Improving Quality of Care for Patients with Acute Delirium Through Occupational Therapy and Nursing Collaboration

“Patient engagement in function through meaningful, client centered activities”

Suzanne Brown, OTRL, Barbara Forloney, RN, MS, Erin Gallant, OT, Lois Ginsberg, RN, MS, Joseph Gordon-Reznar, RN, MPA, Karen Joost, RN, MS, Lisa Poncin, RN, BSN, Martha Watson RN, MS

Sponsors: Maria Ducharme, RN, MS, NE - BC, Robert Bouffard, PT

Introduction

Problem Statement: In the acute care setting, acute delirium impacts 10-40% of older adults, with resolution taking from several hours to several days or weeks (Tullman et al. 2008). The background: Acute delirium has been defined as a disturbance of consciousness with impaired attention and disorganized thinking (Tullman et al. 2008). There are two subtypes: hyponactive (restless, combative, irritability, distractibility, impatience, and liability) and hypoactive (lethargy, slow/sparse speech, decreased motor activity and alertness, and an inability to discern their surroundings) (Sancho-Bonet et al. 2009). A recent study comparing differences between hospital stays for patients with incident delirium (hospital acquired) to individuals with prevalent delirium (community acquired) revealed that incident delirium increased length of stay by 7.78 days (McCusker et al. 2003). In addition to increased length of stay, the overall cost of care is greater. By developing a problem solving multidisciplinary process, which combines evaluation and intervention, we expect improvement in service specific care standards and to improve cost effectiveness.

Methods

The delirium protocol is a multidisciplinary surveillance process focusing on preventing, anticipating, and managing the course of delirium. The team consists of Occupational Therapy (OT), Geriatric Nurse Specialists, Registered Nurses (RNs), & Certified Nursing Assistants (CNAs) Psychiatry, Nutrition, Social Work, Physicians, and Case Management. The OT and nursing educational component consisted of CNA training comprised of 12 hours over 3 consecutive days. Modalities included pre/post test, case studies, literature review, role playing, video and discussion. In addition, group hands-on exercises with new activity tool kits supported a sensory integrative approach. Upon completion of course work, student manual objectives were met. Training costs were covered through grant funding. Interdisciplinary communication tools were formulated by OT with nursing input. The tools include a behavior worksheet for CNA to chronicle patient behaviors and triggers. This tool will provide a format for on-going surveillance of patients’ fluctuating status. This design provides a holistic, patient centered approach. A family/caregiver questionnaire was developed to be completed by any team member. The questionnaire will provide detailed information for a patient-centered plan of care. The tool allows clinicians to formulate a patient-specific profile while customizing the plan of care. A new educational pamphlet was created for families, defining their role in delirium management. The pamphlet, through the provision of information, offers support and reassurance with the often intimidating and overwhelming diagnosis of acute delirium. Regularly scheduled debriefings to provide staff support are in progress. This forum is effective for problem solving both positive feedback and areas for growth as related to self program.

Analysis

In total, 104 CNAs were educated. Pre and Post tests were provided to CNA participants. Test content included case studies on symptom management, multidisciplinary collaboration, interventions and activities used in the care of patient experiencing an acute delirium. Definitions, prevalence and types of delirium were included in the test content. Pre and Post test results support curriculum content provided essential information to improve care delivery. Figure 1 illustrates the pre test scores reflect 72% of the CNAs scored higher than 84%. The post test data reveals that 93% of the CNAs scored greater than 84%, with the majority scoring between 92 and 100%.

Discussion

By offering a coordinated system response, we allow staff and families to be proactive when working with patients experiencing acute delirium. Our goal is to provide an elder friendly environment staffed by a team of Gerontological Champions. Initial findings reveal a marked improvement in pre and post test scores for CNAs.

Through education, CNAs hospital-wide become advocates for patients at risk, and presently experiencing acute delirium. The CNAs express empowerment through increased confidence with early identification of delirium and its subtypes, as well as strategies for symptom management. As direct caregivers interacting with families, CNAs recognize the value of collaborating with family members to assist in developing meaningful, client-centered, functional activities. As we utilize new multidisciplinary documentation tools, we anticipate continued improved collaboration between OT and Nursing.

Future performance indicators will include measuring the length of episodic delirium with proposed interventions compared to those without the use of sensory techniques. This indicator should directly reflect a proposed decrease in the number of one to one hours used to care for patients with acute delirium. Staff satisfaction survey will be utilized to rate comfort levels and effectiveness in working with this challenging patient population. Future implementations include incorporating principles of Delirium Training into the new hire orientation process for CNAs. A modified curriculum will be developed to provide education and CEUs to RNs.

References


