



Dementia Assurance in a UK Acute Hospital Setting

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Introduction:

The purpose of this study was to use data metrics and qualitative standards to identify strengths and weaknesses in how patients with a dementia are being cared for in an acute hospital setting.

By measuring the hospital's performance on dementia specific indicators and combining this data with an assessment of organisational standards of care for dementia, the organisation was able to identify a specific problem in the patient pathway and introduce improvements.

Method:

The CHKS dementia dashboard includes the following indicators which were benchmarked against national norms and against similar patients, matched for age, sex and condition but without dementia.

-  % of acute patients with previously diagnosed dementia, for which dementia is not recorded in the current spell
-  Average length of stay
-  Mortality rate
-  30-day readmissions
-  In-hospital falls

The qualitative standards for dementia care covered the following areas: governance & leadership, risk awareness, staffing support and training, patient pathway and care environment.

Results:

Results (Figure 1) showed that among the patients admitted in the study period, only 27% of those who had previously been admitted with a diagnosis of dementia, had this recorded on a subsequent admission.

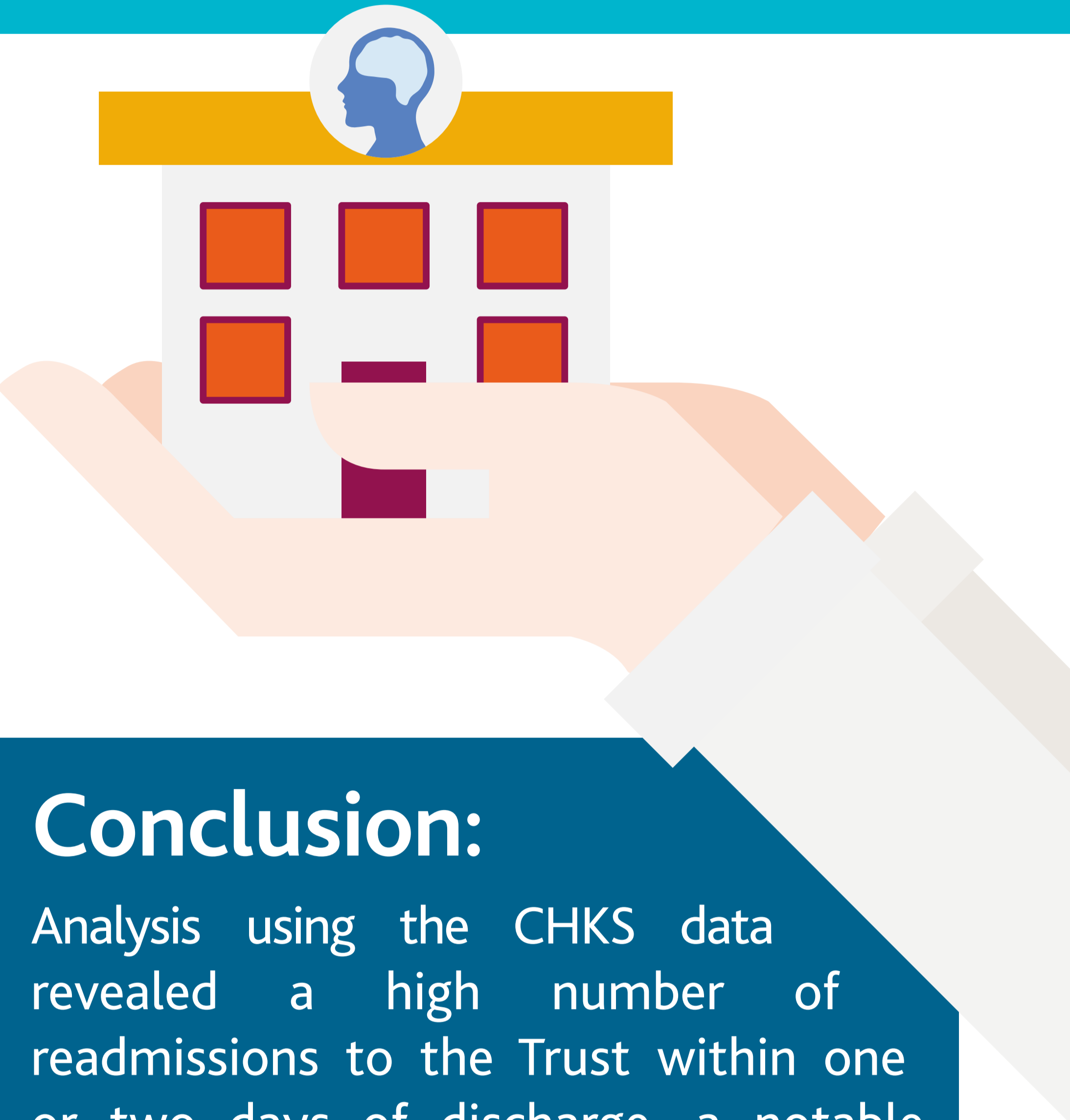
The data also showed that there was a notable variation in the 30-day readmission rate indicator (33.4%) for this group of patients, 9.3% greater than the national mean of 24.1%.

Further analysis of readmissions by specialty (Figure 2), revealed that for patients with a dementia and a urinary tract infection, the Trust experienced a 7% higher rate of readmission at 30.2% compared to the national rate of 20.6%.

A review of compliance with the CHKS qualitative standards for dementia care, revealed that screening for dementia in patients over the age of 65 had only recently been introduced into the medical assessment process.

In relation to discharge, there was no named person with overall responsibility for discharging patients with dementia and there was no specific summary assessment of the level of cognitive ability, symptoms/behaviours of dementia, or medication prescribed for mental health needs.

In addition, it was noted that the introduction of a new medication prescribing system was causing delays to medication at discharge.



Conclusion:

Analysis using the CHKS data revealed a high number of readmissions to the Trust within one or two days of discharge, a notable proportion of which were patients with dementia, and a high proportion of whom had a urinary tract infection. Additional problems with the discharge process were identified by assessment against the CHKS organisational standards.

Having identified this vulnerable group of patients, there are several factors which may contribute to readmission following discharge. Some may be mitigated by the introduction of relatively simple initiatives such as ensuring the patient is well hydrated prior to and during the day of discharge, minimising delays to discharge caused by waiting for medication to be prepared, and ensuring effective communication and educational support is provided for carers in the community.

The Trust has introduced a Joint Assessment and Discharge Team to address the discharge process and reduce unnecessary readmissions, encouraging effective working between health and social care.

This case study demonstrates how quantitative and qualitative indicators can be used together to identify problems in the patient pathway, and how these can be addressed and result in improvement in patient outcome and experience.

Figure 1: Patients with a primary diagnosis of dementia (age / gender / admission type standardised)

Summary indicators	Percentile (0-100)	National mean	Trust value (pats with dementia)	Variance (cf national rate)	Spells
1) % acute patients with previously recorded dementia, for which dementia is not recorded in the current spell	84.7	23.5%	27.0%	3.5%	4,970
2) Average length of stay	46.7	17.5%	17.0%	-0.4%	250
3) Mortality rate	79.4	8.5%	12.4%	3.9%	250
4) 30 day remission rate	92.4	24.1%	33.4%	9.3%	351
5) Rate of in-hospital falls	31.5	3.7%	2.4%	-1.3%	250

Figure 2: Percentage readmission rate among patients with a secondary diagnosis of dementia by clinical diagnosis group

Percentage readmission rate (30 day)	Percentile (0-100)	National mean	Trust value (pats with dementia)	Trust value (pats w/o dementia)	Variance (cf national rate)	Variance (cf trust non-dementia rate)	Spells
30) ...all acute clinical groups	96.1 16.1	19.8%	25.4%	25.4%	5.6%	8.8%	4,876 4,876
31) ...with diagnosis of acute bronchitis	55.9 31.9	22.5%	23.6%	23.6%	1.1%	4.8%	158 158
32) ...with diagnosis of acute cerebrovascular disease	78.8 25.6	18.5%	24.0%	24.0%	5.6%	10.1%	109 109
33) ...with diagnosis of fractured neck or femur	60.5 22.0	17.6%	19.2%	19.2%	1.6%	6.3%	189 189
34) ...with diagnosis of non-specific chest pain	65.5 19.1	24.4%	27.8%	27.8%	3.4%	10.8%	71 71
35) ...with diagnosis of urinary tract infections	89.5 31.9	23.2%	30.2%	30.2%	7.0%	9.6%	755 755

