Creating Connections Palliative Care Conference

28th June 2022

The DAMPen-D study

Improving the Detection, Assessment, Management, and Prevention of Delirium in Hospices

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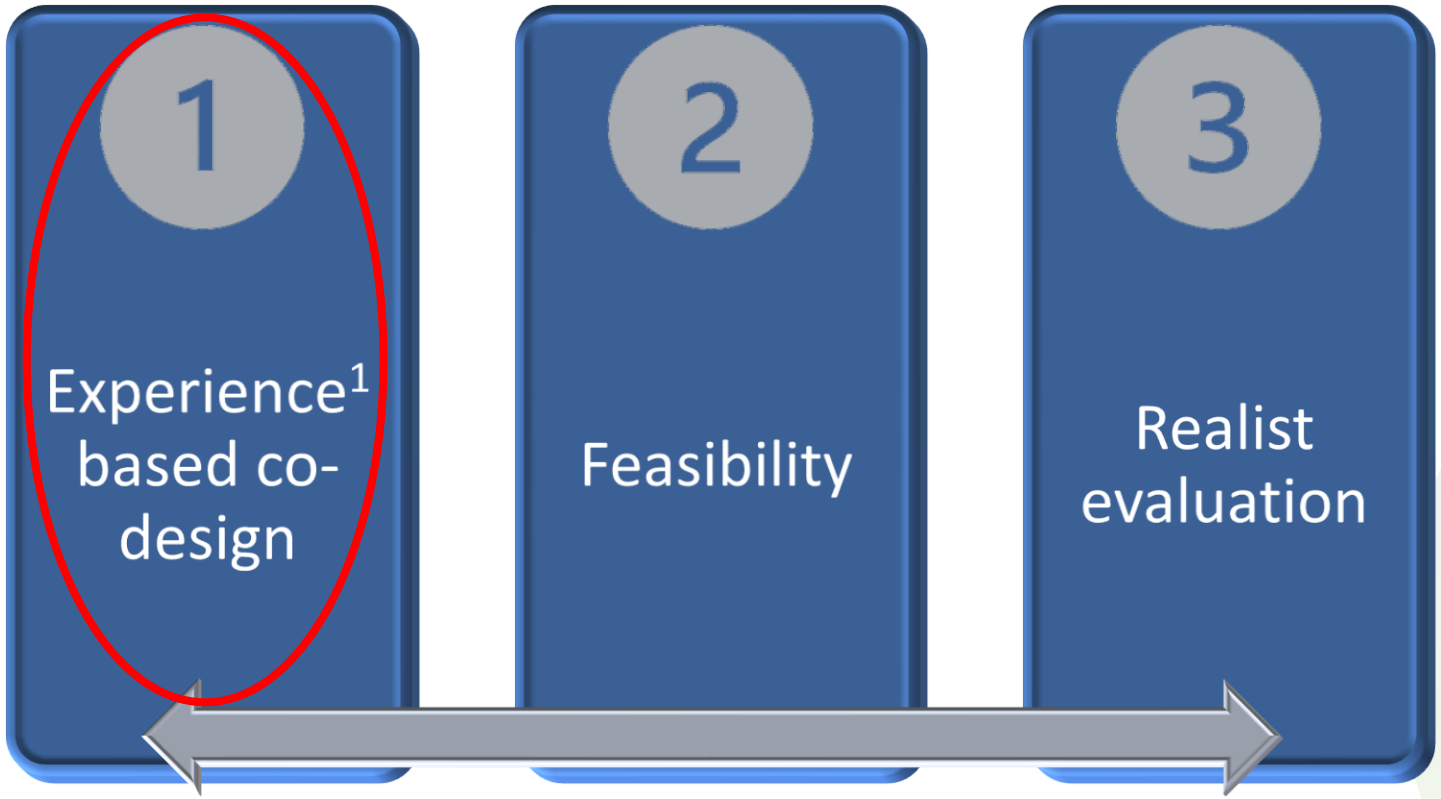
OVERVIEW

- Study overview
- Preliminary results
- Summary

STUDY OVERVIEW

Work Packages

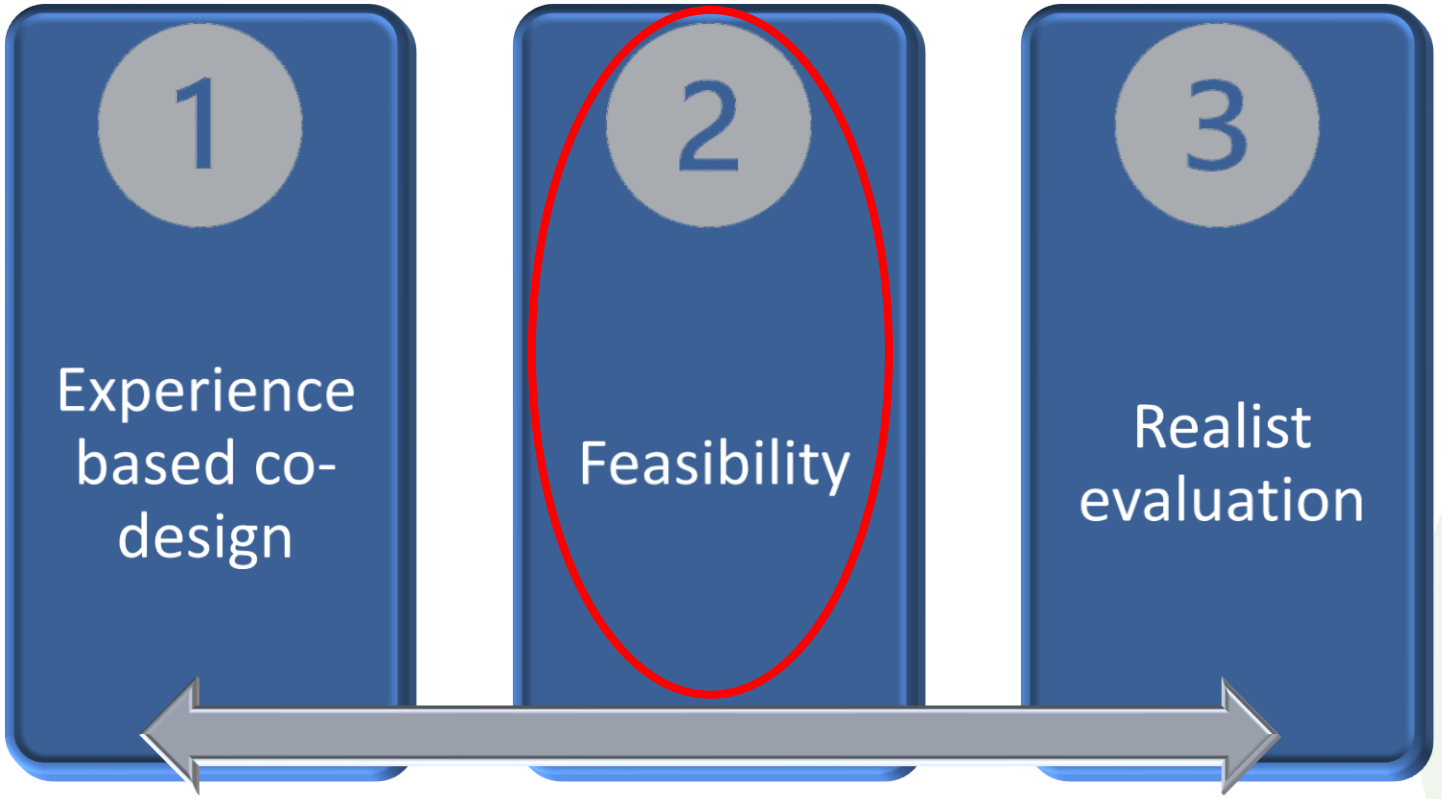
Overall aim:
To underpin a future national quasi-experimental study that tests the use of an implementation strategy designed to improve guideline-adherent delirium care in a hospice setting is associated with improved patient outcomes (reduced number of days with delirium).



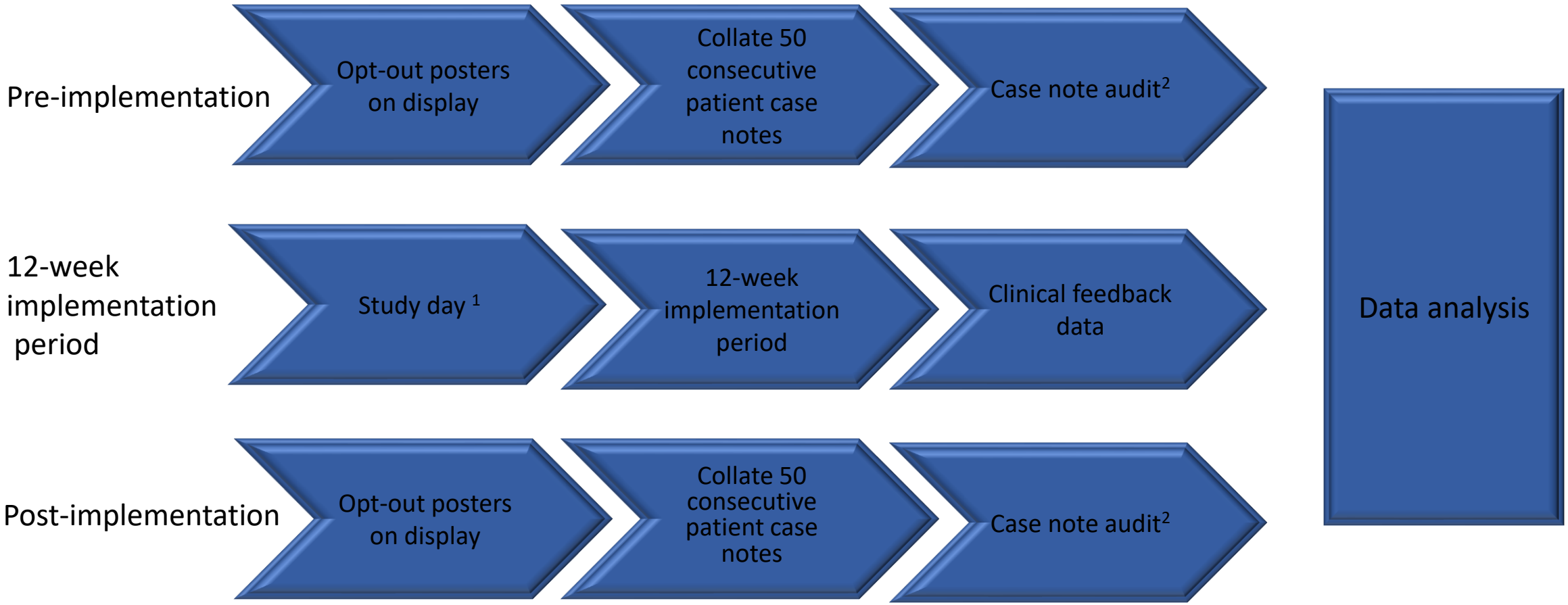
STUDY OVERVIEW

Work Packages

Aim:
Systematically and reliably collect data (including delirium diagnosis) from clinical records in a way that minimises burden for patients, families, and staff



Work Package 2 - Feasibility



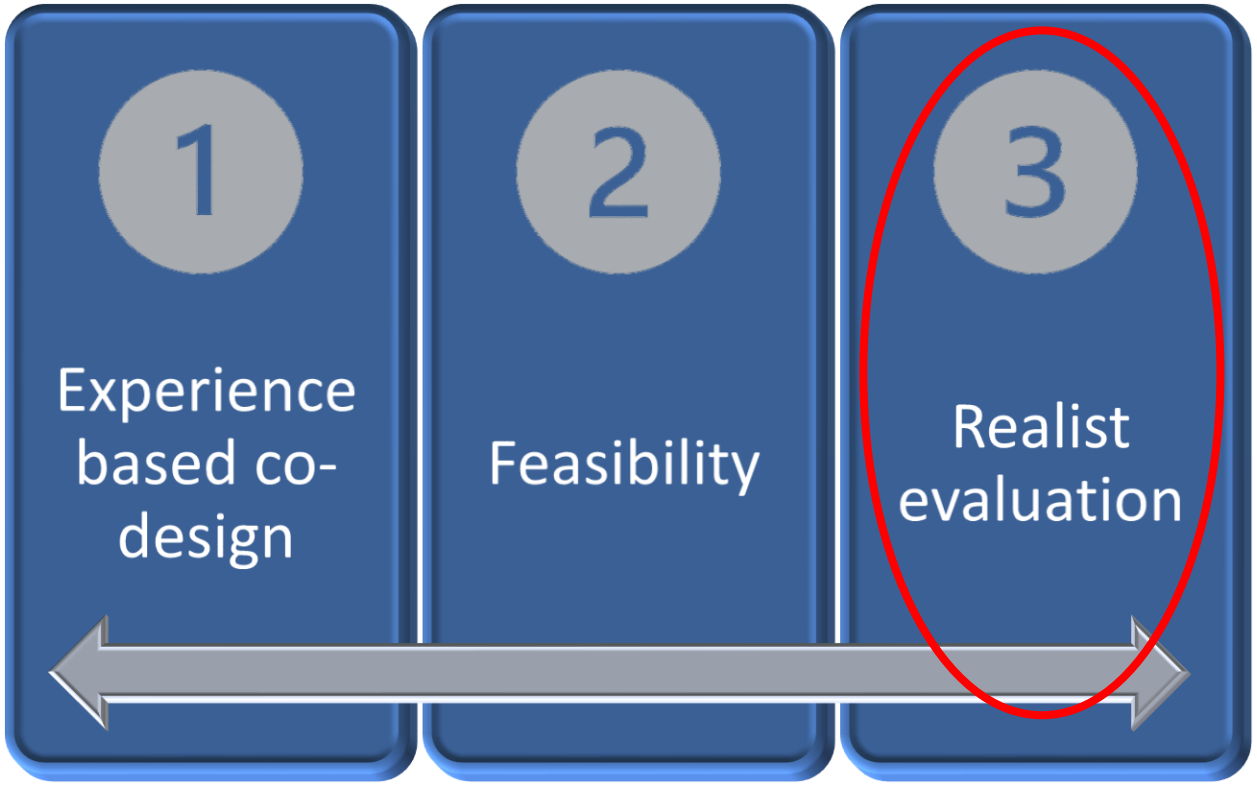
Work Package 2: preliminary results from 1 hospice

	Pre-implementation	Post-implementation
Patient case records (n)	50	50
Patient screened on admission	0 (0%)	25 (50%)
Delirium identified retrospectively from case notes	29 (58%)	33 (66%)
Delirium episodes **diagnosed** as delirium in case notes	0 (0%)	8 (16%)
Evidence of non-pharmacological management	6/50 (12%)	17/58 (29%)
Evidence of treatment given for reversible causes of delirium	1/50 (2%)	12/58 (21%)
Total Length of Admission/Delirium days	438/177 (40%)	706.5/321.5 (45%)

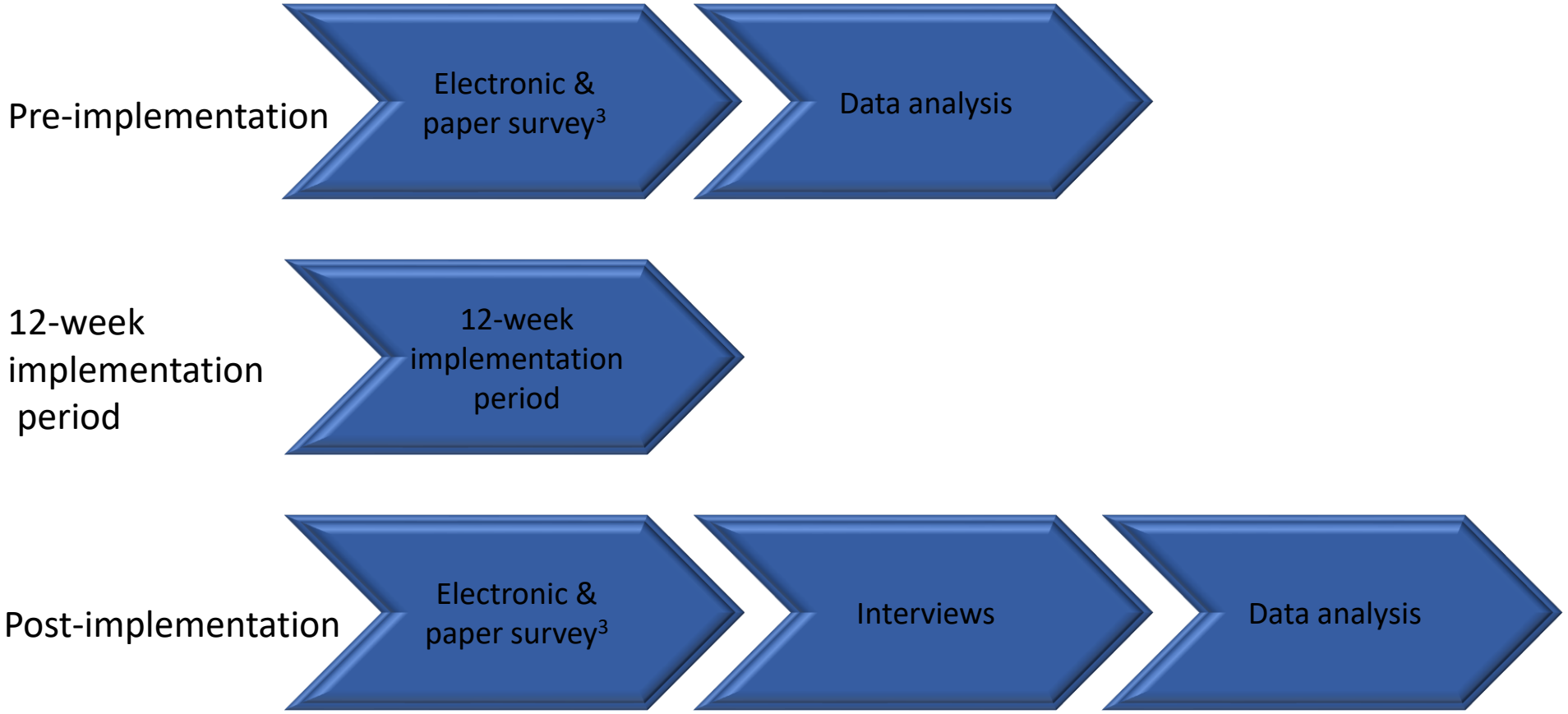
STUDY OVERVIEW

Work Packages

Overall aim:
To assess the acceptability and flexibility of CLECC-Pal



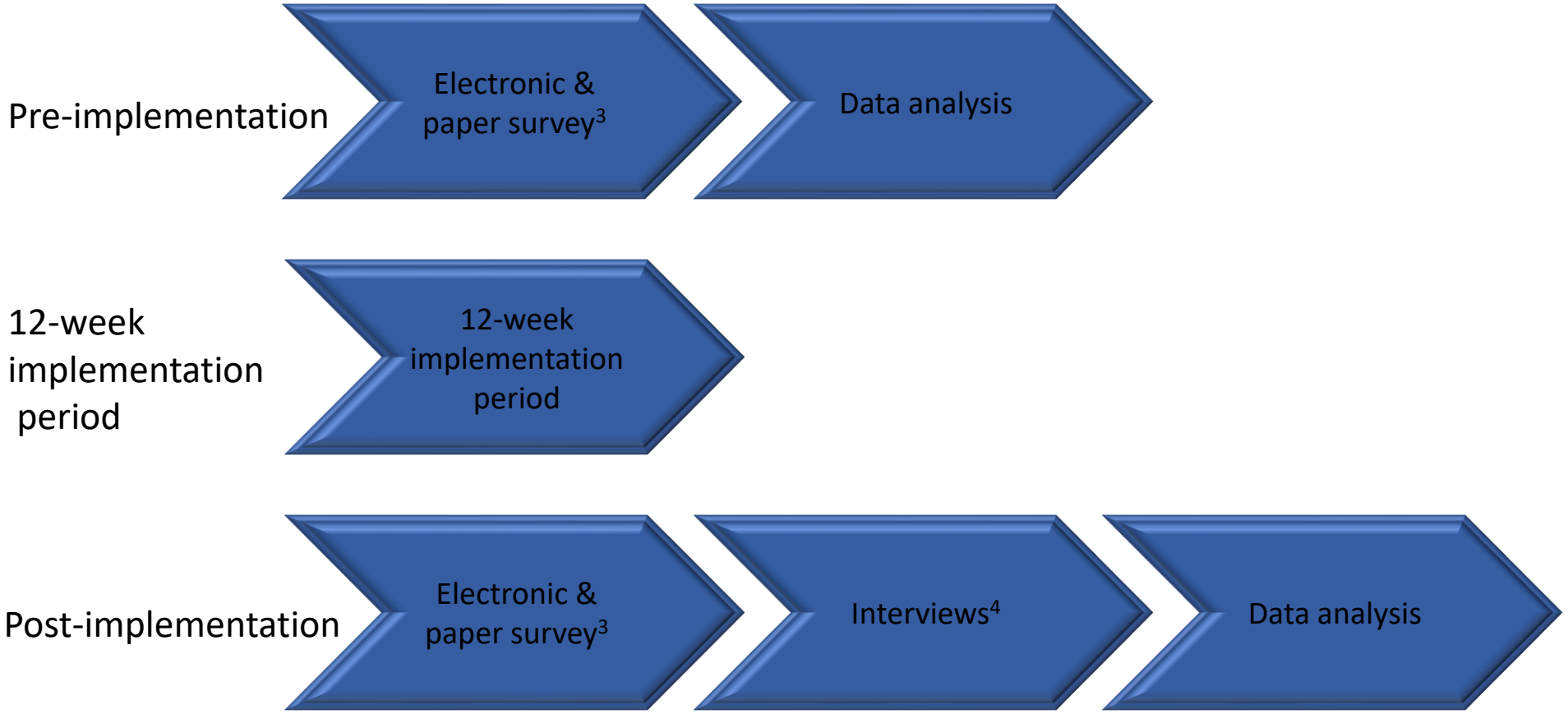
Work Package 3 – Realist Evaluation



Work Package 3: preliminary results from 1 hospice - survey

Survey questions	Pre-implementation n=17	Post-implementation n=19
My hospice has a delirium guideline based on the NICE guideline	No: 6/17 (35%)	Yes: 12/19 (63%)
Staff in this hospice have a shared understanding of the purpose of the delirium guideline	Agree: 7/17 (41%)	Agree: 11/19 (58%)
I have confidence in other people's ability to use delirium screening	Agree: 6/17 (35%)	Agree: 15/19 (79%)
Sufficient training is provided to enable staff to implement delirium screening	Agree: 5/17 (29%)	Agree: 8/19 (42%)
Staff in this organisation have a shared understanding of the purpose of CLECC-Pal	Agree: 2/17 (12%)	Agree: 6/19 (31%)
The staff agree that CLECC-pal is worthwhile	Agree: 1/17 (6%)	Agree: 8/19 (42%)
CLECC-Pal is a sustainable implementation strategy	Agree: 1/17 (6%)	Agree: 12/19 (63%)

Work Package 3 – Realist Evaluation



Work Package 3 - Interviews

"It's [delirium] definitely a term that I would personally say I've rarely heard used within the hospice until this study started and it's now a term that's been used a lot more. So, I think it's definitely worked. You know, it's definitely helped in that respect"

[Occupational therapist]

"I think first of all the process has been appreciated by all of the staff. The materials, the guidelines, the training materials are very straight forward and practical, and the presentation of the training materials is excellent"

[Dr]

"I think one of the best things is for everyone to go and actually do the not like training but go on your course, like we did and all talk about it and you can have that discussion, do you know and they can fire the questions back and forth, like we was in there and there was doctors and like nurses and people like that so you got it from all different angles"

[Healthcare assistant]

Summary

In terms of feasibility……..

- In challenging times, we have retained excellent engagement from our original 3 participating hospices and recruited an additional hospice
- To date, we have collected data from 170 patient case notes with a variety of different formats
- 0 patients elected to opt-out
- Pre-implementation survey completed in all 4 hospices
- In person study days have taken place in all 3 hospices.
- 12 week implementation period completed in 2/3 hospices and currently ongoing in the third hospice.
- One hospice has completed all study requirements and have elected to continue the CLECC-Pal strategy and are currently developing a monitoring and evaluation framework as part of the sustainability aspect of the CLECC-Pal strategy

References

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