

Audit on Delirium Assessment in acute medical patients at Furness General Hospital

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INTRODUCTION

Delirium (acute confusional state) is a common condition in the elderly population affecting up to 30% of all elderly medical patients. It is characterised by a disturbance of consciousness and a change in cognition that develop over a short period of time and can vary throughout the day. The average prevalence of delirium in older people in general hospitals is 20%. (Ranging from 7% to 61%).¹ It is often not recognised by clinicians and subsequently poorly managed.² Patients with delirium increased length of stay in the hospital, increased mortality and increased risk of institutional placement.³ They are also three times more likely to develop dementia.⁴

It is clearly stated in the British Geriatric Society Guidelines⁵ (BGS) that all clinicians should identify cognitive impairment in all adults over 65 with use of the Abbreviated Mental Test Score (AMTS) on admission.

If AMTS <7/10, then: consider delirium in those with cognitive impairment using the Confusion Assessment Method (CAM) screening tool. Identify the cause of delirium and treat it. Reassess cognitive state during admission. Ensure a safe discharge and consider follow up with Old Age Psychiatry Team. There is also a need to provide family or carer education and support regarding this diagnosis.

AIM OF THE AUDIT

In our UHMB standard acute medical clerking proforma, there is a specific column with AMTS questionnaire to be filled in if the patient to be clerked is aged 65 years and over. The aim was to assess how often the abbreviated mental test is done in over 65s on medical admission, and to see how well they were being reassessed during their admission. By conducting this audit, we would like to also raise awareness among clinicians and nursing staff about the importance of identifying the higher risk group of patients to develop delirium during their hospital stay, and manage them appropriately to prevent complications as mentioned above.

- **Initial audit in October 2016.**

Manually identify patients from the acute admissions ward >65 years and look for documentation of AMTS assessment on admission. If AMTS was <7/10 look for documentation of further delirium assessment tools being used such as CAM screening tool and 4 'A's Test. Exclusion criteria – low GCS (<13), not able to speak English, aphasic or other neurological condition preventing communication. 45 patients identified over a 2 weeks period. 48% patients over 65 years assessed using AMTS. Poster produced and results presented in general medical meetings as well as specific junior doctor teaching sessions.

- **Re-audit conducted in June 2016.**

In this audit, 57 eligible patients identified over 2 weeks period in June 2016.

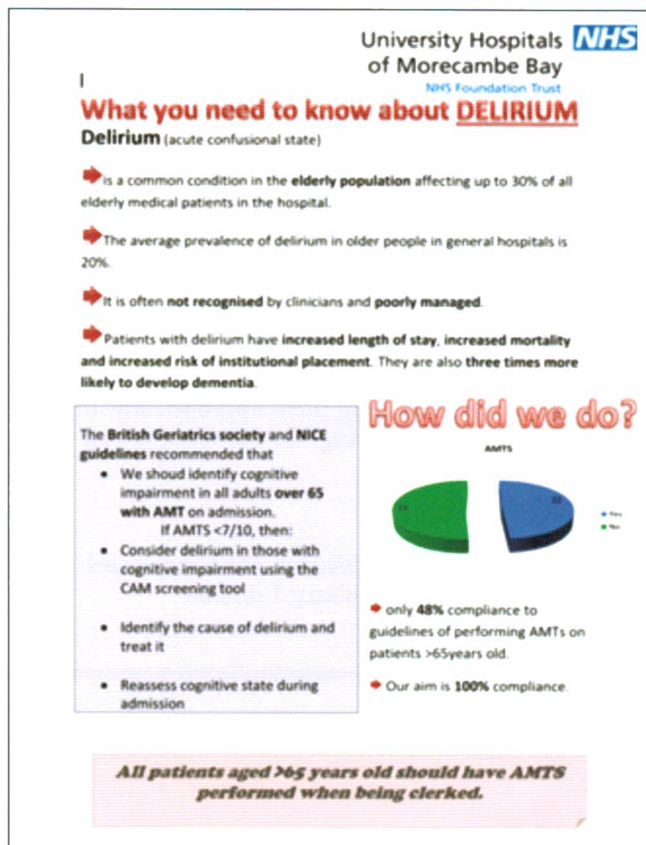


Figure 1: The poster produced following first audit

RESULTS

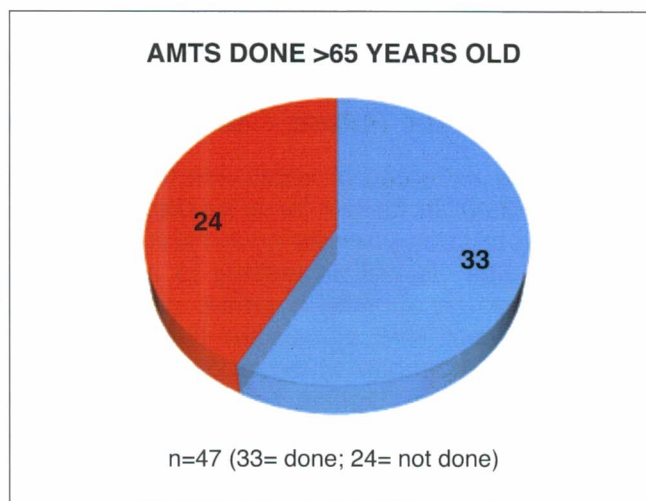


Figure 2: Outcome of assessment for re-audit conducted in June 2016

33 patients were found to have had AMTS done on admission in clerking (58%); the remaining 24 patients did not have AMTS done. Out of the 33 patients, 6 patients found to have AMTS <7, however, no further cognitive assessment was carried out. The main reasons for not doing AMTS given as: too sleepy, orientated, alert, vascular dementia.

Multiple teaching sessions have been organised explaining above reasons that are given are not adequate reasons for not completing the AMTS. Further education sessions for incoming junior doctors to be arranged, emphasising the importance of completing AMTS when clerking patients >65 years old on admission.

CONCLUSION

In comparison to previous audit, it has clearly shown that our performance has improved slightly, i.e. 58% (48%) but in comparison to BGS guidelines, we are far from adhering to the standard.

There is a need to improve awareness of the importance of good delirium screening amongst the doctors clerking patients in medicine. By early recognition of patients with delirium and managing them appropriately, this can indirectly generate cost savings for our trust as well.

REFERENCES

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Stop Press !!!

Lancaster Medical Museum Group wins Heritage Lottery Fund Award

'Paths to the Future' – Bringing Lancaster's Medical heritage to our local community

We are delighted to announce that the Lancaster Medical Museum Group has recently been successful in its bid for a Heritage Lottery fund award. The award of £9500 is to allow our group to strengthen its governance and to clarify the future direction of the Group. In the next 2 months we will be looking to appoint 1 or 2 specialists to assist with this project and we will then be running a series of community engagement projects during 2017 to complete the project. We appreciate the efforts of Sue Ashworth, Museums Collections Manager at the Lancashire Museum Service, and Miles Rucklidge in producing the successful bid.

This is an exciting time for our Group and we will need volunteers to help us as we run community engagement events next year. If you are interested please contact either

Bryan Rhodes – Chairman LMMG or Peter Dyer – Secretary LMMG