



Irish National Audit of Dementia (care in general hospitals)

ORGANISATIONAL CHECKLIST

This checklist looks at structures, policies and processes, and key posts relevant to the care, treatment and support of people with dementia in a general hospital. 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

Refer to the guidance document for help in answering the questions.

The checklist should be completed by the nominated audit lead with input from the CEO (or equivalent managerial level), Director of Nursing 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.

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 co-ordinator on 021 4627347

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2. There is a named officer with designated responsibility for the protection of vulnerable adults

Yes

No

3 The Management Team regularly reviews information collected on:

Answer "Yes" if review is scheduled on a regular basis, e.g. quarterly or other specified interval.

3a. Re-admissions, in which patients with dementia can be identified in the total number of patients readmitted

Yes

No

3b. Delayed discharge/transfers, in which patients with dementia can be identified in the total number of patients with delayed discharge/transfers.

Yes

No

4. The Management Team regularly reviews the number of in-hospital falls and the breakdown of the immediate causes, and patients with dementia can be identified within this number

Answer "Yes" if review is scheduled on a regular basis, e.g. quarterly or other specified interval.

Yes

No

5 The Management Team regularly receives feedback from the following:

Answer "Yes" if reporting and feedback is scheduled on a regular basis, e.g. quarterly or other specified interval.

5a. Clinical Leads for older people and people with dementia including Clinical Nurse Specialist/Advanced Nurse Practitioner

Yes

No

5b. Complaints- analysed by age

Yes

No

6. There is a process in place to regularly review hospital discharge policy and procedures, as they relate to people with dementia *Answer "Yes" if reporting and feedback is scheduled on a regular basis, e.g. quarterly or other specified interval.*

Yes

No

7. Nursing staff have access to a recognised process to record and report risks to patient care if they believe ward staffing is inadequate.

Yes

No

8. There are champions for dementia at:

a) Directorate level

- Yes No

b) Ward level

- Yes No

Do you have any comments to make on Section 1: Governance?

SECTION 2: 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.

9. Multidisciplinary Assessment includes:

9a Problem List Yes No

9b. Co-morbid Conditions Yes No

9c. Current Medication Including Dosage and Frequencies Yes No

9d. Assessment of functioning using a standardised instrument- i.e. basic activities of daily living, instrumental activities of daily living, mobility Yes No

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

9e. Assessment of mental state using a standardised instrument – i.e. mental status (cognitive) testing Yes No

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

9e1. Assessment of mood using a standardised instrument Yes No

Answer "Yes" if mood assessed using a standardised instrument e.g. short form geriatric depression scale

9e2 Assessment of collateral history from a relative/ carer of onset and pattern of cognitive dysfunction, or presence of behavioural and psychological symptoms of dementia (PSD) Yes No

Answer "Yes" if there is documentation of discussion of any aspect of above

9f Nutritional status Yes No

10 As part of initial assessment, the patient's BMI (Body Mass Index) or weight is recorded, wherever possible:

Answer "Yes" if it is specified that this is done wherever possible, e.g. patient is willing and there are no medical reasons not to carry this out.

Yes No

11a. Social and environmental assessment includes support provided to the person 'informally':

E.g. from friends, relatives, neighbours or support groups and organisations.

Yes No

11b. Social and environmental assessment includes care provision assessment:

E.g. formal input from care agencies, home help etc.

Yes No

11c. Social and environmental assessment includes financial support assessment:

E.g. relevant disability benefits, medical card, or other available support in place, or referral made to support /social worker to carry out such assessment.

Yes No

11d. Social and environmental assessment includes home safety assessment:

E.g. information requested from patient, relative, carer or GP regarding environment risk factors; request for OT follow up if required.

Yes No

12. Protected mealtimes are established in all wards that admit adults with known or suspected dementia:

Answer "Yes" if this applies to all wards admitting adults with known or suspected dementia.

- Yes** ⇒ **Go to Q12a**
 No ⇒ **Go to Comment box end of Section 2**

12a. Wards' adherence to protected mealtimes is reviewed and monitored:

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

- Yes** **No**

Do you have any comments to make on Section 2: Delivery of Care?

SECTION 3: DEMENTIA ASSESSMENT / MENTAL HEALTH NEEDS

13. There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment are assessed for the presence of delirium at presentation:

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

14. There are policies or guidelines in place to ensure that patients with dementia or cognitive impairment with behaviour changes suggesting the presence of delirium, are clinically assessed by a healthcare professional who is trained and competent in the diagnosis of delirium:

- Yes**
 No
 In development

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):

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 policy or guideline stating that an assessment of mental state is carried out on all patients over the age of 65 admitted to hospital:

Yes

No

17. 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 and psychological symptoms of dementia (BPSD)

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

Yes ⇒ [Go to Q17a](#)

No ⇒ [Go to Q18](#)

In development ⇒ [Go to Q17a](#)

17a. The protocol specifies that restraint and sedation is used only as a final option: *Answer "Yes" if the protocol emphasises the patient's best interest and other interventions that should be tried first (except in extremity).*

Yes

No

17b. The protocol specifies consideration of physical causes which may cause challenging behaviour in people with dementia:

E.g. pain, retention, delirium.

Yes

No

17c. The protocol considers environmental factors such as noise, lack of activity, disorientation:

Yes

No

17d. The protocol specifies the possibility of using techniques of reassurance, de-escalation, distraction:

Yes

No

17e. The protocol specifies the risks that must be assessed and taken into account before any use of restraint or sedation in people with dementia and the frail elderly:

Answer "Yes" if the protocol lists the particular needs and risk factors for people with dementia and older people where restraint and sedation are used.

Yes

No

17f. The protocol has specific evidence based guidelines for the prescription and administration of antipsychotic drugs

Yes

No

18. There is a section or prompt in the general hospital discharge summary for mental health diagnosis and management:

Answer "Yes" if the discharge summary prompts to include any mental health diagnosis and/ or management.

Yes

No

Do you have any comments to make on Section 3: Dementia Assessment/Mental Health Needs?

SECTION 4: DISCHARGE AND TRANSFER POLICIES

19. The discharge policy states that discharge should be an actively managed process which begins within 24 hours of admission:

Answer "Yes" if the discharge policy states that discharge planning should begin within 24 hours.

Yes

No

20. The discharge policy specifies that:

a) Discharge should take place during the day

Yes

No

b) Relatives and carers should be informed and updated about the prospective discharge date

Yes

No

21. Information about discharge and support (written in plain English or Irish, and available in other appropriate languages) is made available to patients and their relatives:

This could be a leaflet, patient booklet, etc.

Answer "Yes" if written information about overall discharge arrangements and post discharge support is given to patients and their relatives and the hospital has access to arrangements to provide translated or other format versions.

- Yes, available in English and/ or Irish and can easily be provided in other languages/formats** ⇒ **Go to Q21a**
- Yes, but available in English and / or Irish only** ⇒ **Go to Q21a**
- No** ⇒ **Go to Q22**

21a. The discharge policy specifies that this information is made available to patients and their relatives on admission:

- Yes**
- No**

22. The transfer policy specifies that:

The transfer policy can be part of the discharge policy.

a) People with dementia should be moved only for reasons pertaining to their care and treatment

- Yes**
- No**

b) The move should take place during the day

- Yes**
- No**

c) Relatives and carers should be kept informed of any moves within the hospital

- Yes**
- No**

Do you have any comments to make on Section 4: Discharge and transfer policies?

SECTION 5: INFORMATION

23. There is a formal system (pro-forma or template) in place for gathering information pertinent to caring for a person with dementia:

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.

- Yes** ⇒ **Go to Q23a**
 No ⇒ **Go to Comment box end of Section 5**

23a 1) Information collected by the pro-forma includes personal details, preferences and routines:

This could include details of preferred name, need to walk around at certain times of day, time of rising/retiring, likes/dislikes regarding food etc.

- Yes** **No**

23a 2) Information collected by the pro-forma includes reminders or support with personal care:

This could include washing, dressing, toileting, hygiene, eating, drinking, and taking medication.

- Yes** **No**

23a 3) Information collected by the pro-forma includes recurring factors that may cause of exacerbate distress :

This could include physical factors such as illness or pain, and/or environmental factors such as noise, darkness.

- Yes** **No**

23a 4) Information collected by the pro-forma includes support or actions that can calm the person if they are agitated:

This could include information about indicators especially non-verbal, of distress or pain; any techniques that could help with distress, e.g. reminders of where they are, conversation to distract, or a favourite picture or object.

- Yes** **No**

23a 5) Information collected by the pro-forma includes details of life details which aid communication:

This could include family situation (whether living with other family members, spouse living, pets etc), interests and past or current occupation.

- Yes** **No**

23b. The form prompts staff to approach carers or relatives to collate necessary information:

Yes

No

Do you have any comments to make on Section 5: Information?

SECTION 6: RECOGNITION OF DEMENTIA

24. 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:

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 Q24a**

No ⇒ **Go to Q25**

24a. 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: _____

25. 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 accesses other treatment areas: *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 Q25a**

No ⇒ **Go to Q26**

25a. 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: _____**

26. The patient's notes are organised in such a way that it is easy to:

Answer "Yes" if information about dementia, memory problems and confusion, and the care plan are consistently kept in the same part of the file.

a) Identify any communication or memory problems

- Yes** **No**

b) See the care plan

- Yes** **No**

27. There is a system in place to ensure that carers are advised about the care support available

The system, policy or guideline need not be specific to carers of people with dementia, but includes carers of people with dementia in the hospital.

- Yes** **No**

28. There are clear guidelines regarding involvement of carers and information sharing. This includes:

The system, policy or guideline need not be specific to carers of people with dementia.

a) Making sure the carer knows what information will be shared with them

- Yes** **No**

b) 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

- Yes** **No**

c) Asking the carer about their wishes and ability to provide care and support of the person with dementia post discharge

- Yes** **No**

Do you have any comments to make on Section 6: Recognition of Dementia?

SECTION 7: TRAINING, LEARNING AND DEVELOPMENT

29. There is a training and knowledge framework or strategy that identifies necessary skill development in working with and caring for people with dementia:

- Yes No

30. 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

31a. Dementia awareness training:

Tick all that apply for each of the staff groups

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

31b. How to support people with hearing/visual impairments:*Tick all that apply for each of the staff groups.*

	Included in the hospital training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31c. Assessment of capacity*Tick all that apply for each of the staff groups.*

	Included in the hospital training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31d. Communication skills specific for people with dementia:*Tick all that apply for each of the staff groups.*

	Included in the hospital training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31e. Approaches to behaviour that challenges including management of aggression and extreme agitation:*Tick all that apply for each of the staff groups.*

	Included in the hospital training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31f. Assessing risk whenever the use of restraint or sedation is considered:
Tick all that apply for each of the staff groups.

	Included in the hospital training programme in the last 12 months	Made available via external provision in the last 12 months	Not available in the last 12 months
Doctors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Involvement of people with dementia and carers and use of their experiences is included in the training for ward staff:

This could be a presentation from a person with dementia and carer; use of patient/carer diaries; use of feedback from questionnaires, audits and complaints relating to people with dementia.

Yes

No

Do you have any comments to make on Section 7: Training learning and development?

SECTION 8: SPECIFIC RESOURCES SUPPORTING PEOPLE WITH DEMENTIA

33. The hospital has access to transition care units, which will admit people with dementia:

Answer "Yes" if criteria for admission to intermediate care services do not exclude people on the basis of dementia, confusion, memory problems or mental health problems.

Yes

No

34. There is a named lead (e.g. nurse specialist) in dementia care in the hospital to provide guidance, advice and consultation to staff:

Answer "Yes" if there is a named person whom staff can consult on providing dignified, person-centred care, including when caring for people with dementia.

Yes

No

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

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

Yes

No

Do you have any comments to make on Section 8: Resources supporting people with dementia?

SECTION 9: LIAISON PSYCHIATRY

40. The hospital provides access to a liaison psychiatry service which can provide assessment and treatment to adults throughout the hospital:

Answer "Yes" if there is a liaison psychiatry service which can provide assessment and treatment to adults.

Yes ⇒ [Go to Q41](#)

No ⇒ [Go to Comment box end of Section 9](#)

41. The liaison service provides emergency/urgent assessment:

Answer "Yes" if the liaison service is commissioned to provide emergency/urgent assessment to adults throughout the hospital.

Yes

No

42. There is a named Consultant Psychiatrist:

Answer "Yes" if there is a named consultant psychiatrist providing liaison alone or as part of a team.

Yes ⇒ [Go to Q42a](#)

No ⇒ [Go to Q43](#)

42a. The Consultant Psychiatrist has dedicated time in his/her job plan for the provision of this service:

Yes

No

42b. The Consultant Psychiatrist specialises in the care and treatment of older people:

Yes

No

43. Liaison psychiatry is provided by a specialist mental health team:

Answer 'Yes' if there is a team providing liaison psychiatry, rather than a single practitioner.

Yes ⇒ **Go to Q43a**

No ⇒ **Go to Q44**

43a. The psychiatry liaison service in your hospital regularly provides:

Routine mental health care to working age adults

Routine mental health care to older people

Routine mental health care to working age adults and to older people

43b. Please indicate the times when liaison psychiatry is available:

If provision is via a single team covering both working age and older adults, please complete answers for both.

Day = 9-5, Monday to Friday; Evening = after 5, Monday to Friday;

Weekend = Saturday/Sunday

	Working age adults	Older adults
a) Day	<input type="checkbox"/>	<input type="checkbox"/>
b) Evening	<input type="checkbox"/>	<input type="checkbox"/>
c) Weekend	<input type="checkbox"/>	<input type="checkbox"/>

43c. Please indicate where the liaison psychiatry team is based:

	Working age adults	Older adults
a) On site (in this hospital)	<input type="checkbox"/>	<input type="checkbox"/>
b) Off site	<input type="checkbox"/>	<input type="checkbox"/>

43d. Do all healthcare professionals who are part of the liaison psychiatry service have dedicated time?

Yes

No

47a. The Consultant Psychiatrist of Old Age has dedicated time in his/her job plan for the provision of consultation service:

Yes

No

48. Liaison POA is provided by a specialist mental health team:

Answer 'Yes' if there is a team providing liaison psychiatry, rather than a single practitioner.

Yes ⇒ **Go to Q48a**

No ⇒ **Go to Q49**

48a. Please indicate the times when liaison POA is available:

Please tick all that apply. Day = 9-5, Monday to Friday; Evening = after 5, Monday to Friday; Weekend = Saturday/Sunday

a) Day

b) Evening

c) Weekend

48b. Please indicate where the liaison POA team is based:

a) On site (in this hospital)

b) Off site

48c. Do all healthcare professionals who are part of the liaison POA service have dedicated time?

Yes

No

Q49 is only applicable if Q48 = No

49. If there is no specialist POA team, who does provide liaison psychiatry/mental health input into older adults?

Other Psychiatrist

Nurse

Advanced Nurse Practitioner

Other

Do you have any comments to make on Section 10: Liaison POA?

SECTION 11: GERIATRIC MEDICINE

50. The hospital provides access to a geriatric medicine service which can provide assessment and treatment to adults throughout the hospital:

Answer "Yes" if there is a geriatric medicine service which can provide assessment and treatment to adults.

- Yes** ⇒ **Go to Q51**
 No ⇒ **Go to comment box end of Section 11**

51. The geriatric medicine service provides emergency/urgent assessment:

Answer "Yes" if the geriatric medicine service is commissioned to provide emergency/urgent assessment to older adults throughout the hospital.

- Yes** **No**

52. There is a named Consultant Geriatrician providing liaison:

Answer "Yes" if there is a named consultant geriatrician providing liaison alone or as part of a team.

- Yes** ⇒ **Go to Q52a**
 No ⇒ **Go to Q53**

52a. The Consultant Geriatrician has dedicated time in his/her job plan for the provision of this service:

- Yes** **No**

53. Geriatric Medicine is provided by a specialist team:

Answer 'Yes' if there is a team providing liaison geriatric medicine, rather than a single practitioner.

- Yes** ⇒ **Go to Q53a**
 No ⇒ **Go to comment box at end of section 11**

53a. Please indicate the times when liaison geriatric medicine is available:

Day = 9-5, Monday to Friday; Evening = after 5, Monday to Friday;
Weekend = Saturday/Sunday

- a) **Day**
b) **Evening**
c) **Weekend**

53b. Please indicate where the geriatric medicine team is based:

a) On site (in this hospital)

b) Off site

53c. Do all healthcare professionals who are part of the liaison geriatric medicine service have dedicated time for consults?

Yes

No

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

If you have any queries, please contact:

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