

# Audit of Delirium Awareness and Training in Arden Memory Services

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## Background

Despite having an estimated prevalence in care homes of 14.2% in the UK, delirium is under recognised by clinicians.

People with dementia are at greater risk of delirium, and the acute confusion associated with delirium may be mistaken as part of their dementia.

Differentiating between dementia, delirium and depression is challenging

Improving delirium assessment to ensure early identification is critical for timely and effective management.

## Aim

By way of Quality Improvement, this project aims to identify awareness levels, deliver a brief training and thus increasing the confidence of staff in detecting delirium

## Method

Delivered a survey to CMHT staff pertaining:

- Awareness of Delirium NICE Guidelines
- Confidence in spotting Delirium

Sample included clinician who does the memory assessment and duty work: CPN, Clinical Psychologist + Trainee, OT, SW.

Delivered a brief training session comprising NICE Guidance and the Confusion Assessment Method (CAM)

Repeated the survey post training to measure changes.

## Results

17 clinicians took part in pre-training and 10 took part in the post training. Overall, the mean difference was 2 and the p value was 0.92034.

We used Mann-Whitney Test to measure the difference in pre and post training which showed not significant at  $p < 0.05$ . Participants felt that the training was useful and relevant to practice.

## Pre-training

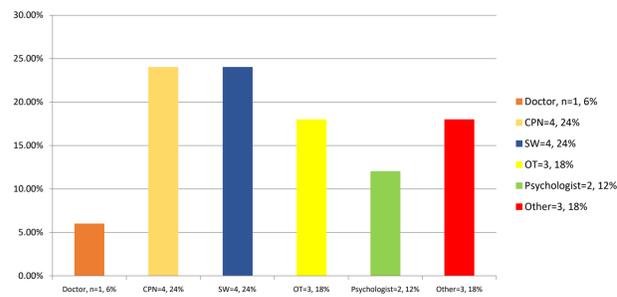


Figure 1: Types of clinicians responding, N= 17

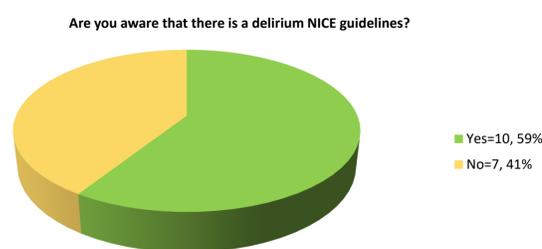


Figure 2: Awareness of NICE delirium guidelines

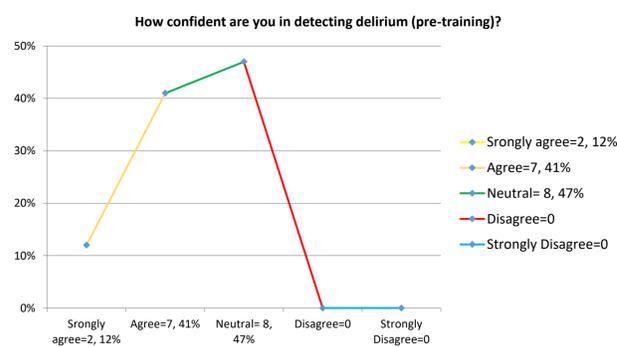


Figure 3: Level of confidence in detecting delirium (pre-training)

## Post-training

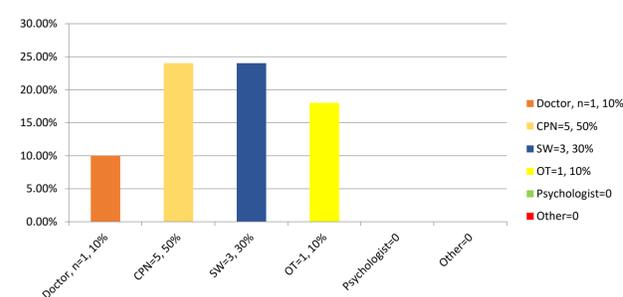


Figure 4: Types of clinicians responding, N= 10

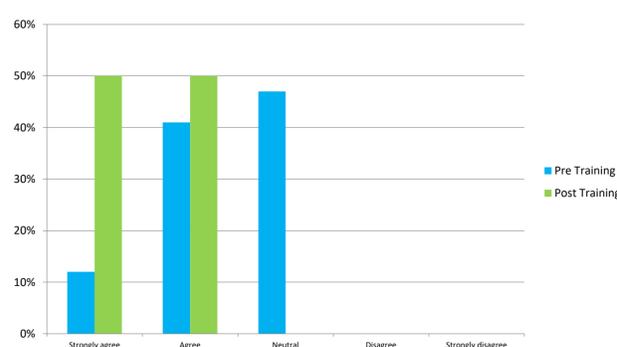
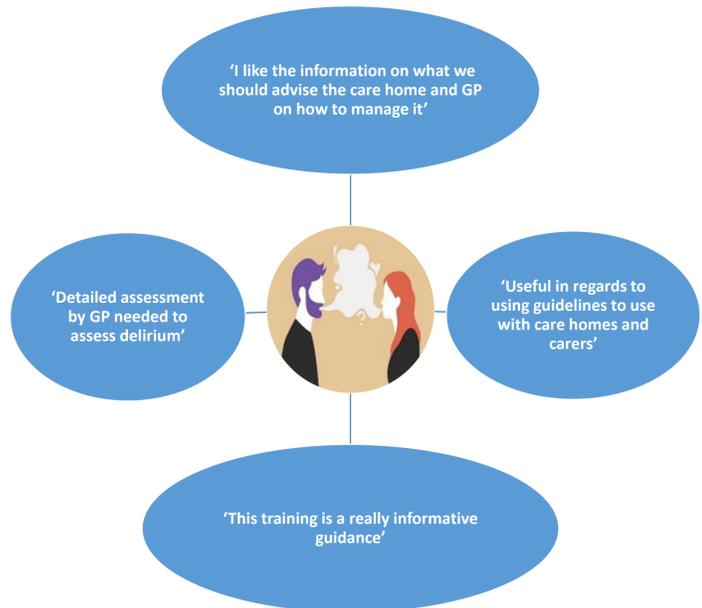


Figure 5 Level of confidence in detecting delirium (pre and post training)

## Free text comments



## Discussion

Crude data showed an improvement in staff confidence levels post-training. However, this was not reflected in the formal statistical analysis, where the difference in staff confidence levels pre and post training was not statistically significant at  $p < 0.05$ , which could be due to the small sample size.

It is likely that the Memory Assessment Clinicians have acquired useful knowledge in delirium detection as a result of the training. For some it will have been new knowledge and for others, it may have been akin to a refresher training course.

Following this, we create a delirium flow chart and checklist to be referred to during duty work upon assessing patient referrals from GPs and care homes.

Moreover, it was decided that the Memory Service will start to triage patients themselves, whereas previously, this was done by the Central Booking Service, who might miss the delirium diagnosis.

We hope with the takeover of the triaging process, more cases of delirium will be picked up and promptly treated.

## Conclusion

This study suggests that our memory assessment clinicians have a variable basic knowledge in detecting delirium.

As the majority of delirium cases referred to the memory service originate from the community, extending an educational reach and awareness raising initiatives out into the interface with care homes and primary care would constitute a more proactive intervention to improve delirium prevention, detection and the quality of patient care