NHS Golden Jubilee Dementia Strategy

2023-2026

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1. Introduction and context

NHS Golden Jubilee has a national portfolio which includes the Golden Jubilee University National Hospital, NHS Scotland Academy, national Centre for Sustainable Delivery, Golden Jubilee Research Institute and Golden Jubilee Conference Hotel.

The Golden Jubilee University National Hospital is Scotland's flagship hospital and a beacon of innovation in Scottish healthcare. Home to world class centres for heart and lung services, orthopaedics, ophthalmology and diagnostic imaging, we carry out a range of planned procedures to assist our NHS Board colleagues in reducing patient waiting times.

The Golden Jubilee University National Hospital is also home to 3 of Scotland's national services: the Scottish Advanced Heart Failure Service (including the Heart Transplant Unit), the Scottish Pulmonary Vascular Unit and the Scottish Adult Congenital Cardiac Service.

NHS Golden Jubilee was awarded University status by the University of Strathclyde in April 2022 following the successful agreement of a strategic partnership that will look to assist in the recovery and remobilisation of NHS Scotland through innovation in health care practice.

Our Board Strategy aims to sustain existing services in core clinical specialties such as cardiothoracic surgery, interventional cardiology, ophthalmology and orthopaedics, as well as developing facilities and teams to optimise outcomes, productivity and care experience.

We are developing a number of services including general surgery, endoscopy, robotic surgery and highly complex cancer surgery to create new essential capacity that meets the needs of NHS Scotland.

We have a commitment and focus to optimise and support all people with dementia and / or a cognitive impairment who attend the hospital. This includes working in partnership with carers and supporting staff to achieve first class care at all times.

The Dementia Strategy for Scotland (2023) is important for us all. While clinical research continues in Scotland and globally to produce medicines to slow or modify symptoms of dementia, projected estimates show a 50% increase in the number of people with dementia over 65 over the next 20 years. Some estimates suggest 1 in 3 people born today will go on to develop dementia.

1.1 Our Quality Ambitions

Our work will be in keeping with the 6 domains of quality within the NHS - care that is safe, effective, patient centred, timely, efficient and equitable.

1.2 Our Values

NHS Golden Jubilee values were designed in partnership with the workforce and identify what is important to our teams for delivering healthcare to our patient populations.

Our Values are:

Valuing dignity and respect
A can do attitude
Leading commitment to quality
Understanding our responsibilities
Effectively working together

1.3 Our Dementia Strategy

The Golden Jubilee University National Hospital (GJUNH) Dementia Strategy builds on the previous Dementia Strategy for the Board.

It aligns to the Scottish national dementia strategy, 'Dementia in Scotland: Everyone's Story', published in May 2023, and will centre on shaping a structure to match the vision outlined for how dementia might be experienced.

Within these principles, the Strategy will continue to focus on good practice and how we can improve practice to deliver high quality, person centred, research based, rights based, compassionate care to all people with dementia and their carers who come to GJUNH.

As with most areas of healthcare, dementia care is evolving and adapting continuously. It is essential that as an organisation we recognise this.

It is also important that we remember that no-one is defined by a diagnosis and that the experience of people living with dementia and their carers will be reflected in other policy documents. Equally, no-one who would benefit from any improvements should be excluded because they do not have a diagnosis of dementia.

2. Key drivers

The Scottish National Dementia Strategy 2023 – 'Dementia in Scotland: Everyone's Story' focusses on the importance of learning from lived experience of dementia with the core principle of promoting a vision that will allow people with dementia to live life well.

The 10 Dementia Care Actions in Hospital (Appendix 1) remains a focussed framework for coordinating and maintaining improvements in Acute Care, referenced in Promoting Excellence 2021 – A Framework for Health and Social Services Staff Working with People with Dementia, Their Families and Carers. These actions were originally developed in line with the Standards of Care for Dementia (2011).

This strategy includes our Board response on how we will implement each of these actions to support improving care for people with dementia who use our services.
This plan supports the implementation of the 10 Dementia Care Acute in Hospital to ensure the current system of hospital care is improving the capability and capacity of staff working in such settings.

Key responsibility for implementation of the National Standards are with:

- **Anne Marie Cavanagh, Executive Nurse Director/Board Executive Lead and**
- **Con Gillespie, Lead Nurse for Dementia/Board Operational Lead.**

3. Progress and achievements

Previous NHS Golden Jubilee Dementia Strategies have aligned goals with nationally defined standards.

Progress was in establishing a framework and structure to support people with dementia when attending the hospital. A key success was the notable achievements around staff education and training for dementia care through the Promoting Excellence Framework and numbers of staff completing Dementia Champions training.

We had identified a number of key objectives to be addressed from our last Dementia Strategy (2019-2022) and we worked towards implementation of these prior to work being paused during the Covid-19 pandemic and subsequent capacity to deliver these. These were closely linked to the national priorities for Dementia.

1. **Embedding leadership and quality improvement knowledge.**
2. **Staff education and training for dementia care**
3. **Work as equal partners with families and carers**
4. **Continue to minimise and respond appropriately to stress and distress**
5. **Board-wide projects**
6. **Promote an anti-discriminatory culture**

The COVID-19 pandemic and vacant Lead Dementia Nurse role impacted on delivery of the previous Dementia Strategy. Despite these challenges we strived to achieve the set objectives including maintaining the core principles of delivering the best non-discriminatory care with carers involvement.

Whilst delivering substantial face to face education was challenging, core induction training for all new staff was maintained.

A high number of Health Care Support Workers were supported to complete the ‘Best Practice in Dementia Care’ course until the restrictions of the pandemic made this difficult to maintain. We plan to restart this training in 2024.

Care delivery was supported using:

- national recognised assessment tools and guidelines for managing delirium care, and
- local robust guidance on managing stress and distress.

Whilst challenging due to COVID-19 restrictions, the importance of recognising and facilitating support for patients and carers, including maintaining a person centred approach to visiting, was maximised.

4. Key objectives 2023-2026

The return to a post pandemic 'normality' and the recent appointment of Lead Dementia Nurse will enable us to drive forward a culture of excellence in all aspects of dementia care, which will be reflected in the key objectives.

The 10 Dementia Care Actions were created to support the implementation and commitment to standards outlined in Scotland's National Dementia Strategy 2013-2016.

These continue to provide the framework for NHS Golden Jubilee's Dementia Strategy 2023-2026, as described in the following section.

5. Implementation of 10 Dementia Care Actions

Our objectives for the next 3 years identify key parts of the national actions that we plan to take forward. Work is also ongoing in relation to the other national actions.

1 Identify a leadership structure within NHS Boards to drive and monitor improvements

NHS Golden Jubilee has a clear leadership structure in place.

The Executive Nurse Director is the Board leader for Dementia Strategy.

The Associate Nurse Director (corporate) provides operational support and leadership to the Lead Dementia Nurse, a role which has been re-established within the organisation.

The Lead Dementia Nurse aims to enhance and nurture the Dementia Champions leadership role to support clinically based teams. In addition, Registered and Non-Registered practitioner roles will be developed to support clinical care of the highest quality of dementia care.

2 Develop the workforce against the Promoting Excellence Framework

A dementia education matrix (Appendix 2) has been developed to support knowledge and skill progression for clinical and non-clinical staff. This will maximise the scope and opportunity for all levels of clinical and non-clinical staff to help optimise their ability and confidence to care for people with dementia.

The use of this matrix is consistent with national work, as it has been adopted by all NHS Scotland Boards via Alzheimer Scotland Dementia Consultant Group to help structure and define educational framework for each Board.

3 Plan and prepare for admission and discharge

The majority of care delivered at GJUNH is planned / scheduled care.

Many people who are living with dementia attend pre-admission clinics which facilitates effective planning care for their admission. Families/carers of patients with dementia and vulnerable adults are asked to fill in the "Getting to Know Me" document (Appendix 3) and to bring this with them on admission. This document provides all staff with details to support person centred care planning and to assist when patients have difficulty communicating their needs. Any additional support needs are also explored in clinic and accounted for in care planning when admitted.

We are reviewing all assessment documentation to ensure it remains fit for purpose. Any potential changes will be discussed and approved through the senior nursing groups governance structure in accordance with any recommendations identified.

The Lead Dementia Nurse, in conjunction with national Alzheimer Scotland Dementia Consultant Group, will communicate and highlight any developments or approved improvements in assessment and documentation systems across Scotland for consideration at NHS Golden Jubilee.

Delirium information is provided at pre-assessment clinics. We will review and develop screening systems that are sensitive in identifying and helping manage patients with higher risk of experiencing delirium during hospital admission.

Proactive discharge is the main guiding principle from pre-admission to ensure safe and timely discharge. Specialist Discharge Team support clinical teams working in partnership with carers and external agencies throughout pre-admission and during any hospital stay

While most of our clinical activity is planned care, there is also emergency and urgent care within our heart and lung services. Standardised tools to recognise and facilitate effective person centred management of delirium are used on admission these areas to provide early detection of cognitive impairment. Like planned care, training needs analysis will be carried out to identify priority areas.

4 Develop and embed person-centred assessment and care planning

Using the 'Getting to Know Me' document, and working with the person living with dementia and their carers, allows staff to develop individual care plans. The updated version following national review is currently being implemented across the hospital. Use of "What Matters to Me" (WMTM) boards also supports the provision of person-centred care. Full compliance with WMTM boards enhances provision of all patients care but is of particular benefit for people who have a dementia. The importance of individualised care is also emphasised within training materials and sessions provided.

Audit of documentation systems will be undertaken as a care assurance mechanism to ensure good practice is embedded and understood in care provision for people with dementia.

5 Promote a rights-based and anti-discriminatory culture

The Charter of Rights for People with Dementia and their Carers, Scottish Government (2009), sets out the right of people with dementia to continue to receive equitable care and not to be excluded based on their diagnosis. This is promoted throughout the hospital by the Lead Dementia Nurse, Dementia Champions, clinically based Link Nurses and through training materials. (okay to remove)

Audit work will be undertaken to monitor appropriate use of the legal framework to ensure people with dementia are protected at all times.

6 Develop a safe and therapeutic environment

All relevant policy and guideline development will include review and recommendations from the Lead Dementia Nurse.

The Lead Dementia Nurse will advise the Safe Mobilisation Group and will review any relevant policies or guidelines (e.g. Guidelines for Increased Intervention for Patients with Altered Cognition). The underlying principle is that all policies and guidance will be consistent to ensure that support of people with dementia will receive specialist therapeutic input as well as protecting core safety.

Review of current therapeutic resources will be undertaken and systems re-established to provide resources such as a CD player, CDs, playing cards and puzzles.

In addition, a nationally available resource: "Pocket Ideas and A Moment in Time" a booklet which is available and provides topics for conversation and suggested activities to support staff to communicate with people living with dementia. We plan to increase awareness and availability of this booklet to staff as a useful resource.

"Twiddlemuffs", which are used to calm and distract patients from removing devices, are also available. Further resources will continue to be explored.

Significant work has been undertaken to ensure that the relevant clinical areas in the phase 2 hospital expansion are dementia friendly.

There has also been focussed input to optimise the environment in the Eye Centre.

While previous assessments and actions have been taken to help ensure the entire hospital is dementia friendly, there is a need to revisit and review clinical and relevant non-clinical areas such as hospital entrance and corridors between departments. A dementia-friendly environment programme is under way to review and assess these areas to help maximise a safe and therapeutic environment for people with dementia.

A recognised tool developed by The King's Fund, 'Is your hospital dementia friendly' is being used to support this programme (Appendix 4) The audit process includes Alzheimer Scotland, person with lived dementia experience, Estates Department, clinical staff and the Service Design and Equalities Lead.

A report with recommendations will be generated for each area. This will then be discussed with appropriate operational and / or management teams and any agreed actions will be progressed.

7 Use evidence-based screening and assessment tools for diagnosis

The Abbreviated Mental Test 4 (AMT-4) is used for all patients over 65 attending for pre-assessment and on admission. Although a limited tool, it can assist in identifying cognitive impairment and trigger more in-depth screening and investigations.

The 4AT (Arousal, Attention, Abbreviated Mental Test and Acute change) is a rapid clinical assessment for delirium (Appendix 5), which includes the AMT4, and the Confusion Assessment Method for the Intensive Care Unit (CAM ICU) (Appendix 6) are used to identify delirium and trigger the implementation of the TIME Bundle for early recognition and appropriate management of delirium (Appendix 7). This helps identify interventions to treat and support patients who have developed a delirium.

The use of these tools is regularly audited and actions assessed.

It is recognised however, that the current systems may not adequately identify people at risk of developing a delirium during hospital stays. Quality Improvement projects are being carried out to assess whether current screening arrangements are appropriate for patients with cognitive impairment.

A Hospital Delirium Group will be established to help support best practice, develop consistent approaches and review use of available assessment tools. The Lead Dementia Nurse will chair this group.

8 Work as equal partners with families, friends and carers

The currently used Carers Information Leaflet to reflect The Carers (Scotland) Act 2016 is under review. Posters are on display throughout the hospital welcoming carers to identify themselves to staff and to be involved in patient care.

The Lead Dementia Nurse will be working with local Alzheimer Scotland resource team to provide appropriate accessible and helpful information in all clinical areas and assessing the need to establish (I think there was but unsure of how well established so on balance best to state as new initiative) Carers Forum. This information will help provide access to community specialist support services for carers and patients.

Education resources will include importance of effectively communicating and always working in partnership with carers.

Person centred visiting is embedded. This helps empower carers to maximise working in partnership with clinical teams to meet individual patient needs.

9 Minimise and respond appropriately to stress and distress

Effectively managing and supporting patients with stress and distress related to dementia and delirium is challenging. The Lead Dementia Nurse will continue to work to improve this by providing training to support implementation of the recently revised Guidelines for Increased Intervention for Patients with Altered Cognition (Appendix 8).

The 4AT rapid clinical assessment for delirium and TIME bundle delirium treatment plan are core assessment tools designed to detect and treat clinical condition that may manifest itself as stress and distress. Implementation of these guidelines is monitored by the Lead Dementia Nurse and Clinical Nurse Managers.

Other measures already in place include pre-admission planning, dementia friendly rooms, a flow system in the Eye Centre, and a culture of encouraging carer partnership. These all contribute to help reduce stress and distress for patients.

As highlighted in Section 6, resources for social activities are available for people experiencing distress and delirium. Staff are advised on how to access these at any time of day or night.

Updated guidelines emphasise the importance of quality interaction when supporting patients who require enhanced observations due to stress or distress.

The Clinical Governance department will continue to review incidents reported through the DATIX adverse incident reporting system. This information will be used to identify learning needs to ensure the safety of both patients and staff. Scottish Intercollegiate Guidelines Network (SIGN) Delirium: prevention, diagnosis and management in hospital and long-term care (Last updated January 2023) are incorporated into practice across the Golden Jubilee University National Hospital.

The national dementia improvement portfolio within Healthcare Improvement Scotland (HIS) is a national work stream related to Stress and Distress in Acute Care to help support improvements in care in acute general hospitals and dementia units. The Lead Dementia Nurse works in conjunction with National Alzheimer's Scotland Dementia Consultants Group to help coordinate implementation of this across NHS Scotland.

10 Evidence the impact of changes against patient experience and outcomes

NHS Golden Jubilee delivers care through collaboration and has a long history of leading the way in research and innovation.

The focus for improving dementia care will be consistent with this ethos.

The primary mechanism for changes will be through pursuit of quality improvements which will be on varying scales from small quality improvements using the Plan, Do, Study, Act model to more extensive projects. We expect that this approach will be an ongoing driver to change and improve aspects of care.

There are currently 2 quality improvement projects being carried out.

Project 1 is reviewing cognitive impairment assessment processes. The aim is to achieve robust reliable systems which will reduce the risk of patients developing delirium during hospital admission. The rationale is that early detection will help influence and determine appropriate care. This is being led by a Clinical Psychologist with the Lead Dementia Nurse participating and advising.

Project 2 is looking to find improved systems to identify and treat emotional disturbance and help distinguish between dementia, delirium and depression. This is being led by a Clinical Psychologist.

All patient and carer feedback in relation to dementia-related care is encouraged through internal and external systems. Improvements to care would be adopted and learning from this feedback.

The dementia friendly environment programme will actively engage with patients and carers to support better access and usability for service users.

The Lead Dementia Nurse liaises with Clinical Governance to support learning and improvements from any complaints and incidents logged in Datix.

6. Partnership working

We continue to have strong links with the local Alzheimer Scotland Resource Centre in Clydebank. We work collaboratively with the service on education, awareness, patient/carer experience and improving dementia friendly status in the hospital.

The aim is to develop support groups and mechanisms to actively improve the experience for all people who attend the hospital. We will consider developing new and revised forums such as reminiscence groups, dementia cafes and other carer support initiatives in partnership with the Spiritual Care team.

Dementia Friendly Environment programmes will include the Alzheimer Resource Centre Team and people with lived experience of dementia.

The Lead Dementia Nurse is an active member of the National Alzheimer's Scotland Dementia Consultants Group. Attendance at this group has raised awareness of the different approach required to support people living with dementia in our scheduled care environment. Membership facilitates access to supporting improvements and implementing good practice to ensure consistent application of dementia strategy across Scotland. This includes networking with other Boards to explore and share best practice developments for the benefit of our patients.

The Lead Dementia Nurse also links in with Alzheimer Scotland Centre for Policy and Practice at the University for the West of Scotland to identify and promote education opportunities for hospital staff.

NHS Golden Jubilee supports and promotes annual National Dementia Awareness Week in partnership with the Communications Department. The Lead Dementia Nurse is continuously engaged with Alzheimer Scotland in learning of current national issues and priorities that influence practice and care.

7. Responsibilities

To ensure the delivery of this strategy there needs to be clear responsibilities for staff. These are described below.

7.1 Executive Nurse Director

As the Executive Lead for Commitment 7, the Nurse Director is our executive sponsor for this strategy.

7.2 Lead Nurse for Dementia

The Lead Dementia Nurse is our Board Operational Lead for Commitment 7 and has operational responsibility for implementation of this Strategy. They support the Dementia Champions Network and coordinate all dementia-related education with support from the Clinical Education team.

7.3 Dementia Champions

Dementia Champions are staff who have completed the University of West of Scotland 'Dementia Champions' course. They are responsible for supporting clinical teams to deliver optimum dementia care.

7.4 Link Nurses / Specialty Leads

Registered and non-registered link nurses have been identified for each clinical area. They are responsible for helping to maintain and implement operational standards of care in each clinical area.

7.3 Senior Charge Nurses/ Clinical Nurse Managers/ Department Managers

It is the responsibility of the Senior Charge Nurses/ Clinical Nurse Managers/ Department Managers to ensure that their staff are adequately trained in relation to care of patients with dementia and use of cognitive screening tools. They are also responsible for ensuring that the environment in their ward/ department supports patients with dementia.

8. Review and monitoring

Implementation of this strategy will be monitored and reviewed by the Diversity and Inclusion Group and reporting through to the Board Staff Governance and Person Centred Committee.

Key indicators that will be used to monitor the effectiveness of the strategy, include:

- Monitor and review AMT4 compliance statistics to establish key trends and act on these.
- Monitor and review Frailty Score compliance as a key aspect to trigger more detailed cognitive impairment screening (ie. 4AT).
- Monitor, review, and report on uptake of education opportunities by staff groups.
- Monitoring and review of compliance with 4AT and TIME Bundle implementation.
- Monitor and review any changes to national dementia strategy and implementation of the 10 Key Care Actions for Acute Hospitals.

9. References

Scottish National Dementia Strategy 2023 – 'Dementia in Scotland: Everyone's Story'
https://www.gov.scot/publications/new-dementia-strategy-scotland-everyones-story/

Promoting Excellence 2021: A Framework for all Health and Social Service Staff Working with People with Dementia Their Families and Carers Promoting Excellence
http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/about-the-framework.aspx

Standards of Care for Dementi2011
https://www.gov.scot/Publications/2011/05/31085414/0

NHS Golden Jubilee Dementia Strategy 2019 to 2022

Scottish National Dementia Strategy (2013-2016)
https://www.gov.scot/Topics/Health/Services/Mental

Charter of Rights for People with Dementia and their Carers, Scottish Government (2009). Edinburgh: Scottish Government, pp.2- 6,
https://www.alzscot.org/campaigning/rights_based_approach

The Carers (Scotland) Act 2016
https://careinfoscotland.scot/topics/your-rights/legislation-protecting-people-in-care/carers-scotland-act-2016/ - :~:text=The%20Carers%20(Scotland)%20Act%202016,have%20a%20life%20alongside%20caring.

Scottish Intercollegiate Guidelines Network (SIGN) Delirium: prevention, diagnosis and management in hospital and long-term care (2023)
https://www.sign.ac.uk/sign-157-delirium.html

'Focus on Dementia', the national dementia improvement portfolio within Healthcare Improvement Scotland (HIS)
https://ihub.scot/improvement-programmes/dementia/dementia-diagnosis-and-post-diagnostic-support/a-quality-improvement-framework-for-dementia-post-diagnostic-support-in-scotland/

10. Appendices

Appendix 1 - 10 Dementia Care Actions

Appendix 2 – NHS Golden Jubilee Dementia Education Matrix

Appendix 3 - Getting to Know Me

Appendix 4 - Dementia Friendly Environment Tool

Appendix 5 - 4AT (includes AMT4)

Appendix 6 - CAM ICU

Appendix 7 – TIME Bundle delirium treatment plan

Appendix 8 - Guidelines for Increased Intervention for Patients with Altered Cognition

Appendix 1 - 10 Dementia Care Actions

1. Identify a leadership structure within NHS Boards to drive and monitor improvements.
2. Develop the workforce in line with Promoting Excellence
3. Plan and prepare for admission and discharge
4. Develop and embed person-centred assessment and care planning.
5. Promote a rights-based and anti-discriminatory culture
6. Develop a safe and therapeutic environment
7. Use evidence-based screening and assessment tool for diagnosis
8. Work as equal partners with families, friends and carers
9. Minimise and respond appropriately to stress and distress
10. Evidence the impact of changes against patient experience and outcomes

Appendix 2 – NHS Golden Jubilee Dementia Education Matrix

hospital.nhsgoldenjubilee.co.uk/download_file/353/0

Scan the QR code or click the link to access the appendix.

Appendix 3 – Getting to Know Me

hospital.nhsgoldenjubilee.co.uk/download_file/352/0

Scan the QR code or click the link to access the appendix.

Appendix 4 – Dementia Friendly Environment Tool

hospital.nhsgoldenjubilee.co.uk/download_file/354/0

Scan the QR code or click the link to access the appendix.

Appendix 5 – 4AT

4AT

Assessment test for delirium & cognitive impairment

(label)

Patient name:

Date of birth:

Patient number:

Date: **Time:**

Tester:

CIRCLE

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	**0**
Mild sleepiness for <10 seconds after waking, then normal	**0**
Clearly abnormal	**4**

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	**0**
1 mistake	**1**
2 or more mistakes/untestable	**2**

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards	Achieves 7 months or more correctly	**0**
	Starts but scores <7 months / refuses to start	**1**
	Untestable (cannot start because unwell, drowsy, inattentive)	**2**

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

No	**0**
Yes	**4**

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

4AT SCORE [ ]

GUIDANCE NOTES Version 1.2. Information and download: **www.the4AT.com**

The 4AT is a screening instrument designed for rapid initial assessment of delirium and cognitive impairment. A score of 4 or more *suggests* delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. A score of 0 does not definitively exclude delirium or cognitive impairment: more detailed testing may be required depending on the clinical context. Items 1-3 are rated *solely on observation of the patient at the time of assessment.* Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item. **AMT4 (Abbreviated Mental Test - 4):** This score can be extracted from items in the AMT10 if the latter is done immediately before. **Acute Change or Fluctuating Course:** Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?"

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Appendix 6 – CAM ICU Delirium Severity Scale

CAM-ICU		
Items	**Grading**	**Score**
1. Acute Onset or Fluctuation of Mental Status Is the patient different than his/her baseline mental status? OR Has the patient had any fluctuation in mental status in the past 24 hours as evidenced by fluctuation on a sedation/level of consciousness scale (i.e., RASS/SAS), GCS, or previous delirium assessment?	0 absent 1 present	
2. Inattention Say to the patient, "*I am going to read you a series of 10 letters. Whenever you hear the letter 'A,' indicate by squeezing my hand.*" Read letters from the following letter list in a normal tone 3 seconds apart. SAVEAHAART (Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A")	0 absent (correct ≥ 8) 1 for inattention (correct 4-7) 2 for severe inattention (correct 0-3)	
3. Altered Level of Consciousness Present if the Actual RASS score is anything other than alert and calm (zero)	0 absent (RASS 0) 1 for altered level (RASS 1, −1) 2 for severe altered level (RASS >1, <-1)	
4. Disorganized Thinking Yes/No Questions 1. Will a stone float on water? 2. Are there fish in the sea? 3. Does one pound weigh more than two pounds? 4. Can you use a hammer to pound a nail? Errors are counted when the patient incorrectly answers a question. Command: Say to patient "Hold up this many fingers" (Hold two fingers in front of patient). "Now do the same with the other hand" (Do not repeat number of fingers) An error is counted if patient is unable to complete the entire command.	0 absent (correct ≥ 4) 1 for disorganized thinking (correct 2, 3) 2 for severe disorganized thinking (correct 0, 1)	
	Total Score	

CAM-ICU: Confusion Assessment Method for the Intensive Care Unit; RASS: Richmond Agitation Sedation Scale; SAS: Sedation-Agitation Scale; GCS: Glasgow Coma Scale

Appendix 7 – TIME Bundle delirium treatment plan

	Initiate TIM within 2 hours *(initial and write time of completion)*	*Assessed/ sent*	*Results seen*	*Abnormality found*
T	**Think exclude and treat possible triggers**			
	NEWS (think Sepsis Six)			
	Blood glucose			
	Medication history (identify new medications/change of dose/medication recently stopped)			
	Pain review (Abbey Pain Scale)			
	Assess for urinary retention			
	Assess for constipation			
I	**Investigate and intervene to correct underlying causes**			
	Assess hydration and start fluid balance chart			
	Bloods (FBC, U&E, Ca, LFTs, CRP, Mg, Glucose)			
	Look for symptoms/signs of infection (skin, chest, urine, CNS) and perform appropriate cultures/imaging depending on clinical assessment (see Sepsis Six)			
	ECG (ACS)			
M	**Management Plan**			*Completed*
	Initiate treatment of ALL underlying causes found above			
E	**Engage and Explore** complete within 2 hours or if family/carer not present within 24 hours			
	Engage with patient, family and carers – explore if this is usual behaviour. Ask: "How would you like to be involved?"			
	Explain diagnosis of delirium to patient, family and carers (use delirium leaflet)			
	Document diagnosis of delirium			

Appendix 8 – Guidelines for Increased Intervention for Patients with Altered Cognition

hospital.nhsgoldenjubilee.co.uk/download_file/355/0

Scan the QR code or click the link to access the appendix.

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