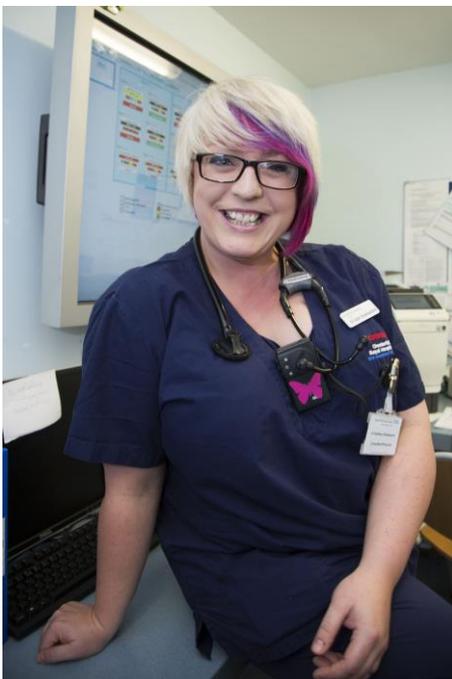


Your Guide to **SWeET** **S**trategic **W**orkforce **E**ducation and **T**raining

This edition of the 'Keeping You Informed' bulletin focusses on the role of the Delirium Nurse Practitioner and how the early assessment of 'at risk' patients can reduce the instances of post-operative delirium.

Dr Kath Shakespeare – Consultant Geriatrician



The role of Delirium Nurse Practitioner came about as part of the work we are doing on our Derbyshire wide Delirium Care Pathway. We know that delirium is a common problem amongst patients coming in for hip or large joint replacements, with up to 80% of these patients developing some kind of delirium post-operatively.

We worked in partnership with the East Midlands Academic Health Science Network (EMAHSN) to investigate whether pre-operative screening and subsequent counselling for delirium, along with personalised care planning for use peri-operatively would make a difference to patients developing delirium.

The Delirium Specialist Nurse Practitioner role was created with the intention of being able to review all patients at risk of delirium who were having an elective large joint replacement operation, and she was active in both outpatient clinics as well as on the ward, providing enhanced continuity of care for all patients that she had reviewed. We collected data as we went along in order to assess our progress.

Lorraine has done a terrific job in the role, and has certainly raised the profile of delirium with both patients and colleagues, educating people about what it is and how it might affect them. Our orthopaedic colleagues have also embraced the role and work closely with Lorraine to ensure the best outcomes for their patients. We're now seeing a great many more referrals coming through to Lorraine's clinic, and patients have found the extra support and information invaluable.

We've reported these successes back to EMAHSN and we're putting forward a case for an Arthroplasty Nurse and aiming to make the service permanent.

Through this work, we can now offer true person centred care that improves both patient safety and the patient experience for those who choose to come to Chesterfield Royal for their elective large joint replacements. We're able to offer a completely informed choice as to how the procedure will affect the patient, both physically and mentally, plan for the unexpected, and support them throughout the entire process offering seamless, experienced and compassionate care. We are really proud to have developed a platinum standard service for these patients which is above and beyond that provided elsewhere locally, and this is mostly thanks to all of the hard work that Lorraine has put in to the role.

Lorraine Sanderson, Delirium Nurse Practitioner

"I initially started in the role as part of a one year project, funded mainly by the Nottingham Academic Health Science Network and topped up by the Royal, primarily as a quality improvement project encompassing patient safety. The Trust had done a lot of work surrounding Delirium so this post was piloted just to see what benefits it might bring.

"We started by trying to identify patients coming in for total hip and knee replacements that might be at high risk of developing Delirium. The hope was that we could reduce post-operative issues, enable staff to manage patients better and, ultimately, reduce length of stay and provide a better outcome for the patient generally.

"So my role involved the pre-op assessment of patients aged over 65 years following their being listed for hip or knee replacement surgery, this group of patients being deemed high risk for the development of delirium post operatively. With the patient's consent, we complete various assessments together. This includes the Edmonton frailty score, which identifies current nutritional, cognitive and mobility status as well as the possible onset of acute illness. 4AT is a rapid test for the detection of delirium (and easy to retest post operatively), and MOCA is a screening tool for cognitive impairment. Scores from these are combined to calculate a Delirium Elderly at Risk score. The assessments allow a benchmark from which to measure possible post-operative changes and allow for the planning of a package of care that is individualised to the identified needs and risks.

"All elements of this assessment help to plan for the patient's post-operative care but also gives the patient more informed consent. It might be that they decide not to go through with their surgery because the risks may outweigh the benefits, in which case they are in full possession of the facts to make that decision. I also encourage them to attend a Hip or knee class in order to increase their knowledge of the post op exercise and mobility regime alongside the commitment required to achieve a good outcome from the surgery. It allows the therapy staff to have a prior knowledge of the patient and their physical capabilities. It enables discharge planning to be considered and equipment to be issued in advance of their admission.

"The benefits of this role are far reaching. For staff on the wards it gives them more of an awareness of what the patient is like from a behavioural viewpoint. Most of my work involves patients on Elmtou ward and I work very closely with the matron to explain to her who is at risk, what they're like and what other medical issues may be there beyond their current condition and risk of delirium. This in turn allows the matron to adequately staff the ward and plan the patient's care more appropriately, even providing and arranging accommodation for relatives if they're at a very high risk of Delirium.

"For the patient, they get a full disclosure of the risks involved in surgery, including the potential threat to their mental health relating to their post-operative care. They are forearmed with the knowledge about what they can do to keep themselves orientated in hospital and allow them to discuss the risks with their family members and decide if surgery really is something they want to consider. We have had a few occasions where the patient has declined surgery through this informed choice and expressed their gratitude at being made aware.

"It also means that we can refer them to an Ortho-Geriatrician for the optimisation of pre-existing medical conditions, meaning the patient is physically, mentally and medically prepared for surgery. A consultation with the surgeon may only take about ten minutes because time is a factor. The



Lorraine Sanderson, Delirium Nurse Practitioner (Cont'd)

consultations with me have no such constrictions and very much aligns with the concept of making every contact count. Of course it's ultimately down to the patient but I have had instances where a patient has given up smoking, reduced their alcohol intake or lost weight after finding that these could be contributory factors in developing Delirium or making an effective recovery. I can then put them in touch with services that can help or to a community matron or GP where appropriate and where consent is given.

"I will make an effort to visit the patient when they arrive for surgery in the Theatre Assessment Unit which, once again, allays anxieties and fears of their surgery through seeing a familiar face. They also have my number following the consultation so can call me at any time with any questions or concerns.

"What I hope this role brings to the Trust is a better understanding of Delirium amongst staff through my education sessions which leads to more efficient management of it at ward level. I thoroughly enjoy the role; it stands for everything I believe in, in terms of putting the patient at the centre of everything we do. Through better planning and the use of a more collaborative approach to patient pre op care, it will help us to reduce their length of stay, improve their safety, provide a better outcome and improve the patient overall experience."

For more information...

Lorraine Sanderson (E-Mail: Lorraine.sanderson@nhs.net), Kath Shakespeare (extn: 6038)

There is also a useful YouTube video that you can find via the following link: <https://bit.ly/2JrVYQC>