

Worksheet 1: Assemble a Team



Delirium Care Implementation Coaching Series

October 28, 2021



REGIONAL GERIATRIC
PROGRAM OF TORONTO

Reflection 1: Under each category below, write down the name of someone you would ideally like to join you in improving delirium care in your organization.

Those who implement the change (e.g., front-line, teams, units, etc.)

Those who support those implementing (e.g., practice leaders, educators, managers)

Those who encourage the supporters (e.g., executives, directors)

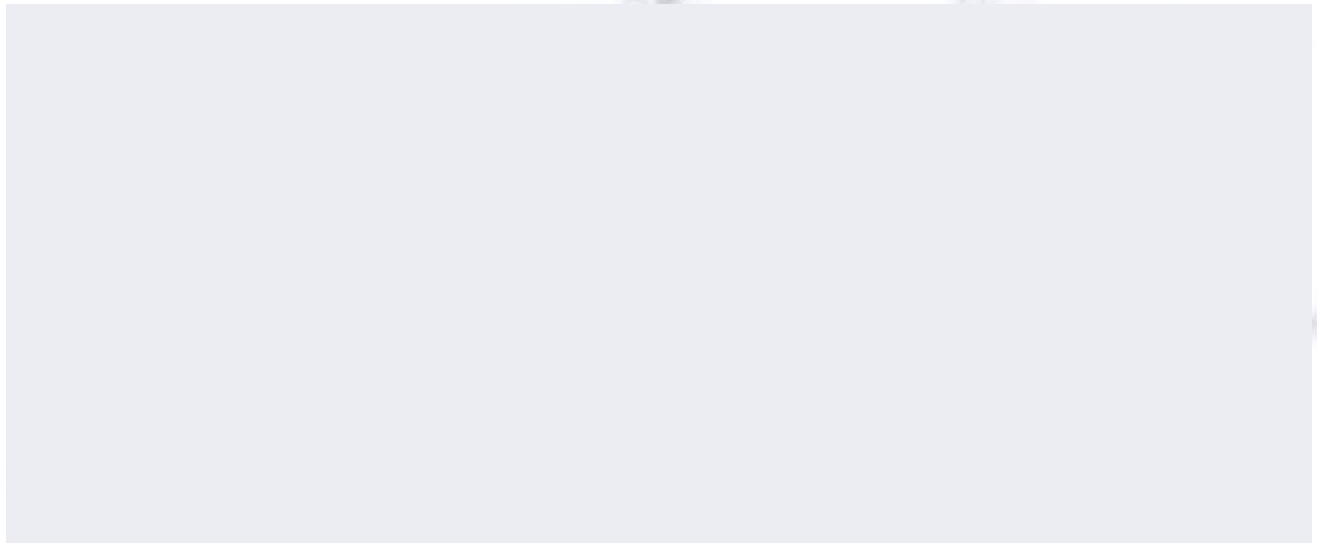
Reflection 2: Download the [sfCare 5Ws worksheet](#) and look under "WHO". Is there someone or a group you have not yet thought about engaging? Make a note below.

Session Notes: How to Nail an Elevator Pitch

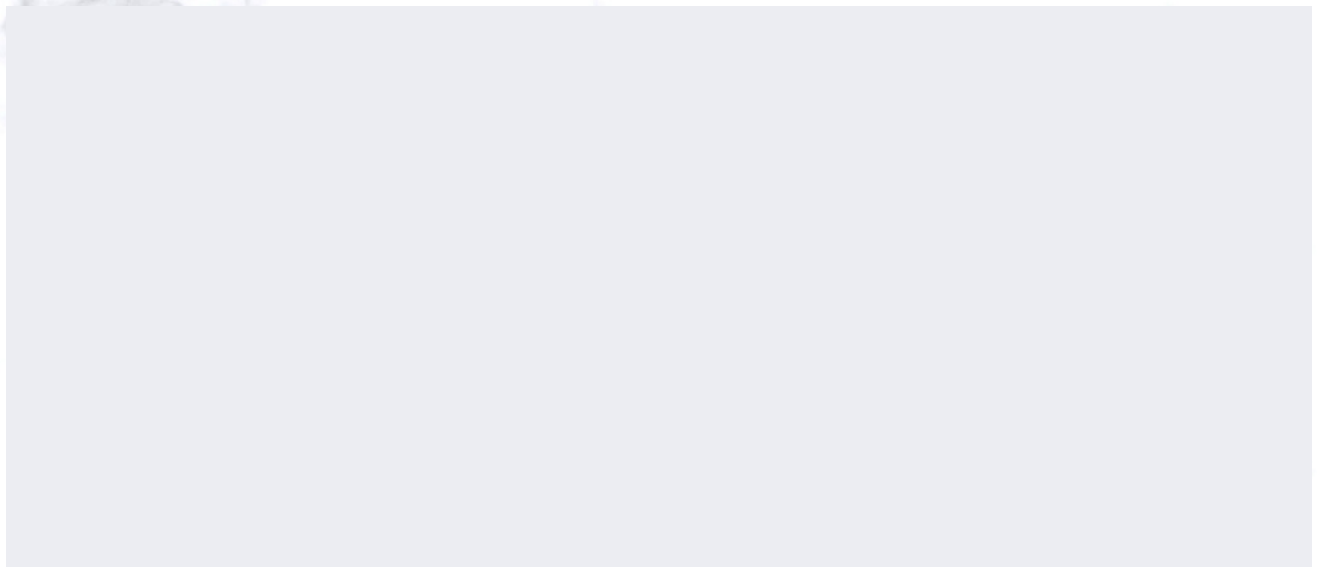
Make note of any tips and tricks below!

Reflection 3: Practice the following elevator pitch. Picture someone you have written down on the previous page. How does it feel? What words would you change to suit your personality and audience? What facts might you add or delete? (see PG 3)

“Delirium is something that I am very concerned about, actually. It’s a preventable harm, which can cause functional decline and death, and up to 75% of our older patients are getting it! By not having prevention measures in place, we’re causing harm. We’re putting together a team right now to implement delirium care. Dr. Ex is the executive sponsor, and I’m the team lead, and we could really use someone with your expertise. Would you help us prevent delirium?”



Responding to Scenarios: Review the list of delirium facts on page 3 and think about how you might respond to the 3 scenarios presented on the screen. Jot down any ideas you hear from attendees and speakers.



Delirium Facts

Source: Ontario Health Quality Standard (PG 6-8)

Prevalence

- 22% – 89% of people in the community and hospital have both delirium and dementia.

Hospital Setting

- Overall occurrence rates range from 29% to 64%
- Settings with the highest incidence rates include:
 - Intensive Care (19% to 82%)
 - Post-surgical care (11% to 51%)
 - Palliative care (42% to 88%)
 - Long-term care or post-acute care (20% to 22%)
 - Delirium is present in 8% to 17% of older people who present at the Emergency Department.
- Delirium has been identified as the third most common harmful event experienced by people admitted to Canadian hospitals.
- Associated with increased mortality across multiple care settings.
- Linked to prolonged hospital length of stay and increased placement in long-term care homes after hospitalization.
- Can be a stressful and frightening experience for the person and their family and caregivers, as well as for their health care providers.
- An episode of delirium is often associated with decreased functional independence and cognitive decline:
 - Worsening of pre-existing cognitive impairment or dementia
 - Increased risk of new-onset dementia

Early Identification

- With early identification of risk factors, delirium can be prevented in 30% to 40% of cases, using preventive interventions.
- Risk factors include:
 - Older age, coexisting medical conditions, dementia or cognitive impairment, depression, problems with hearing and vision
 - Exposure to acute precipitating factors or stresses (e.g., medications, malnutrition, acute illness, use of physical restraints, use of a bladder catheter, pain, sleep interruptions, surgery)

Questions?

Contact an RGP coach by emailing info@rgptoronto.ca