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Poster 18

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Delirium Team Briefing

Implementation of a communication tool that enables health care teams to optimize delirium care

Claudia Eckstein [1] | Network Ageing Research, University of Heidelberg | Heinrich Burkhardt [2] | Geriatric Centre, University Medicine Mannheim

Background

1 out of 4 older inpatients develops delirium

- Cognitive disabilities/dementia,
- serious underlying diseases or surgical interventions under anaesthesia
- as well as the new and unfamiliar clinic environment predispose the development of a delirium

Objectives

The care of patients at risk of delirium and delirious patients requires close collaboration and an intensived interprofessional exchange within the health care team. In order to promote this exchange in a structured and systematic way, a daily delirium team briefing was developed, which is currently being piloted and evaluated in the **DanA*** study.

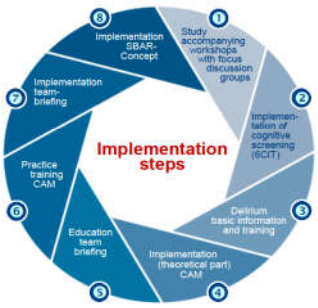
Design and Implementation

DanA is based on theoretical principles (Normalization Process Theory and Action Theory) and empirical findings (preliminary review and consideration of medical guidelines).

The 14-month (01.10.2018-30.11.2019), interrupted pre- and post-test DanA study is performed at the Geriatric Centre, Medical Department of University Medicine Mannheim in three stages and implemented in eight steps:

Development stages

- I Team-participation (workshops) ❶
- II Pre-intervention measurements ❷❸❹❺❻
- III Intervention „Delirium Team Briefing" ❼❽



Intervention

The team briefing according to the 4-step SBAR concept (as shown above), considers all patients at risk of delirium (based on the 6-CIT test) and all delirious patients with regard to the CAM (Confusion Assessment Method).

Situation ▶ **Background** ▶ **Assessment** ▶ **Recommendation**

The team discusses which non-pharmacological interventions are appropriate for the individual patient, depending on the risk or the clinical form and the underlying causes of delirium.

Expected results

Based on empirical findings that a systematic interprofessional exchange can significantly increase the effectiveness of health care services, it is hypothesized that under the influence of a daily team briefing an optimized delirium care can be achieved.

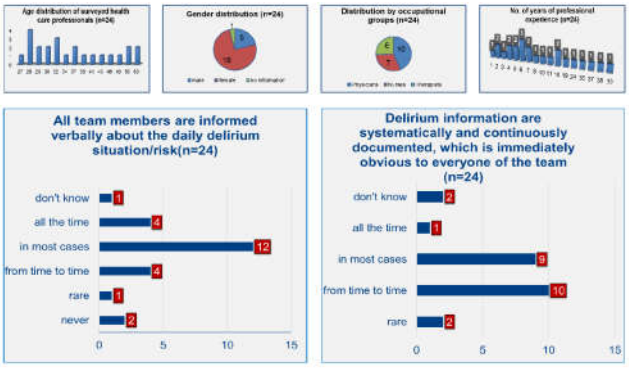
An enhanced quality of teamwork is also expected, especially with regard to the daily structured exchange. In addition, it can be assumed that awareness of delirium in the team will increase, which may lead to a higher delirium detection rate. In any case, patients are likely to benefit from individual delirium care plans.

Primary Endpoints and Measurements

Patients
Objective test parameters:
Delirium incidence and prevalence (statistical calculation, ANOVA).

Staff (ward team professionals)
Subjective test parameters:
Longitudinal comparison of interprofessional team and competence development in the context of delirium care (questionnaires: AITCS II (Assessment of interprofessional team collaboration) and self-developed, delirium-specific questionnaire.

Excerpts from the baseline survey



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Authors:
1 Claudia Eckstein I Doctoral Student in the Graduate Program People with Dementia in Acute-care Hospitals I Network Ageing Research, University of Heidelberg, Germany I eckstein@nar.uni-heidelberg.de
2 PD Dr. med. Heinrich Burkhardt I Head physician of the department of Geriatric Medicine I University Medicine Mannheim, Germany I heinrich.burkhardt@umm.de

DanA - Delirium-intervention in the acute-geriatric Setting. A non-pharmacological team-based Approach

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