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

Adapted from the UK National Audit of Dementia, with permission: Copyright HEALTHCARE QUALITY IMPROVEMENT PARTNERSHIP, HQIP 2012
SECTION 1: GOVERNANCE

1. A care pathway for patients with dementia is in place:
   - ☐ Yes  ⇒ Go to Q1a
   - ☐ No   ⇒ Go to Q1b
   - ☐ In development  ⇒ Go to Q1a

   1a. The care pathway is adaptable for use within or fitted to the following existing care pathways:
   a) Acute
      - ☐ Yes
      - ☐ No
   b) Palliative
      - ☐ Yes
      - ☐ No
   c) End of life
      - ☐ Yes
      - ☐ No

   If no, please outline why in comment box at end of section

1b. A senior clinician is responsible for implementation and/or review of the care pathway:
   They may also have responsibility for other areas.
   - ☐ Yes  ⇒ Go to Q1c
   - ☐ No   ⇒ Go to Q2

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 Elderly Care
   - ☐ Consultant Psychiatrist
   - ☐ Old Age Psychiatrist
   - ☐ Consultant Physician
   - ☐ Consultant Nurse
   - ☐ Advanced Nurse Practitioner (ANP)/Clinical Nurse Specialist (CNS)
   - ☐ Other, please specify:
     ___________________________________________________________
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:

<table>
<thead>
<tr>
<th>9a Problem List</th>
<th>□ Yes □ No</th>
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</thead>
<tbody>
<tr>
<td>9b. Co-morbid Conditions</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>9c. Current Medication Including Dosage and Frequencies</td>
<td>□ Yes □ No</td>
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<tr>
<td>9d. Assessment of functioning using a standardised instrument - i.e. basic activities of daily living, instrumental activities of daily living, mobility</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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

- Answer “Yes” if cognitive assessments use standardised instruments, e.g. AMT, MMSE.

9e1. Assessment of mood using a standardised instrument

- 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)

- Answer “Yes” if there is documentation of discussion of any aspect of above

9f. Nutritional status

- Answer “Yes” if nutritional status is recorded, wherever possible:
  - Answer “Yes” if 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.

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

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

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

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

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.

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.
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 |

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

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**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

<table>
<thead>
<tr>
<th></th>
<th>Mandatory</th>
<th>Provided on Induction</th>
<th>Provided in the last 12 months (either in-house or externally)</th>
<th>Not provided in last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
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<td>Nurses</td>
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<tr>
<td>HCAs</td>
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<tr>
<td>Other allied healthcare professionals, e.g. physiotherapists, dieticians</td>
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<tr>
<td>Support staff in the hospital, e.g. housekeepers, porters, receptionists, catering</td>
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</tbody>
</table>
### 31b. How to support people with hearing/visual impairments:

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

<table>
<thead>
<tr>
<th></th>
<th>Included in the hospital training programme in the last 12 months</th>
<th>Made available via external provision in the last 12 months</th>
<th>Not available in the last 12 months</th>
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</thead>
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<td>Doctors</td>
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<td>HCAs</td>
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### 31c. Assessment of capacity

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

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<td>HCAs</td>
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### 31d. Communication skills specific for people with dementia:

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

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<td>HCAs</td>
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### 31e. Approaches to behaviour that challenges including management of aggression and extreme agitation:

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

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<th></th>
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<td>HCAs</td>
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</table>
31f. Assessing risk whenever the use of restraint or sedation is considered:  
Tick all that apply for each of the staff groups.

<table>
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<tr>
<th></th>
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<tr>
<td>HCAs</td>
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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
35. There is a named person who takes overall responsibility for complex needs discharge and this includes people with dementia:

Answer “Yes” if there is a named person who can have input into discharge and support and advise those staff planning individual discharge for people with dementia, including coordinators.

- **Yes** ⇒ Go to Q35a
- **No** ⇒ Go to Q36

<table>
<thead>
<tr>
<th>Q35a. This person has training in ongoing needs of people with dementia:</th>
</tr>
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<tbody>
<tr>
<td><strong>Yes</strong></td>
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<tr>
<td><strong>No</strong></td>
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<tr>
<th>Q35b. This person has experience of working with people with dementia and their carers:</th>
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<td><strong>Yes</strong></td>
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<tr>
<td><strong>No</strong></td>
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36. There is a social worker or other designated person responsible for working with people with dementia and their carers, and providing advice and support, or directing to appropriate organisations or agencies:

*This could include help with: Problems getting to and from hospital; benefits; residential and nursing care; help at home; bereavement support, difficulties for carers/relatives such as illness, disability, stress or other commitments that may affect their ability to visit or to continue care.*

The role should involve responsibility for support and advice as stated, but need not be limited to work with people with dementia and their carers.

- **Yes** |
- **No** |

37. There is access to specialist assessment and advice on helping patients with dementia in their swallowing and eating:

- **Yes** ⇒ Go to Q37a
- **No** ⇒ Go to Q38

<table>
<thead>
<tr>
<th>Q37a. Specialist assessment and advice can be obtained from:</th>
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<tbody>
<tr>
<td>a) Speech and Language Therapist</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
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<tr>
<td><strong>No</strong></td>
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<tr>
<td>b) Dietician</td>
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<td><strong>Yes</strong></td>
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<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>c) Other</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
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</tbody>
</table>

38. There is access to an interpreting service which meets the needs of people with dementia in the hospital:

*Answer “Yes” if interpreting services can be accessed where workers have experience in working with 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?**

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**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

<table>
<thead>
<tr>
<th>Working age adults</th>
<th>Older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Day</td>
<td>☐</td>
</tr>
<tr>
<td>b) Evening</td>
<td>☐</td>
</tr>
<tr>
<td>c) Weekend</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Working age adults</th>
<th>Older adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) On site (in this hospital)</td>
<td>☐</td>
</tr>
<tr>
<td>b) Off site</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

☐ Yes ☐ No
44. If there is no specialist mental health team, who does provide liaison psychiatry/mental health input?

☐ Old Age Consultant Psychiatrist
☐ Other Psychiatrist
☐ Nurse
☐ Nurse Consultant
☐ Other

Do you have any comments to make on Section 9: Liaison psychiatry?

SECTION 10: LIAISON PSYCHIATRY OF OLD AGE

45. The hospital provides access to a liaison psychiatry of old age (POA) service which can provide assessment and treatment to adults throughout the hospital:

Answer “Yes” if there is a liaison POA service which can provide assessment and treatment to older adults.

☐ Yes  ⇒ Go to Q46
☐ No  ⇒ Go to Comment box end of Section 10

46. The liaison POA service provides emergency/urgent assessment:

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

☐ Yes  ☐ No

47. There is a named Consultant Psychiatrist of Old Age:

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

☐ Yes  ⇒ Go to Q47a
☐ No  ⇒ Go to Q48
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:

<table>
<thead>
<tr>
<th>Option</th>
<th>Option Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) On site (in this hospital)</td>
<td></td>
</tr>
<tr>
<td>b) Off site</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Option</th>
<th>Option Marked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

If you have any queries, please contact:

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