



# Second Irish National Audit of Dementia Care in Acute Hospitals (INAD-2)

## ORGANISATIONAL CHECKLIST

This audit tool looks at structures, resources, areas of identified good practice and monitoring that the hospital has put in place to improve the care, treatment and support of people with dementia. Standards have been developed based on the UK National Audit of Dementia Care, adapted for the Irish health services. A full bibliography for the standards in this audit can be found at [www.nationalauditofdementia.org.uk](http://www.nationalauditofdementia.org.uk)

The checklist should be completed with input from the CEO (or equivalent managerial level), Director of Nursing, nominated site liaison, and nominated consultant physician or psychiatrist.

At the end of the questionnaire you will find a comment box. Use this to make any further comments on your answers to the questions.

*Adapted from the first INAD tool, which was in turn adapted from the UK National Audit of Dementia, with permission.*

### **Enter your hospital code:**

*This is the code allocated by the project team and is held by the audit lead contact. It will consist of 2 letters and 2 numbers, e.g. 11XY. If you do not know the hospital code, please get in touch with the audit lead from your hospital or contact the INAD audit Coordinator on 057 9318477*

# SECTION 1: GOVERNANCE AND DELIVERY OF CARE

## 1. A care pathway or bundle for patients with dementia is in place<sup>1</sup>:

- A care pathway is in place ⇒ **Go to 1b**
- A care bundle is in place ⇒ **Go to 1b**
- Both a care pathway and a care bundle are in place ⇒ **Go to 1b**
- Neither a care pathway nor a care bundle are in place ⇒ **Go to 1a**

### 1a. If a care pathway or bundle is not in place, are either of these in development

- A care pathway is in development
- A care bundle is in development
- Both a care pathways and bundle are in development
- Neither are in development

### 1b. A senior clinician is responsible for implementation and/or review of the care pathway or bundle:

*N.B. They may also have responsibility for other areas.*

- Yes ⇒ **Go to 1c**
- No ⇒ **Go to 2**

### 1c. Please identify the senior clinician who leads the work of the hospital on this

- Clinical/Medical Director
- Director of Nursing
- Consultant Geriatrician/Specialist Physician in Care of the Older Person
- Consultant Psychiatrist
- Old Age Psychiatrist
- Consultant Physician
- Neurologist
- Consultant Nurse
- Registered Advanced Nurse Practitioner (RANP)/Clinical Nurse Specialist (CNSp)
- Health and Social Care Professional
- Other, please specify:

### 2a. There is a care pathway/bundle for:

	Yes->Go to 2b	In development->Go to 2b	No->Go to 3
Delirium <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 2b. It is/will be integrated with the dementia pathway:

	Yes	No
Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Fractured neck of femur	<input type="checkbox"/>	<input type="checkbox"/>
Falls	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Please provide evidence of any care pathway or bundle which is in place

<sup>2</sup> Please provide evidence of any care pathway or bundle which is in place

## Comments on 2

### 3. There are champions for dementia:

*Those with a passion for supporting and encouraging those around them to provide optimum dementia care. Have not necessarily completed Dementia Champion training*

#### a) At hospital level

Yes  No

#### b) In the Emergency Department/AMAU/ASAU/Acute floor

Yes  No

#### c) At Medical Directorate Level

Yes  No

#### d) At surgical/peri-operative/trauma level

Yes  No

#### e) On all wards (excluding maternity and paediatrics)

Yes  No

### 4. Does the hospital have dementia specific:

*N.B. This is related to protected time for a dementia specific role rather than staff who have received dementia training or education*

a) Nurse Specialists  Yes  No

If yes, how many WTE: Whole Time Equivalent:

b) Advanced Nurse Practitioners/  
candidate RANPs  Yes  No

If yes, how many WTE: Whole Time Equivalent:

c) Occupational Therapists  Yes  No

If yes, how many WTE: Whole Time Equivalent:

## 4a. Comments on 4

### 5. A Dementia Quality Improvement Team or Working Group or similar<sup>3</sup> is in place and reviews the quality of services provided in the hospital:

Yes ⇒ [Go to 5a](#)

No ⇒ [Go to Comment box at end of section](#)

<sup>3</sup> Please provide evidence for this e.g. Terms of Reference, list of membership

**5a. The group meets:**

- Quarterly
- Bi-monthly
- Monthly
- Other, please specify:

**5b. The group includes:**

- A representative of the executive management team
- Healthcare professionals
- Multidisciplinary representation
- Bed management/patient flow representative(s)
- Nursing management
- Organisations which support people with dementia e.g. Alzheimer's Society
- Carer/service user representation
- Practice development coordinator e.g. education and training representative

**5c. Does this group have a clear governance and reporting structure to senior hospital management in place?**

- Yes
- No

*Do you have any comments to make on Section 1: Governance and delivery of care?*

## SECTION 2: CONTINENCE

**6. Does your hospital have a written policy for the management of continence?<sup>4</sup>**

- Yes
- No
- In development

**7. Is there a lead for continence care or services in your hospital?**

- Yes ⇒ **Go to 7a**
- No ⇒ **Go to 8**

**7a. Does this person have education in the ongoing needs of people with dementia?**

- Yes
- No

<sup>4</sup> Please provide documentation

**8. Is there a structured programme of staff training on promoting continence?<sup>5</sup>**

- Yes** ⇒ **Go to 8a**
- No** ⇒ **Go to comment box at end of section**

**8a. Staff training on promoting continence:**

*Tick all that apply for each of the staff groups*

	<b>Mandatory</b>	<b>Provided on Induction</b>	<b>Provided in the last 12 months (either in-house or externally)</b>	<b>Not provided in last 12 months</b>
<b>Doctors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nurses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HCAs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other health and social care professionals, e.g. physiotherapists, dieticians</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any comments to make on Section 2: Continence?**

## SECTION 3: DELIVERY OF CARE

**This section asks whether there are systems in place to ensure that people with dementia receive a comprehensive assessment with the following components:**

This can be contained within systems/policies for assessment of older people, **including** people with dementia. It need not be a separate system, process or policy unless people with dementia are excluded from such documents.

**9a. Assessment of functioning using a standardised instrument- i.e. basic activities of daily living, instrumental activities of daily living, mobility**

*Answer "Yes" if functioning is assessed using a standardised instrument, e.g. Barthel or other instrument.*

- Yes**                       **No**

**9b. Assessment of mental state using a standardised instrument – i.e. mental status (cognitive) testing**

*Answer "Yes" if cognitive assessments use standardised instruments, e.g. AMT, MMSE, MOCA.*

- Yes**                       **No**

<sup>5</sup> Please provide documentation

**9c. Standardised assessment of nutritional status (e.g. MUST)**

Yes       No

**9d. Assessment of communication**

Yes       No

**9e. Assessment of pain**

Yes       No

**9f. Assessment of swallow function**

Yes       No

**9g. Screening question(s) relating to bladder and bowel problems**

Yes       No

***Do you have any comments to make on Section 3: Delivery of Care?***

## SECTION 4: DEMENTIA ASSESSMENT / MENTAL HEALTH NEEDS

**10. Does your hospital screen all older people for cognitive impairment/delirium in the ED/AMAU/ASAU/Acute floor e.g. using the 4AT (supported by policy)?**

Yes       No

**11. Has your hospital formally implemented the "Early Identification and Initial Management of Delirium in the ED/AMAU" algorithm?**

Yes       No

**12. There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment in high risk areas (the ED/AMAU/ASAU/Acute floor, theatre and wards caring for people with dementia) are assessed for the presence of delirium at presentation:<sup>6</sup>**

*This relates to national/international guidelines such as UK NICE delirium guideline CG103 which specifies that people at risk of developing delirium should be assessed for recent fluctuations in behaviour.*

*See <http://www.nice.org.uk/cg103>*

Yes  
 No  
 In development

<sup>6</sup> Please provide documentation

**13. Does your hospital formally screen people at risk for delirium on wards on a daily basis?**

Yes       No

If yes, what screening tool is used?

**14. Has your hospital formally implemented the "Acute Ward Delirium Screening Algorithm"?**

Yes       No

**15. 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 (memory services, geriatric medicine, old age psychiatry or neurology):**

*Answer "Yes" if either referral for assessment as an in-patient or referral for assessment as an out-patient is triggered by suspected dementia and this is specified in local policy or protocol.*

Yes       No

**16. There is a protocol in place governing the use of interventions for patients displaying violent or responsive behaviour, aggression and extreme agitation (also known as BPSD), which is suitable for use in patients who present responsive behaviours<sup>7</sup>**

*Answer "Yes" if there is a local protocol which includes a section for people with dementia.*

Yes ⇒ **Go to 16a**

No ⇒ **Go to Comment box at end of section**

In development ⇒ **Go to 16a**

**16a. Within this protocol, there is a section on the appropriate use of restraints:**

Yes       No

**16b. Within this protocol, there is specific instruction on the risks of antipsychotics and benzodiazepines:**

Yes       No

***Do you have any comments to make on Section 4: Dementia Assessment/Mental Health Needs?***

<sup>7</sup> Please provide documentation

## SECTION 5: TRANSFER MONITORING

**17. Is there a policy on internal transfers for recording and reporting instances of night time bed moves (i.e. between 8pm and 8am) at senior management level:<sup>8</sup>**

**Yes** ⇒ **Go to 17a**

**No** ⇒ **Go to Comment box at end of section**

**17a. Does this policy capture/allow identification of patients with dementia?**

**Yes**       **No**

***Do you have any comments to make on Section 5: Transfer monitoring?***

## SECTION 6: INFORMATION EXCHANGE

**18. There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia:<sup>9</sup>**

*Answer "Yes" if there is a dedicated or a generally used system, which is also used with people with dementia. This can be a form, template or checklist. It should prompt the collection of information and ensure it is consistently presented. Examples include Patient Passports, "This is Me" booklet. This system should capture significantly more information than activities of daily living and should include, for example, the patient's likes and dislikes*

**Yes** ⇒ **Go to 18a**

**No** ⇒ **Go to Comment box at end of Section**

**18a Please specify the name of the system used:**

***Do you have any comments to make on Section 6: Information?***

<sup>8</sup> Please provide documentation

<sup>9</sup> Please provide documentation

## SECTION 7: RECOGNITION OF DEMENTIA

**19. There is a system in place across the hospital that ensures that all staff in the ward or care area are aware of the person's dementia or condition and how it affects them:** <sup>10</sup>

*Answer "Yes" if there is a visual identifier, e.g. in case notes, for dementia, or other flagging system that ensures dementia is quickly identified.*

- Yes, across all areas and wards of the hospital** ⇒ **Go to 19a**
- In the ED/AMAU/ASAU/Acute floor only** ⇒ **Go to 19a**
- At ward level only** ⇒ **Go to 19a**
- No** ⇒ **Go to 20**

**19a. Please say what this is:**

- A visual indicator, symbol or marker**
- Alert sheet**
- A box to highlight or alert dementia condition in the notes or care plan**
- Other, please specify:**

**20. There is a system in place across the hospital that ensures that staff from other areas are aware of the person's dementia or condition whenever the person leaves their designated care area:** *E.g. for assessment.*

*Answer "Yes" if there is a visual identifier, e.g. in case notes for dementia, or other flagging system that ensures dementia is quickly identified.*

- Yes** ⇒ **Go to 20a**
- No** ⇒ **Go to comment box at end of section**

**20a. Please say what this is:**

- A visual indicator, symbol or marker**
- Alert sheet**
- A box to highlight or alert dementia condition in the notes or care plan**
- Other, please specify:**

***Do you have any comments to make on Section 7: Recognition of Dementia?***

<sup>10</sup> Please provide documentation

## SECTION 8: TRAINING, LEARNING AND DEVELOPMENT

**21. There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia:<sup>11</sup>**

- Yes  No

**22. Staff induction programmes include dementia awareness:**

- Yes  No

**The following questions are about training that is provided to acute healthcare staff who are involved in the care of people with dementia (or suspected dementia):**

*Training provision can refer to in-house training, knowledge sharing sessions, induction, online training, or other scheduled learning event including ward based training provided by a specialist practitioner e.g. dementia champion, liaison nurse*

**23. Dementia awareness training:**

*Tick all that apply for each of the staff groups*

	Mandatory	Provided on Induction	Provided in the last 12 months (either in-house or externally)	Not provided in last 12 months
<b>Doctors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Nurses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HCA's</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other health and social care professionals, e.g. physiotherapists, dieticians, pharmacists</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Support staff in the hospital, e.g. housekeepers, porters, receptionists, catering</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23a. How many staff in the hospital were provided with dementia awareness education between 1 January 2018 – 31 December 2018<sup>12</sup>**

**24. The National Dementia Office 4 hour dementia acute care programme is provided to staff in your hospital?**

- Provided to all relevant staff ⇒ **Go to 24a**  
 Provided to some staff only. Please provide details: ⇒ **Go to 24a**

- Not provided ⇒ **Go to 25**

**24a. If provided, this education is mandatory:**

- Yes  No

<sup>11</sup> Please provide documentation

<sup>12</sup> Please provide evidence, where possible

**24b. How many staff in the hospital were provided with this education to date?**

**25. "Enhancing & Enabling Wellbeing for the Person with Dementia" (2 day programme) is provided to staff in your hospital:**

- Provided to all relevant staff** ⇒ **Go to 25a**
- Provided to some staff only. Please provide details:** ⇒ **Go to 25a**
- Not provided** ⇒ **Go to Comment box at end of section**

**25a. If provided, this education is mandatory:**

- Yes**
- No**

**25b. How many staff in the hospital were provided with this education to date?**

*Do you have any comments to make on Section 8: Training, learning and development?*

## SECTION 9: SPECIFIC RESOURCES SUPPORTING PEOPLE WITH DEMENTIA

**26. The discharge coordinator has education in the ongoing needs of people with dementia:**

- Completed 4 hour dementia acute care programme**
- Completed 2 day dementia programme**
- Completed other relevant education, please specify:**
- Discharge coordinator does not have education in the ongoing needs of people with dementia**

**27. Does your hospital have a social worker(s)?**

- Yes** ⇒ **Go to 27a**
- No** ⇒ **Go to 28**

**27a. Do any of the social workers working with people with dementia and their carers have education in the ongoing needs of people with dementia?**

- Yes**
- No**

**28. Protected mealtimes are established in all wards that admit adults with known or suspected dementia:<sup>13</sup>**

*i.e. no ward rounds or routine patient reviews conducted during patient mealtimes. Answer "Yes" if this applies to all wards admitting adults with known or suspected dementia.*

- Yes** ⇒ **Go to 28a**  
 **No** ⇒ **Go to 29**

**28a. Wards' adherence to protected mealtimes is reviewed and monitored:**

*E.g. there is a local system for reporting and monitoring this.*

- Yes**  **No**

**29. The hospital has in place a policy/procedure/guideline which promotes and allows identified carers of people with dementia to visit at any time, including at mealtimes (e.g. Carer's passport):<sup>14</sup>**

- Yes**  
 **No**

**29a. If yes, please provide the name of this scheme/programme:**

**30. The hospital can provide finger foods for people with dementia (please select one option only):**

- Patients can choose a complete meal option (incorporating special dietary requirements) that can be eaten without cutlery (finger food) every day**
- Patients can choose a complete meal option (incorporating special dietary requirements) that can be eaten without cutlery only some days**
- Finger food consists of sandwiches/wraps only**

**31. The hospital can provide 24 hour food services for people with dementia (please select one option only):**

*Where the organisation's 24-hour food services cannot meet the needs of all patients, including those with specific dietary requirements (such as vegetarians, those requiring puréed or gluten-free foods), the fifth option (i.e. Food is not available 24 hours a day) must be selected.*

- In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es), is available 24 hours a day**
- In addition to the main meals, other food, for example toast, sandwiches, cereals, soup, and lighter hot dish(es), are available, but less than 24 hours a day**
- Simple food supplies, for example bread, cereal, yoghurt and biscuits, are available 24 hours a day**
- Only snacks (biscuits, cake) are available 24 hours a day**
- Food is not available 24 hours a day**

<sup>13</sup> Please provide documentation

<sup>14</sup> Please provide documentation

**32. Opportunities for social interaction for patients with dementia are available. e.g. to eat/socialise away from their bed area with other patients:**

- Yes, on all adult wards**
- Yes, on care of the older person wards**
- Yes, other – please specify:**
- No**

**33. There is access to speech and language therapy and dietetics for patients with dementia:**

- Access to both speech and language therapy and dietetics**
- Access to speech and language therapy only**
- Access to dietetics only**
- No access to either of these services**

**34. There is access to advocacy services with experience and training in working with people with dementia:**

*Answer "Yes" if advocates (e.g. hospital social worker, Sage advocate, chaplain, patient advocate) have experience in working with people with dementia and have training in involvement of users and carers*

- Yes**                       **No**

**35. There are other social and therapeutic activities and non-pharmacological interventions available for people with dementia in the hospital (please tick all those that are available):**

- Art therapy**
- Music therapy**
- Other physical activities (e.g. reflexology, massage)**
- Other, please specify:**
- No social or therapeutic activities available**

***Do you have any comments to make on Section 9: Resources supporting people with dementia?***

## SECTION 10: AVAILABILITY OF SERVICES

36. Please indicate when the following hospital services are available to assess and/or support patients with dementia:

	Day	Evening	Weekend	Never
Liaison Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liaison Psychiatry of Old Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments to make on these services?

## SECTION 11: ENVIRONMENT

37. The physical environment within the hospital has been reviewed using an appropriate tool (e.g. the Dementia Friendly Hospital Guidelines from a Universal Design Approach) to establish whether it is "dementia inclusive/dementia friendly":

- Yes
- No

37a. Environmental changes based on these principles are:

- Completed
- Underway
- Planned but not yet underway
- Planned but funding has not been identified
- Plans are not in place

Do you have any comments to make on Section 11: Environment?

## SECTION 12: ONE-TO-ONE SUPERVISION

*This relates to provision of one-to-one observation (i.e. specials or enhanced care) by a Health Care Assistant, porter or similar*

**38. Does your hospital have a written policy for the use of one-to-one supervision (specials)?<sup>15</sup>**

- Yes** ⇒ **Go to 38a**
- No** ⇒ **Go to 39**

**38a. Does this policy have specific information on the use of one-to-one supervision for people with dementia?**

- Yes**
- No**

**39. Have all staff who provide one-to-one observation services received education in the ongoing needs of people with dementia?**

- Yes** ⇒ **Go to 40**
- No** ⇒ **Go to 39a**

**39a. If no, does the manager requesting the service specifically request an individual who has received this education?**

- Yes**
- No**

**40. Which staff groups provide one-to-one observation services?**

- Internal staff only**
- Mainly internal staff with agency staff occasionally used**
- Mainly agency staff used**
- Other, please specify:**

**Do you have any comments to make on Section 12: Use of Specials?**

**If you have any queries, please contact:**

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<sup>15</sup> Please provide documentation