

# National Audit of Dementia (care in general hospitals)

- Partners
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- Structure
- Participation
- Findings

# Partners to the audit



# Background

- CCQI scoping report for Healthcare Commission 2007:
- Finding that care of people with dementia in general hospitals is high priority for audit
  - In a typical 500 bed general hospital, 20% admissions will have dementia (*Who Cares Wins*, 2005)
  - Hospitals can be ill prepared and care can be inconsistent
  - People with dementia experience worsening of condition and poor outcomes

# Sources of standards for audit



- **National guidance**
  - e.g. NICE/ SCIE guideline; National Dementia Strategy; DH guidance
- **Professional guidance** - e.g. RCN; BGS
- **Service user organisations**
  - e.g. Dignity on the Ward (Help the Aged); Hungry to be Heard (Age Concern)
- **Areas of patient/carers priority**

# Patient and carer priorities

- **Care planning and support in relation to the dementia (i.e. not just the acute condition) from admission to discharge**
- Care of patients with acute confusion
- Maintaining dignity in care
- Maintenance of patient ability
- Communication and collaboration: staff and patients/carers
- Information exchange
- End-of-life care
- Ward environment

# Challenges

- What underlies quality of care?
  - Identifying a consistent approach
- How do we use findings to promote change?
  - Can we link or theme results between tools?
  - Information on local initiatives
  - Use of observation tool to promote understanding the patient perspective

# Audit structure: The core audit

- Open to all general acute hospitals
  - ***a hospital organisational checklist*** - service structures, policies, care processes and key staff that impact on service planning and provision for people with dementia.
  - ***a casenote audit*** - 40 patients with diagnosis/ current history of dementia, audited against standards that relate to admission, assessment, care planning/ delivery, and discharge.



# Audit structure: The enhanced (ward level) audit

- Sample of hospitals from core audit.
- 2-3 wards: medical or shared care, orthopaedic or surgical, optional other
  - ***ward organisational audit*** - staffing, support and governance at a ward level;
  - ***a ward environmental audit*** - aspects of the ward physical environment known to impact on people with dementia;

# Audit structure: The enhanced (ward level) audit

- **staff questionnaires** - feedback from ward staff about training, learning and development, awareness of dementia and about support offered to patients with dementia on their ward;
- **carer/patient questionnaires** - carers' experience of the support they have received from ward staff and patients' overall perception of the quality of care on the ward;
- **observation of care interactions** - quality of the hour-to-hour provision of care to people with dementia.

# Participation in the audit

## **Participation in the core audit**

- 210 or 89% hospitals
- 99% Trust participation
  - 210 checklists
  - 7934 casenotes of people with dementia

## **Participation in the enhanced audit**

- 55 hospitals (145 wards)
  - 144 environmental checklists
  - 145 ward checklists
  - 2211 staff questionnaires
  - 245 patient questionnaires
  - 608 observations of care interactions (PIE)

# Report findings

- Governance
- Assessment
- Mental Health and Liaison Psychiatry
- Nutrition
- **Information and Communication**
- Training and support for staff
- Staffing and staff support
- Physical Ward Environment
- Discharge Planning and Discharge
- Observations – Person, Interaction and Environment

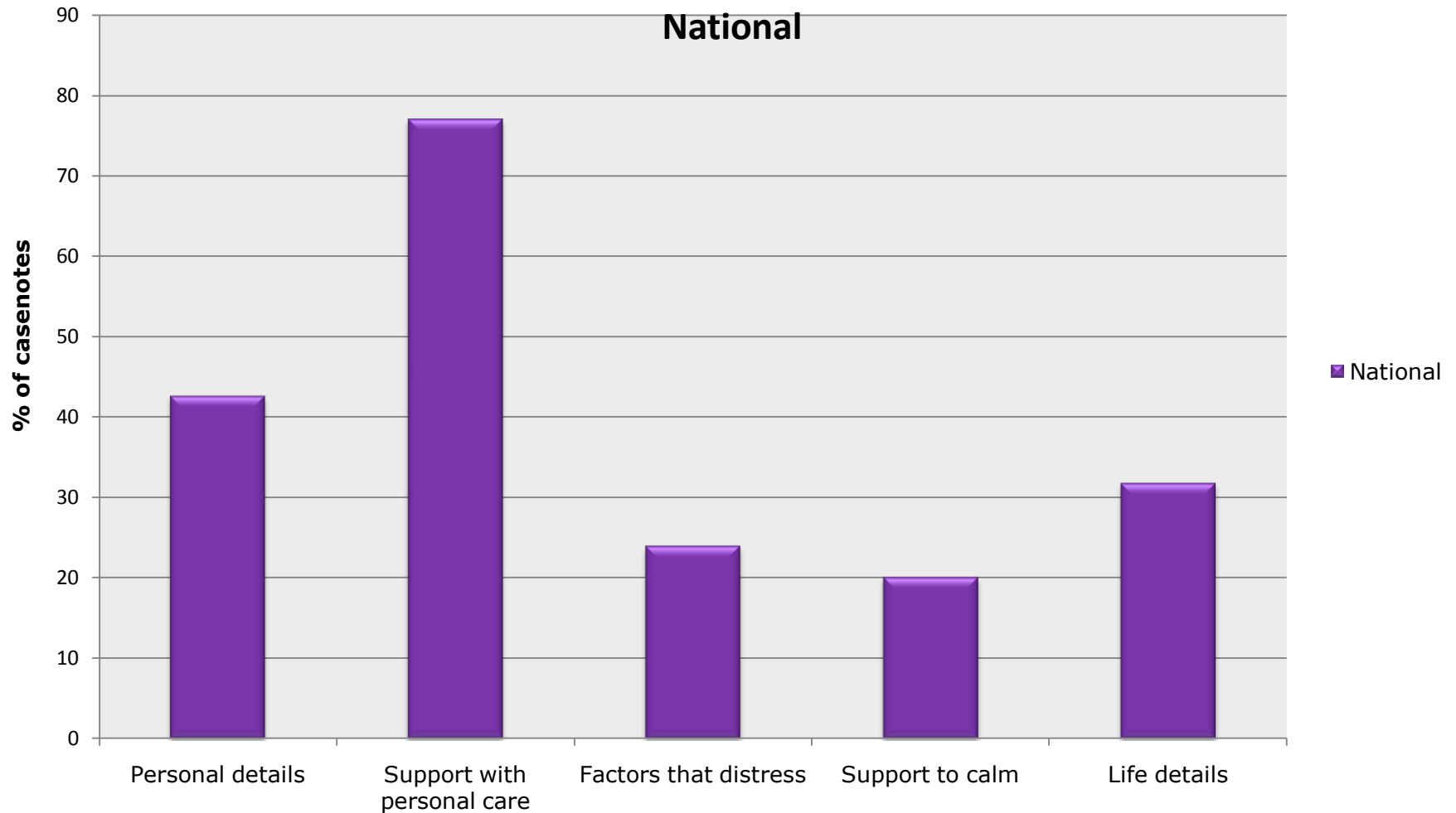
# Information and communication

- This is a cross cutting theme for audit
- Data was collected at both hospital and ward level
- Includes feedback from staff and from carer/patient questionnaires
- The quality of communication was an important element in the observations of care
- Findings show a whole-organisation approach is needed to deliver high quality care consistently

# Information and communication – use of personal information

- 30% hospitals had a formal system in place for gathering information to help provide care
- 43% casenotes contained a section dedicated to collecting information carer/ friend
  - Of these, 73% contained information on reminders or support with personal care
  - 45% personal details and preferences
  - 24% recurring factors which might cause distress
  - 18% support which could help to calm
  - 3% nationally contained all above

# Information collected to support care



# Information and communication – information sharing and carer involvement



- 40% of hospitals had a clear procedure for information sharing with families
- Only around half of hospitals were found to have guidelines for the involvement of families for discharge and support arrangements
- 40% of the casenotes were organised so that information about the person's dementia and about care and support needs could be quickly found in a specified place.



# Information on the ward

- 88% of wards in the enhanced audit had a system for communicating personal information about patients with dementia.
- 92% of wards could provide information on what to expect in hospital and almost all of the wards made patients and carers aware of the complaints procedure.
- 61% of wards had a responsible health care professional identified to the family as a contact for help and information, however only 45% of staff reported that patients are allocated a named professional as a contact.
- Half of the staff surveyed (49%, 1089/2211) said that personal information is routinely collected about people with dementia regarding their usual routines, backgrounds and preferences.

# Information on the ward – staff comments

## ***Staff comments:***

"These systems are in place, but due to high numbers of agency staff that are unfamiliar with documentation these systems are not always effective"

"Although staff do communicate with one another I feel there is lacking handover information especially to nursing assistants"

"A minimal handover is given with the most basic of information, due to cutting time. Extra information is ideal but not realistic on this ward"

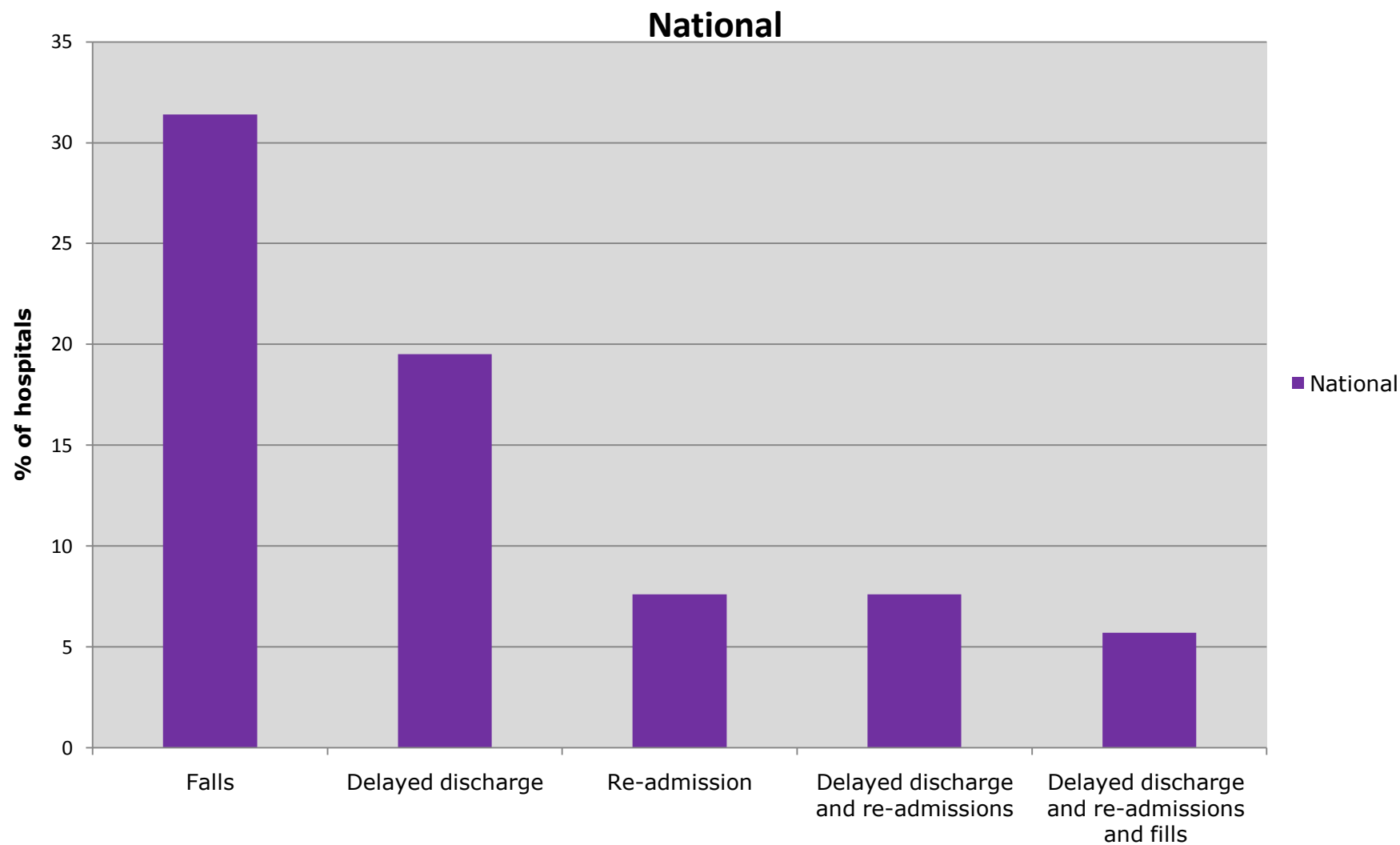
"We now have a booklet on the ward for patients and/or family to fill in to help."

"There is NO WAY EVER enough time to collect or even read the personal information for the patient"

# Information and Governance

- 8% hospitals said that the Executive Board regularly reviews information collected on the readmission of patients with dementia
- 19.5% hospitals said that the Executive Board regularly reviews information collected on delayed transfers of people with dementia
- 31% were able to identify people with dementia within reported information on in-hospital falls and their causes
- 8% reviewed both readmission and delayed transfer

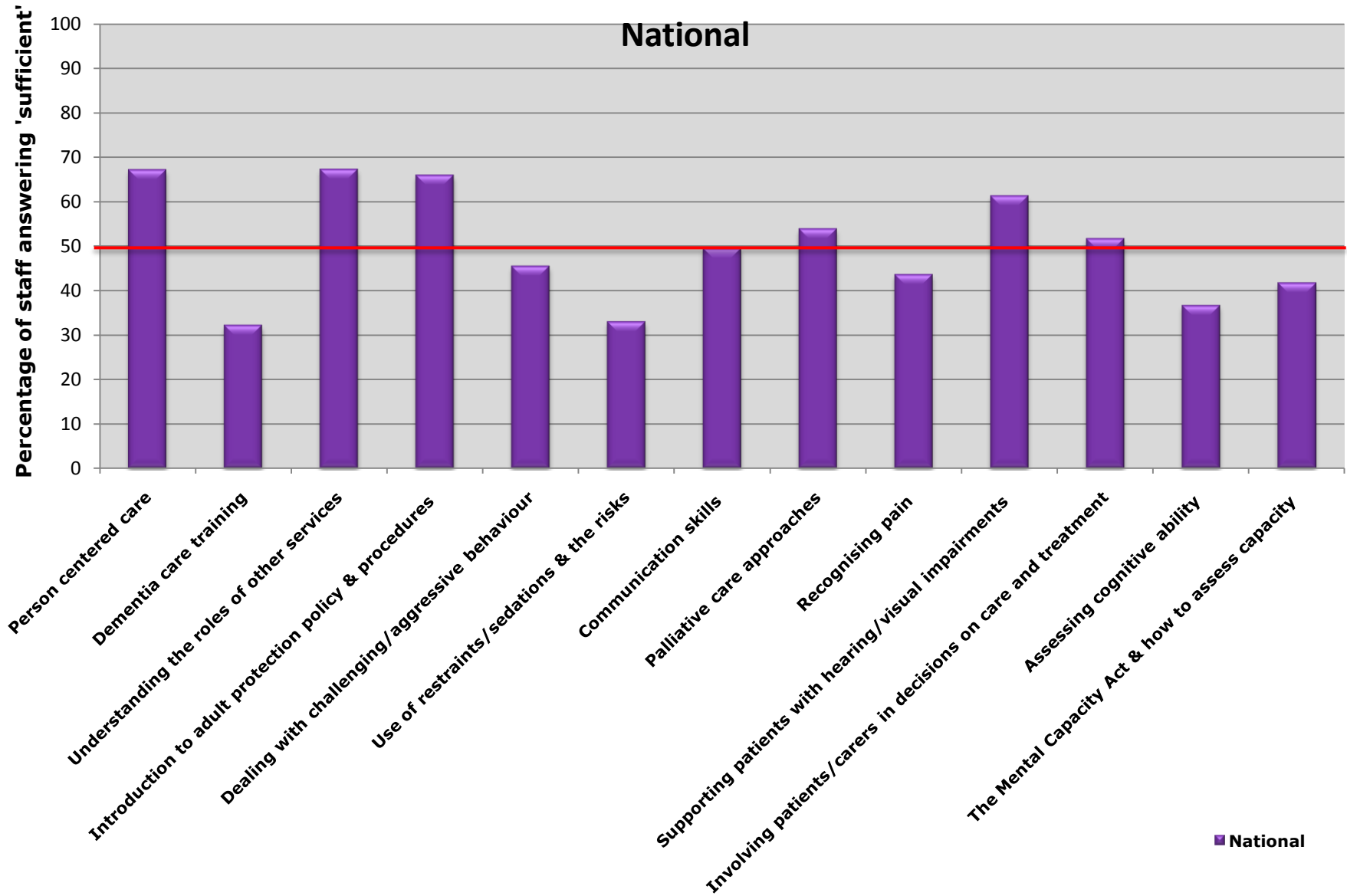
# Hospitals reviewing falls, delayed transfer, re-admissions of people with dementia



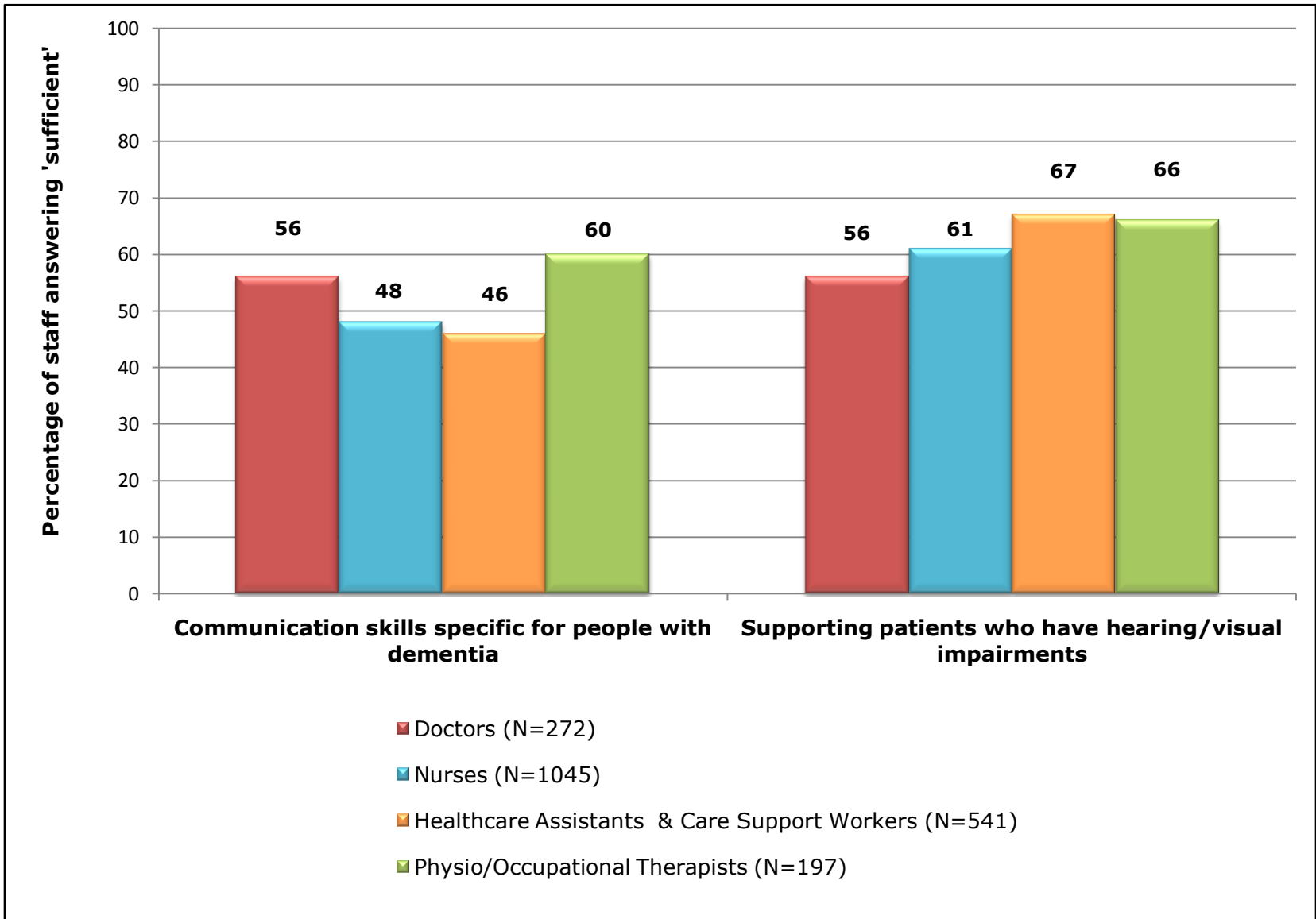
# Training and communication

- 5% hospitals said that dementia training, relating to the care provision, systems, information and resources available in the hospital, was mandatory for all healthcare staff
- 16% of hospitals commented that training was available but not mandatory for all staff or some key staff
- Over 90% of all staff surveyed agreed further training would improve the level of care received by people with dementia
- In the staff questionnaire, 2211 staff indicated whether they had had dementia related training:

# Staff learning and development relating to the care of people with dementia



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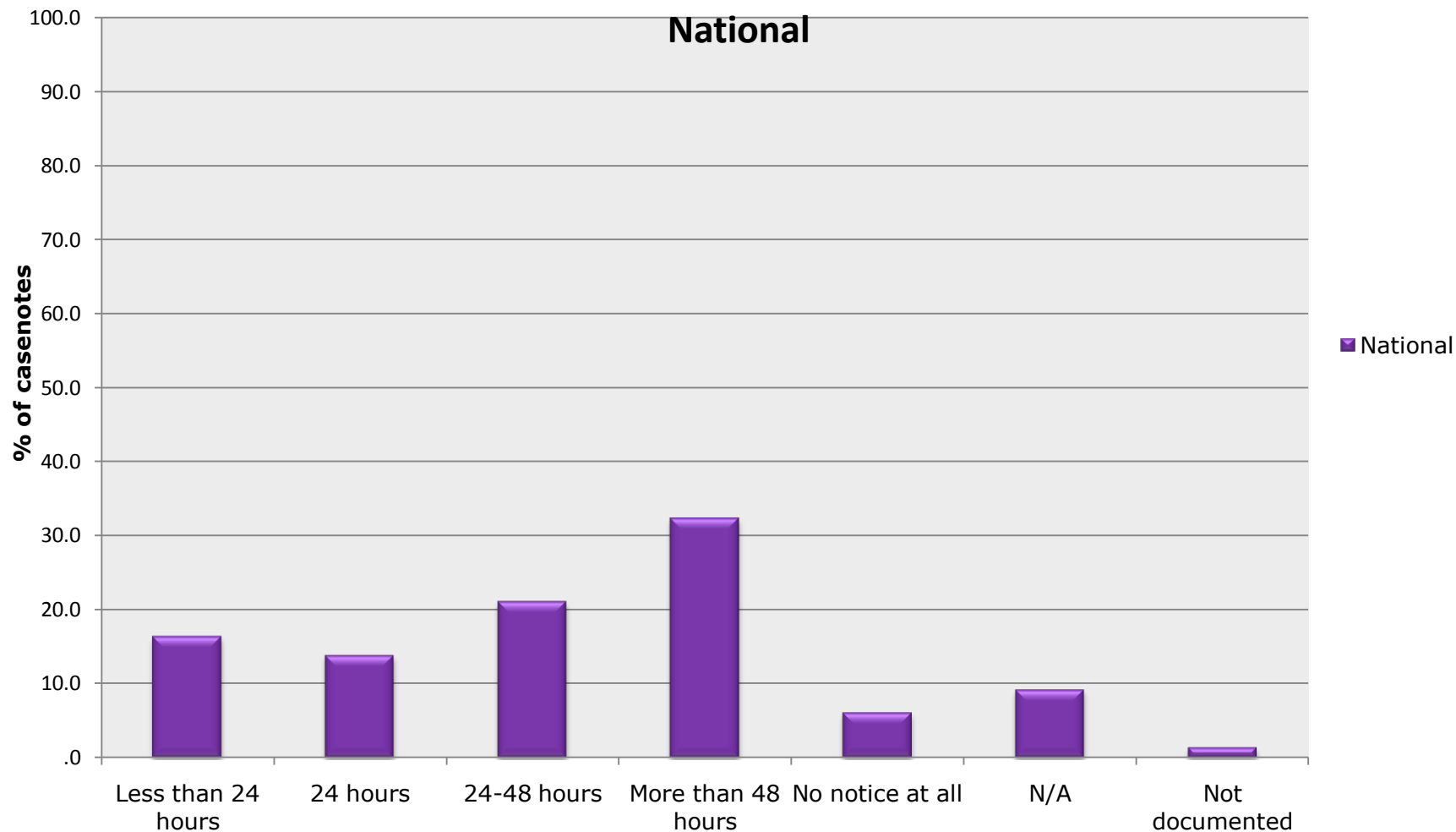


# Information and discharge

- 55% hospitals said discharge policy specified that relatives and carers should be kept informed of discharge and given advance notice
- 57% hospitals had a system in place to ensure that carers were informed about obtaining a carer assessment and support
- In 74% of casenotes nationally an assessment of the carer's current needs had taken place in advance of discharge (unless the carer did not want or need one)



# Notice of discharge provided



# Improving quality of care

- Local reporting shows comparison with national level data on each of the criteria
- Hospitals were asked to produce action plans
- Wards participating in observation highlighted areas for celebration and improvement
- National reporting will make recommendations for improvement and focus on identified good practice
- A second round of audit begins in Spring 2012 - this repeats hospital audit
- A new project, the Quality Mark for Elder-Friendly Hospital Wards , is in development, and will build on ward level audit