Improving the Management of Delirium of Surgical Inpatients

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Abstract: The Quality improvement project aimed to improve junior doctors and nurses' knowledge and confidence in diagnosing and managing delirium on inpatient surgical wards in a tertiary hospital. The study aimed to develop a standardised assessment and management checklist for all staff working with patients who were presenting with signs of delirium. The aim of the study was to increase confidence of staff at dealing with delirium and improve the quality of referrals that were being sent to the Mental Health Liaison team over a 6-month period. A significant proportion of time was being spent by the Mental Health Liaison triage nurses on referrals for delirium. Data showed 28% of all delirium referrals from surgical teams were being closed at triage reflecting a poor standard of quality of those referrals. A qualitative survey of junior doctors in 6 surgical specialties in a UK tertiary hospital was conducted. These specialties include general surgery, vascular, plastic, urology, neurosurgery, and orthopaedics. The standardised checklist was distributed to all surgical wards. A comparison was made between the Mental health team caseload of delirium before intervention was compared and after. A Qualitative survey at end of 3-month cycle and compare overall caseload on Mental Health Liaison team to pre-QIP data with aim to improve quality of referrals and reduce workload on Mental Health Liaison team. At the end of the project cycle, we demonstrated an improvement in the quality of referrals with a decrease in the percentage of referrals being closed at triage by 8%. Our surveys also indicated an increase in the knowledge of official trust delirium quidelines and confidence at managing the patients. This project highlights that a new approach to delirium using multi-component interventions is needed, where the diagnosis of delirium is shared amongst medical and nursing staff, and everyone plays role in management. The key is improving awareness of delirium and encouraging the use of recognized diagnostic tools and official guidelines. Recommendations were made to the trust on how to implement a long-lasting change.

Keywords: delirium, surgery, quality, improvement

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