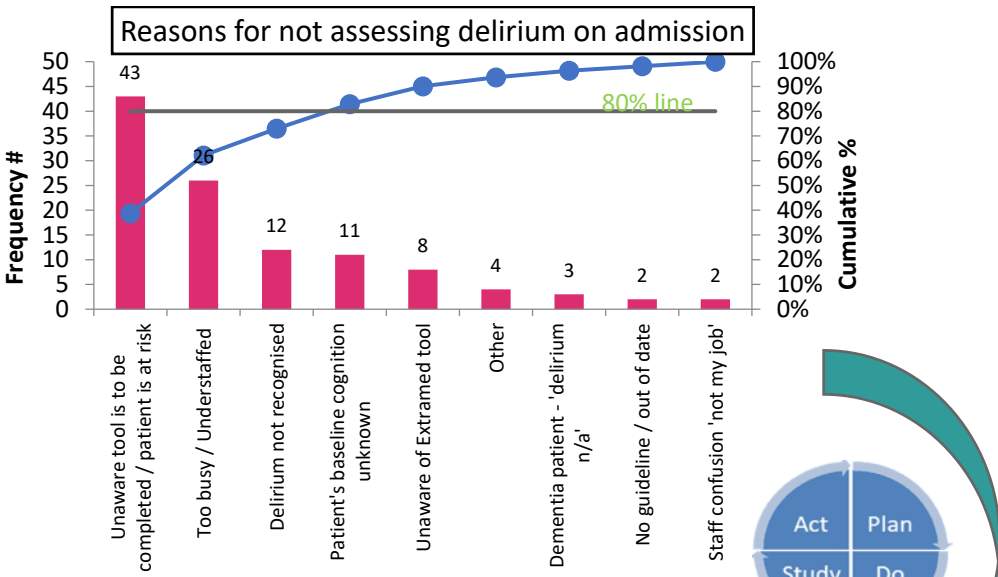


# Quality Improvement focussed on identification and management of delirium in older surgical patients

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**Introduction:** Delirium impacts up to 40% of older hospital inpatients and is associated with increases in mortality, institutionalisation and deconditioning. However delirium is frequently undetected, poorly understood and mismanaged in our hospitals. We aimed to increase awareness, identification and improve management of older surgical patients.

**Method:** Audit measuring delirium prevalence using 4AT in patients >65 on arrival to the Surgical Assessment Unit and repeated 48 hours later.

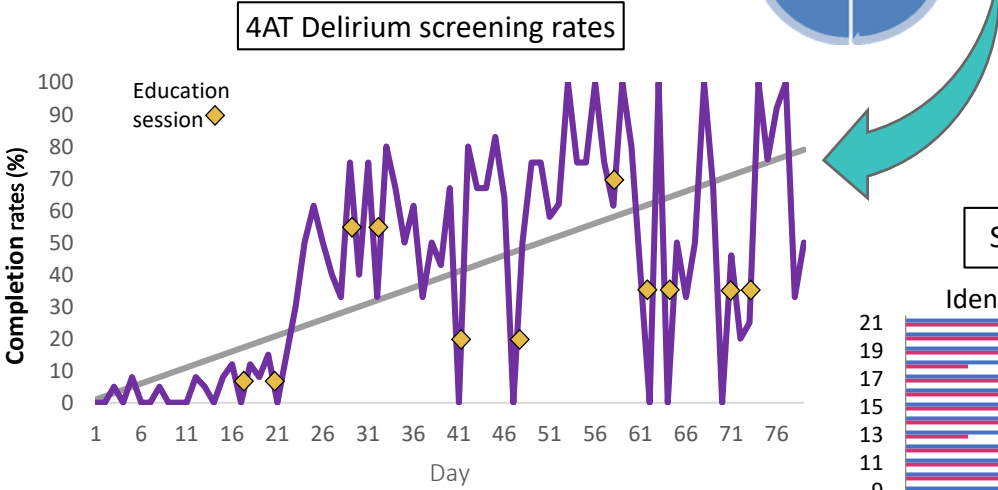
- Staff completed questionnaires identifying reasons 4ATs were not completed.
- Using PDSA cycles, we developed, implemented, and iteratively improved 4AT and delirium sections in care plans, delivered teaching and leaflets to SAU staff.
- 4AT and delirium care plan completion rates were monitored. Staff knowledge before and after teaching was tested.

**Results:** 36% of emergency surgical admissions audited had a 4AT of >4.

- Average length of stay was 7, 10 and 5.3 days for the whole cohort, those with and without delirium respectively.
- Improvements around 4AT education resulted in 4AT completion rising from 40 to 64%. Completion was dependent on education, rising to 100% after but falling in between. Knowledge scores improved from 43% to 92% following teaching.

**Conclusion:** Improvements were seen with higher delirium screening and detection.

- Staff knowledge improved.
- Interventions were not sustained.
- We are now exploring delirium champions as a way of sustaining change.



Summary of knowledge rates before and after education interventions

