

# Improving the patient experience in dementia patients attending for MRI

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## Dementia *the Facts...*

- "Dementia describes a set of symptoms including memory loss, mood changes, and problems with communicating and reasoning"
- By 2025 it is estimated that over **1 million people in the UK** could be suffering with dementia
- With the aging population, prevalence is greater in those **65 years** and over, with **1 in 14** of this age group being affected, which approximates to **1 in 79** of the total population | [www.alzheimers.org](http://www.alzheimers.org)

As a result, this presents a significant number of potential patients who will attend for MRI examinations, either relating to a dementia diagnosis or other existing co-morbidities. Therefore it is important that radiographic staff have a better understanding of the condition so that patients can receive personalised care accordingly to help achieve a successful imaging examination (SoR, 2015).

## Method:

The Society's best practice guidance (2015) along with the Dementia-Friendly hospital charter (DAA, 2012) was reviewed and used to draft a standard operating procedure to help summarise and support the minimum requirements for effective management of this patient group and their experience when having MRI.

As well as this, the two departments were assessed as a sample to evaluate how dementia friendly they were. This was done using the environmental assessment tool from the Kings Fund which looks at 7 key areas (2014).

## Aim:

Following the introduction of specific patient referral pathways from local mental health trusts in two of our community based scanning centres in London, and the publication of the professional guidance on imaging dementia patients from the Society of Radiographers, the organisation evaluated ways to improve management and experience of patients referred for assessment of dementia. The intention was then to draw out key actions from these sample sites for wider learning and development of a dementia strategy across the business.



**Outcome:** Four key action areas were identified to help improve the experience received by this patient group, and their relatives/carers.

### 1. Standard Operating Procedure

Providing guidance on managing the experience. Sample points extracted: (SoR, 2015)

#### Referral

- A dedicated referral form was devised to aid thorough safety assessment by the referrer to ensure a reliable history could be obtained, and where not, allow opportunity to highlight concerns over mental capacity and provide details of next of kin/carer.

- Patients should be encouraged to attend with someone so they have familiarity, as well as be advised around the use of possible music to help relax during a scan.

- Choice of appointment time should be given so that patients can be accommodated at a time of the day which best suits them and potentially reduces other stressors where possible.

#### Booking

- More time should be given to these patients in order to prevent the need for restraint or distress, further helping to achieve a positive experience and examination.

- Awareness should also be made around what lists patients are booked into so that, where possible, lists are running to time and they are not unduly rushed through the process due to time constraints.

Both of which are a challenge in the current climate when pressure over patient throughout is so high.



**Dementia**  
"Forget me not"

### 2. Adjustment to Clinic Environments

Part of the Dementia-Friendly hospital charter (DAA, 2012) states patients should be able to find their way around a facility, and the environment should support their well-being and independence. Various tools exist to assess environments, and the assessment tool from the Kings Fund was used – Is your health centre dementia friendly? (2014).

People suffering from dementia have difficulty processing what they see, especially in unfamiliar surroundings and minor changes can offer reassurance and help patients to cope.

#### Points raised from the 2 clinic assessments were:

- Poor signage at access and of pathways
- Lack of natural light at one centre
- Minimal use of artwork and plants
- Stripy flooring with a shine – imitating water and slippery surface
- Toilets – seats poorly visible
- Taps not clearly labelled – easily confused
- Normal wall clock, not easily seen



#### Positive findings were:

- Choice and range of seating available
- Quiet areas available if needed, for changing and conversations
- Hot drinks and water available

#### Suggested improvements:

- Consideration over flooring when designing future departments
- Use of picture based signage
- Change toilet seats and sink taps
- Use of artwork to brighten up areas and way mark pathways

### 3. Communication Skills (SoR, 2015)

Suggestion has been made to adopt the use of yellow name badges with black writing on which has now become common place in the NHS (Guys & St Thomas, 2015). This would help patients better identify staff and know who they are.



#### General considerations when speaking to the patient include;

- Find out and use their preferred name.
- Approach calmly, gently and in relaxed manner.
- Speak directly to patient, maintain eye contact.
- Speak plainly and avoid complicated terms.
- Use short, simple sentences.
- Allow time for response.
- Avoid moving or walking during conversation.

The number of staff involved in the care of the patient should be kept to a minimum, with one radiographer taking the lead in explanation and positioning so as not to confuse.

It is important to work collaboratively with patient and carer to maintain dignity and autonomy. Families and carers are a source of expertise regarding the patient.

EasyRead literature, in line with NHS England guidance, is being developed – using simple pictures and short sentences to capture the key aspects of the MRI procedure so that this can be more easily understood by patients with limited cognitive ability, such as those with dementia.

### 4. Staff Training

Currently no specific dementia training is on offer for staff, therefore in line with the Dementia-Friendly hospital charter (DAA, 2012), various sources of tier one on-line training have been looked at to add to staff current e-learning resources.

Further utilisation of the dementia friend's network and other local training resources to support staff has also been discussed.

Proposal for development of dementia champions within teams to help support training and improved patient care in the work setting, as well as feedback to the Executive board via the Clinical Quality Team.

In the interim, the booklet 'Helping People with Dementia: A guide for customer-facing staff' (2015) was distributed to clinic staff to help raise their awareness.

## Conclusion:

To summarise, there is much that can be done to help improve the experience of dementia patients attending for MRI scans, which in turn will ultimately help achieve scans that are of good diagnostic quality.

With our contact time being short, the interaction with radiographic staff is therefore even more paramount in establishing a connection sooner so that patients are dealt with appropriately and a good scan result achieved to aid diagnosis. Fundamental to this is staff awareness and training, as well as having clinic environments that are dementia friendly and better set the scene for a positive experience.