Quality Enhancement Program: How to nurture a delirium-caring culture in an acute geriatric setting?

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Introduction
Delirium in elderly is associated with higher mortality and morbidity, increased length of hospital stay and concomitant risk of complications. However, delirium is often under-diagnosed or mismanaged. The main reason is lack of awareness and understanding of delirium among healthcare workers (HCWs). In a challenging acute geriatric setting, the main focus of HCWs is primarily patient's medical diagnosis and clinical observations. Awareness of delirium is varied among staff and prevention of delirium is typically not perceived as an important element of nursing care. Thus, there is an utmost need to create a strong delirium-caring culture so as to increase staff awareness in this regard.

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 which emphasized on early detection, early diagnosis and early intervention for any patient with acute onset of confusion. 2. Quality Assurance An algorithm was established based on the guideline for gerontological care of Hospital Authority to demonstrate a standardized workflow of delirium care in ward. 3. Knowledge Enhancement Use of different learning modes, including seminars, interactive workshops, self-initiative talks and case sharing, to provide evidence-based knowledge on delirium care to HCWs. 4. Environmental strategies Delirious patient would be clustered to less disturbed cubicle. ‘Reality orientation’ signage was used to promote effective communication between HCWs. 5. Caregivers engagement
Caregivers were empowered to participate in the delirium nursing care plan by providing disease education and allowing flexible visiting hours. Multidisciplinary collaboration Nurses collaborated with other health professionals to initiate discharge planning for some delirious cases with anticipated discharge problems.

**Result**

A total of 120 acute confusion cases were recruited to the delirium program in the acute Geriatric ward (11B) of United Christian Hospital in 2014, 81 (68%) were diagnosed delirium. Among these cases, 41 (51%) were out of delirium upon discharge under the enhancement program. Moreover, a questionnaire focusing on the domains of cultural competency was designed. Nursing staffs showed high compliance rate on reality orientation (100%) and active family approach (96%) and the program enhanced their knowledge (100%), awareness (100%) and confidence (96%) on taking care of delirious patients.