

**Sampling guidance:**

**Optional Casenote Audit**

**April 2019**

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**Timeline for data collection**

This is the sampling guidance for the casenote audit. The guidance for individual questions in the casenote audit is provided separately Data collection **opens 20 May** (collecting data for discharges from April 2019). Data collection **deadline is** **20 September 2019.**

**Contacting the Project Team**

For any queries, please contact the project team via email: [nad@rcpsych.ac.uk](mailto:nad@rcpsych.ac.uk)

or visit our website: [www.nationalauditofdementia.org.uk](http://www.nationalauditofdementia.org.uk)

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**Please note that when contacting the project team about your casenotes, do not at any time include any identifiable data about patients (for example: name, NHS number, address).**

**Before you begin**

**Accessing the data collection tool:**

* Test the online data collection link: <http://rcop.formic.com/webforms/>
* This will open Formic Web Forms
* Click the ‘login’ button in the top left of the page to get to the login page.
* You will then need to enter the unique username and password for your hospital. These will be sent via post to your nominated audit lead.

If you cannotaccess the Formic Web Forms page, this is probably due to your local IT settings and you will need to contact your IT department to ask them to approve the link.

Anyone entering data for the organisational checklist or casenote audit, as well as all staff accessing the staff questionnaire online will need access to this website, so please do arrange for this as soon as possible.

**Identify the key people you are going to work with:**

This is a complex audit which should not be carried out by a single lead. The guidance for each tool gives some suggestions of colleagues who could help you to collect and co-ordinate the return of the different types of data required.

**Let us know if we can help.**

We are available to answer queries within office hours, or you can email us, and we will respond as soon as we can.

We look forward to working with you.

**Completing the casenote audit**

Each hospital site is expected to submit an audit of casenotes of patients discharged with dementia, identified through ICD10 coding (listed at APPENDIX A). One form is to be submitted online per set of notes audited.

Data collection opens 20st May with a **deadline of 20st September 2019**.

**Each hospital will be asked for:**

An audit return of eligible casenotes, for which the **minimum sample will be 25 and the maximum 100 patients**. This will give larger hospitals the opportunity to return a larger sample. If your hospital cannot identify 25 patients discharged in April, you may continue to identify patients discharged in May.

**Input will be required from:**

* Your local audit lead;
* The lead for dementia or a senior clinician working in this area;
* Staff who normally undertake casenote audit, i.e. audit department or information services staff, junior doctors, dementia champions or nursing staff.

Data can be submitted online by persons other than the auditors.

**Estimated time to complete:**

We predict that 2-3 hours will be required to identify the sample and each casenote will take between 15 minutes and 50 minutes to submit, with the first couple of sets taking the longest to do, according to feedback from hospitals.

**Organising your sample**

1. The casenotes identified should be from a single hospital site - and not trust wide. The number generated should be completed admissions, and not consultant   
   episodes, as there will be many of these per patient.
2. A list of ICD10 codes used to generate HES data is provided (Appendix A). These codes indicate a diagnosis of dementia. They may appear in primary coding but are more likely to be a secondary or subsidiary code and dementia may also appear in current history.

All casenotes with any of the codes provided in Appendix A are eligible and should be used to generate a list. Patients should:

* + - Have been **discharged** between 1 April – 30 April 2019 (you may continue into May if fewer than 25 patients were discharged in April);
    - Have a diagnosis of dementia;
    - Have been admitted to hospital for 72 or more hours;
    - And, where the patient has had more than one admission, please include only the first admission for this patient in your patient list.

1. Organise your list so that the patients identified are listed in order by the date that they were discharged from hospital.
2. Allocate each casenote a number, from 1 to the total number of casenotes identified. This is the number you will use when entering “number for patient” on the data collection form. **Please note: This is not the hospital patient number or NHS number. Please do not enter this information anywhere on the data collection form.**
3. If, after patient number allocation, a set of notes is found to be ineligible for this audit (e.g. it is later understood that length of stay was less than 72 hours), exclude this set of notes from data entry. You should then go on to the next set of notes in the sequence, but **do not reallocate the number**. E.g. if number 2 is ineligible, go on to enter data for number 3 (so your inputted casenote patient numbers will follow as 1, 3, 4 and so on).
4. Continue to skip excluded records and move on to the next consecutively discharged and numbered patients in the series until you have reached your return total of 25 - 100.

**Appendix A**

**List of Eligible ICD 10 codes**

|  |  |
| --- | --- |
| **A81.0** | **Creutzfeldt-Jakob disease** |
|  | Subacute spongiform encephalopathy |
| **F00\*** | **Dementia in Alzheimer's disease** |
| **F00.0\*** | **Dementia in Alzheimer's disease with early onset** |
|  | Alzheimer's disease, type 2  Presenile dementia, Alzheimer's type  Primary degenerative dementia of the Alzheimer's type, presenile onset |
| **F00.1\*** | **Dementia in Alzheimer's disease with late onset** |
|  | Alzheimer's disease, type 1  Primary degenerative dementia of the Alzheimer's type, senile onset  Senile dementia, Alzheimer's type |
| **F00.2\*** | **Dementia in Alzheimer's disease, atypical or mixed type** |
|  | Atypical dementia, Alzheimer's type |
| **F00.9\*** | **Dementia in Alzheimer's disease, unspecified** |
| **F01** | **Vascular dementia** |
| **F01.0** | **Vascular dementia of acute onset** |
| **F01.1** | **Multi-infarct dementia** |
| **F01.2** | **Subcortical vascular dementia** |
| **F01.3** | **Mixed cortical and subcortical vascular dementia** |
| **F01.8** | **Other vascular dementia** |
| **F01.9** | **Vascular dementia, unspecified** |
| **F02\*** | **Dementia in other diseases classified elsewhere** |
| **F02.0\*** | **Dementia in Pick's disease** |
| **F02.1\*** | **Dementia in Creutzfeldt-Jakob disease** |
| **F02.2\*** | **Dementia in Huntington's disease** |
| **F02.3\*** | **Dementia in Parkinson's disease** |
|  | Dementia in:  · paralysis agitans  · parkinsonism |
| **F02.4\*** | **Dementia in human immunodeficiency virus [HIV] disease** |
| **F02.8\*** | **Dementia in other specified diseases classified elsewhere** |
|  | Dementia in:  · cerebral lipidosis  · epilepsy  · hepatolenticular degeneration  · hypercalcaemia  · hypothyroidism, acquired  · intoxications  · multiple sclerosis  · neurosyphilis  · niacin deficiency [pellagra]  · polyarteritis nodosa  · systemic lupus erythematosus  · trypanosomiasis  · vitamin B 12 deficiency |
| F03 | Unspecified dementia |
|  | Presenile:  · dementia NOS  · psychosis NOS  Primary degenerative dementia NOS  Senile:  · dementia:    · NOS    · depressed or paranoid type  · psychosis NOS |
| **F04** | **Organic amnesic syndrome, not induced by alcohol and other psychoactive substances** |
|  | Korsakov's psychosis or syndrome, nonalcoholic |
| F05.1 | Delirium superimposed on dementia |
| F07.2 | Postconcussional syndrome |
|  | Postcontusional syndrome (encephalopathy)  Post-traumatic brain syndrome, nonpsychotic |
| F10.6  F11.6  F13.6  F14.6  F15.6  F16.6  F17.6  F18.6  F19.6 | Amnestic disorder, alcohol- or drug-induced  Korsakov's psychosis or syndrome, alcohol- or other psychoactive substance-induced or unspecified |
| G30.0 | Alzheimer's disease with early onset |
| G30.1 | Alzheimer's disease with late onset |
| G30.8 | Other Alzheimer's disease |
| G30.9 | Alzheimer's disease, unspecified |
| **G31.0** | **Circumscribed brain atrophy** |
|  | Pick's disease  Progressive isolated aphasia |
| **G31.1** | **Senile degeneration of brain, not elsewhere classified** |
| **G31.8** | **Other specified degenerative diseases of nervous system** |
|  | Grey-matter degeneration [Alpers]  Lewy body(ies)(dementia)(disease)  Subacute necrotizing encephalopathy [Leigh] |
| **I67.3** | **Progressive vascular leukoencephalopathy** |
|  | Binswanger's disease |