Objectives

The study objectives were to:

1. Examine screening practices for delirium at specific points in the patient journey into and through hospital;
2. Explore staff knowledge of delirium and the value attached to identifying delirium including the strategies called forth to manage it at different points in the patient journey;
3. Determine organisational, environmental and system level barriers that impact use of screening tools to identify patients with possible delirium across the patient journey;
4. Consider staff use of screening tools generally and the 4AT specifically, the contexts in which it is used, speed and ease of use and value attached to use.

Introduction

Introduce study; confidentiality; timing; recording and consent.

Role

- Job title
- Work unit
- Experience
- Summary of role

Location on Care Pathway/Patient Journey

a. Patient journey into the ED/MAU etc to the ward (focus will depend on the location of the informant)

Patients coming into the ED (or…specific to each point in the patient journey)

- Process for triage and diagnostics in respect of patients coming in via different routes (e.g. ambulance, independently mobile)
- What happens and length of time at each point in the process
- Decision-making on destination in respect of older people – does dementia/confusion enter into decision-making
- Problems/consequences – of organisational constraints and co-morbidities

Routine information gathering:

Explore what kind of information is collected and recorded routinely about older patients at each point in the journey, including what is asked of patients/relatives at each stage of the patient journey (A&E; MAU; Ward). [Collect relevant documentation]. Probe:

- What routine information is collected and recorded at each stage in the patient journey (at A&E; at MAU; and at Ward level)? How and by whom?
- What information is communicated to which staff at each stage
- How is it communicated
- Adequacy of information as perceived by staff at different points in the journey
- Problems with collecting/recording/ communicating information across the patient journey? What is routinely collected/usually or often missing? And cognitive impairment? Delirium? How and why?

Identifying cognitive impairment and delirium (at each point in the patient pathway)

Can you talk me through the process for identifying people with a cognitive impairment? And delirium? – use the following as probes

- Are older patients typically screened for cognitive impairment? (Screening tools employed and by whom)
- Are older patients typically screened for delirium? All? Some? Specific triggers? (observation of behavioural cues; use of systematic tools? (what and by whom)
- What are the contexts in which individual older patients are screened for cognitive impairment generally and for delirium specifically (all, some?)
- How and who makes the decision as to which patients should be screened for delirium
- What cues trigger assessment of delirium and how does it occur? Who does it?
- How is information collected and from whom about the patient's cognitive state prior to current episode

Knowledge of Delirium

Is 'delirium' a term that you would use? What term would you use? What does this mean to you? Probe

- Own understanding of delirium? What does this [whatever term is used] mean to you
- Understanding of delirium [whatever term is used] among team members
- Acquisition of knowledge about delirium
- Perceived value attached to delirium screening (staff member/team/hospital)
- Does it/should it affect the treatment/management plan? How and in what respects does it do so?
- Training received about delirium (What training? Covered in professional training? Professional development? Hospital mandatory training?)

Use of 4AT

Reflecting back now on your use of the 4AT in your work setting, can we go through what happened? Probe

- Context in which it was used; how decided which patient to use it with
- Ease/difficulty of use
- What contributed to ease/difficulty of use from your experience
- Did you have to think about what the responses meant/were they self=evident
- What level of knowledge is required to use it effectively
- How would you rate it in comparison with other screening tools
- What would need to happen to encourage you/your team to use it routinely
- Conversely what might inhibit you/your team in using it routinely
- How might use of the tool change practice on managing delirium
- Perceived costs versus benefits(time/resources)
- What would need to happen to change the balance of benefits and costs

Organisational, environmental and system barriers to screening for cognitive impairment and delirium

Could you take me through a recent admission of a patient who appeared to be 'confused'? Probe

- What was it that alerted you to the 'confusion'?
- Is this how a patient with 'confusion' typically presents?
- What is typical?
- What happened next? Typical or not?
- Perceived dilemma/difficulty of distinguishing between dementia and acute confusion? What would you look out for in making such a distinction? What makes it feasible/practicable to assess this in your work setting?
- Value attached to identifying delirium in this context? Is the distinction between dementia and delirium useful in making a decision about what to do? Did it make a difference to the assessment/managing the person's care in this case?
- How do you usually go about identifying delirium in [this setting]? And does it make a difference to what action follows for the patient?
- What are the barriers within this environment to screening and assessing for delirium? (organisational, environmental, knowledge)

Anything else?

Thank you for your time