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Project: Raising awareness of factors that can help prevent delirium: A pilot of an appreciative inquiry approach

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Introduction:
For older adults, delirium is a common hospital complication that is associated with detrimental outcomes such as cognitive decline, long-term care admissions and higher mortality rates. It is characterised by a relatively sudden onset of 'acute brain failure' during which patients may appear confused, show memory problems or have difficulty focusing or shifting attention.

Delirium is usually caused by a combination of multiple factors that interact with each other. As such, person-specific vulnerabilities such as dementia can interact with stressor events like surgery to cause a delirium.

Research has found that keeping at-risk individuals in optimal physical and mental health by minimising modifiable risk factors (pain, dehydration and constipation) can prevent delirium. In fact, interventions that target multiple delirium risk factors can prevent at least one third of delirium cases.

However, there appears to be a gap between research evidence and clinical practice. Firstly, at least in the hospital setting, clinical staff are predominantly trained to treat and manage disease rather than prevent it and secondly, most of these studies require cost intensive resources for implementation such as ongoing volunteer training or a designated delirium specialist. Appreciative inquiry could be a useful tool that can minimise this gap. Appreciative inquiry is an innovative strengths-based change intervention approach that focuses on the positive and builds on current strengths with the aim to empower employees to be the change they want to see in their organisations. We were interested in whether an appreciative inquiry approach can empower participants to implement self-identified changes in their practice to prevent delirium.

Aim:
To assess whether a brief appreciative inquiry intervention increased participants' awareness of delirium risk factors for specific patients.

Method:
Fifteen participants from the Older Person's Health Specialist Service based at Princess Margaret Hospital included 12 nurses, one social worker, an occupational therapist and a physiotherapist spread amongst various wards and outpatient teams. The study had a pre-test/post-test design to assess the degree of change resulting from the appreciative inquiry intervention.

Data collection occurred in three parts, namely baseline interviews, focus groups and follow-up interviews. The one-on-one appreciative baseline interview measured awareness of the status of preventative risk factors identified from the literature, in regards to each participant's most recent patient. An example question for the risk factor 'pain' would be: "Is Mr X in pain at the moment and how do you know?" The baseline interviews also gathered qualitative data on current successful practices for delirium prevention.

Participants then attended a focus group, which facilitated the sharing of current successful delirium prevention strategies. Participants were also asked to imagine and describe the best of what could be in the future and to form bold big-picture goals as well as three concrete and actionable personal short-term goals. Participants were then re-interviewed with respect to another specific patient and asked how their short-term goals are progressing, what changes in their clinical practice they were aware of since the focus groups as well as feedback on their involvement in the project.

Three members of the research team each reviewed and coded the baseline and follow-up interviews. The awareness of the status of each risk factor in respect to a specific patient was coded as thorough (2), cursory (1) or no knowledge (0) with each discrepancy in coding reviewed by the research team. The change between baseline and follow-up was tested statistically with the Wilcoxon test.

Results:

The average time between focus groups and follow-up interviews was 24 days and the results showed a significant improvement in the awareness of the status of delirium risk factors among participants.

All participants gave positive feedback about their involvement in the project, which was evident in phrases such as "enjoyed the process", "I learned a lot" and "I enjoyed the learning approach". Themes emerged from interviews and focus groups that highlight areas of potential improvement. Over half of the participants expressed the desire to assess and manage pain better. Forty percent included family involvement in their goals to help address the risk factors of delirium.

Other outcomes of this project include the initiation of small short-term projects by individual participants, such as providing brief delirium education sessions to their colleagues and creating an information resource that informs family members about delirium including tips on which activities they could engage in to help prevent it.

Another idea that was voiced strongly by our participants was to engage patients in more activities to keep them active and healthy. This result provided further encouragement for the launch of an existing hospital initiative by the Delirium & Dementia Action Group called 'activity trollies', which includes training for hospital aides on delirium risk factors. Lastly, the research team put together a delirium booklet summarising participants' current best strategies and future vision for delirium prevention as well as the most current research.

Conclusion:

Overall, this pilot study showed promising results that the appreciative inquiry approach may be a positively received, relatively low cost and effective tool to raise awareness of factors that can prevent delirium. This study could be advanced by including a larger sample, measuring behaviour change and assessing whether this in turn decreases delirium rates.