Delirium affects 35-65% of patients after hip fracture repair. It doubles mortality and the risk of long-term institutionalisation and increases the risk of long-term cognitive impairment, length of stay and distress and leads to poor functional outcomes. Many of the factors contributing to delirium can be treated. Early recognition is key.

The Single Question in Delirium (SQiD) identifies patients at risk of delirium enabling timely intervention and specialist review.

**Project Aim:** All patients over 75 years of age presenting with hip fracture to Aberdeen Royal Infirmary will have cognitive screening performed and documented by June 2014.

**Method**
Daily data collection for all patients over 75 yoa admitted to Trauma & Orthopaedics (T&O) from January 2014. Teaching programme, posters, stickers and badges developed.

**Process Change**
All patients over 75 yoa admitted with hip fracture will have cognitive screening (Abbreviated Mental Test (AMT) + SQiD) and specialist referral if appropriate.
Target wards: T&O and Emergency Department (ED)

**Achievements**
• Increased staff awareness and understanding of delirium
• Recognition of importance of delirium and of integrated care for elderly fracture patients by Executive Board- allocation of resource for two dedicated Medical Support Nurses for the T&O Unit for patients over 75yoa
• Multidisciplinary Group formed focused on NHS Grampian Hip Fracture Pathway & linked to Scottish Government Musculoskeletal and Orthopaedic Quality Drive

No improvement in cognitive screening in T&O. Scottish Orthopaedic Services Development Group data show improvement in ED: 40% December 2013 to 100% April 2014

**Challenges**
• Running QIP out with own clinical area: maintaining staff engagement and impetus; lack of regular overview
• No capacity to increase geriatrician input even if screening indicates referral

**Conclusions**
QIP itself has not lead to change in care however associated work has led to Executive Board commitment to invest in the T&O service for elderly patients- geriatricians leading on MSN appointment & training and will lead system redesign

**Next Steps**
• Continued rolling education programme
• Development of T&O MSN role and unit processes/systems
• Test and measure delirium care bundle

**Out with SPSP QI Project**
• Developed and delivered teaching sessions on Patient Safety, Human Factors and Quality Improvement
• Piloting multidisciplinary departmental monthly QI meeting (patient safety aims; list of never and always events; structured departmental QIPs; collection of patient/carer feedback)
• New structure to daily Board Rounds & Huddles
• Daily departmental Safety Brief
• Established links to CMT teaching programme to support and mentor QIPs; designing NHS Grampian QI “support package”
• Leading on pilot NHS Grampian Patient Safety/QI/Human Factors CPD day for consultants/GP/SAS with NES/DME support; particularly aimed at trainers

**Key Learning Points**
Plan, persist, be positive!
When planning a project out with own department ensure senior departmental buy-in and engagement & regular, protected time to support staff delivering the project.

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