

Piloting a Delirium Pathway in Liaison Psychiatry

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Background

Delirium affects approximately 30% of elderly inpatients and increases the risk of cognitive decline, recurrent delirium, hospital admission/length of stay, and mortality.

NICE advises that delirium ought to be treated in familiar environments, by known staff, and changes during this period should be limited. There is an emphasis on providing a rapid community response as part of Age Well within NHS England's Long Term Plan.

A gap was identified in trust provision for delirium follow-up in the community to enable timely discharge and care within the home. In response, two Psychiatric Liaison Teams (PLT) piloted a Delirium Liaison Pathway (DLP) to support the Primary Care Network (PCN) in identifying, assessing and managing delirium.

Aims and Objectives

- Aim:**
- To pilot the DLP and evaluate any impact it has on patient outcomes, carer experience, and operational metrics.
- Objectives:**
- Collect demographic and referral data on patients involved with the DLP
 - Document relevant support provided to, and gather testimonial evidence from, stakeholders
 - Evidence any impact the DLP has on avoided hospital (re)admission and length of stay

Method

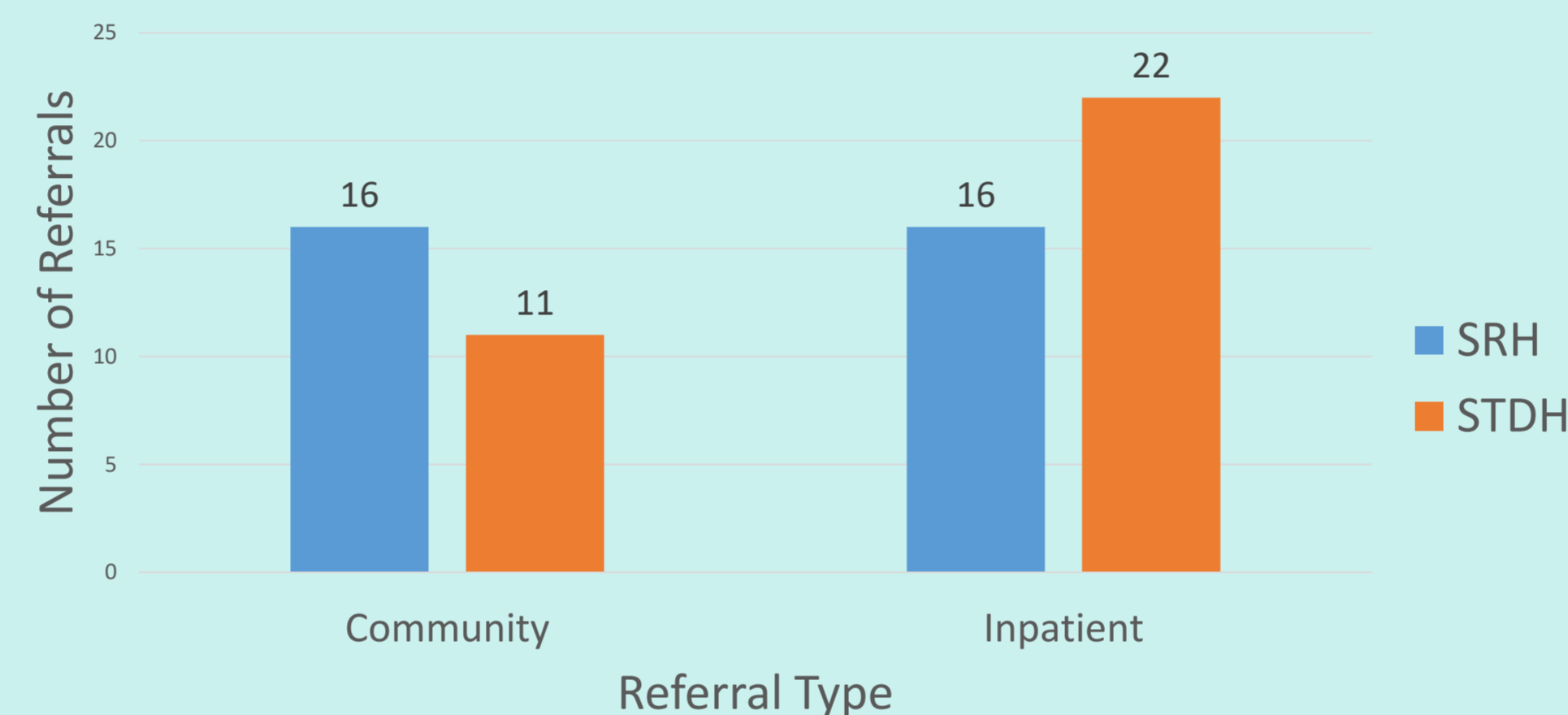
The pilot ran from Sunderland and South Tyneside PLTs for ~10 weeks and the DLP was lead by nurses with support from medics, occupational therapy (OT) and pharmacy. A mixed-methods evaluation collected quantitative data on 65 patients and 11 carers, and qualitative data from a number of patients and PCN staff.

Results

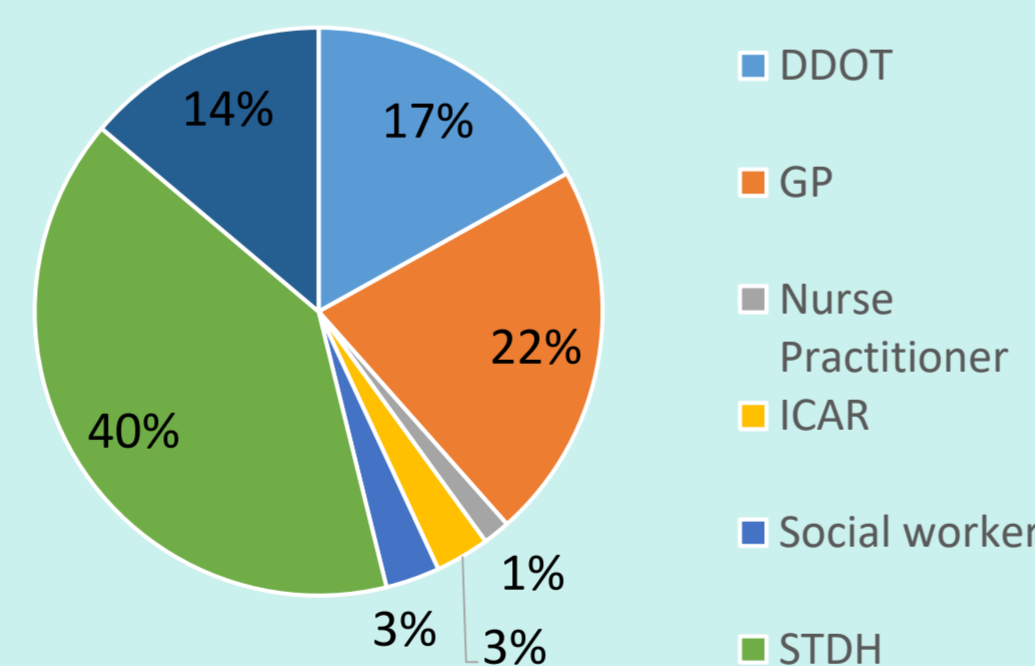
Patients' ages ranged from 60 to 97 years ($M = 85$, $SD = 7.6$), 52% were female and 80% had a recent hospital admission. The most common referral reasons were delirium ($n = 26$) and confusion ($n = 15$).

Patients had an average of four contacts with staff and were discharged back to their GP.

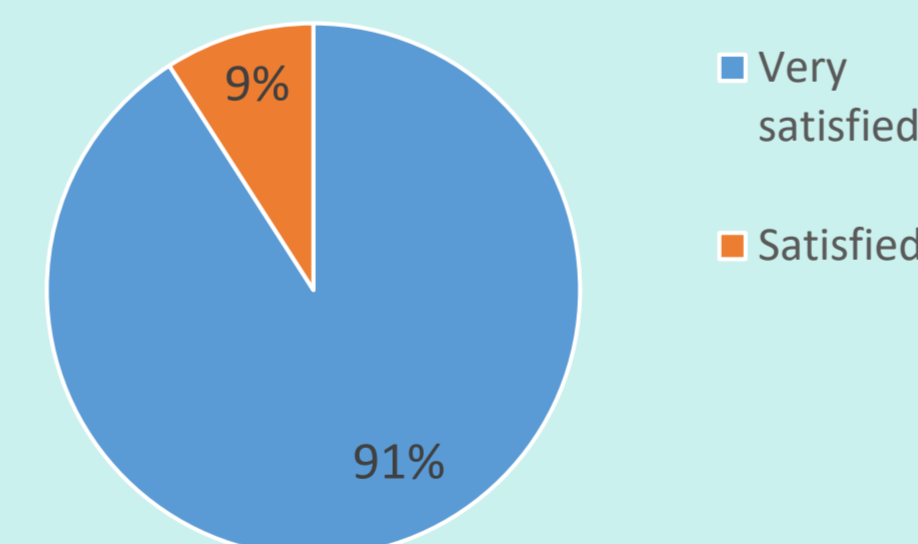
Number of Referral Type by Locality



Breakdown of referral sources



Carer satisfaction with the treatment from the DLP



Case Study

Referral

- 97 year old male was cared for by wife and daughter at home
- GP referred him to DLP due to his confusion, agitation, and strain on family. Family wanted to avoid hospital admission due to his age, vulnerability and COVID-19

Input

- Input included a full assessment, regular reviews, liaising with other pathways, and support for family.

Outcome

- Gentleman avoided hospital admission, was referred to the Community Treatment Team and started on Mirtazapine
- Information provided to family on spotting a recurring delirium and how to seek help for this

"I have found the service very beneficial...the OT has been invaluable...there will be a noticeable gap when the pilot ends." **GP, Sunderland**

"There is a lack of understanding around [delirium]...all involved could benefit greatly from the DLP." **Care Home Discharge Officer**

Discussion

Pathway delivery avoided hospital (re)admission and therefore reduced LOS; improved PCN links; and supported patients, carers and staff. The pathway is commissioned to run permanently in South Tyneside and is shortlisted for an HSJ award.

Future objectives include ensuring involvement is at the forefront of delivery; conducting regular evaluations; continuing PCN engagement; and sharing knowledge with other acute and mental health trusts.

"Can't thank everyone enough"

"Very approachable and compassionate"

"Person centred care, supportive"

"Really supportive and [personable]"

