# QI 1263 Improving the Delirium Pathway at an Acute Hospital: GEH AMHAT

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**Project Aim: Reduce the percentage of referrals to AMHAT for delirium from 35% to <10% by 31st December 2023**

## Summary:


AMHAT at CWPT provides liaison work to UHCW, SWFT and GEH along with some long term stay units in the community and receives referrals from each of these areas.

Delirium is a medical condition which needs to be treated medically by professionals at acute hospitals. Patients with delirium should not be referred to AMHAT.

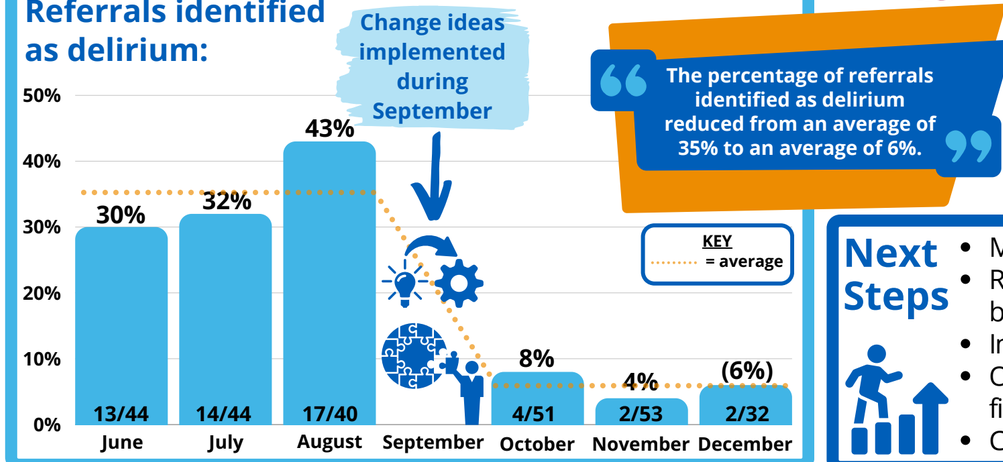
It was noted by the GEH AMHAT team that a relatively large number of referrals from GEH wards had delirium as an outcome. These inappropriate referrals delayed patient management as patients were waiting for a review by AMHAT when they could have received medical care on the ward. These cases also utilised AMHAT time that could have been directed to prioritise more appropriate referrals and tasks.

Initial baseline data was taken from referral forms and AMHAT records from the months of June, July and August 2023. Change ideas were implemented in September and further data was gathered during October, November and December.


## Change Ideas Tested:

- Sharing a presentation on recognising and treating delirium at the Division of Medicine academic session in September.
- Posters on the recognition and treatment of delirium were shared during the presentation and displayed on all medical wards at GEH.
- The delirium policy was updated to ensure all staff were receiving the correct guidance.
- Ongoing education on delirium offered to all referrers, as and when required.


## Referrals identified as delirium:




> The percentage of referrals identified as delirium reduced from an average of 35% to an average of 6%.

## Outcomes Achieved:

- Reduction in the number of referrals identified as delirium from **44 (35%)** in June, July and August to only **8 (6%)** in October, November and December.
- Each inappropriate referral would take an AMHAT clinician an average of 1 hour, this equates to a **potential saving of 36 hours of clinical time** over October, November and December which could be utilised to reduce waiting times for other patients.
- Patients receiving the appropriate care on the ward rather than waiting for AMHAT review means their length of stay is reduced - a **potential reduction of 72 bed days**.
- Early management of patients as per the Delirium Pathway has increased leading to better patient experience. **Right care at the right time and earlier discharges.**
- Better prioritisation and use of clinician time for both Acute hospital staff and AMHAT.

## QI Tools Used:

- Driver Diagram
- PDSA Cycles
- Sustainability tool.

## Measures:

- Number / percentage of referrals to AMHAT which were identified to be delirium.

## Next Steps

- Monitoring of referrals from wards for ongoing education.
- Re-evaluate the need for a further teaching session in 6 months by continuing to analyse referrals.
- Improve systems to monitor referrals (QI-1264).
- Obtain and analyse further data on time saved, length of stay and financial benefits.
- Consider roll out to UHCW and SWFT.


Acknowledgement: Dr Dan Thomas and Dr Linda Dykes (#FOAMed) for their Delirium: Top Tips poster.


The Improvement Team

January 2024

People at our heart