



Delirium Care Pathway Test

RAID and Direct Assessment Unit, Antrim Area Hospital

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Background Research

- Delirium is **everywhere** and is **everyone's** business but remains under-recognised
 - 5-15% NH
 - 10-20% general medical wards
 - 10-50% post op patients
- **Known adverse effects***
 - Increases your Length of stay
 - Increases your risk of institutionalisation
 - Increases your risk of dementia
 - Increases your mortality

*Witlox J et al. Delirium in elderly patients and the risk of post discharge mortality, institutionalization, and dementia: a meta-analysis. JAMA 2010; 304: 443–51.

Cole M et al. The 6- and 12-month outcomes of older medical inpatients who recover from subsyndromal delirium. J Am Geriatr Soc 2008; 56: 2093–9.

McCusker et al. The prognostic significance of delirium in elderly medical inpatients. J Am Geriatr Soc 2003; 51: 754–60.

Cole MG et al. Delirium in older long-term care residents: incidence, risk factors, and outcomes. J Am Geriatr Soc 2011; 59: 1829–36.

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Rationale

- **Multidisciplinary involvement** should include Old Age Psychiatry Liaison Teams who will support health care providers in delivery of effective care and facilitate educational programmes in approaches for dealing with the acutely medically confused elderly (Cerejeira & Mukaetova-Ladinska, 2011) (NICE CG103,2010)
- **Purpose of the Project**
 - Screen patients for delirium
 - Detect and diagnose delirium
 - Prompt, specialist assessment
 - Develop Patient centred management plans
 - Initiate Follow up clinics for patient's in this test project

Proposal

Three domains to this project:

Brief Intervention: to all patient's attending the DAU. This involves **screening, detection** and education with collaborative working with DAU/ RAID.

Short Intervention: for those patient's admitted medically, RAID will **assess** and lead the appropriate **patient-centred management plan** on the ward

Tertiary Level intervention: RAID led delirium **out-patient clinic** for those diagnosed with delirium and requiring follow up prior to returning to primary care

Project Objectives and Measurable Targets

- Seen and diagnosed in **TIMELY** manner
- Intervention
 - Individualised care plan
 - Information and Educational sheets
 - (Non)-pharmacological management
- Improvement
 - 4AT, Delirium Rating Scale
- Discharge
- Follow up

Additional Outcomes and Achievements

- Better use of current resources
- Collaborative working
 - In hospital
 - Between hospital/ community
- Right time, place and person
- Individualised treatment plans
- Innovation and creativity
- Education
- Creating sustainability

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Any Questions?



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