Parallel Session 5.1 – Perspectives on patient care (Friday 5 November, 09:00 – 10:15)

O-17 OUR PATIENT IS NOT MUDDLED, THEY HAVE DELIRIUM: IMPROVING RECOGNITION AND CARE IN HOSPICE SETTINGS

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Delirium is a common condition in palliative care (11-40% prevalence), is often distressing for patients and families and can result in a high care burden for staff. Despite this, delirium is often under-recognised and poorly managed. National guidance and validated tools are available but more tailored approaches in palliative care may be needed; a national Delphi study is currently researching outcomes and introduction of hospice-specific guidelines can improve delirium management. Here, we describe a successful quality improvement project focussed on improved delirium care for hospice inpatients.

In 2019, we set up a multidisciplinary Delirium Working Group in response to local audit showing areas requiring improvement within delirium care. The team met monthly and comprised an advanced nurse practitioner, social worker, doctor and two occupational therapists.

The main aims were to improve inpatient delirium care, focussed on supportive and non-pharmacological measures: promoting medication use only for marked distress and risk to self/others; consistently assessing for reversible causes; communicating with patients and carers specifically about the condition; improving assessment and documentation of cognition and capacity; changing culture in order to engage the whole clinical team in recognising and collectively managing delirium.

We therefore developed a Delirium Toolkit, consisting of a 'Step-by-Step' checklist (accessible in electronic patient records); patient information leaflet, non-pharmacological checklist (occupational therapy-led), 'This is Me' document (HCA-led), 4AT tool, fuller hospice-specific guideline and NICE Quick Guide for Care Homes. This was embedded through an Awareness Week and enhanced Education Programme for each MDT group. A new induction/refresher e-learning module was developed (clinical/non-clinical versions). Delirium Champions were recruited and 'Delirium' is now a component of our 'Transfer of Care Form'.

Supported by excellent buy-in from senior management and staff, this project has improved confidence across the hospice team in managing delirium. Audit results regarding toolkit use will be presented, alongside feedback and future plans involving our community teams.

O-18 USE OF THE 4AT TOOL FOR IDENTIFICATION OF DELIRIUM IN HOSPICE INPATIENTS

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Background Delirium has a prevalence of around 1/3 admissions to hospice inpatient units (IPUs) (Hosie, Davidson, Agar, et al., 2012). Detection and management of delirium is a priority for NICE and use of the 4AT (https://www.the4at.com/) is recommended by the SIGN Scottish guidelines (National Institute for Health and Care Excellence. Delirium: prevention, diagnosis and management, Clinical guideline, 2010; Scottish Intercollegiate Guidelines Network. Risk reduction and management of delirium, National Clinical Guideline, 2019) Patients with delirium in acute settings have been shown to have worse outcomes and higher mortalities (Schubert, Schürch, Boettger, et al, 2018). The majority of palliative care clinicians do not use a delirium screening tool (Woodhouse, Siddiqi, Boland, et al., 2020).

Aims To implement use of a validated tool (4AT) for assessing delirium in an IPU and measure the recognition of delirium following this. To assess whether recognition of delirium changed patient outcomes.

Methods 1st cycle: Survey IPU clinical staff regarding delirium assessment. 4AT implemented for IPU admissions. Data collection on admissions including: 4AT score, age, diagnosis, comorbidities, reason for admission and outcomes.

2nd cycle: Guidance published regarding use of 4AT tool on IPU. Four teaching sessions for IPU staff. Data collection as per 1st cycle for further 1 month period. Project write up and conclusions presented to IPU staff.

Results 59% of palliative clinicians reported they do not use a delirium screening tool.

1st cycle results: 9 out of 22 appropriate patients had 4AT completed (41%). 9 out of 24 total admissions identified as having delirium (38%).

2nd cycle: 14 out of the 18 appropriate patients had 4AT completed (78%). 58% of admissions identified as having delirium. In patients with delirium 80% died and 0% went home. In patients without delirium 27% died and 27% went home. (The remaining percentage being admitted to full time care facilities.)

Conclusions The 4AT appears to have been successfully embedded on the IPU and improved identification of delirium. Utilisation of the tool was improved with further education sessions for clinical staff. This study was too small to draw definitive conclusions, but rates of delirium were very high in IPU setting and indicated delirium as a negative prognosticator in mortality and discharge destination.

O-19 EYE DONATION IN PALLIATIVE AND HOSPICE CARE SETTINGS: PATIENT VIEWS AND MISSED OPPORTUNITIES

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Background There is a global shortage of donated eye tissue for use in sight saving and sight restoring operations such as corneal transplantation (Madi-Segwagwe B C, Bracher M, Myall M, et al., 2021). Patients who die in palliative and hospice care settings could potentially donate eye tissue, however, the option of eye donation is not routinely raised in end-of-life planning discussions as health care providers (HCP) are