DAVINCI interviews

Nodes\\Coding frame

Name
1. Challenges of providing care for PWD
bed crisis
behaviour eg aggressive-disruptive-uncoperative
Demand on staff time - stressful
difficulty establishing a baseline-history
discharge
environment
lack of motivation
nutrition
staff busy
staff turnover
staff understanding and compassion for PWD
why difficult to overcome
2. Description of VIDS
Type(s)
When is VID applied
Where VIDs placed
Who applied to
Who places VIDs
3. Purpose of VIDS

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Name
Organisational-co-ordination of care
Improve organisational status
Organisational
staff and ward level
VID for staff (signifier) - signals prompting for various responses
Compassion and empathy
consider additional needs
Manage and reduce risk
Modify communication style and approach
reassurance for relatives and patients
sense-making - dementia as a reason for distress and how to avoid-respond
4. Limitations, negative and unintended consequences of VIDS
doesn't tell you about the individual person
focus on the label not the person
may not want or recognise diagnosis
Meaning of label - stigmatising-negative attitudes-fear-judgmental
Obscures differences across specturm of disease (severity)
overlooks specific individual needs
5. Practical challenges
delirium
getting a diagnosis of dementia in place
inconsistency
issue of multiple identifiers

Name
lost at transfer between wards
mislabelling
patients missed from the system
6. Ethical challenges - tensions - points of contention
acting in the patient's best interests
confidentiality - privacy and disclosure
Need for consent
stigma
whether VIDs should encompass any memory issues or confusion without diagnosis
7. What's needed to make VID work
8. What's the role of other elements of local dementia strategies and how do they support VIDS or impact on effectiveness of VIDs
9. Ideal system
better at assessing difference between dementia and delirium
Consent from patients or relatives
everyone would know and understand
how it works
standardised
what information
where applied

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