

Sigma's 30th International Nursing Research Congress
Improving Delirium Care in Hospitalized Older Adults: Impact of Education on Hospital Aides as Sitters

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Delirium commonly occurs in hospitalized older adults and is associated with negative physical and emotional patient outcomes (Hshieh, Yang, Gartaganis, Yue, & Inouye, 2018). As one of several hospital team members involved in the management of care for an older adult with delirium, a hospital aide (HA) is often relied upon to provide direct one-to-one patient care in the role as a sitter (Collela, et al., 2017). Yet, many HAs have not received training about delirium and its associated symptoms, or in the delivery of appropriate interventions (Carr, 2013; Solimine et al., 2018). HAs often report a lack of confidence in their sitter role and have also exhibited inconsistencies in their care of patients with delirium (Carr 2013; Morandi et al., 2015; Schoenfisch, Pompeii, Lipscomb, Smith, Upadhyaya, M., & Dement, 2015; Solimine et al., 2018). This gap in HA education and training creates a situation in which quality care of hospitalized older adults with delirium may be negatively impacted, and the HA contribution to interdisciplinary team (IDT) care of patients with delirium potentially underutilized.

The purpose of this practice-improvement project was to determine if an educational intervention provided to HAs employed at a 250-bed acute care medical center in an urban U.S. setting would increase their knowledge, skill, and confidence in the role of sitter when caring for hospitalized older adults with delirium. The aim of the project was effective utilization of appropriately trained HAs as members of the IDT in an effort to provide patients with delirium improved safety and quality of care. A mixed method approach was used to address the following questions:

- 1) Does the delivery of a 3-hour long educational session about delirium given to hospital aides increase their knowledge scores on a post-test about caring for older adults with delirium in an acute care setting compared to a pre-intervention knowledge test?
 - 2) Subsequent to the educational session, does the HA demonstrate accuracy in detection of a patient's delirium symptoms as measured by the Sour Seven Questionnaire in comparison to assessment by a geriatric clinical expert?
 - 3) Subsequent to the educational session, does the HA demonstrate accuracy in delivery of care to patients with delirium as validated by an evidence-based delirium care rubric and observation by a geriatric clinical expert?
 - 4) Subsequent to the educational session, what is the HA's perceived confidence and self-perception of their contributions to interdisciplinary care of the patient with delirium?
- A 3-hour educational session, based on the theoretical framework of Albert Bandura's Social Learning Theory (Bandura, 1969), was delivered to HA participants using

teaching-learning methods such as observation of role models, engagement in return demonstrations, partaking in simulated patient scenarios and participation in an observational activity at the bedside to deliver content on evidence-based delirium care. HAs were also instructed in the use of a delirium detection tool, the Sour Seven: Delirium Detection Questionnaire for Caregivers (Shulman, Kalra, & Jiang, 2016), a validated tool originally designed for use with layperson caregivers. This innovative use of the Sour Seven tool was undertaken given the fact that there are currently no validated tools specifically developed for use by HAs for detection of delirium behaviors. The Sour Seven provides a means for identifying delirium that is based on seven simple observations of the patient during caregiving (Shulman et al., 2016) and therefore deemed suitable for HA use.

Knowledge-acquisition of HAs was measured using an investigator developed pre-posttest assessment, whereas transference of knowledge was evaluated with post-education visits to HAs at the bedside during which the investigator (a geriatric clinical specialist) directly observed HA delivery of care and compared it to an evidence-based delirium care rubric. Accuracy in the HAs use of the Sour Seven tool was evaluated by comparison to the investigator's Sour Seven assessment. Mini-interviews were then conducted with each HA to investigate their perceived confidence in their role as sitter and self-perception as a member of the interdisciplinary team.

The project implementation began on March 10, 2019 and will continue till May 5, 2019. To date, quantitative results have demonstrated increased HA knowledge about the care of older adults with delirium as well as accuracy in their delivery of care and detection of delirium behaviors. Qualitative results from mini-interviews include expression of increased HA confidence in their role as a sitter and self-perception as a contributor to the interdisciplinary team. It is projected that these practice-improvement measures will contribute to enhancing the quality and safety of care for hospitalized older adults with delirium at the project site. Final analysis of data will be used to determine the applicability of findings to other clinical settings.

Title:

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Keywords:

Delirium, Hospital Aides and Sitters

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Abstract Summary:

A practice-improvement project was designed to deliver an educational intervention to hospital aides to increase their knowledge, skill, and confidence in the role of sitter for hospitalized older adults with delirium with the aim of enhancing their quality of care and contribution to interdisciplinary team care of patients with delirium.

Content Outline:

I. Introduction

A. Significance of delirium in hospitalized older adults

1. Common in the hospital setting
2. Associated with potential negative outcomes

B. Background

1. Hospital Aide (HA) relied upon to provide care in the role as a sitter
2. Lack of HA educational training in delirium care
3. Addressing gaps in education that may positively impact the quality of delirium care
4. Underutilization of the HA as a contributor to the interdisciplinary team (IDT)

II. Body

A. Main Point #1: Development of a practice improvement project

1. Supporting point #1: To determine if an educational intervention provided to HAs increased their knowledge, skill, and confidence in the role of a sitter in the care of a hospitalized older adult with delirium
2. Supporting point #2: Effective utilization of appropriately trained HAs as members of the IDT can provide patients with delirium improved safety and quality of care

B. Main Point #2: A mixed method approach was used to address the following questions:

1. Supporting point #1: Does the delivery of a 3-hour long educational session about delirium given to hospital aides increase their knowledge scores on a post-test about caring for older adults with delirium in an acute care setting compared to a pre-

intervention knowledge test?

2. Supporting point #2: Subsequent to the educational session, does the HA demonstrate accuracy in detection of a patient's delirium symptoms as measured by the Sour Seven Questionnaire in comparison to assessment by a geriatric clinical expert?

3. Supporting point #3: Subsequent to the educational session, does the HA demonstrate accuracy in delivery of care to patients with delirium as validated by an evidence-based delirium care rubric and observation by a geriatric clinical expert?

4. Supporting point #4: Subsequent to the educational session, what is the HA's perceived confidence and self-perception of their contributions to interdisciplinary care of the patient with delirium?

C. Main Point #3: Theoretical framework using Albert Bandura's Social Learning Theory (Bandura, 1969) was used during a 3-hour education session with the following teaching methods

1. Supporting point #1: observation of role models; engagement in return demonstrations, partaking in simulated patient scenarios and participation in an observational activity at the bedside to deliver content on evidence-based delirium care

2. Supporting point #2: other methods included the use of a delirium detection tool, the Sour Seven: Delirium Detection Questionnaire for Caregivers (Shulman, Kalra, & Jiang, 2016), a validated tool originally designed for use with layperson caregivers

D. Main Point #4: Evaluation of knowledge acquisition

1. Supporting point #1: an investigator developed pre-posttest assessment of delirium

2. Supporting point #2: transference of knowledge was evaluated with post-education visits to HAs at the bedside during which the investigator (a geriatric clinical specialist) directly observed HA delivery of care and compared it to an evidence-based delirium care rubric.

3. Supporting point #3: accuracy in the HAs use of the Sour Seven tool was evaluated by comparison to the investigator's Sour Seven assessment

4. Supporting point #4: mini-interviews were then conducted with each HA to investigate their perceived confidence in their role as sitter and self-perception as a member of the interdisciplinary team

III. Conclusion

A. Quantitative results to date have demonstrated increased HA knowledge about the care of older adults with delirium as well as accuracy in their delivery of care and detection of delirium behaviors.

B. Qualitative results from mini-interviews include expression of increased HA confidence in their role as a sitter and self-perception as a contributor to the interdisciplinary team

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