The CHOPs experience
Lismore

Anne Moehead | Nurse Practitioner Psychogeriatrics | Northern NSW LHD
Our priorities: Lismore Base Hospital

To understand and improve the hospital experience and outcome for confused older people (70 years and over & Aboriginal & Torres Strait Islanders over 45 years) in Lismore Base Hospital (Emergency Department, Ward C7 and C8)

and to formally acknowledge the importance of carers
Our objectives:

- Implement the ACI Key Principles for Care of the Confused Hospitalised Older Person
- Screen 60% of patients over 70 years & Aboriginal & Torres Strait Islanders over 45 years for confusion and or suspected delirium.
- Prevent delirium in older people identified “at risk” of developing delirium
- Develop a systematic approach for early identification of confusion, establish the cause & manage symptoms effectively
- Implement communication processes and tools to support PCC in hospital to point of transfer
- Improve the environment and limit hazards and risks to safety and wellbeing
- Establish the current antipsychotic prescribing and usage
- Analyse and understand current practice in the use of individual patient specials
- Implement ACI Key Principles for Individual Patient Specials (IPS) and the NNSWLHD Individual Patient Special Policy
- Comply with NNSWLHD Restraint Minimisation policy/procedures and the monitoring and utilisation of restraint practices
- Achievements, innovation and knowledge will be shared to sustain and spread improvements in the care of older confused person.
**Key Principles for Care of the Confused Older Hospitalised Person**

**Principle 1: Cognitive screening**
Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool.

**Principle 2: Delirium risk identification and prevention strategies**
Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risks. Identified risks will be communicated to the older person, their carer, family and staff involved in their care.

**Principle 3: Assessment of older people with confusion**
Older people who are confused will be assessed. The cause of their confusion will be investigated to determine the appropriate management.

**Principle 4: Management of older people with confusion**
NSW hospitals will have programs in place for older people with confusion that align with these principles. The implementation will be in partnership with the older person, their carer and family.

**Principle 5: Communication processes to support person centred care**
Communication processes and tools will support person-centred care for the older person throughout their hospital journey and at their transfer of care to the community.

**Principle 6: Staff education on caring for older people with confusion**
Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.

**Principle 7: Supportive care environment for older people with confusion**
NSW hospitals will provide a supportive care environment for the older person with confusion.
# Implementation Approach: AIM Methodology

<table>
<thead>
<tr>
<th>PHASE</th>
<th>PURPOSE</th>
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<tbody>
<tr>
<td><strong>PROJECT PLANNING AND INITIATION</strong></td>
<td>To develop a site-specific project plan for implementing the <em>Key Principles for the care of Confused Hospitalised Older persons</em></td>
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<td><strong>DIAGNOSTIC</strong></td>
<td>To assess the current management of the older person with confusion and identify issues/gaps compared with the <em>Key Principles</em></td>
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<td><strong>SOLUTION DESIGN</strong></td>
<td>To design and prioritise strategies to address any issues/gaps in the management of the older person with confusion</td>
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<tr>
<td><strong>IMPLEMENTATION PLANNING</strong></td>
<td>To develop a comprehensive plan for implementing strategies to meet the key principles</td>
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<td><strong>IMPLEMENTATION</strong></td>
<td>To implement strategies to address issues/gaps in the management of the older person with confusion</td>
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<tr>
<td><strong>EVALUATION, FEEDBACK AND SUSTAINABILITY</strong></td>
<td>To assess the success of the implementation of the <em>Key Principles for care of Confused Hospitalised Older persons</em></td>
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What our team considered

- Standard process for identifying and managing delirium risk
- Process for assessing carers needs/participation and education
- Measuring anti-psychotic prescribing and practice
- Falls & Individual special usage
- Measuring Staff knowledge, attitude and confidence in caring confused older people
- Ward environment audit
Methods used for Diagnostics

- Pre/ Post Implementation systems Audit
- Environmental Audit
- Medical record Audit (120 records)
- Carer experience
- Staff knowledge survey
- IIMS data
- DRG data
ACI Project team and Lismore Hospital completed pre implementation audit

Audit reviewed how Lismore Hospital currently met the CHOPs Key Principles

Three criteria, Yes – all of hospital, Some of hospital, None of hospital
A walk around audit of wards C7 and C8 was conducted using the CHOPs environmental audit tool C7 and C8 on Tuesday 22nd July 2014.

Both wards had similar layout and features – paint colours were different and calmer in C8. However C7 was getting repainted the following day.
Risks

- Toilet doors had no signage; some showers had an abstract shower picture but no written cue. There was no signage on the bathrooms in the single rooms.
- All bathrooms were very white with no colour contrasts, and the toilet flusher was not in an obvious place and was difficult to press.
- Many of the beds were not electric, placing staff at risk of manual handling injury and decreased patient comfort.
Did the patient have any confusion (dementia or delirium) during their hospital stay?
**Carer experience**

- Patient experience trackers were used to assess carers of their experience in hospital.

<table>
<thead>
<tr>
<th>Overall Feedback Score</th>
<th>68.6%</th>
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<tbody>
<tr>
<td>Number of Surveys</td>
<td>37</td>
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</table>

<table>
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<tr>
<th>Question</th>
<th>Score</th>
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<tbody>
<tr>
<td>Q1: I am involved in decisions about care and informed of the next step in treatment</td>
<td>73.0%</td>
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<tr>
<td>Q2: Staff value my opinion and seek information from me</td>
<td>71.2%</td>
</tr>
<tr>
<td>Q3: Staff consider my needs as a carer</td>
<td>71.2%</td>
</tr>
<tr>
<td>Q4: I know who to ask if I have questions</td>
<td>59.4%</td>
</tr>
<tr>
<td>Q5: I am involved in discharge planning</td>
<td>68.5%</td>
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Staff survey

- 59 staff completed the survey
- Medical, Nursing and Allied Health Staff

![Pie chart showing the distribution of staff by category: Nursing, Medical, Student, Allied Health. The majority of staff are in Nursing, followed by Medical, then Student, and Allied Health is the smallest category.]
IIMS data

C7 March 14 – Jan 15
72 total

C8 March 14 – Jan 15
43 total
Outcome of diagnostics

- Delirium Risk Identification
- Risk Identified but not actioned
- DRAT not completed
- Communication challenges amongst the treating team

- Tools/ Education/SIBR
- Referral & management pathways / staff skill mix and enthusiasm
- Part of PASTA/ education
- Descriptors used in reporting
## Our solutions

### Activity
- Education on Delirium, AMTs, DRAT and CAM, PASTA
- Establish a systematic approach to identify and manage Delirium
- Delirium Alert Process
- Minimal antipsychotic prescription, reduce falls and pressure areas
- Initiate a volunteer program
- Communication

### People engaged
- All C7, C8 & ED staff & Heads of Dept
- ACI, Implementation team, C7, C8 & ED staff, Heads of Dept
- C7, C8 & ED staff
- NP, Pharmacy, Geriatrician, Clinical Governance Unit
- Implementation team, ACI, Volunteers, carers
- All C7, C8 & ED staff : medical, allied health & nursing, patient, carer & family

### Comments / Results / Enablers
- Identify clinical champions, provide resources: ELearning, ward education, DVD’s, Barbara’s story, literature, desktop CHOPs ICON, HETI, formal lectures, Knowledge cafe
- Implement CHOPs 7 Key Principles including, screening, risk assessment & management of Delirium: Delirium Care Pathways, Standards & Policy, including Individual Specials & Minimising Restraint policy, AMTs, DRAT and CAM, PASTA, Environmental prompts and hazard reduction, improve coding of delirium
- Magnets, Stickers, SIBR round, Journey Board, FirstNet, Bedside chart Alerts, Delirium resource folder, brochures, posters, DRAT
- NNSWLHD Procedure: “Pharmacological treatment of agitated adult and elderly inpatients” provides guidance and will be implemented, early assessment of falls risk, and pressure area risk
- Implement ACI Volunteer education & support program
- C7, C8 & ED staff share information, carers & patient Included in ward rounds, NUMs lead exchange, ward staff photos. All staff on the pilot wards are encouraged to introduce themselves and wear ‘My Name is ‘ badge, ‘I am a carer’ ID

### Lismore Base Hospital

**I am a carer**

Name: 

Patient: 

This card allows me to visit outside of normal visiting hours
CHOPs Resources

Care of Confused Hospitalised Older Persons Program

Best Practice and Care for Older People in Hospital with Confusion

ACI Aged Health Network

Key Principles for Care of Confused Hospitalised Older Persons


Delirium Alert
Delirium risk identified
Name
Sign
Date
Lismore Base Hospital recognises that carers are an important part of the care team. To help our staff to identify who you are, please ask for one of these identification cards at the Nursing Desk.

This card allows me to visit outside of normal visiting hours.
Knowledge Cafe

**Questions:** What challenges do we encounter when a person with Delirium/ confusion comes into our system? What resources and supports are available to make a difference to the persons journey through hospital?

- Stanley sharing his experience of delirium
- Meg sharing her experience of the hospital care of her mother
- Staff members speaking of the challenges in delivering care
- How the hospital executive can assist to deliver better outcomes in care
- Education opportunities and how to meet the challenges
- Resources available and what is missing

The technique involves a three way interplay involving the educator, the character and the learner. The interplay allows the hidden educator to direct the learning process as they create a spontaneous and realistic simulation experience, informed by their knowledge as the expert, to the learner.
Implementation Plan Lismore Site

<table>
<thead>
<tr>
<th>Solution</th>
<th>What is it?</th>
<th>Where does it go?</th>
<th>How is it used?</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Delirium alert stickers</td>
<td>The Delirium Alert stickers are designed to identify patients at risk of delirium or who have been diagnosed with a delirium.</td>
<td>Delirium alert stickers are placed in the patient’s medical record.</td>
<td>Following assessment using the Delirium Risk Assessment tool (DRAT) if the patient is identified as having risk factors for delirium or when a delirium has been diagnosed, the sticker should be placed in the patient’s medical record. The staff member documents their Name and Designation and signs the sticker. Documentation should also include the identified delirium risk factors, results of the cognitive assessment (AMTS) and management strategies used with the patient.</td>
<td>The Delirium alert sticker identifies a patient at risk or diagnosed with a delirium for all staff accessing the medical records. A further benefit of the sticker is that it helps the Clinical Coders in medical records to accurately identify a patient with delirium.</td>
</tr>
<tr>
<td>CHOPs ICON on ward computer desktop</td>
<td>The CHOPs Desktop Icon is to be found on the ward computers for easy staff access.</td>
<td>On the Patient Journey Board.</td>
<td>The CHOPs ICON proves easy access to the resources, literature &amp; assessment tools and general information on Delirium.</td>
<td>Staff have easy access to delirium resources and information. The CHOPs symbol identifies patients who are confused.</td>
</tr>
<tr>
<td>Large clocks and orientation boards</td>
<td>The large clocks with dates have been purchased. Ward C7 have placed photos of all staff adjacent to the bedside. Whiteboards prompt for the daily nurses name who is caring for the patient as well as day &amp; date and daily goals and information.</td>
<td>The large clocks are used to promote orientation for patients who are confused.</td>
<td>The large clocks are used to promote orientation for patients who are confused. Signage provides better way finding for patients.</td>
<td>Environmental design and visual prompts can help prevent some behaviours associated with confusion, by assisting with ease of finding toilets, showers and nurse call bell.</td>
</tr>
<tr>
<td>Information for Carers: I'm a Carer ID card TOP 5</td>
<td>An identity card for Carers of patients with a delirium. Delirium brochures available for carers.</td>
<td>Carers will be presented with the ID badge.</td>
<td>Staff can readily identify the primary carer.</td>
<td>Carers are the most effective people to identify key issues for the person and an accurate report on progress and response to treatment including side-effects to medications.</td>
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<td>CHOPs Magnets</td>
<td>The CHOPs magnet indicates a patient who is confused. The patient may have a diagnosis of delirium or dementia or both. The symbol is to be used similar to a patient who is at risk of falls.</td>
<td>The CHOPs magnet should be attached to the whiteboard behind the patient’s bed.</td>
<td>The CHOPs magnet is placed on the whiteboard adjacent to the patient’s bed indicating that the person is at high risk or has delirium. The magnet provides a visual cue for staff to deliver care that includes regular orientation, environmental prompts, clear communications of interventions, and reassurance and avoidance of agitation all underpinned by a person centred care. The CHOPs 7 key principles provides guidance.</td>
<td>The CHOPs magnet is similar to the Falls risk sign for patients, can help identify those patients are at high risk of adverse events such as falls, prescription of antipsychotics. All staff on the ward are aware that patients at high risk and strategies can be implemented to manage and minimise this risk.</td>
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<td>Delirium Alert</td>
<td>The Delirium alert is used for patients who are at risk or who have been diagnosed with a delirium. It alerts staff on how to minimise poor outcomes and is an easy guide that provides a list of strategies to prevent delirium.</td>
<td>The Delirium alert is placed on the patient’s bedside notes at the front of the medication chart.</td>
<td>When a patient is recognised as having a high risk or is diagnosed with a delirium, the ‘Delirium Alert’ is placed on the front of the patient’s bedside notes and instructions are followed by staff caring for the patient. Delirium documentation in the medical record and completion of the CAM is attended.</td>
<td>The Delirium Alert assist all staff to identify the patients at risk of or with delirium, as early as possible in an attempt to lessen the incidence of morbidity, mortality and long hospitalisation often associated with delirium. Documentation improves DRG Coding and cost weight for caring for a patient with delirium.</td>
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**Implementation Plan Lismore Site**

**Management of Delirium**

**Delirium Documentation**

- **Top 5 Information Sheet** placed in end of bed folder
- **CHOPs ICON** on ward computers
- **Large clocks** for easy staff access
- **Delirium alert stickers** in the patient’s medical record
- **CHOPs magnet** indicates a patient who is confused
- **Call bell** is yellow and easier to locate in white bedding
- **Environment** with easy way finding
- **Large clocks** for orientation
- **Fiddle Aprons** / rummage boxes
- **Confused Hospitalised Older Persons Project**

**Carers are the most effective people to identify key issues for the person and an accurate report on progress and response to treatment including side-effects to medications.**

**Environmental Design and Visual Prompts**

- **Easy access to resources**
- **Environment** for easy way finding
- **Visual prompts** can help prevent some behaviours associated with confusion
- **Falls risk sign** for patients
- **Prescription of antipsychotics**
- **All staff** on the ward are aware that patients are at high risk and strategies can be implemented to manage and minimise this risk.**

**Knowledge Cafe Mr Selby & Anne**

**Volunteer Program**

- **CHOPs volunteer program** commenced with media and recruitment
- **Ongoing education provided** to staff using a variety of learning styles, elearning, face to face, barbara's story DVD, knowledge cafe interaction. Medical staff, surgeons, orthopods & JMOs are receiving education on CHOPs and the use of anti-psychotics as part of the education plan.

**Fiddle Aprons / rummage boxes**

- **When a patient requires an IPS due to confusion, the fiddle aprons/ activity box will have useful evidence based items that can be used successfully to help care for a patient.**

**Education for staff**

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**Anti-psychotic clinical guidelines**

- **Will inform and guide practice on anti-psychotics prescribing that are used as a last resort.**

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On Reflection

Learning without reflection is a waste. Reflection without learning is dangerous.

Confucius
Enablers

- ACI support
- Medical staff and geriatric team support
- Cohesive project team and action plan
- Senior management support
- Clinical lead and clinical champions
- Synergy/linkages with other programs
Barriers

- Competing priorities/programs/activities
- Project team member attrition
- Poor engagement by some staff
- Time demands for leads
- Variation in experience of leads
- Staff time and release for education
- Low profile of delirium and dementia
- IT system changes
Sustainability

- Linking to the ACSQHCS (National Standards)
- Hospital governance & continued exec support
- Continued ACI support
- Resources for project implementation
- Local clinical champions & strong team
- Continuation with actions implemented/action plans and regular team meetings/team approach
- Synergy/linkages with other programs
Lessons learnt

- AIM training / leadership principles
- Establish the support team: ACI, Local, & Executive
- Value add to other initiatives
- Be committed, believe in the cause and your team
- The model of care is worthwhile and important your patients depend on it!!

Do not give up