National Results: First round and second round comparison – hospitals participating in both rounds

Temporal comparison

In Round 1 (R1) 210 hospitals participated in the audit and all 210 submitted an organisational checklist (1 per site), and 206 of the 210 hospitals submitted case notes for the audit.

In Round 2 (R2) 210 hospitals participated in the audit and again all hospitals submitted an organisational checklist, and 206 of the 210 hospitals submitted case notes for the audit.

Over both rounds (R1R2) 201 hospitals submitted an organisational checklist in both, and 195 submitted case notes in both.

True temporal comparisons are made when the "R1R2 sample" is used to compare results in R1 and R2, i.e. just for those hospitals participating in both rounds. To this effect we analysed the data and these results are summarised in tabular format in this appendix.

For ease of presentation of results in the main report and more specifically of changes between rounds, and given the very high rate of commonality of participants in R1 and R2, then temporal comparisons are made using all participants from R1 and all participants from R2. In fact, the differences were very small/non-existent when comparing all R1 national data and all R2 national data, to comparing R1 and R2 within the "R1R2 sample".

Item comparison

Not all results from R1 are comparable with R2. Audit tools have been revised since the first round of audit, in line with the updating and amendment of the standards. The tables below show only questions repeated between audit rounds exactly or with very minor modification.

Organisational checklist

201 hospitals submitted an organisational checklist in both round 1 and round 2.

QUESTION TEXT	R1 %	R2 %	% DIFFERENCE BETWEEN R1R2
THEME 1: GOVERNANCE			
A care pathway for patients with dementia is in place			
Yes	6	36.3	30.3
In development	44.3	50.2	5.9
A senior clinician is responsible for implementation and/or review of the care pathway	67.9	96	28.1
Readmissions, in which patients with dementia can be identified in the total number of patients readmitted	8	28.9	20.9
Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers	19.4	35.8	16.4
The Executive Board regularly reviews the number of in-hospital falls and the breakdown of immediate causes, in which patients with dementia can be identified	31.8	47.3	15.5
The Executive Board regularly receives feedback from the following:			
- The Clinical Leaders for older people and people with dementia including modern matrons/nurse consultants	47.3	75.1	27.8
- Complaints - analysed by age	41.3	51.7	10.4
- Patient Advice and Liaison Services (PALS) - in relation to the services for older people and people with dementia	36	56.2	20.2
- Patient Forums or Local Involvement Networks - in relation to the services for older people and people with dementia	30.8	58.7	27.9
There is a named officer with designated responsibility for the protection of vulnerable adults	95.5	99.5	4
Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate	98.5	99.5	1
The hospital has access to intermediate care services, which will admit people with dementia	68.7	84.1	15.4
Access to intermediate care services allows people with dementia to be admitted to intermediate care directly and avoid unnecessary hospital admission	73	79.9	6.9
There is a named dignity lead to provide guidance, advice and consultation to staff	78.6	85.1	6.5
There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating	97	95.5	-1.5
Specialist assessment and advice can be obtained from:			
- Speech and language therapist	100	99.5	-0.5
- Dietician	100	99	-1
- Other	47.2	61.5	14.3

QUESTION TEXT	R1 %	R2 %	% DIFFERENCE BETWEEN R1R2
There is access to an interpreting service which meets the needs of people with dementia in the hospital	61.7	59.7	-2
There is access to advocacy services with experience and training in working with people with dementia	82.1	85.6	3.5
THEME 2: ASSESSMENTS			
Multidisciplinary assessment includes problem list	89.6	94.5	4.9
Multidisciplinary assessment includes comorbid conditions	95	100	5
Multidisciplinary assessment includes assessment of functioning using a standardised instrument	84.1	84.1	0
Multidisciplinary assessment includes nutritional status	96	100	4
Multidisciplinary assessment includes assessment of mental state using a standardised instrument	73.1	96.5	23.4
There are systems in place to ensure that where dementia is suspected but not yet diagnosed, this triggers a referral for assessment and differential diagnosis either in the hospital or in the community	47.8	75.1	27.3
There is a policy or guideline stating that an assessment of mental state is carried out on all patients over the age of 65 admitted to hospital	26.9	52.2	25.3
There is a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour, aggression and extreme agitation, which is suitable for use in patients who present behavioural psychological symptoms of dementia	66.2	61.2	-5
THEME 4: MENTAL HEALTH AND LIAISON PSYCHIATRY			
The hospital provides access to a liaison psychiatry service which can provide assessment and treatment to adults throughout the hospital	90.5	94	3.5
The liaison psychiatry service provides emergency/urgent assessment	83.1	85.2	2.1
There is a named Consultant Psychiatrist	74.7	81.5	6.8
The Consultant Psychiatrist has dedicated time in his/her job plan for provision of this service	83.1	90.9	7.8
The Consultant Psychiatrist specialises in the care and treatment of older people	78.7	92.2	13.5
Liaison psychiatry is provided by a specialist mental health team	90.7	95.2	4.5
THEME 4: HOSPITAL DISCHARGE AND TRANSFERS			
There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia	29.9	55.2	25.3
The discharge policy states that discharge should be an actively managed process which begins 24 hours of admission	93.5	94	0.5

QUESTION TEXT	R1 %	R2 %	% DIFFERENCE BETWEEN R1R2
THEME 5: INFORMATION AND COMMUNICATION			
There is a formal system in place for gathering information pertinent to caring for people with dementia	28.9	74.6	45.7
Information collected by the pro-forma includes personal details, preferences and routines	72.4	99.3	26.9
The form prompts staff to approach carers or relatives to collate necessary information	72.4	97.3	24.9
The patient's notes are organised in such a way that it is easy to:			
Identify any communication or memory problems	33.3	54.2	20.9
See the care plan	61.2	64.7	3.5
There is a system in place to ensure that carers are advised about obtaining carer's assessment and support	56.7	67.2	10.5
There are clear guidelines regarding involvement of carers and information sharing. This includes:			
Making sure the carer knows what information will be shared with them and why	40.3	66.2	25.9
Asking the carer about the extent they prefer to be involved with the care and support of the person with dementia whilst in the hospital	39.3	65.2	25.9
Asking the carer about their wishes and ability to provide care and support of the person with dementia post discharge	52.7	71.6	18.9
THEME 6: STAFF TRAINING			
There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia	22.4	79.1	56.7
Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff	28.9	66.2	37.3
Liaison teams from local mental health and learning disability services offer regular training for healthcare professionals in the hospital who provide care for people with dementia	45.3	67.7	22.4

Case note audit

195 hospitals submitted case notes in both round 1 and round 2.

QUESTION TEXT	R1 %	R2 %	% DIFFERENCE BETWEEN R1R2
THEME 2: ASSESSMENTS			
The multidisciplinary assessment includes problem list	90.3	90.2	-0.1
The multidisciplinary assessment includes comorbid conditions	96.7	96.9	0.2
An assessment of mobility was performed by a healthcare professional	87.1	93.6	6.5
An assessment of nutritional status was performed by a healthcare professional	69.4	89.1	19.7
Has a formal pressure risk assessment been carried out and a score recorded?	86.3	93.9	7.6
As part of the multidisciplinary assessment has the patient been asked about any continence needs?	80.9	86.4	5.5
As part of the multidisciplinary assessment has the patient been asked about the presence of any pain?	76	86.8	10.8
Has an assessment of functioning, using a standardised assessment, been carried out?	26.2	43.8	17.6
Has the patient's mental health history been recorded - dementia or other conditions or symptoms?	90.6	95.1	4.5
Has a standardised mental status test been carried out?	43	50.2	7.2
THEME 3: MENTAL HEALTH AND LIAISON PSYCHIATRY			
On admission, was the patient taking antipsychotics due to an existing regular prescription?	20.6	11.2	-9.4
Was a PRN prescription for antipsychotics in place for this admission?	13.1	6.7	-6.4
Was an antipsychotic administered via PRN?	68.8	75.7	6.9
Was a new additional prescription made for an antipsychotic?	7.9	5.8	-2.1
THEME 5: HOSPITAL DISCHARGE AND TRANSFERS			
At the point of discharge the patient's level of cognitive impairment, using a standardised assessment, was summarised and recorded	16.8	18.7	1.9
At the point of discharge the cause of cognitive impairment was summarised and recorded	61.2	60.1	-1.1
Did a named person coordinate the discharge plan?	47.8	64.2	16.4
Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person with dementia?	42.3	56.5	14.2
Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the person's carer/relative?	80	80	0

QUESTION TEXT	R1 %	R2 %	% DIFFERENCE BETWEEN R1R2
Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with the consultant responsible for the patient's care?	70.9	73.7	2.8
Is there evidence in the notes that the discharge coordinator/person planning discharge has discussed appropriate place of discharge and support needs with other members of the multidisciplinary team?	80.7	81.2	0.5
Has a single plan for discharge with clear updated information been produced?	66.9	68.8	1.9
Are any support needs that have been identified documented in the discharge plan or summary?	57.5	62.2	4.7
Has the patient and/or carer received a copy of the plan or summary?	41.1	66.5	25.4
Was discharge planning initiated within 24 hours of admission?	43.7	40.1	-3.6
Carers or family have received notice of discharge and this is documented:			
Less than 24 hours	16.4	16.4	0
24 hours	14.2	10.5	-3.7
24 - 48 hours	20.7	18.6	-2.1
More than 48 hours	31.9	27.9	-4
No notice at all	6.1	0.5	-5.6
An assessment of the carer's current needs has taken place in advance of discharge	74.6	71.4	-3.2
THEME 5: INFORMATION AND COMMUNICATION			
Does the care assessment contain a section dedicated to collecting information from the carer, next of kin or a person who knows the patient well?	42.6	43.9	1.3
Has information been collected about the patient regarding personal details, preferences and routines?	43.5	54	10.5
Has information been collected about the patient regarding reminders or support with personal care?	72.2	70.6	-1.6
Has information been collected about the patient regarding recurring factors that may cause or exacerbate distress?	23.8	32.8	9
Has information been collected about the patient regarding support or actions that can calm the person if they are agitated?	17.5	23.9	6.4
Has information been collected about the patient regarding life details which aid communication?	32.1	45.3	13.2

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