Improving Early Recognition of Postoperative Delirium in Older People in PACU: A Quality Improvement Project

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Background

- Postoperative delirium is a common complication in older surgical patients and is associated with increased morbidity, mortality, and length of stay.
- Delirium is frequently under-recognised in routine clinical practice.
- Patients aged ≥65 years are at increased risk and benefit from active screening.
- The 4AT is a validated, rapid delirium screening tool suitable for use in PACU.

Baseline Audit

Aim: To determine whether delirium screening was being performed in PACU for patients aged ≥65 years.

Methods

Retrospective review of 20 consecutive patients aged ≥65 years discharged from PACU.
Medical and nursing documentation reviewed for evidence of delirium screening using the 4AT or another validated tool.

Results

0 of the 20 patients reviewed were screened for delirium

Key finding

No routine delirium screening was identified in eligible PACU patients.

PLAN

The aim of this QIP is to increase the proportion of patients aged ≥65 receiving delirium screening using 4AT in PACU from 0% to >80% within 3 months

DO

PDSA Cycle 1: Testing feasibility of nurse-led delirium screening in PACU

Educate
- 2-minute teaching at morning handover Mon-Thurs
- Introduction to delirium and 4AT

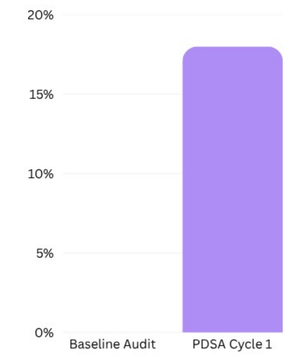
Enable
- Orientation to existing Alex Health 4AT forms
- Reminder signs placed at nursing stations
- Contact details provided for support throughout day

Implement
- Patients ≥65 screened before PACU discharge
- Daily staff feedback collected
- Learning used to inform Cycle 2

Results: 0% → 18%

Outcome measure

Over 4 days, 28 eligible patients were reviewed and 5 patients had been screened.
No 4AT scores >4 identified.



Baseline Audit vs PDSA Cycle 1

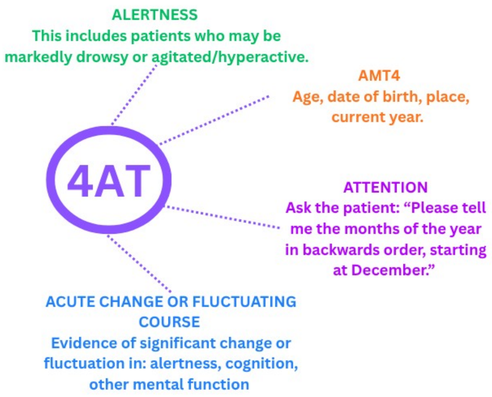
ACT

PDSA Cycle 2: Integrating 4AT screening into routine PACU practice

Educate
- Regular PACU teaching sessions
- Drop-in support for 4AT training and queries
- Department-wide information email introducing screening

Enable
- Embed the 4AT into the electronic PACU discharge checklist
- Permanent reminder posters within PACU

Implement
- Multidisciplinary focus groups to gather ongoing feedback and identify barriers
- Repeat audit following implementation of Cycle 2 interventions



STUDY

Facilitators

✅ **Quick and easy to complete**
✅ **Simple staff education**
✅ **Easy access to 4AT forms**
✅ **Visual reminders increased awareness**

"It was straightforward and only took about a minute to complete."

"Once I knew where the form was, it was quick and easy to do."

Barriers

Competing clinical priorities ❌
Limited awareness of screening process ❌
Need for ongoing staff education ❌
Reliance on staff memory ❌

"I forgot to do it during the shift and only remembered later."

"I missed the handover, so I didn't know about the screening."

What did we learn?

🟣 Brief education and visual prompts increased screening from 0% to 18% 🟣 The 4AT was viewed positively by nursing staff and was quick to complete
🟣 Education alone was insufficient to achieve sustained screening uptake 🟣 Greater integration into routine PACU workflow is required