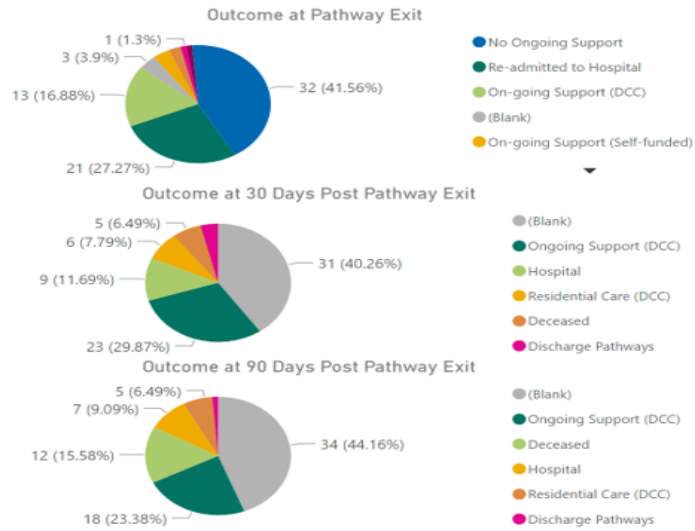


A new community-based approach to the care of Acute Delirium

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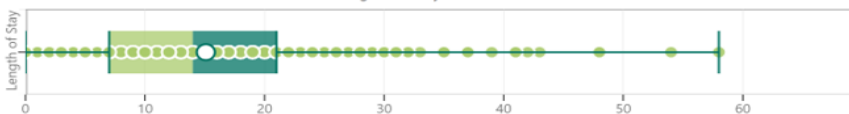
Background: Current practice for acute delirium presentation is hospital admission whilst the delirium resolves, often with multiple changes of challenging environments which commonly worsens and prolongs the delirium episode. This project challenges this practice and allows people to recover at home with a maximum of 6 calls a day and night with carers trained in delirium.

Results: Referrals in this project were accepted if the patient no longer required an acute hospital bed and the patient and family were supportive of discharge. From a previous audit of Pathway 2 beds patients with delirium had poor outcomes, high levels of placement in permanent care and long lengths of stay (21 days). There have been 192 episodes of care through the Delirium Pathway. Of these, 80% were from hospital wards and 20% stepped up from community settings.

In 2023, 42% had no on-going social care support needs and 21% had only the requirement of on-going domiciliary care needs at home. 2.6% entered long term care with the re-admission rate remaining within the local rate for this cohort of 20-30%. There has been low demand for night care.

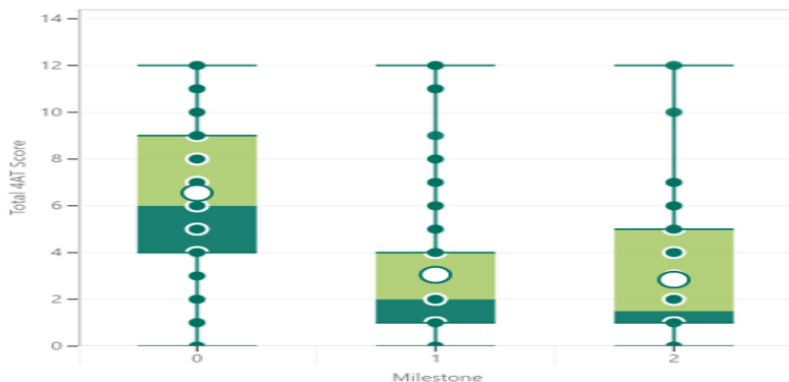
The average LoS is 15 days.

Length of Stay Distribution



Delirium symptoms significantly improved at discharge and stayed improved; pre-discharge the median 4AT score was 7, at first pathway assessment (generally within 24 hours of arrival home), the median 4AT score was 2 and at exit of pathway the median 4AT score was 1

Distribution of 4AT Scores, as at Milestones. Where 0 is In Hospital. 1 is at Start of Pathway Care. 2 is During/At the End of Pathway Care



Patients and carers reported that the discharge home felt safe and that home was the best place for recovery: 89% of patients and 76% of carers felt it was safe to return home; 94% of patients; and 93% of carers felt that home was the best place for recovery.

Conclusion: This pathway has demonstrated that discharging patients with an acute delirium with supportive home care is safe, effective, and reduces admissions to long term care.