

Poster # 39

Title of poster: An Audit of Early Detection of Delirium and Management Strategies Used in Hospitalized Older Adults

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Abstract

Objectives: To determine: 1) compliance with use of validated delirium screening tools in hospitalized older patients; 2) use of non-pharmacological and pharmacological interventions for delirium management Design: Retrospective chart review Setting: Single tertiary care hospital

Participants: We included patients aged ≥ 65 years admitted to four medical units – Acute Care for the Elderly (ACE) unit, ICU, one general medicine unit, one orthopedic surgery unit for hip fractures – for ≥ 48 hours during seven time blocks between September 1, 2010 to October 31, 2013. Patients admitted or discharged from the unit outside of these time blocks and patients with documented palliative status were excluded.

Measurements: Compliance with delirium screening was determined 1) within 24 hours of admission; 2) at any point after the first 24 hours before discharge. This was used to calculate incidence of both delirium on admission, and hospital-acquired delirium. Further, use of non-pharmacological and pharmacological delirium practices were evaluated. Non-pharmacological practices included use of physical restraints, mobilization, and removal of devices, such as catheters. Pharmacological practices included changes in subject's medication regimens, such as reduction of polypharmacy, initiation of medications used to manage delirium, and discontinuation of medications that are thought to contribute to delirium.

Results: At the time of abstract writing, the study population (n=315) consisted of a mean age \pm standard deviation of 78 \pm 8.6, 52.1% female. Delirium screening was completed for 60.6% of patients within the first 24 hours of hospital admission; 73.7% had delirium screening at any point after the first 24 hours before discharge; 82.5% of patients were screened at least once within 24 hours or after the first 24 hours. The average total screening compliance was calculated using number of days subjects were screened with a validated delirium screening tool, physician progress notes or consult notes, divided by total days admitted to the unit of interest, yielding a rate of 56.9%. Of the 315 subjects, 27.9% had a positive delirium screening at some point during

their hospital stay. Of these, 69.3% developed delirium while in hospital; 30.7% were already delirious upon admission.

The most common non-pharmacological practices used in patients who were screened positive for delirium were mobilization (64.8%), use of physical restraints (27.2%), and removal of urinary catheters (10.2%). Pharmacological practices most commonly initiated include use of antipsychotics (28.4%) and benzodiazepines (12.5%).

Conclusions: An increase in delirium screening rates and a decrease in delirium incidence could be monitored as a quality of care indicator for hospitalized older patients. The results of this chart review indicate that there is room for improvement in terms of better optimization of screening to ensure early delirium detection and appropriate management throughout hospital stay in the older adult population.