

Improving delirium care in those admitted with Neck of Femur (NOF) fractures

L. Dormandy, S. Mufti, E. Higgins, M. Dixon, C. Bailey
Homerton University Hospital NHS Foundation Trust



Background

- No trust guidance on diagnosing and managing delirium
- Delirium considered a significant problem on two mixed acute surgical wards with low confidence amongst staff in diagnosis and management
- Audit of patients over one year with fractured neck of femur showed 36% rate of delirium: whom stayed longer in hospital and less likely to be discharged home
- Delirium poorly coded and follow up adhoc

Strategy

MDT delirium steering group founded

Mission Statement

To improve healthcare professionals' (therapy, nursing, medical) knowledge and confidence in diagnosing and managing delirium on inpatient surgical wards

Method

Achieved by:

- MDT Teaching sessions
- Delirium Campaign
- Constant support + visibility on the ward
- Appointment of delirium champions

Intervention

- If answer yes to SQiD – Complete 4AT
- If 4AT >4 – inform doctor, start PINCH ME
- Delirium and 'at risk for cognitive impairment' to be coded as acute problem
- Daily surgical whiteboard - highlight patients
- Single point access for resources

Intervention Assessment

- Feedback questionnaire
- Repeat Delirium audit of all patients admitted with NOF in 3 months post intervention (Dec 2017- March 2018)
- Data compared to that of patients admitted Jan –Sept 2017 (prior to intervention)

Key Points for Success

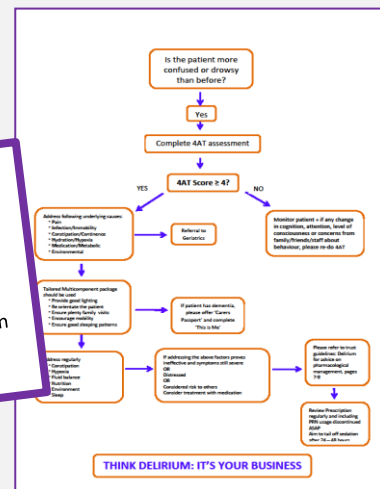
- Enthusiastic Delirium MDT group
- Time invested in extensive education

The Campaign

Resources: used and available to staff

- Electronic version of 4AT
- Delirium Guidelines
- Delirium Flowchart
- PINCH ME assessment
- Posters
- SQid Logo
- Patient info leaflet
- Feature in 'Homerton lite' magazine (emailed to all staff)

PINCH ME Assessment
Pain
Infection
Nutrition
Constipation
Hypoxia/Hydration
Medication
Environment



Is this patient more confused or drowsy than normal?



Remember the SQid

Think DELIRIUM

'PINCH ME' Assessment



Results

- 80% of patients were screened for delirium using 4AT (14% pre-intervention)
- Delirium diagnosed in 30% - all of seen by Consultant Geriatrician
- 75% had delirium coded on discharge summary (27% previously)
- Feed back questionnaires showed:
 - Doctors were more confident in diagnosing and explaining delirium and recognised delirium a significant problem post-operatively (vs. 70%) Increased awareness and implementation of SQid
 - Nurses and therapists had increased awareness of 4AT and recognition of delirium

Future

- Trust wide roll out and MDT delirium ward round
- Delirium cards
- Ongoing education: to ensure sustainability

Vision

- All patients >65 yrs with fractured neck of femur consented for delirium
- Surgical patients at risk of post-operative delirium to be consented