DiADeM

A tool to support the diagnosis of Moderate to advanced Dementia in care home settings

NHS

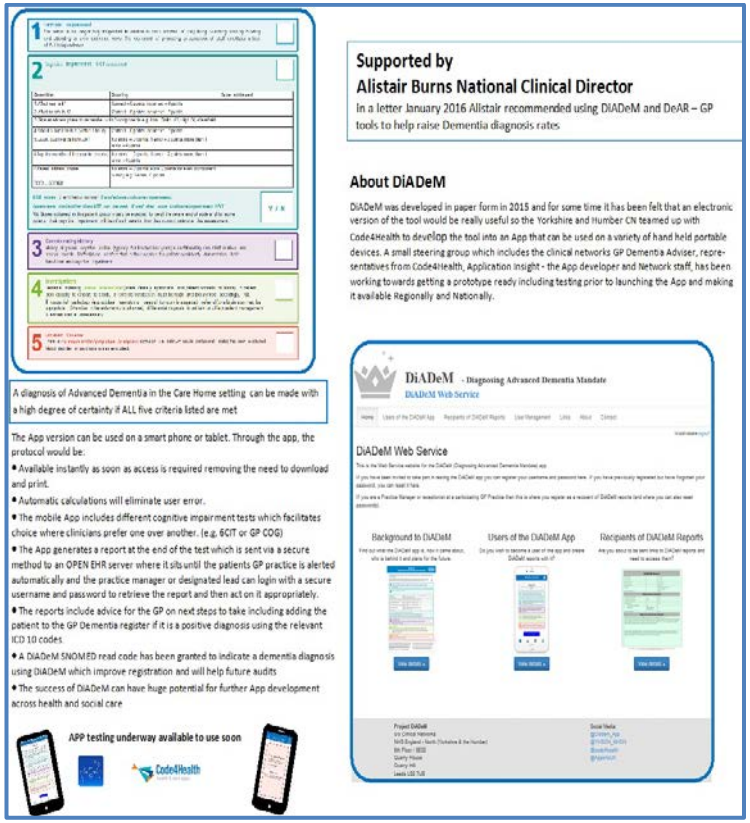
Yorkshire and the Humber Clinical Networks

Code4Health

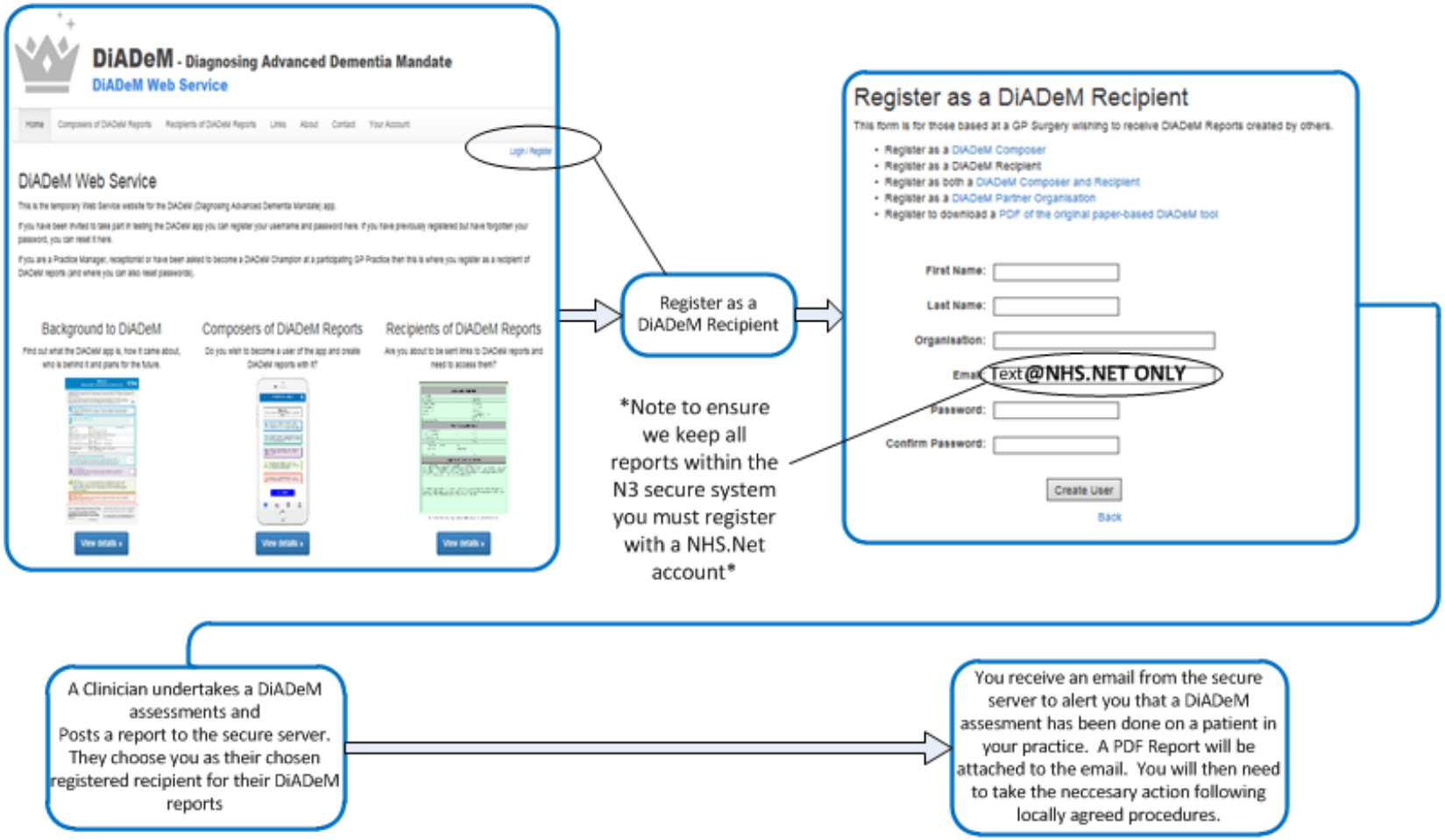
Diagnosing Advanced Dementia Mandate

Quick Guide for Recipients of DiADeM Reports

August 2017



The first step is to follow this link to the DiADeM Web Service and register to be a recipient of DiADeM reports -
http://diadem.apperta.org/



Each time you receive a DiADeM report you will follow a process similar to the steps set out below. The exact protocols to follow will have to be agreed locally and will vary across different practices. E.G. in some areas there are automated document management systems that will process incoming emails with file attachments

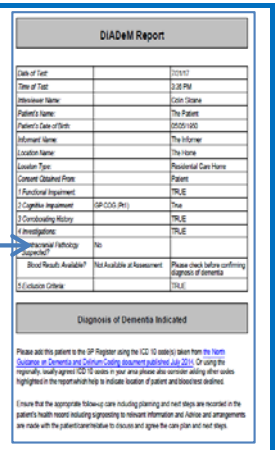
The Practice

The person who has agreed to be the Practice 'DiADeM' Champion

You will have already registered for an account on the DiADeM Web Service and will have set up a user name and password

When a DiADeM assessment has been done the person registered to receive DiADeM reports will receive an email with a PDF attachment. You will need to action this in line with locally agreed protocols.

The PDF will look similar to this


DIADeM Report

Date of Test:		2016/07
Time of Test:		3:36 PM
Interviewer Name:		Colin Sloane
Patient's Name:		The Patient
Patient's Date of Birth:		05/05/1950
Informant Name:		The Informer
Location Name:		The Home
Location Type:		Residential Care Home
Consent Obtained From:		Patient
1 Functional Impairment:		TRUE
2 Cognitive Impairment:	ISP-COG (R=)	True
3 Corroborating History:		TRUE
4 Investigations:		TRUE
Intracranial Pathology Suspected?	No	
Blood Results Available?	Not Available at Assessment	Please check before confirming diagnosis of dementia
5 Exclusion Criteria:		TRUE

Diagnosis of Dementia Indicated

Please add this patient to the GP Register using the ICD 10 code(s) taken from the Norm Guidance on Dementia and Delirium Coding document published July 2014. Or using the regionally, locally agreed ICD 10 codes in your area please also consider adding other codes highlighted in the report which help to indicate location of patient and blood test declined.

Ensure that the appropriate follow-up care including planning and next steps are recorded in the patient's health record including signposting to relevant information and Advice and arrangements are made with the patient/carer/relative to discuss and agree the care plan and next steps.

Please follow your local practice policy in relation to feeding the report in to the patient's record, including adding any read codes to the patient record to highlight a dementia diagnosis and there is now a NEW SNOMED code which relates to assessment using the DiADeM tool. The Relevant codes will appear on each DiADeM report