

## **Study and Population**

The study was conducted on the inpatient general medicine service of Eskenazi Hospital (EH). EH is a 450-bed, university-affiliated, urban, public hospital that is staffed by Indiana University School of Medicine faculty and house staff. EH provides care to the indigent and underserved population of approximately 750,000 in Marion County.

## **Background**

Older hospitalized patients with cognitive impairment and delirium are at higher risk of hospital complications including falls, prolonged length of stay, mortality, and rehospitalization. The presence of cognitive impairment or delirium complicates interactions with healthcare staff, potentially leading to unmet basic needs, such as toileting and pain management, as well as other significant carerelated communication that may complicate a hospital stay. Our objective is to improve the quality of care provided by hospital staff by enhancing education and communication techniques for hospitalized older adults with cognitive impairment and delirium.

### Methods

We have developed a pilot program focused on the training of non-medical staff to identify challenges related to communication and patient satisfaction among hospitalized older adults with cognitive impairment or delirium. The training program employs components of NICHE-derived Geriatric Patient Care Associate (GPCA) certification and will be completed by:

- patient care assistants
- dietary ambassadors
- patient transporters
- unit coordinators and volunteers

In addition, the non-medical staff will receive training on the use of a modified delirium toolbox and animal assisted activities program to enhance overall care of the delirious patient.

## Addressing Delirium through Non Medical Staff and Pet Therapy

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# The Impact of Delirium on Elderly Patients With Cognitive Impairment<sup>1</sup>

	Delirium + N=163	Delirium – N=261	P Value
Age, mean (SD)	78.4 (8.5)	78.4 (8.5)	0.02
Female (%)	60.1	69.7	0.05
Length of hospital stay, mean days (SD)	9.2 (7.9)	5.9 (4.9)	<0.001
Survived at 30-day post-discharge (%)	91.4	95.8	0.09
Discharged home (%)	24.5	49.4	<0.001
Observed with Foley catheter (%)	51.5	22.6	<0.001
Observed with physical restraint (%)	4.3	0	<0.01
Observed with tethers (%)	89	69.4	<0.001

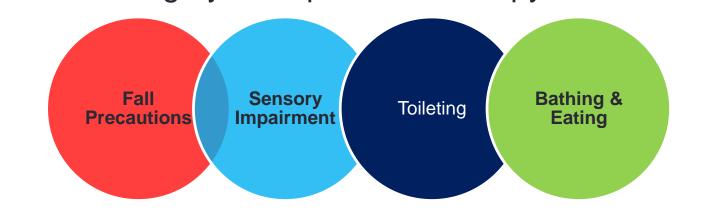
#### Abbreviations: SD. standard deviation

## **Pilot Program Class Outline**

Didactic course provided by RN and OT for Non-Medical staff includes but not limited to the following topics (3):

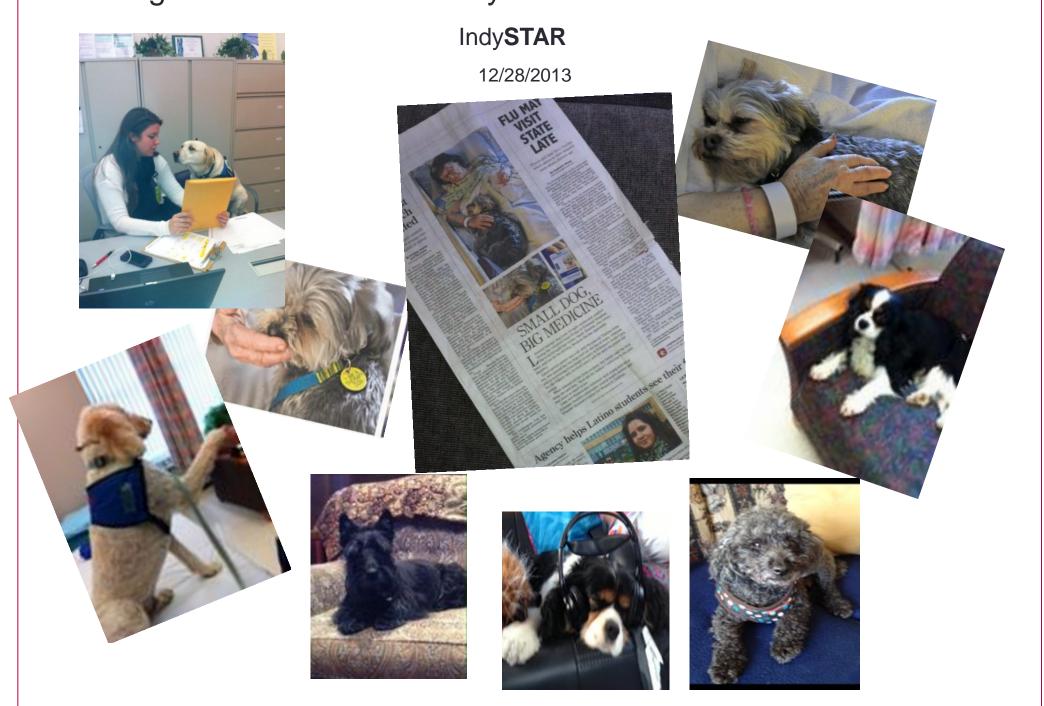
- Definition of Delirium and Dementia
- Identifying patients with possible delirium
- Identifying patients at risk of delirium
- Knowledge of available resources and interventions
  (Modified Delirium Toolbox and Animal Assisted Activities resource) (2)

Fundamental training by Occupational Therapy to include:



## Good Citizen Therapy Staff

This animal assisted activity program involves certified dogs and handlers visiting patients to provide comfort, motivation, and recreation. A volunteer list with contact information will be available to staff 24/7. All staff encouraged to recommend and/or assist in obtaining animal assisted activity visit referrals.



## Summary

The training program is currently in its development stage with support from hospital administration and commitments from volunteer pets to complete the pet training program. The primary outcome to be measured will be the perceived value of the GPCA from patient, nursing, and physician perspective using a survey designed specifically for each participant.

With available resources, health-related outcomes that could be assessed include number of days of delirium, frequency of hospital-acquired complications (such as use of restraints, falls, episodes of incontinence, and psychotropic medications).

#### Conclusions

Enhancing awareness and communication techniques may offer short-term improvements in the quality of care and improve patient satisfaction during the acute illness.

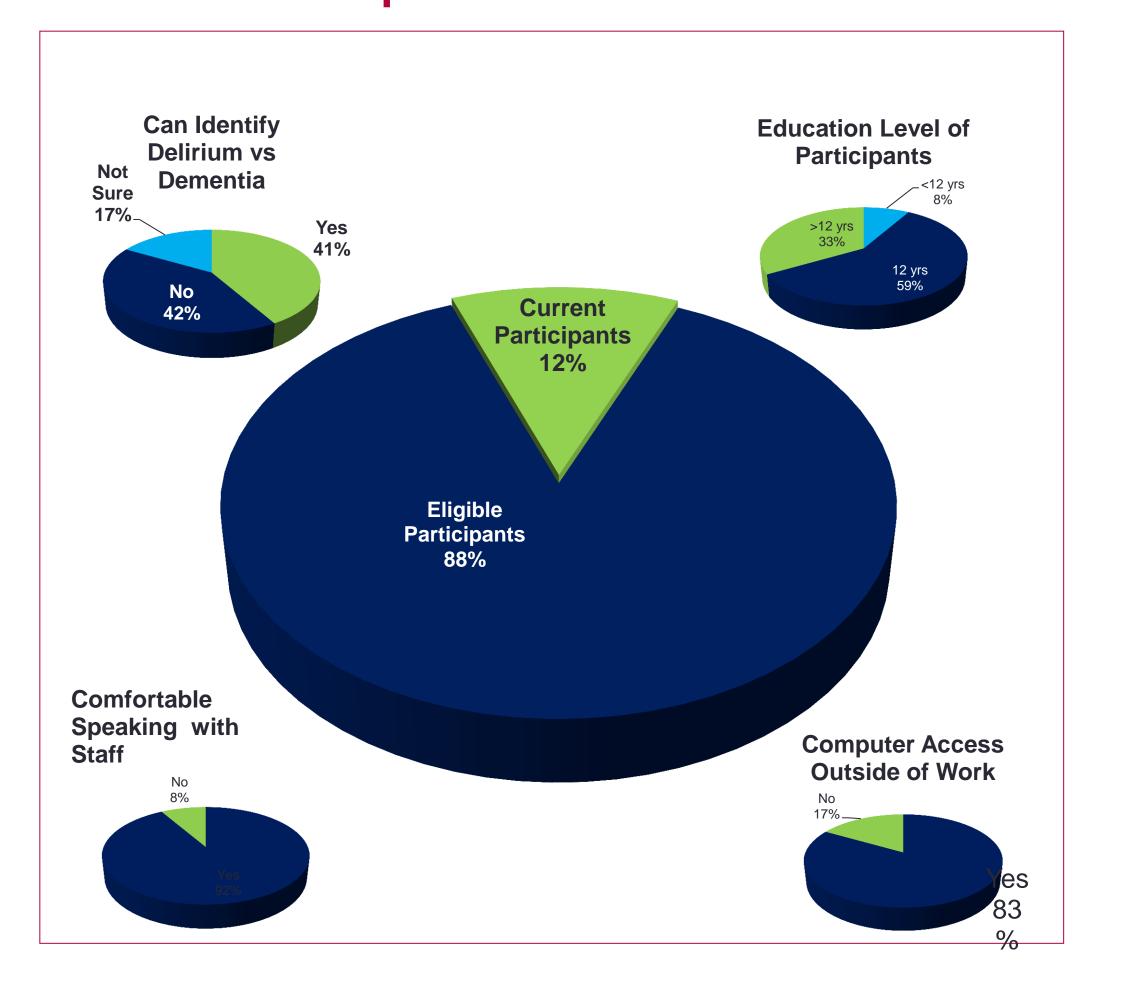
#### Next Steps:

- -Acquire hospital-wide recognition for participants completing the program. (4)
- -Add training to new employee orientation class.
- -Develop mentorship program with new employees.

### References

- 1. Boustani M, Campbell N, Khan BA, et al.. Enhancing care for hospitalized older adults with cognitive impairment: a randomized controlled trial. *J Gen Intern Med* 2012;27(5):561-567.
- NICHE (2013) Nurses Improving Care for Healthsystem Elders a model for optimising the geriatric nursing practice environment.
   Capezuti E, Boltz M, Cline D, Dickson VV, Rosenberg MC, Wagner L, Shuluk J, Nigolian C.
   New York: New York University College of Nursing.
- 3. Rudolf, J. Delirium Toolbox. Retrieved from <a href="http://www.heartbrain.com/delirium/interventions.">http://www.heartbrain.com/delirium/interventions.</a>
- 4. Kaye, B.,& Jordan-Evans, Sharon (2014). LOVE 'EM OR LOSE 'EM (5<sup>th</sup> ed.), San Francisco, CA, Berrett-Koehler Publishers. Inc.

## Participant Pre-Assessment



Subjects with at least 1 hospital day with delirium (1).