

2018/19 Guidance - Standard Contract Indicator - Dementia and Delirium

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GOAL

This indicator, in three parts, is the same as used in 2017/18. It is a retired CQUIN indicator but retained in the standard contract as a mandatory, BAAS-approved data submission for all acute providers. It aims to maintain the identification of patients with dementia and delirium at a high level, to prompt appropriate referral and follow up after they leave hospital and to ensure that hospitals deliver high quality care to people with dementia.

DATA SOURCE

Acute providers must collect and submit data to UNIFY2 on:

- the total number of patients aged 75 and over, who were admitted as emergencies and stayed for more than 72 hours;
- of these, how many a) were asked the dementia case finding question, or b) had a clinical diagnosis of delirium using a locally developed protocol, or c) had a known diagnosis of dementia?
- of these, how many should have undergone a diagnostic assessment and how many did?
- of those who received a diagnostic assessment, how many should have been referred on to other services or back to their GP and how many were then referred in accordance with local pathways agreed with commissioners?

The clinical diagnosis of delirium should be made using a locally agreed protocol. Assessment tools which might be useful include: a) a validated delirium diagnosis tool (such as the Confusion Assessment Method); b) a brief test of attention (eg saying the calendar months backwards or counting from twenty down to one; or c) the validated single question in delirium asked to someone who knows the person well (“do you think [patient’s name] has been more confused in the past three days?”)

FIND, ASSESS, INVESTIGATE AND REFER (FAIR)

There are three separate stages to and performance levels sought by this indicator:

Find - The case finding of at least 90 per cent of all patients aged 75 and over following emergency admission to hospital, using the dementia case finding question and identifying all those with delirium (using a clinical assessment of delirium) and dementia (that is, with a known diagnosis of dementia). Patients with an existing diagnosis of dementia do not require further assessment but should have a diagnostic review if clinically indicated. Patients with a clinical diagnosis of delirium should move straight to assessment and investigation. Patients with neither should be asked the ‘dementia awareness question’ (asking the patient or another such as family or professional caregiver “have you/has the patient been more forgetful in the past 12 months to the extent that it has significantly affected your/their daily life?”) This has to be completed within 72 hours of admission.

Assess and Investigate - The diagnostic assessment and investigation of at least 90 per cent of those patients who have been assessed as at risk of dementia from the dementia case finding question and/or presence of delirium. The provider should carry out a diagnostic assessment including investigations to determine whether the presence of dementia is possible.

Refer - The referral of at least 90 per cent of clinically appropriate cases for specialist diagnosis of dementia and appropriate follow up, in accordance with local pathways agreed with

commissioners. This may include referral to an old age psychiatry liaison team, with the person assessed in hospital, or it could be referral to a memory clinic or to the GP to alert that an assessment had raised the possibility of the presence of dementia. Depending on local services, the patient can be seen as an inpatient or outpatient by a geriatrician, nurse specialist/nurse consultant, general physician with interest in dementia, clinical psychologist or neurologist. Any pathways involving onward referral from the acute setting for conditions not related to the original admission must be agreed with the commissioner.

DEMENTIA INDICATOR DEFINITIONS – FIND, ASSESS, INVESTIGATE & REFER

Indicator Name	Dementia – Find, Assess, Investigate and Refer
Description of Indicator	<p>1) The proportion of patients aged 75 and over to whom case finding is applied within 72 hours following emergency admission with a length of stay > 72 hours</p> <p>2) The proportion of those identified as potentially having dementia or delirium who are appropriately assessed, and</p> <p>3) The proportion of those with a diagnostic assessment where the outcome was positive or inconclusive who are referred on to specialist services.</p> <p>Each patient admission can be included only once in each indicator but not necessarily in the same month, as the identification, assessment and referral stages may take place in different months.</p>
Numerator	<p>1) Number of patients aged 75 and over admitted as an emergency, with length of stay > 72 hours, who are reported as having a known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question within 72 hours of admission</p> <p>2) Number of above patients reported as having had a diagnostic assessment including investigations</p> <p>3) Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners</p>
Denominator	<p>1) Number of patients aged 75 and over admitted as an emergency, with length of stay > 72 hours, excluding those for whom the case finding question cannot be completed for clinical reasons (eg. coma)</p> <p>2) Number of above patients with a clinical diagnosis of delirium or who answered positively on the dementia case finding question</p> <p>3) Number of above patients who underwent a diagnostic assessment for dementia in whom the outcome was either positive or inconclusive</p>
Rationale	Continuation of former CQUIN indicator
Data collected via	NHSD Strategic Data Collection Service (using the 2018/19 dementia upload file)
Frequency of data collection	Monthly
Responsible for data submission	Acute Providers
Year of collection	2018/19
Desired performance	At least 90% on each part of the indicator

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Fig 1: Dementia FAIR Flow chart

