

CONFERENCE ABSTRACT

Quality Enhancement Program: A Delirium-caring Culture Nurturing Program in Acute Geriatric Setting- 2-years Review

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Introduction: Delirium in elderly is not only associated with higher mortality and morbidity, it also leads to prolonged hospital stay, falls and workplace violence causing harms to both patients and frontline staff. However, delirium is often under-diagnosed or mismanaged. The main reason is lack of awareness and understanding of delirium among healthcare workers (HCWs). Thus, a structured Delirium-caring Culture Nurturing Program (DCNP) was established since November 2013.

Objectives:

1. To enhance HCWs knowledge and awareness on delirium management.
2. To establish a strong delirium-caring culture.

Methodology:

1. Functional Group

Delirium functional group was set up for data collection and to provide specialty trainings. It also played a leading role in implementing a delirium program.

2. Quality Assurance

An algorithm was established based on the guideline for geriatric care of Hospital Authority to demonstrate a standardized workflow of delirium care in ward.

3. Knowledge Enhancement

Up-to-date and evidence-based trainings were provided to HCWs from theory to practice. Activities included seminars, behavior-based safety program, simulation workshops, self-initiative talks and case sharing etc.

4. Environmental strategies

Delirious patient would be clustered to less disturbed cubicle, single room would be provided if possible. 'Reality orientation' signage was used to promote effective communication between HCWs.

5. Caregivers engagement

Caregivers were empowered to actively participate in the delirium nursing care plan by providing disease education and allowing flexible visiting hours.

6. Multidisciplinary collaboration

Nurses collaborated with other health professionals to initiate discharge planning for some delirious cases with anticipated discharge problems.

Results: From 11/2013 to 12/2015, 240 patients with mean age of 82.7 were recruited to the delirium program. 177 (74%) of them were diagnosed delirium and prompt interventions were provided. Of these patients, 110 (62%) returned their mental status upon discharge or before transfer. Recruitment rate and conversion rate from delirious to premorbid status increased around 21% and 7% through 2 years respectively. Moreover, 100% of HCWs agreed enhancing in delirium knowledge and 98% agreed that the delirium-caring culture in ward was getting stronger, hence beneficial to delirium management.

Conclusion: The comprehensive DCNP is effective in establishing a strong delirium-caring culture in ward, thus increasing staff knowledge and awareness on delirium. As a result, early detection of delirium and early interventions can be provided.

Keywords: delirium; culture
