National Audit of Dementia (NAD) Round 3

Learning from the 2015 pilot

In this presentation:

- Background to National Audit of Dementia
- NAD remit for Round 3
- Questions for pilot
- What we learned
- What Round 3 will involve

Background

Previously…..

- Established 2008 to examine the quality of care delivered in hospital to people with dementia
- Open to all general acute hospitals, or those providing general acute services on more than one ward that admit people over the age of 65, in England and Wales

Data collection and participation

- Round 1: 2010-11, Round 2: 2012-13
- 88-98% participation by hospitals (99-100% participation by Trusts/Health Boards)

Overall finding

- Round 2 showed significant positive change but many best practice standards remained unmet

Remit for Round 3

Content:

- An organisational checklist
- A casenote audit comparing care provided by hospitals to patients with a clinical diagnosis of dementia of any severity
- The collection and reporting of carer-reported experience measures
- A feasibility study for the extension of the audit to community hospital settings
- A survey of staff regarding the training and support they receive
- A spotlight audit on prescription of psychotropic medication to people with dementia

Remit for Round 3

Other specifications:

- Operates synergistically with the National Dementia CQUIN in England, yet is also designed appropriately for Wales
- Provides comparative data
- Organisational checklist should focus on activity rather than policy

Pilot participation and tools

Hospital Name
Chorley and South Ribble Hospital
Kingston Hospital
Queen Elizabeth Hospital, Gateshead
Royal United Hospital, Bath
Southport and Formby District General Hospital
Sunderland Royal Hospital
Tunbridge Wells Hospital
University College Hospital
Wrexham Maelor Hospital
Ysbyty Ystrad Fawr

Revised organisational checklist with activity focus

Casenote audit with new sampling technique

Carer questionnaire with 3 methods of distribution

Staff questionnaire online to randomly selected staff

Data collection began in August and was extended into early December

Revisions to the organisational checklist

We removed:

- Questions on policy content
- Section on liaison psychiatry services

We added

- Items on training provision, environmental review, carer engagement, staffing level review

New questions -organisational checklist

- Training provision

- Q27, Q29 & Q30 – indicating proportions of staffing groups received (and to receive) dementia training
  - Hospitals found it difficult to give proportions accurately – estimated
  - Some said would be able to provide *numbers* of people trained
  - Easier to find numbers/ percentages for some staffing groups than others
  - Turnover of staff makes gaining accurate proportions difficult

New questions -organisational checklist

- Staffing level
- Q12 – asking about implementation of staffing escalation plan
  - Very variously interpreted – as daily review, disaster level review or other
- Environmental review, carer engagement
- Q14 – a programme in place to allow identified cares to visit at any time; Q7 – plan for carer engagement
- Q40-43 - review of environment using King's Fund or other appropriate tool and changes carried out

Revisions to the casenote audit

We removed:

- Prescription of antipsychotics
- Referral to liaison psychiatry

We added

- Discussion of discharge and capacity
- Additional response options for assessment of functioning
- Food and drink preferences in personal information

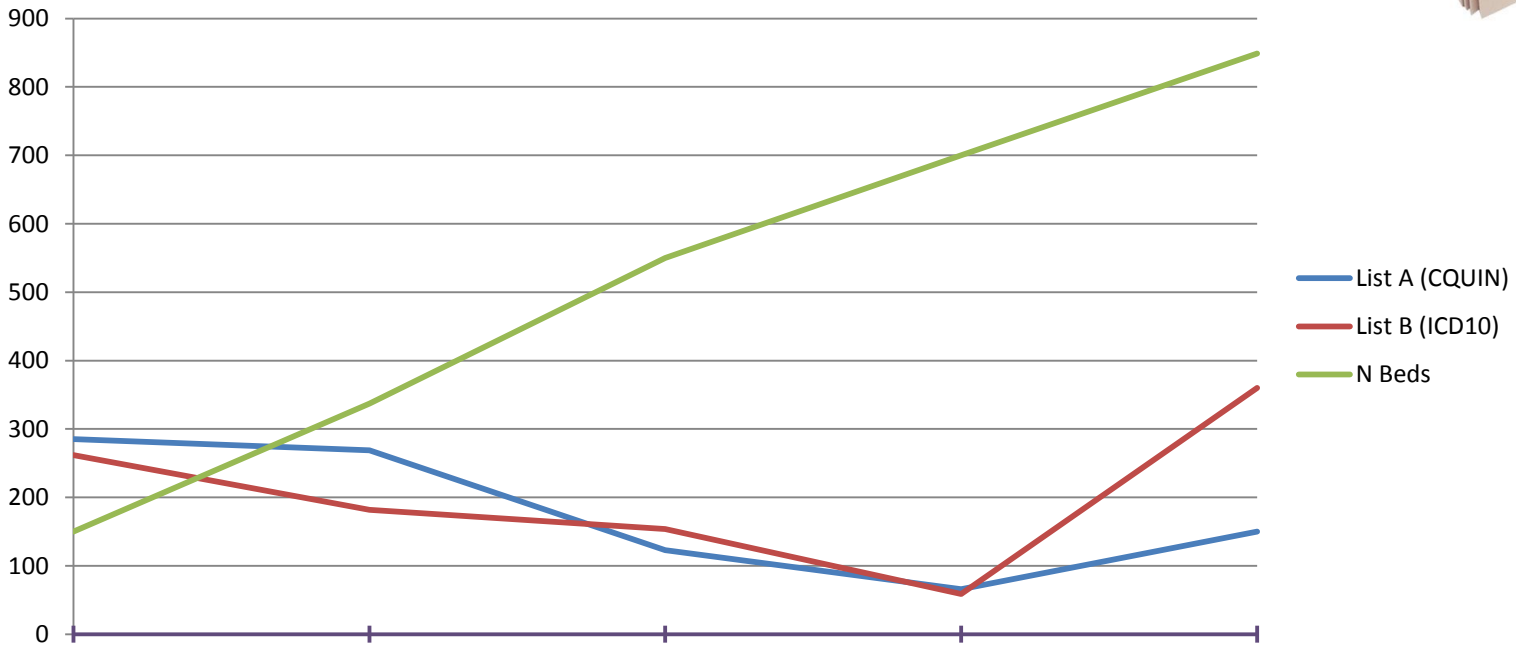
Sampling for casenote audit

Use of CQUIN and comparability (previous rounds and Wales)

Hospital	List A (CQUIN)	List B (ICD10)	N patients in both	N carers	N patients under 75 ICD10
	150	360	80	18/20	31
	269	182	109	10/40	17
	66	59	16	20/20	1
	123	154	6		6
	285	262	13	10/20	

Casenote Audit

Determining number of casenotes to be submitted by hospital size.



Casenote Audit

Considerations for sampling

- Pilot sites had difficulty with CQUIN, many patients did not have dementia
- Different period of the year should not affect comparability with previous rounds
- Better comparability achieved with total sample over the same time period

- Sample will be based on ICD10 coding
- Sample will be patients discharged in April 2016. Minimum return of 50, maximum 100
- Smaller hospitals can continue until 50 are achieved
- Time lag to allow for coding

Carer questionnaire

Piloted 3 samples for carer questionnaire:

- Carers identified from the casenotes of people with dementia which were audited in pilot sample
- Carers identified from the total possible sample of casenotes over the three month period
- Carers given a questionnaire during “Census Fortnight”

Carer questionnaire

- Independent development by Patient Experience Research Centre, Imperial College
- Initial development:
    - Literature review to identify key topics of importance to carers
    - Analysis of a purposive sample of existing questionnaires that measure quality of care to identify potential questions
    - Focus groups and interviews with carers to identify care quality priorities and usability of the questionnaire
- 9 questions identified for inclusion in pilot questionnaire, 4 on patient care, 3 on communication, and 2 overall rating questions (Friends and Family included for comparison)

Carer questionnaire

3 stage analysis:

- Testing acceptability of questions to users
- Testing associations between questions – consistency, whether items are redundant, and how well the questionnaire hangs together
- Identifying key themes from free text comments – to see if any important topic areas arise

Acceptability and consistency good:

- Low levels of missing data; Endorsement frequencies <80% target – questions elicit varying responses
- No redundant questions, internal consistency
- Every question in the main body of the questionnaire was shown to be significantly associated with the overall rating

Response rate

- Sample 1 and 2 did not have high returns and were burdensome
- Sample 3 (face to face distribution) gave an acceptable response rate where this could be calculated

Staff questionnaire

- Developed with workshop based consultation with staff at each pilot site
- Identified key items for inclusion and preferred format
- Distributed online to a random sample of staff working with adult inpatients (included support staff but excluded e.g. finance)
- Also handed out on wards towards the end of the data collection period

Staff questionnaire

Analysis:

- Testing acceptability of questions to users/ eligibility of respondents
- Testing associations between questions – consistency, whether items are redundant, and how well the questionnaire hangs together

Acceptability and consistency:

- Some initial work to identify staff saying that they did not work with people with dementia/ inpatients. No support staff returned a completed questionnaire
- Staff evaluation suggested that the questionnaire would create an accurate picture of care
- Item redundancy on 2 pairs closely linked questions, generally good internal consistency
- Some questions can only be answered by nursing staff – nutrition, night time moves, meal times

Response rate

- Average of 30% from hard copies within a very short time frame

Round 3 content

Casenote audit:
- Sample of patients with dementia discharged in April – minimum 50-maximum 100
- Sample will be based on ICD10 coding
- Data return May-September

Organisational checklist:
- One per hospital
- Data return April- June

Carer questionnaire
- To be given out throughout the hospital over June-August
- Focus resources on one month if necessary
- Will be advertised

Staff questionnaire
- Dual approach
- Online to all clinical staff working with adult inpatients (August-October)
- Three key wards to be chosen with high number of admissions of people with dementia, for paper based distribution (alongside carer questionnaire)

Local reporting in Rounds 1 and 2

- **Round 1** – Full breakdown by tool, plus summary of standards met
- Did not distinguish areas of low/ high performance
- Difficult to view results across tools

- **Round 2** – Breakdown by theme across tools, with key results summarised
- Presentation agreed with input from working party of audit leads
- Did not produce usable ranking system due to extensive areas of routed data – draft method was thought to be unfair and potential hindrance to identifying improvement

Reporting in Round 3

Breakdown by theme:

- Results presented from all 4 tools together
- This will allow easier comparison between items from different tools

Breakdown by tool

- Comparison with R2 data where applicable, range and inter quartile range of results

Newly developed scoring system

- Based on key items from each tool

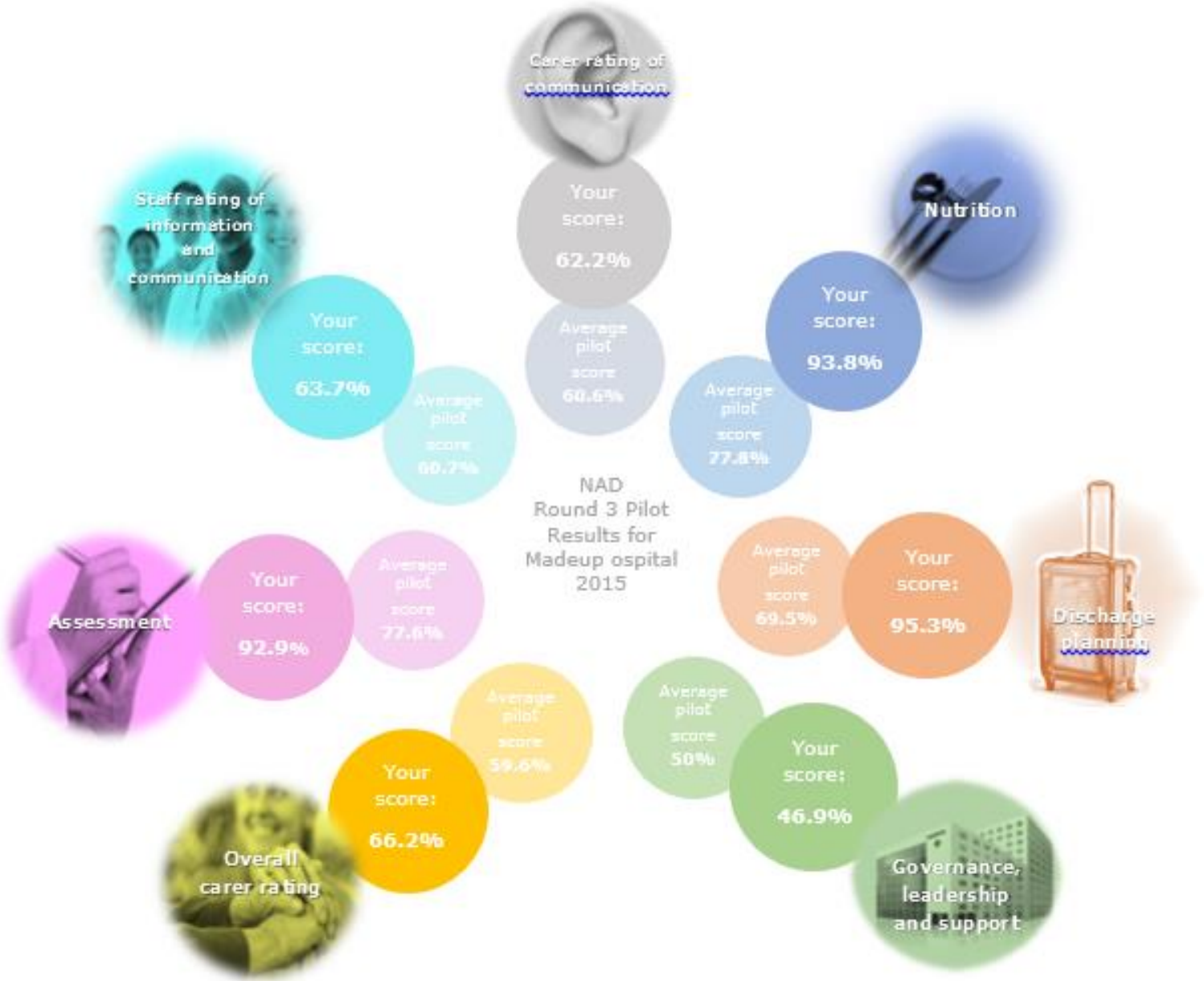
Content of scoring system

- Identified as priority themes relating to the care of people with dementia
- Either previous audit data analysis, or analysis of the properties of the tool in pilot, suggest that they will provide a sufficiently robust basis for comparison
- Drawn from all 4 of the main audit tools, and therefore include measures drawn from audit of casenotes, organisational response to questions relating to support for people with dementia, and the perspective of carers and of staff.

Content of scoring system

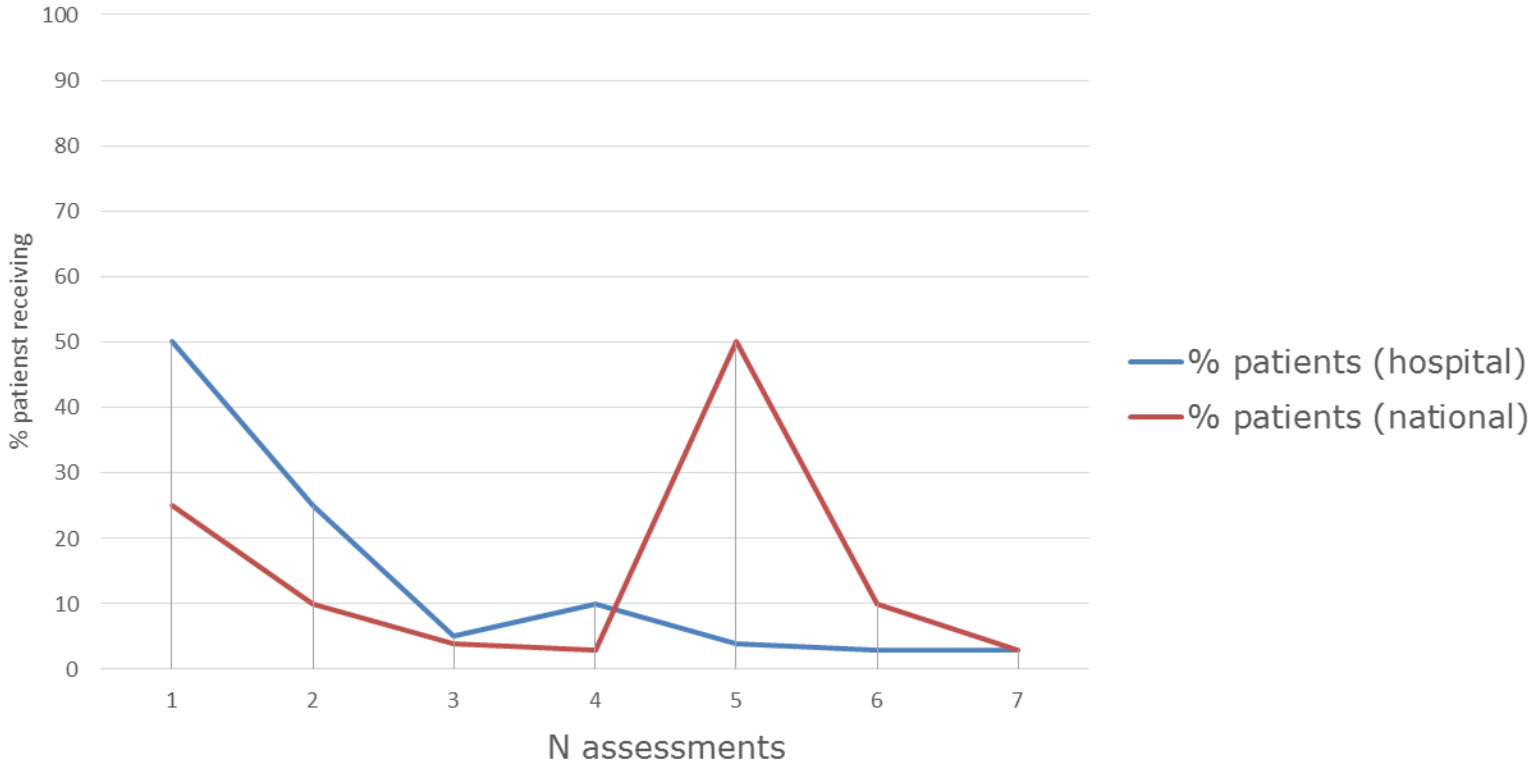
Assessment	Patients in the casenote sample - how many out of 7 comprehensive assessment items received by each
Carer rating of the quality of information and communication	Carers' responses to 3 questions on the quality of information and communication
Staff rating of the quality of information and communication	Staff responses to 3 questions on the quality of information and communication
Nutrition	Hospital responses on 4 questions: carer passport scheme, availability of finger foods, 24 hour provision and protected mealtimes
Discharge	Patients in the casenote audit receiving 4 elements of discharge planning: discussion with the person and carer, consultant and MDT
Governance	Hospital responses on 9 questions relating to leadership, support and engagement
Carer rating of patient care	How positively carers rated care provided to the person with dementia

Overview of scoring



Theme summary scoring (example)

Hospital Score: 214
National Average: 400
Score Range: 190-660



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