Results of the
Irish National Audit of Dementia (INAD) Care in Acute Hospitals

Anna de Siún

INAD Project Co-ordinator

Background

- Cognitive impairment and confusion are significant co-morbidities among hospitalised older people (Moyle et al., 2008).

- Estimates suggest that up to 25% of all patients in a typical general hospital may have dementia (Cahill et al., 2012).

- Overall an episode of acute hospital care can impact negatively on the quality of life of the patient with dementia (Moyle et al., 2010).

- Irish National Dementia Strategy 2014.

- Irish National Audit of Dementia Care in Acute Hospitals.

Project Team

The Centre for Gerontology and Rehabilitation, UCC
Dr Suzanne Timmons (co-chair); Dr Paul Gallagher

The Centre for Ageing, Neuroscience and the Humanities, TCD
Prof Des O'Neill (co-chair); Dr Sean Kennelly

HSE Quality and Patient Safety Audit Service (QPSA)
Ms Edwina Dunne; Ms Denise McArdle; Ms Patricia Gibbons

Anna de Siún, INAD Project Coordinator
Emma O'Shea, INAD Research Assistant
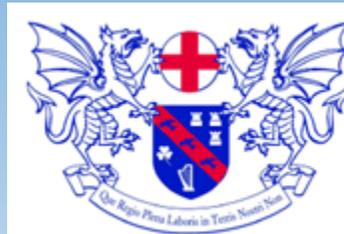
Audit Summary

Has a comprehensive assessment of physical, medical, mental health and social care needs been carried out?

Are there policies and guidelines in place sensitive to the needs of people with dementia?

Do staff have the skills and knowledge necessary to care for a person with dementia?

Does the hospital have access to relevant specialist services?

Have post-discharge support needs been identified, recorded and put in place?

Point of Admission

Hospital Admission

Point of Discharge

Has the person been assessed for the presence of dementia and/or delirium?

Is the environment appropriate for a person with dementia?

Are there systems and practices in place to support good nutrition?

Is there appropriate communication and information sharing with the person with dementia and their families/carers?

Has a discharge plan, which includes all relevant information on the person's mental health status and support needs been recorded in the healthcare record.

Methodology

- 35 acute hospitals that admit adults.
- Four separate audits conducted in each hospital; May – September 2013
  - Organisational Audit
  - Healthcare Record Audit
  - Ward Organisational Audit
  - Environmental Audit
- Data from this first audit will act as a benchmark for future improvements in hospital policy, procedure and practices as they relate to the care of people with dementia.
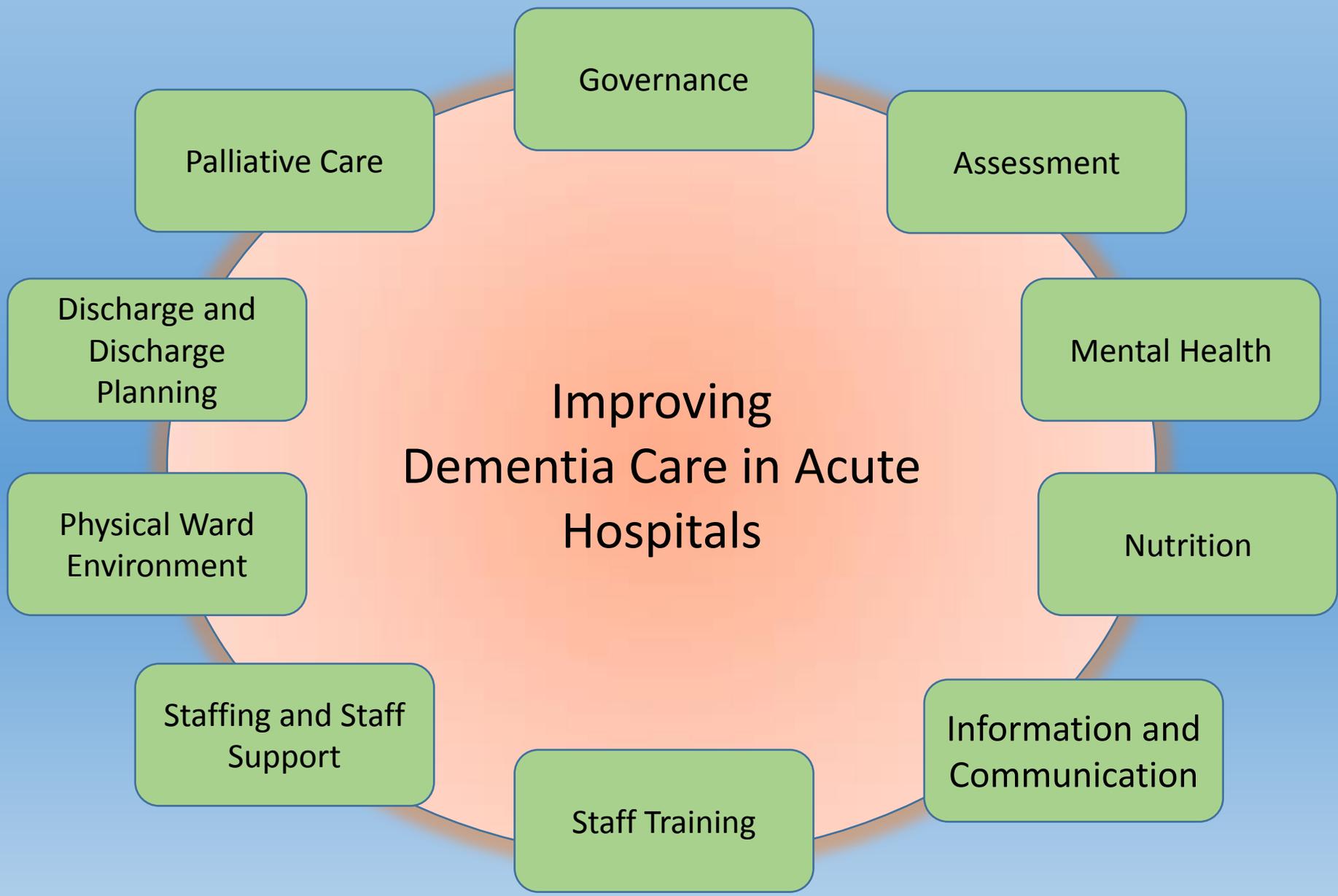
Governance

- 94% of hospitals (33/35) have no dementia care pathway in place.
- Most hospitals not using their existing sources of information to improve dementia care.

🙂	😕
Liaison Psychiatry	Psychiatry of Old Age
Geriatric Medicine	Specialist Continence Services
Occupational Therapy	Psychology
Physiotherapy	Social Work Services
Specialist Infection Control	
Specialist Palliative Care	

- Length of stay and discharge destination.

Assessment

- Reasonably high levels of medical and functional assessments being carried ou...
- Gap between ho... ...ome assessments.
- Lack of compreh... ...status.
- Poor recording o... ...t discharge.
- 24% of HCRs ide... ...d environmental assess... ...corded
- 89% of hospitals ... ...eriatric medicine service.

Assessment of Mobility 89%

Nutritional Assessment 76%

Assessment for De...

Co-morbid Conditions 96%

Symptoms of...

Recent Changes in Current Medication 87%

Problem List 76%

Changes Indicating...

Fu...
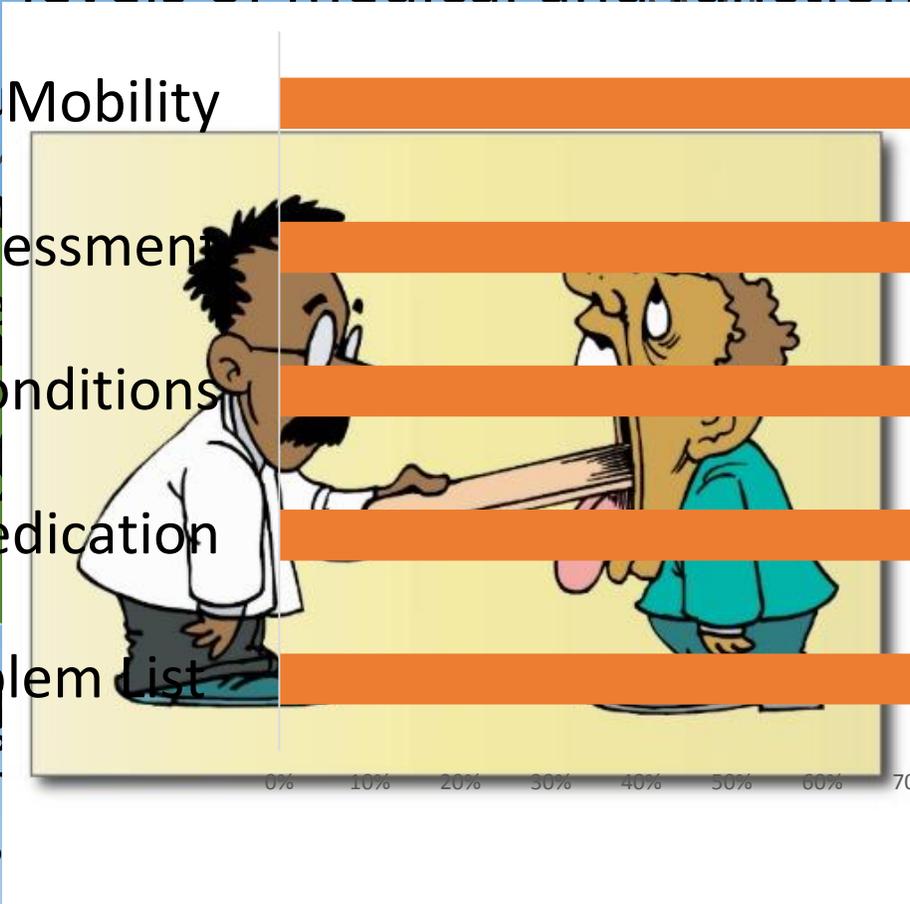
Mental Health and Liaison Psychiatry

- All hospitals reported access to general liaison psychiatric services, 71% (25/35) reported access to liaison psychiatry of old age services.

- Lack of consistency in the structure, availability and provision of liaison psychiatry and liaison psychiatry of old age services.

No antipsychotics

Existing prescription only

Existing prescription and new regular/PRN

No existing prescription, new regular/PRN

59%

17%

12%

12%
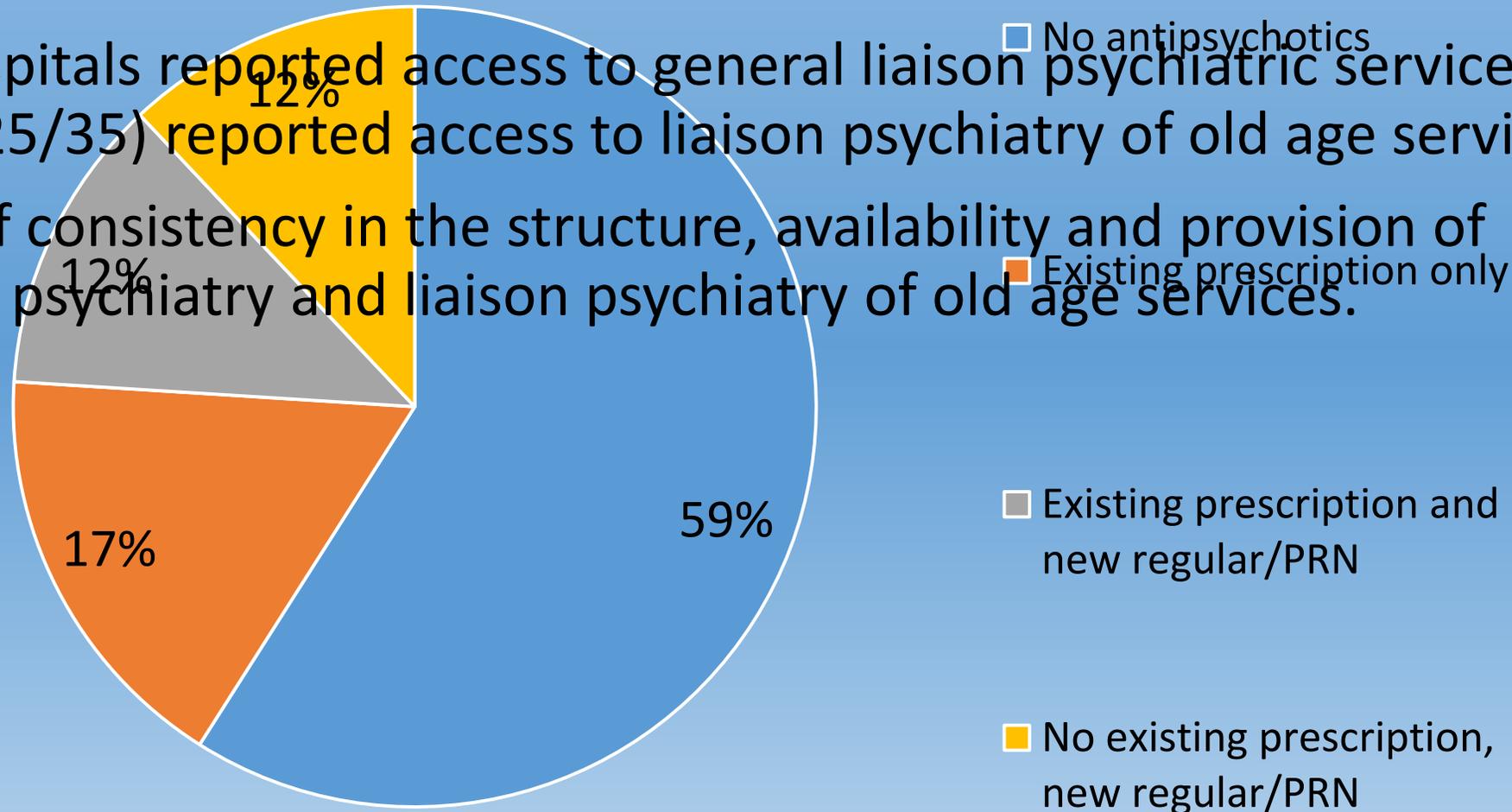
Mental Health and Liaison Psychiatry

- 32% of hospitals (11/34) have a protocol in place governing the use of interventions for patients displaying violent or challenging behaviour.
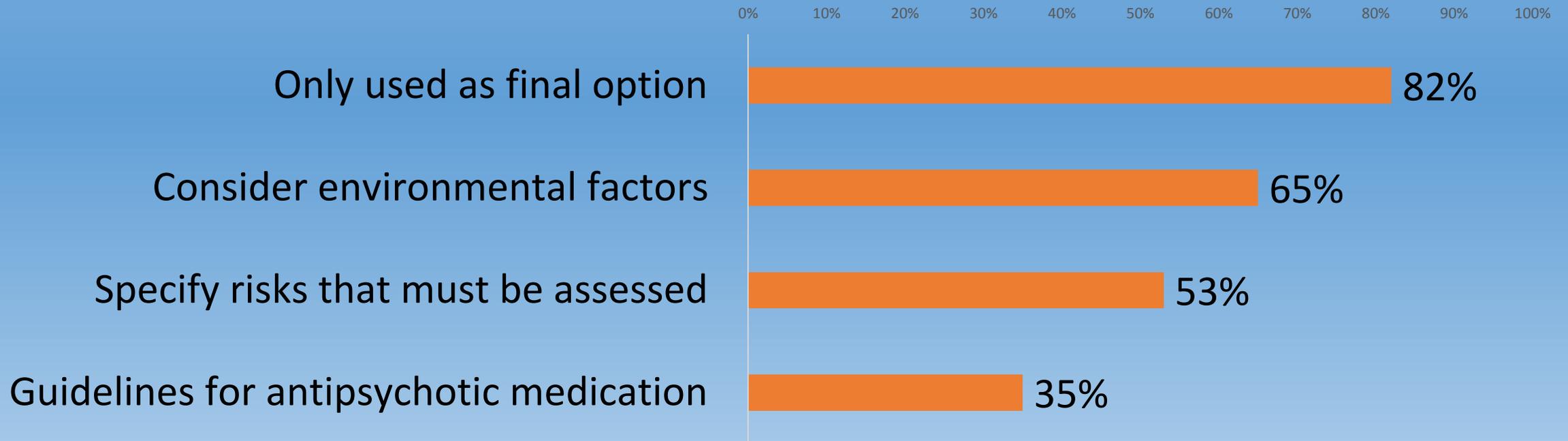
Mental Health and Liaison Psychiatry

- 41% of patients (271/657) had antipsychotic medication administered at some point during their admission.

Pie chart legend:
- No antipsychotics
- Existing prescription only
- Existing prescription and new regular/PRN
- No existing prescription, new regular/PRN

Pie chart values: 59%, 17%, 12%, 12%
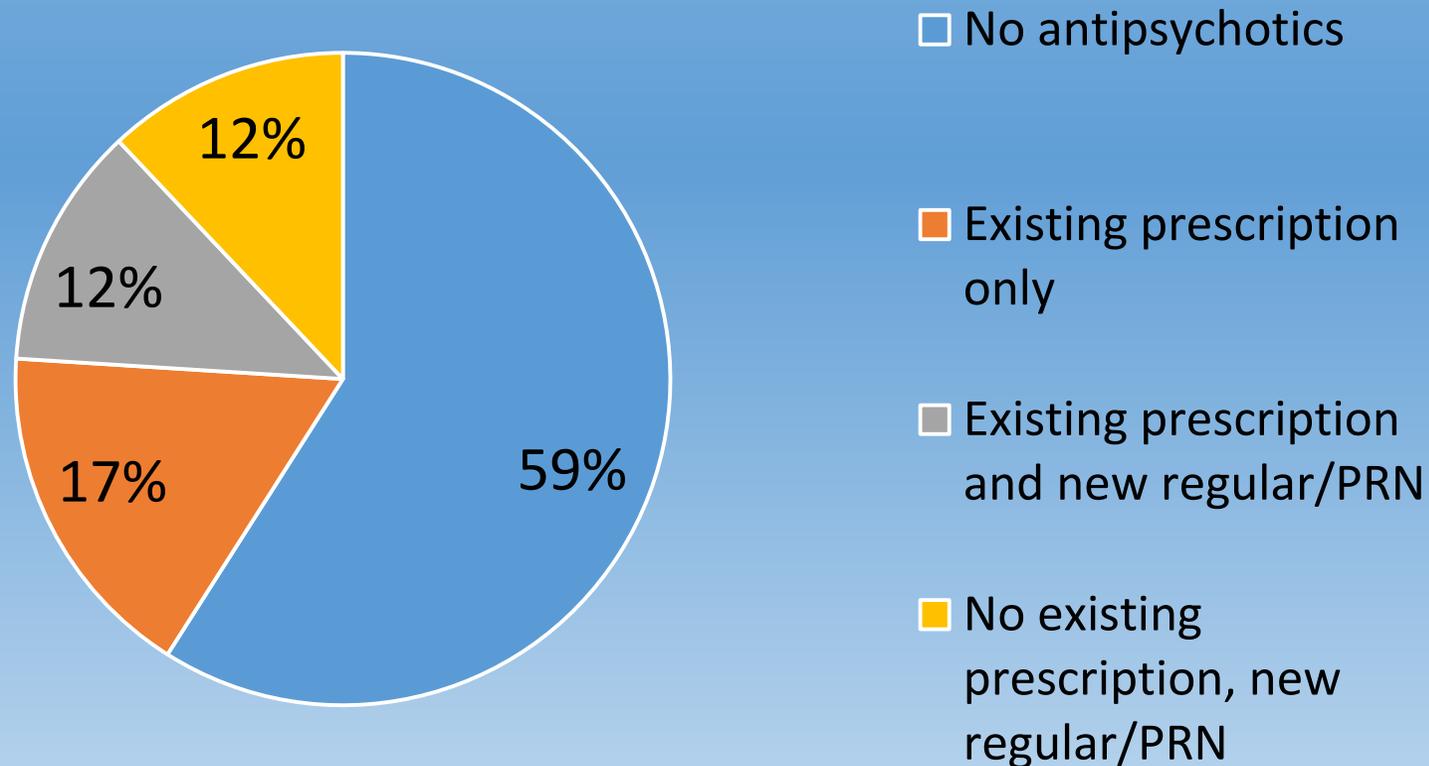
Mental Health and Liaison Psychiatry

- 16% of patients (109/657) were given a new regular prescription.
- Reason for prescription of antipsychotic medication recorded in 50% of cases. Most common reason 'agitation'.

Nutrition
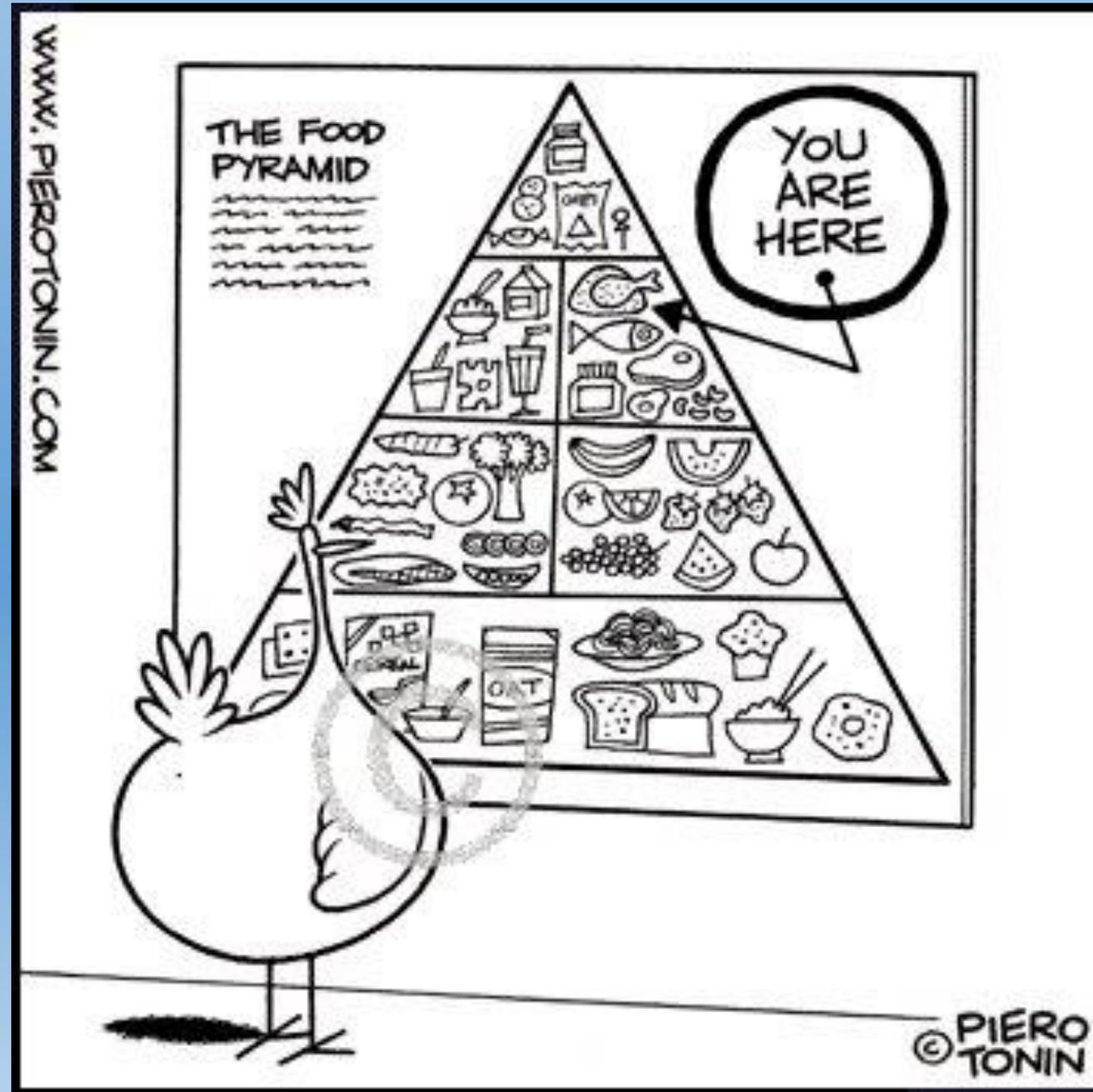
Nutrition

- 50% of hospitals (17/34) have protected mealtimes established on all wards.

- 35% of wards (27/77) have a system in place to signal the need for increased assistance with eating.

- 20% of wards (15/77) provide patients with opportunities to socially interact at mealtimes.

- 94% of hospitals (33/35) reported having access to specialist services to help people with dementia in their swallowing and eating.

Information and Communication

Information and Communication

- One hospital has a form dedicated to collecting information about the person with dementia from a carer or relative.
- Few policies/guidelines around information.
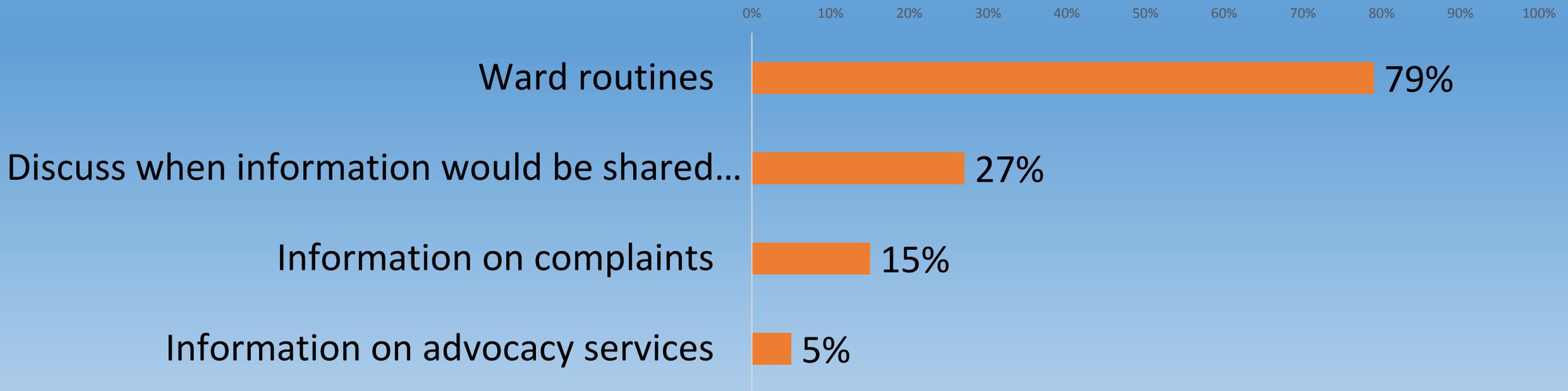
Information and Communication

- 6% of hospitals provide training in communication skills to doctors, 26% reported providing this training to nurses.

- 99% of wards (76/77) identified handover as the system used for communicating appropriate personal information.

- 29% of wards (22/77) identified a system for communicating appropriate information to staff outside of the ward.

Staff Training

- Lack of commitment to dementia training at an organisational level.

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

Knowledge and training framework � 21%

Included in staff induction ▮ 6%

Mandatory 0
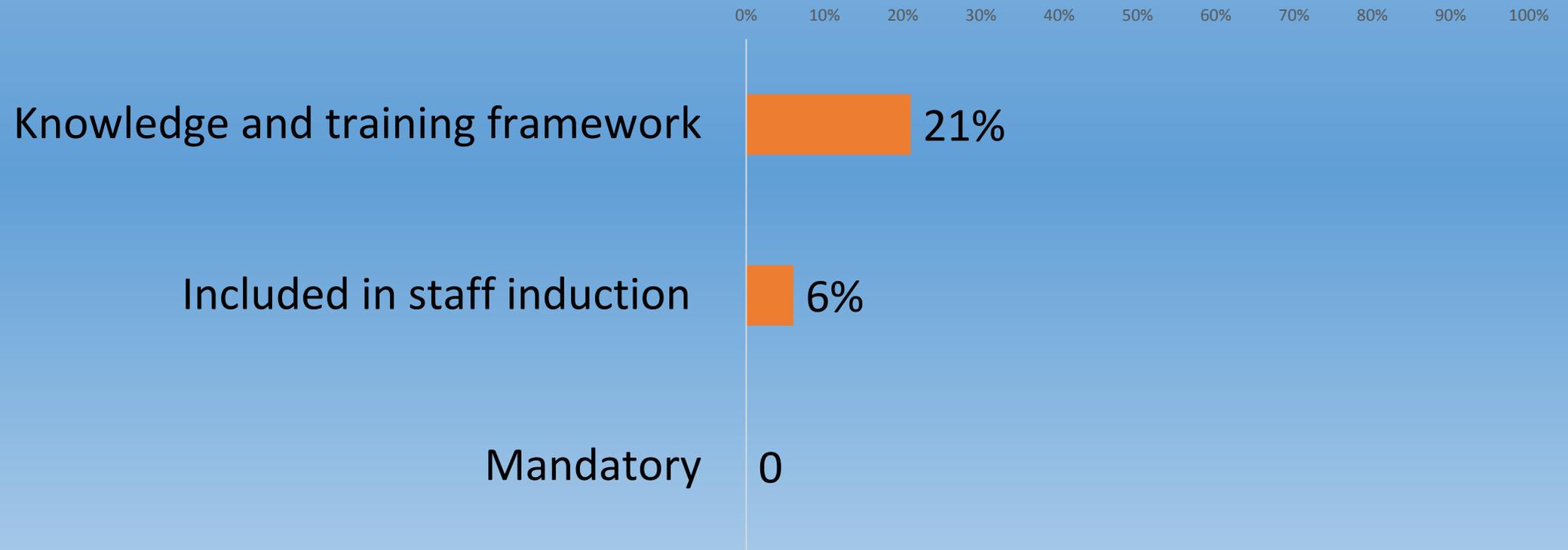
Staff Training

- Just over half of hospitals had provided dementia awareness training to doctors (54%) and nurses (52%).

- Far fewer provided training to healthcare assistants (29%), allied healthcare professionals (16%) and support staff (10%).

- Training on behaviours that challenge was more common than training on communication or assessing risk before use of restraint/sedation.

- 36% of wards had arrangements in place to allow staff to attend dementia related training.

Staffing and Staff Support

- 69% of wards (53/76) had at least one unfilled vacancy in their permanent nursing staff.

- 35% of wards (22/77) reported having unfilled nursing staff vacancies.

- 17% of wards (13/77) can measure dependency and review staff numbers/skill mix on a daily basis.

- 32% of hospitals (11/34) reported having a dementia champion in place.

Staffing and Staff Support

- Very few supports available for nursing and HCA staff.

No reflective practice groups — 95%

No peer support groups — 88%

No support from dementia champion — 85%

No clinical supervision — 56%

No appraisal or mentorship — 78%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
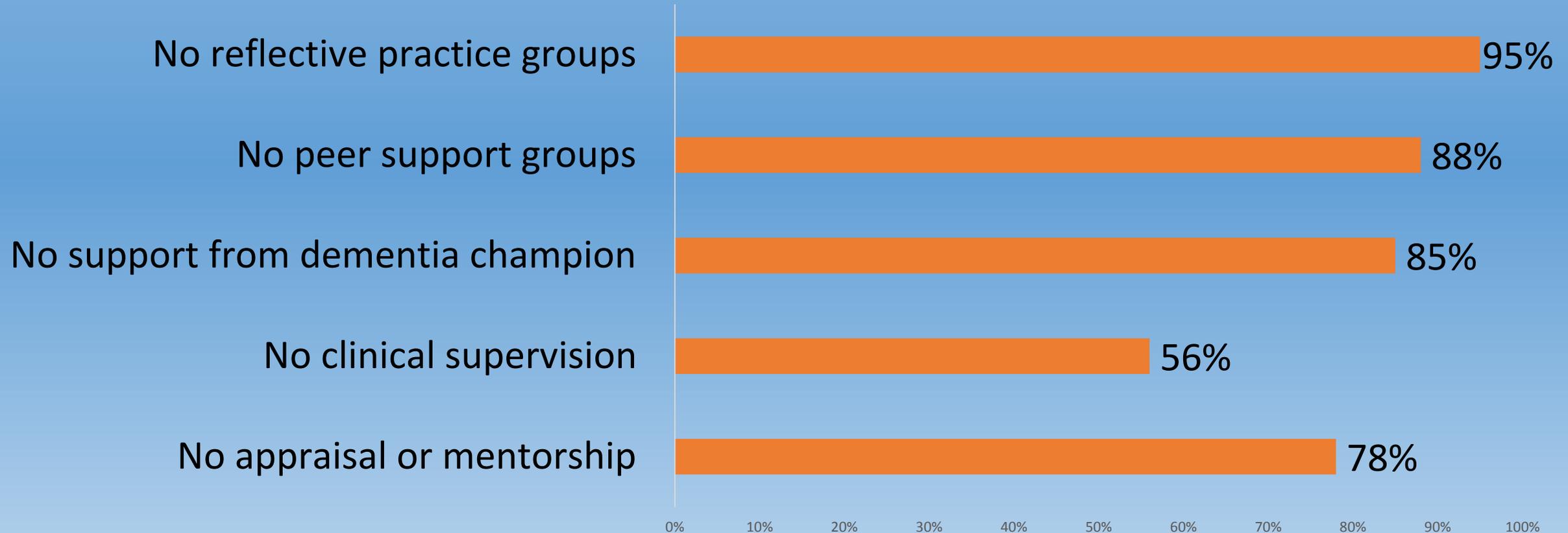
Physical Ward Environment

Physical Ward Environment

- The majority of wards did not have environmental cues to help the person orientate themselves.
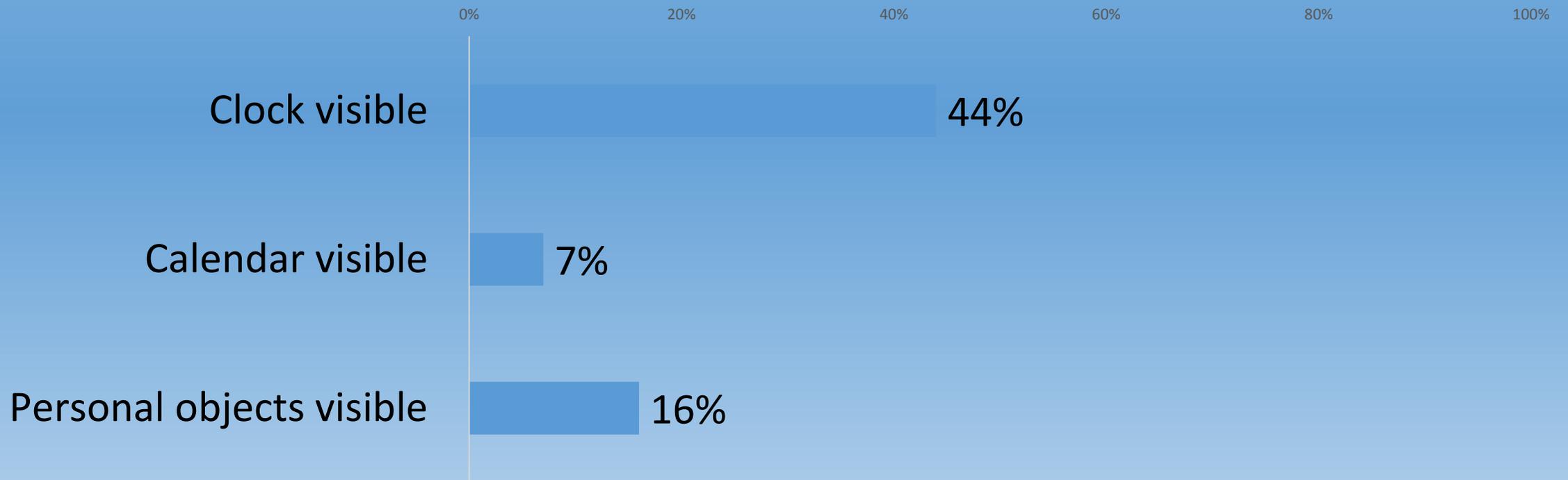
Physical Ward Environment

- 74% of wards did not have signs to locate the toilet visible from patients bed or door of their room.

- No wards labelled items in bathroom/toilet.

- 46% of wards had a day room or patients' lounge.

Discharge Planning and Discharge

- 94% of hospitals (33/35) have a discharge policy in place.

- Gap between discharge policies and practices.
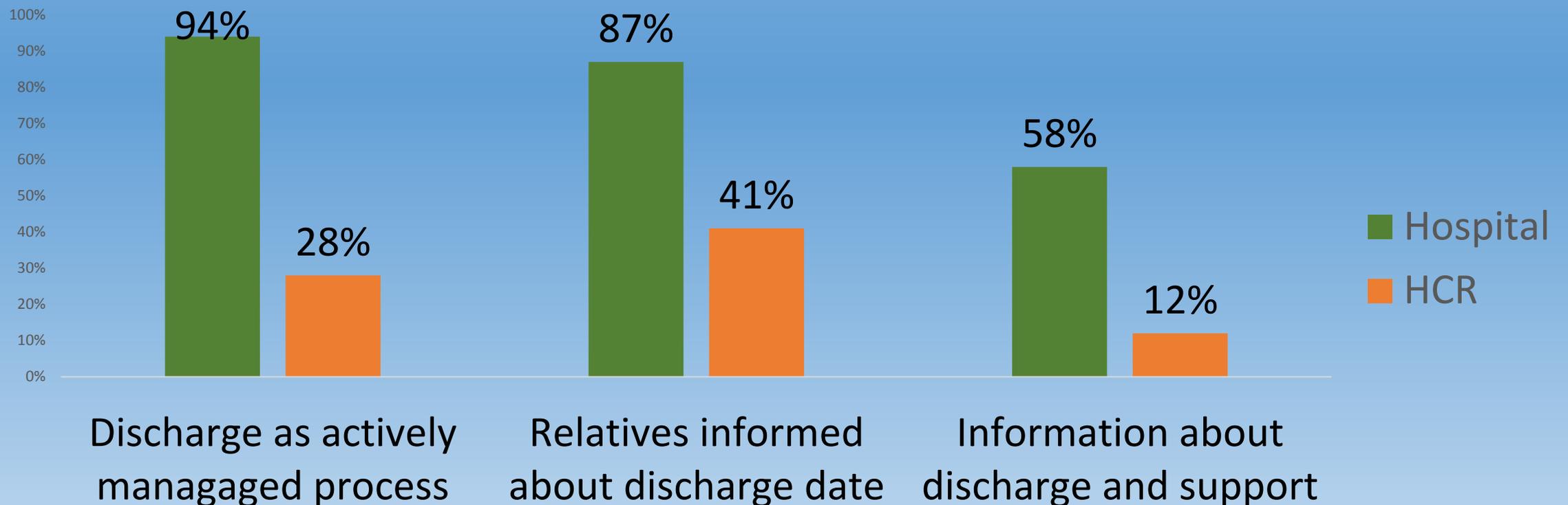
Discharge Planning and Discharge

- 86% of hospitals (30/35) have named person to take overall responsibility for complex needs discharge.

- 37% of HCRs (198/532) had documentation to show that a named person coordinated the discharge plan.

- Person with whom place of discharge was discussed.

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

With person with dementia — 21%
With carer/relative — 50%
Consultant — 35%
Multidisciplinary team — 48%
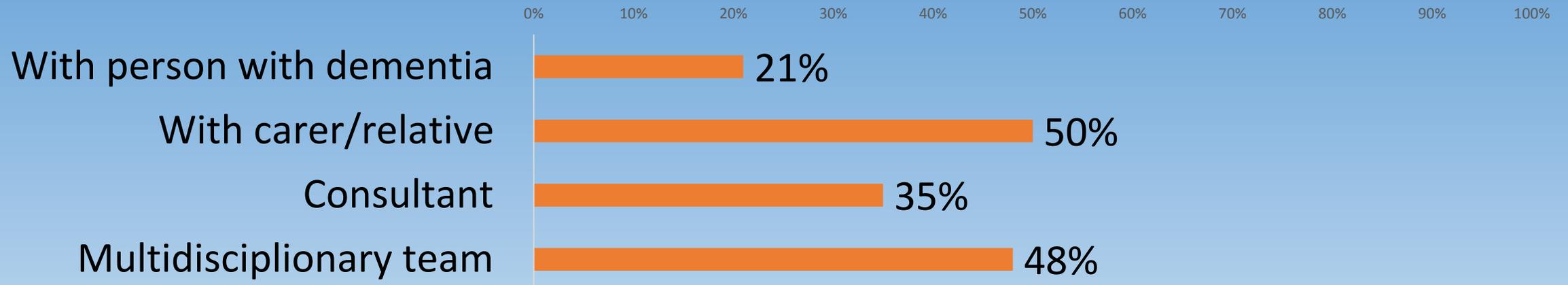
Palliative Care

- 8% of patients (51/660) died whilst in hospital.

- 6% of patients (37/629) were receiving end of life care or on an end of life care pathway.

- 9% of patients (44/466) were referred to specialist palliative care services, over half of whom (26/44) died whilst in hospital.

- A decision for resuscitation was documented in 32.5% of HCRs.

- One referral for family/carer bereavement support was recorded.

Key Recommendations

1. Each acute hospital has responsibility for developing a training and knowledge strategy to ensure that all staff are provided with basic training in dementia awareness, and a locally agreed specified proportion of ward staff receive higher level training (including dementia champions).

Key Recommendations cont'd

2. Liaison Psychiatry, Liaison Psychiatry of Old Age, and Geriatric Medicine services should be in place in all acute hospitals to provide access for the treatment and referral of people with dementia. These services should have a named consultant providing the liaison service who has dedicated time in his/her job plan for the provision of same. Response times to referral should be a key performance indicator for these services.

Key Recommendations cont'd

3. Based on evidence from best practice, each hospital should develop and implement policies and systems for the prevention, identification and treatment of delirium.

4. An assessment of mental status should be an integral part of the acute admission of people with dementia, utilising standardised assessment tools and collateral history. All staff responsible for the assessment of older people need to have training in the assessment of mental status using standardised measures.

Key Recommendations cont'd

5. A period of treatment in hospital should be highlighted as an appropriate point for review by an appropriate expert of any use of antipsychotic medication. Guidelines currently being developed by The College of Psychiatrists of Ireland will provide guidance on the use of antipsychotics and the circumstances in which prescription of antipsychotics is appropriate.

Key Recommendations cont'd

6. National guidelines on dementia friendly ward designs should be developed, to be incorporated as standard into all refurbishments and new builds. At ward level managers and dementia champions should ensure that simple and effective improvements to the environment are made to all wards admitting adults, including appropriate signage and visual aids to support orientation and continence and adequate space and resources to support activity and stimulation.

Thank You