

Delirium: Improving Patient Experience

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Trust Board paper E

Executive Summary

This patient story will be shared via a video clip and has been designed to be an education video and illustrates the experiences of a patient who had a delirious episode during an admission to Leicester's Hospitals.

The husband and wife share their experience of the distress, challenges and lasting effects they have faced as a result of their delirium experience.

Why Has This Patient Story Been Selected For Trust Board?

This patient story illustrates many patients' experiences while receiving care within the Trust.

National figures show that up to half of adult inpatients, regardless of age, will experience an episode of delirium during their inpatient stay. Delirium is associated with a mortality rate of approximately 20% and has been shown to result in longer length of stay, higher rates of institutionalisation after discharge, higher rates of dementia and increased healthcare costs. Despite this, awareness and recognition of delirium is poor worldwide and subsequently assessment and management are delayed.

What Are The Key Themes In The Patient Story And How Applicable Are They Across The Trust?

This patient story has been incorporated within wider staff education to highlight the message - if a patient appears more confused or more withdrawn than normal to 'Think Delirium'.

The main points raised are:

- The episode of delirium was very distressing for this patient as 'it felt so real' and concerning for the family due to the change in behaviour
- The staff seemed unaware of the signs of delirium and the patient was placed in a side room where they felt like 'a nuisance'
- Despite this experience being a period of time ago the patient and family vividly remember how distressing this was and continue to feel upset about their behaviour whilst delirious

What Are The Key Learning Points To Improve The Quality Of Patient Care/Experience, And How Will They Be Measured And Monitored In Future?

This educational video was developed to improve awareness of delirium and subsequently improve diagnosis and treatment. The single question, 'is the patient more confused or more withdrawn than normal' is part of the delirium screening tool which is currently being effectively used within the Emergency Department.

The Trust Delirium Guidelines support staff in the identification and effective management of delirium including the management of behavioural and psychological issues. These guidelines

provide a comprehensive delirium 'Support Tool' with details on how to diagnose delirium, the underlying causes, immediate action required and then a longer term management plan.

The guidelines were launched approximately 12-14 months ago and are currently being audited to establish how effectively these guidelines are being used across the base wards.

Conclusion

The education video has been developed incorporating the experience of this patient and wife to enable greater understanding and encourage health professionals to 'Think DELIRIUM'. This video will be used alongside the Trust's Delirium Guidelines which will be audited on an annual basis to monitor compliance and improvements.

Input Sought

We would welcome the board's input regarding:

- Improving awareness of delirium and its effects across the Trust
- Providing emphasis on the importance of delirium and its management

For Reference

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	Yes
Effective, integrated emergency care	Yes
Consistently meeting national access standards	Not applicable
Integrated care in partnership with others	Yes
Enhanced delivery in research, innovation & ed'	Yes
A caring, professional, engaged workforce	Yes
Clinically sustainable services with excellent facilities	Not applicable
Financially sustainable NHS organisation	Yes
Enabled by excellent IM&T	Not applicable

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register	Not applicable
b. Board Assurance Framework	Not applicable

3. Related **Patient and Public Involvement** actions taken, or to be taken:

This patient story consists of feedback directly from a patient and their families about their experience of care within the Trust and the subsequent actions and learning from this and similar experiences.

4. Results of any **Equality Impact Assessment**, relating to this matter: Not applicable

5. Scheduled date for the **next paper** on this topic: 2 November 2017

6. Executive Summaries should not exceed **1 page**. My paper does comply

7. Papers should not exceed **7 pages**. My paper does comply