

**The Right Care:** creating  
dementia friendly hospitals



# Assessment and early identification

*Good practice for better care*

# Assessment and early identification

## Section 1

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
<p>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 (via memory service)</p>				
<p>Assessment of mental state is carried out in all patients over the age of 75+ admitted to hospital. This can be either on admission or immediately prior to admission, in A&amp;E or during pre-admission assessment</p>				
<p>Assessment of mental state includes standardised mental status test. <i>e.g. Abbreviated Mental Test (AMT), or Mini Mental State Examination (MMSE)</i></p>				
<p>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. <i>e.g. Confusion Assessment Method (CAM)</i></p>				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
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				
A history of mental health or past psychiatric problems is included in the patient history record				
<b>Multidisciplinary assessment:</b> <b>Includes:</b> <ul style="list-style-type: none"> <li>• problem list</li> <li>• co morbid conditions</li> <li>• full record of current medications and past relevant medications</li> <li>• assessment of mobility</li> <li>• assessment of nutritional status, recording of weight and height/ BMI</li> <li>• identification of any help needed with eating and drinking</li> <li>• whether referral is needed for specialist input, e.g. dietetics</li> </ul>				
A formal pressure sore risk assessment is carried out and score recorded e.g. <i>Waterlow, Norton scales</i>				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
As part of their assessment, patients with dementia are asked about the presence and severity of any pain, and this is recorded				
As part of their assessment, patients with dementia are asked about continence needs, and this is recorded				
An assessment of functioning using a standardised assessment tool is carried out e.g. <i>Barthel ADL Functioning Assessment Scale</i>				
<p>The care assessment contains a section dedicated to collecting information from carer, next of kin or a person who knows the person with dementia well. This includes information relating to the person's needs while in hospital, eg:</p> <ul style="list-style-type: none"> <li>• personal details such as preferred name</li> <li>• routines and preferences</li> <li>• whether the person needs reminders or support with personal care</li> <li>• recurring factors that may cause or exacerbate distress</li> <li>• support or actions that can calm the person if they are agitated</li> </ul> <p>Added to checklist: the form prompts carers or relatives to collate necessary information</p>				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Information collected as part of the assessment also includes life details which aid communication for staff and integrity for the person with dementia e.g. family situation, interests and past or current occupation				
Support provided “informally”, i.e. from friends, relatives, neighbours or support groups and organisations				
Formal care provision				
Financial support assessment				
home safety assessment e.g. information requested from patient, relative, carer or GP regarding environmental risk factors; request for Occupational Therapy assessment follow up if required				
There is a care pathway for people with dementia				

Self assessment statements from National Audit-Royal College of Psychiatrists	Measures used (see examples section 3)	RAG	Evidence	Areas for improvement
Audit (within the hospital) includes percentage of people with suspected dementia for whom structural imaging, computed tomography (CT), scanning or magnetic resonance imaging (MRI) has been undertaken as part of assessment and diagnosis				
<b>Access to liaison psychiatry:</b> People with dementia in hospital can access assessment and treatment from a psychiatric liaison service that is specialised in responding to their needs				
There is a psychiatric liaison service commissioned to provide emergency/urgent assessment and treatment to adults throughout the hospital, including older people				
There is a named psychiatrist for consultation/liaison				
The consultant psychiatrist has dedicated time in his/her job plan				
The consultant psychiatrist specialises in the care and treatment of older people				
All liaison practitioners have protected time to perform consultation liaison duties				

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## Section 2

### Relevant NICE standards

- CQUIN INDICATOR 3
- NICE QS 2: People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
- Government Quality outcome 1: I was diagnosed early
- CQUIN INDICATORS 1 AND 2
- NICE CG 103: Delirium. Priority iv.
- CQUIN INDICATOR 1
- Counting the cost 8.2 Nutritional screening must be carried out for all people with dementia as soon as they are admitted to a ward to ensure that those at nutritional risk are identified and appropriate actions implemented.
- Counting the cost 7.2 Carers and the person with dementia should feed information into planning as soon as the person with dementia is admitted to hospital in order to build up a profile of an individual's likes, dislikes and needs to ensure person-centred care.
- NICE CG 103: Delirium. Priority ii. Give a tailored multi-component intervention package to prevent delirium
- NICE QS8: People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
- Counting the cost recommendation 4: Commission specialist liaison older people's mental health teams to facilitate the management and care of people with dementia in hospitals.

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## Section 3

### Example measures and indicators

Evidence of

- audit and surveys;
- action plans;
- reports to hospital governance committee and Board.

Evidence of delivery of training and attainment.

Commissioning specification; contract monitoring requirements.

Targeted case reviews.

Audit of medical records, including care plans.

Audit of referrals to mental health liaison service.

Audit of medical records.

Feedback from named carer/relative/friend.

Audit of pre-admission clinics' use of 'This is me'; audit of medical records.

Audit of acute admissions' use of 'This is me'; audit of medical records.

Audit of care plans.

Audit of evidence of transfer of information regarding patients to community memory services.

Audit of discharge summaries.



## Example measures and indicators

Evidence of hospital guidelines and protocol on information sharing and involvement of carers/families.

Audit number of carers offered referral for assessment, expressed as a percentage of total numbers of carers of patients with dementia.

Number of carers referred for assessment of needs.

Feedback from staff, carers and families

Audit of compliance with system.

Observation.

Audit of medical records and discharge plans.

Review of delayed transfers of care.

Review of intermediate care pathways.

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## Section 4

### Resources to help you

All the resources below can also be found at [www.dementiaaction.org.uk/DKITresources](http://www.dementiaaction.org.uk/DKITresources)

The South West Dementia Partnership Compendium (Standard 2 & 3 pages 12-25)

<http://www.dementiapartnerships.org.uk/wp-content/uploads/dementia-care-in-hospital-positive-practice-compendium.pdf>

Dementia Diagnostic Assessment Form – Bradford Teaching Hospital – PDF

[http://www.dementiaaction.org.uk/assets/0000/0801/BTH\\_Dementia\\_Diagnostic\\_Assessment\\_v7\\_final.pdf](http://www.dementiaaction.org.uk/assets/0000/0801/BTH_Dementia_Diagnostic_Assessment_v7_final.pdf)