Increasing Knowledge and Recognition of Delirium in Hospice: A Quality Improvement Project

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Delirium in Hospice & Palliative Care

- Prevalence & Incidence
  - Incidence: 20%-45% in acute care settings
  - Incidence of delirium is higher in hospice care patients
  - Incidence and mortality in hospice patients is often referred to as “terminal delirium”
- Mortality & Morbidity
  - Increased mortality: 62% in the next 12 months
  - Accelerates functional decline: Increased risk of injury, infection, and falls
  - Median survival of 2 weeks after initiation of haloperidol
  - Higher mortality in patients with dementia

Delirium Assessment

- CAM tool: Confusion Assessment Method
- Created specifically to be used by non-psychiatrically trained nurses
- One of the few delirium assessment tools validated for use in palliative care
- Followed was superior with less reliance on psychotropic medications
- Inferential statistical analysis (t-test) was based on cases with missing data

Primary Aims

1. Increase delirium knowledge
2. Increase recognition of delirium in clinical practice

Secondary Aims

1. Evaluate the value and practicality of the CAM tool within this clinical setting
2. Increase usage of standardized terminology in documentation and care planning (i.e., use of the term delirium)

Interventions

1. Single education session delivered to RNs, LPNs, and interested RNPs
2. Implementation of the Short CAM tool into clinical practice

Data Collection

- Web-based pretest administered immediately prior to the education intervention
- Posttest assessments administered 4 weeks later
- Respondents were also surveyed via 5-point Likert scale survey on frequency of delirium diagnosis/recognition prior to post intervention, frequency of use of the term “delirium” prior to the intervention, and perceived value and feasibility of CAM tool

Findings Knowledge

- Paired T-Test
  - Scores for pretest (M=48.22, SD=16.84) were significantly higher than for posttest (M=54.83, SD=16.84) conditions (t(11) = 8.22, p = 0.000)
- Higher than for pretest (M=54.83, SD=16.84) conditions; t(11) = 8.22, p = 0.000
- Only 49% of respondents recognized inattention (a key symptom of delirium)

Findings Short CAM Value & Feasibility

- The CAM tool is a practical means of assessing delirium in this clinical setting

Recommendations

- Add delirium-specific goals and interventions to Electronic Health Record to increase ease of use and accessibility for nurses (in-progress)
- Conduct intermittent testing of Short CAM inter-rater reliability in order to achieve optimal sensitivity and specificity of CAM tool
- Continue shifting towards use of standardized terminology, (use the term ‘delirium’) to avoid conceptual confusion
- Continue with routine delirium education: This form of education delivery provided statistically significant increases in delirium knowledge
- Other key findings
  - Only 49% of respondents recognized inattention (a cardinal feature of delirium) as a symptom of delirium on pretest, this increased to 83% following the education intervention and CAM training
  - 70% of respondents reported receiving little to no education in the past on delirium

Next Steps

- Increasing knowledge and recognition of delirium is only a first step for ensuring optimal care. A logical next step is to evaluate the quality of management which includes:
  - Ensuring that preventative measures are in place for high-risk patients
  - Ensuring that delirium cases are being routinely evaluated for reversible causes
  - Ensure nonpharmacologic measures are routinely employed and that benzodiazepines and psychotropic medications are being used appropriately

References

Hosie et al., 2016