

National Clinical Audit and Patient Outcomes Programme

Project Summary

National Audit of Dementia

Purpose

The audit will collect information to provide feedback both nationally and locally about the quality of care received by people with dementia in general hospitals. There are two elements:

- **Core audit:** Open to all general hospitals in England and Wales. This will evaluate the adequacy of structures and processes across the hospital that enable the provision of high quality care to people with dementia and will collate data from casenotes about admission, assessment and discharge.
- **Enhanced audit:** Open to a limited number of hospitals. This will evaluate the quality of person-centred care provided at ward level and the experience of patients and carers. Only hospitals that indicate a wish to participate will be considered for selection in the enhanced audit.

Data collected will provide a baseline for future audits and quality improvement work.

Methodology

The data collected will be submitted via online questionnaires designed using SNAP software.

The core project team at the Royal College of Psychiatrists Centre for Quality Improvement will manage the analysis of the data with expert input from the partners to the project, in particular the Royal College of Physicians Clinical Effectiveness and Evaluation Unit who have many years experience of carrying out audit in general hospital settings.

Key quality indicators

The audit will be multi dimensional as detailed above.

The core audit will look at key aspects of the organisation relating to the care and treatment of people with dementia. The casenote audit will look at details of care and assessment that people with dementia have received in the hospital.

The quality indicators measured by the core audit will be:

- Care pathway for dementia in place or in development
- Key posts in the hospital e.g. lead clinician responsible for the care pathway, hospital based social worker, discharge co-ordinator with expertise in dementia, multi disciplinary team for older people accessible by people with dementia
- Input from liaison psychiatry and how this is organised
- Policies and protocols in place that address the specific needs of people with dementia – e.g. recognition of dementia by staff, comprehensive assessment, interventions for distress and challenging behaviour
- Local review of services informed by information trends on outcomes for people with dementia, eg readmission, delayed discharge
- Dementia in training, learning and development

- Recognition of specific needs related to dementia in care planning
- Delivery of comprehensive assessment for people with dementia, including cognitive assessment
- Input of carer in carrying out assessment and planning discharge of people with dementia.

The enhanced audit will focus on the quality of care delivered on wards nominated to take part, with the following quality indicators:

- Recognition of dementia and associated needs amongst staff
- Staff perception of dementia awareness
- Access to services from the ward
- Quality of physical environment
- Quality of support for carers
- Quality of patient experience.

Data collection schedule

	Start date	Deadline for data entry
Core audit:		
Organisational	11 January 2010	15 February 2010
Casenote	18 January 2010	21 May 2010
Enhanced audit:		
Environmental	1 February 2010	1 April 2010
Ward organisational	1 February 2010	1 April 2010
Carer/Patient	1 February 2010	28 May 2010
Staff questionnaire	1 February 2010	28 May 2010
Observation training	From July 2010	N/A
Observation module	From August 2010	December 2010

Is the Audit Process or Outcome focused?

The audit will mainly look at processes (staffing, governance etc) in place and how this is reflected in the care delivered and the patient experience. An important part of the audit is the observation module which will evaluate the quality of care interactions.

The casenote audit will aim to collect some initial data on basic outcomes - whether support needs have changed during the stay in hospital and if there is basic data available on changes to weight and cognition.

Who is involved in the audit?

The project is a collaboration between:

- the Royal College of Psychiatrists
- the British Geriatrics Society
- the Royal College of Nursing
- the Royal College of Physicians of London
- the Royal College of General Practitioners
- the Alzheimer's Society.

The national audit is managed by a project team based at the Royal College of Psychiatrists' Centre for Quality Improvement (CCQI).

Professor John Young, Head of the Academic Unit of Elderly Care & Rehabilitation at Leeds University and Consultant Geriatrician in Bradford (LU-ECRU), and **Professor Martin Orrell**, Professor of Ageing and Mental Health at University College London (UCL) and North East London Mental Health Trust (NELMHT), act as expert advisors to the audits.

Who are the main stakeholders?

Main stakeholders to the project are partner organisations (above) and participating Trusts, service users and carers.

Date of the next Annual Report and outline content

A national report will be produced for each element of the audit as it is completed, beginning in the summer of 2010. The overall national report for the audit as a whole will be produced in December 2011.

More information:

<http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement.aspx>

HQIP