

Delirium education and documentation—Quality Improvement Project in Geriatric Assessment Unit.



H Zamir;L Shields ;L Brodie1

Aberdeen Royal Infirmary NHS Grampian1

Geriatric Medicine Department

Aim: To provide delirium education and Improve documentation up to 95 % in GAU.

Introduction:

- Delirium is a common presentation in older people and associated with falls risk, longer inpatient stay, post-discharge institutionalisation, accelerated cognitive decline and higher mortality.
- While median duration of delirium is reported as 1 week but for one third patients, symptoms may persist 3 months or more, even a proportion of patients will never fully recover to their pre-delirium cognitive baseline.
- It is essential we are sharing the diagnosis with people and their relatives in order to provide information, facilitate discussions around the risks of hospital versus home, reduce distress and highlight the role that carers play in delirium management.
- Physicians should be aware that delirium sufferers often have an awareness of their experience and for affected person and their family, delirium can be a cause of significant distress.
- Identification of risk factors, education, and a systematic approach to management can improve the outcome and experience of the syndrome [1].



DELIRIUM EDUCATION AND DOCUMENTATION QIP IN 102

- Is it delirium?
4AT RAPID CLINICAL TEST FOR DELIRIUM
- Find the Culprit!
PAIN Infection Nutrition Constipation Hydration Medications Sleep Hygiene
- Take a Mugshot ie DOCUMENT
- Hand out the Wanted Posters ie delirium leaflets

Do not forget to document handing out the wanted posters!!!
Your police department needs to know you did your job!

Initiate TIM within 2 hours (initial and suite time of completion)	Assessed/ sent	Results seen	Abnormality found
Think exclude and treat possible triggers			
NEWS (think Sepsis Six)			
Blood glucose			
Medication history (Identify new medications/change of dose/medication recently stopped)			
Pain review (Abbey Pain Scale)			
Assess for urinary retention			
Assess for constipation			
Investigate and intervene to correct underlying causes			
Assess hydration and start fluid balance chart			
Bloods (FBC, U&E, Ca, LFTs, CRP, Mg, Glucose)			
Look for symptoms/signs of infection (skin, chest, urine, CNS) and perform appropriate cultures/imaging depending on clinical assessment (see Sepsis Six)			
ECG (ACS)			
Management Plan			Completed
Initiate treatment of ALL underlying causes found above			
Engage and Explore complete within 2 hours or if family/carer not present within 24 hours			
Engage with patient, family and carers – explore if this is usual behaviour. Ask: "How would you like to be involved?"			
Explain diagnosis of delirium to patient, family and carers (use delirium leaflet)			
Document diagnosis of delirium			

Reference :

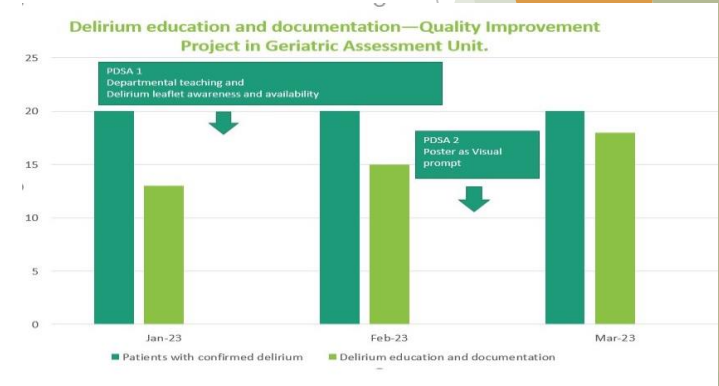
SIGN Risk reduction and management of delirium

Methodology:

- Prospective data collection
- Jan 2023 to March 2023
- Monthly data analysis of 20 patients in GAU with the confirmed diagnosis of delirium.
- PDSA 1 Departmental teaching and SIGN delirium leaflet awareness & availability .
- PDSA 2 Poster as Visual prompt.

Results:

- After 2 PDSA cycles, we noticed significant improvement in delirium education and documentation up to 95%.
- A further QI project is ongoing to embed the TIME bundle within our daily practices which will hopefully ensure that this improvement is sustained by giving another prompt to discuss and document diagnosis.



Conclusion:

Along with prompt diagnosis and management, good educational approach and clear documentation will lead to improved understanding about delirium, reduce distress and facilitate safe early discharge.