

Quality Improvement Project (QIP): Improving Delirium Assessment and Management in Geriatric Wards

KS Minn, AP Phyo, MK Zaw, L Vanderpoel ; Addenbrooke's Hospital

Introduction

Delirium is a very common and treatable condition, and approximately 20-30% of elderly patients in geriatric wards at hospitals presented with delirium. Hence it is important to do timely assessment and correct management of delirium. This QIP was carried out to improve adherence to the trust's clinical guideline for delirium and to improve the communication with patients, relatives, and primary care team.

Objectives

1. To analyse whether screening and assessment of delirium are recorded in the admission and discharge documents.
2. To improve the delirium care in day-to-day practice.

Method

40 patients' notes were randomly reviewed in the geriatric wards of the Addenbrooke's hospital as baseline, then 20 patients' notes were reviewed again after intervention. Patients on End-of-Life care were excluded.

Intervention

The new discharge letter template was introduced to ensure better communication with the primary care team, and the departmental teaching session was delivered to promote awareness of delirium assessment and management in accordance with local and national guidelines.

Results

Delirium Screening:

- Doing delirium screening (4AT OR CAM) increased from 37.5% to 80%.

Collateral History:

- Taking collateral history was noted to be less complied with 75% after intervention from 80%.

Cognitive Assessment:

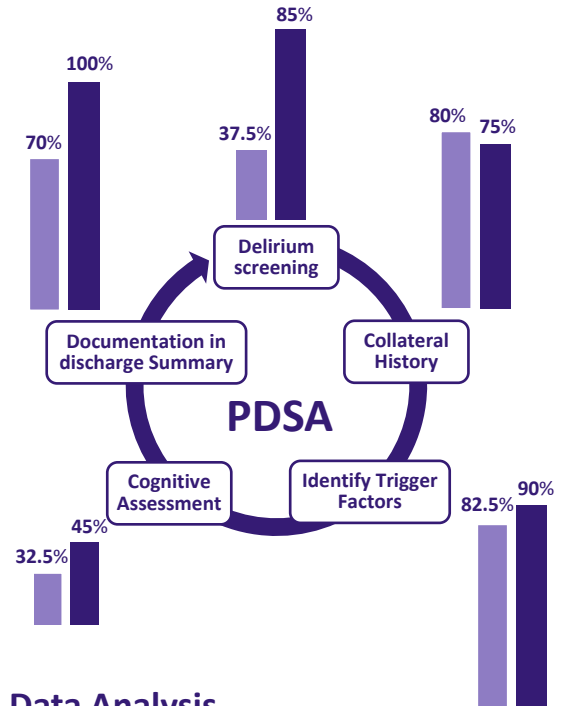
- Doing cognitive screening increased from 32.5% to 40%.

Investigations:

- Performing confusion screening bloods including bone profile, B12, Folate, TSH, Liver function test raised from 57.5% to 75% and CXR from 85% to 90%. Performing urine culture dropped from 55% to 20%.

Discharge Summary:

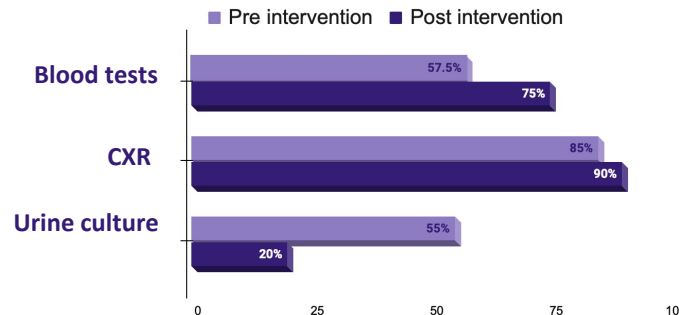
- Documentation of delirium diagnosis in the discharge letter was improved from 70% to 100%. Assessing delirium screening tool within 24 hours of admission, documenting delirium trigger factors and updating delirium in the problem lists were also analysed.



Data Analysis

■ Pre intervention ■ Post intervention

Investigations



Conclusion

This audit showed some improvement after intervention. It is recommended to continue promoting awareness of delirium (diagnosis, assessment, investigations, and discharge letter template) within department. It will be necessary to perform a re-audit again to check improvement in quality of delirium care.