

The Dementia & Delirium Team: A novel multidisciplinary service to promote high quality care for inpatients with confusion

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BACKGROUND

- A quarter of UK hospital beds are occupied by older people with dementia¹ and 25% of North Middlesex University Hospital inpatients are 'confused' due to dementia, delirium or both
- They are vulnerable to adverse outcomes including prolonged admission, disability at discharge, and death²; half will die within a year⁴ and 36% will be discharged to a different residence³
- A third of acute inpatients diagnosed with delirium have a previously unrecognised cognitive impairment⁵

The 'Dementia & Delirium (D&D) team' is a novel multidisciplinary service, aiming to ensure high quality dementia and delirium care via:

- weekly MDT meeting and ward round (consultant old-age/liaison psychiatrist, consultant geriatrician, junior doctors, and dementia nurse specialist and AHPs/ graduate mental health workers)
- support with diagnosis, investigation and management of 'confusion'
- structured pro-forma based on comprehensive geriatric assessment and principles of best psychiatric care
- referral by teams in all inpatient areas (geriatric, medical and surgical wards, ICU)
- electronic patient records are actively searched for cases

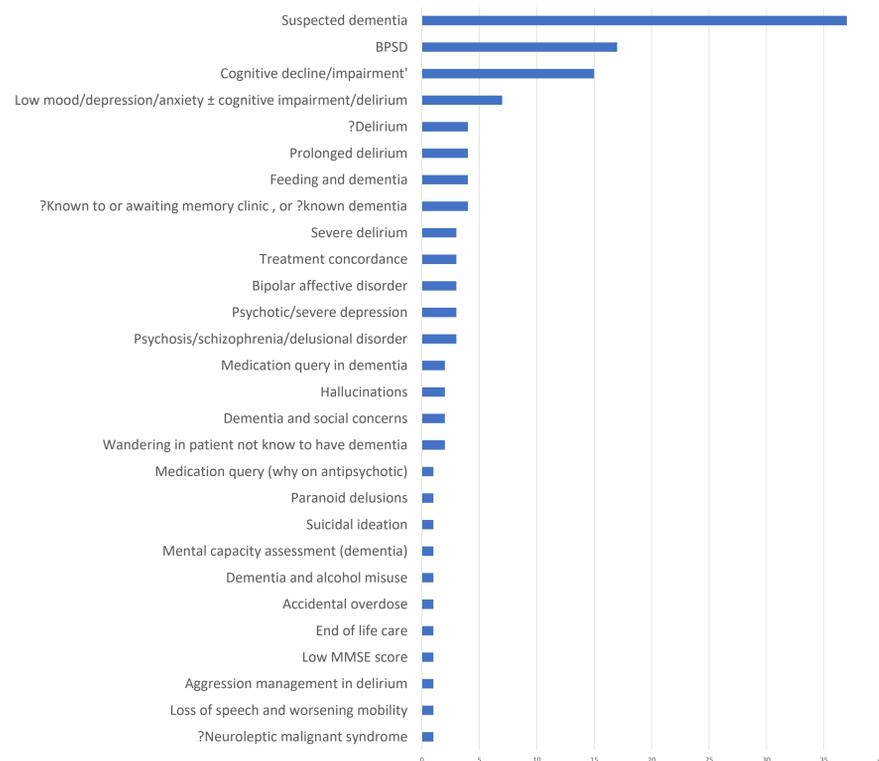


Figure 1- Reasons for referral to the D&D team.

METHOD

Data was collected for all patients reviewed over six months from the commencement of the service in June 2020. Data was reviewed to assess the most common reasons for referral, average length of hospital admission including length of stay post-review by this team, and the readmission rates within 7 days, 8-14 days, and 15-30 days.

RESULTS

- Average 41 patients reviewed per month
- Commonest reasons for referral are, 'suspected dementia' (Figure 1), aid in managing behavioural and psychological symptoms, diagnosis and management of delirium in severe or prolonged cases, decision-making around eating/drinking
- 46% of patients had known dementia and 38% had delirium (Figure 2)
- 25% of referrals were for mental health (i.e. depression/psychosis)
- Median length of stay for D&D patients was 16 days (IQR 1-87)
- Patients were discharged median 7 days (IQR 0-77 days) after review by the team
- 17% of patients reviewed were readmitted within 30 days of discharge (Figure 3)

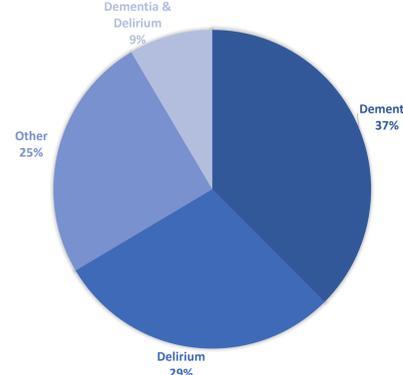


Figure 2- Diagnosis of patients reviewed ('other' includes mood disorders and psychosis).

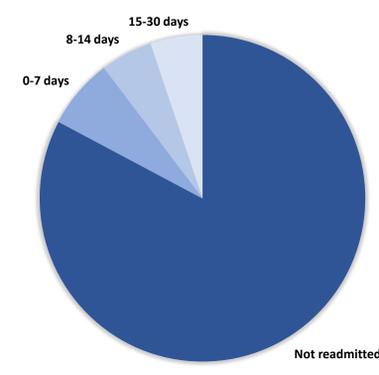


Figure 3- Readmission rates with 30 days of discharge.

DISCUSSION & CONCLUSION

The D&D team was created to improve recognition and care of patients with dementia and delirium in the hospital. It has proved to be a popular resource, demonstrating a real need for expert and specialist support for this patient group. **There has been low 30 day readmission rates of 17% compared with the usual rate of 25% in London hospitals³**, but future work will focus on comparing outcomes in this group prior to this service's establishment as well as against the general geriatric inpatient cohort.

Table 1- Patients reviewed by the Delirium and Dementia Team

Total number of patients reviewed	243
Average number reviewed per month	41
Number of new referrals	174
Average number of new referrals per month	29
Average age (years)	83
Male patients	73
Female patients	101

References:

- 1) Lakey L (2009) Counting the cost: Caring for people with dementia on hospital wards published by the Alzheimer's Society.
- 2) Sampson EL, Blanchard MR, Jones L, Tookman A, King M. Dementia in the acute hospital: prospective cohort study of prevalence and mortality. Br J Psychiatry. 2009 Jul;195(1):61-6. doi: 10.1192/bjp.bp.108.055335. Erratum in: Br J Psychiatry. 2013 Feb;202:156. PMID: 19567898.
- 3) The Right Care: creating dementia friendly hospitals. Dementia Care in Acute Hospitals, a report by the Dementia Action Alliance. 2013
- 4) Sampson EL, Leurent B, Blanchard MR, Jones L, King M. Survival of people with dementia after unplanned acute hospital admission: a prospective cohort study. Int J Geriatr Psychiatry. 2013 Oct;28(10):1015-22. doi: 10.1002/gps.3919. Epub 2012 Dec 21. PMID: 23280594.
- 5) Jackson TA, MacLulich AM, Gladman JR, Lord JM, Sheehan B. Undiagnosed long-term cognitive impairment in acutely hospitalised older medical patients with delirium: a prospective cohort study. Age Ageing. 2016 Jul;45(4):493-9. doi: 10.1093/ageing/afw064. Epub 2016 Apr 13. PMID: 27076525.