The Royal Wolverhampton
NHS Trust

# Delirium Quality Improvement Project (QIP) – June 2018
# 25 June 2018

Agenda Item No: 7.3

**Delirium Quality Improvement Project (QIP) – June 2018**

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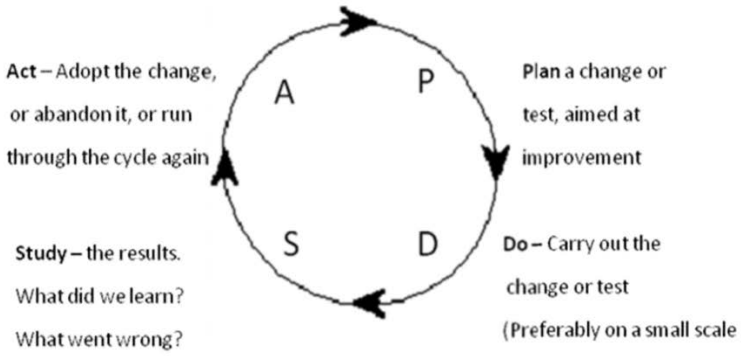
**Audit** – "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change"

**QIP** - Quality improvement (QI) aims to improve the patient experience.

What are we trying to accomplish?
How will we know change is an improvement?
What changes can we make that will result in the improvements that we seek?

QI can be done using the plan, do, study, act (PDSA) framework. PDSA cycles are iterative and have short time spans allowing improvement to be incorporated quickly

**Figure 8 – PDSA Cycle: Deming, 1993**




**Delirium QIP**

Delirium is a state of acute confusion. Delirium often starts suddenly and can fluctuate in its course. It may lead to psychomotor agitation, inattention, disorganised thinking or even increased somnolence It is very distressing for the patient, their loved ones and difficult for those caring for the patient.

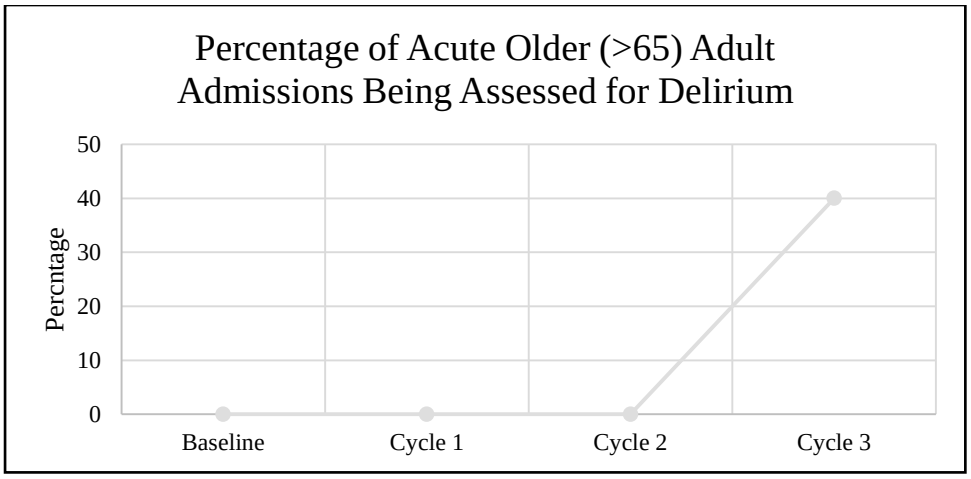
This report documents a project in a large urban district general hospital to improve assessment for delirium within acute older (>65) medical admissions. It characterises the rationale, process, including the use of 3 PDSA cycles and results.

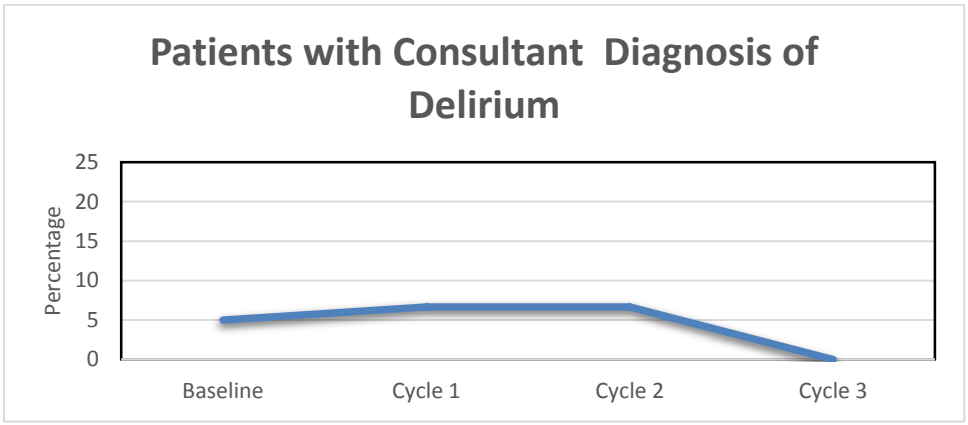
The base line audit was conducted in January 2017. Its aim was to what, if any, assessments of for delirium was being done and how. On one afternoon, 20 patients in total were assessed. No patients had been assessed for delirium using any validated tool. Data from the trust coding department placed the incidence of delirium at 2.4%, most literature report at least 25-40% during a patient's hospital stay.

**The overall aim of the service improvement project was**: Improve assessment, by validated assessment method, for Identification of Delirium in older adults (>65), who are admitted to an acute medical unit.

Cycle 1 – targeted education session to AMU clinical staff – completed Feb 2017
Cycle 2 – targeted education session to FY2 doctors – completed March 2017
Cycle 3 – development and launch of a visual management system (stamp) as a prompt to clinicians

**Data Collection:** baseline data as outlined above as well as data collection after each cycle




**Analysis:**
Teaching to AMU staff did not produce an increase in delirium assessment. Therefore cycle 2 was planned to target a group of junior doctors (FY2) who are often involved in clerking of acute medical patients. Again no difference and so cycle 3 used a visual prompt to clinicians with a resultant increase in assessments performed.
However it is to be noted that diagnosis of delirium was not improved.

**Discussion:**
Visual prompt most effective. This has now been taken forward into a full delirium assessment in the new AMU clerking proforma (June 2018)