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Poster 4

Cognitive assessment: can the hospital palliative care team perform this routinely?

NHS Lothian

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Introduction

Delirium is a serious neuropsychiatric condition and although its prevalence has been researched in the hospice setting there is little known about its prevalence in patients reviewed by Hospital Palliative Care Teams (HPCT). One study (Barnes, Kite, & Kumar, 2010) suggested a prevalence of 8.5-15.2%. Symptoms of delirium are often subtle and can be missed, but early identification and treatment can improve outcomes. Screening for delirium is therefore essential.

Aims

The aims of this audit were to:

- Implement the four 'A's test (4AT), as a screening tool for delirium, into the routine assessment of patients referred to the HPCT at the Western General Hospital in Edinburgh
- Explore the prevalence of cognitive impairment within the HPCT caseload.

Methods

In March 2018 an education session was delivered to the HPCT. This covered the prevalence of delirium, the importance of early identification and treatment of delirium, and the use of the 4AT as a screening tool.

The following standards were agreed:

- Cognitive assessment should be considered in 100% of patients on first assessment
- A 4AT did not have to be performed if the patient was too unwell, but the reason why it was not performed should be documented
- A 4AT should be repeated on days 3, 5 and 7, and weekly thereafter, and additionally if clinical condition indicates

A copy of the 4AT and a results table were then introduced into all HPCT assessment documentation and data were collected for 3 months (April-June 2018) for all patients referred to the HPCT. Paper and electronic notes were used to collect data.

Results

Completion of 4AT

- Between April-June 2018 there were 224 referrals; of these, 154 inpatients were reviewed
- 91% of patients seen had a cancer diagnosis
- **Cognitive assessment was considered in 87 (56%) patients**
- **61 (40%) patients had a 4AT completed and four (3%) had a 4AT partially completed**
- In 22 (25%) of the cases where a 4AT was not performed, the reason why was documented (too unwell, too well, communication issues)
- **When completed, the 4AT was utilised on the first visit in 43 (70%) patients**
- A total of 96 4ATs were performed on the 61 patients
- Five patients had a 4AT performed four times and one patient had a 4AT performed seven times.

4AT Results

- Of total 4AT scores the most frequent score was 0 *(Figure 1)*
- The mean 4AT score was 2.6, the median score was 1 and the interquartile range was 0-4

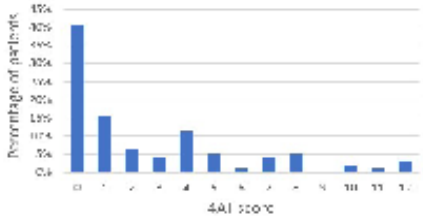

Figure 1: Percentage of patients having each 4AT score (n = 96)

- **First and overall 4AT scores suggested that 54% and 59% respectively of patients seen had possible cognitive impairment (4AT score ≥1), and 23% and 33% had a possible delirium (4AT score ≥4)**
- Staff stated they suspected a delirium 34 times (35%) *(Figure 2)*
- If not positively stated, delirium was taken not to be suspected (as was the case in two of the patients with 4AT scores of 12)
- **Staff were more likely to suspect delirium the higher the 4AT score**
- Delirium was suspected in two patients with a 4AT score of 0, but not suspected in a patient with a 4AT score of 2 due to longstanding cognitive impairment

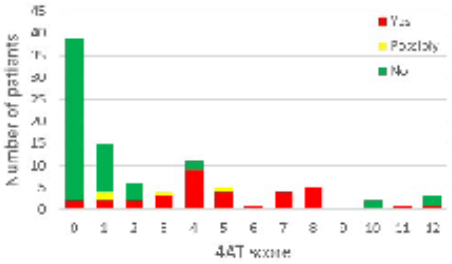

Figure 2: Number of times delirium suspected per 4AT score (n = 96)

- Potential causes for patients' cognitive impairment were cited 44 times; the most common were drugs and infection
- 59% to 61% of the time cognitive impairment was felt to be multifactorial.

Discussion

- **This audit has shown that cognitive impairment is common in patients referred to HPCTs**
- As a 4AT was performed in 40% of patients reviewed it is difficult to accurately state the prevalence of cognitive impairment in this caseload
- Several factors impacted on 4AT completion rate including:
  - Time pressures
  - Patient condition (too well, too unwell)
  - A high level of distress in patients and a patient centred assessment process meant 4AT completion was not always considered to be the priority
  - Some were more likely to complete a 4AT if they felt the patient was confused, this may have led to an artificially high prevalence of cognitive impairment.

Conclusion

- **Cognitive impairment is common in the HPCT caseload and is often multifactorial**
- Increased 4AT completion within this patient group will help give us a more accurate picture of the prevalence of cognitive impairment
- **Further education is required to highlight the importance of early identification of delirium and to encourage 4AT completion**
- Routine use of a cognitive assessment tool has the potential to improve early identification of delirium and guide treatment to improve outcomes
- **Whilst the ideal would be that HPCT patients are routinely screened, it may be that in patients with changing acute palliative care needs targeted use of the 4AT is more feasible**; this area could be further developed
- More work is required in order to achieve the standard of considering performance of cognitive impairment in 100% of patients seen.