



National Audit of Dementia 2022 Annual Dementia Statement

What is the Annual Dementia Statement?

The Annual Dementia statement collects information about your hospital relating to care provision and monitoring of the quality of care for people with dementia.

The output is a series of statements demonstrating the achievement and progress your hospital has made in its work to ensure a good standard of care. You will be able to download this as a poster.

This tool is divided into sections: Admissions, Assessment, Discharge, Feedback about the care provided to people with dementia, Governance, Staff Expertise and Training, Nutrition and Environment.

Some of the information required can be uploaded from the results of your casenote audit (these are greyed out and you cannot enter information into these fields). The rest of the information you are required to input.

The information can be inputted in any order, and you can save and come back to it up until the deadline of **03/01/2023**.

Only **ONE** ADS can be completed per hospital. Please decide with your colleagues who will take the lead on completing this form.

Questions and Guidance for the Annual Dementia Statement

Guidance shown below is found within the tool itself, by the side of each question (hover over the blue question mark) with the exception of 5.2-5.3 - guidance for this is shown separately at the end of the list of questions.

| | Question | Guidance |
|--------------------|--|---|
| Admissions | | |
| 1.1 | How many admissions (overall) do you have within a year (past year)? | |
| 1.2 | How many of these admissions were people with dementia? | <i>Include all adult admissions, up to the last completed quarter.</i> |
| 1.3 | Percentage of people with dementia admitted to the hospital | <i>This will be calculated using the Total Number of patients identified, during your data collection period</i> <i>This percentage will be calculated automatically</i> |
| 1.4 | Do dementia leads in your hospital think that most people with dementia are identified during admission? | |
| 1.5 | Can you estimate a proportion of people with dementia who may not be identified during admission? | |
| Assessments | | |
| 2.1-2.4 | | <i>These percentages will be calculated and uploaded by the NAD Team, from the patient record information submitted in your last data collection period</i> |
| Discharge | | |
| 3.1 | Percentage of patients who had discharge planning started within 24 hours of admission | <i>These percentages will be calculated and uploaded by the NAD Team, from the patient record information submitted in your last data collection period</i> |
| 3.2 | Median length of stay | <i>These percentages will be calculated and uploaded by the NAD Team, from the patient record information</i> |

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| | | <i>submitted in your last data collection period</i> |
| Feedback about the care provided to people with dementia | | |
| 4.1 | Rating of overall care quality by carers | <i>This will be uploaded by the NAD Team from the results of the last carer questionnaire collection</i> |
| 4.2 | Rating of communication by carers | <i>This will be uploaded by the NAD Team from the results of the last carer questionnaire collection</i> |
| 4.3 | Do you collect feedback on a regular basis from people with dementia admitted to the hospital? | <i>I.e. aiming to get feedback from people living with dementia specifically</i> <i>If Yes – go to 4.4</i> <i>If No - go to 5.1</i> |
| 4.4 | Based on the past year, what is the average number of people with dementia per month providing feedback? | |
| Governance | | |
| 5.1 | The name of the personal information document or scheme you use in the hospital | <i>E.g., This is Me, Butterfly Scheme or other</i> |
| 5.2-5.3 | Number of people with dementia who had a bedside check Number of people with dementia who had an up to date document with their personal information at their bedside | <i><u>Personal Information at Bedside Mini Audit-</u></i> <i>To collect this information, please refer to the separate guidance below and follow the instructions. Enter your results here.</i> |
| 5.4 | Does your DATIX or other monitoring system identify the proportion of people with dementia within the totals for: Pressure ulcers (newly developed in hospital) Falls in hospital Incidents flagged as violence/aggression <i>Delayed discharge [not currently collected]</i> Readmissions within 30 days | <i>Please respond for each of these items according to whether you can extract the total for each for patients with dementia, either as a download or cross check between systems (eg based on pt number)</i> |
| | (If yes for each above) Is this information presented to the Board (or responsible sub committee or strategic oversight committee) with an improvement plan: | <i>Please respond according to whether the information is presented <u>with an</u></i> |

| | | |
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| | Quarterly Every six months Annually No specified frequency No | <i>improvement plan/ action points</i> |
| 5.9 | Do you have a dementia strategy group/working party? | <i>If Yes – go to 5.9.1 and 5.9.2 If No – go to 5.10</i> |
| 5.9.1 | How often do they meet? | |
| 5.9.2 | Please indicate who is involved: | |
| 5.10 | Is the hospital signed up to: 1. John's Campaign 2. Dementia Friendly Hospitals Charter | |
| 5.11 | Please give brief details of other dementia related work you would like to include in this statement | <i>If N/A is ticked, the answer box will be greyed out</i> |
| Staff expertise and training | | |
| 6.1 | Number of lead nurses for dementia employed by your TRUST (WTE) | |
| 6.2 | Number of consultant physicians who are specialists for dementia employed by your TRUST (WTE) | |
| 6.3 | Number of allied healthcare professionals who are specialists in dementia working in your TRUST (WTE) | |
| 6.4 | Percentage of all staff employed by your hospital OR Trust who have received Tier 1 dementia training (awareness level) 6.4.1 What level is this reported at? | <i>If N/A is ticked, all answer options will be greyed out</i> |
| 6.5 | Percentage of staff working on your adult wards OR across your Trust who have received Tier 2 dementia training (knowledge, skills and attitudes for staff in regular contact with people living with dementia) 6.5.1 What level is this reported at? | <i>If N/A is ticked, all answer options will be greyed out</i> |
| 6.6 | Do you require contracts with external providers (for services such as catering and security) to provide their staff with dementia awareness training, where staff come into contact with people with dementia? | <i>If Yes – go to 6.7.1</i> |
| 6.6.1 | Who is this for? | |
| Nutrition | | |
| 7.1 | Total number of adult wards | |
| 7.2 | Total number of adult wards where finger foods are available as meal options for each meal | <i>The percentage is calculated automatically</i> |
| 7.3 | Percentage of adult wards where finger foods are available as a meal option | |
| 7.4 | Total number of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement | |

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| 7.5 | Percentage of adult wards where people with dementia can have snack foods as a meal replacement or at any time as a supplement | <i>The percentage is calculated automatically</i> |
| Environment | | |
| 8.1 | Has the physical environment within the hospital been reviewed using an appropriate tool (for example, King's Fund Enhancing the Healing Environment; Patient Led Assessment of the Care Environment etc.) to establish whether it is 'dementia-friendly'? | |
| 8.2 | Environmental changes based on the review are: Not started Underway Completed | |

Q5.2 and 5.3 Mini-audit of people with dementia who had a completed personal information document:

For this question, you will need to select three wards which have a high proportion of admissions of people with dementia. You could establish this by:

- a. Comparing admissions over a single month, e.g. May 2022, or
- b. Holding a discussion with MDTs to get feedback on which wards have most patients of highest dependency due to cognitive impairment, or
- c. A combination of the above.

Once you have selected your wards, carry out the mini audit as in **Q5.2 – Q5.3**:

- Identify eligible patients across the three wards (see inclusion/exclusion criteria below).
- Organise the list in alphabetical order by surname.
- Review notes of the first 10 patients and check for the presence of a personal information document or other scheme.

You only need to include 10 patients **overall**, and not 10 for each ward. If you would like to include more than 10, that is fine.

Inclusion and Exclusion criteria

Please note that you should **only** include patients with diagnosed or known dementia. You **should not include**:

- Patients where dementia is recently suspected and unknown to family or carers

- Patients with dementia without communication problems (i.e. people with dementia who can make their needs and preferences known without the aid of a personal information document)
- Newly admitted patients whose admission is too recent for the information to have been collected from family or carers (e.g. if your target for having the information in place is 72 hours, exclude patients admitted for a shorter time)
- Patients where the information document has been given to a family member/carer to complete, and not yet returned.