

IMPROVING MANAGEMENT OF DELIRIUM IN EAST LANCASHIRE

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INTRODUCTION

At East Lancashire Hospital Trust (ELHT) we are committed to becoming a **delirium friendly hospital**. We aim to improve the management of patients with delirium through training around innovative care guidance. Our initiative engages the multidisciplinary team (MDT) and the patient's carers in a joint process to provide timely diagnosis and access to holistic and appropriate care.

What is delirium?

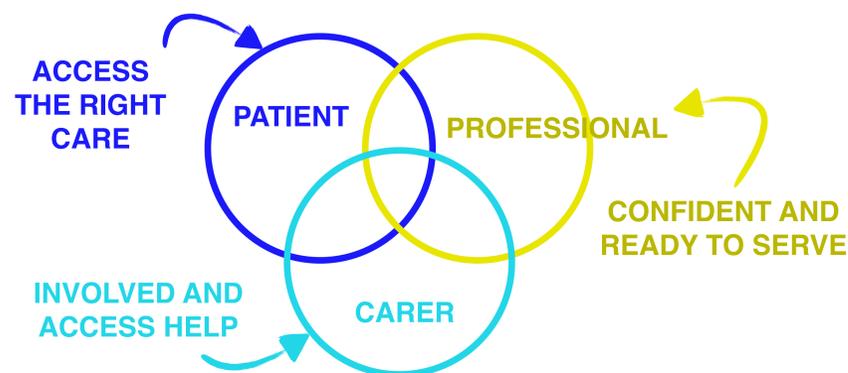
Delirium is an acute organic brain syndrome characterised by disturbances of cognition, attention, consciousness, or perception with a fluctuating course.

What is the problem?

Delirium is common condition that occurs in **all hospital departments**, affecting up to 30% of post-op patients, up to 53% of medical patients and up to 87% of ICU patients. It is reversible but has many features that contribute to its under recognition. The fluctuating nature of the symptoms, diverse presentations and overlap with dementia. Delirium is often not managed appropriately. We lack confidence to treat, awareness of services.

METHODOLOGY

We formed a delirium strategy group and formed our method around three stakeholders: patient, carer and professional.



Our bundle is a two page guide. It helps diagnose, investigate and manage delirium appropriately, then direct patients and carers to allied services.

BUNDLE

We are integrating our bundle into the intranet and our **icon** can be used on the electronic bed board to improve continuity of care, map the patient journey and aid future research.



DELIRIUM, CONFUSION NO LONGER!

AIM

Our QIP is split into two parts: adherence to the bundle and impact of the bundle.

Primary aim

We will increase the adherence to the bundle to over **90%** by the end of August 2017.

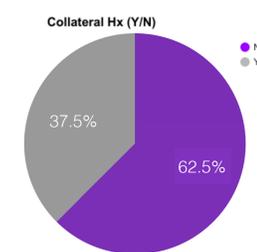
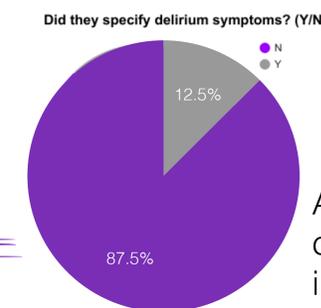
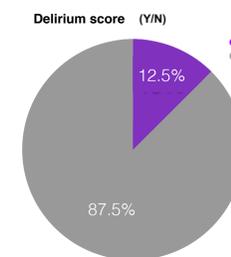
Secondary aims

We will increase the confidence of **doctors and nurses** in the management of delirium from **17%** and **29%** respectively to over **90%** by the end of August 2017.

We will aim to improve **best management** to over **90%** by the end of August 2017.

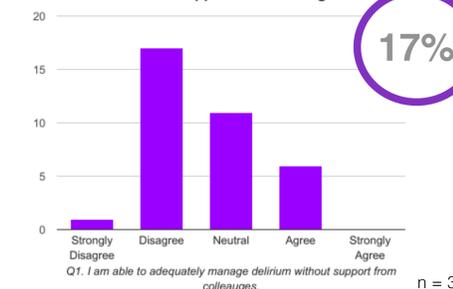
We will aim to improve **satisfaction rate** of carers to be to over **90%** by the end of August 2017.

RESULTS

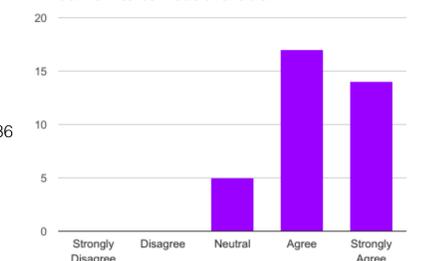


Audit of hospital case studies pre-implementation.

FY1 Q1. I am able to adequately manage delirium without support from colleagues.

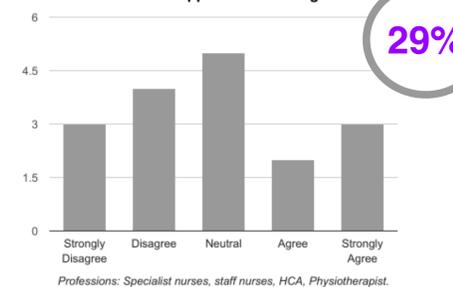


FY1 Q2. I need more written guidance on delirium to be made available.

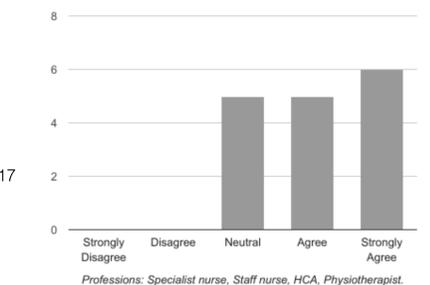


Survey of junior doctors to assess confidence.

MDT Q1. I am able to adequately manage delirium without support from colleagues.



MDT Q2. I need more written guidance on delirium to be made available.



Survey of the MDT to assess confidence.

CONCLUSIONS

Delirium is poorly managed. Services are under-utilised, staff lack confidence in managing delirium and we are poor at monitoring our performance. Our written guidance and training is ready to implement on the wards.