



Delirium NICE CG103 critical care network audit: Is the standard of 100% of patients in Intensive Care being assessed, as set by the Core Standards for Intensive Care Units (2013)?

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Aim

- To identify if the 19 Intensive Care Units (ICU) within the local Critical Care Network are compliant with the national standard for the care of critically ill patients.
- The standard is 100% of patients in ICU are assessed for delirium.
- The standard is Set by the Intensive Care Society (ICS), within the Core Standards for Intensive Care Units (ICS, 2013); meeting the national guidance set by the National Institute for health and Care Excellence (NICE) Clinical Guideline (CG)103 (NICE, 2010).

Method

- An audit of practice was done.
- A questionnaire was developed, based on the standards and guidelines by the ICS and NICE CG103.
- The method was reviewed by the local network leads, who agreed the appropriateness of the questions and method of data collection.
- The questionnaire was sent out to all 19 ICU's within the network.
- A snapshot audit, sampling ten patients at random was undertaken.

Results

- A total of 10 trusts (53%) out of a possible 19 across the network responded to the audit.
- Out of the ten trusts, 8 had a delirium screening tool available for use. Of these 8 trusts, 7 use the Confusion Assessment Method for ICU (CAM-ICU) and one use the Intensive Care Delirium Screen Checklist (ICDSC) (see table 1.0). No other tools had been identified from the audit.
- Across the network it was found that out of 80 patients, 53 had been screened for delirium (see table 2.0). This gives a compliance rate of 66.25% to CG 103 (NICE, 2010) across the network.
- Of the 53 patients audited 14 scored positive for delirium, showing an incidence of 26.4% across the 8 trusts within the network that responded and had a screening tool (see table 3.0).
- Out of the patients not assessed reasons stated were; lack of education to staff, patient not appropriate for assessment and no identifiable reason.

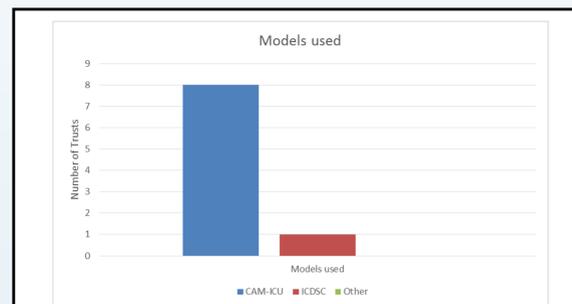


Table 1 – Models used within the network

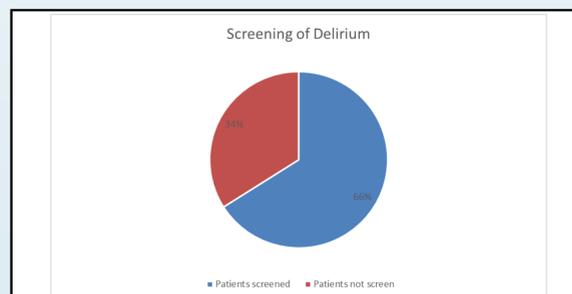


Table 2 – percentage of patients screened for Delirium

Surrey Critical Care Network
Delirium Audit

Please sample 10 patients within your department at random, either current or retrospective; ticking the most appropriate answer to each of the questions.

Name of Hospital and department:

1. Do you have a delirium screening tool for use within your department?
 Yes
 No

IF YES please continue, if NO please return the form to address below

2. What tool is used to assess delirium?
 Confusion Assessment Method for the ICU (CAM-ICU)
 The Intensive Care Delirium Screening Checklist (ICDSC)
 Other (Please state)

Out of your sample of ten patients:

3. How many of your ten patients had been assessed?

4. From those assessed how many patients scored positive?

5. Out of the ten patients not assessed was there a reason?
 No identifiable reason
 Patient not appropriate
 Other (Please state)

Thank you for completing the audit. Please can you return the form to:
 N Dawson, Critical Care Unit, Royal Surrey County Hospital, Egerton Road, Guildford, Surrey, GU2 7XX
 NDawson 16/11/15

Picture – 1 Audit tool

Discussion

- The audit shows that the network is not meeting the national standard of 100% of patients in ICU being screened for delirium.
- Of the 10 trusts that responded 8 have an agreed tool or pathway for assessing patients, giving an 80% compliance to the national standard.
- Only 66% of 80 patients audited within 8 trusts were actually screened. It is difficult due to the assumed variability between departments within the network, to ascertain why 34% of patients hadn't been assessed, even though a pathway or tool was available.
- Of the 8 trusts with tools, 5 of them identified that the patients not assessed had not been appropriate for assessment.
- Woien et al (2013) found that patients who are too deeply sedated were difficult to assess using the CAM-ICU, which was the tool most widely used within the audit.
- Other reasons stated for patients not assessed, was a lack of education or awareness of the tool or delirium itself.
- The incidence of delirium within the audit was 26%, this is similar to Jorge et al. (2010) study that found an incidence of 32%. However, Jorge et al (2010) sampled 232 patients of which 75 patients scored positive using the CAM-ICU model. This audit only sampled 53 patients of which 14 scored positive.

Conclusion

- The network is currently not meeting the national standard of 100% screening of patients for delirium in ICU.
- Further in depth auditing is required to explore the number of variables that impact screening.
- Increasing the sample size of patients, may also give a more accurate reflection of the true incidence of delirium within the network.
- It is apparent from the audit that not all trusts in the network use the same model.
- Training and education of clinical staff with a standardised tool would allow a platform for a generic teaching programme raising the profile of delirium and improve standards of care within the network.

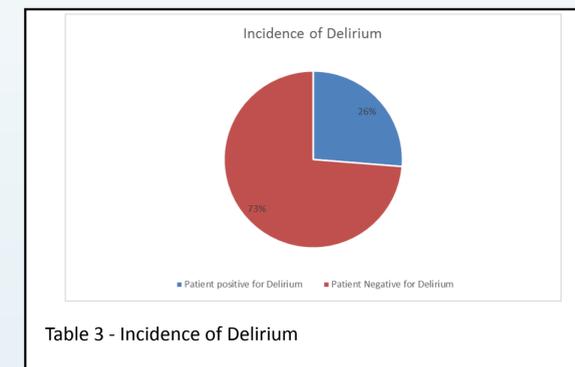


Table 3 - Incidence of Delirium

References

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