Irish National Audit of Dementia (care in general hospitals)

WARD ORGANISATIONAL QUESTIONNAIRE

Hospital code

Ward code

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Section 1: Staffing

1 **Please give the number of registered nursing posts (WTE) that should be on the ward. Include any that are vacant.**

2 **Please give the number of health care assistant posts (WTE) that should be on this ward. Include any that are vacant.**

3 **Please give the number of nurses actually working on this ward (whole time equivalent)**

4 **Please give the number of healthcare assistants actually working on this ward (whole time equivalent)**

5   **Are there any vacancies on this ward?**

☐ **Yes**   ☐ **No**

5a   **Who are nursing vacancies filled by?** *(Tick all that apply)*

☐ **Hospital Pool Staff**   ☐ **Agency staff**   ☐ **Vacancies are not filled**

5b.   **Who are healthcare staff vacancies filled by? (*Tick all that apply*)**

☐ **Hospital Pool Staff**   ☐ **Agency staff**   ☐ **Vacancies are not filled**

6   **There is a system to routinely monitor and report the use of hospital pool and agency staff**

☐ **Yes**   ☐ **No**

7   **There is administrative staff support on the ward**

☐ **Yes**   ☐ **No**

7a   **When is administrative staff support available on weekdays?**

☐ **Monday – Friday (full time)**   ☐ **Monday – Friday (part time)**

7b   **Is there access to administrative support at weekends?**

☐ **Yes**   ☐ **No**

Comments on administrative support on the ward:

8   **The ward has an agreed minimum staffing level across all shifts**
☐ **Yes** ⇒   **Go to Q8a**
☐ **No** ⇒   **Go to Q9**

8a.   **The agreed minimum staffing levels are met.**
☐ **Yes**   ☐ **No**

9 **There are systems in place that ensure all factors that affect nursing staff numbers and skill mix are taken into consideration and staffing levels are reviewed on a daily basis** *(e.g. taking account of sickness and absence; training and supervision; need for one to one care)*

☐ **Yes**   ☐ **No**

9a. **Please briefly describe these systems** *(e.g. what mechanism is used to ascertain staffing levels)*

10 **There are arrangements for staff cover to allow staff to attend training relating to the care of people with dementia**

☐ **Yes**   ☐ **No**

11 **Systems for supporting staff development are in place including:**

	Registered Nursing Staff	Healthcare Assistants	Other Staff (not including students)	No
11a Appraisal and mentorship	☐	☐	☐	☐
11b Clinical supervision	☐	☐	☐	☐
11c Access to guidance and support from dementia champions in the hospital	☐	☐	☐	☐

12 **Staff caring for people with dementia have access to peer support groups**. *Tick all that apply*

☐ *Registered nursing staff*   ☐ *Healthcare assistants*   ☐ Other staff   ☐ No

12a. **Staff caring for people with dementia have access to reflective practice groups.** *Tick all that apply*

☐ *Registered nursing staff*   ☐ *Healthcare assistants*   ☐ Other staff   ☐ No

13 **The ward can provide access to relevant faith-specific support from someone with experience of supporting vulnerable adults** *(e.g. mental health or communication problems)*

☐ **Yes**   ☐ **No**

Do you have any comments to make on Section 1, Staffing?

Section 2: Access to Services

Please use the boxes to indicate when the following services are available:

Liaison Psychiatry:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14a1	Day	☐	☐	☐	☐	☐	☐	☐
14a2	Evening	☐	☐	☐	☐	☐	☐	☐

Psychiatry of Old Age:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14b1	Day	☐	☐	☐	☐	☐	☐	☐
14b2	Evening	☐	☐	☐	☐	☐	☐	☐

Geriatrician:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14c1	Day	☐	☐	☐	☐	☐	☐	☐
14c2	Evening	☐	☐	☐	☐	☐	☐	☐

Occupational Therapy:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14d1	Day	☐	☐	☐	☐	☐	☐	☐
14d2	Evening	☐	☐	☐	☐	☐	☐	☐

Social Work Support:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14e1	Day	☐	☐	☐	☐	☐	☐	☐
14e2	Evening	☐	☐	☐	☐	☐	☐	☐

Pharmacy:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14f1	Day	☐	☐	☐	☐	☐	☐	☐
14f2	Evening	☐	☐	☐	☐	☐	☐	☐

Physiotherapy:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14g1	Day	☐	☐	☐	☐	☐	☐	☐
14g2	Evening	☐	☐	☐	☐	☐	☐	☐

Dietetics:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14h1	Day	☐	☐	☐	☐	☐	☐	☐
14h2	Evening	☐	☐	☐	☐	☐	☐	☐

Speech and Language Therapy:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14i1	Day	☐	☐	☐	☐	☐	☐	☐
14i2	Evening	☐	☐	☐	☐	☐	☐	☐

Psychology/Neuropsychology:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14j1	Day	☐	☐	☐	☐	☐	☐	☐
14j2	Evening	☐	☐	☐	☐	☐	☐	☐

Specialist Infection Control Services:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14k1	Day	☐	☐	☐	☐	☐	☐	☐
14k2	Evening	☐	☐	☐	☐	☐	☐	☐

Specialist Tissue Viability Services:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14l1	Day	☐	☐	☐	☐	☐	☐	☐
14l2	Evening	☐	☐	☐	☐	☐	☐	☐

Specialist Continence Services:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14m1	Day	☐	☐	☐	☐	☐	☐	☐
14m2	Evening	☐	☐	☐	☐	☐	☐	☐

Specialist Palliative Care:

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
14n1	**Day**	☐	☐	☐	☐	☐	☐	☐
14n2	**Evening**	☐	☐	☐	☐	☐	☐	☐

Do you have any comments to make on Section 2, Access to Services?

Section 3: Information Available on the Ward

The ward provides patients with dementia and carers/relatives with information about:

		Yes, Verbal	Yes, Written/ Pictorial	No
15a	**Ward routines such as mealtimes and visiting hours**	☐	☐	☐
15b	**The hospital complaints procedure**	☐	☐	☐
15c	**Patient advocacy services**	☐	☐	☐
15d	**Personal and healthcare information and when this will be shared with carers**	☐	☐	☐

Do you have any comments to make on Section 3, Information Available on the Ward?

Section 4: Nutrition

16   **The ward operates a protected mealtime system**

      ☐ Yes   ☐ No

17   **The protected mealtime system allows for carers to visit and assist during mealtimes**

      ☐ Yes   ☐ No

18   **There is a system in place to signal the need for help**

      ☐ Yes   ☐ No

19   **There is a system to ensure that staffing levels are sufficient at mealtimes to aid people with dementia to eat and choose food if necessary**

      ☐ Yes   ☐ No

20   **Staff are encouraged to report patients missing/uneaten meals to the ward manager**

      ☐ Yes   ☐ No

21   **There are opportunities for patients to socially interact** *(e.g. eat together)*

      ☐ Yes   ☐ No

21a   **Please comment on what these are:**

     [ ]

22   **The ward is able to provide food to patients between mealtimes**

      ☐ Yes   ☐ No

Do you have any comments to make on Section 4, Nutrition?

     [ ]

Section 5: Information and Communication

23 **A healthcare professional responsible for coordinating care is identified to the person with dementia and carers/relatives as a point of contact**

☐ Yes   ☐ No

24 **The name that the person with dementia prefers to be addressed by is recorded and communicated to staff involved in caring for or treating them**

☐ Yes   ☐ No

25 **There is a system for communicating other personal information (such as routines, preferences and support needed with personal care) to staff involved in the care/treatment of the person with dementia.** *Support for personal care may be to do with specific situations (e.g. times of day when more support is needed, ability to eat/drink unprompted or unaided)*

☐ Yes   ☐ No

Please say what this is:

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26 **There is a system for communicating to ward staff any behavioural or communication needs specific to a patient with dementia. This might directly relate to memory problems** *(e.g. ability to answer queries about health accurately or to follow instructions, or other behavioural/psychological symptoms e.g. agitation or hallucination)*

☐ Yes   ☐ No

Please say what this is:

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27 **There is a system for flagging to other staff any behavioural or communication needs specific to a patient with dementia** *(e.g. whenever the person with dementia accesses other areas outside their ward for assessment or other treatment)*

☐ Yes   ☐ No

Please say what this is:

Do you have any comments to make on Section 5, Information and Communication?

If you have any queries, please contact:

Ms Anna de Siún,
INAD Project Co-Ordinator
086 0285359
Annadesiun@gmail.com