

REASON WHY?

Scores taken from the quality audit show that across all wards and both sites we do not routinely screen patients for Dementia on admission to hospital. following GIRFT feedback and input from the ICB and NHS England a new screening form is being launched (the cognitive screening test) which will enable patients to move through the Delirium and Dementia Pathway.

PLAN

A number of our medical colleagues were approached to take part in the Quality Improvement plan.

Initial meetings were held and 18 junior Doctors (FY1 and FY2) attended to hear about the project.

Of these they were some who did not work in areas that would be covered by the project, either in children's health or they were on external rotations.

The doctors had the issue outlined to them as well as a discussion of the documentation required.

The plan was for each person to describe how they intended to address the problem in their areas on separate project briefs.

DO

Out of the initial meeting only 5 colleagues were actively involved in the project (that they provided project briefs and /or posters)

They trialed filling out the forms with people at different points on their admission. Some decided to complete paperwork after ward round, some on a specific day of the week and some a daily review.

The five areas also saw increase in their numbers of patients who had appropriate screening.

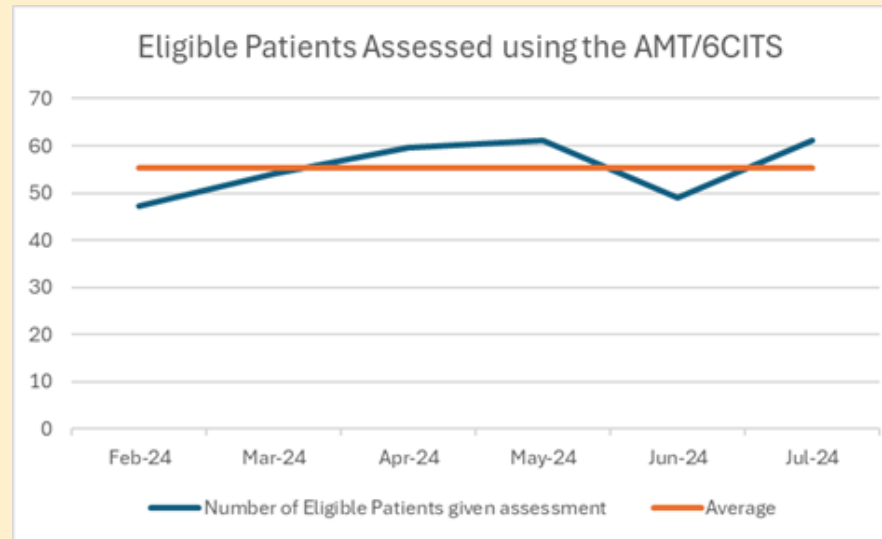
Although some of the Doctors at the initial meeting did not fully participate in the project. The Dementia lead recognised the meetings as being a valuable opportunity to talk to colleagues about the importance of assessment.



To increase the amount of patients in the hospital that receive a screening for Dementia by a medic or surgeon by 10 percent. To be completed by the end of May 2024 as evidenced by an increase in scores on the quality audit.

STUDY

In February before the project started 47.3% of patients that should be assessed were and this raised to 61.1% by July 2024. June saw a small reduction in data, which could be due to multiple factors, including that data moved to collecting for two assessments not one, and that the dementia lead retired and returned.



ACT

I think we could **ADOPT** the practice of having large scale QIPs, but maybe **ADAPT** how this is followed up to secure a higher rate of involvement.

The project has been successful as the rates of assessment have increased, and continued data collection will help monitor this and the QIP can always run again if needed.

Next Steps.

The Doctors who participated will be sent a QIP certificate. They are:
Olivia James
Luke Moss
Danisha Cochrane
Imisioluwa Omotade
Anirudh Neppakkil Karun