

NAD
NATIONAL AUDIT
OF DEMENTIA

National Audit of Dementia

R5 initial results and feedback

21 June 2023

Welcome and housekeeping

- Please use the chat function to comment and ask questions throughout the presentation, we will be monitoring this throughout
- If you are not speaking please mute your microphone
- During the question sessions please use the raise hand function (Participants > raise hand)
- We will note any questions not answered today and get back to you via email
- **This session will be recorded to capture discussions and feedback.**
- [NAD QI Webinar - Google Jamboard](#)

Purpose of this webinar:

- Review data reported back to date
- Network in groups about key findings and challenges
- Talk about next steps and future of the audit

Overview

- 13.30 Welcome and recap on audit so far
- 13.45 Annual Dementia Statement, how it works and key results
- 14.05 Breakout – delirium screening – feedback from groups
- 14.35 Breakout – pain assessment and use of pain tools – feedback from groups
- 15.05 BREAK
- 15.15 Breakout – carer feedback – feedback from groups
- 15.45 Breakout – identification of patients for audit– feedback from groups
- 16.15 National Audit and next steps – plenary discussion

Audit data collection so far

- Mandatory period casenote audit data collection – identification of a total cohort and submitting data on a sample. Key metrics of delirium screening, pain assessment, discharge planning
- Annual Dementia Statement – organisational information and inclusion of key metrics and carer scores
- Carer feedback – carers for people with dementia admitted to hospital in the main casenote data collection period
- Patient feedback – new tool developed, 3-5 patients per month, ongoing

Challenges

- Changes in methodology
- Identification
- Timelines
- Access to data

What data do we have?

- National data from the first data collection period in which all participated – analysed and submitted for reporting end April, due out August
- Local results shared in preliminary launch of the Annual Dementia Statement poster
- Some increases and decreases seen nationally

Reported back so far

- Qualitative carer comments
- Patient feedback reports
- Annual Dementia Statement, with key metric local reporting

unknown-ORG1 Annual Dementia Statement

This poster demonstrates progress our hospital has made in its work to achieve good quality care for people with Dementia.

See NOTES for information on National Audit of Dementia



Feedback We Collect

Our carer rating for quality of care

24

score out of 100

Our carer rating for communication

23

score out of 100

We do not collect feedback on our quality of care from patients with dementia

3,000

admissions in the past year



were people with dementia

Admissions

Our estimated proportion of people with dementia admitted unknown to us

less than 5%

Monitoring care of people with dementia

Information reviewed and frequency in our Trust/Health board

Falls			Not Presented
Readmission			Presented Bi-Yearly
Delayed Discharge			Presented Bi-Yearly
Pressure Ulcers			Presented Yearly
Violent Incidents			Presented (Not Specified)

We have a Dementia Strategy Group who meets every 3-6 months

We are signed up to John's Campaign

We are signed up to the Dementia Friendly Hospitals Charter

Specialists in our Trust:

2
Consultant/
Lead Nurses

45
Consultant
Specialists in
Dementia

7
Allied
Healthcare
Professionals

No Data

staff have Tier 1 dementia awareness training at any level

78%

staff have Tier 2 dementia training at Hospital level

Nutrition & Environment

90%

of our patients with dementia have the personal information document

"Dave"

*based on a bedside check

Out of

10

Adult
Wards

80% have finger foods available

have snack foods available **70%**

A review of hospital environment for Dementia-friendly criteria has **taken place throughout the hospital**

Changes to improve the environment based on the review are **underway**

Assessments

for people with dementia

Delirium

76% screened for delirium

23% of those were screened within 24 hours of admission



TBA
National screened for delirium

TBA
National screened for within 24 hours

Pain

100% assessed for pain

100% of those were assessed within 24 hours of admission



TBA
National assessed for pain

TBA
National assessed for within 24 hours

Discharge



National median length of stay **TBA**

100%

discharges planned within 24 hours of admission

National planned discharge within 24 hours **TBA**



unknown-ORG1

Study Home

Study Records

Annual Dementia Statement

Dashboard

Reports

FAQs

Export

Import

Email Users

Users

Import Users



NAD
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Annual Dementia statement 2022

What is the Annual Dementia Statement?

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Show Visual Poster

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unknown-ORG1 Annual Dementia Stat

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Feedback We Collect

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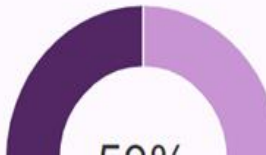
23

3,000

admissions in the past year

Admissi

Our estimated pro
of people with de

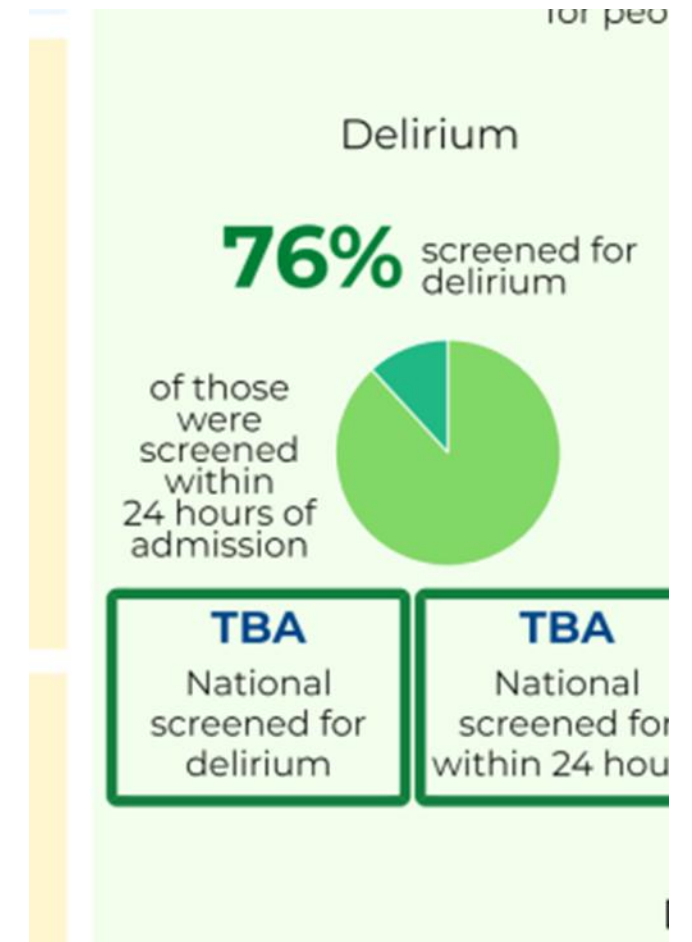


Delirium screening

You can see your local result in your ADS poster

This is derived from the R5 mandatory period data

This includes any delirium screen or delirium noted on admission



Break-out sessions

Purpose

- Share
- Learn
- Plan

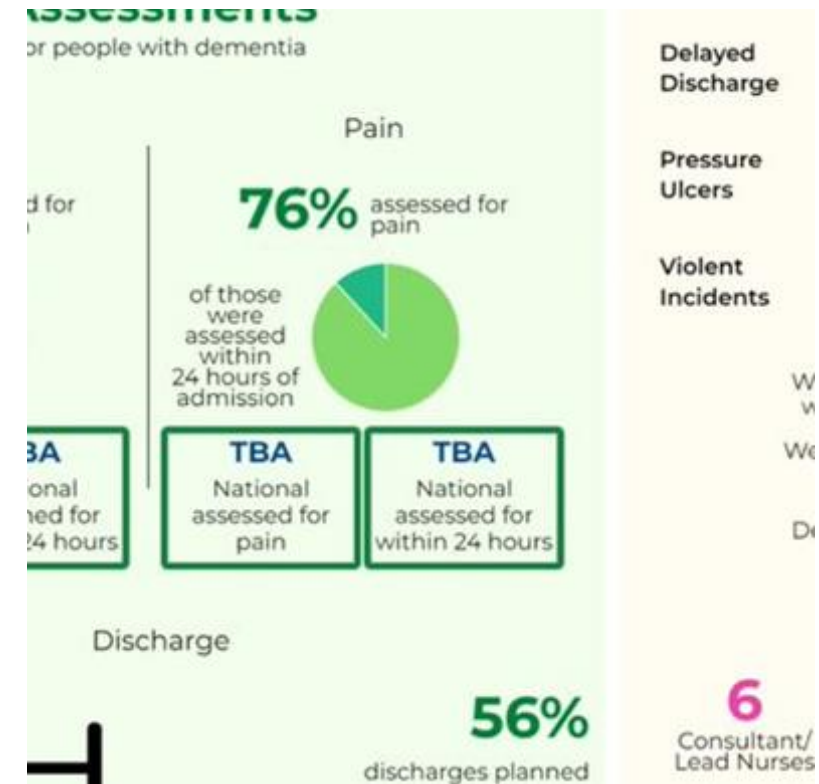
Please make notes as you go.

Delirium screening

- Let's hear from one Trust about what they've been doing
- Break-out group 1:
 - allocate a scribe and a spokesperson (though we won't get round all groups)
 - talk about what is going well and how you achieved this
 - talk about what remains to be done and how you plan to achieve this
 - you have 10 minutes
 - we will have 10 minutes to feedback

Pain assessment

- You can see your local result in your ADS poster
- This does not give % patients who received a structured assessment, which you can see in your full dataset on Casecapture
- Proportion of patients receiving a structured assessment varied between sites



Pain assessment and use of pain tools on the ward

- Let's hear from one Trust about what they've been doing
- Break-out group 2:
 - allocate a scribe and a spokesperson (though we won't get round all groups)
 - talk about what is going well and how you achieved this
 - talk about what remains to be done and how you plan to achieve this
 - you have 10 minutes
 - we will have 10 minutes to feedback



**10
minutes**

Carer feedback

- The carer questionnaire produces 2 scores
 - Overall care quality
 - Communication
- They can be directly compared with your previous scores from Round 4



Carer feedback

- Let's hear from one Trust about what they've been doing
- Break-out group 3:
 - allocate a scribe and a spokesperson (though we won't get round all groups)
 - talk about what is going well and how you achieved this
 - talk about what remains to be done and how you plan to achieve this
 - you have 10 minutes
 - we will have 10 minutes to feedback

Identifying patients with dementia

- This was a big challenge in the casenote audit
- We also asked for the ADS for sites to give us their total admission figures and the total admissions with dementia, up to the end of last calendar year (thinking would use HES or similar source)
- An enormous range within the responses, and comparing with HES many seem unrealistic
- So we do not have a clear idea, but the Total sample identified for your casenote audit within a time period, may give a better idea for your hospital, depending on how well this went

Identification

- Nationally, this continues to challenge ... but it is so important
- Break-out group 4:
 - allocate a scribe and a spokesperson (though we won't get round all groups)
 - talk about what is going well and how you achieved this
 - talk about what remains to be done and how you plan to achieve this
 - you have 10 minutes
 - we will have 10 minutes to feedback

Reflection

- Reflecting what we have heard about the future of this audit:
- Will continue to be close-in-time (real-time not possible in a non-treatment based audit)
- Feedback as rapid as possible – QI thinking should start from point of data submission
- While systems are sorted out/ implemented, national ambition for more complete datasets cannot be achieved...
- Development of ADS as a summary report – inward to hospital – outward to public – accessible
- Development of the dashboard and reporting functions

Questions/ feedback

What next

- R 6 sampling changes and reporting – smaller sample size for smaller hospitals and those with paper records. Timeline brought forward to avoid some of the winter problems
- R5 reporting – National Report 10 August, local and regional in August
- Future QI webinars based on local reports, as in previous rounds (September)
- National Event – January 2024

Hospital size/ record type	Total Number Identified (all eligible patients, Part 1 of audit)	Full sample requirement (Parts 2 and 3 of audit)
If your hospital has <u>520 beds and under</u> OR has mostly paper records	Begin to identify patients admitted from 14 August for 4 weeks or extended until you have at least 40 identified as consecutive admissions	40 minimum, with a target of 50+
If your hospital has <u>521 -734 beds</u>	Begin to identify patients admitted from 14 August for 4 weeks or extended until you have at least 50 identified as consecutive admissions	50 minimum, with a target of 60 +
If your hospital has <u>735 beds +</u>	Begin to identify patients admitted from 14 August for 4 weeks or extended until you have at least 80 identified as consecutive admissions	80 minimum, with a target of 100

- Timeline: [Round 6 Timeline 20230328 \(rcpsych.ac.uk\)](https://rcpsych.ac.uk/round-6-timeline-20230328)