Delirium Education in Hospice Care: A Quality Improvement Project

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INTRODUCTION

- Delirium affects 85-88% of patient in final 2 weeks of life.
- Negative consequences: Increased emotional distress
  Increased incidence of PTSD, depression, anxiety
  Loss of valued time with loved ones
- Adverse events such as falls
- Misalignment with principles of hospice care.
- In the literature, nurses are requesting:
  Negative consequences:
  Delirium affects 85% of patient in final 2 weeks of life.

METHODS

- A ten-bed acute hospice inpatient unit: Patients are general inpatient status (GIP) for uncontrolled symptoms.
- Delirium assessment tool non-existent
- Delirium inefficiently managed
- Ten staff nurses: Attended an educational in-service on delirium, Introduced to the Nu-DESC assessment tool, and Completed a practicality survey at conclusion

RESULTS

Pre and Post-Test Results:
- Paired t-test
- Statistically significant (p = 0.009)

PREREQUISITES

- Easy
- Quick to Use
- Practicality Survey Results:
  50-75% nurses agreed/strongly agreed;

Confidence Interval of the Mean

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CONCLUSIONS

- Delirium is:
  - Complex, underdiagnosed neuropsychiatric syndrome
  - Occurs with high frequency at end of life with negative consequences
  - Nurses have expressed a need for: Education
  - Easy-to-use assessment tools
  - This quality improvement project showed:
  - Statistically significant results providing delirium education and implementing the Nu-DESC Assessment tool
  - Moving Forward:
    - A routine assessment tool in place
    - Improve patient safety
    - Improve quality end-of-life care
  - Further study is needed to address:
    - Similarities between hypoactive delirium and the end of life process

REFERENCES/ACKNOWLEDGEMENTS