

## Sampling guidance

### PART ONE – PROSPECTIVE IDENTIFICATION OF PATIENTS

#### *Overview*

Between 6 March and 5 April 2023 inclusive, you will identify **all** patients with dementia or probable dementia admitted to your hospital for 24 hours or more, prospectively as they are admitted. Part One collects demographic and admitting data for these patients.

#### *How to Identify Patients Prospectively*

Local methods for identification vary according to what systems are in place within your service. You will need to determine what local flows of information you have and establish a method of keeping track. This is an example identification spreadsheet developed by a pilot site: [NAD Sample Spreadsheet.xlsx \(live.com\)](#)

#### *Patient Allocation Numbers*

The audit does not collect identifiable information so you will need to list your patients by date of admission and allocate a number, in the format NAD301, NAD302 etc.

This is the number you will enter on the audit tool for the question “What is the audit number allocated for this patient?” Hospital or NHS numbers should **not** be entered and any tracking spreadsheet or list that you keep should **not** be returned to us.

If you find after you have numbered your patients that one is not eligible (e.g. was admitted for less than 24 hours, or does not have any dementia or probable dementia), skip that patient and go on to the next number in the sequence, and strikethrough or remove the ineligible patient.

**PLEASE NOTE** that the web platform CaseCapture by Netsolving will also allocate a unique case ID for each record you enter. We recommend that you note this in your list alongside the number you have allocated for audit.

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### PART TWO AND THREE – SAMPLE FOR AUDIT (full audit)

#### *If you are splitting your data collection between the mandatory period, and the flex period in Spring:*

In 2023, you will then identify **all** patients admitted between 6 March and 5 April and order them by date of admission, as above.

Part Two data entry for this part of your sample (20-40, depending on your Autumn entry) runs until 29 May.

Part Three data entry is from 1 June -14 July.

#### *Identifying additional patients*

If you find you have not identified as many patients in the 4 week Part One period as you would like to enter for Parts Two and Three, you can continue to identify patients. However, all Part One and Part Two data must be entered by the cut off date of 29 May.