Learning To Make a Difference

Dementia Screening:
Remembering to ask

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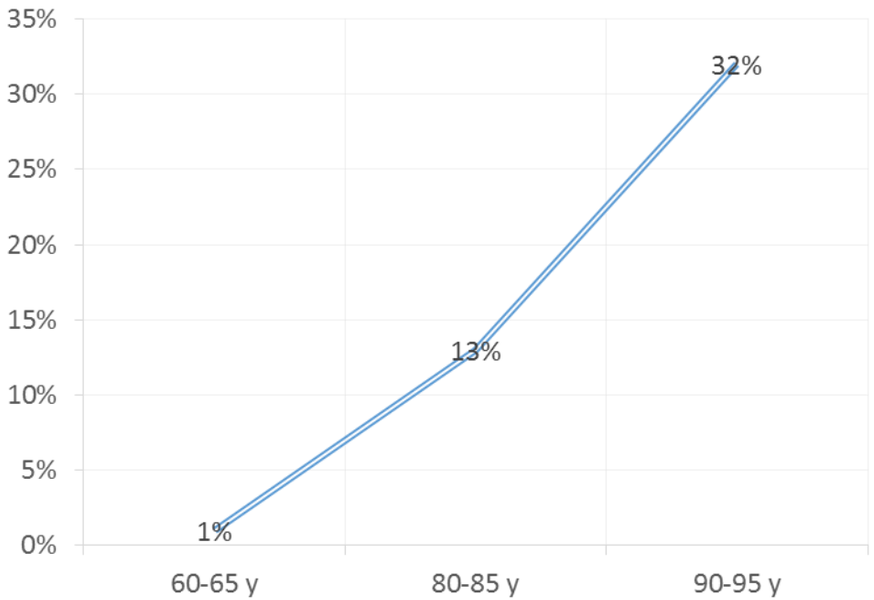
The Princess Alexandra Hospital NHS
NHS Trust

Background

- **Dementia is common**

700,000 patients with dementia in UK

Overall care costs are >£17 billion p.a



~40% more cases in 15yrs

~150% in 45yrs

Global elderly population (WHO)

Knapp M, Prince M, Albanese E et al (2007). Dementia UK: The full report. London: Alzheimer's Society

Background

- **Dementia is common in hospital**

40% of elderly inpatients have dementia

50% of these are not diagnosed

Inpatients with cognitive impairment have a complicated admission

Increased risk of delirium	Increased mortality	Increased length of stay	Capacity issues	Complex discharge planning

Background

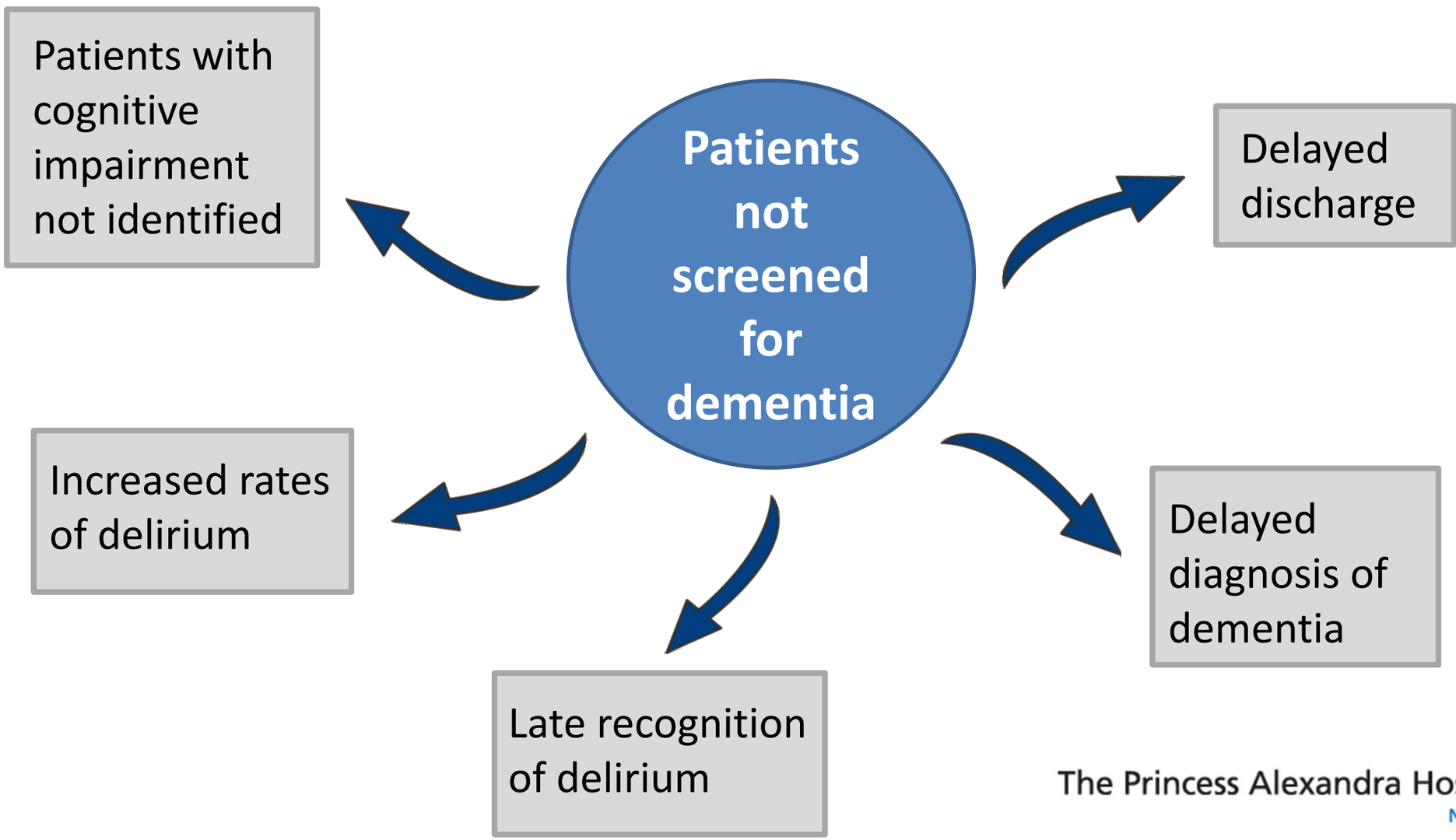
- **Diagnosis is important**

1. Patients and their family deserve an accurate diagnosis

2. Practical implications
   - Drugs – different therapies for different diseases
   - Driving
   - Legal affairs
   - (Genetics)
   - Care planning and provision
   - Access to research

3. Preparation for disease – different prognosis/course

The problem


Patients with cognitive impairment not identified
Patients not screened for dementia
Delayed discharge
Increased rates of delirium
Delayed diagnosis of dementia
Late recognition of delirium

Aims

- **>90% of patients over 65y admitted to hospital screened for dementia**
- >90% of eligible patients to have AMT done
- >90% of patients with AMT=<8 referred to the GP

Improve patient care	Reduce risk of delirium	Increase diagnosis of dementia in the community	Better care planning	CQUIN requirement

Process Mapping

Patient >= 65y presents to hospital

Patient clerked in using the hospital clerking proforma

Patient asked the screening question:
"Have you been more forgetful the last year?"

Answer is yes

AMT completed

Post-take ward round

Patients with AMT =<8 screened for delirium and investigated

Patients with AMT =<8 referred to GP/ Memory Clinic

Drivers

Asking the screening question

- Reminder in the clerking proforma
- Surgical teams not using the clerking proforma
- Junior Doctors education
- Consultants ensuring completion during Ward round
- Other team members acting as failsafe

Performing AMT

- Junior Doctors education
- Patient cooperation
- Consultants ensuring completion during Ward round
- Time

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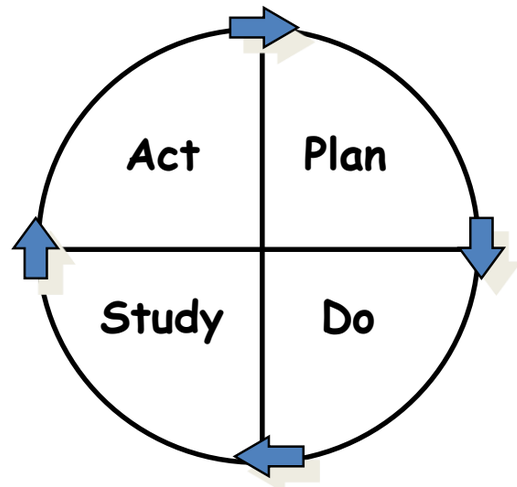
PDSA cycles

PLAN	One screening document Not incorporated to the clerking proforma to target the surgical teams In front of patients notes
DO	Designed new dementia screening proforma
STUDY	Trial proforma in EAU for 2 weeks Reaudit after 2 weeks of use
ACT	Some improvement made Feedback received from staff Changes made to the proforma- Added section describing what to do if screening positive and linked to the hospital pathway

Cycle 1.



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DEMENTIA SCREENING

(CQUIN)

To be completed for ALL patients born 1948 or earlier (age OVER 65 years) within 72 hours of admission

Patient Name.....

Hospital Number.....

(Or affix patient demographic label here)

Date of completion.....

Screening questions						What to do next
Q1	Has the patient a prior diagnosis of dementia?				YES	CQUIN ENDS —Follow DEMENTIA PATHWAY
	Source:	Patient	Relative	GP	NO	Go to Q2
Q2	Has the patient been more forgetful in the last 12 months?				YES	Go to Q3
	Source:	Patient	Relative	GP	NO	CQUIN ENDS

Exclusion criteria (circle as appropriate)

Unresponsive Unable to speak/communicate Patient refuses Other: (specify)

Q3	AMT									Score / 10
	Age	DOB	Year	Time	Hospital	Person	WWI	Queen	Count	Recall	

If AMT 8 Or <8

5 steps	Initials
1. Screen for delirium (CAM)	
2. Basic confusion screen FBC, U+Es, LFTs, Ca, TSH, B12, Folate CXR/Urine dip/CT head if clinically indicated	
3. R/v medications (antipsychotics/benzodiazepines)	
4. On discharge Inform the GP of AMT score + ask to refer to Memory Clinic	

Form completed by Doctor.....Signature.....Bleep.....

Version 4. 05/11/2013

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DEMENTIA Pathway

For patients with known Dementia or AMT=<8

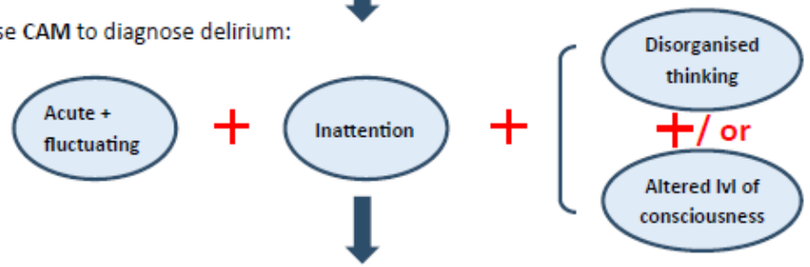
1. Do's and don'ts to prevent delirium

Do's - (NICE recommendation in bold)			Don'ts
Falls risk assessment - STRATIFY	Frequently reorientate and reassure patient	Early mobilisation	Do unnecessary procedures
Enable sleep in calming environment	Monitor bowels / treat constipation	Optimise sensory Impairment	Use restraints routinely
Rationalise medication	Look for / treat pain	Look for and treat Infection	Catheterise
Hydrate (oral >s/c >i.v.)	Optimise O2 sats / BP	Optimise nutrition	Argue/confront
Minimise restriction	Familiar nursing staff	Involve relatives	Move ward/bay

3. Assess for indicators of delirium on admission and daily:

Clinical Indicators (a new or change in):		
Cognition/concentration	Appetite, sleep, mood	Social behaviour
Physical function	Hallucinations	**Consider delirium in all falls**

4. Use **CAM** to diagnose delirium:



5. Identify and treat all causes of delirium:

6. **ONLY** If distressed or a risk to themselves or others, and verbal and non verbal techniques above have failed, use sedation:

Haloperidol, 0.5mg p.o. 1-2 hourly prn

daily max 5mg in the elderly.

D	Drugs / Dehydration
E	Electrolyte imbalance
L	Level of pain/ Brain lesion
I	Infection/Inflammation (post surgery)
R	Respiratory failure (hypoxia, hypercapnia)
I	Impaction of faeces
U	Urinary retention
M	Metabolic disorder/ Myocardial infarction

For more advice:

See the full pathway on the X Drive

(Folder: Dementia and Delirium)

Contact the Older Adult Liaison team (Office hours) on

07531886292 (Essex) or 01707271971 (Herts)

PDSA cycles

Cycle 1.
Proforma trialed in EAU

Cycle 2.
Changes made- proforma trialed again in EAU

Cycle 3.
Proforma hospital wide
Informed staff- attending junior doctors teaching/emails

Cycle 4.
Teaching sessions for junior doctors regarding dementia and delirium

PDSA cycles

Cycle 5.

Reminder emails to all juniors with current data and requirements to motivate them and sustain improvement

Cycle 6.

Reminder posters in MDT rooms

Cycle 7.

Reminder emails to all junior with current data and requirements

Medical Director engaging Consultants

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Don't Forget

For All Patients

Dementia Screening

- CQUIN form
- Or Clerking proforma
- Discharge summary (refer to GP)

VTE Assess-ment

- Drug chart

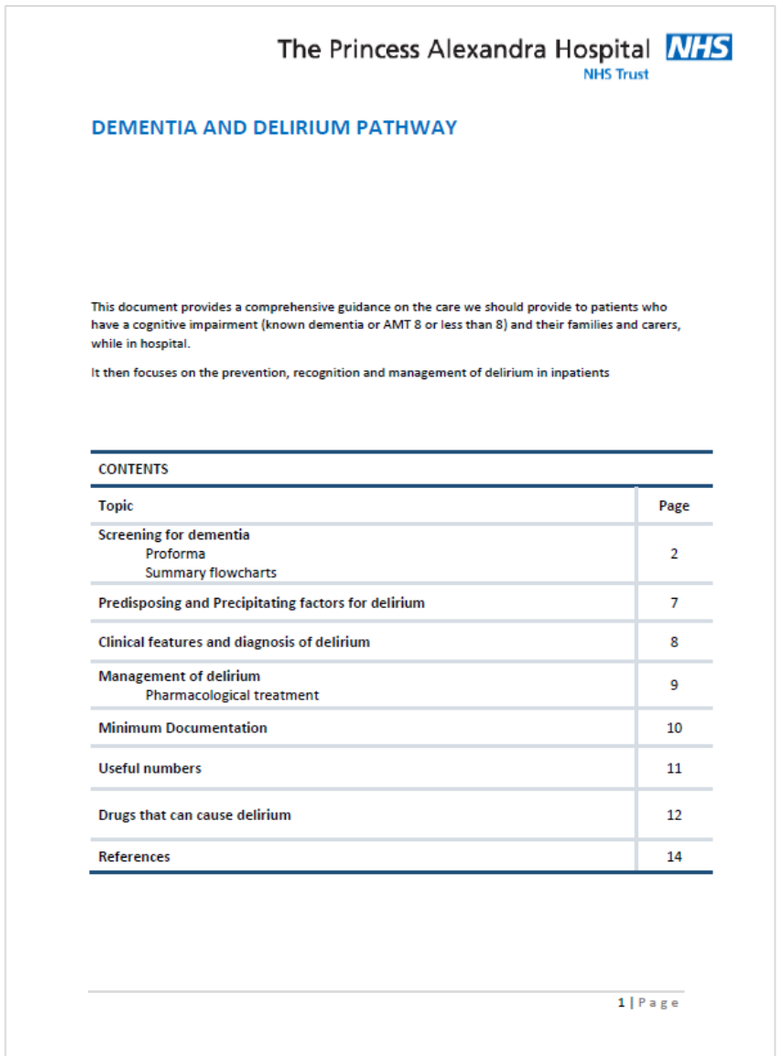
DNA CPR Decision

- Form in the front of the notes
- Discharge sum-mary (mention)

Learning To Make a Difference

General measures

Dementia and Delirium Pathway



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DEMENTIA AND DELIRIUM PATHWAY

This document provides a comprehensive guidance on the care we should provide to patients who have a cognitive impairment (known dementia or AMT 8 or less than 8) and their families and carers, while in hospital.

It then focuses on the prevention, recognition and management of delirium in inpatients

CONTENTS

Carer survey

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Dementia carer's Survey

Are you a relative ? or the carer

of a patient with Dementia?

Tell us what you think about

the care we provided to your relative

Help us improve our services

for patients with dementia

take our survey

- Ask staff for a hard copy
- Complete the survey online @ www.surveymonkey.com/s/MN7NJ36
- Scan this QR code

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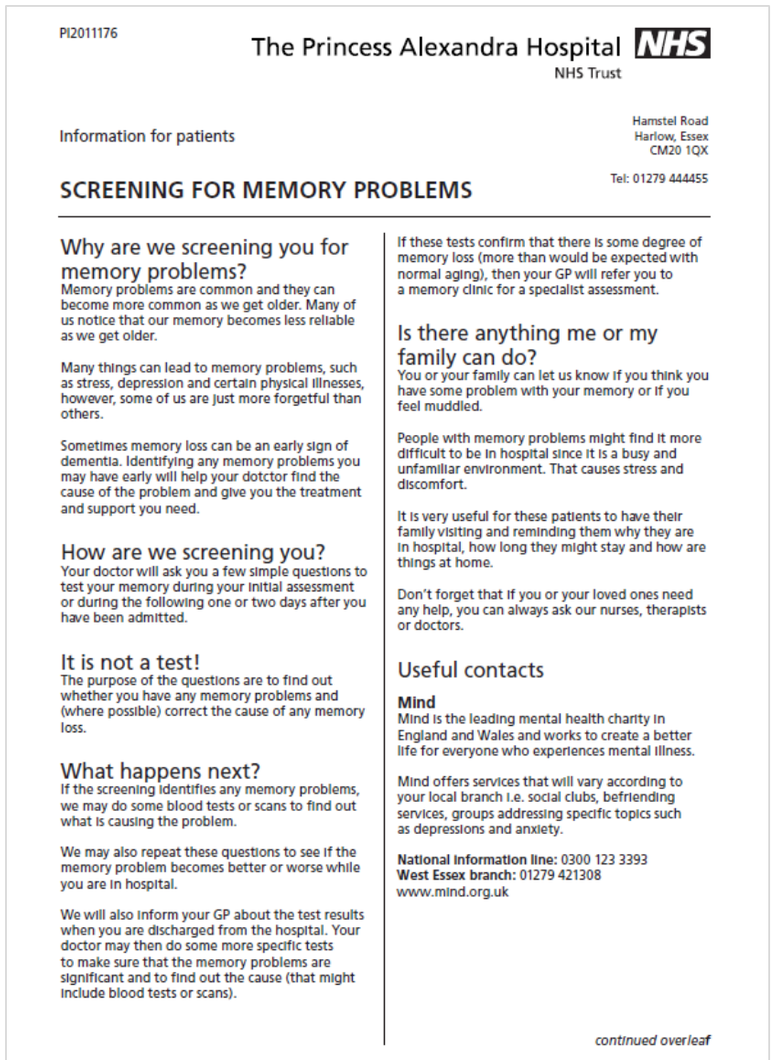
General measures

Patient information leaflets



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Information for patients

Hamstel Road
Harlow, Essex
CM20 1QX

Tel: 01279 444455

SCREENING FOR MEMORY PROBLEMS

Why are we screening you for memory problems?
Memory problems are common and they can become more common as we get older. Many of us notice that our memory becomes less reliable as we get older.

Many things can lead to memory problems, such as stress, depression and certain physical illnesses, however, some of us are just more forgetful than others.

Sometimes memory loss can be an early sign of dementia. Identifying any memory problems you may have early will help your dotctor find the cause of the problem and give you the treatment and support you need.

How are we screening you?
Your doctor will ask you a few simple questions to test your memory during your initial assessment or during the following one or two days after you have been admitted.

It is not a test!
The purpose of the questions are to find out whether you have any memory problems and (where possible) correct the cause of any memory loss.

What happens next?
If the screening identifies any memory problems, we may do some blood tests or scans to find out what is causing the problem.

We may also repeat these questions to see if the memory problem becomes better or worse while you are in hospital.

We will also inform your GP about the test results when you are discharged from the hospital. Your doctor may then do some more specific tests to make sure that the memory problems are significant and to find out the cause (that might include blood tests or scans).

If these tests confirm that there is some degree of memory loss (more than would be expected with normal aging), then your GP will refer you to a memory clinic for a specialist assessment.

Is there anything me or my family can do?
You or your family can let us know if you think you have some problem with your memory or if you feel muddled.

People with memory problems might find it more difficult to be in hospital since it is a busy and unfamiliar environment. That causes stress and discomfort.

It is very useful for these patients to have their family visiting and reminding them why they are in hospital, how long they might stay and how are things at home.

Don't forget that if you or your loved ones need any help, you can always ask our nurses, therapists or doctors.

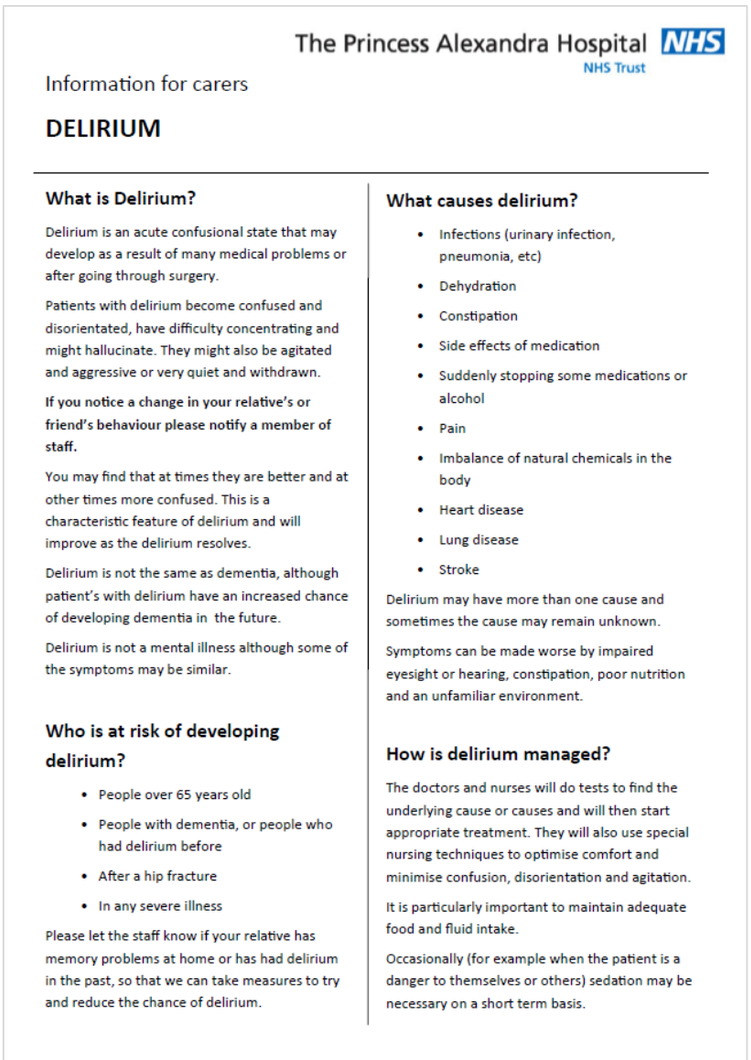
Useful contacts

Mind
Mind is the leading mental health charity in England and Wales and works to create a better life for everyone who experiences mental illness.

Mind offers services that will vary according to your local branch i.e. social clubs, befriending services, groups addressing specific topics such as depressions and anxiety.

National Information line: 0300 123 3393
West Essex branch: 01279 421308
www.mind.org.uk

continued overleaf



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Information for carers

DELIRIUM

What is Delirium?

Delirium is an acute confusional state that may develop as a result of many medical problems or after going through surgery.

Patients with delirium become confused and disorientated, have difficulty concentrating and might hallucinate. They might also be agitated and aggressive or very quiet and withdrawn.

If you notice a change in your relative's or friend's behaviour please notify a member of staff.

You may find that at times they are better and at other times more confused. This is a characteristic feature of delirium and will improve as the delirium resolves.

Delirium is not the same as dementia, although patient's with delirium have an increased chance of developing dementia in the future.

Delirium is not a mental illness although some of the symptoms may be similar.

Who is at risk of developing delirium?

- People over 65 years old
- People with dementia, or people who had delirium before
- After a hip fracture
- In any severe illness

Please let the staff know if your relative has memory problems at home or has had delirium in the past, so that we can take measures to try and reduce the chance of delirium.

What causes delirium?

- Infections (urinary infection, pneumonia, etc)
- Dehydration
- Constipation
- Side effects of medication
- Suddenly stopping some medications or alcohol
- Pain
- Imbalance of natural chemicals in the body
- Heart disease
- Lung disease
- Stroke

Delirium may have more than one cause and sometimes the cause may remain unknown.

Symptoms can be made worse by impaired eyesight or hearing, constipation, poor nutrition and an unfamiliar environment.

How is delirium managed?

The doctors and nurses will do tests to find the underlying cause or causes and will then start appropriate treatment. They will also use special nursing techniques to optimise comfort and minimise confusion, disorientation and agitation.

It is particularly important to maintain adequate food and fluid intake.

Occasionally (for example when the patient is a danger to themselves or others) sedation may be necessary on a short term basis.

Teaching sessions for dementia and delirium

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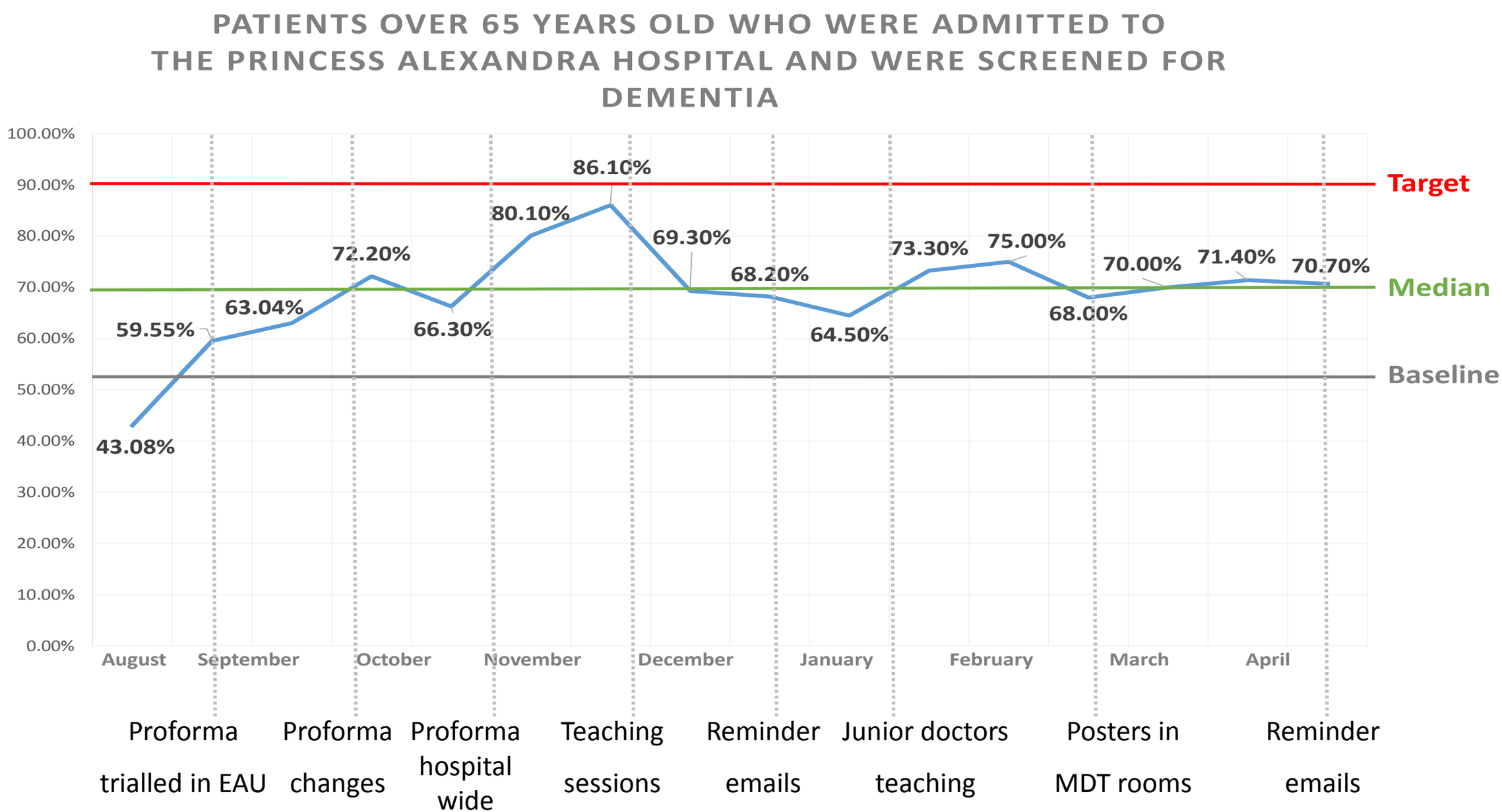
Results



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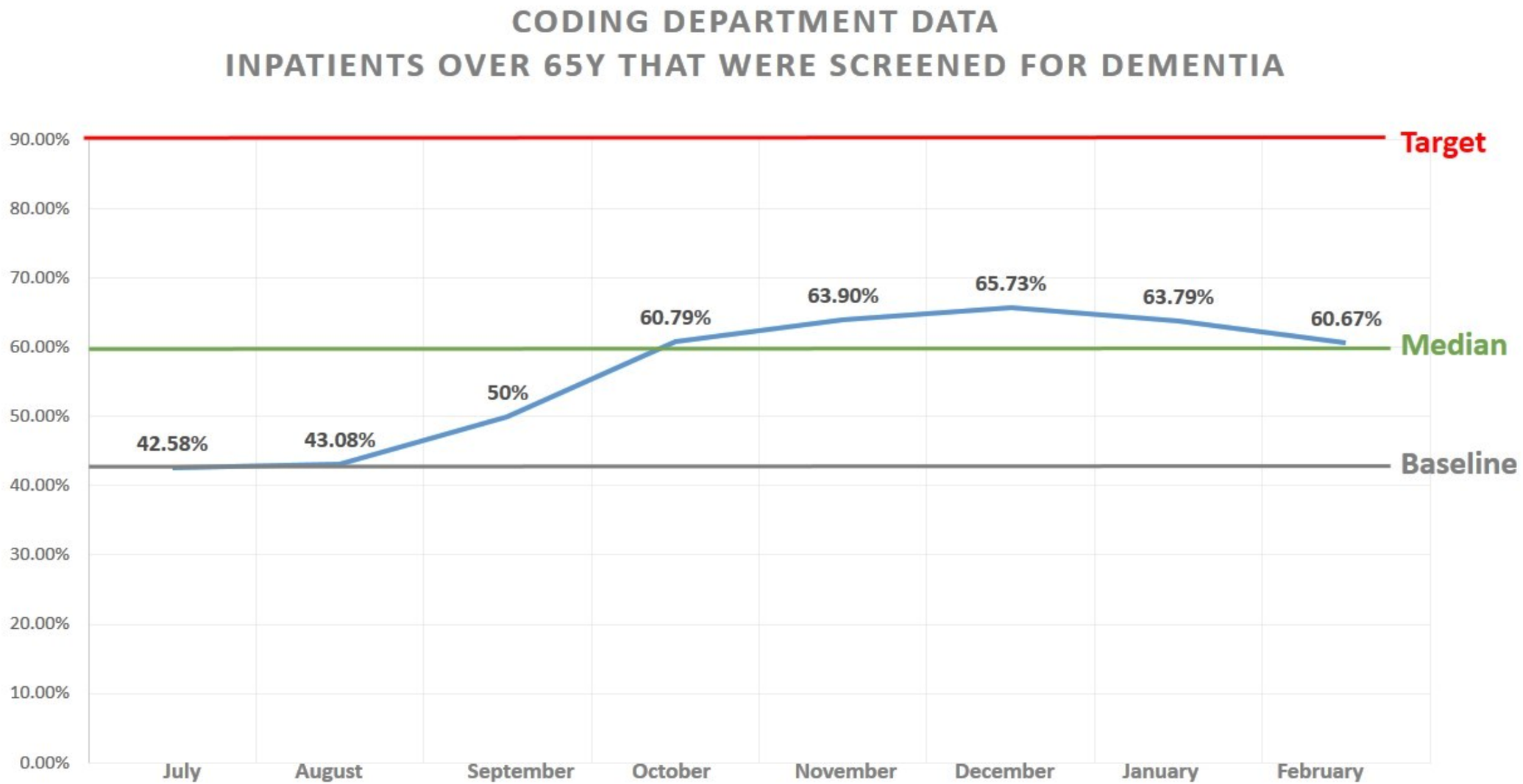
Results



Results

- Percentage of patients over 65y old that were screened for dementia doubled

  43% to 70%

- Improvement sustained, stabilised
- Measures in place to ensure this improvement will continue
- Overall care of dementia patients improved

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Next steps

May 2014	Dementia awareness week Junior doctors competition	*78% screening during competition*
June 2014	Measures to target referral to the GP (20%)	
July 2014	New EPR system: Mandatory part of the discharge summary	
July 2014	Meeting with Medical Director to ensure support in engaging the consultants	
August 2014	New staff induction- teaching sessions regarding Dementia & Delirium	

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Lessons learned

QIPs need commitment, regular review and flexibility

Importance of clinical leadership and engaging the consultants

Importance of friendliness when designing the proforma

Importance of engaging the MDT

Choosing sustainable measures

Thank you

Questions?