

Clinical follow up services which are currently available for outpatients

3 MONTHS GERIATRIC OPD

Day hospital

CGA provided clinic via Geriatrician & MDT

Clinic review in some cases

They would have opd ortho or geriatrician but not necessarily linked with presence of delirium post op.

All elective arthroplasty surgery patients go through pre-op assessment and high risk for delirium patients are highlighted in pre-op and they attach high risk delirium sticker to patient notes. At the time of admission physicians do the delirium screening test (4AT score) on all elective arthroplasty patients and who are highlighted already in pre-op assessment clinic. The clinical staff take the required precautions at the time of admission and inform the consultant anaesthetist. Post-op all patients are screened for delirium- repeating 4AT score and comparison of pre- and post-surgery 4AT score. All new delirium patients are seen by OT and they do the full cognitive assessment (MMSE). Normally we do not routinely do CT brain on all new delirium post-op patients, only if its prolonged and if they are on any anticoagulants. Physicians inform the GP with small note about new delirium in the patients case and request further follow up by GP and memory clinic referral through GP. We do not have any specific follow up delirium clinics as such at the moment.

Joint arthroplasty clinic

In the past we have trialled delirium FU OP services but currently this is not funded (with the exception of ICU survivor clinics where delirium FU is a large part of the clinical workload).

Routine orthopaedic outpatient clinic. No specific delirium follow up with geriatrician.

Via liaison psychiatry

Hospital wide (i.e. not speciality specific) Delirium and Dementia Outreach Team (DDOT) will assess as inpatient then follow-up in OP and refer on to Memory Services if required

1. Are patients routinely screened for delirium post elective arthroplasty surgery in your hospital?	If yes to Q1, which health professional in your hospital performs delirium screening?	If yes to Q1, can you please say which screening tool is used? (If not known please state don't know)	2. If a patient develops delirium post-elective arthroplasty surgery, is this communicated to their GP e.g., on their discharge letter?	3. If a patient develops delirium in hospital post elective arthroplasty, is any outpatient clinical follow up planned and offered?	If yes to Q3, can you please say which health professional performs the outpatient clinical follow up e.g., your team or referral to another team such as a memory clinic?	If yes to Q3, can you please describe what clinical follow up services are in place for outpatients?	4. Do you work in the UK?	5. If you work within the UK, do you work in the NHS?
Don't know	Nurse	4AT	Yes	Yes	Follow-up with current care team	3 MONTHS GERIATRIC OPD	No (Republic of Ireland)	
Don't know	Don't know		Don't know	Don't know	Don't know		No (Republic of Ireland)	
Yes	Doctor	4at	Yes	No			No (Republic of Ireland)	
Don't know			Don't know	Don't know	Don't know		No (Republic of Ireland)	No (Private sector)
Yes	Doctor	4at	Don't know	No	Don't know		No (Republic of Ireland)	
Yes	Physiotherapist	4at	Yes	Yes	Other	Day hospital	No (Republic of Ireland)	
Yes	Doctor	4 AT	No	No			No (Republic of Ireland)	
Yes	Nurse	4AT	Yes	Yes	Follow-up with current care team	CGA provided clinic via Geriatrician & MDT	No (Republic of Ireland)	
No		4AT is in use in the hospital but not routinely post operatively. Strict care bundles/standards are not officially implemented yet although all patients should receive similar care based on national and international practice. Data on this is poorly captured. Similarly, communication with GP should take place but this is not monitored or enforced. There are access to memory clinics in the catchment area but there is no official referral pathway for post op patients who've had a delirium.	Don't know	Don't know	Don't know		No (Republic of Ireland)	
Yes	Nurse	Don't know	Yes	Don't know	Don't know		Yes (UK)	Yes (NHS)
No			Yes	No			Yes (UK)	Yes (NHS)
Yes	Doctor	4AT	Don't know	Don't know			Yes (UK)	Yes (NHS)
Yes	Doctor	4AT	Yes	No	Don't know		No (Republic of Ireland)	
Don't know	Don't know	4AT used in hospital	Yes	Don't know	Don't know	Clinic review in some cases	No (Republic of Ireland)	No (Private sector)
No			No	No			Yes (UK)	Yes (NHS)
Yes	Doctor	4AT	Don't know	Don't know		They would have opd ortho or geriatrician but not necessarily linked with presence of delerium post op.	No (Republic of Ireland)	
Don't know			No	No			Yes (UK)	Yes (NHS)
No			Don't know	Don't know			Yes (UK)	Yes (NHS)

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Don't know	Don't know		Yes	Don't know			Yes (UK)	Yes (NHS)
No			Yes	No			Yes (UK)	Yes (NHS)
Yes	Nurse		Yes	Yes	Follow-up with current care team	Joint arthroplasty clinic	Yes (UK)	Yes (NHS)
Don't know			Don't know	Don't know	Don't know		Yes (UK)	Yes (NHS)
No			Yes	No			Yes (UK)	Yes (NHS)
Yes	Don't know	4AT	Yes	No			Yes (UK)	Yes (NHS)
No			Don't know	No			Yes (UK)	Yes (NHS)
No		n/a	Don't know	Don't know			Yes (UK)	Yes (NHS)
Yes	Doctor	4AT	Yes	Don't know			Yes (UK)	Yes (NHS)
Yes	Other	[a] fairly routine [b] combination of ward nurses/POPS nurses/POPS drs [c] 4AT	Yes	No	Don't know	In the past we have trialled delirium FU OP services but currently this is not funded (with the exception of ICU survivor clinics where delirium FU is a large part of the clinical work load).	Yes (UK)	Yes (NHS)
Yes	Doctor	AMT 10	Yes	No		Routine orthopaedic outpatient clinic. No specific delirium follow-up with geriatrician.	Yes (UK)	Yes (NHS)
Yes	Nurse	4AT	Yes	No			Yes (UK)	Yes (NHS)
No			No	No			Yes (UK)	Yes (NHS)
No			No	No			Yes (UK)	Yes (NHS)
Yes	Nurse	AMT	Yes	Don't know	Other	Via liaison psychiatry	Yes (UK)	Yes (NHS)
No				No			Yes (UK)	Yes (NHS)
No	Doctor		Yes	Yes	Other	Hospital wide (i.e., not speciality specific) Delirium and Dementia Outreach Team (DDOT) will assess as inpatient then follow-up in OP and refer on to Memory Services if required	Yes (UK)	Yes (NHS)

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No			Yes	No			Yes (UK)	Yes (NHS)
No			No	No	Don't know		No (Republic of Ireland)	
Yes	Doctor	Don't know	Yes	Don't know	Don't know		Yes (UK)	Yes (NHS)
Yes	Doctor	delirium screening test (4AT score) - It didnt allow more than one choice above - DR and OT do screen	Yes	Yes	Memory clinic referral	<p>All elective arthroplasty surgery patients go through pre-op assessment and high risk for delirium patients are highlighted in pre-op and they attach high risk delirium sticker to patient notes.</p> <p>At the time of admission physicians do the delirium screening test (4AT score) on all elective arthroplasty patients and who are highlighted already in pre-op assessment clinic.</p> <p>The clinical staff take the required precautions at the time of admission and inform the consultant anaesthetist.</p> <p>Post-op all patients are screened for delirium- repeating 4AT score and comparison of pre and post-surgery 4AT score.</p> <p>All new delirium patients are seen by OT and they do the full cognitive assessment (MMSE).</p> <p>Normally we do not routinely do CT brain on all new delirium post-op patients, only if its prolonged and if they are on any anticoagulants.</p> <p>Physicians inform the GP with small note about new delirium in the patients case and request further follow up by GP and memory clinic referral through GP. We do not have any specific follow up delirium clinics as such at the moment.</p>	Yes (UK)	Yes (NHS)
Don't know	Don't know	4AT but only for hip fractures	Yes	No	Don't know		Yes (UK)	Yes (NHS)
No			Yes	No			Yes (UK)	Yes (NHS)
No			Yes	No			No (Republic of Ireland)	
Don't know			Yes	Don't know			Yes (UK)	Yes (NHS)