



SERVICE EVALUATION- COLLATERAL HISTORY OF INITIAL MEMORY ASSESSMENT

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Aims and hypothesis

The Royal College of Psychiatrists advises that remote memory assessments should be supported with as much collateral information as possible (1). We aim to explore current practice at Wolverhampton Memory Assessment Service (MAS) and assess collateral history reliability. We aim to look for areas to improve clinical practice and consider incorporating results from this service evaluation into future care pathways.

Background

Due to Covid 19, our face to face clinical contact is now limited, remote consultation has been started to avoid long waiting lists. It is likely that the “blended approach” is here to stay. It is a challenge to ensure information gathered remotely is reliable and comprehensive. It is also vital to maintain parity of access for our patients despite our modes of contact changing. (2)

Methods

A tool was developed from combination of clinical experience, standard texts and new patient assessment forms. A sample was taken as consecutive new patients in July 2020; once remote consultation had become an established part of practice, there were 15 in total. We assessed all documented collateral history contained within the MAS Psychiatric Assessment Form on “Carenotes” and the GP referral letter. Two patients did not have a completed assessment and a further two were assessed but no informant was available, we assessed a further four consecutive referrals to compensate for this; with the referral window extended to first week of August 2020. In total 19 patients’ notes were reviewed in order to assess 15 collateral histories.

Evaluation of Collateral History for Initial Memory Assessment

Sample Number _____ Gender _____

Age _____ Relation of the informant to patient _____

How well does the informant know the patient (extremely well/ very well/ moderately well/ not very well/ not well at all) _____

Mode of collateral History (telephone, face to face, letter, other) _____

Are the following aspects of collateral history documented in the Memory Assessment or GP referral letter?

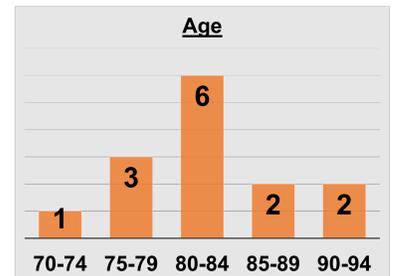
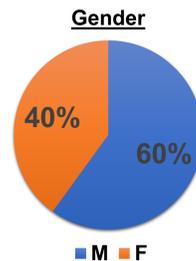
Has the patient had any difficulties in the following areas...

	Yes/No/Don't know
Forgetting recent events	
Forgetting conversations	
Recalling details about family or close friends	
Managing finances or paying for shopping	
Following a story in a TV programme or book	
Forgetting where to find items around the house	
Decision making	
Using familiar appliances at home (microwave/washing machine)	
Learning new information	
Learning how to operate a new machine/appliance	

Cognitive examination type AND score (MMSE/MOCA/ACE etc) _____

Diagnosis _____

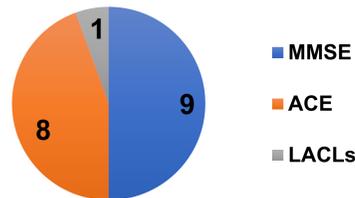
Results



Sample patient demographics above.

13/15 informants knew the person they provided collateral information for extremely well on Likert scale. One patient brought a friend who didn't feel they could comment, but an additional telephone call to the patient's wife was made in this instance. 9/15 informants were the patient's child, 5/15 were the patient's partner and 1 was a friend. The mode of obtaining collateral information was face to face in 11/15 of the sample, telephone in 3/15 and 1 via video call.

Cognitive Assessment Tool Used



Two patients completed both MMSE & Addenbrooks' Cognitive Examination (ACE).

One patient completed an MMSE, ACE and Allen Cognitive Level Screen (LACLs).

Question	% of sample with documentation
Forgetting recent events	87% (13)
Forgetting conversations	100% (15)
Recalling family details	60% (9)
Managing Money	67% (10)
Following a storyline	7% (1)
Forgetting/losing items	80% (12)
Decision Making	20% (3)
Using Familiar Appliances	40% (6)
Learning New Information	80% (12)
Using a New Machine	7% (1)

The aspects of collateral history identified on our tool which were asked about the least were:

1. Learning to operate a new machine or appliance, which may be key information if the patient needs to move home. Also using familiar appliances, which we consider vital information when assessing risk in their home environment.
2. Decision making (on everyday matters), and
3. following a story line in a TV programme or book.

Discussions and Conclusion

Two aspects of collateral history were repeatedly documented but had not been included in our assessment tool, these were “Ability to manage own medications” and “Ability to manage personal care”, we will ensure these are included in the development of a structured assessment tool.

Following presentation and discussion of our findings at the Wolverhampton Post Graduate Educational Meeting, other suggestions for inclusion from the audience were changes to speech, reading and writing, and a screening question for apraxia.

Covid-19 is unfortunately an ongoing barrier to patient care and will be for some time. It is important to ensure quality of diagnosis and care is maintained despite restrictions on face to face clinical contact. With the imminent introduction of electronic patient records in our service, we will consider introducing structured assessments such as the IQCODE to be completed by carer/family prior to assessment. (3) This change to practice will then be further evaluated.

References

1. Royal College Psychiatrists Remote Memory Assessment guidance May 2020 https://www.rcpsych.ac.uk/docs/default-source/members/faculties/old-age/guidance-on-remote-working-for-memory-services-during-covid-19.pdf?sfvrsn=ef9b27a9_2
2. Memory Service Assessments: A New Way of Working, Yorkshire and the Humber Clinical Networks, NHS England and NHS Improvement
3. Harrison JK, Stott DJ, McShane R, Noel-Storr AH, Swann-Price RS, Quinn TJ. Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) for the early diagnosis of dementia across a variety of healthcare settings. Cochrane Database of Systematic Reviews 2016, Issue 11. Art. No.: CD011333. DOI: 10.1002/14651858.CD011333.pub2