates, to plan, implement and monitor the actions and their outcomes detailed in this response on behalf of the IJB.

4.12 *Recommendation 12:*

Local arrangements for cancelling home support packages when a patient is admitted to hospital are reviewed, with reference to the patient's likely duration of stay; and should consider developing flexible arrangements for restarting a package of care to enable patients to be discharged home quickly when they are ready to return home.

Response:

Dumfries and Galloway have a Joint Partnership arrangement in place, which currently makes explicit how this process is managed to allow equity of provision to all people requiring care at home. The Board recognises this recommendation for review and as such the action detailed below will be taken.

Action:

Take this recommendation to the Boards Care at Home Strategic Group for discussion and agreement of changing policy to meet this recommendation, or

based upon practicality of service provision continuing with current service agreements.

5. Conclusions

- 5.1 It is evident that much work is planned or being tested to meet these recommendations within Dumfries and Galloway. It is essential however, that we do not consider this work as standalone, we must work to ensure that a collaborative approach is taken, incorporating other strategic and operational developments and standards ie pharmacological intervention work; Dementia Champion developments; Older People Care work. The IJB are asked to consider the responses to the MWC recommendations along with the actions suggested to support improvement work in this area of practice.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1 Investment may be required to ensure that learning and developed is provided timeously. Whilst this report and its recommendations directly relates to Community Hospitals it is not known that these recommendations are required to be met in all inpatient services. For example staff as meeting the Promoting Excellence Standards. The IDEAS team are a finite resource and such cannot meet the needs of this work across all inpatient areas in a timeous manner. In delegating to Deputy Nurse Director to lead this collaborative work, it would be necessary to evaluate this financial need based upon:

- Agreement of a reasonable timeframe for the learning and development requirements to be met by the training team
- The requirement for staff to be released from clinical work to attend training opportunities at a cost as this time is currently not provided in ward funding
- In addition, consideration of cost will be required, of how we continue to audit the environments of Cottage Hospitals. the audit undertaken by the Stirling Dementia Unit was at a cost of £12k. This seems excessive, when consideration can be given to train local staff to undertake this audit. This in itself will require financial support to release staff and pay from training.

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1 Achieving these recommendations will have a direct impact upon people with Dementia's outcomes. If as suggested this is a collaborative piece of work, not only looking to achieve these recommendations, but those of other standards then an impact upon all 9 national outcomes could be referenced across all inpatient services.

8. Legal & Risk Implications

8.1 Not required at this time.

9. Consultation

9.1 Consultation is not required for this work however, there is need for patient, public involvement in developing the work required.

10. Equality and Human Rights Impact Assessment

10.1 In developing any strategic plans or policy Equality and Human Rights Impact Assessment would be used.

11. Glossary

AMT4	Abbreviated Mental Test Four
ANP	Advanced Nurse Practitioner
4AT	Assessment Test for Delirium and Dementia
DGRI	Dumfries and Galloway Royal Infirmary
EPiC	Equal Partners in Care
GP	General Practitioner
H&SC	Health and Social Care
IJB	Integration Joint Board
IDEAS	Intervention in Dementia, Education, Assessment, Support
LRV	Light Reflectance Values
MWC	Mental Welfare Commission
MDT	Multi Disciplinary Team
NES	National Education Scotland
SCN	Senior Charge Nurse

Table 1: Dementia Design Audit Recommendations

<p>1. The flooring throughout the hospitals varies in tonal contrast between adjacent / adjoining floor finishes. Evidence suggests that where adjoining floor finishes have less than 10 units of Light Reflectance. Value of a difference, there is a reduced likelihood of people with dementia and / or a visual impairment from wrongly perceiving a change in level. Often this can result in 'high-stepping' which may result in a trip and fall. In addition changes in tonal contrast in flooring have been attributed to reducing the person's confidence in walking where the environment is perceived as confusing. This also occurs where visual obstacles are created such as the red 'wash your hands' vinyl which is fixed to the floor. A person with dementia will avoid walking over this, therefore increasing anxiety, and reducing confidence in walking through the circulation areas. Where there is planned maintenance or proposals to replace flooring, we recommend that flooring is reviewed throughout to ensure there is not greater than 10units of Light Reflectance Values (LRV) between each finish. This extends to transitional strips, which should also match tonally and not offer glare.</p>
<p>2. Walls and floors should contrast. The normal ageing of the eye results in lower colour discrimination. Where walls and floors contrast, this will improve the person's ability to see the three-dimensional aspects of the room, thus supporting movement and use. Walls and floors should contrast by 30 units of Light Reflectance Values difference. This information is widely published by paint and flooring manufacturers.</p>
<p>3. The assisted bathrooms and toilets are very clinical in their design. We acknowledge the need for wipe able surfaces for infection control measures. However the colours of the room, use of lighting and materials can make the room more appealing and relaxing. This is considered important to reduce anxiety in the patient when being bathed.</p>
<p>4. Visual contrast within the assisted bathrooms and toilets was very poor. There was very little contrast between grab rails and walls or toilet / paper towel dispensers and the walls on which they are fixed. This will make it difficult for patients with normal age related visual impairments from locating these items and using them. We recommend that walls are painted to improve contrast at grab rail locations.</p>
<p>5. There is significant visual clutter throughout and in particular at entrance doors. As such, information can be difficult to decipher; key messages are lost and in one occasion the entrance pad was concealed. We recommend that signage is reviewed throughout and unnecessary notices and signs removed. Over stimulation through visual clutter can increase anxiety and distressed behaviour in people with dementia.</p>
<p>6. The gardens and day rooms have the potential to be bright, well designed and social spaces. In many of the buildings there were excellent, direct connections between common areas and the gardens. We recommend further investment in these areas to encourage more social activity and use of the garden.</p>
<p>7. In all hospitals the auditors were impressed by the cleanliness and support from the care staff. Good care and good design often serve as a proxy to the other and we would recommend some investment in the overall design as noted in the</p>

forthcoming audits. This will support both patient and staff during their time within these buildings.

Table 2: Training Provision and Attendance 2016:

Community Hospital	Total Number of Dementia Champions	Number at Skilled Level of Promoting Excellence	Number at Enhanced Level of Promoting Excellence
Thornhill	5	5	0
Castle Douglas	5	4	SCN
Kirkcudbright	4	4	SCN
Newton Stewart	5	5	0
Galloway Community Hospital	6	6	0
Annan	3	3	0
Thomas Hope	5	5 (1SCN)	0
Moffat	2	2 (2+SCN)	0
Lochmaben	5	4	SCN

Table 3: Uptake of IDEAS Team Training 2016 – Community

Training	Attendees
Adults with Incapacity/Capacity & Consent	29
Barbara's Story Regional	5
Barbara's Story Community Hospitals	63
Dementia Awareness with Simulation	11
Simulation	1
Stress and Distress	5