

A carer intervention to improve support for patients with delirium in a palliative care inpatient setting: A quality improvement approach

Max Fend¹, Juliet Spiller², Sarah Mabelson^{2,3}, Anne Finucane^{1,2}

¹University of Edinburgh; ²Marie Curie Hospice Edinburgh; ³NHS Lothian; Edinburgh, UK.



Introduction

Delirium is a highly prevalent condition in inpatient medicine, notably in palliative care, where complex pathologies and multiple risk factors such as frailty and polypharmacy can precipitate episodes of acute confusion. Delirium is distressing for patients and carers, and challenging for clinicians to treat. Evidence for pharmacological interventions to treat delirium in terminally ill adults is lacking. One RCT has shown better outcomes for patients with mild to moderate delirium receiving best supportive care compared to those receiving antipsychotics. Supportive and individualised management of the patient is essential. Informal carers can play a vital role in this process.

Aim

To develop and evaluate a delirium information leaflet for patients and families, thereby optimising communication and supportive management.

Methods

Design: A Quality improvement study consisting of 4 Plan-Do-Study-Act (PDSA) Cycles.

Baseline: A questionnaire, assessing how nurses approach delirium with family members.

PDSA Cycles: A senior member of the nursing team constructed the first leaflet in consultation with the wider clinical team. The project team completed four PDSA cycles of improvement, introducing the leaflet for use on the unit, receiving feedback on its utility from nurses and carers, and altering it according to recommendations. With each cycle we aimed to increase the distribution of the leaflet.

Results

8 nurses completed a baseline questionnaire. 25% of respondents had a consistent policy of discussing delirium with carers prior to the introduction of the leaflet; 88% felt the non-pharmacological management of delirium could be improved (Figure 1).

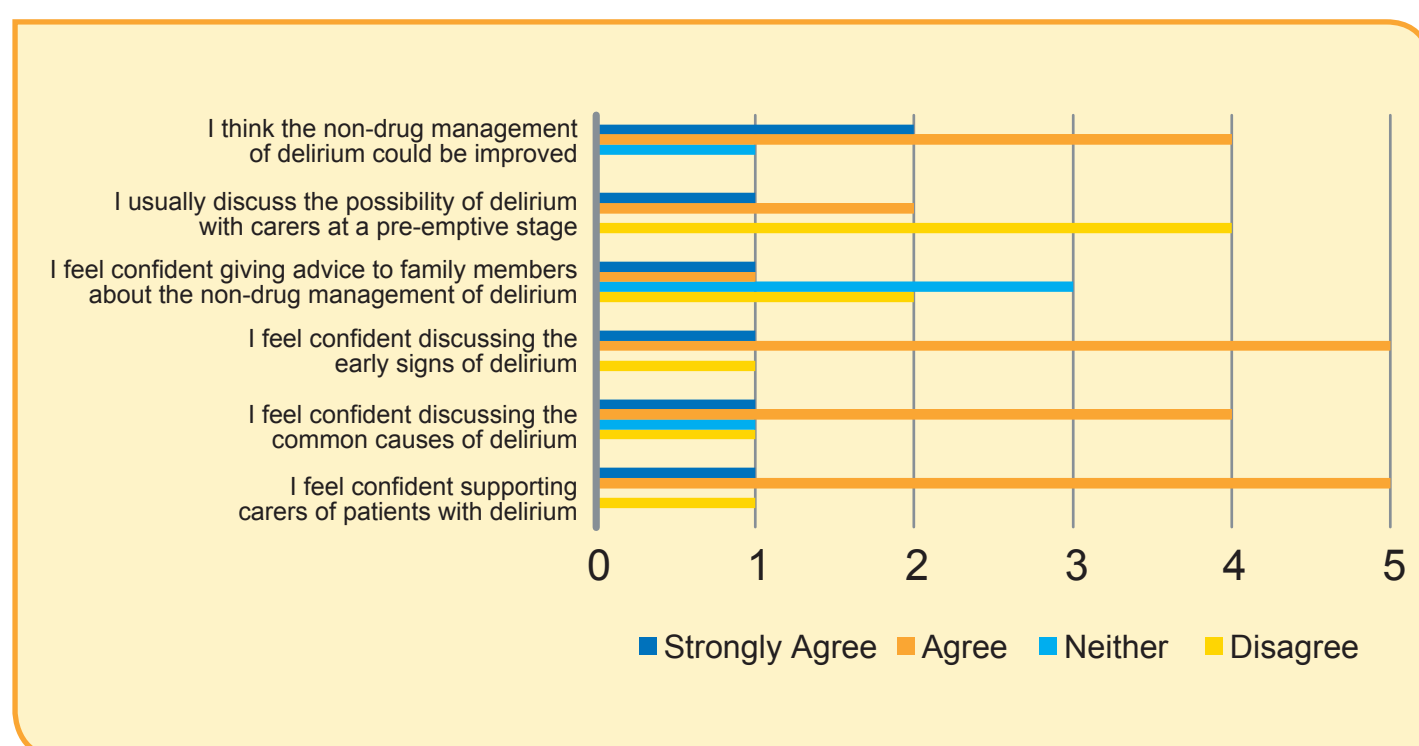


Figure 1: Delirium questionnaire checklist.

Cycle 1: After distribution amongst nursing staff, overwhelming feedback was that the leaflet was too text-heavy, and thus was altered.

Cycle 2: Three nurses used the leaflet with three carers, and we collected feedback from all nurses and one carer. Feedback was very positive, with all users praising its readability – *'includes a lot of information in quite a user-friendly way...its clear for both lay people and professionals to talk through'*. Some wording changes were suggested and implemented for the next cycle.

Cycle 3: Two carers commented on the similarities between what they read in the leaflet, and what they saw in their patient. *'He has quite a lot of the signs mentioned on there, so that was good to see.'*

Cycle 4: Seven nurses completed a follow up questionnaire about the readability and usefulness of the leaflet and whether it had changed their practice (Figure 2). All nurses either agreed or strongly agreed with the items on the checklist questionnaire, with one nurse reporting that *'One family said it was a 'light bulb' moment and finally they understood what was going on with their loved one.'*

Two carers were interviewed. Both were positive about the leaflet, with one commenting that it reassured them that: *'this is something that happens to other people and other families. We're not the only ones.'* The only identified areas for improvement were around the print quality and the practicalities of finding the leaflet on the ward.

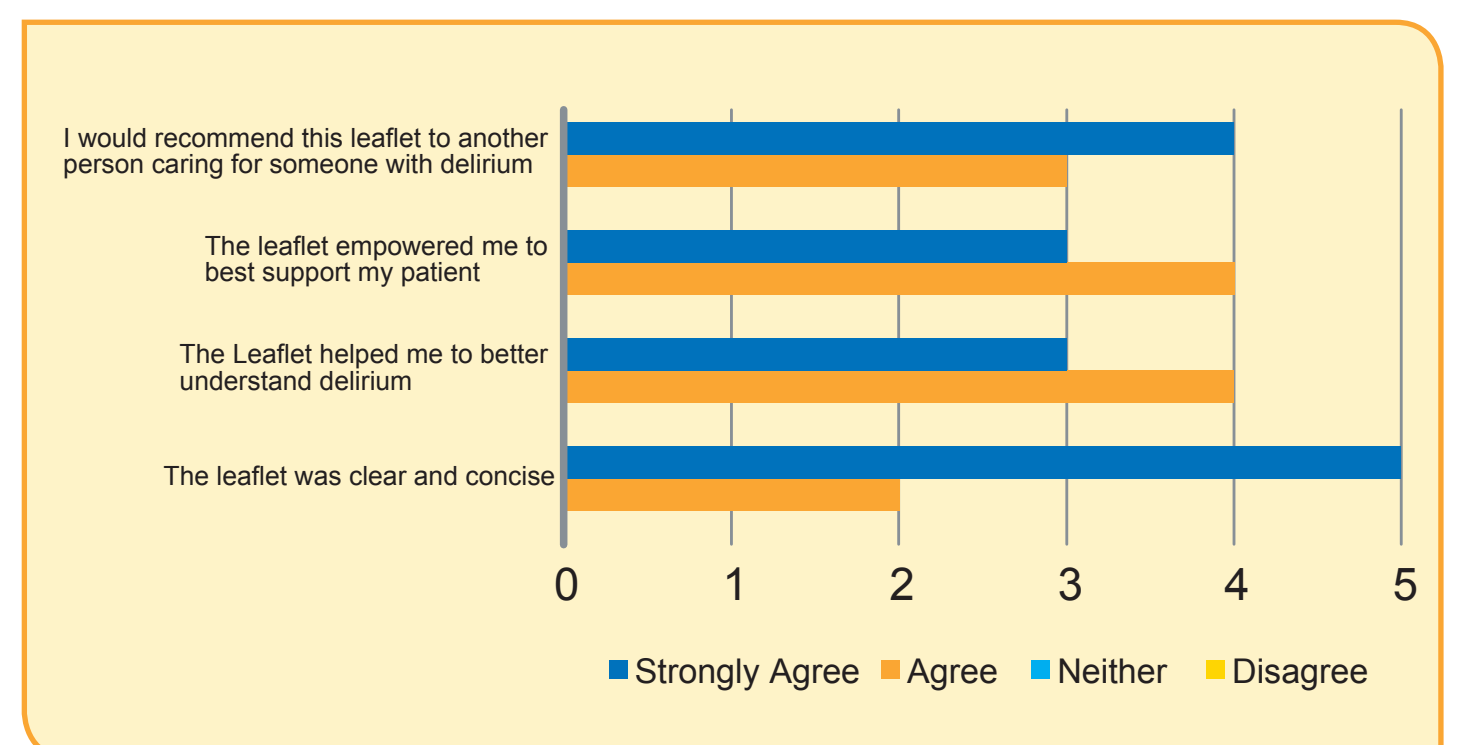
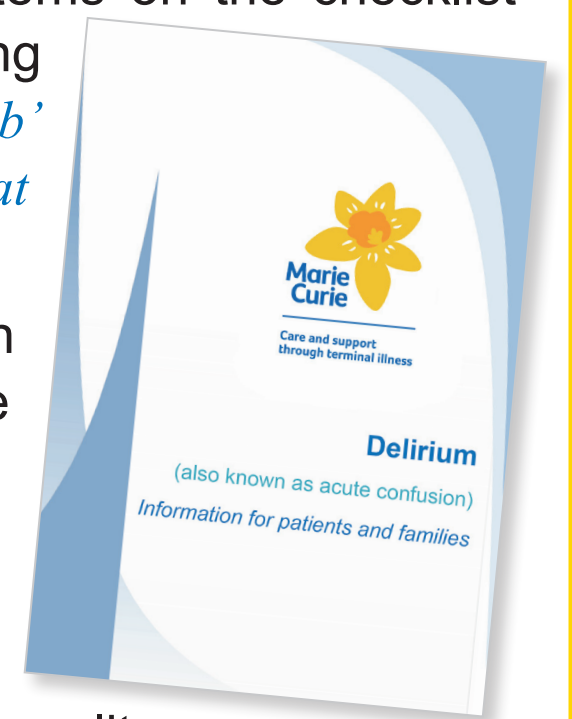


Figure 2: Nurse Feedback.

Conclusions

- A delirium information leaflet is feasible to implement and considered useful by the carers of patients with delirium, and nurses in the hospice.
- Introduction into wider practice is encouraged. However, given the small-scale nature of this study, continued assessment and adaptation of the leaflet is recommended through further Quality Improvement cycles.
- Next steps involve developing a version of the leaflet to support carers of terminally ill people being cared for in a home setting.

