

DELIRIUM ASSESSMENT AND MANAGEMENT IN HEALTH CARE FOR OLDER PEOPLE WARDS AT GOOD HOPE HOSPITAL: A QUALITY IMPROVEMENT PROJECT

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Introduction

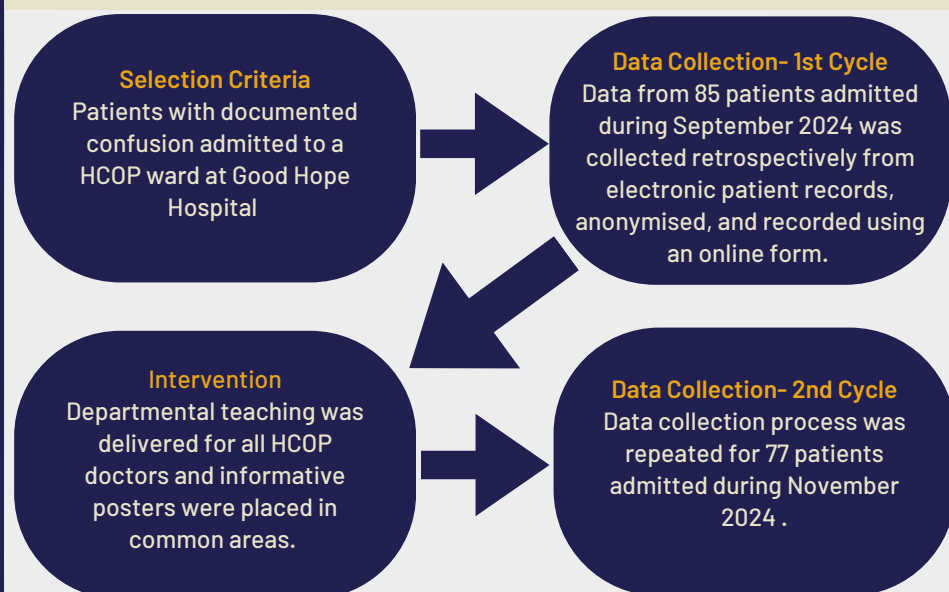
Delirium is a common, serious, and under-diagnosed presentation in Healthcare for Older People (HCOP) (1). Consequences of delirium include prolonged hospital stay and increased mortality (2). Improvement of delirium assessment and management should improve identification of these patients and their outcomes.

Aims

This quality improvement project aimed to improve delirium assessment and management according to the NICE guideline (3), specifically:

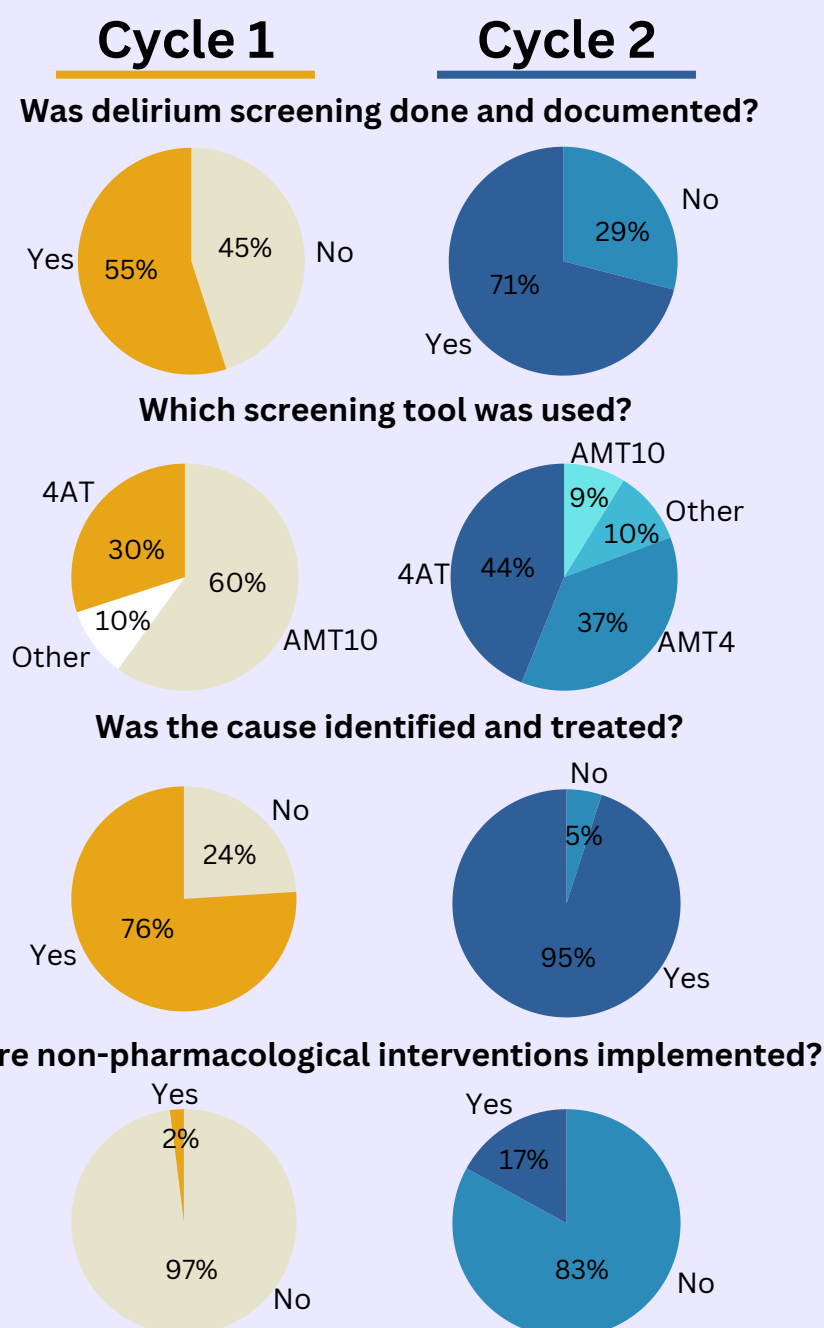
- Use of 4AT as a delirium screening tool
- Identification and treatment of the cause of delirium
- Use of non-pharmacological interventions, such as re-orientation

Methodology



Results

Screening for delirium increased from 55.3% to 71.4% (+16.1%). Use of the NICE recommended 4AT tool increased from 30% to 43.9% (+13.9%). Treating an identified cause rose from 75.6% to 94.8% (+19.2%). Implementation of non-pharmacological interventions (such as re-orientation) rose from 2.4% to 16.9% (+14.5%).



Limitations

- Only patients with documented confusion were selected. Patients with other presenting features of delirium, such as becoming withdrawn, were not selected.
- Educational interventions were not extended to the wider multi-disciplinary team (MDT)/relatives.
- Non-pharmacological interventions may not be documented routinely.

Discussion and Conclusion

Departmental teaching and educational posters were successful in improving delirium assessment and management. The largest improvements were in using a screening tool and treating an identified cause, which are tasks largely undertaken by doctors. To improve further, educational efforts could be extended to the entire MDT. This may have resulted in greater improvements in non-pharmacological interventions. To implement long-lasting change, the posters have been provided to the department and delirium management will continue to be taught in departmental teaching for future rotations of resident doctors.

References

- (1) Inouye SK, Westendorp RG, Saczynski JS. Delirium in Elderly People. *The Lancet*. 2014 Mar;383(9920):911-22.
- (2) Iglseider B, Frühwald T, Jagsch C. Delirium in geriatric patients. *Wiener Medizinische Wochenschrift*. 2022 Jan 10;172(5-6).
- (3) NICE. Overview | Delirium: prevention, Diagnosis and Management | Guidance | NICE [Internet]. [Nice.org.uk](https://www.nice.org.uk/Guidance/CG103). NICE; 2023. Available from: <https://www.nice.org.uk/Guidance/CG103>

Special thanks to supervisor Dr S Sharmeen