Delirium: The Under Recognized Emergency in Geriatrics - Recognition, Assessment, Prevention, and Management

Part 2
Delirium: Prevention and Management

Facilitator’s Guide

A World of Resources in Geriatric Care

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Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management

Part 2 – Delirium: Prevention and Management

Delirium remains an under diagnosed and under treated problem despite its association with negative clinical complications such as Falls, Dehydration, Incontinence, Mortality and Re-hospitalizations.

The percentage of residents in long term care with delirium at any given time may be as high as 40% while 20% of seniors in hospitals develop delirium. The mortality rate for those with delirium ranges from 15-30% if untreated, yet it is undiagnosed and untreated 30-50% of the time. This then is truly a medical emergency, beckoning to be prevented, recognized and treated.

Your number one priority is your residents’ health. Your residents and their families trust you to help protect them and their health; the health of people who, in many cases, are more likely to develop delirium. Understanding the signs and risk factors for delirium and the tools for screening and diagnosis will help you to be proactive in preventing it. And above all, by being educated and informed you can help make sure your residents receive the best possible care.

This facilitator’s guide will help you plan for and conduct sessions to help ensure that you maximize the material in this video. Consider your facility protocol in screening and diagnosing delirium, and consider both means and topics to engage in meaningful discussion regarding delirium.

This program will focus on the three types of delirium: hyperactive, hypoactive, and mixed subtypes. We will discuss the signs and symptoms leading to your diagnosis and, as well as the available tools to assess the causes of delirium.

VIEWING GUIDELINES

“Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” is a video-based learning program. It speaks directly to the needs and motivations of staff member involved in clinical care across your facility, regardless of their position or job description. Conduct learning sessions for:

- All members of your nursing staff
- Other staff members who provide clinical care for residents/patients
- All newly hired staff

This facilitator’s guide will help you plan for and conduct sessions to help ensure that you maximize the material in this video. Consider your facility protocol/process for the prevention and management of delirium, and consider both means and topics to engage in meaningful discussion regarding delirium.

VIEWING GUIDELINES

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- All members of your nursing staff
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“Part 2 - Delirium: Prevention and Management” can positively influence every member of the care giving team. After viewing this program you will be able to:
• Identify those at risk of developing delirium
• Implement strategies in patient care plans that will help to prevent delirium
• Reduce likelihood of delirium associated falls, dehydration, incontinence, mortality and re-hospitalizations
• Implement treatment strategies for established delirium

SAMPLE GROUP SESSION AGENDA

Use the following sample agenda to structure a session featuring “Part 2 - Delirium: Prevention and Management.”

Length of videotaped program: approximately 25 minutes
Suggested length of session: 1 hour

Materials needed:
➢ This facilitator’s guide
➢ Part 2 of the “Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” video program entitled “Delirium: Prevention and Management”
➢ Optional paper and pencils for participant note-taking
➢ Optional flipchart and markers for writing key ideas

SUGGESTED SESSION AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 min</td>
<td>Welcome the group to your session.</td>
</tr>
<tr>
<td></td>
<td>Review Part 1 of “Delirium: The Under Recognized Emergency in Geriatrics – Recognition, Assessment, Prevention, and Management” topic by leading this discussion:</td>
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<tr>
<td></td>
<td><strong>ASK:</strong> What changes have you observed in your facility’s approach to the identification and assessment of delirium since the last session?</td>
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<td></td>
<td><strong>ASK:</strong> How has the previous session helped you better recognize those at risk and respond to the onset of delirium?</td>
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<td></td>
<td><strong>ASK:</strong> Did you take part in the suggested follow-up assignment? If so, what were the results of your screening processes? Using the tools you learned in the previous session do you believe you are more or less prepared to identify delirium in your residents/patients and assess the cause?</td>
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<td></td>
<td><strong>DISCUSS</strong> the impact of the previous session on your institution’s screening and assessment methods and the incidence of delirium. Try to understand the group’s involvement in the screening and assessment process and gauge the effectiveness of the specific screening methods presented during “Part 1 – Delirium: Recognizing This Emergency and Assessing for the Cause.” Help reinforce good practices and change those that are incorrect. (Encourage discussion to help uncover staff practices, procedures, and confidence). With this baseline, you can better understand how to focus later discussion and follow-up exercises. You can also realize how the learning sessions have helped to improve training.</td>
</tr>
<tr>
<td>5 min</td>
<td>Show fourth module of video – Prevention</td>
</tr>
</tbody>
</table>
10 min Engage viewers in a brief discussion about MODULE 4. Encourage everyone to become experts on delirium. Finally, discuss why it is important to consider resident/patient outcomes and how outcome data will help in future screening, diagnosis and treatment.

5 min Show fifth module of video – Treatment and Management

10 min Engage viewers in a brief discussion about MODULE 5. If group members are slow to respond, consider briefly recapping the main ideas emphasized in the fifth module (or the key situations and behaviors with which you feel your group can most easily relate).

ASK: Apply the model of treatment discussed in this video program to a recent patient you’ve managed. How could different team members and disciplines have better supported resident/patient assessment & management including transfer to and from different care settings (hospitals/nursing homes/emergency departments)?

ASK: How would you apply a quality assurance study to this process in your institution?

DISCUSS the specific roles of each of your team’s multi-disciplinary staff members (eg. nursing staff, Medical director, Primary Care Clinicians, Consultant Pharmacist, Social Worker) in managing delirium. Discuss why it is important for everyone to become experts on delirium. Discuss how the transfer of residents/patients. Finally, discuss why it is important to consider resident/patient outcomes and how outcome data will help in future screening, diagnosis, and treatment.

5 min In closing, ask for questions or additional comments from the group. Discuss as appropriate.

Thank group members for their participation and conclude the session.

EXERCISES AFTER VIDEO
- How do you rate our current success in recognizing, assessing, preventing, and treating delirium in patients?
- What are some examples you’ve seen in just the last week or two of
  - prevention strategies
  - treatment measures
  - proper notification and communication among the clinical staff and other institutions/care settings (nursing homes/hospitals/emergency dept./home)
  - training or education to help staff and/or residents recognize and prevent delirium
- What can we do to help staff identify at risk patients and prevent the onset of delirium within our facility?

Suggest that team members accept a follow-up assignment as a proactive step in improving their understanding of how to prevent and treat delirium.

- For example, each staff person might be assigned a specific area within your facility -- ask them to identify residents at risk patients and help form a prevention strategy. Then, ask them to identify potential complications in those patients who have developed delirium and the treatments available to best manage them. Then, hold a second meeting and ask each staff member to share what they have learned.

- Finally, as a group, decide how you can use what you’ve learned to improving the process for preventing and managing delirium in patients. Long Term Care facilities can look at their Quality Indicator/Quality Measure Reports.
Web Sites for CAM (Confusion Assessment Method)

http://cha.emory.edu/reynoldsprogram/topics/module/module5_files/confusion_assessment_method.pdf

For a complete listing of all our other programs available from ElderCare Communications
go to:

www.eldercarecommunications.com

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