

PROBLEM/SIGNIFICANCE

- Delirium occurs in 29% – 64% of hospitalized older adults with physiologic, economic, & psychosocial consequences.¹
- An estimated \$164 billion in health care costs results from complications of delirium such as:
 - Falls & functional decline
 - Prolonged hospitalization
 - Need for placement into long-term facilities²
- An interdisciplinary team (IDT) approach to delirium care is recommended for prompt detection of symptoms & accurate interventions.³
- Hospital Aides (HAs) who provide one-on-one observation & care of patients experiencing delirium as *Sitters*:
 - Lack adequate training
 - Are underutilized in the IDT approach to delirium care⁴

PURPOSE/AIM

Purpose: To determine if an educational intervention provided to HAs who serve as *Sitters* for hospitalized older adults experiencing delirium enhances their:

- Knowledge regarding care for patients with delirium
- Skill in the detection of delirium symptoms
- Level of confidence in the role of sitter
- Contribution to interdisciplinary team (IDT) care

Aim: To improve delirium care through effective utilization of appropriately trained HAs as members of the IDT.

BACKGROUND

- HA sitter usage has become a common practice in the management of delirium for older adults to prevent injury from agitation, falls, & as an alternative to physical restraints.⁵
- Observations in the acute care setting by the project investigator (a Geriatric Clinical Nurse Specialist [GCNS]) revealed HA *Sitter* inconsistency of evidence-based (EB) interventions for patients with delirium.
- HA *Sitters* expressed a lack of confidence and level of comfort in caring for patients with delirium to the GCNS project investigator in the acute care setting.
- HA *Sitters* expressed feeling inadequately prepared on what is needed to effectively and safely provide care for patients with delirium to the above GCNS
- Findings from others⁶ align with the above GCNS observations & dialog.
- HAs may feel more empowered & motivated to apply their newly acquired knowledge about delirium as a contributing member of the healthcare team.

THEORETICAL FRAMEWORK

- Albert Bandura's Social Learning Theory (SLT)⁷ was used to guide an educational intervention for HAs & pre/post measurements of knowledge (attention & retention), skill (reproduction) & attitude (motivation). SLT proposes four phases, mainly internal processes, that drive social learning:
 - 1) *Attention*: learner observation of a role model
 - 2) *Retention*: learning storage & retrieval of observation
 - 3) *Reproduction*: learner copies observed behavior
 - 4) *Motivation*: learner's internal drive to perform behavior

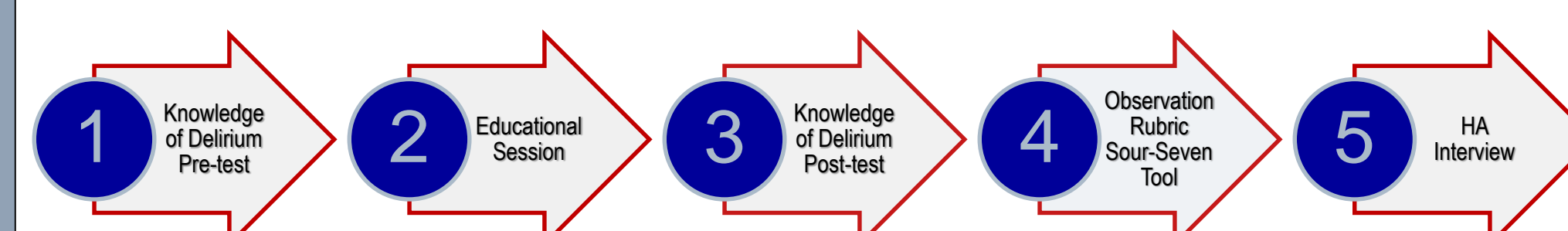
METHODS

Design: Longitudinal mixed methods

Sample: Convenience sample of 17 HAs employed at a 250-bed acute care medical center in urban Honolulu

Procedures:

- Pre-assessment of HA knowledge of delirium
- 3-hour educational session on delirium delivered to HAs using SLT teaching-learning methods:
 - observation of role models
 - engagement in return demonstrations
 - partaking in simulated patient scenarios
- Post-assessment of HA knowledge of delirium (retention)
- Post-education visits by project investigator (GCNS) for bedside observation of HA's accuracy in the delivery of delirium care & detection of symptoms (reproduction)
- 10-minute HA interview (motivation)
- Quantitative measurements:
 - *Pre-post Knowledge of Delirium Test*
 - *The Sour Seven: Delirium Detection Questionnaire for Caregivers*⁸
 - *Hospital Aide as a Sitter Observational Rubric*
- Qualitative exploration:
 - *Open-ended Interview Questions* regarding HA's level of confidence & perception of their contributions to interdisciplinary care of the patient with delirium



RESULTS

Quantitative Results: Accuracy of delirium knowledge increased on all three post-intervention measures compared to pre-intervention HA delirium knowledge. This change was significant as reflected by Cochran's Q = 26.4 (3), $p=.000$.

Accuracy of HA Delirium Knowledge Across Three Measures

Measurement	Count (#)		Mean Percent (SD)	Significance (p)*
	Yes	No		
Knowledge of Delirium Pre Test	3	14	18 (.393)	-
Knowledge of Delirium Post Test	10	7	59 (.507)	.016*
HA as Sitter Observational Rubric	17	0	100 (.000)	.000*
Sour Seven Delirium Detection Tool	14	3	82 (.393)	.003*

* Pairwise McNemar with Bonferroni adjusted alpha $p = .016$

Qualitative Results: Two major themes & four sub-themes emerged from the analysis of interview transcripts.

- Theme 1: Increased confidence.** HAs expressed more confidence in their role as a sitter, with several expressing a large perceived increase in their confidence level.
 - Subtheme 1a: More comfortable.** Being more comfortable, sometimes articulated as being less afraid of assisting with care for a patient with delirium, was associated with HA's increased confidence.
 - Subtheme 1b: Acquired knowledge.** HAs expressed specific connections between the knowledge gained from the educational session & their increased confidence & level of comfort in caring for patients with delirium.
- Theme 2: Enhanced Relationship with the IDT** HAs felt more included & associated with the IDT after attending the education session.
 - Subtheme 2a: Perceived value & importance** HAs verbalized a clearer definition of their role within the IDT & how their contributions as a sitter are important.
 - Subtheme 2b: Observer & communicator to the IDT:** HA's further articulated their relationship & value to the IDT by verbalizing specific contributions they could now make to the IDT in their role as a sitter for patients experiencing delirium

Limitations

- Small sample size N = 17
- Variable intervals of post education 1:1 visit
- Potential for Hawthorne effect

CONCLUSIONS

- The delivery of a HA educational session successfully enhanced knowledge, skill, level of confidence, & potential contribution of HA to the IDT care of older adults experiencing delirium in acute care settings.
- Findings align with others who study HAs in the *Sitter* role⁹
- SLT educational methods were effective:
 - Attention phase: HAs observed & interacted with role models with geriatric expertise to learn about delirium
 - Retention phase: HAs returned demonstration of knowledge in role-playing & accuracy on post-tests
 - Reproduction phase: HAs replicated appropriate delirium interventions & detection of symptoms
 - Motivational phase: HAs revealed increased confidence in the *Sitter* role & enhanced relationship with the IDT

IMPLICATIONS FOR PRACTICE

- Orientation curriculum for new HA employees to include content on delirium in older adults & the role of sitter.
- Recognition of the HA *Sitter's* value to quality care of older adults experiencing delirium will be encouraged by their inclusion in IDT care conferences.
- Continuing education to sustain delirium knowledge & skills of the HA is planned.
- Competency development or evaluation tool for HAs may be developed from the investigator-developed *HA as a Sitter Observational Rubric*.
- Additional educational development opportunities augmented by SLT with role modeling & role playing specifically targeted to unlicensed assistive personnel to be developed.

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REFERENCES

References available as an addendum