

Project Title

Reduce Incidence of Delirium in Elderly Hip Fracture Patients

Project Lead and Members

Project lead: Ms Ku Li Ting

Project members: Dr Ong Eng Hui, Ms Stephanie Tai, Ms Yap Yan Mei, Ms Nani Adilla Binte Zailani, Ms Sarah Tiaw Lijane and Ms Nursyahidah Binte Kamarnzaman

Organisation(s) Involved

Tan Tock Seng Hospital

Healthcare Family Group(s) Involved in this Project

Allied Health, Ancillary Care, Medical, Nursing

Applicable Specialty or Discipline

Orthopaedic Surgery, Geriatric Medicine, Occupational Therapy and Physiotherapy

Project Period

Start date: October 2018

Completed date: February 2021

Aims

To reduce the incidence of delirium in hip fracture patients above age of 60 at risk of developing delirium admitted to TTSH Ward 12C & 12D from 20% to 10% within the next 6 months

Project Attachment

See poster attached/below



Background

See poster attached/below

Methods

See poster attached/below

Results

See poster attached/below

Conclusion

See poster attached/below

Additional Information

Accorded the NHG Quality Day 2021 (Category C: Developing a Flexible & Sustainable Workforce) Best Award

Project Category

Care & Process Redesign

Value Based Care, Patient Reported Outcome Measures

Keywords

Delirium, Hip Fracture

Name and Email of Project Contact Person(s)

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Reduce Incidence of Delirium in Elderly Hip Fracture Patients

Ms Ku Li Ting¹ | Dr Rani Ramason² | Dr Ivan Chua¹

¹ Orthopaedic Surgery ² Geriatric Medicine (GRM)

Tan Tock Seng Hospital

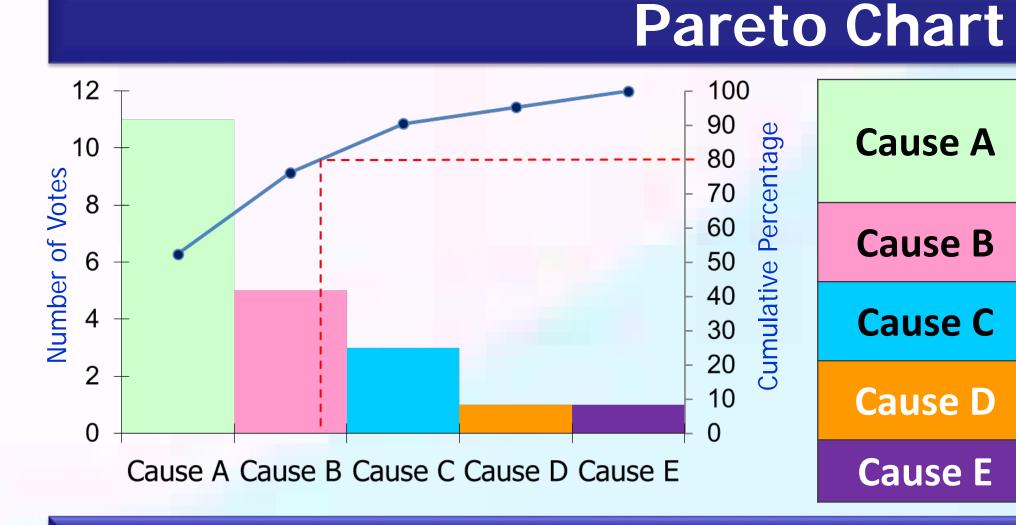


Adding years of healthy life

Mission Statement

To reduce the incidence of delirium in hip fracture patients above age of 60 at risk of developing delirium admitted to TTSH Ward 12C & 12D from 20% to 10% within the next 6 months

Team Members					
	Name	Designation	Department		
Team Leader	Ms Ku Li Ting	Case Manager	Orthopaedics		
Team	Dr Ong Eng Hui	Associate Consultant	GRM		
Members	Ms Stephanie Tai	Case Manager	Orthopaedics		
	Ms Yap Yan Mei	Physiotherapist	Physiotherapy		
	Ms Nani Adilla Binte Zailani	Occupational Therapist	Occupational Therapy		
	Ms Sarah Tiaw Lijane	Senior Staff Nurse	Ward 12D		
	Ms Nursyahidah Binte Kamarnzaman	Staff Nurse	Ward 12C		



Cause ANo activity, no cognitive
engagement and immobility.Cause BPainCause CMalnutrition / DehydrationCause DInsufficient Pain ControlCause EChange of Environment

Implementation

Implementation

Advisors: Dr Rani Ramason, Dr Ivan Chua, Dr Daniel Lee Kwang Ti

Mentor: Dr William Chan

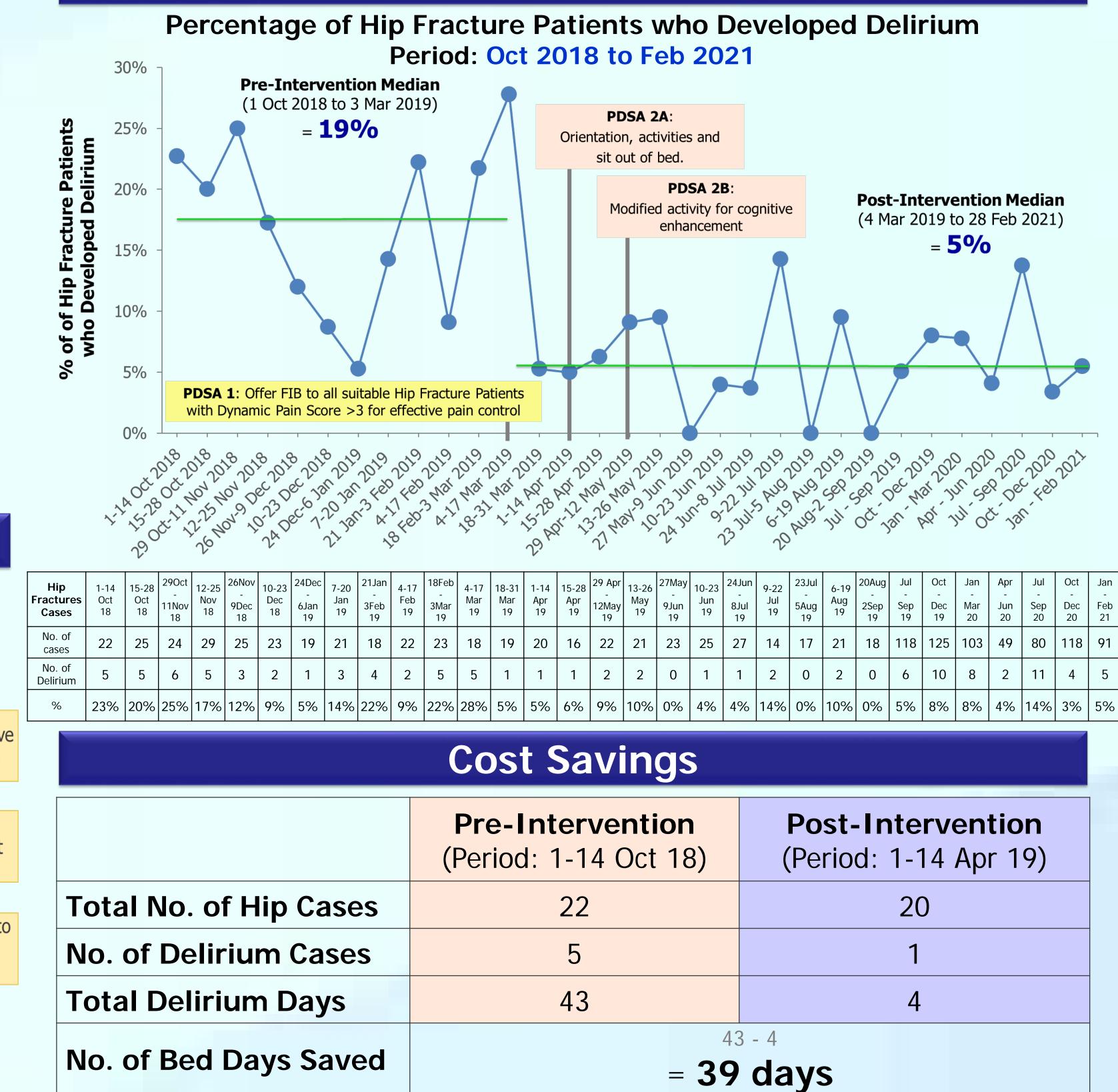
Sponsors: Adj A/Prof Lee Keng Thiam & Ms Maheas D/O Thanmugham

Evidence for a Problem Worth Solving

- 1. Delirium is an acute mental disturbance characterized by confused thinking and disrupted attention usually accompanied by disordered speech and hallucinations.
- 2. Delirium in hip fractured patients is a frequent complication, with an incidence of rate varying 13%-70%.¹
- 3. Post operative delirium is associated with poor outcomes, such as impaired functional and cognitive recovery, increased hospital length of stay, higher cost and increased mortality.²
- 4. Delirium can be reduced by early surgery, early delirium detection, aggressive pain management, early mobilization and early treatment of post-operative complications.³
 References:

Root Cause	Intervention	Date
Cause B: Pain	PDSA 1: Offer FIB (Fascia Iliaca Block) to all suitable Hip Fracture Patients with Dynamic Pain Score >3 for effective pain control	12 Mar 2019
Cause A: No activity, no cognitive	PDSA 2A : Orientation, activities and sit out of bed.	1 Apr 2019
engagement and immobility	PDSA 2B : Modified activity for cognitive enhancement	2 May 2019

Results

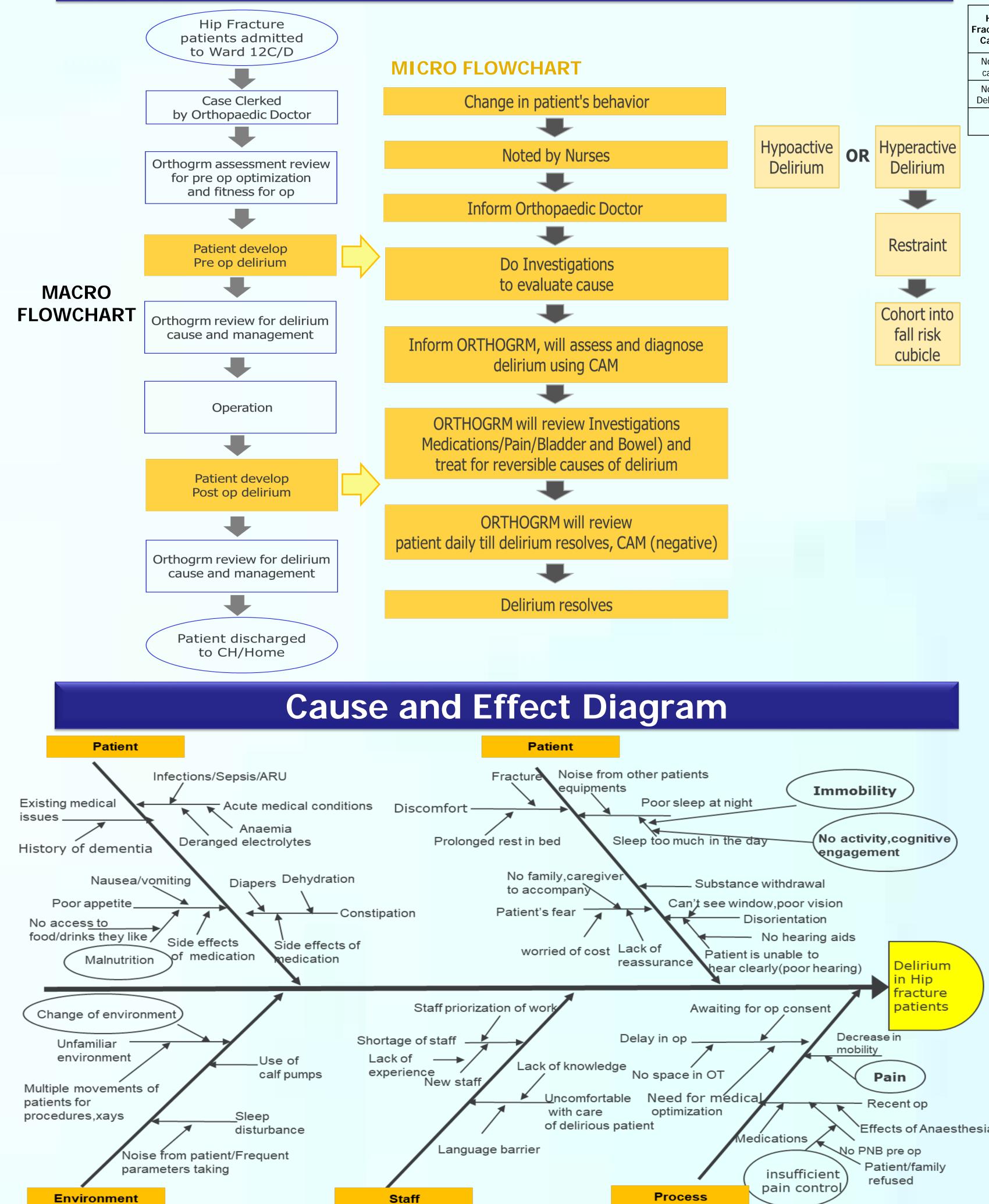


39 x \$1114

= \$43,446

- Bruce AJ. The Incidence of Delirium Associated with Orthopaedic Surgery: a Meta-Analytic Review. Int Psychogeriatr. 2007 Apr; 19(2):197-214.
- 2. Carpintero P. Complications of Hip Fractures: A review. World J Orthop. 2014 Sep 18;5(4):402-411
- 3. Mok WQ. Implementation of an Integrated Delirium Prevention System of Care for Elderly Patients with Hip Fractures. IJIC 2017;17(5):A432.

Flow Chart of Process



a setive)				
egative)	Cost Saved in 1 Month	\$43,446 x 2 = \$86,892		
	\$86,892 x 12 = \$1,042,704			
ram	Problems Encountered			
patients Timmobility or sleep at night o much in the day Substance withdrawal Can't see window,poor vision Disorientation No hearing aids Patient is unable to	 Activities Not easy, need manpower and time to engage patients with activities. Not sure what activity is suitable for patient Music (Radio) Radio goes missing frequently ! Cost involved to purchase more radios. 			
hear clearly(poor hearing) Delirium in Hip fracture	Strategies to Sustain			
No PNB pre op Ratient/family	sustainable	staff and modify intervention so it is feasible and ensure the interventions work and becomes par		
rocess (insufficient) refused	J	education to staff involved		

Cost of Bed Days

Saved