

# Improving MND Care Audit

## Full list of the Audit Questions

This document provides a list of the full set of questions covered in the Improving MND Care Audit

If you need further help or information, email [audittool@mndassociation.org](mailto:audittool@mndassociation.org)

Audit Section	Questions
Recognition and Referral	<ul style="list-style-type: none"> <li>• Has the person been referred to a neurologist with expertise in MND?</li> <li>• Was the person given their diagnosis by a neurologist with expertise in MND?</li> </ul>
Information and Support at Diagnosis	<ul style="list-style-type: none"> <li>• Has the person received oral and written information about MND?</li> <li>• Has the person been given information about the diagnosis, prognosis, and management of MND by a neurologist with expertise in MND?</li> <li>• At diagnosis, has the person been given a single point of contact?</li> <li>• Was the person offered a follow up appointment to be seen within 4 weeks of confirmed diagnosis?</li> <li>• Is there evidence that riluzole was offered?</li> <li>• Has the person had their weight recorded at diagnosis and been given any relevant support advice and intervention?</li> <li>• Has consideration been given to the person's social care needs?</li> <li>• If there are identified social care needs at diagnosis that would benefit from input from statutory social care services, has a referral been made?</li> <li>• If a referral has been made has an assessment by social care services taken place?</li> <li>• Have social care services been provided?</li> <li>• Has the carer been informed about how to access a carer's assessment?</li> </ul>
Cognitive Assessments	<ul style="list-style-type: none"> <li>• Has the person been offered a cognitive screening assessment? (e.g. Edinburgh Cognitive and Behavioural ALS Screen (ECAS), Motor Neurone Disease Behaviour Scale (MiND-B), Mini-Addenbrooke's Cognitive Examination (M-ACE))</li> </ul>

Audit Section	Questions
<p>Organisation of Care</p>	<ul style="list-style-type: none"> <li>• Is care of this person overseen by a Multidisciplinary Team (MDT)?</li> <li>• Is a Neurologist represented on this person's core MND MDT?</li> <li>• Is a Specialist Nurse represented on this person's core MND MDT?</li> <li>• Is a Dietitian represented on this person's core MND MDT?</li> <li>• Is a Physiotherapist represented on this person's core MND MDT?</li> <li>• Is an Occupational Therapist represented on this person's core MND MDT?</li> <li>• Is a Respiratory Physiologist or a healthcare professional who can assess? respiratory function represented on this person's core MND MDT?</li> <li>• Is a Speech and Language Therapist represented on this person's core MND MDT?</li> <li>• Is a healthcare professional with expertise in palliative care represented on this person's core MND MDT? (MND palliative care expertise may be provided by the neurologist or nurse in the MDT, or by a specialist palliative care professional)</li> <li>• Was the person offered a referral to the specialist palliative care team?</li> <li>• Have the person's social care needs been considered in the last 3 months?</li> <li>• Have the information and support needs of the family and/or carer been considered?</li> </ul>
<p>Psychological Support</p>	<ul style="list-style-type: none"> <li>• Is there evidence that the psychological and emotional impact of MND has been considered and the person asked whether they have any psychological or support needs?</li> <li>• Has the patient been given information about sources of emotional and psychological support?</li> <li>• Has a referral been made to specialist counselling or psychology services for assessment and support?</li> <li>• Is there evidence that the psychological and emotional impact of MND on family members and/or carers has been considered and the person asked whether they have any psychological or support needs?</li> <li>• Has the family member and/or carer been given information about respite care and sources of emotional and psychological support?</li> </ul>
<p>Planning for End of Life</p>	<ul style="list-style-type: none"> <li>• Has the person been offered information about Advance Care Planning? (e.g. Preferred Priorities for Care (PPC), Advance decision to refuse treatment (ADRT), Do not attempt resuscitation (DNAR), lasting Power of Attorney (LPA)</li> <li>• Has the person been offered a method of communication that meets their needs, such as an augmentative and alternative communication system (AAC)?</li> <li>• Has the person been offered a referral for specialist palliative care?</li> <li>• Has the person been offered equipment such as syringe drivers, suction machines, riser recliner chair, hospital bed, commode, and hoist?</li> <li>• Has the person been offered anticipatory medication to keep in their home</li> </ul>

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Management of Muscle Problems	<ul style="list-style-type: none"> <li>• Has the person been assessed for an exercise programme to assist with symptom control and relief?</li> <li>• Has the person been given the opportunity to discuss available treatment options for muscle problems?</li> <li>• Where pharmacological treatment for cramps is identified has quinine been offered as a first line treatment?</li> <li>• Where pharmacological treatment for muscle spasms is identified has baclofen tizanidine, dantrolene or gabapentin been offered as treatment?</li> </ul>
Saliva Management	<ul style="list-style-type: none"> <li>• Is there evidence that the person's need for support regarding saliva management been explored?</li> <li>• Has the person been offered a prescription for medication relating to sialorrhoea?</li> <li>• Has the person been offered Botulinum toxin A? (Where other approaches haven't worked)</li> </ul>
Equipment and Adaptations to Aid Activities of Daily Living and Mobility	<ul style="list-style-type: none"> <li>• Is there evidence that the person's mobility has been considered? (Mobility)</li> <li>• If there are identified mobility needs that would benefit from input has a referral been offered? (Mobility)</li> <li>• If a referral has been made has a full assessment taken place? (Mobility)</li> <li>• Have equipment/services to assist with mobility been provided? (Mobility)</li> <li>• Has there been a review of mobility in the last 3 months? (Mobility)</li> <li>• Is there evidence that the person's ability to conduct activities of daily living have been considered? (Function)</li> <li>• Have equipment and adaptations to assist with daily activities been provided? (Function)</li> <li>• Has there been a review of the person's ability to undertake daily activities within the last 3 months (and any equipment services that may have been provided to help with this)? (Function)</li> <li>• Has the person been assessed for their need of assistive technology, such as environmental control systems?</li> <li>• Has the person been offered a referral for assistive technology, such as environmental control systems?</li> </ul>

Audit Section	Questions
Nutrition and Gastrostomy	<ul style="list-style-type: none"> <li>• Has the patient had been weighed in the past three months?</li> <li>• Has the patient had an assessment of their diet, hydration, nutritional intake, and fluid intake within the past three months?</li> <li>• Has the patient had an assessment of their ability to eat and drink within the last three months, which includes consideration about eating and drinking aids, food and drink preparation, aids/advice for seating and posture whilst eating and drinking and eating in social situations?</li> <li>• Has the patient been referred for a clinical swallowing assessment?</li> <li>• Has there been an assessment of the factors that may contribute to problems with swallowing (e.g. seating and positioning, food and drink consistency, risk of aspiration and/or choking, or fear of choking)?</li> <li>• Is there evidence that there has been a discussion about gastrostomy feeding which takes into account the patient's preferences and issues, such as ability to swallow, weight loss, respiratory function, effort of feeding and drinking and risk of choking?</li> <li>• For patients with Frontotemporal dementia (FTD), has the nutrition and hydration assessment included consideration of the support needed from carers and their understanding of the risks of swallowing difficulties?</li> <li>• For patients with FTD, when considering gastrostomy, is there evidence that the neurologist has taken the following factors into account: 1. The person's ability to make decisions and to give consent 2. The severity of FTD and cognitive problems, 3. The likelihood of them accepting and coping with treatment</li> <li>• Has the person been considered for gastrostomy?</li> <li>• Has the person been offered a referral for gastrostomy?</li> <li>• Has the person been offered a gastrostomy?</li> <li>• Has carer support been considered if the person receives a gastrostomy?</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Is there evidence that the person's speech and communication needs have been considered?</li> <li>• Has a referral been offered to a speech and language therapist (SLT)?</li> <li>• If a referral has been made has an assessment taken place?</li> <li>• Have services to assist with speech and communication needs been provided?</li> <li>• Has a review of speech and communication needs taken place in the last 3 months?</li> <li>• If the person has communication needs, have they been offered non-specialist AAC (e.g. alphabet word or picture board)?</li> <li>• If the person has complex communication needs, have they been offered a referral to a specialist AAC hub for assessment?</li> <li>• If the specialist assessment indicates it is required, has the AAC equipment (e.g. eye gaze) been supplied?</li> <li>• Has the person had a review of their specialist AAC equipment within the last 3 months?</li> </ul>

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Cough Effectiveness	<ul style="list-style-type: none"> <li>• Has the person had an assessment of cough effectiveness?</li> <li>• Have the appropriate interventions been offered (e.g. manual assisted cough, unassisted breath stacking, lung volume recruitment bag, mechanical cough assist device)?</li> </ul>
Respiratory Function and Respiratory Symptoms and Non-invasive Ventilation	<ul style="list-style-type: none"> <li>• As part of the initial assessment to diagnose MND, or soon after diagnosis, has the person had an assessment of their respiratory signs and symptoms (including oximetry and either FVC/VC or SNIP/MIP)?</li> <li>• Has the person been given information about different ways they can manage their breathlessness?</li> <li>• If the person is being offered non-invasive ventilation, has a discussion taken place with family members and carers to assess their ability and willingness to assist and to discuss any concerns?</li> <li>• Has the person had monitoring of respiratory signs and symptoms in the last three months?</li> <li>• Has the person been referred to a respiratory ventilation service for arterial or capillary blood gas analysis, overnight oximetry and/or limited sleep study?</li> <li>• Has a trial of non-invasive ventilation been offered?</li> <li>• Has the person (and their family/carers if appropriate) contributed to the development of a comprehensive respiratory care plan?</li> </ul>