



**National Audit of Dementia
(care in general hospitals)
2012-2013**

Key findings and recommendations

Easy access version

This document is a shorter version of the national report's key findings and recommendations.

It tells you about the key findings from the audit, but in less detail.

Not all the recommendations are included in this document.

To see the full national report of the National Audit of Dementia, please go to:

www.nationalauditofdementia.org.uk

This easy access version was produced by the National Audit of Dementia team. We would like to thank Dr Daphne Wallace, Alzheimer's Society Ambassador and member of the Steering Group, for her review and comments, and Nicholas Ridgman, Publications Editor at the Alzheimer's Society, for his input and advice.

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Introduction

There are currently 800,000 people with dementia in the UK. There will be over a million people with dementia by 2021.

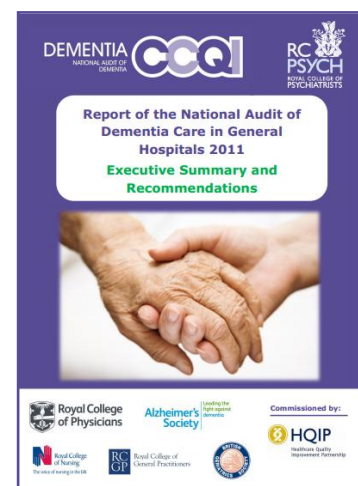
More than a third of people in acute hospital beds have some problems with their memory and understanding information, and this is often caused by dementia.

In 2009, improving care for people with dementia in hospitals became a national priority.

In 2010 and 2011 the first round of the National Audit of Dementia was carried out.

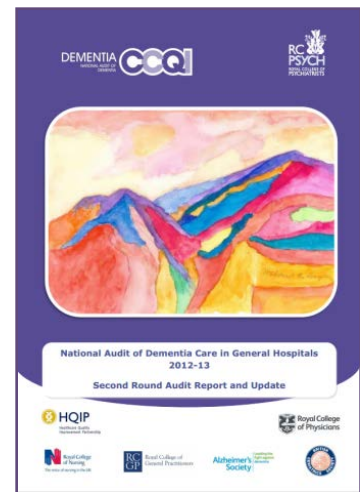
The audit found that improvements were needed in many areas of care that people with dementia received while in hospital. The report for the first round of audit can be downloaded from:

www.nationalauditofdementia.org.uk



The second round of audit

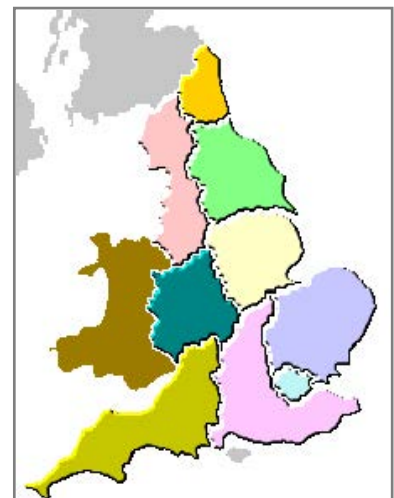
In 2012 and 2013 we carried out a second round of audit to look at the care hospitals were providing to people with dementia so that we could see if they had made any improvements since the first round of audit.



The national report for the second round of audit was published in July 2013. The full report can be downloaded from: www.nationalauditofdementia.org.uk.

Participation in the audit

210 hospitals in England and Wales participated in the second round of audit. This was nearly all general acute hospitals in England and Wales.



Information collected from hospitals

We asked hospitals to complete a checklist with information about:

- guidelines they had in the hospital to support the care of people with dementia;
- support they had in place for people with dementia, carers and staff;
- training they provided to staff.

We also asked hospitals to collect information from the notes of 40 patients with dementia who had been admitted to hospital for at least 5 days between September 2011 and February 2012. We collected information about:

- what happens when the patient arrives and leaves hospital;
- the patient's care plan;
- physical and mental health assessments the patient received.

Organisations involved in the audit

The audit was run by the Royal College of Psychiatrists.

The National Audit of Dementia Project Team collected information from the hospitals and analysed the results.

We received support from the following organisations:

- Alzheimer's Society
- Royal College of Physicians
- Royal College of Nursing
- Royal College of General Practitioners
- British Geriatrics Society

The audit was funded by:

- The Healthcare Quality Improvement Partnership

How to read this report

The results are divided into **7 different themes**:

1. Procedures hospitals have in place to care for people with dementia
2. Physical and mental health assessments
3. Use of antipsychotic medication
4. Support from psychiatry services
5. Leaving the hospital
6. Information and communication
7. Staff training

In each theme you will find:

- A summary of the changes that have happened since the first round of audit.
- A summary of the information that was collected by the hospitals in the second round of audit.
- A list of some of the recommendations for hospitals and other organisations to improve the care patients with dementia receive in hospital.



1. Procedures hospitals have in place to care for people with dementia



This chapter looks at:

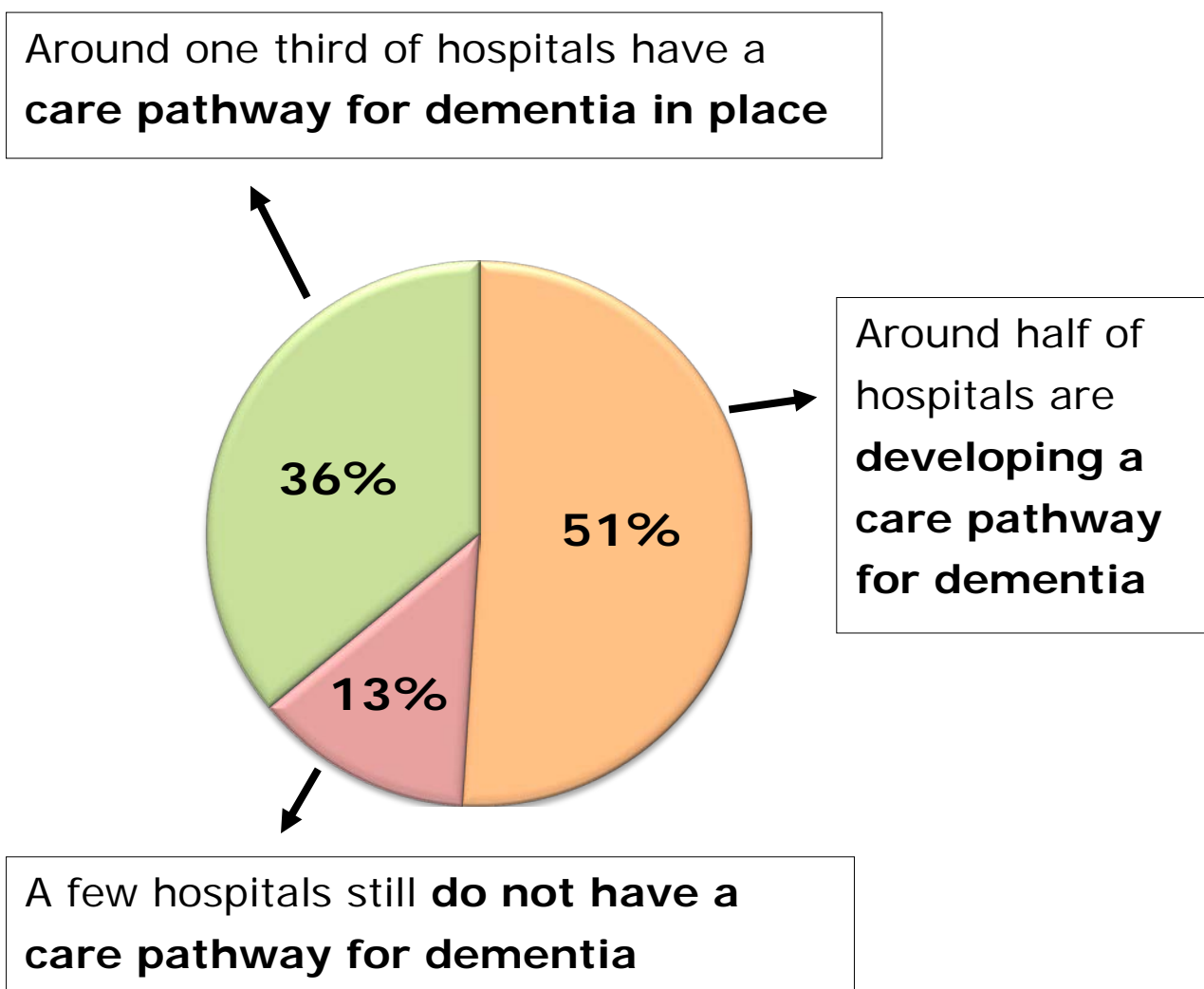
- How hospital managers plan to run the hospital and employ the right staff to meet the needs of people with dementia.
- Information that is reviewed in the hospital to improve the care of people with dementia.
- The support hospitals have in place to help staff care for people with dementia.

Progress made since the first round of audit

There have been encouraging improvements. Hospitals are now giving more attention and resources to support the care of people with dementia. However, more improvements are still needed.

Care pathway

A care pathway is a list of practices, procedures and treatments that should be used for people with a particular condition, like dementia, in hospital.



- The majority of hospitals said a senior clinician (for example a doctor or a nurse with specialised knowledge) was in charge of the care pathway.

Involvement of Executive Boards

The Executive Board is the group of people who have been chosen to manage the hospital. They should look at information about patient care and experience, and take action if problems are identified.

- Only around one third of Executive Boards regularly look into the number of people with dementia who have to wait longer than expected to leave the hospital and the reasons for this. Staying longer than necessary in hospital can make a person's health worse.
- Just over one quarter of hospitals look at information about people with dementia being readmitted to hospital. This would mean looking at the number of people who have to return to hospital because of complications with their health.

Dementia champions

A dementia champion is a member of staff who has expertise in dementia and provides support and guidance to other staff.

- The majority of hospitals have dementia champions at a management level in the hospital.
- Around three quarters of hospitals have dementia champions working on some or all of their wards.

Protected mealtimes

Protected mealtimes are periods when all activities in the ward stop so that nurses, other staff or carers can serve food and help patients to eat their meals.

- Nearly all hospitals said they have protected mealtimes in all wards that care for people with dementia.

Recommendations



- There should be a senior clinician in every hospital to oversee high quality care for people with dementia.
- The care pathway should take account of the needs of people with dementia at each stage of their time in hospital. The senior clinician should be responsible for developing, putting in place and monitoring the care pathway for dementia.
- The Executive Board should review policies and procedures and information should include the needs and the views of people with dementia and their carers.
- Dignity leads and dementia champions should be in place in all hospitals.
- Hospitals should have protected mealtimes and should allow carers and families to help people with dementia at mealtimes.

2. Physical and mental health assessments



This chapter looks at healthcare assessments received by people with dementia when admitted to hospital. It includes physical health and mental health assessments. It also looks at policies and procedures hospitals have in place to carry out these assessments.

Progress made since the first round of audit

Results show there has been some improvement in the number of patients receiving physical health assessments in hospital. However, people with dementia often do not receive mental health assessments and this needs to improve further.

Nutritional assessment

This means testing how well a patient is eating, if they are able to eat and drink, and if they are overweight or underweight.

- All hospitals said that they had procedures in place to ensure people with dementia received this assessment when admitted to hospital.



The majority of patients in the audit received this assessment while in hospital.

Pressure sore risk assessment

Pressure sore is a type of injury that affects the skin. It can develop from pressure or friction to parts of the body from being in a position for a long time, such as lying in bed when in hospital.

- Nearly all patients were checked to see if they were at risk of developing a pressure sore.

Assessment of activities in everyday life

- Fewer than half the patients received an assessment of functioning. This means assessing how well the person is able to carry out daily activities (for example getting dressed, walking, eating, bathing, using the toilet, etc).
- Nearly all patients received an assessment of mobility while in hospital. This means checking how well the patient is able to move around.
- The majority of patients were asked if they had any continence needs. This means asking if they needed any help using the toilet and/or had any problems with bladder or bowel control.

Assessment of pain

- The majority of patients were asked if they were in any pain while in hospital.

Mental state assessment

This means testing what the patient's state of mind is like (for example if they have a low mood or appear confused).

- Nearly all hospitals said they carry out an assessment of mental state for older people in the hospital.



However, only half of the patients received this assessment while in hospital.

Assessment of delirium

Delirium is when a person cannot concentrate or think clearly, and cannot understand what is going on around them. People with delirium can often see or hear things that are not actually there (hallucinations). People with dementia have a high risk of developing delirium.

- Around half of the hospitals said they have a policy or guideline in place to ensure patients with dementia receive an assessment of delirium. Another 41% of hospitals said they were developing this policy or guideline.
- Only around one third of patients received an assessment for delirium while in hospital.

Recommendations



- People with dementia should receive an assessment of functioning.
- People with dementia should receive a pain assessment while in hospital. This assessment should be suitable to the person's ability to communicate.
- All staff responsible for the assessment of older people should receive training in the assessment of mental state.
- People with dementia should receive a full assessment while they are in hospital. This includes physical health, mental health and social assessments.

3. Use of antipsychotic medication



Antipsychotic medication or drugs are used to treat people with mental health conditions. They can be used to help the person feel calm. This chapter looks at:

- Prescriptions of antipsychotic medication that were recorded in the patients' notes.
- What hospitals say they do when they need to help patients with dementia who have become agitated, distressed, or can become aggressive.

Progress made since the first round of audit

Fewer patients were prescribed antipsychotic medication while in hospital than before. Over half the hospitals now have guidance or procedures in place to help patients with dementia who become agitated, distressed, or can become aggressive when they are in hospital.

Use of antipsychotic medication in hospital

Some people do benefit from taking antipsychotic medication but many have serious side effects such as dizziness, sleepiness, become more confused, etc. Hospitals should consider if a prescription of antipsychotics is appropriate to the person.

- 19% of patients were taking antipsychotic medication while they were in hospital – this could have been a prescription that was made before they came to hospital or a new prescription that was made in the hospital.
- 8% of patients were prescribed antipsychotic medication while in hospital.

Use of antipsychotic medication when leaving the hospital

- 8% of patients left the hospital with a prescription of antipsychotic medication in place.

Place the patient was living before coming to hospital and use of antipsychotic medication

- Patients who were living in a residential or nursing home were more likely to be taking antipsychotic medication when they were admitted to hospital than patients who came from their own home or their carer's home.

Hospital procedures when patients with dementia have become agitated, distressed, or can become aggressive

People with dementia can become agitated, distressed, or can become aggressive when they are in hospital. This can be due to the hospital environment, the type of care they are receiving, their illness, or their dementia.

Hospitals should have procedures that they can follow when a person becomes agitated, distressed or aggressive.

- 61% of hospitals said they have these procedures in place, and 30% of hospitals said they are developing these procedures.

Recommendations



- Hospitals should keep a check on the number of people with dementia who are prescribed antipsychotic medication while they are in hospital.
- Before prescribing antipsychotic medication for people with dementia, the doctor should consider if this is appropriate for the person. Before the patient leaves the hospital the doctor should consider whether they can stop taking this medicine.
- The Royal Colleges and other doctor's organisations should suggest rules to make sure that extra doses of antipsychotic medication are only given to the person with dementia when absolutely necessary.

4. Support from psychiatry services



This chapter looks at the access hospitals have to liaison psychiatry services. Liaison psychiatry is a doctor or a nurse, or a team who provide care and treatment to people with mental health problems. It also looks at how long patients had to wait when they were referred to liaison psychiatry services while in hospital.

Progress made since the first round of audit

Nearly all hospitals now have a liaison psychiatry service. A higher number of hospitals now have a psychiatrist in their liaison teams who specialises in the care and treatment of older people.

Provision of psychiatry services

- Nearly all hospitals had a liaison psychiatry service. Most of them were provided by a team, and not just one person.
- Most services had a psychiatrist lead in place who specialises in the care and treatment of older people.
- Only one third of hospitals had access to an older people's service during evenings and weekends.

Waiting times to be seen by liaison psychiatry

- Patients with dementia who needed to be seen by a liaison psychiatry team often had to wait. More than half of the patients had to wait more than two days.

Recommendations



- Liaison psychiatry services should be available for people with dementia at all times (24 hours a day).
- The time it takes for patients to be seen when they are referred to liaison psychiatry services, and whether the treatment helps them, should be used to show how well services are performing.

5. Leaving the hospital



This chapter looks at patients' discharge from hospital. This means looking at the procedures hospitals have in place to plan for when patients are ready to leave the hospital. It will also look at the involvement of people with dementia and their carers when preparing to leave hospital.

Progress made since the first round of audit

More people with dementia were more often involved in planning for leaving the hospital. However, there is still a need to do this for all patients with dementia when this is possible.

Discharge policy

- Around half of hospitals said they regularly look at their hospital discharge policy and procedures to take into account the needs of people with dementia.

Assessments carried out before leaving the hospital

When people with dementia are leaving the hospital, any mental health needs they have should be recorded so that there are plans in place to support them when they get home.

- Only 19% of patients had their level of cognitive impairment recorded (this means the patient's mental abilities such as thinking, knowing and remembering). This was even lower for patients who lived in a care home when they were admitted to hospital.
- Less than half of patients who had symptoms of delirium, or had had upsetting symptoms such as agitation, distress, or aggression had this recorded to support their future care.

Involvement of carers and people with dementia in discussions about discharge

- In many cases, the carer (or family member) had been involved in discussions about where the patient should go to after leaving the hospital (for example to a nursing home or their own home) and the support needs of the patient.



However, only 57% of notes showed that these discussions had taken place with the person with dementia (when this was possible).

Support on discharge

- Only half of patient notes showed that the person with dementia or their carer had been given helpful information about future support when leaving the hospital

Notice of discharge

- In a quarter of patient cases we could not tell from the notes whether carers or family had been told when the patient was leaving hospital.

Recommendations



- Hospitals should investigate whenever patients have to leave hospital after midnight, and whenever the family or carer are told less than a day in advance that the patient is leaving the hospital.
- Hospitals should look at their discharge policies and make changes so that they include the needs of people with dementia and their carers.
- Information about the person's health care needs when they leave hospital should include information about the person's dementia or delirium.

6. Information and communication



This chapter looks at whether the hospital knew the personal details about the person with dementia that would help them to care for them. It also looks at how hospitals shared important information about the person with the doctors and nurses who came into contact with them.

Progress made since the first round of audit

There have been encouraging improvements. More hospitals say they now have a system in place to collect information about the person with dementia to help staff care for them. However, this information was not always found in the patients' notes.

Collecting information about the person with dementia

Recording and sharing some basic personal information about people with dementia can help them feel more settled in hospital and help staff provide better care for them.

- Around three quarters of hospitals said they had a system in place to collect personal information about the person with dementia that would help staff care for them.

However, when looking at the patients' notes, less than half had information about:

- Details that would help staff communicate with the person.
- How to help calm the person if they became agitated.
- Anything that might cause distress to the person (for example, if they are upset by noise or at certain times of the day).

Communication between staff

All staff in the hospital who come in contact with the person with dementia should know about their dementia. This would help staff understand the needs of the person and provide better care for them.

- Only around half of hospitals said they have a system to let staff on the ward know that the person has dementia (for example, a symbol by the patient's bed, this can be a picture of a butterfly or flower).
- Less than half of hospitals said they have a system in place to let staff in other treatment areas (outside the ward) know that the person has dementia (for example, a symbol in the patient's notes).

Recommendations



- A document to collect personal information about the person (for example “This is Me” from the Alzheimer’s Society) should be in use in all areas in the hospital. It should be recorded in the patient’s notes that the document is being used.
- There should be a system in place so that staff can identify people with dementia on the ward (for example a symbol to put by the patient’s bed).
- Hospital staff should establish how the carers of people with dementia will be involved in decisions about their treatment, and all staff involved in the patient’s care should know about this. This should consider the patient’s ability to make decisions and their wishes. If the patient is not able to make decisions for him/herself, decisions on their behalf must be made in their best interest.

7. Staff training



This chapter looks at whether hospitals have training in place for staff, and if they are providing dementia awareness training to all staff.

Progress made since the first round of audit

More hospitals say they now have a plan to train staff in dementia care. However, many hospitals still do not include dementia awareness training in their training for new staff.

Training plan

In order for people with dementia to have a positive experience of care while in hospital, it is important that hospitals have plans in place to ensure staff members receive good training.

- Over three quarters of hospitals said they had a training plan to identify the training needs of staff who care for people with dementia.

Dementia awareness training provided to new staff

One of the barriers to providing good care to people with dementia is the lack of understanding about dementia and how it affects the person. It is important that all staff in the hospital receive dementia awareness training.

- Around 60% of hospitals said they provided dementia awareness training to staff when they start to work at the hospital.

Dementia awareness training to different staff

Hospitals were asked if they had provided dementia awareness training to staff in the hospital. Training could have been provided when staff began to work for the hospital or at a different time.

Below is the proportion of hospitals that **did not** provide any dementia awareness training to staff between March 2011 and March 2012:

Doctors:	Around a quarter of hospitals did not provide dementia awareness training to doctors.
Nurses:	11% of hospitals did not provide dementia awareness training to nurses.
Healthcare assistants:	10% of hospitals did not provide dementia awareness training to healthcare assistants.
Support staff:	40% of hospitals did not provide dementia awareness training to support staff (for example porters, housekeepers, administrators).

Recommendations



- All staff (including support staff roles such as porters, housekeepers, administrators) should receive basic training in dementia awareness. A proportion of staff should also receive more specialised training.
- Hospitals should look into where different staff groups need more training. Hospitals should make a plan to meet the training needs of different staff groups.
- Clear support and guidance should be available on the ward to help staff care for people with dementia. Appropriate training and learning materials should be available.
- Courses for medical and nursing students should include specialist skills in dementia.

Contact the project team

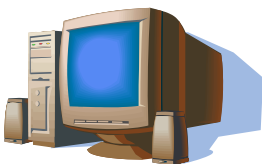
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