

Key recommendations

Dementia quality improvement team.

A multidisciplinary dementia quality improvement team, closely linked to senior hospital management, is required in each hospital to map out the changes required to improve the provision of dementia care, based on hospital-level INAD-2 data, and to implement other national guidelines/guidance relating to acute hospital dementia care.

Dementia Specific Staff

There should be suitably qualified and trained staff available within the hospital to support and advise on optimum dementia care within the hospital; this includes a wider team of dementia champions, and one or more dementia specific roles. These latter roles should not be limited to nursing posts only.

Hospital Environment

The hospital's physical environment should be a key consideration for management. The design guideline on "Dementia friendly hospitals from a universal design approach" (Grey et al., 2018) should be incorporated as standard by hospital management into all future refurbishments and new builds, while cost-neutral or low-cost solutions should be implemented as a priority.

Improved recognition and communication of dementia

This includes at the point of entry to the hospital recording the dementia diagnosis and type of dementia, implementing a system to communicate dementia diagnosis to staff within the care area and between care areas; improved communication and use of a patient passport document and National Transfer Document; and inclusion of all relevant information (dementia progression, delirium, cognitive function, persistent non-cognitive symptoms, and mobility and continence needs) on the discharge summary.

National pathways and algorithms

All hospitals should implement the nationally agreed acute hospital delirium algorithms for the Emergency Department (ED)/Acute Medical Assessment Unit (AMAU) and general medical and surgical wards¹, and adapt and implement the national templates for dementia pathways within the hospital.

Staff training and knowledge strategy

Each acute hospital has responsibility for developing a training and knowledge strategy to ensure all staff receive training in dementia awareness and that a cohort of staff receive more in-depth dementia training.

Integrated Discharge Planning

Hospital management and staff should ensure that the HSE Code of Practice for Integrated Discharge Planning is followed. This includes, where appropriate, discharge planning meetings involving the person living with dementia and/or their carer/family at least 48 hours prior to planned discharge; clear information about follow-up and support after discharge; and the treating team assessing whether there is an indication for follow-up with local dementia services, and arranging this where required.

Prescribing psychotropic medications

The recommendations from the National Clinical Guideline - Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia, should be implemented in each hospital to ensure appropriate prescribing and use of psychotropic medications for non-cognitive symptoms of dementia.

Repeating the audit

The recommendations from this audit should be collated as a set of standards for the provision of dementia care in acute hospitals, to guide future audit. There should be a national level re-audit of all hospitals in 2022; in addition, senior management should arrange local self-audit and evaluation in the interim.