Introduction

The National Audit of Dementia (NAD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England/NHS Improvement and the Welsh government and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) working in close partnership with professional and service user representatives.

NAD looks at the quality of care received by people with dementia in general hospitals, specifically aspects relating to care delivery which are known to impact upon people with dementia while in hospital. People with dementia are known to experience adverse effects resulting from hospital admission, including increased confusion, long lengths of stay and delayed discharge[3].

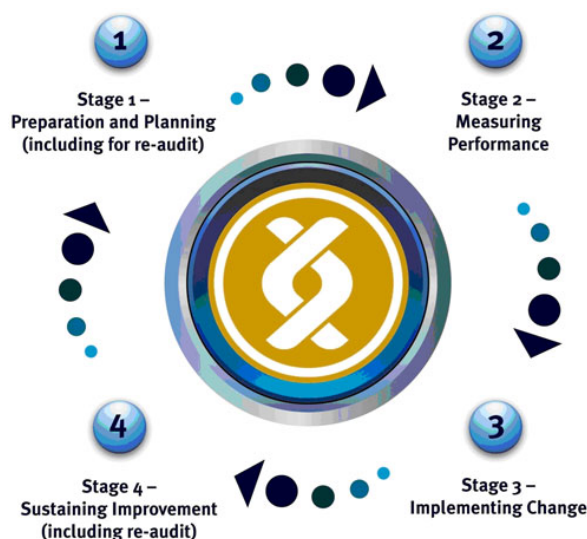This audit collects information from:

- The health records of people with dementia admitted to hospital
- Hospital management about how care is planned and delivered
- Carers of people with dementia about the experience of care received
- Staff about their training and their experience of care delivery

The Round 4 Audit Report showed that while progress continued to be made in the quality of care provided to people with dementia in general hospitals, some aspects required further improvement. These were summarised in the key messages as:

- Initial assessment of delirium for people with dementia admitted to hospital
- Improved used of personal information to support care
- Documenting of training in dementia care for staff
- Review at Board level of numbers of people with dementia affected by in hospital falls, delayed, discharges and readmissions

Quality Improvement

Improving the quality of care is explicit in the aims and design of clinical audits. An audit quality improvement strategy aims to strengthen the improvement goals through effectively identifying of targets, measurement and intended impact, based on a broad consensus including representative views of service users, clinicians and site based participants.

1 Stage 1 – Preparation and Planning (including for re-audit)

2 Stage 2 – Measuring Performance

3 Stage 3 – Implementing Change

4 Stage 4 – Sustaining Improvement (including re-audit)

Audit cycle diagram

Standards in the National Audit of Dementia

NAD standards have been derived from national and professional guidance, including NICE Quality Standards and guidance, the Dementia Friendly Hospitals charter, and reports from Alzheimer's Society, Age UK and Royal Colleges.   A full list of these standards and associated references can be found in the 'Round 4 resources' section on the NAD website.   The full set of NAD standards is also informed by a secondary literature review identifying patient/ carer priorities, undertaken at outset.

Audit results are presented together and grouped into themes:

- Carer rating of overall rating of patient care
- Comprehensive assessment
- Information and communication
- Staffing and training
- Nutrition
- Discharge
- Governance

In terms of goals, the audit aims

- to improve performance at a national and local level against the criteria measured within these themes (see appended Impact summary for examples).
- to improve ratings of the experience of care
- to benchmark patient length of stay, aiming to reduce the additional time that dementia typically adds to a hospital admission

Audit and support for improvement of dementia care in hospitals

Reporting

The audit provides national and local reports and datasets to all participating organisations and generally via the website. These contain themed chapters on audit results (see above) summary scores derived from the themes, and a detailed breakdown of information benchmarking site performance against the national dataset and the previous round of audit.

The audit also produces an accessible version, and separate summary reports are produced for regions and commissioners.

Sharing of local reports within organisations is supported by action planning templates and slide sets with key results.

Clinical outcomes publication (COP)
This programme brings together quality measures from a range of audits and helps support their inclusion via accessible platforms such as NHS Choices. Audit data submitted for COP is shown on the My NHS website (England only)

Additional and voluntary modules
Spotlight audit
Spotlight audits are designed to collect additional or more detailed information about an aspect of healthcare covered by or related to the main audit topic. Spotlight modules for NAD have been: assessment

of delirium in patients with dementia (reported 2018) and psychotropic medication prescription (currently underway).

Optional casenote audit
Between cycles of audit, the casenote audit tool is made available to allow hospitals who wish to create an interim record of performance to submit further cases.

Quality improvement workshops
Quality improvement workshops will take place around England and Wales in September and October 2019. Workshops will help audit leads to devise practical applications to address shortfalls identified by the audit. They are designed as a support for local teams to share and discuss their findings, and an intevention to help them to diagnose obstacles to quality imporovmetn, create pans to approach and solve problems, and evaluate their actions.

Action planning

Participating sites receive action planning templates and are asked to submit action plans based on their local results. Newsletter style bulletins include case studies derived from action plans sharing local work and progress.

Communications and feedback

Each participating sites identifies audit leads, who receive communications from the NAD project team. This includes guidance on data submission, resources required for data collection (time/ staffing) and updates. Audit leads discuss with their local teams and allocate task. They are asked to provide feedback to the Project Team about the process of data collection and about reports.

Impact of

DEMENTIA NATIONAL AUDIT OF DEMENTIA **CCQI**

HQIP Healthcare Quality Improvement Partnership

NATIONAL
Evidence of national improvements in the quality and outcomes of care

- R3 report: 20% increase in patients with dementia receiving nutritional assessment, from 70% in R1 (2009) to 90% in R3 (2016)
- R3 report: 79% of hospitals provide dementia awareness training to allied healthcare professionals, up from 42% in R2
- R3 report: 11% improvement in cognitive assessments for people with dementia since R1, up to 54%
- R3 report – 70% of hospitals provide dementia awareness to support staff, up from 34% in R2
- R3 report: Delirium screening up from 38% in R2 (2010) to 45% in R3
- R3 report: 85% of hospitals provide dementia awareness training to healthcare assistants, up from 52% in R2
- R3 report: 57% of records of people with dementia had a section for important personal information, up from 45% in R2
- R3 report: 88% of hospitals provide dementia awareness training to nurses, up from 51% in R2

SYSTEM
How the project supports policy development & management of the system

- R3 report - 99% acute hospitals now report using a document to collect personal information such as "This is Me" up from 30% in R1
- R3 report: Dementia champions at ward level in 94% of hospitals, and at directorate level in 82% of hospitals
- R3 report - 96% of acute hospitals now have a training and knowledge framework for development of skills in caring for people with dementia
- R3: Newly developed carer questionnaire provides overall rating of care quality
- R3 report: Over 60% of hospitals have developed a care pathway for dementia, up from 36% in R2
- R3: Newly developed staff questionnaire provides staff feedback on quality of training provided
- R3 report: 76% of hospitals report that there is a social worker responsible for working with people with dementia and carers, up from 58% in R2
- Audit data will be used by CQC to guide inspection teams: carer rating of care, patients needs being met, monitoring of delirium, discharge planning

LOCAL
How the project stimulates quality improvement

- Regional quality improvement workshops in seven locations have increased awareness of how to apply QI methods to local audit findings
- NAD national event in December will provide hospitals with information about successful schemes in other hospitals which relate to the audit key findings
- Findings of the audit have sparked conversations in hospitals about improving the assessment and recording of delirium
- Hospitals have fed back that the PowerPoint presentations which show local results around the key findings have been very useful in disseminating results within their hospitals
- The audit has published an action planning toolkit to help hospitals to plan how to make changes to care following their audit results
- Carer expectations were included alongside recommendations in the R3 National Report – what carers should expect from the hospital
- 2017: 128 hospitals collecting additional information about delirium assessment

PUBLIC
How the project is used by the public and the demand for it

- My NHS published data from R3 audit in September 2017: Carer rating of care, patients needs being met (staff report), monitoring for delirium, discharge planning, quality of assessment, carer and staff ratings of communication
- Hospital level aggregate data from the R3 casenote audit is available on the project and NCAPOP website
- R3 audit findings on nutrition reported on in the Times newspaper
- RCPsych, Alzheimer's Society, RCP, BGS, DAA released tweets on the R3 July 2017 report
- National report publicised on the Alzheimer's Society Talking Point. Post seen over 1700 times
- Partner organisation Alzheimer's Society released a press statement on the national report
- Interactive map showing hospital scores developed for R3 viewed 1818 times July-October 2017
- Local press reported on R3 findings for local hospitals
- Accessible version of the national report in January 2018 (produced with input from people living with dementia) which will increase the reach of the audit findings

Aims	Primary Drivers	Secondary drivers	Interventions

QI driver diagram V1

Aims

Discernible improvement to the quality of care delivered to people with dementia

Process
to improve performance at a national and local level against the criteria measured within these themes:

Comprehensive assessment
Information and communication
Staffing and training
Nutrition
Discharge
Governance

Outcome
improved ratings of the experience of care
Reduced length of stay

Primary Drivers

Consensus-building
Audit standards

Engagement
Local leadership
Patient/ public opinion and feedback

Measurement/ data validity

Communication

Secondary drivers

National guidance
Clinical guidance
Patient and carer priorities

Expert opinion
Steering Group

Audit tools

Analysis and Quality assurance processes

Project team support
Guidance on
Time/ resource allocation

Structured feedback
Reporting
Key messages
Targeted reports – site level
Accessible
Regional

Action planning template

Interventions

Piloting with participation

Quality Improvement workshops
Sharing practice

Service user feedback on key messages

Case studies and sharing practice bulletins

National events

Evaluation of actions and impact

Consultation on standards and plans for re-audit

We want to achieve………   *We need to ensure………*   *Which requires………*   *Ideas for change………*