Screening for Delirium: A survey of delirium screening practice in specialist palliative care units in the UK protocol

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Delirium is a condition whereby a person becomes increasingly confused, usually developing rapidly, over several hours or a few days (American Psychiatric Association 2014). An episode of delirium can be very distressing for the patient and also their family, friends and health care staff (Bruere 2009). Delirium is usually caused by a number of different factors interacting, including, dehydration, an infection (such as a UTI), taking certain medications, and the use of physical restraints (Inouye 2014). Anyone can suffer an episode of delirium, however, people in hospices are at an increased risk (Hosie 2012). This is because older people, those with cognitive impairment and those with serious illness are more vulnerable (Inouye 2014).

Once identified, delirium can often be treated by identifying and treating the underlying cause and managed by providing basic good quality care (maintaining hydration, managing pain, checking for infections etc (NICE 2010). However, it is often not identified by healthcare staff and therefore not adequately managed (Fang 2008). Regular and consistent assessment and management of delirium is required across hospices. Delirium can be identified using screening tools such as questionnaires and observational checklists. There are a large number of assessment tools available, to screen for delirium in inpatient settings. However, there is currently no strong evidence to offer guidance on which tool should be used in specialist palliative care units (SPCUs) and often the tools that are used have not been tested in this setting (Hosie 2012; De 2015).

Research studies continue to use a number of different delirium screening tools in various research projects, across different healthcare settings. However, little is known about what screening tools are actually used in practice, in SPCUs in the UK.

AIMS AND OBJECTIVES

The aim of this survey is to investigate if and how SPCUs in the UK, screen for delirium, to collect information on any delirium training offered at the hospices, and gather opinions on the barriers and facilitators to delirium screening.

Our objectives are to describe, in specialist palliative care unit settings:

- Routine practice of identifying delirium
- Training practice of health care staff
- The use of screening tools for the identification of delirium, and
- To explore the barriers and facilitators of screening for delirium

METHODS

Setting: Specialist palliative care adult inpatient units whether hospice or part of a hospital in the UK.

Participants: Specialist palliative care inpatient unit clinical staff involved in in-patient care (doctors, nurses, health care assistants)

Study design: Survey with a convenience sample.

A survey has been created from the current literature and expertise of the research group. It has been pilot-tested with delirium and palliative care specialists and patient and public involvement members and the final survey developed taking into account feedback. The final survey uses the online software Qualtrics (a paper version is seen as Appendix A for review purposes). The answer options will include drop down boxes, tick boxes and free text boxes.

Identification, invitation and consent:

Hospice UK, an umbrella hospice charity, will invite the clinical lead at each UK SPCU registered with Hospice UK. An introductory statement will explain the purpose of the study and include an embedded URL to the survey. The clinical lead will be invited to distribute the URL by email to all nursing, medical and health care assistant staff working on the in-patient unit. The staff who choose to complete and submit the survey will do so anonymously, using the link. Completion will be taken as implied consent. The survey has a short introduction explaining the purpose of, and what will happen to the responses. Potential respondents will be reassured that they are under no obligation to complete the survey, and non-completion will not affect their position as staff in any way. They will be informed that the data will be presented at relevant conferences and prepared as a short report for publication in suitable journals and relevant freetext quotes may be used and that they will not be identifiable from the data presented. They will also be informed that the data may also be used in other relevant projects by other authorised researchers.

Data collection procedure:

A URL will be provided via email to take the participant to the survey. Participants will click the link to take them to the delirium survey, hosted by Qualtrics at the University of York. The survey will take between 5 and 10 minutes to complete. Once complete, the participant will click the submit button and the researcher will anonymously receive the data. Once the participant has submitted the survey, the closing text will offer participants the option to take part in a prize draw. Participants who choose to take part will be taken to a separate form via a URL to enter their name and email address. Data on the prize draw form cannot be linked to the data in the survey.

Data management and analysis

No identifiable data will be received or handled by the research team in any form. If a respondent does include anything which might break anonymity in the freetext comments, this will be redacted in the downloaded excel spreadsheet.

The data will be imported into Excel directly from Qualtrics website and checked for discrepancies, by a researcher. The anonymous survey dataset will be stored on the secure, password protected server at the University of York and on secure, password protected researcher laptop/home computer, accessible by authorised researchers only. The dataset for the prize draw will be kept on a secure server at the University of York in a password protected Excel document and will be deleted once the draw has been made. The results will be collated and descriptively presented and displayed in tables and graphs to provide an overview of the current practice for screening for delirium in hospices.

Survey data will be kept on the secure server at the University of York for 5 years to allow further use as relevant in ongoing delirium projects at the University of York and other collaborative partner institutions.

Dissemination:

The results from this survey will be presented at relevant conferences and prepared as a short report for publication in suitable journals.

Ethical concerns:

No identifiable data will be collected. In the event of free text comments, which could potentially allow regional or other identification, this will be deleted and not stored. It will not be possible to identify the hospice or person in the case of misconduct, criminal behaviour or neglect being disclosed in the free text boxes. However, if the researchers are concerned, they will include the concerning findings in the executive summary sent back to Hospice UK for distribution to their clinical leads. The survey is short in recognition of the busy workload of clinicians and to prevent causing participant burden. Most responses are “tick box” options and the free text sections are optional. The questions are non-intrusive and not personal.

References

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