# Reviewing and assessing the accuracy of dementia friendly clocks

***Andrew Keenan Medical student; Ameera Zaman Medical Student;***
***Dr Sarah Brown Consultant, Newcastle Psychiatric Liaison Team***

NHS
Cumbria, Northumberland, Tyne and Wear
NHS Foundation Trust

## Background

Delirium is a common neuropsychiatric condition, with a prevalence of 1 – 2% in community and around 20% in hospital [4]. Presence of delirium is linked to lengthened stay in hospital, increased mortality, and increased patient distress [2]. Management of delirium is through good nursing and reorientating the patient. NICE guideline CG103 recommends that a clock and a calendar should be easily visible to the person at risk [3].

## Aims and Hypothesis

A baseline audit was undertaken to investigate the accuracy of dementia clocks in the Royal Victoria Infirmary (RVI). The audit team reviewed NICE guidance and agreed the standard:
*Every dementia friendly clock on every ward should display the correct day and date, and the correct time to within five minutes.*

## Methods

Data was collected 28/04/2022 on Acute Medical Unit (AMU), Wards 30 and 31, and two ITU wards 38 and 18 at the RVI.
On AMU, Wards 30 and 31, clocks were categorised by their location; on ITU wards, clocks were ranked numerically from the entrance of the wards to the furthest point. The date and time of every clock was recorded and compared to the current date and time.
The percentage of correct, incorrect and absent clocks was calculated.
ITU, Ward 30 (general medicine), Ward 31 (elderly care) and AMU were selected as there is a high incidence of patients developing delirium there [1]

## Results

- The highest percentage of correct clocks was on 38 HDU - 100%.
- The lowest was on Ward 31 - 10%.
- On average, 49.12% clocks were correct (Fig. 1).
- Dementia friendly clocks were missing in some areas.

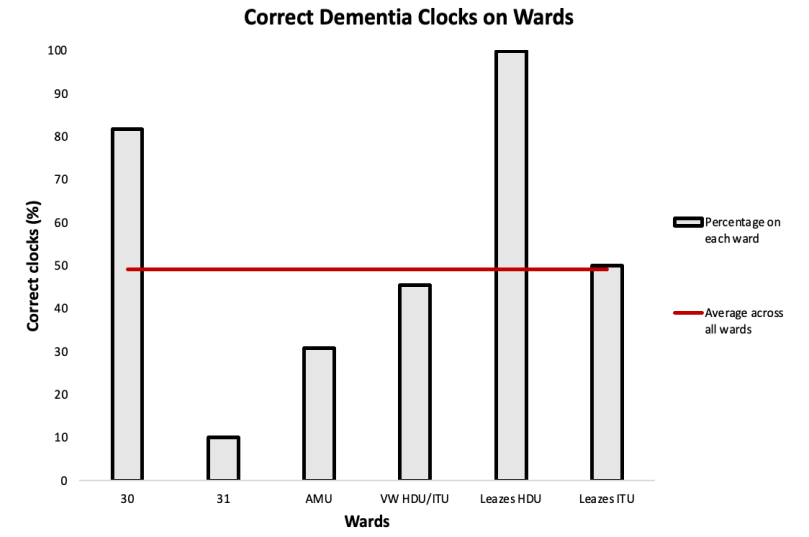


Figure 1. Bar chart showing the percentage of correct clocks on each ward and the average percentage of correct clocks across all wards sampled.

## Conclusions

Currently it is the responsibility of each ward to maintain the clocks. Our results indicate wide variation, illustrating the lack of coordinated process. Staff on wards have tried to correct clocks with variable results. It has been suggested this could be the responsibility of housekeeping, however, this is challenging to implement and coordinate in a large hospital (1800 beds). Accurate orientation is important to both patients and staff, with clear benefits.
Ideally a centralised system would control clocks automatically. However, the clocks run on AA batteries. Specific staff could be allocated.
Next steps: Raise awareness of the importance of accurate orientation, identify most appropriate person to manage clocks, reaudit in 3 months to assess impact.

## References

1. Girard T, Pandharipande P, Ely E. Delirium in the intensive care unit. Critical Care. 2008;12(Suppl 3):S3.
2. Delirium is prevalent in older hospital inpatients and associated with adverse outcomes: results of a prospective multi-centre study on World Delirium Awareness Day. BMC Medicine. 2019;17(1).
3. Recommendations | Delirium: prevention, diagnosis and management | Guidance | NICE [Internet]. Nice.org.uk. 2022 [cited 5 May 2022]. Available from: https://www.nice.org.uk/guidance/cg103/chapter/Recommendations#risk-factor-assessment-2
4. Royal College of Psychiatrists. *Who cares wins*: *improving the outcome for older people admitted to the general hospital.* Report of a working group for the Faculty of Old Age Psychiatry. London: Royal College of Psychiatrists, 2005.