

## Round 5 of the National Audit of Dementia – care in general hospitals Timeline and content

Welcome to Round 5 of the National Audit of Dementia. This document contains information to help you to begin to plan your data collection.

### Audit components:

- **Prospective identification** of patients with dementia
- New **patient-level audit measures** (reduced data set focussing on key measures)
- **Annual Dementia Statement** (key organisational information building into a series of statements about your hospital's approach to care)
- **Patient feedback** (collected using a newly developed flexible tool, based on feedback from people with dementia about care experience and question format)
- **Carer questionnaire**, as used in previous rounds

### Casenote audit (patient level) data collection

#### Prospective identification of people with dementia

For this round of audit, the sample will be identified by prospective identification of patients with dementia or possible dementia as they are admitted to the hospital.

Hospitals may do this in various ways, depending on the systems they have in place. Some examples are:

- Identification on admission or in MAU, and list provided to the Dementia Lead or team. This may be aided by electronic flagging
- Screening of patients over 65/ 70 when admitted to hospital, followed up by the Dementia/ Delirium team
- Electronic flagging, based on known diagnosis/ previous admission;
- history taken on admission;
- assessment criteria applied to all in a certain age group or designated "frail";
- review of records of medications or consultations with other services e.g. CMHTs, GPs, memory services, discussions with families and carers.

In pilot, most hospitals employed more than one of these methods to establish which patients admitted were living with dementia, and to compile a total list.

#### Eligibility Criteria

Casenotes are eligible for audit if they meet the following criteria:

Known dementia or concerns about cognition

Admitted to hospital for 24 hours or more

Admitted to hospital between 19 September – 14 October 2022

## Data collection

Each hospital is requested to submit some demographic information for the total number of patients identified over a 4 week period, and then to submit information on a partial sample of 80 patients, based on consecutive admissions.

Length of stay data is then completed after a time lag of one month.

There will be **two** data collection periods for the casenote audit in the first year. All hospitals are expected to participate during the first period (September-December 2022 – ALL cycle). Hospitals may choose to participate in the second period (March-June 2023 – FLEX cycle). This allows you to **split** your sample of 80 patients and data entry between the two periods if you wish.

### **Casenote audit components – what you will need to do**

1. Identification of eligible patients

*Over a 4-week period (19 September – 14 October), identify all patients with dementia (or probable dementia) admitted to your hospital, submitting demographic and admitting condition information.*

Output: This will provide the total of eligible patients nationally and at local level, allowing variation to be seen. Pilot sites commented that this identification was a valuable exercise allowing them to find out whether their usual systems were picking up all patients.

2. Data entry using focussed data set for a sample of patients

*Between 17 October and 3 January, submit data using the focussed data collection tool and new data entry platform. Depending on whether you are submitting all your data at this time, the minimum sample is 40 or 80 patients. The patients will be the first 80 admitted during your sampling period.*

Output: This will provide the main national dataset for annual reporting of the key measures of delirium assessment, pain assessment and discharge planning. The results will be visible to you as entered in a run chart.

3. Discharge information

*From 3 February, complete all records with discharge date and destination.*

Output: This will give the length of stay data nationally and locally. This information can generally be accessed and provided by non-clinical staff. The time lag permits for most hospital stays to be completed.

Completion of the length of stay and admission data will also allow for comparison with other datasets, e.g. HES.

If your hospital participates in both the ALL cycle and the FLEX cycle you will repeat 1-3 beginning in March.

Please note we will not be collecting identifiable information. You must retain a list of the patients whose information has been submitted. This is particularly important if you are saving and returning to records, and multiple people are entering the data.

Once you have identified the first 80 patients admitted during 19 September -14 October, allocate each casenote a number, from 1 for the first casenote. 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.

### **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 PDF and display it on your website. It will include key results from the casenote audit and carer questionnaire.

Please see separate guidance.

## Carer questionnaire

This tool was used in rounds 3 and 4 of audit and provided ratings for the quality of communication and overall care. You will be sent 200 questionnaires to distribute between September and January, and should aim for a return of 50 (previous average 25). The questionnaire will also be available online.

Please see separate guidance.

## Patient questionnaire

This is a newly developed tool for the National Audit of Dementia, designed to be used on an ongoing basis. Each hospital is asked to collect feedback from 3-5 patients per month.

Please see separate guidance.

## Data collection summary

	<b>Casenote (patient level) audit ALL</b>	<b>Casenote (patient level) audit FLEX</b>	<b>Annual Dementia Statement</b>	<b>Carer questionnaire</b>	<b>Patient feedback</b>
<b>September</b>	19 September Begin to identify TOTAL sample over 4 weeks		19 September Data collection opens	19 September Distribution begins	Survey or questionnaire collection begins Ongoing
<b>October</b>	17 October Begin to enter data from PARTIAL sample 80 patients 21 October deadline TOTAL sample				
<b>November</b>					
<b>December</b>					
<b>January</b>	3 January deadline PARTIAL sample		3 January deadline	3 January deadline (2 weeks allowed for final returns)	
<b>February</b>	3 February begin to enter LOS data PARTIAL sample				
<b>March</b>	17 March LOS deadline	6 March Begin to identify TOTAL sample	End March – update to your statement with information plus key results from casenote audit, carer scores	Carer scores for communicati on and care quality included in ADS	First reporting point
<b>April</b>		6 April Begin to enter data from PARTIAL sample			
<b>May</b>		29 May deadline			
<b>June</b>		LOS data			

<b>July</b>		14 July deadline LOS data			
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### **Reporting**

The first National report will be based on the first mandatory data collection period beginning in September, and will be submitted in March 2023 for publication in June.

### **Run chart information**

The casenote audit will show run charts of the data entered on delirium and pain assessment and discharge planning, as it is entered. .