

A teaching programme to improve rates of delirium screening on the medical take

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Background

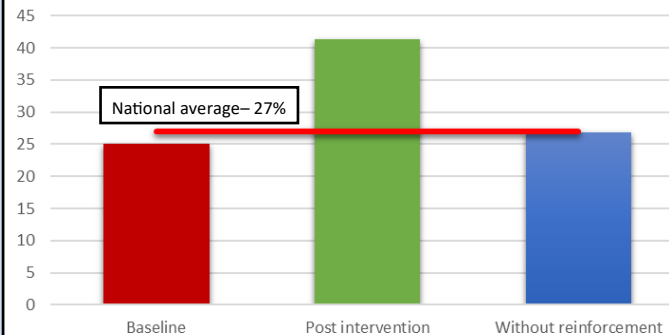
- NICE Clinical Guideline CG103 states that **all adults** aged 65 and older should be screened for delirium within 48 hours of emergency hospital admission.
- The Geriatric Medicine Research Collaborative (GeMRC)'s World Delirium Day audit from 2019 showed an **average national screening rate of 27%**.
- A patient fell on the Medical Assessment Unit (MAU) soon after admission. This resulted in hip fracture. **There was no documented screening for delirium with the recommended 4 A's Test (4AT)** within the clerking proforma.
- We decided to collect data on screening rates and devised a way of improving these.

Method and Intervention

- Baseline data was collected- examining patient notes of those >65 years.
- The percentage of those with 4AT completely filled was calculated.
- **79** sets of notes were examined in total.
- The intervention was a teaching session on delirium for the junior doctors on the ward, focusing on the adverse prognostic features of delirium and importance of screening and clear diagnosis with onward communication to the patient's GP.
- Repeat data collection was done following this.

Results

Percentage of patients >65 yrs on MAU screened for delirium <48hrs



- Baseline rate of completed 4AT was **25%**.
- After the teaching session, screening rates increased to **41.3%**. However, this fell to **26.9%** without reinforcement.
- Of those patients not screened, the majority had been attempted but were incomplete (mostly the AMT4 section).
- The teaching session was well-received. Consistent feedback was that this should be repeated in future.

Discussion & future work

- A diagnosis of delirium is important– it carries a higher risk of mortality, inpatient falls, prolonged admission and increased likelihood of developing dementia later in life.
- Incorporating delirium and its severity into acute medicine departmental teaching can improve the rate of screening and documented delirium diagnosis.
- After this data was gathered, the Trust's Emergency Department purchased an electronic patient record incorporating mandatory full 4AT scoring into assessments of patients over 65 years– but there remains variability in documented diagnosis.
- Further work should involve continuing teaching sessions for acute medical staff, and assessing the rate of documented diagnosis in those who fit criteria.

CIRCLE		
[1] ALERTNESS		
<i>This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.</i>		
Normal (fully alert, but not agitated, throughout assessment)	0	
Mild sleepiness for <10 seconds after waking, then normal	0	
Clearly abnormal	4	
[2] AMT4		
<i>Age, date of birth, place (name of the hospital or building), current year.</i>		
No mistakes	0	
1 mistake	1	
2 or more mistakes/untestable	2	
[3] ATTENTION		
<i>Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "What is the month before December?" is permitted.</i>		
Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2
[4] ACUTE CHANGE OR FLUCTUATING COURSE		
<i>Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs</i>		
	No	0
	Yes	4
4 or above: possible delirium +/- cognitive impairment		
1-3: possible cognitive impairment		
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)		
4AT SCORE <input type="text"/>		