What is required to improve recognition and assessment of delirium by nurses in palliative care inpatient units? A mixed methods study

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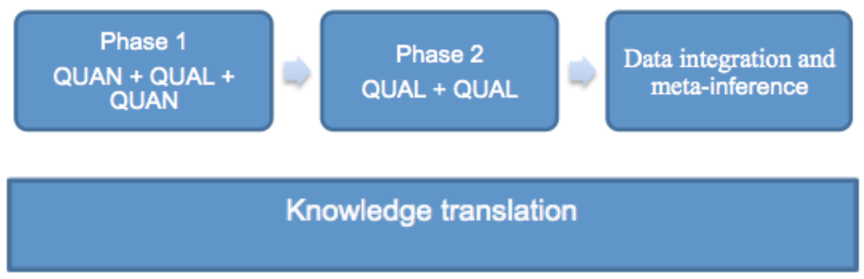
Aim

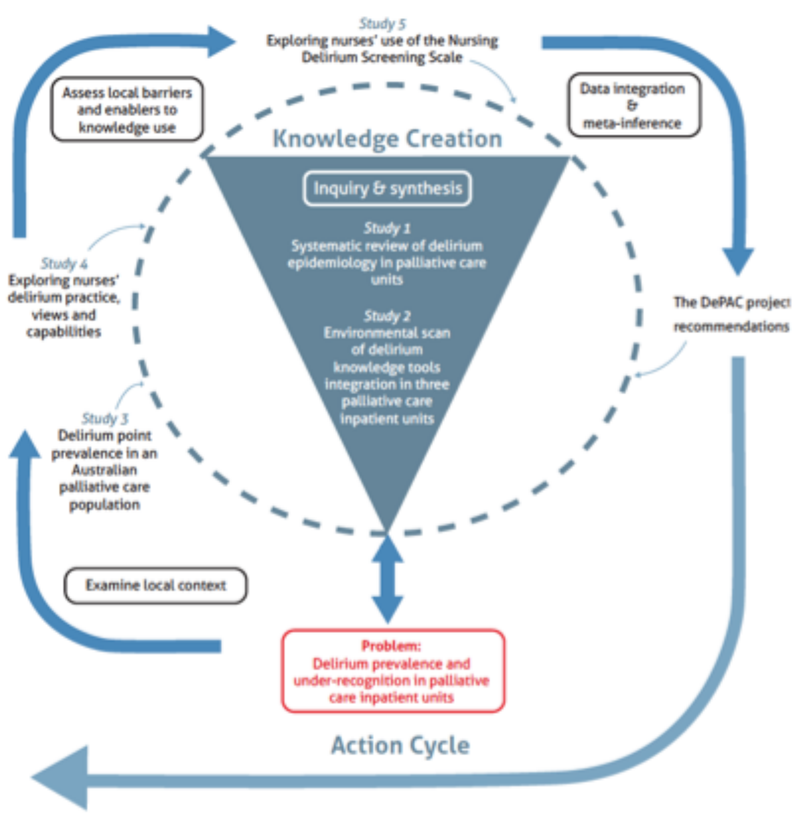
To identify what is required to improve inpatient palliative care nurses' recognition and assessment of delirium.

Design and methods

The DePAC project used a two-phase sequential transformative mixed methods approach and knowledge translation conceptual framework to answer five research questions about delirium epidemiology, health care system and nursing practice in specialist palliative care inpatient settings. Health professionals (managers, physicians, nurses, and allied health) and patients participated in the project.



Phase one examined ***delirium epidemiology*** via a systematic review and cross sectional study, and ***organisational systems*** through an environmental scan methodology. Phase two explored ***nurses' delirium experiences, perceptions and capabilities*** using Critical Incident Technique and focus groups. Data integration and meta-inference were undertaken at project end.



The DePAC project **knowledge to action process.**
(Adapted from Graham et al 2006)

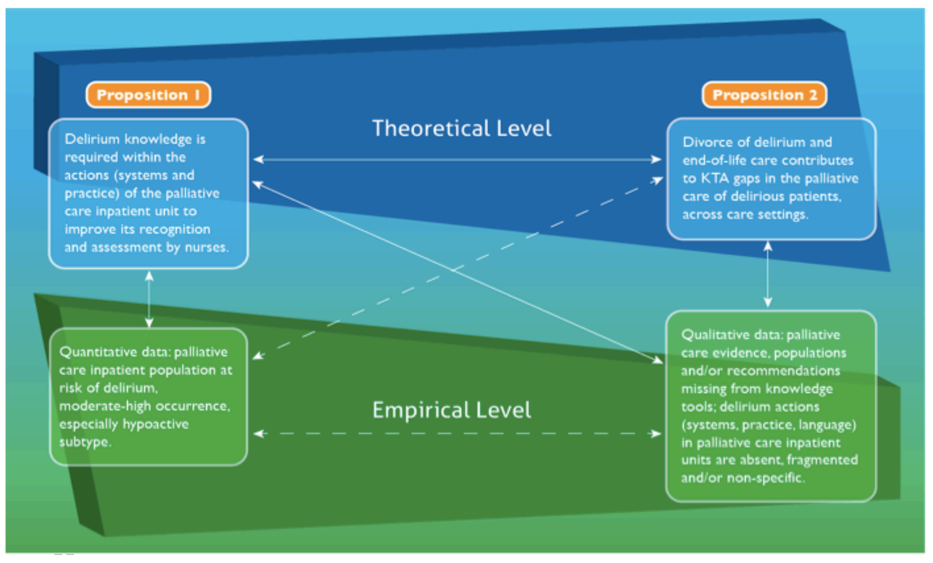
Results

1. Data integration

Epidemiology (QUANT)	Systems (QUAL)	Nursing practice (QUAL)
Geriatric, advanced cancer population, at risk of delirium Incidence: 3-45% (screened at least daily: 33-45%) Prevalence: •13-42% at admission •26-62% during admission •59-88% in weeks or hours before death Hypoactive delirium most prevalent	Reliant on but separated from wider organisational direction Need to build, adapt and integrate knowledge into systems Multidisciplinary approaches to practice and learning Patients and families not included and informed	Concern and compassion Symptoms recognised but not framed as delirium Comprehensive assessment not undertaken Brief, simple tools, point-of-care guidance and education requested Need to develop communication, define role and build leadership

Summary of overall findings of the DePAC project

2. Meta-inference



Triangulating theoretical and empirical levels of reasoning for sub-optimal delirium recognition and assessment in palliative care. Solid lines represent correspondence of relationship and broken lines dissonance. Dissonance occurs between delirium epidemiology in palliative care inpatient populations and response at the research, organisational system and clinical practice levels. (Model adapted from Erzberger and Kelle, 2003)

References

1. Erzberger, C., & Kelle, U. (2003). Making inferences in mixed methods: The rules of integration. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of Mixed Methods in Social and Behavioural Research* (pp. 457-488). Thousand Oaks: Sage Publications, Inc.
2. Graham, I. D., Logan, J., Harrison, M. B., Straus, S. E., Tetroe, J., Caswell, W., & Robinson, N. (2006). Lost in Knowledge Translation: Time for a Map? *The Journal of Continuing Education in the Health Professions, 26*, 13-24. doi: 10.1002/chp.47

Conclusions

To improve inpatient palliative care nurses' recognition and assessment of delirium, the DePAC project recommends re-modelling delirium care into *interdisciplinary action* directly targeting patient, family and clinician interactions in palliative care settings. Recommendations also call for future *knowledge creation,* including tailoring and implementation of delirium knowledge resources and tools for palliative care inpatient settings and populations.