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DEMENTIA UNITED

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Partnership

# Greater Manchester Best Practice Delirium Event to mark **World Delirium Awareness Day**

Wednesday 12 March 2025, Friends' Meeting House – The Main Hall

#WDAD2025 tag in @NHS_GM @dementiaunited

Helen Pratt is a senior project manager with Dementia United, NHS GM and a registered mental health nurse and advanced clinical practitioner. Helen has worked within the Dementia United programme for 6 years, leading on the delirium programme alongside Professor Vardy for the last 5 years.

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# Welcome and housekeeping incl. Mentimeter



Women's, men's and disabled are located through the doors along the right-hand side of the concourse
Additional women's and disabled are located on the first floor via the stairs and/or lift through the concourse via the lobby


**FMH Customer** password **welcome1**

**#WDAD2025**

**Tag in @NHS_GM** and **@dementiaunited**

Mentimeter

Join at menti.com | use code **8814 2236**

# Greater Manchester Delirium resources via the links below

- Greater Manchester Community Delirium Toolkit - Dementia United and IN CONVERSATION WITH COMMUNITY COLLEAGUES - Dementia United
- Greater Manchester Hospital Delirium Toolkit - Dementia United
- Greater-Manchester-Delirium-Leaflet-Long-Version-June-2023.docx and Greater-Manchester-Delirium-Leaflet-Short-Version-June-2023.docx
- Translated delirium resources - Dementia United in 16 languages in film, audio and written formats
- Delirium-top-tips-for-carers-or-family-members.pdf and Dementia United's delirium online training for carers and family members on 16th May 2024. - Dementia United
- HEARING FROM PEOPLE WITH LIVED EXPERIENCE OF DELIRIUM - Dementia United
- Delirium toolkit training resources - Dementia United
- Delirium summer campaign - Dementia United

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Professor Emma Vardy is a Consultant Geriatrician at the Northern Care Alliance NHS Foundation Trust, Greater Manchester, and Honorary Clinical Chair at the Manchester Academic Health Sciences Centre, University of Manchester. She graduated with a degree in medicine from the University of Sheffield in 1998. She trained in Geriatric medicine in Yorkshire and subsequently Greater Manchester. She completed a PhD at the University of Leeds in 2007 looking at biomarkers in Alzheimer's disease and was a Walport Clinical lecturer in Greater Manchester working on PET brain imaging studies in dementia. Professor Vardy has a number of clinical and academic interests including delirium, acute clinical deterioration of the older person, dementia, digital, quality improvement and health service delivery. She is clinical frailty lead at the Northern Care Alliance and provides expert clinical advice to the Dementia United programme in Greater Manchester.

She led the Global digital Exemplar delirium and dementia programme at Salford Royal, resulting in blueprinting of the pathway by NHS digital. She is co-chair for the British Geriatrics Society North West Regional Committee and is also a BGS Research and Academic and EDI committee member. She is senior editor for the journal Age and Ageing. Professor Vardy was admitted as a fellow of the Royal College of Physicians of London in 2016, subsequently Royal College of Physicians Edinburgh 2024, and is an alumni of the NHS digital academy. She has spoken and published widely on topics around the care of older people, specifically delirium, and is a European Delirium Association Senior Committee member. Professor Vardy is the NIHR Research Delivery Network North West England Specialty lead for Ageing Specialty and is deputy ageing theme lead for the Greater Manchester Applied Research Collaboration. More recently her work has focussed on care of older people in the community, and she is a UK Hospital at Home Society Committee member.

**Follow @emmavardy2**

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# Delirium – what it is and what it isn't

Professor Emma Vardy

Consultant Geriatrician and Honorary Clinical MAHSC Chair

Northern Care Alliance and University of Manchester

Greater Manchester Integrated Care Partnership

# Delirium is

- Acute confusional state
- Common
- Serious
- Linked to falls
- Distressing
- Treatable
- Preventable
- Expensive

# An introduction

- To my dad Paul

# Delirium Features

- Acute confusion
- Fluctuating confusion
- Inattention
- Disorganised thinking

# Phenotypes

- Hyperactive
- Hypoactive
- Mixed

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4AT RAPID CLINICAL TEST FOR DELIRIUM



# What is the 4AT?

The **4AT** or **4 'A's Test** is a simple and short (<2 min) delirium detection tool purposely designed for easy clinical use. It does not require special training.

**The 4AT is the most validated delirium tool in the literature,** with 33 diagnostic test accuracy studies involving >6000 patients. It is highly sensitive and specific.

**The 4AT is highly effective in clinical practice.** Multiple studies prove that the 4AT is sensitive to delirium when used in routine care, and has good completion rates.

It is one of the most-used delirium tools globally, and is recommended in multiple guidelines.

**Try the 4AT**

**The 4AT is free, and always will be.**

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# How good are you at assessing for delirium?

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JOURNAL ARTICLE

# Prevalence, management and outcomes of unrecognized delirium in a National Sample of 1,493 older emergency department patients: how many were sent home and what happened to them? FREE

Jacques S Lee ✉, Tiffany Tong, Mark Chignell, Mary C Tierney, Judah Goldstein, Debra Eagles, Jeffrey J Perry, Andrew McRae, Eddy Lang, Darren Hefferon ... Show more

*Age and Ageing*, Volume 51, Issue 2, February 2022, afab214, https://doi.org/10.1093/ageing/afab214

**Published:** 12 February 2022 **Article history** ▾

# Headlines

Retrospective studies estimate ED delirium recognition <20%

Prospective study using CAM

1493 ppt

ED nurses missed 55.1%, ED doctors missed 50%

Of those discharged with missed delirium 6.7% died at 1 week versus none of those with recognised. Versus 1.1% in rest of cohort.

## How does delirium present ?

- More confused than usual
- New hallucinations
- More drowsy than usual
- Withdrawn and not usual self
- Poor oral intake, ‘off food and drink’
- Reduced mobility
- Fall, ‘stuck in chair’

## What are the causes?

- Pain, inc cardiac
- Infection, Intracerebral
- Nutrition
- Constipation
- deHydration
- Medication/Metabolic
- Environment – sleep, sensory impairment, moving places
- Urinary catheterisation
- PINCH ME

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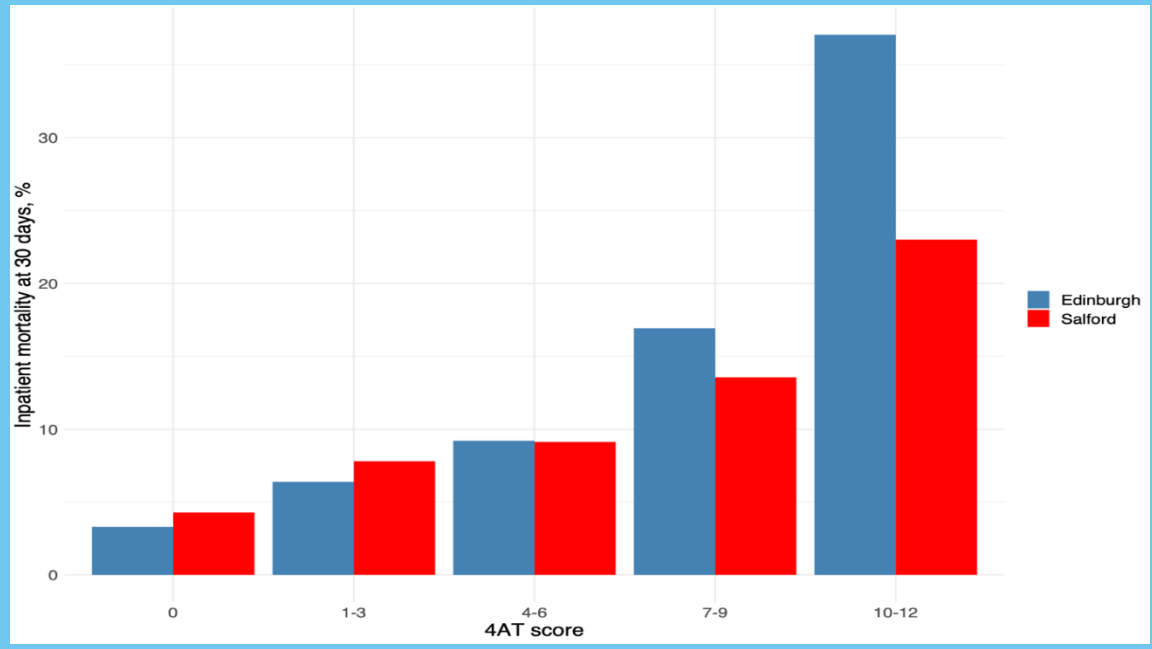
# Delirium ≠ Urinary tract Infection




*Anand et al, Age and Ageing, 2022*

# Treatment

Identify and treat underlying causes-infection, constipation,

Review medication

Supportive care-close observation, nutrition, hydration

Sleep hygiene

Alteration of environment-re-orientation, family

Verbal and non-verbal de-escalation techniques

Provide information

# Medication - only for distress

Only for distress

Severe agitation

Harm to self/others

Where other strategies have failed

start low and go slow, short course

Careful with antipsychotics, especially DLB/PD

BNF and SIGN

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# Delirium and falls

## The Overlap Between Falls and Delirium in Hospitalized Older Adults: A Systematic Review

Andrea Yevchak Sillner, PhD, GCNS-BC, RN[a,b],
Cynthia L. Holle, DNP, MBA, RN[a], James L. Rudolph, MD, SM[a,c,d,*]

*Clinical Geriatric Medicine, 2019*

## The association between delirium and falls in older adults in the community: a systematic review and meta-analysis

Charlotte Eost-Telling[1,2,3], Lucy McNally[4,5], Yang Yang[2,3], Chunhu Shi[1,2,3], Gill Norman[6,7], Saima Ahmed[1,2,3], Brenda Poku[8], Annemarie Money[1,2,3], Helen Hawley-Hague[2,3], Chris J. Todd[1,2,3,9], Susan Deborah Shenkin[10,11], Emma R.L.C. Vardy[1,3,12]

*Age and Ageing* 2024; **53:** afae270
https://doi.org/10.1093/ageing/afae270

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# Delirium is preventable and treatable

Hydration

Constipation

Sensory input

Sleep

Pain

Medications

Reorientation

Information sharing and provision

Involve Carers

Cochrane Database of Systematic Reviews | Review - Intervention

New search | Conclusions changed

**Interventions for preventing delirium in hospitalised non-ICU patients**

Najma Siddiqi, Jennifer K Harrison, Andrew Clegg, Elizabeth A Teale, John Young, James Taylor, Samantha A Simpkins

Authors' declarations of interest

Version published: 11 March 2016 Version history

https://doi.org/10.1002/14651858.CD005563.pub3

JOURNAL ARTICLE EDITOR'S CHOICE

**Recurrent delirium over 12 months predicts dementia: results of the Delirium and Cognitive Impact in Dementia (DECIDE) study**

Sarah J Richardson, Daniel H J Davis, Blossom C M Stephan, Louise Robinson, Carol Brayne, Linda E Barnes, John-Paul Taylor, Stuart G Parker, Louise M Allan

*Age and Ageing*, Volume 50, Issue 3, May 2021, Pages 914–920,

https://doi.org/10.1093/ageing/afaa244

**Published:** 16 December 2020 **Article history**

Research

**Delirium and incident dementia in hospital patients in New South Wales, Australia: retrospective cohort study**

*BMJ* 2024 ; 384 doi: https://doi.org/10.1136/bmj-2023-077634 (Published 27 March 2024)

Cite this as: *BMJ* 2024;384:e077634

# Cost

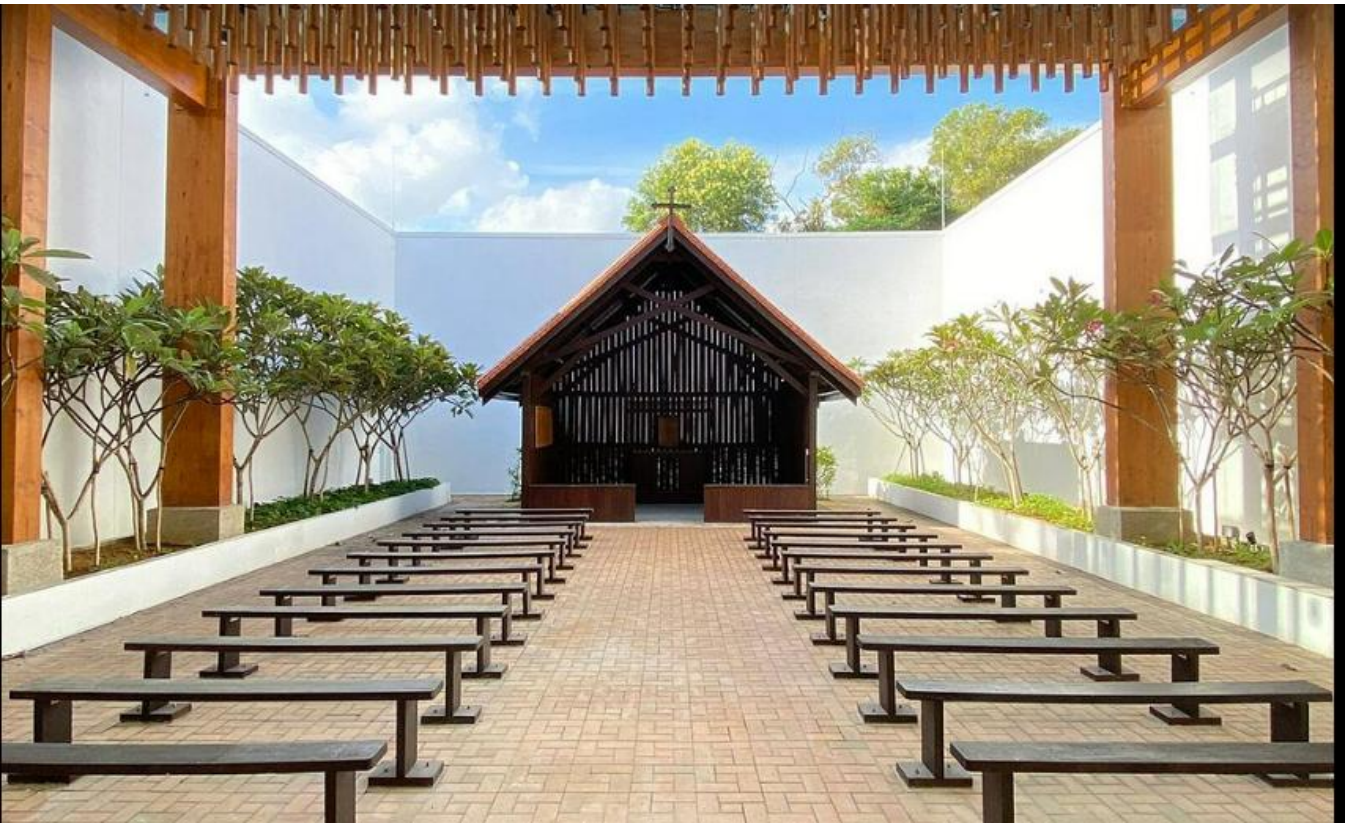
Complications estimated to account for additional healthcare costs of £13,000 per admission *(Akunne et al, Age and Ageing, 2012)*

When dementia is considered, cost may be 52% higher *(Kinchin et al, Alzheimer's and Dementia,  2021)*

# Delirium is

- Personally life changing
- Our professional duty to go ‘all-in’

# Thank you



John O'Doherty is from Bolton and is a writer and public speaker on dementia. He is currently living with vascular dementia and his mum had Lewy body dementia. John is dedicated to improving the care of people living with dementia as a member of the Greater Manchester Combined Health Group.

He is a member of the Manchester Airport accessibility forum advising them about the issues facing people living with dementia. He has also given evidence twice at parliament. Firstly, to the All-Party Parliamentary group on dementia. Secondly John spoke at the commons select committee on health and social care headed up by Jeremy Hunt the former health secretary. This formed a report into social care which featured heavily in the national media.

Ann Booth is a qualified nurse with 35 years' experience in clinical practice. 25 of those years were spent within the field of neuro rehabilitation. Ann is fully aware of the value of working together within an integrated multidisciplinary team and how much can be achieved with this approach. People living with dementia have complex needs and continue to require long term care and support and Ann understands how important it is to recognise the family carers as a valuable member of the team. It is important that they are given the knowledge and skills which they will require in order to care for their relative, monitor their wellbeing and alert professionals to any need for early interventions.

Ann cared for her aunt for three and a half years after she was diagnosed with vascular dementia. Despite many struggles we did manage to look after her at home until she died as was her wishes. The difference between the teamwork she had taken for granted during her nursing career and the fragmented services they experienced as family carers was probably the biggest cause of stress and frustration.

As a member of tide, Ann was asked to relate her experiences. (My journey with dementia. _ tide website) to the Dementia United board meeting.  Since them the Dementia United team has embraced the value of carers, and now has group representation from all the localities of Greater Manchester which feeds into the Dementia United programme on many levels.

Liz Brookes is full time carer for her husband Mike; Mike was diagnosed with vascular dementia in 2011, and with Alzheimer's in 2019.

SInce Mike's diagnosis, Mike & Liz have been very engaged in the work of Dementia United, and in Dementia research. While members of the Salford Institute for Dementia Studies, they were also involved in the co-design of research projects across various fields, including health and engineering/technology. During Covid, Mike was very keen to be a spokesman with the Alzheimer's Society about the issues that were impacting on the lives of people living with dementia.

As a former nurse, Liz is only too well aware of the challenges that they both face, and as a Lived Experience expert, the role of the Dementia Carers Expert Reference Group has provided people impacted by dementia with a meaningful voice where it is needed.

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# Softer signs of delirium and carers concerns; sharing lived experiences

Dementia Carers Expert Reference Group members: Ruth Turner, Liz Brookes, Pat O'Doherty, Marion Coleman and Ann Booth

John O'Doherty, lived experience advisor

Greater Manchester Integrated Care Partnership

# Lived experience advisor

John’s audio recording and written transcript can be accessed here HEARING FROM PEOPLE WITH LIVED EXPERIENCE OF DELIRIUM - Dementia United

“Listening to John’s experience of delirium has really opened my eyes to this condition. The symptoms, we as health care professionals focus on, such as a person becoming more agitated, confused or withdrawn are a drop in the ocean compared to what the person is experiencing. It really has hit home to me the importance of recognising, diagnosing and managing this condition as a priority” (General Practitioner).

“Hearing John’s account has made me far more empathetic. It could have that impact too on other health and social care professionals, in order that they then do spend a bit more time with someone with delirium.” (Quality Improvement lead)

# Dementia Carers Expert Reference Group members

Photo L-R: Kim Hughes, Marion Coleman, Paul Carter, Ruth Turner, Jeff Seneviratne, Liz Brookes

Photo Ann Booth

Marion, Ann and Liz in the photos above are presenting and, on the panel, today. They are lived experience advisors and members of the Dementia Carers Expert Reference Group

You can also find out more about Liz and Mike's experience of delirium via the link here Liz and Mike's story: living with dementia and experiencing a delirium – YouTube

# Top tips for carers and family members

Provides advice on prevention, identifying the signs of delirium and getting help: co-produced film, written resource and recorded webinar

Delirium, what to look out for and what to do for family members and carers (youtube.com)

DELIRIUM: TOP TIPS FOR CARERS AND FAMILY MEMBERS - Dementia United (dementia-united.org.uk)

Delirium-top-tips-for-carers-or-family-members.pdf (dementia-united.org.uk)

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Dr Claire Lake is Deputy Chief Medical Officer.

Her role is strategic clinical leadership within NHS GM. Claire is committed to improving healthcare for our population and tackling the inequity in health outcomes we currently see.

She is also a GP in Wythenshawe, Manchester.

Get in touch: claire.lake@nhs.net

**Follow @DrClaireLake**

NHS
Greater Manchester

# NHS Greater Manchester – Context Setting and GM Acute Deterioration Group

Part of Greater Manchester Integrated Care Partnership

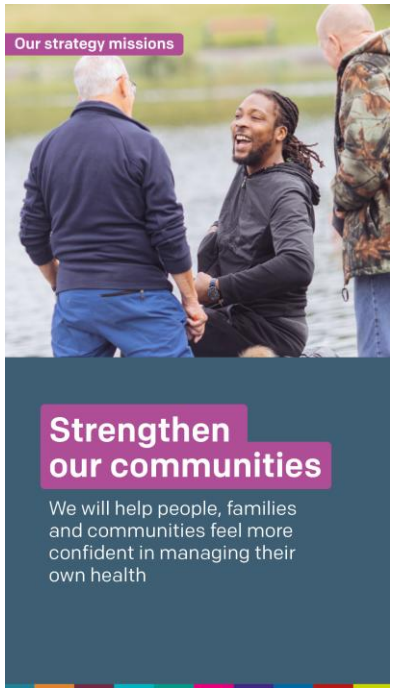
Presented by:
Dr Claire Lake
Deputy Chief Medical Officer – NHS GM

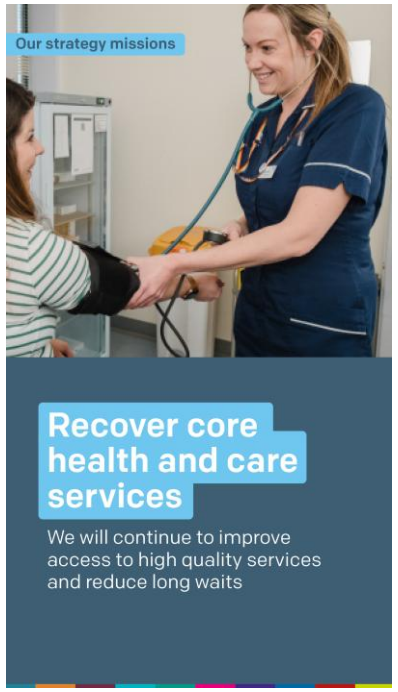
# Our vision and the outcomes we are seeking

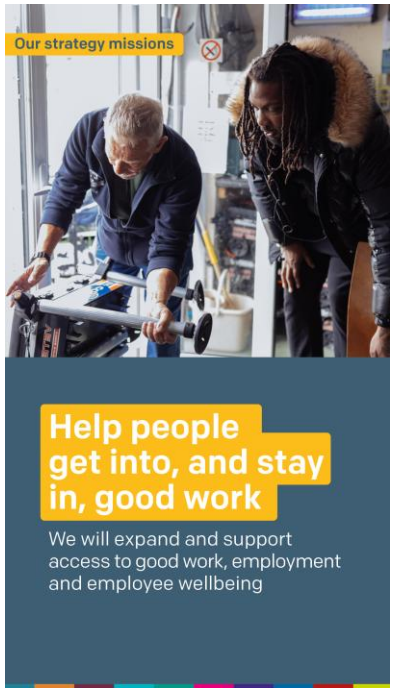
Greater Manchester Integrated Care Partnership

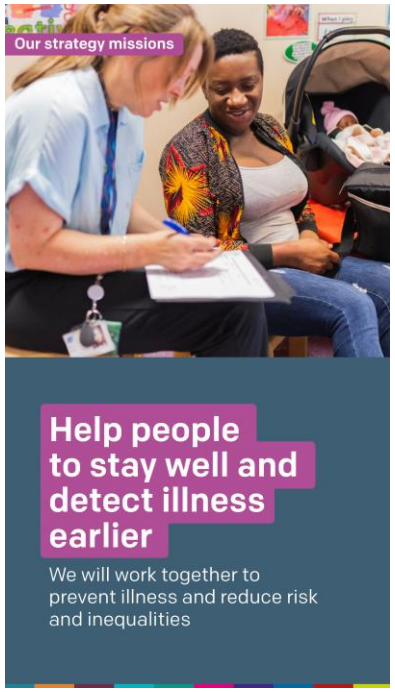
**“We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region”**

# Our missions





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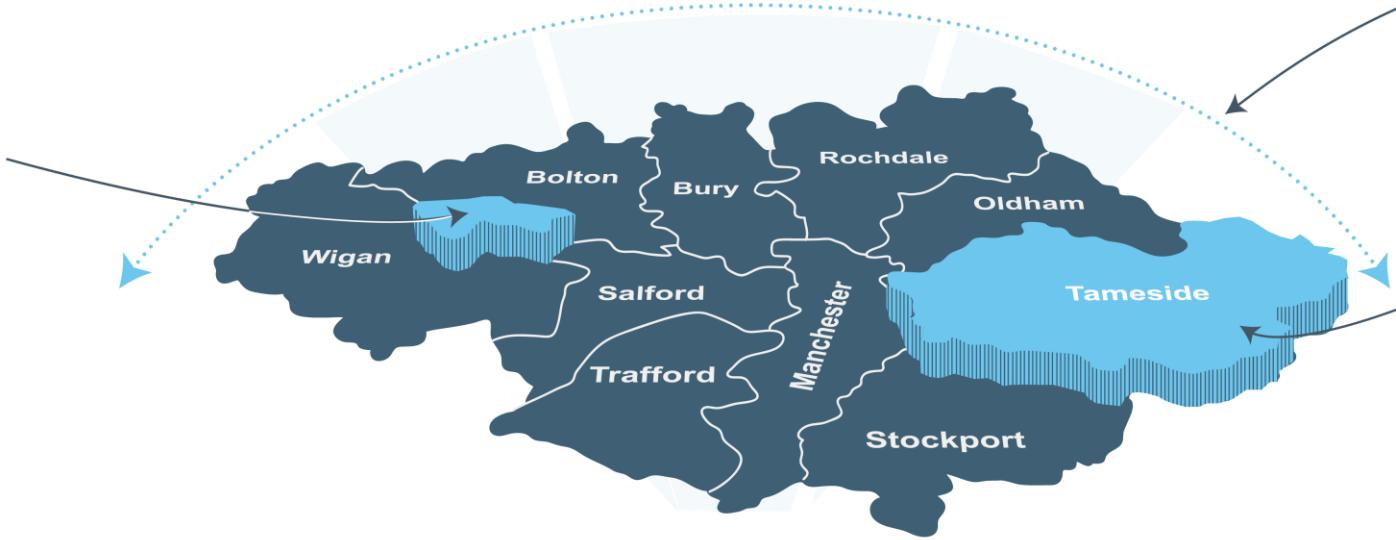
# GREATER MANCHESTER INTEGRATED CARE PARTNERSHIP

Operating at **3 levels** to ensure that...

- Everyone has an opportunity to live a good life
- Everyone has improved health and wellbeing
- Everyone experiences high quality care and support where and when they need it
- Health and care services are integrated and sustainable




## 1 Across Greater Manchester system

2.8 million people

- Greater Manchester Integrated Care Partnership Board
- NHS Greater Manchester Integrated Care
- Provider Collaboratives - All NHS Trusts (Provider Federation Board) and all Primary Care (Primary Care Board)
- Greater Manchester Combined Authority
- Health Innovation Manchester
- Social care providers
- Voluntary, community and social enterprise sector

## 2 Local place

1 of 10 places

- Local Integrated Care Partnership Board
- Council
- Social care providers
- NHS Trust(s)
- Primary Care
- Healthwatch
- Voluntary, community and social enterprise sector

## 3 Neighbourhoods

1 of 66 areas

- Local Primary Care Network (all GP practices)
- Dentists, pharmacists and opticians
- Social care teams
- NHS therapists and community teams
- Other public services e.g. schools & housing providers
- Voluntary, community and social enterprise sector

# What we do: A breadth of Programmes

NHS Greater Manchester

- Quality Improvement and Clinical Effectiveness e.g. Mortality, AMR, Acute Deterioration, Clinical Standards and Clinical Audits
- Medicines Optimisation
- Long term Conditions and Secondary Prevention
- Mental Health Transformation
- Primary Care Transformation
- Caldicott and Digital Safety
- Research and Innovation

**…and more!**

# What we do: Clinical Quality

NHS Greater Manchester

| | |
|---|---|
| Clinical Governance | The use of clinical audit, standards and policies; risk processes; and compliance with legal frameworks to improve quality of care |
| Clinical Effectiveness | Tackling unwarranted variation; horizon scanning; sharing learning and best practice; assuring evidenced based care; and innovation and research |
| Quality Improvement | Through adoption of formal Quality Improvement (QI) methodologies, using QI to drive system improvement |
| Clinical Transformation | Clinical strategy and transformation via pathway and service redesign and new models of care |
| Clinical Leadership | Embedding the clinical voice at every level across the GM health system; supporting the development of clinical leaders and developing future clinical leaders |

# GM Long-Term Conditions Programme

NHS Greater Manchester

## GM Clinical Strategies to underpin GM Long-Term Condition work:

1. Cardiovascular Disease: GMCVD.com and GM CVD Prevention Plan

2. Diabetes Strategy: Tackling Diabetes together-GM Diabetes Strategy 2022-2027

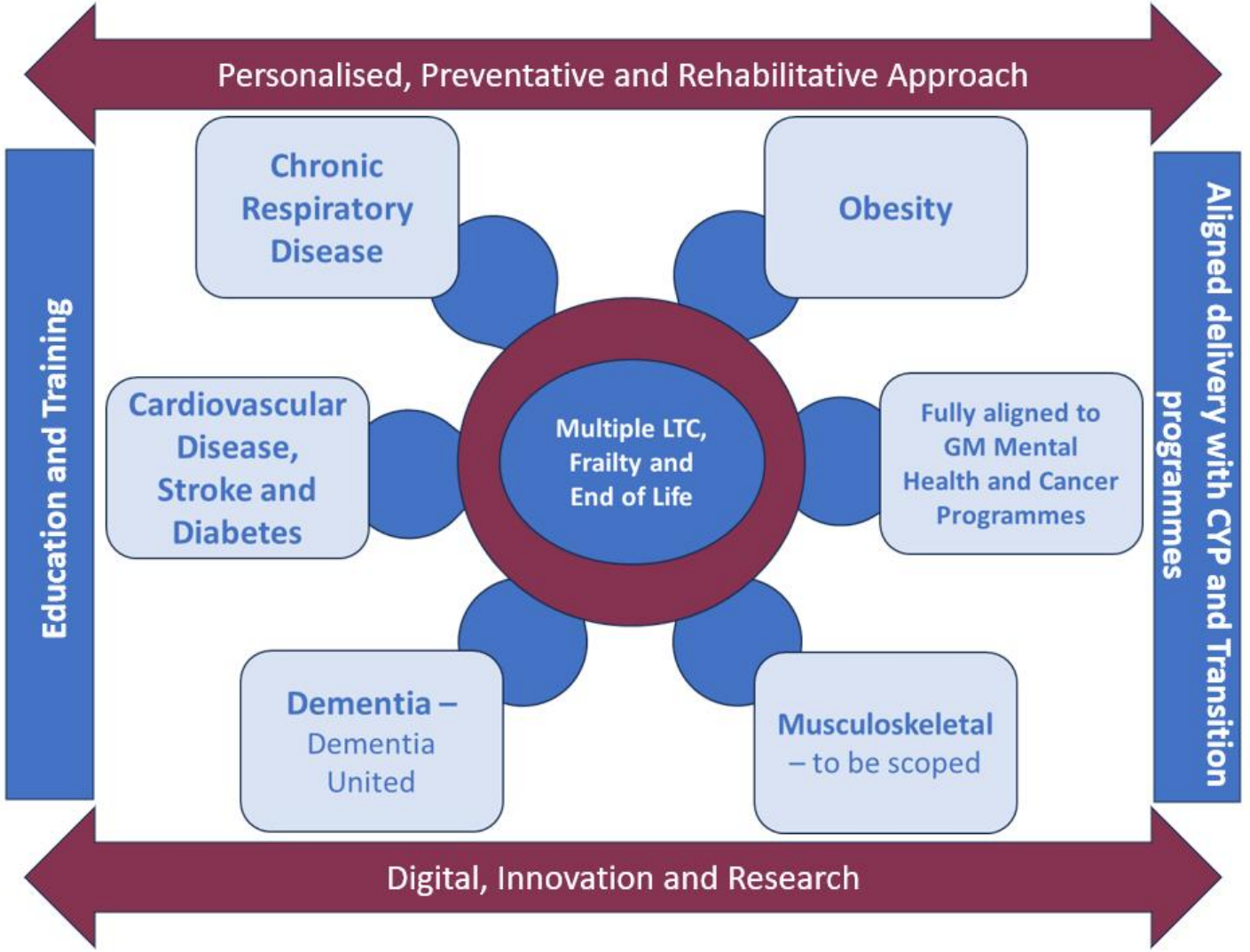
3. Stroke: Network launches new strategy - GMNISDN

6. Dementia: Dementia-and-Brain-Health-Delivery-Plan-2023-to-2025.pdf (dementia-united.org.uk)

4. Palliative and End of Life: https://www.england.nhs.uk/wp-content/uploads/2022/07/Palliative-and-End-of-Life-Care-Statutory-Guidance-for-Integrated-Care-Boards-ICBs-September-2022.pdf1

5. Aligned to: Mental Health and Wellbeing Strategy: Mental Health and Wellbeing Strategy 2024 - 2029 (gmintegratedcare.org.uk)

6. Aligned to: Cancer Alliance Programme: Home - Greater Manchester Cancer Alliance (gmcancer.org.uk)



# GM Long-Term Conditions Programme (2)

NHS Greater Manchester

To fully establish and mature a **GM Long-Term Conditions Programme** in 2025/26 to lead a person-centred, preventative, rehabilitative approach to long-term conditions. This programme will be delivered across NHS GM (both central and locality), acute providers and community, mental health and primary care teams.

This approach will support **the NHS GM Sustainability Plan** ambitions (particularly the pillars relating to 'reducing prevalence', 'proactive care' and 'optimising care'), by scaling secondary prevention, delivering effective and evidence-based treatment strategies to slow disease progression and reduce unplanned, acute exacerbations of illness - leading to an improvement in patient and population health outcomes and a demonstrable impact on system demand and expenditure.

This programme will take an **all-age and holistic approach** by considering multiple long-term conditions, frailty, palliative and end of life care as part of the programme.

## Core Opportunities for GM Long-Term Conditions Programme

1. To scale up evidenced based secondary prevention activities to reduce the prevalence of long-term conditions
2. Through earlier detection and early intervention, optimise care for those with existing Long-term conditions (LTCs), including reducing variation and inequalities in access, experience and outcomes
3. To enable those with an LTC to live in good health, and to slow the progression of those with a single LTC from developing multiple LTCs and Frailty
4. To embed a personalised, preventative approach across the care pathway by redesigning models of care to reduce unplanned episodes of care

## Impact of GM Long-Term Conditions Programme

1. Improved clinical and population outcomes for those living in GM with an LTC, with an improved experience of care for our people
2. Reduction in the proportion of GM population i) living in poor health and at ii) high risk of requiring hospital care
3. Care delivered closer to home through person centred; preventative LTC pathways that are being delivered consistently across GM (hospital to home)
4. Evidence a change in demand profile, shifting from reactive to proactive care, supporting system sustainability (treatment to prevention)
5. A demonstrable shift in investment and resource to deliver preventative LTC care closer to home – with evidence of savings made elsewhere in system as a result

# NHS GM Acute Deterioration Workstream

NHS Greater Manchester

- A clinically led group, working across the scope of the GM system
- Adopted a quality improvement approach aligned to NHS IMPACT
- Underpinned by shared learning
- Membership from organisations across NHS GM
- Reports into NHS GM Clinical Effectiveness and Governance Committee


- Work started with Sepsis as part of the Antimicrobial Resistance Programme, but the remit has expanded to include broader causes of acute deterioration – including delirium

# NHS GM Acute Deterioration Workstream (2)

NHS Greater Manchester

**The NHS Greater Manchester Deterioration Group:**

Focuses on all causes of acute deterioration, from a clinical effectiveness and system perspective, to optimise the early recognition and quality of care of the deteriorating person in Greater Manchester across all care settings.

**The core objectives of the group are**

- 1. **Sepsis** – To respond to national guidance and assure adoption/compliance to reduce variation across GM in relation to sepsis care by measuring and assuring the ICB that national and local standards are being met
- 2. **Delirium** - To respond to national guidance and assure adoption/compliance to reduce variation across GM in relation to delirium care by measuring and assuring the ICB that national and local standards are being met
- 3. **Innovation and Best Practice** - To facilitate the learning and spread of innovative ways of working across care sectors and the care pathway by actively seeking out opportunities to highlight and cascade best practice across Greater Manchester.
- 4. **Learning from Incidents** - To learn from incidents across the care pathway, where the learning is related to the care of the deteriorating individual, by maximising learning opportunities identified though the review of deterioration related STEIS incidents and work streams aligned to Patient Safety Incident Response Framework (PSIRF).

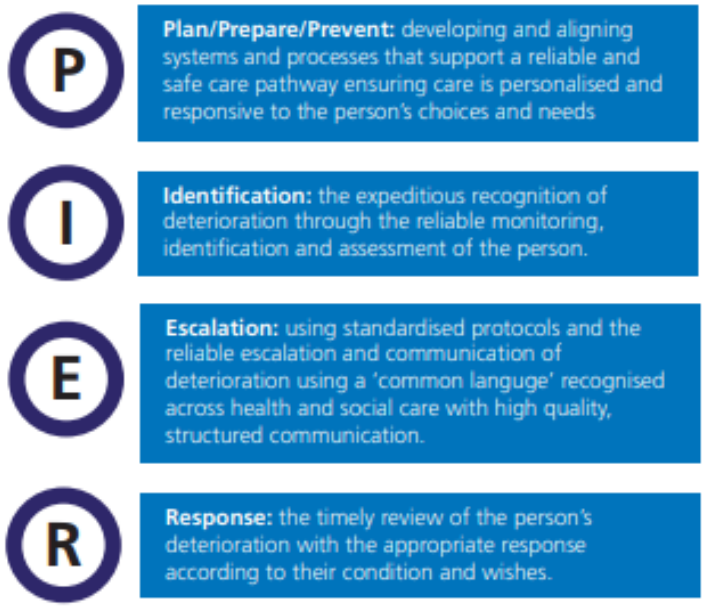
# NHS GM Acute Deterioration Workstream (3)

NHS Greater Manchester

## The PIER Framework

The PIER framework is a critical basis to the delivery of the programme. Whilst early warning scores and deterioration management tools are key to 'identification' of deterioration, successful implementation, particularly in non-acute settings, requires a systems approach.

The PIER framework provides a method for health and care systems (e.g. primary care networks, ambulance trusts, care homes, acute trusts etc.) to work together to agree common pathways and processes, language and responses. The development of local Patient Safety Networks, managed by Patient Safety Collaboratives, is key to this approach.




National Patient Safety Improvement Programmes

Managing Deterioration

Health Innovation Manchester

# GM Delirium Standards

NHS Greater Manchester

- A baseline assessment tool has been developed based on clinical evidence, national guidance and local standards, and undertaken over 2024
- The baseline assessment was designed to support organisations to evaluate service delivery in line with best practice:
  - GM Delirium Seven Standards
  - NICE 2023 'Delirium: prevention, diagnosis and management' quality standards and audit criterion
  - Recommendations from SIGN Delirium guidelines
- This aim was to provide oversight of excellence in clinical practice as well as highlighting any challenges trusts may be facing operationally – and to then adopt a QI methodology to drive continuous improvement
- From the returns, themes have been collated - including areas of excellence and areas for improvement.
- These themes will form the basis of the workshop session this afternoon…

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Panel question and answer session *facilitated by Helen Pratt*

Ann Booth

Liz Brookes

Marion Coleman

Dr Claire Lake

John O’Doherty

Professor Emma Vardy

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# Refreshment break and networking along the concourse

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Jayne Etches started her nursing journey in 1988, training at Stepping Hill Hospital in Stockport. Once qualified, Jayne worked in acute medicine, which gave her a rich and varied understanding of acute and long term conditions. She then moved to the community, where she has been based in varying roles for the past 30 years.

Jayne gained her District Nurse (DN) certificate in 1996. Along with qualifications in Palliative Care, HIV Care and Support, Teaching and a BSc Hons, Community Health Practise, in 2015.

She progressed in Stockport to a Snr DN, leading on quality and service improvement initiatives, including advancing wound care, reducing falls and reducing pressure ulcers in the community. She was awarded the Queen's Nurse Title in 2015 for leadership and innovation in the community.

Currently the Interim Service Lead for the Macmillan Specialist Palliative Care Service, her substantive post is the Service Lead for Urgent Community Response and Virtual Ward, which is where her passion for supporting patients with delirium safely at home began. Jayne has worked closely with GM Dementia Utd, recognising delirium is a medical emergency requiring a 2 hour urgent response.

In 2022 Jayne was privileged to be appointed as the community nurse representative, within the NICE Guideline Development Team on the delirium: prevention, diagnosis and management committee, reviewing the delirium guideline.

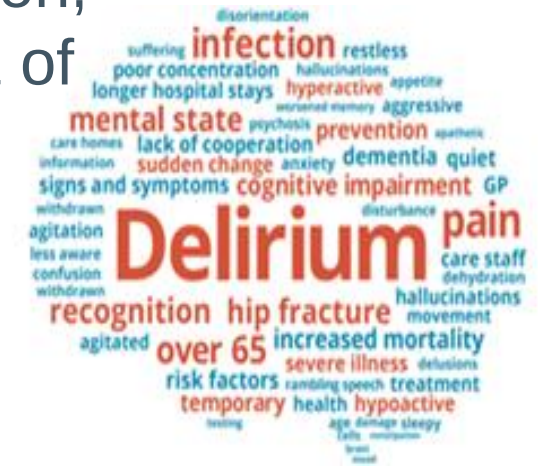
Looking after patients and their loved ones in the community can be a challenge, but it is also a real privilege when you are invited into their own homes at a vulnerable period in their lives.

# Stockport Community Delirium Pathway

Stockport NHS Foundation Trust

Dementia United

A person - centred approach to early detection, rapid assessment and successful treatment of delirium in the community



# Before the Pathway


GP
Ambulance
Community Nurse
Mental Health

NWAS

Triage process
RN
ACP
Medic
Therapist
MHOP practitioner

## In 2021/2022

## 98.1% of patients who presented to ED with potential delirium were admitted to hospital

# The Pathway
# using the GM Delirium Tool kit

Stockport NHS Foundation Trust

## What's changed?


**Patients, suspected of delirium, receive an assessment in their own home:**
**NEWS 2**
**Urgent bloods**
**Delirium screening tool 4AT used**

**Carried out by UCR  98.9 % of assessments commence within 2 hrs (National CSDS)**
**Establish cause of delirium (PINCHME)**
**Review of bloods**
**Functional risk assessment**

**The  assessor will treat the cause of the delirium and devise a management and escalation plan**
**Clinical Observations , considering Virtual Ward Monitoring**
**An MDT approach**
**Mental Health Liaison**
**Onward referrals**

**Patient remains at home**
**Patient transferred to a step up bed in a MHOP community unit**
**ED if necessary**

# Pathway Feedback

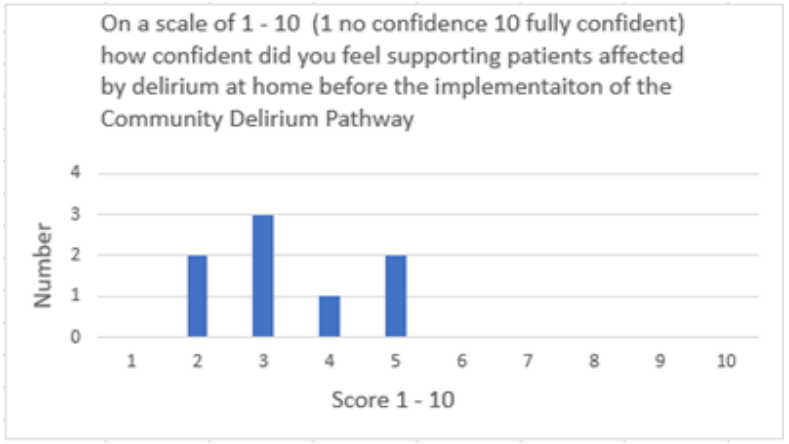
Stockport NHS Foundation Trust

Patients and those who are important to them

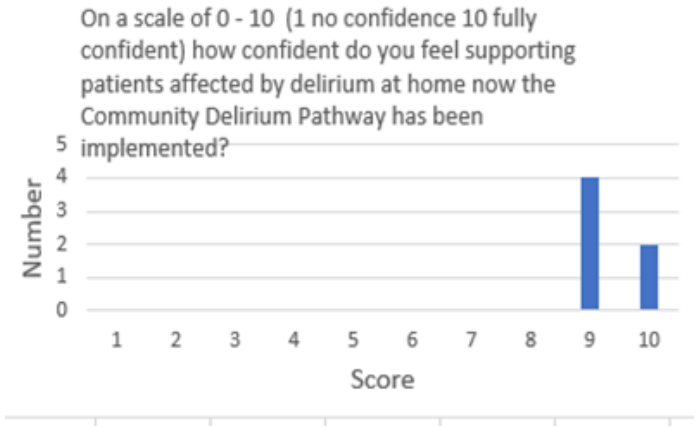
- 83% were happy with the plan to keep them at home
- 100% were happy with the communication they received
- 90% felt they were treated with dignity and respect
- 100% said the support they received prevented them going to hospital


Staff

**Confidence before pathway**




**Confidence with pathway**



# Community Delirium Pathway 2025

Stockport NHS Foundation Trust

- To date we have had over 120 patients referred on the pathway
- 71% females
- Average age on referral is 80-89 yrs old
- 32.5% of referrals and younger patients come from high deprivation areas (IMD)
- June, July and August increased referrals

- 88% avoided a hospital admission

# Summary

The pathway is embedded into practice

- Improved patient experience
- Patients remain at home in familiar surroundings
- Reduced stress and anxieties for loved ones
- Reduction in ED attendances
- Reduces the risks associated with hospital admission
- Hospital beds are used for those that really need them
- Stepping Hill acute are in the process of devising a Delirium Pathway for hospital patients

NHS Stockport NHS Foundation Trust

Dementia United

Stockport
NHS Foundation Trust

IF YOU HAVE ANY QUERIES OR

REQUESTS PLEASE CONTACT


**Jayne Etches**

**CRT Service Lead**

**RN, District Nurse, BSc (Hons)**

Queen's Nurse

**NICE Committee Member (Delirium)**

**Jayne.etches@stockport.nhs.uk**

**07810 816214**

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**Dr Jun Pei Lim, Consultant, Tan Tock Seng Hospital, Singapore**

Dr Lim Jun Pei is a Consultant at the Department of Geriatric Medicine, Tan Tock Seng Hospital, Singapore. Her areas of subspecialisation are in Cognitive and memory disorders in the elderly. She is the clinical lead of the Geriatric Monitoring Units of Tan Tock Seng Hospital and the co-lead of the Delirium Bundle Quality Improvement project in the institution. She also holds a Master of Public Health with the Dartmouth Institute (USA) and had been inducted into the Delta Omega Honorary Society in Public Health. She also holds education responsibilities as the Assistant Program Director for the Internal Medicine Residency Programme of National Healthcare Group. She is passionate about the knowledge translation of evidence to clinical practice through dissemination of evidence through effective, engaging and timely health-professional education.

**Follow @TTSH**

## Ng Wan Ring, Geriatric Advanced Practice Nurse, Tan Tock Seng Hospital

Wan Ring is a Geriatric Advanced Practice Nurse at Tan Tock Seng Hospital with over eight years of experience in the Geriatric Monitoring Unit (GMU), caring for older adults with delirium and dementia-related behavioural symptoms. After earning her Master's in Nursing, she became a full-fledged APN in 2022. She now serves in the Emergency Department Intervention for Frailty (EDIFY) team, helping older patients avoid unnecessary hospital admissions. Passionate about geriatric care, she is dedicated to improving outcomes for frail older adults through early intervention and multidisciplinary collaboration.

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**Joey Yeo Jiaying, Nurse Clinician, Tant Tock Seng Hospital**

Joey Yeo Jiayang, is a Nurse Clinician, specialised in gerontology with more than 18 years of experience in geriatric inpatient care and community nursing in Tan Tock Seng Hospital (TTSH). She was appointed recently to the newly set up mobile inpatient care at home services TTSH@Home and will undertake the nursing training and development portfolio as we as to expand inclusion criteria to provide care for persons with delirium. Aside to her clinical portfolio, Joey leads the nursing organisation development unit in TTSH and manages nursing regional and international partnership development for Centre for Asian Nursing Studies (CANS) in collaboration with Centre for Health Care Innovation (CHI), the innovation centre for National Healthcare Group.

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**Siti Norwani, Occupational Therapist, Tan Tock Seng Hospital**

Siti Norwani is a dedicated Occupational Therapist from Singapore, currently working at one of the country's largest hospitals, Tan Tock Seng Hospital. She specializes in supporting frail geriatric populations through the hospital transitional home care service. She made a career switch to Occupational Therapy at the age of 31, after working as an Electronics and Chemical Associate Engineer for 4 years. Since then, she has found immense fulfilment in building meaningful relationships with her patients and their caregivers, having seen the positive impact of her work beyond the hospital wall.

She is also a clinical educator and supervisor for junior therapists and Occupational therapy students and represents the Allied Health Professionals in the Community Health Team Inter-Professional Education work group in consolidating and showcasing best practices in the community. In her free time, Wani enjoys listening to music, reading fantasy fiction, taking nature walks, and engaging in water sports.

# Delirium management in our hospital: Singapore Case Study

## Tan Tock Seng Hospital
## National Healthcare Group

**SEE SEPARATE ATTACHMENT SHARED VIA EMAIL**

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Panel question and answer session *facilitated by Professor Emma Vardy*

Jayne Etches

Lim Jun Pei (Jun Pei or Dr Lim)

Siti Norwani Binte Mohamed Hussain (Wani

Ng Wan Ring (Wan Ring

Joey Yeo Jiayang (Joey)

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# Lunch and networking along the concourse

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Dr Rebecca Marchmont, Salaried GP, Clarendon Surgery and the Angel Medical Centre and Named GP for Adult Safeguarding, NHS Greater Manchester

Specialising in geriatric care and is dedicated to enhancing the health and well-being of older adults through innovative approaches and compassionate care.

As the Head of Dementia United within the Greater Manchester Integrated Care Partnership, Dr Marchmont promotes integrated care across the region while spearheading national initiatives that address unmet health needs. She oversees wellness solutions, ensuring high-quality, ethical care, and provides clinical support to clinic directors, fostering a culture of collaboration and continuous improvement.

Her expertise in geriatric care and dementia greatly influences preventive strategies and the development of non-pharmaceutical pain management options and she is committed to reducing opioid reliance.

With a strong focus on patient advocacy, Dr Marchmont is dedicated to empowering patients and enhancing connections between them and their healthcare providers.

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# Welcome back

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# NHS GM baseline delirium assessment

Helen Pratt, Senior Project Manager, Dementia United

Greater Manchester Integrated Care Partnership

# Delirium baseline assessment

The *Delirium baseline assessment* is based on clinical evidence, national guidance and local standards.

It contains quality statements describing the care that adult patients (18 years and older) with suspected delirium, or those at risk of developing delirium should receive.

It is intended to support organisations to monitor how well they are implementing the care recommended in the standards and to support local quality improvement activities and to provide oversight of excellence in clinical practice as well as highlighting any challenges trusts may be facing operationally.

# Delirium standards

1. People over 65years and/or who have a dementia diagnosis are provided with information on signs and symptoms of delirium and prevention measures.
2. 100% of patients over 65 years and/or who have a dementia diagnosis that are admitted to the acute care setting/mental health are assessed for delirium using 4AT. People newly admitted to long-term care who are at risk of delirium should be assessed for recent changes in behaviour.
3. People newly admitted to hospital or long-term care at risk of delirium should receive a range of tailored prevention interventions Every care organisation should have a standardised pathway for assessment and management of delirium.
4. People with delirium experiencing agitation and/or distress are offered non-pharmacological measures and staff utilise de-escalation techniques before any balanced weighing up of the risks and benefits of using medication for agitation and distress.
5. The delirium diagnosis should be conveyed at all transitions of care e.g. ward moves, discharge. People with current or resolved delirium who are discharged from hospital should have their diagnosis of delirium communicated to their GP.
6. All people with delirium should have multidisciplinary follow up.
7. If a person develops delirium: explain delirium is a change in mental state that usually improves when the physical condition improves, discuss treatment options, provide information leaflets, let the family know how to help.

# Themes

- Most trusts reported they were meeting the standards
  - All trusts reported they were meeting standard around Nonpharmacological management of distress

- There was reported variation in the approach to implementation
  - Not all organisations had policies with the standards included
  - Some areas are in the development phase and therefore are working towards a standard

- Areas where trusts reported more variation
  - All people with delirium should have multidisciplinary follow up
  - Provision of patient and carer/ family information

- The monitoring and measuring against the delirium standards requires improvement in most trusts

Baseline provides opportunities to capitalise on the sharing of and recognition of good practice and operationalising a Greater Manchester approach, as well as focusing on gaps and areas for improvement.

# Non-pharmacological management

- Using resources e.g. digital, environmental changes to support space to walk
- Enhanced observation policy in place which looks at the non-pharmaceutical causes of agitation before medication offered
- Different therapeutic techniques offered and a therapist role to engage with the patient
- Trust delirium guideline or policies recommend appropriate non pharmacological strategies as 1st line
- Trust monitors compliance with the standard e.g. Therapeutic Intervention and Enhanced Care Training is delivered monthly and is part of the Trust's accreditation program evidenced by monthly audits

# Patient and carer information, including follow up on discharge themes

- Variable application, some areas not aware of information
- Not systematically addressed, it is not within an organisations policy
- Verbally provided information
- Some areas hand out a leaflet that the local organisations developed, others use the Greater Manchester information where English is not the 1st language
- Follow up is not consistent or within policies
- The organisation encourages patients / their family/carer where the person has dementia, delirium or other communication difficulties to complete the 'This is Me' document  which provides details of themselves, their likes and dislikes etc.
- On discharge, the GP letter s includes information around concerns of cognition. This would also be coded and recorded on patients, electronic notes to make staff aware if patient readmitted, they may be at risk.

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## Workshop with table facilitators and scribes

Fiona Black
Jayne Etches
Sara Harris
Rebecca Marchmont
David Neilson
Samantha Turner
Emma Vardy
Lim Jun Pei (Jun Pei or Dr Lim)
Siti Norwani Binte Mohamed Hussain (Wani
Ng Wan Ring (Wan Ring
Joey Yeo Jiayang (Joey)

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# Workshop

**Aims:** We are seeking your views, with a sense check and system wide response, where we reported excellence and areas for improvement on the baseline delirium assessment against the standards.
This is an opportunity to share good practice as we have had some amazing feedback, suggestions for learning from peer-to-peer discussions, which we consider will enable Greater Manchester to become a national leader.

On your tables there is a facilitator/note taker, paper, pens, questions, and please also use Mentimeter at www.menti.com using code **8814 2236** to feedback.

There will be two rounds of 40 minutes, each focusing on a delirium standard/s. We will come back at the end at around 15:35 with any priorities/stand out themes from your discussions.

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# Workshop round 1 – 40 minutes

Mentimeter at www.menti.com using code **8814 2236** to feedback

## Standard

People with delirium experiencing agitation and/or distress are offered non-pharmacological measures and staff utilise de-escalation techniques before any balanced weighing up of the risks and benefits of using medication.

## Questions

1. What do you do, what takes place in your areas of work/settings with regards to this standard?
2. Do you have areas of excellence and good practice to share?
3. Are there areas for improvement with regards to this standard?

## Workshop round 2 – 40 minutes

Mentimeter at www.menti.com using code **8814 2236** to feedback

**Standards**

People over 65years and/or who have a dementia diagnosis are provided with information on signs and symptoms of delirium and prevention measures.

Family members and carers are provided with information and support to help support their relative with delirium.

All people with delirium should have multidisciplinary follow up.

**Questions**

1. What do you do, what takes place in your areas of work/settings with regards to these standards?
2. Do you have areas of excellence and good practice to share?
3. Are there areas for improvement with regards to this standard?

Feedback from all tables *followed by*

Wrap up, next steps and close