

National Audit of Dementia (NAD)

Findings from Round 3 and next steps

The NAD team



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- With special thanks to previous team members Sarah Keane, Simone Jayakumar, Vicky Cartwright

Background



- Eligibility: Hospitals in England and Wales providing acute general care to people with dementia on more than one ward
- Three rounds of audit to date:
 - Round 1: 2010/11
 - Round 2: 2012/13
 - Round 3: 2016/17

Round 3 - overview



- 4 tools:
 - Organisational checklist
 - Casenote Audit
 - Carer Questionnaire (new)
 - Staff Questionnaire (new)
- Data collection: April – November 2016
- Reporting: Summer 2017
 - Including new scoring system

Round 3 - participation

- Participation: 199 hospitals from England and Wales (98% of eligible hospitals)

Audit module	Number of hospitals participating	Data received	Average per hospital	Range
Organisational checklist	199	199	N/A	N/A
Casenote audit	195	10047	52	22–99
Staff questionnaire	198	14416	73	2–282
Carer questionnaire	196	4664	24	1–104

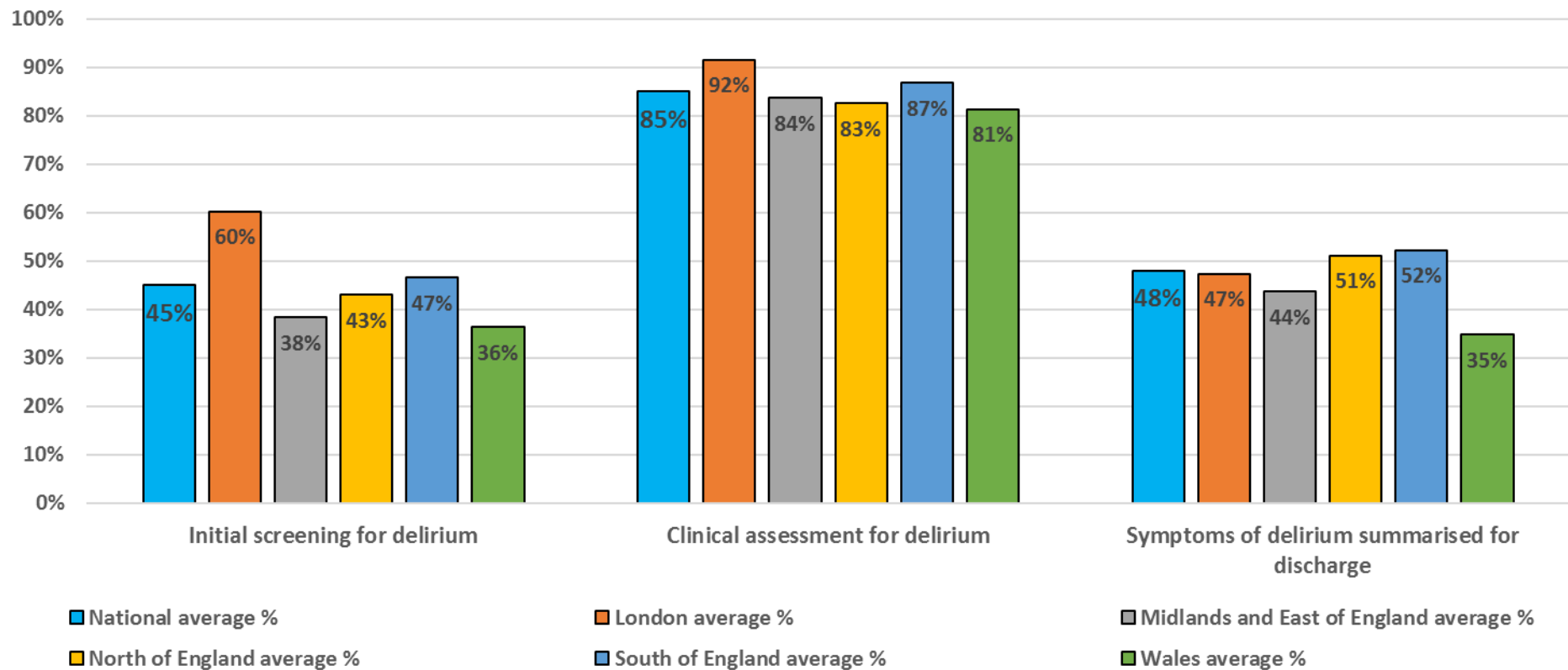
Round 3 - results



- Delirium
- Personal information documents
- Nutritional needs of people with dementia
- Staff training and support
- Governance

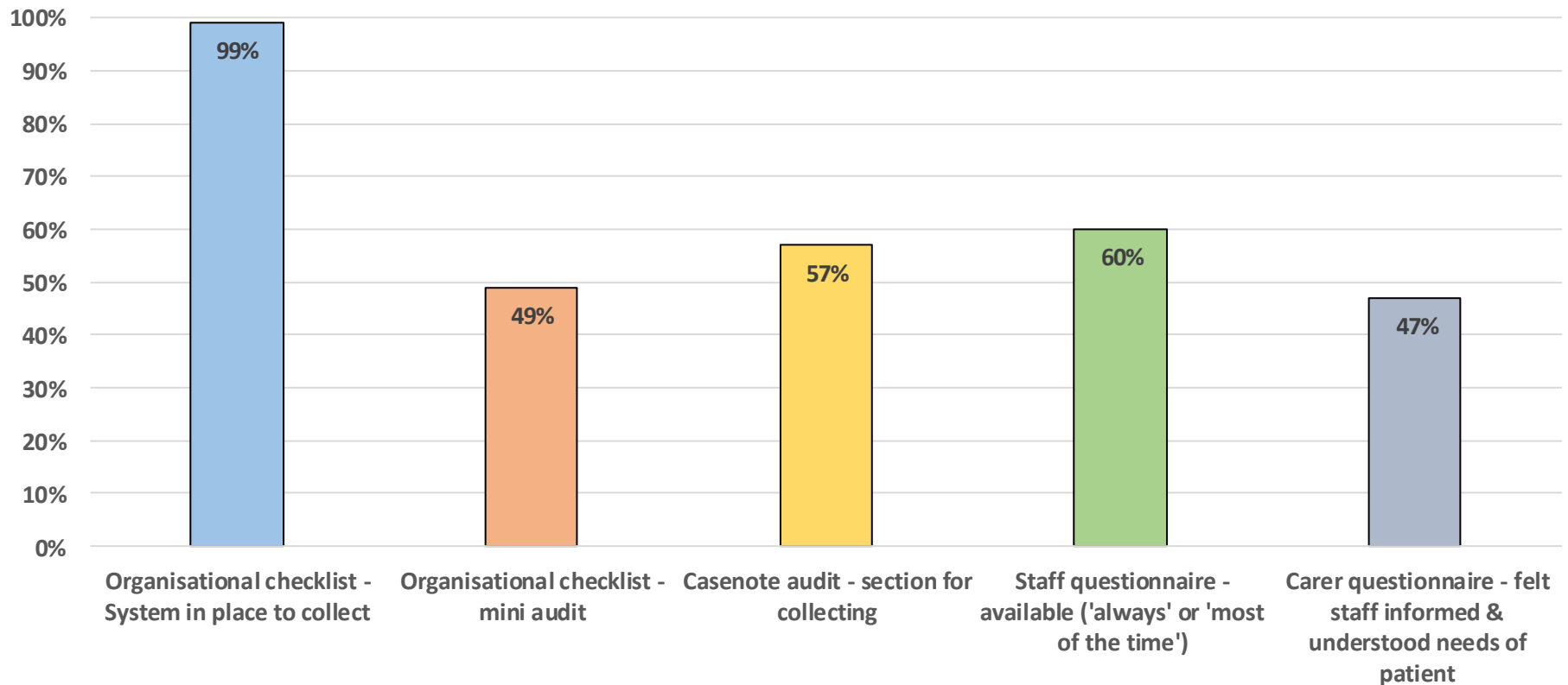
Round 3 results - delirium

Delirium findings from the casenote audit



Round 3 results – personal information

Personal information documents across the four audit tools



Round 3 results – personal information



More obvious personal information at bed space and more time to spend with patients. I think there is a record of personal information somewhere but I'm unsure where to find it.

Allied Healthcare Professional

...the “This is Me” document has not been looked at by 95% staff caring for her.

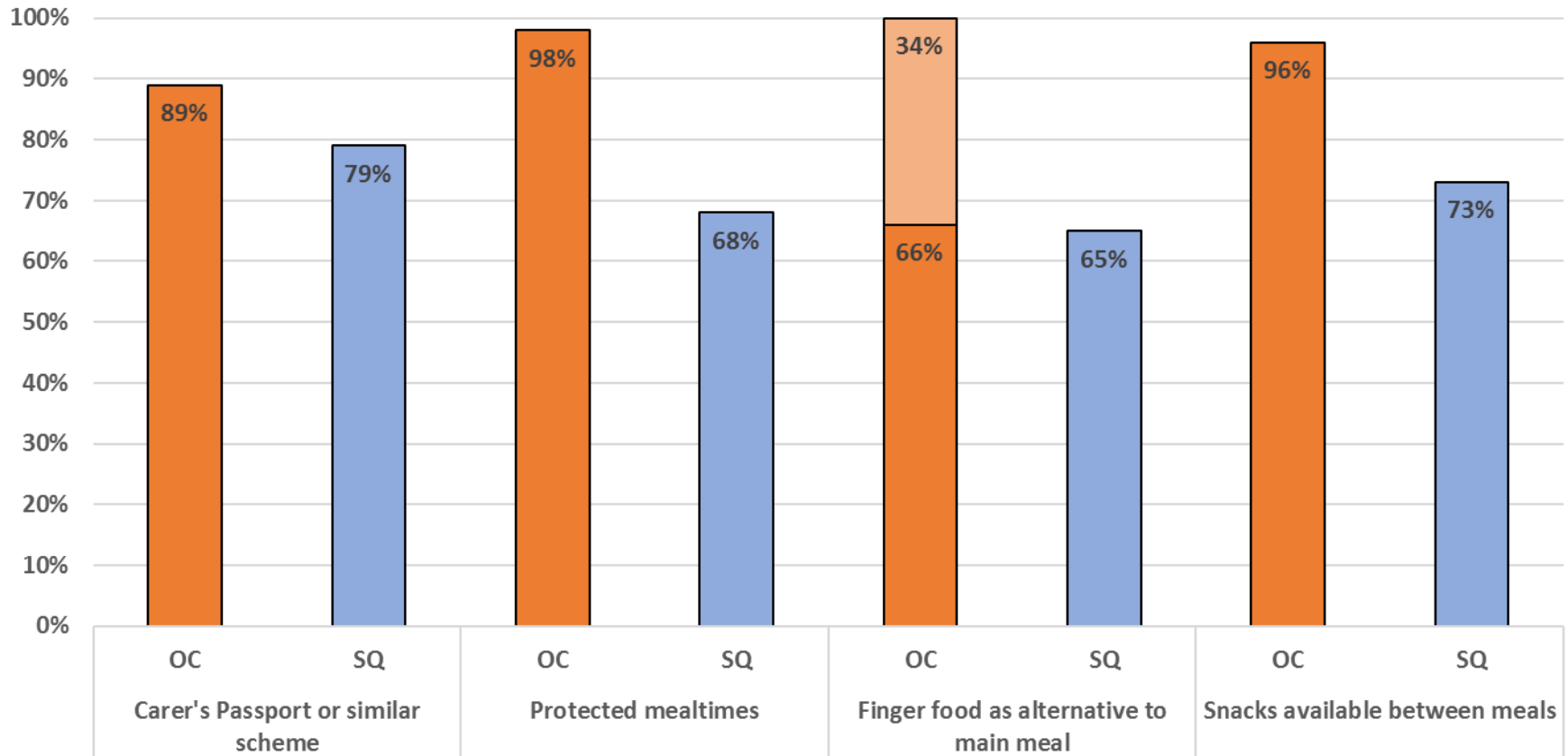
Information from the Residential Home on the “This Is Me” form did not go with my family member to hospital (emergency admission and then to a ward), nor was I given the opportunity to contribute to re-write this.

“This is Me” booklet is really useful in helping to treat patients as individuals. However, they are not used as often as I would like, and patients are often transferred to us without one. Relatives usually think they are a very positive booklet to complete and are surprised that they have not been asked before.

Registered Nurse, Band 5 or 6

Round 3 results - nutrition

Nutrition - Organisational Checklist vs Staff Questionnaire



Round 3 results - nutrition



Nutritional needs are difficult to meet as the catering team has set times for mealtimes and are not able to be flexible around this. Flexibility around mealtimes would be optimal for patients with dementia but honestly, I have not worked in a single hospital... where this can be accommodated - the problem is with using a third-party catering service... who have their own protocols and timeframes to work within.

Allied Healthcare Professional

It was critical to the care of my relative... that they had constant access to fluids. The table and drink... were frequently out of reach or placed on the patient's 'blind' side. Prompts to drink were also a necessity but were infrequently delivered. Requests from family for drinks to be in glasses or mugs as the patient did not drink from beakers with lids or use straws were invariably ignored, so patient did not drink when such were left. Few staff demonstrated awareness and knowledge/ability as to assisting and encouraging to eat...

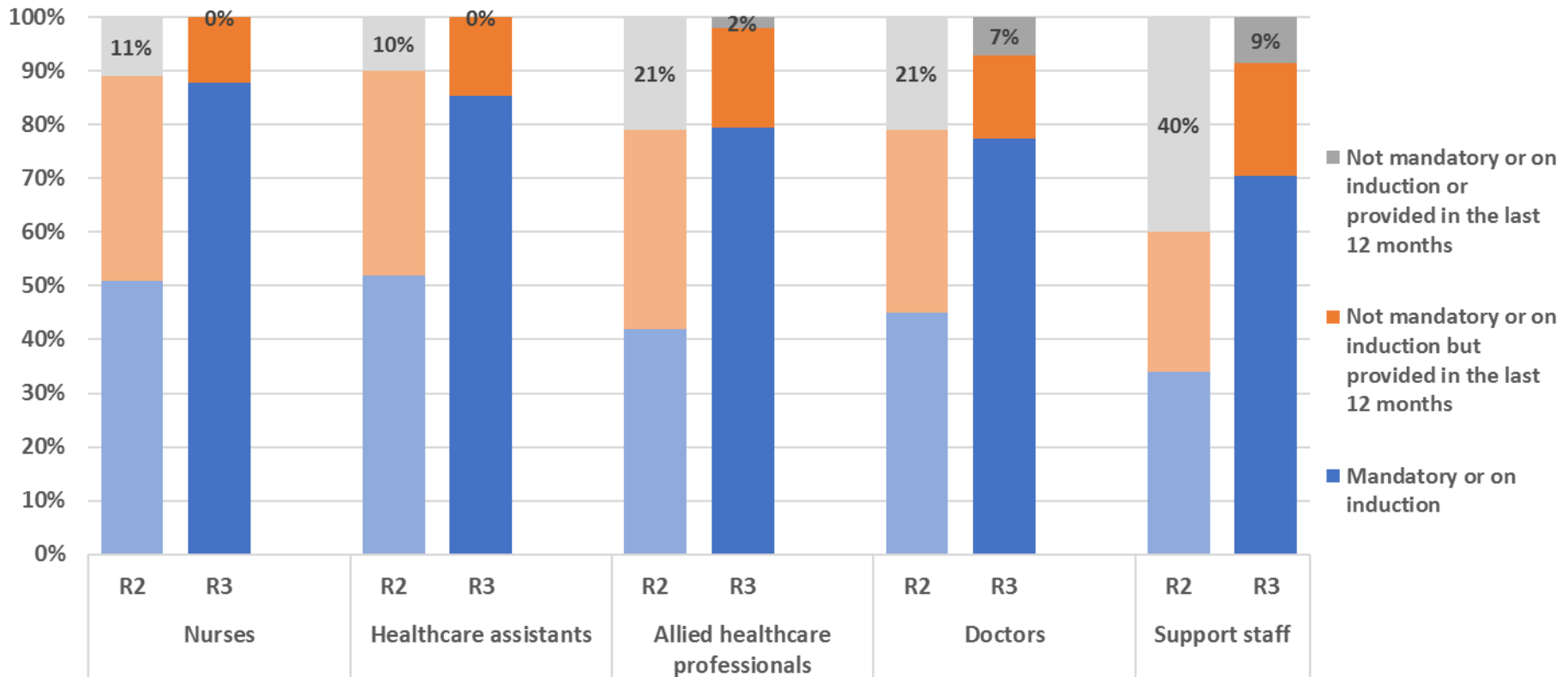
Although I can't fault the staff, I noticed that at mealtimes the patients, especially older ones, weren't given quite enough time to finish before the clearing up began. I know the staff are very stretched but if a patient is still sitting with an uneaten plate of food then that situation should be investigated further before it's quickly taken away.

Finger food, availability of more dementia friendly snacks. Nutritionally it would be ideal at times if there was access to food they may enjoy - families will often bring in items that they know they enjoy but for those who don't have accessible family etc., it is difficult to often obtain something different that they may prefer.

Registered Nurse, Band 7 or above

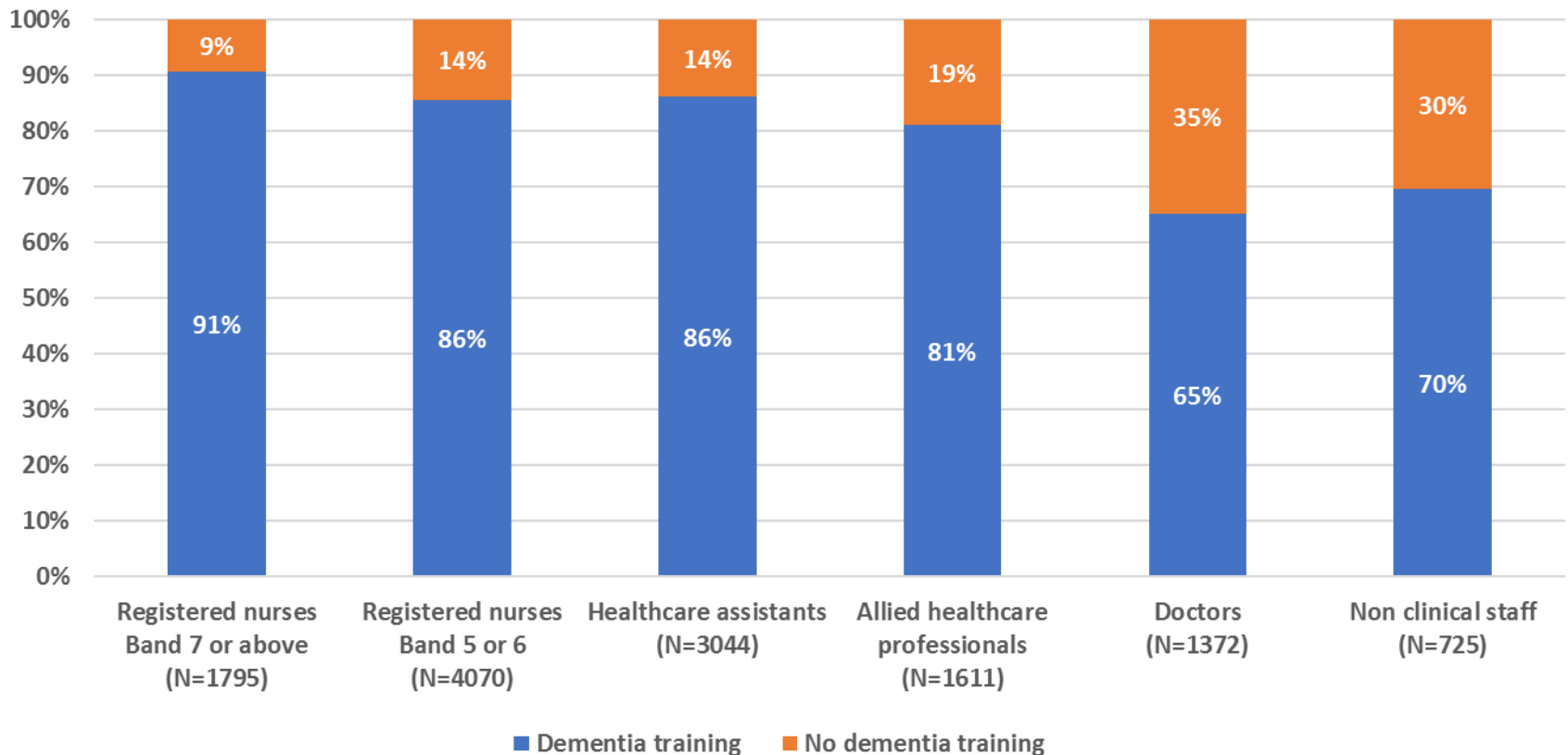
Round 3 results – staff training and support

Organisational Checklist: training provided to staffing groups



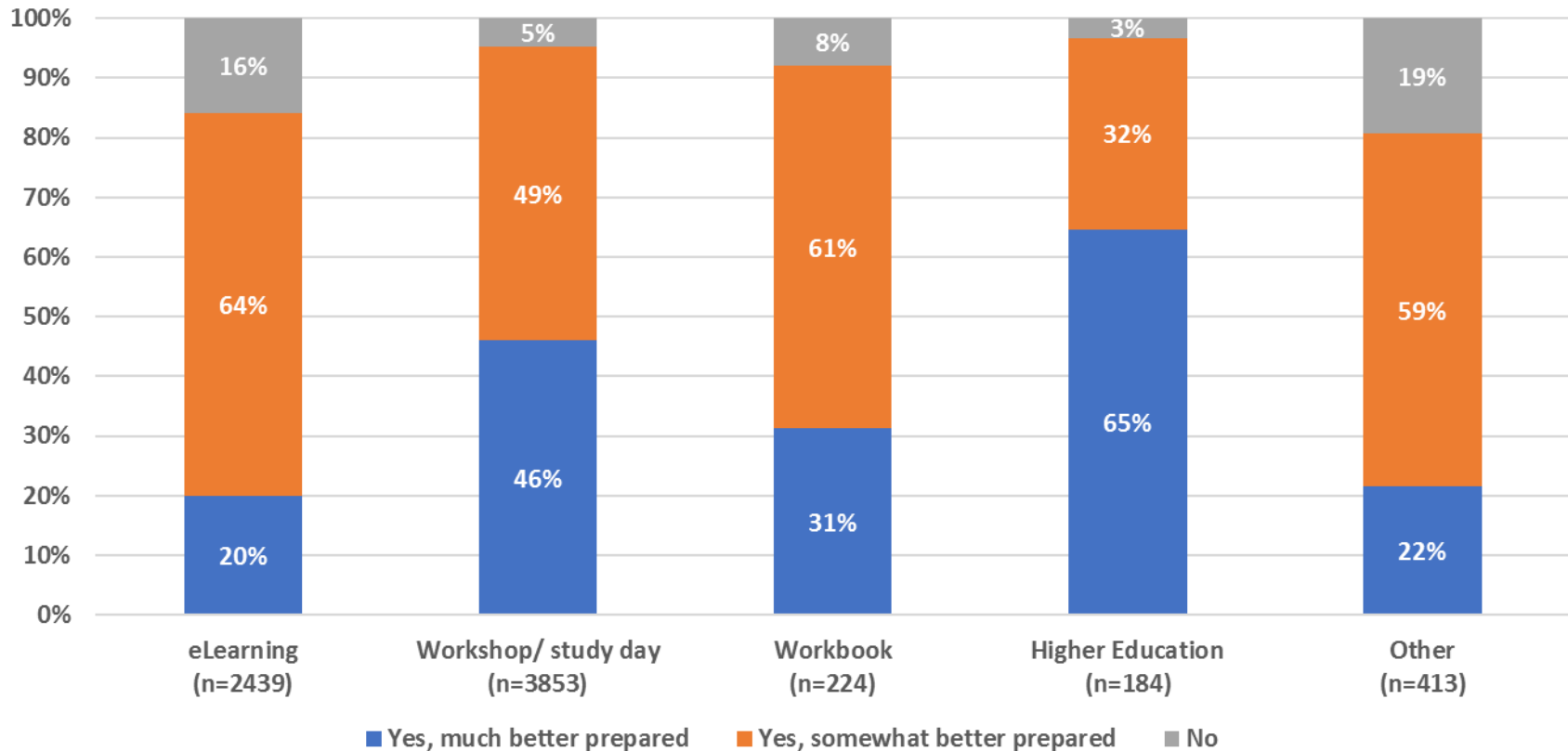
Round 3 results – staff training and support

Staff Questionnaire: training provided to staffing groups



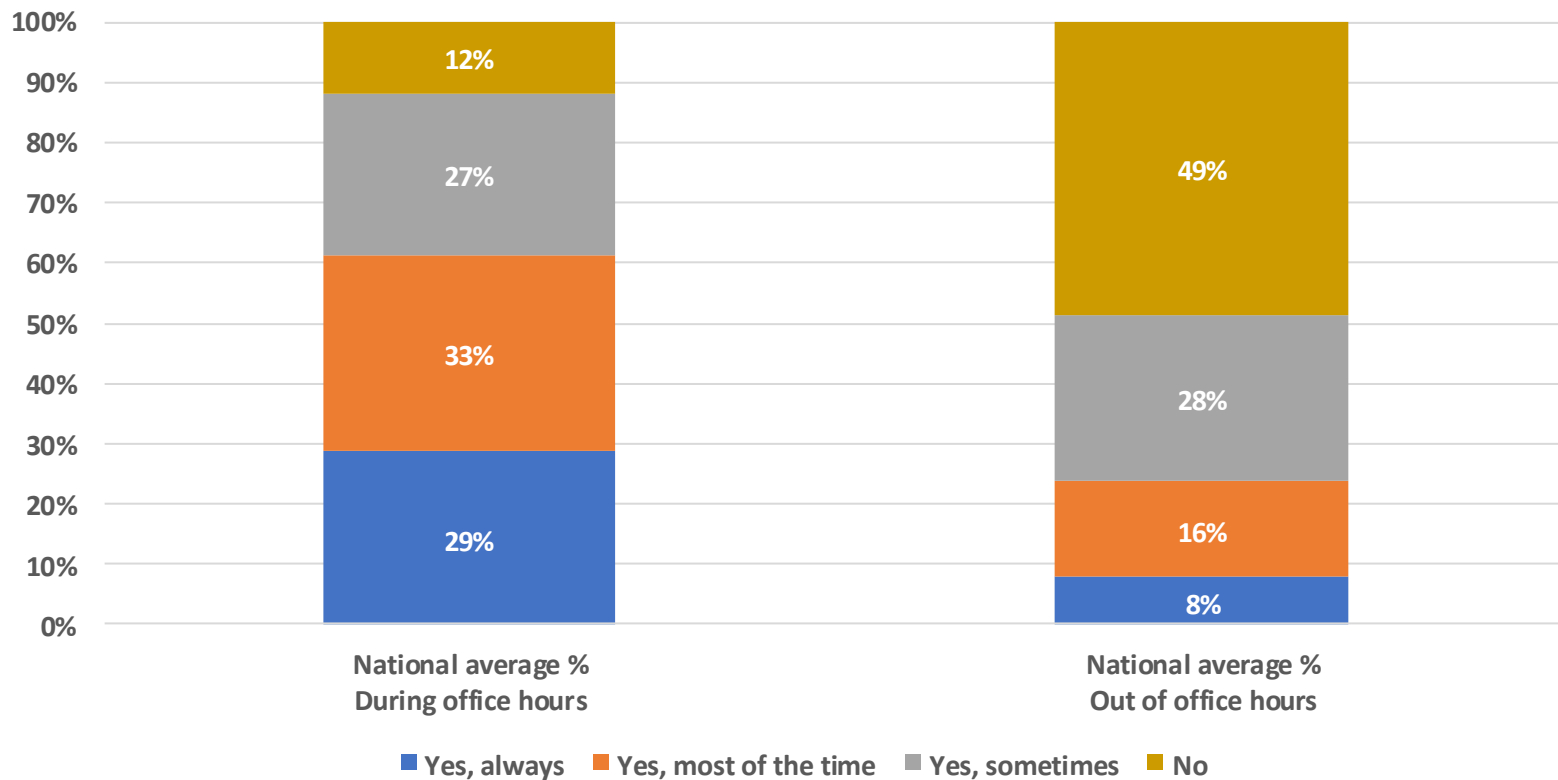
Round 3 results – staff training and support

Staff opinion of different dementia training formats



Round 3 results – staff training and support

Do staff feel supported by dementia specialist staff?



Round 3 results – staff training and support



Better training/ more training for all staff.
I am a ward clerk and would like to draw attention to the fact that wandering dementia patients almost always end up at the desk!

Ward based admin

24 hour access to a dementia team to aid clinicians in the appropriate management of anxious and agitated patients.

Registered Nurse, Band 7 or above

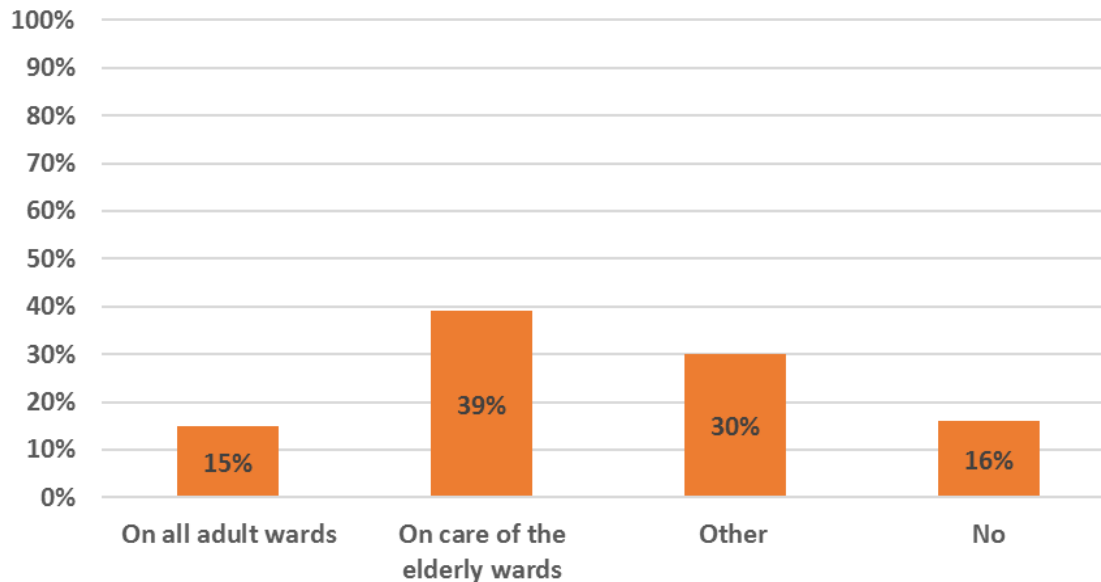
I feel there is plenty of room for improvement with ALL staff's understanding of dementia... anyone who interacts with patients should have training.

eLearning does NOT increase awareness or engagement with the issue. Dementia is a very pertinent issue, and should receive more attention in training than it does currently.

Doctor

Round 3 results – governance

Opportunities for social interaction for patients with dementia are available



The patients need much more interaction. They need daily activities - they are often bored. This would also help in their emotional well-being. In my mum's case, she will sleep most of the time as she is usually alone. It would aid her recovery if she was stimulated. I appreciate this is time-consuming but I feel it is essential.

Space/ facilities on the ward for communal dining and activities. Hospital wards do not have dayrooms. Any spare space on ward now used to accommodate escalation beds to manage capacity issues.

Registered Nurse, Band 7 or above

Round 3 results – governance



OC: Instances of night time bed moves (i.e. between the evening meal and breakfast the next morning) are noted and reported at Executive Board level: 38% of hospitals answered 'yes'

SQ: Are night time bed moves for people with dementia avoided where possible on the ward(s) you work on?: 49% 'yes, always' or 'yes, most of the time'

For everyone to understand how changing environments etc. affects these individuals, I fully understand bed pressures but people are not just a number, they are a person.

Registered Nurse, Band 7 or above

She was moved 4 times in a 3 day stay, one I believe during the night - I wasn't informed she was moved.

Limit bed moves overnight and unnecessary ward moves which add to length of stay and further confusion. This has been voiced consistently, and consistently overruled due to bed pressures, with no record of how this has impacted the patient

Allied Healthcare Professional

Round 3 – action planning



- Seven regional quality improvement and action planning workshops for audit participants
- Action planning toolkit
- Bulletin to share ideas
- National event bringing Round 3 to a close and looking to Round 4

Round 4 of the National Audit of Dementia



- Data collection will run from next Spring, reporting will happen in 2019
- Very similar format to Round 3 will allow hospitals to make more direct comparisons of performance between rounds
- Slight adaptations to methods being considered by expert steering group e.g. allowing more open access to staff questionnaire

Questions?



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