

Leading Change in Delirium Screening: Advance Practitioners implementing the 4AT

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Introduction

Delirium occurs when the conventional conduction of signals in the brain become modified and cause a dysfunction in perception, awareness and reasoning and is believed to cost around £13,000 per patient (NICE, 2019; BGS, 2006). Incidences of Delirium increase with age, NICE (2019) guidelines recommend that 100% of patients over 65 are screened.

Aims

The 4AT is used as an aid to reduce some of the barriers to delirium screening and is widely used in the UK (Bellelli et al, 2014). Anecdotally, screening has been poor in the acute medical directorate but through teaching and implementation of the 4AT we hoped to improve screening for over 65s.

The 4AT

A tool used to screen for Delirium
Contains 4 Elements;

Alertness
Altered Mental Test 4
Attention
Fluctuation

Benefits

Fast
Easy to use
Does not require training
Performs well against the CAM and DSM-V
Valid across languages and cultural barriers

Sensitivity & Specificity

Sensitivity
76%
Specificity
94%

Kotter's (1996) Model of Change

The Project

Creating Urgency

Audit the records of patients and administer questionnaire to ascertain the levels of screening within Acute Medicine and present results to lead Consultant.

Form Powerful Coalitions

With the help of the lead consultant start to identify key stakeholders. The Consultants, ACPs and TACPs were the biggest stakeholders as permanent clinical staff.

Creating the Vision For Change

Discuss the plans with the stakeholder to show what is required. Present the project to the trust QI & Audit team.

Communicating the Vision

Deliver teaching to the stakeholders, who will be responsible for carrying out the assessment and providing them with the knowledge of the 4AT.

Empower Action

Change the documentation to add the 4AT into the daily review sheet. Change the Clerking documentation to add the 4AT at admission.

Create Quick Wins

Re-Audit showed a big increase from 7.5% to 85%. It was important to share this with the Audit lead for dissemination and the wider team via the QI Meeting.

Build on the Change

Get feedback about the altered Daily Review Sheet and amend it accordingly. Commence plans to add the 4AT to the MDT board to embed into practice.

Making It Stick

Help the 4AT become standardised in ED so it is the main delirium assessment used in Urgent Care before electronic systems are introduced across the trust.

Baseline Results

A baseline audit and questionnaire were carried out to obtain the levels of screening and knowledge within Acute Medicine.

For the Audit, 40 patients over the age of 65 were selected at random to see if screening had been completed. Only 3 out of 40 patients had screening completed.

Implementation

Deliver education to Consultants, Junior Doctors, ACPs and Trainee ACPs.

Add the 4AT to the Daily Review Sheet.
Add 4AT to the clerking document.
Utilise stakeholders to help drive the project.

Results

The Post-intervention questionnaire showed a higher narrowing range and higher average score.

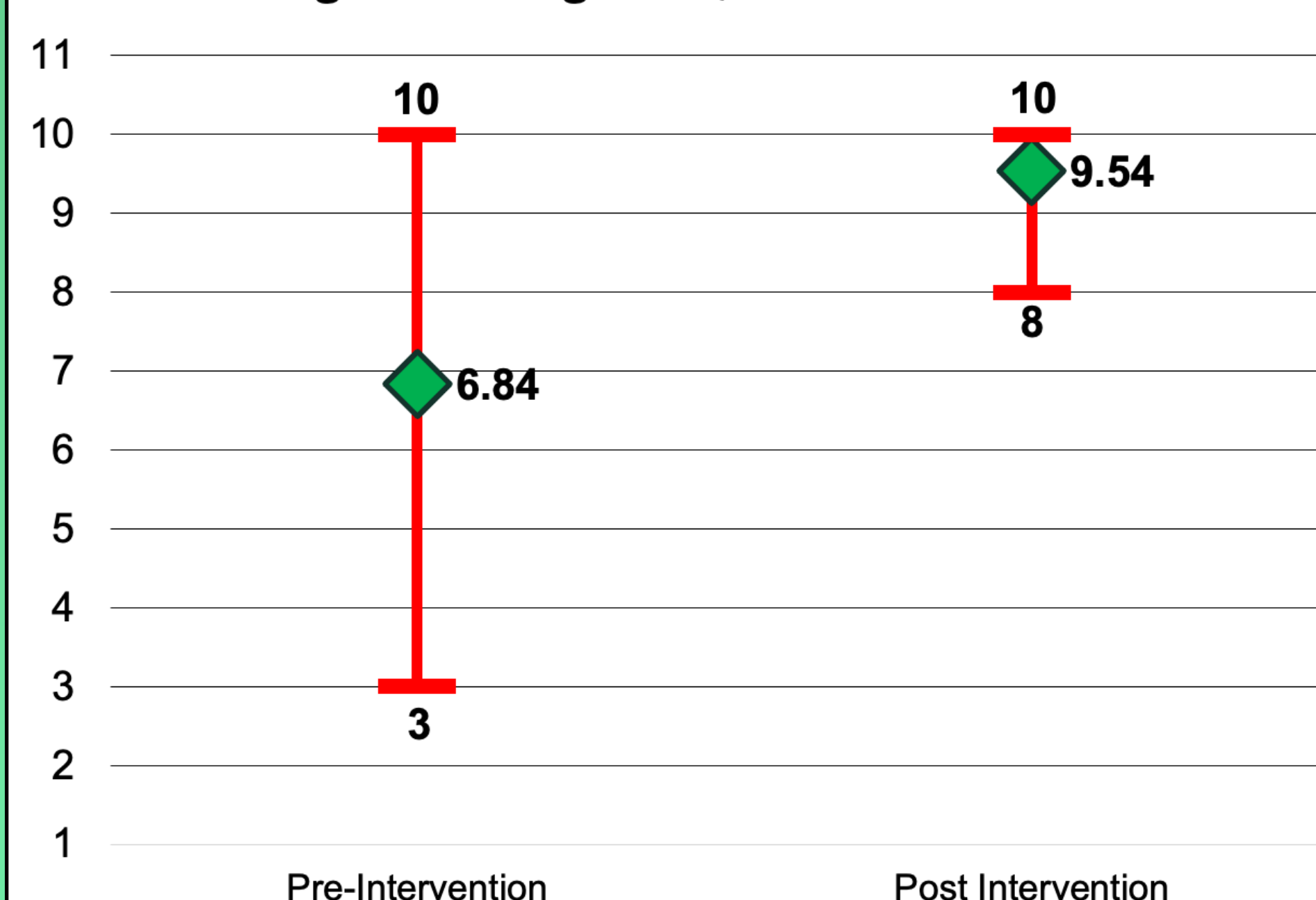
The Post-intervention audit showed an increase of 77.5%. Whilst not quite the NICE (2019) recommendation of 100%; it shows a significant improvement.

Conclusion

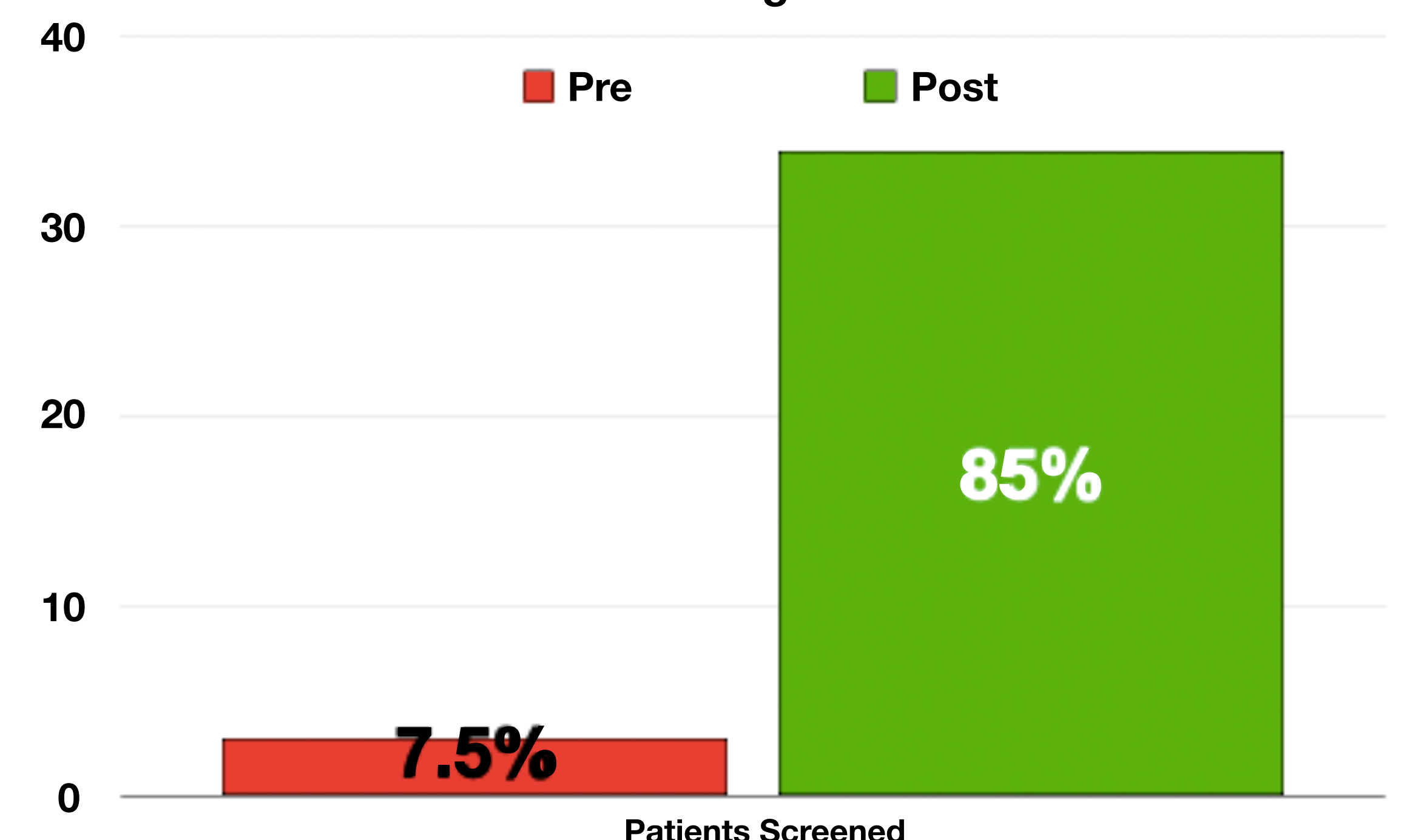
Impact & Next Steps

Overall the project yielded a positive result of improved knowledge and screening.
The ED have implemented the 4AT into their reviews for over 65s
Implemented to HIVE for the daily review with a view to incorporating into the medical clerking.

Range & Average of Questionnaire Results



Delirium Screening Audit Results



References

Bellelli, G., Morandi, A., Davis, D., Mazzola, P., Turco, R., Gentile, S., Ryan, T., Cash, H., Guerini, F., Torpilliesi, T., Del Santo, F., Trabucchi, M., Annoni, G., MacLulich, A. (2014) Validation of the 4AT, a new instrument for rapid delirium screening: a study in 234 hospitalised older people. *Age and Ageing*. 43(4): 496-502.
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