Implementation of delirium clinical guidelines in a hospice: problems, practicalities and progress

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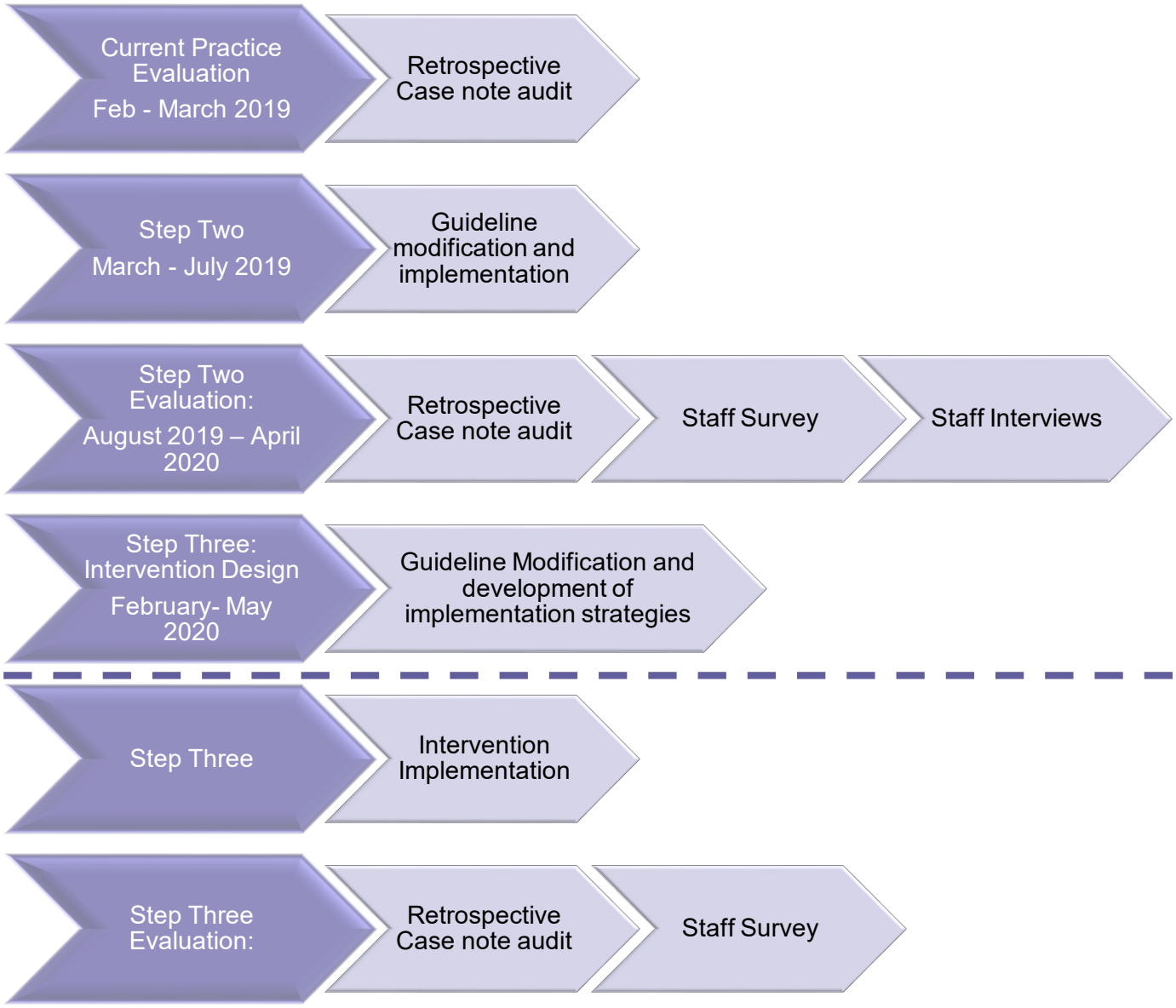
Aim:

To improve prevention, recognition and management of delirium in St. Gemma's Hospice inpatient unit.



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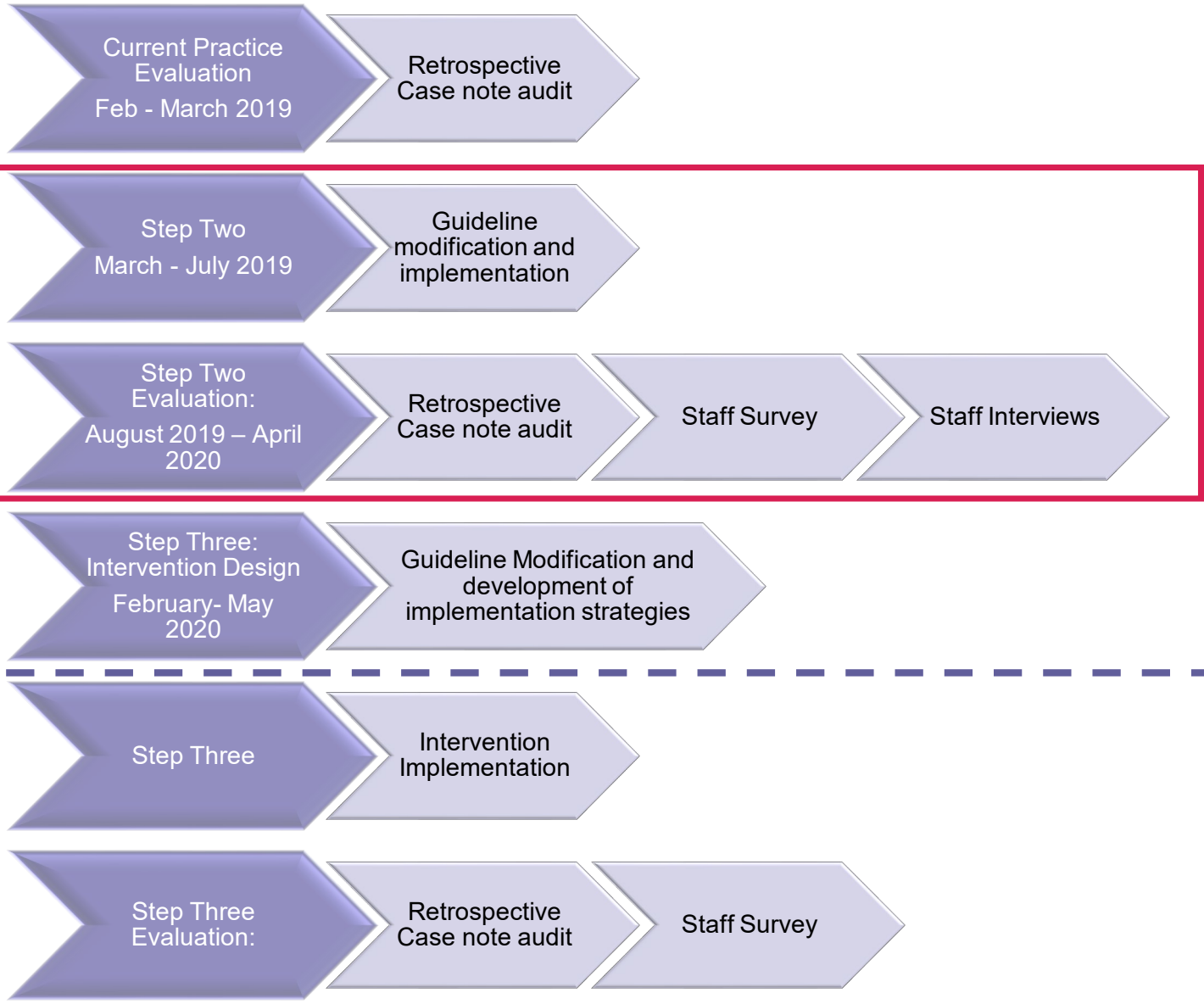

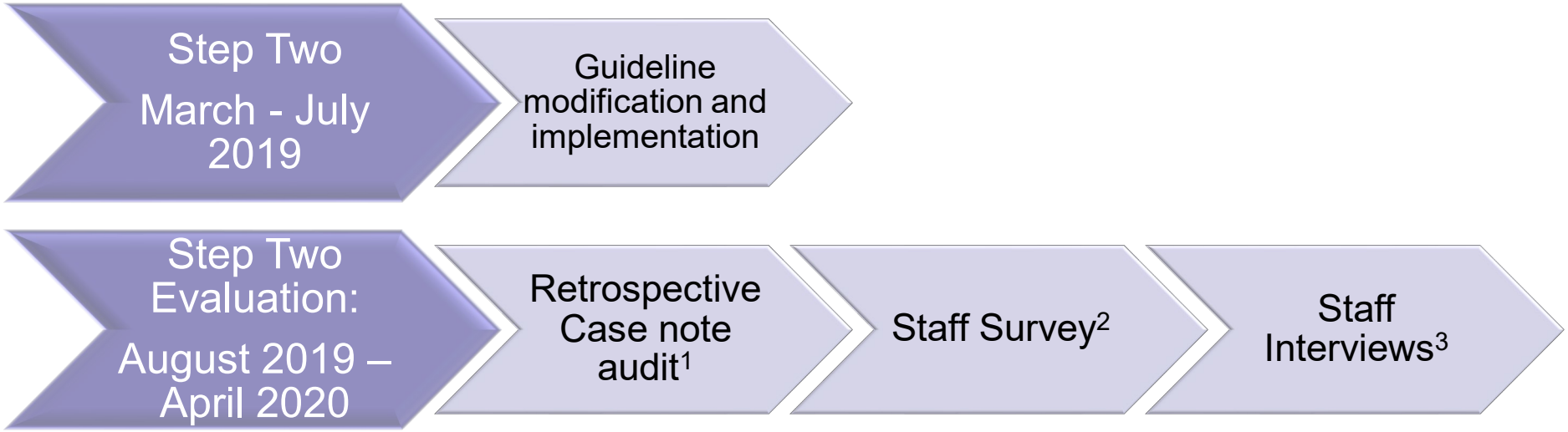

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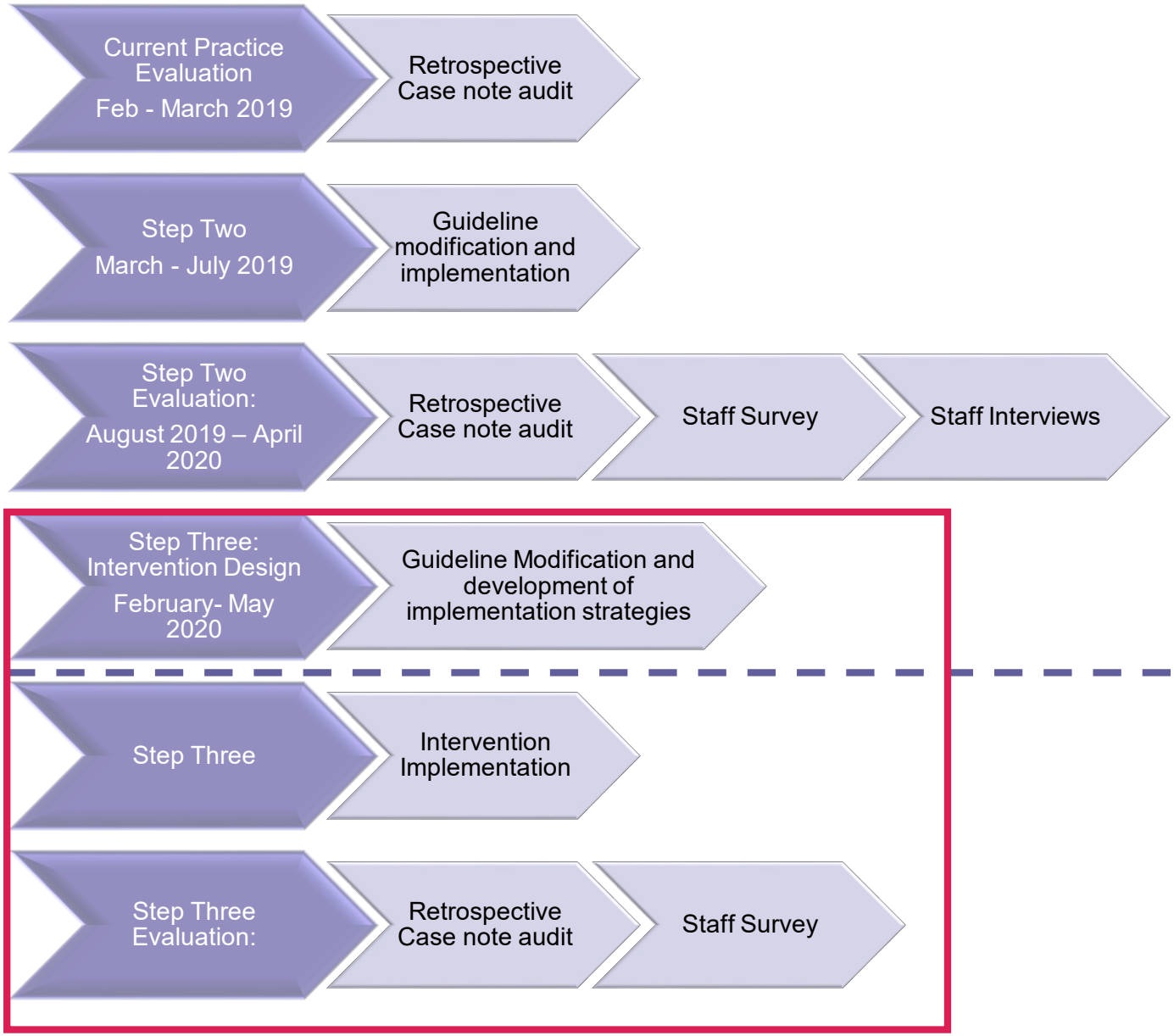

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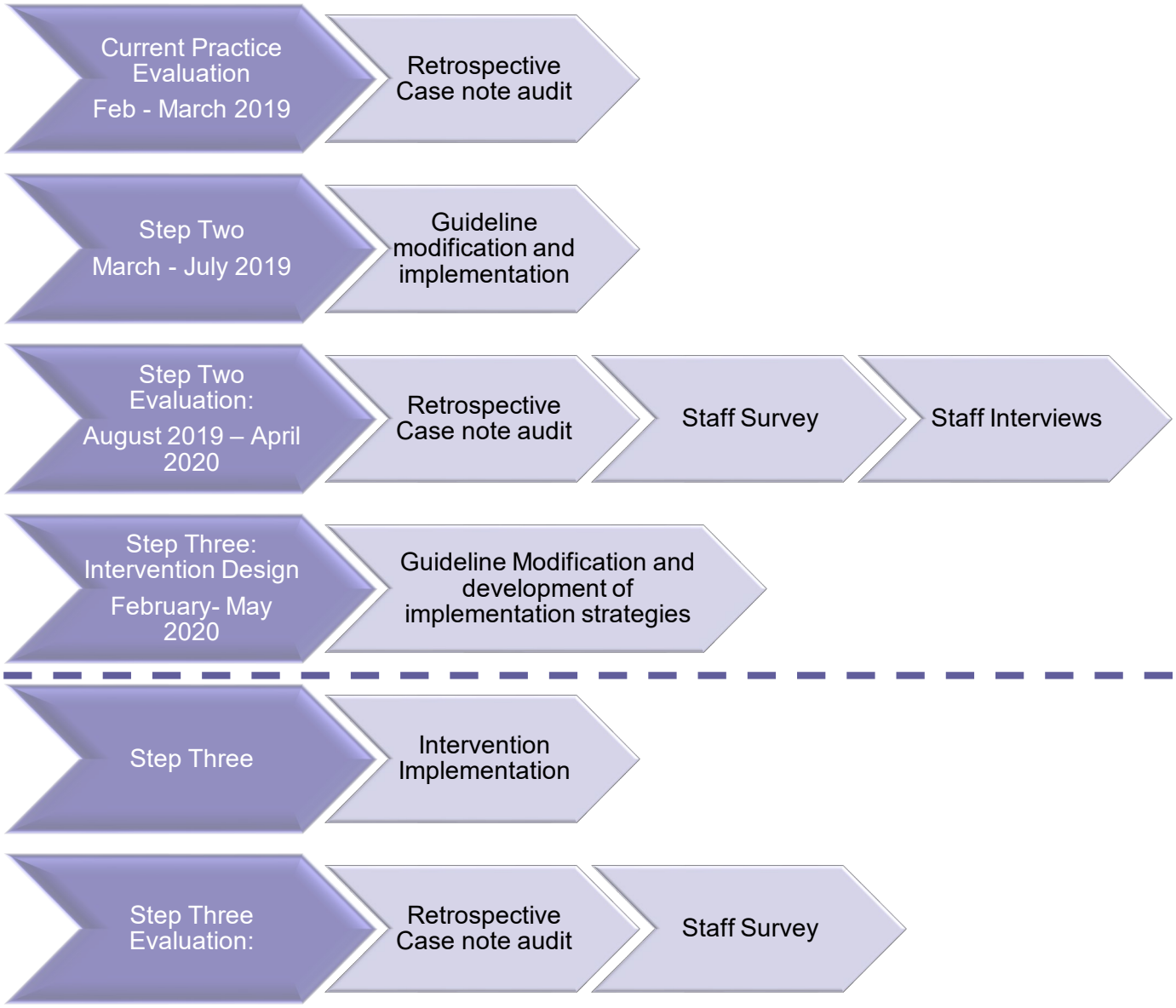

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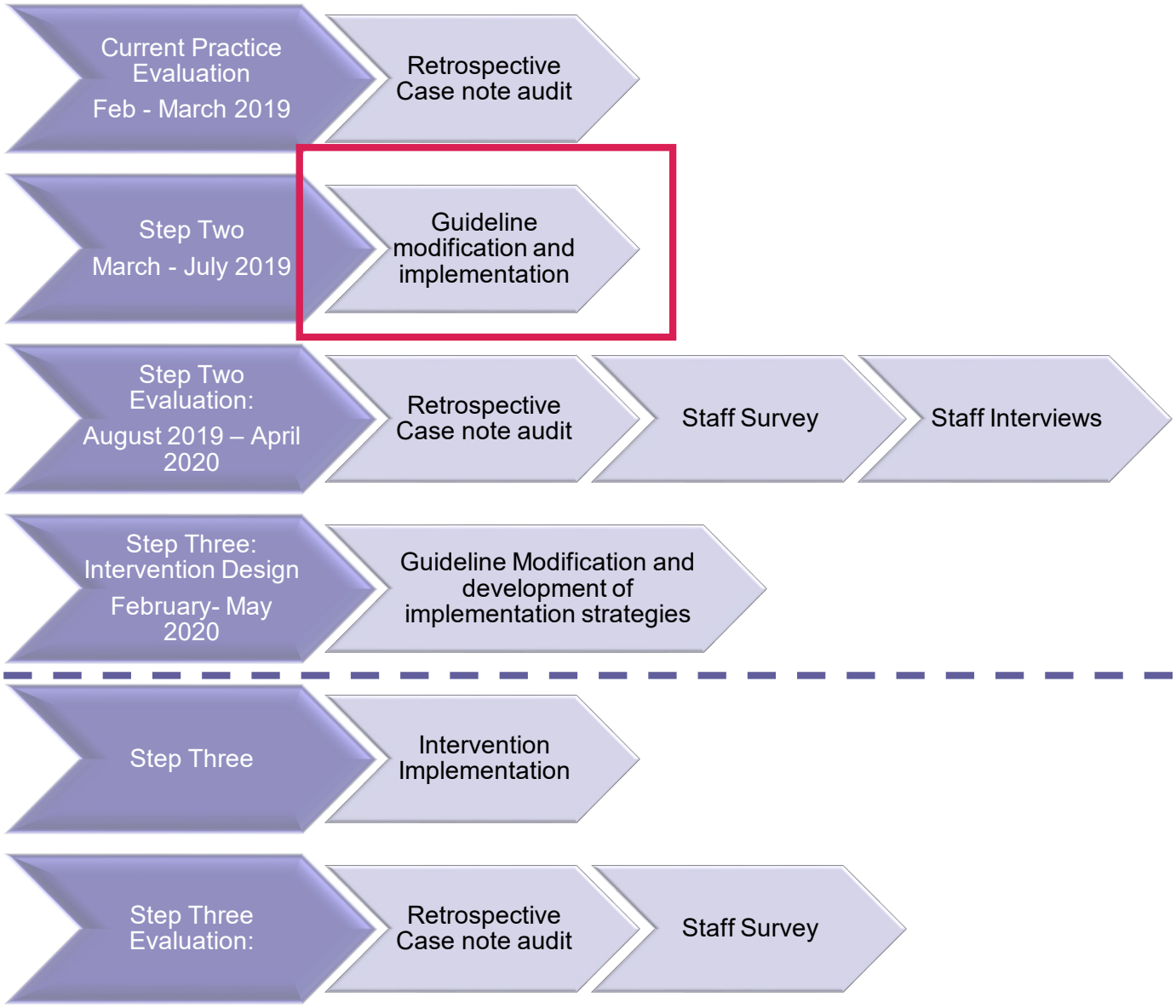

Step Two: Guideline Implementation March- July 2019

GUIDELINES ALTERED

Guidelines cover – prevention, recognition, assessment and management of delirium

4AT rapid clinical test[4] for delirium introduced for delirium screening

Delirium severity assessment replaced by formalised agitation assessment[5] alongside assessment of whether the patient has distressing hallucinations

GUIDELINES IMPLEMENTED

Guidelines advertised within hospice – email and intranet

Guidelines integrated onto electronic patient management system

Education and training

Delirium Champions

1. MacLullich A, et al. 4AT Rapid clinical test for delirium. Available from: https://www.the4at.com/authors/
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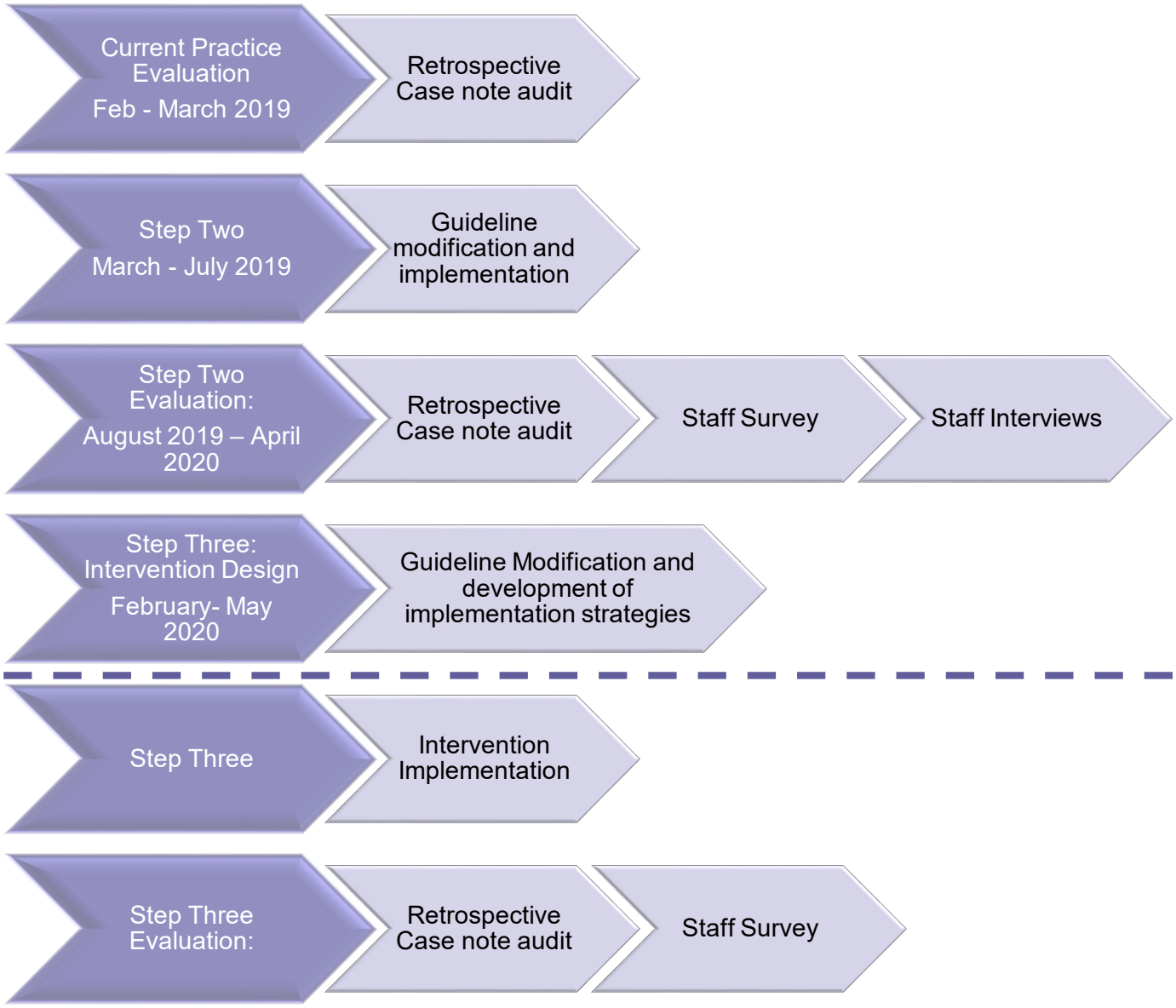

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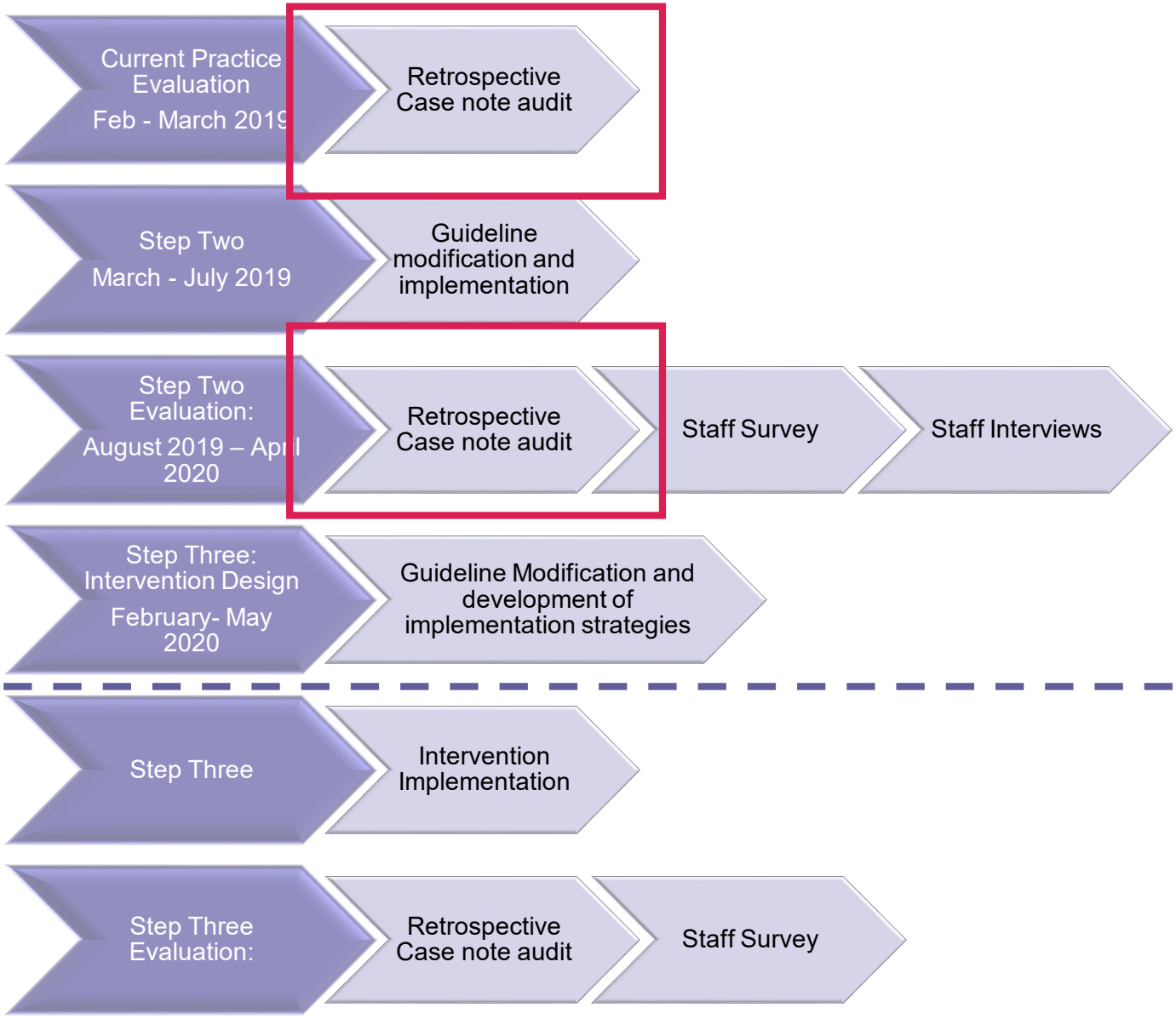

Progress to date: Case Note Audit Results

	Current Practice Evaluation Feb - March 2019	Step Two Evaluation Aug-Sept 2019
Patient admissions	77	80
Patients **screened** for delirium on admission	21/77 (27%)	49/80 (61%)
Patients without a positive delirium screen on admission **risk assessed** for delirium	0 (0%) N=64	38 (58%) N=65
Delirium episodes retrospectively identified from case notes	58	44
Case note-identified delirium episodes **diagnosed** as 'delirium' during admission	11/58 (19%)	17/44 (39%)
Case note-identified delirium episodes with appropriate **non-pharmacological management**	10/58 (17%)	26/44 (59%)
Case note-identified delirium episodes with appropriate **pharmacological** management	51/58 (88%)	32/44 (73%)

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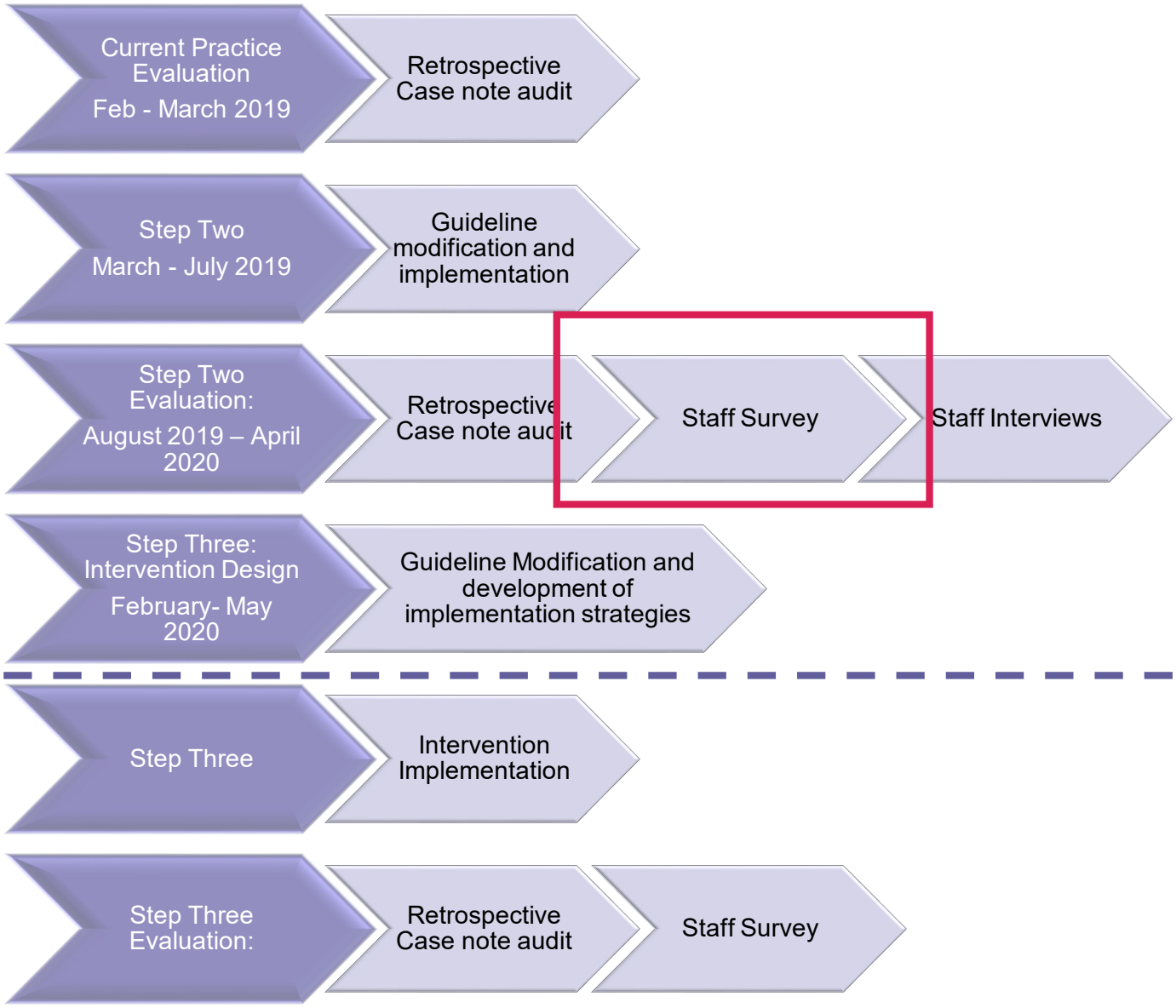
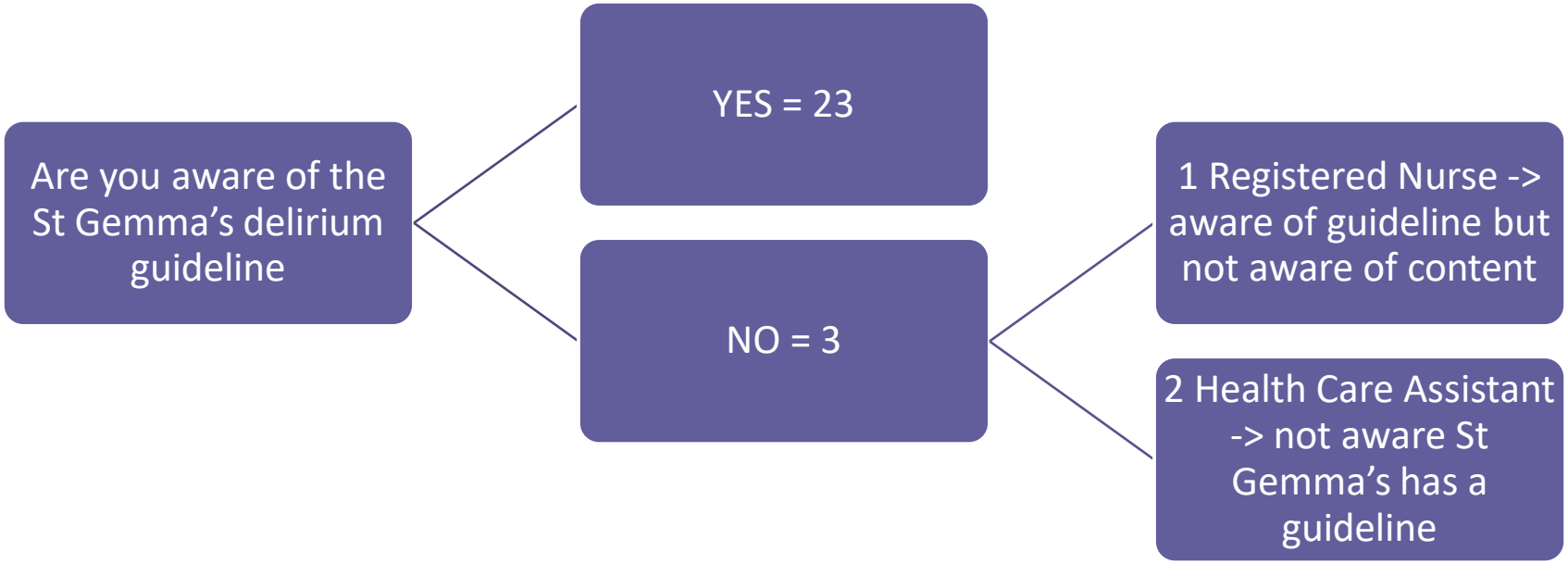


Staff Survey Results Oct 2019

N=26



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- 2 answered 6, 1 answered 8 (mean 6.7)

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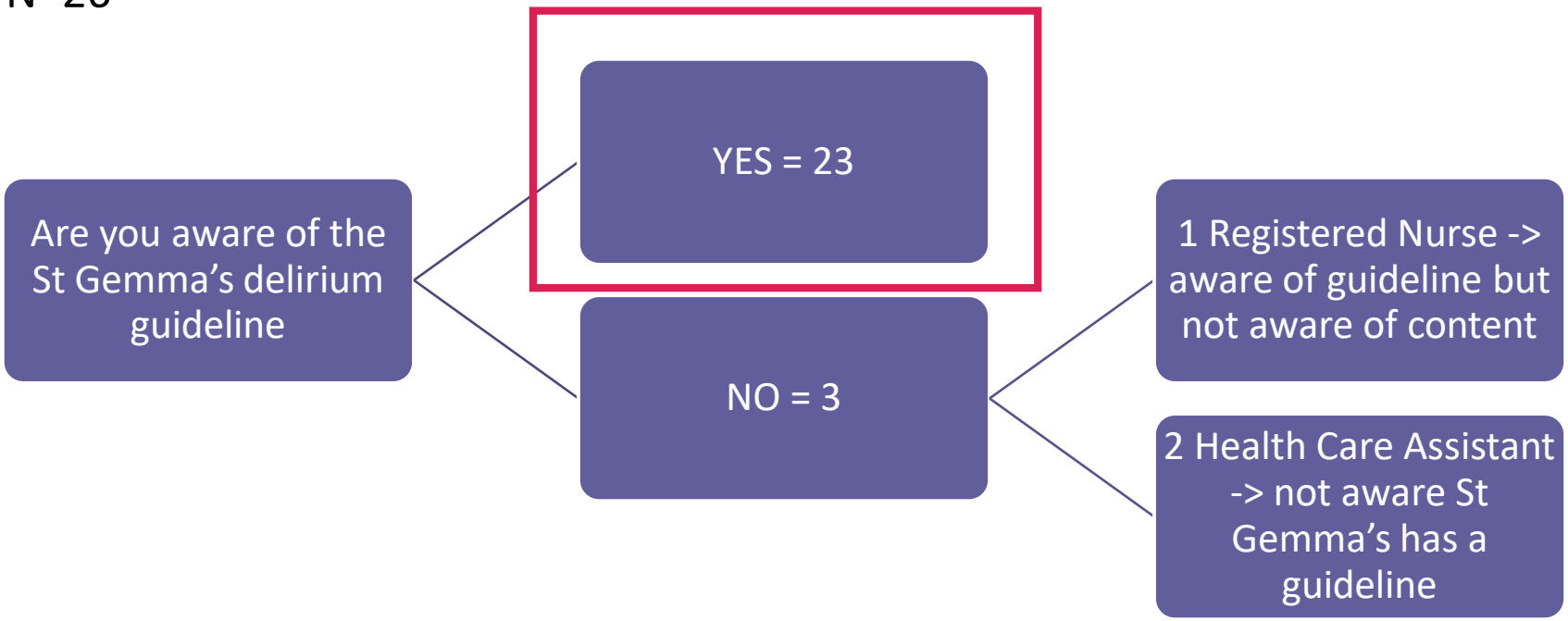

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Staff Survey Results – for those aware of the guideline

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The survey was designed to map each question to a Behaviour Change[3] (BC) theoretical domain or Normalisation Process Theory[2] (NPT) core construct.

By analysing the results, the key theory based barriers and facilitators to successful implementation can be identified.

Top 3 Barriers and Facilitators Identified for each Theoretical Framework

BC Barriers	BC Facilitators	NPT Barriers	NPT Facilitators
Environmental context and resources	Motivation and Goals	Reflexive monitoring - systematisation	Cognitive participation (all)
Beliefs about capabilities	Social/Professional role and identity	Collective action – skill set workability	Coherence – internalisation
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SOME PRACTICALITIES

- This improvement is from a period where I was intensively around the hospice…
  - Change of clinical placement
  - Maternity leave
  - COVID
- Delirium champions…
  - Staff turnover
  - Disengagement
- Some people still don't know about the guideline and content…
  - And some people who think they do, don't.

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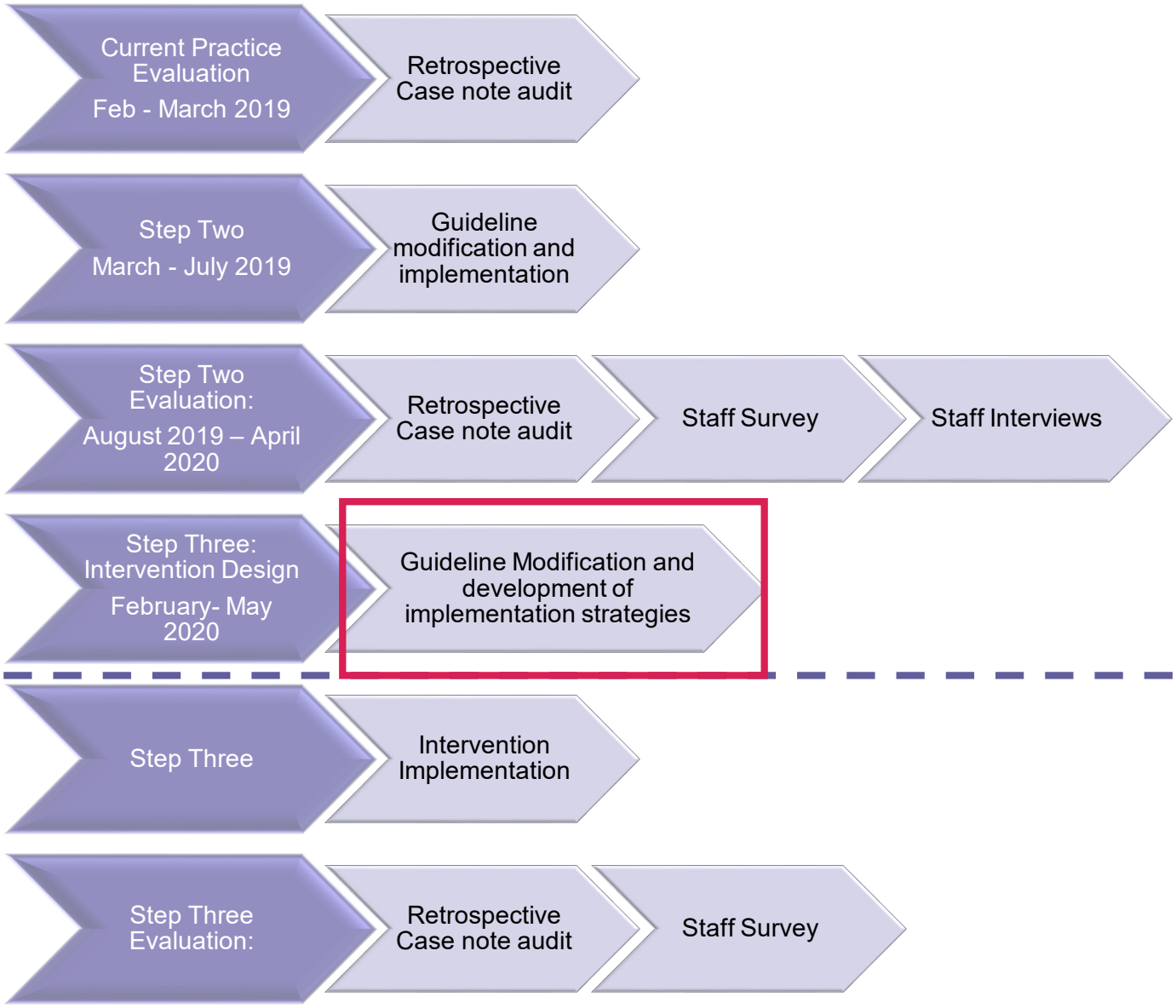

HOW CAN WE PROGRESS?

Using behaviour change techniques[6] appropriate to overcoming the particular barriers found.

Skills based teaching

- Doctors' induction
- Nursing and healthcare assistant mandatory training

Role modelling – Need a permanent member of staff to take this on

- Delirium champions
  - Have a role description
  - Have a support forum for them
- Ward rounds are a prime target for role modelling
  - Consultants
  - Nursing sisters

Electronic Patient Management System

- Some modifications may improve uptake – fewer clicks to key inputs

Knowledge campaign

- Poster boards

Delirium leaflet

- Support communication with families
- Opportunity to improve staff knowledge
- Add delirium information to the well used "End of life care" leaflet

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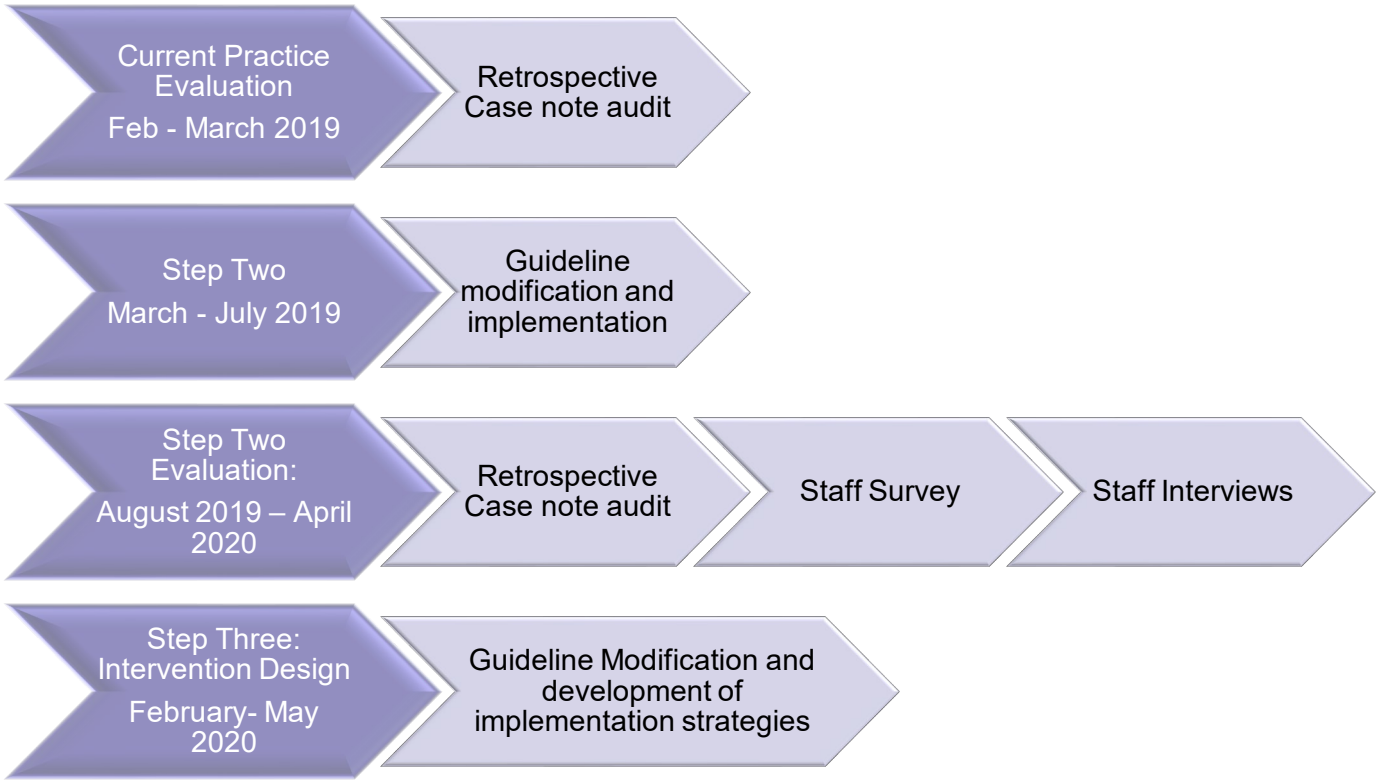
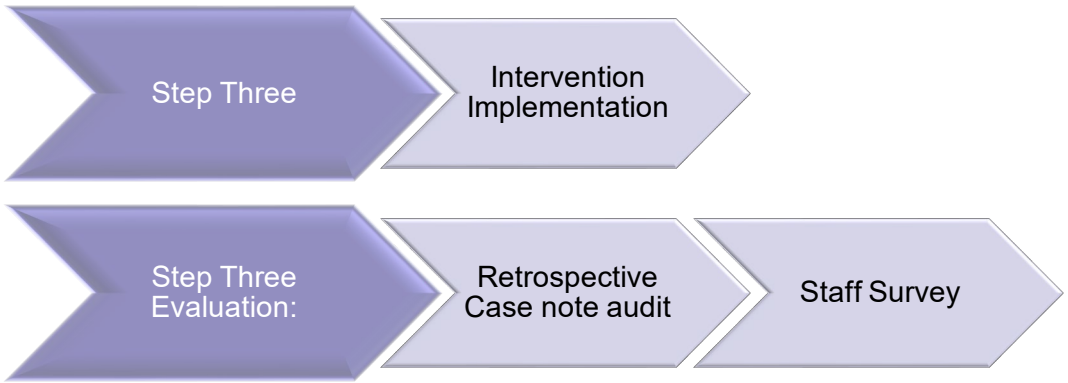


Next steps:



KEY POINTS

- Audit data shows poor baseline delirium care
- A pragmatic intervention led to measurable improvement in most metrics
- Survey data suggests there are some significant barriers to these improvements being a sustained change
- A theory led intervention addressing these barriers is the next step in the project

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REFERENCES

1. Inouye SK, et al. A chart-based method for identification of delirium: validation comparted with interviewer ratings using the confusion assessment method. *Journal of American Geriatrics Society.* 2005:5;3(2):312-8
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6. Michie S, et al. From theory to intervention: Mapping theoretically derived behavioural determinants to Behaviour change techniques. Applied Psychology. 2008;57(4):660-680

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Thank you

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