

Caring for people with delirium superimposed on dementia and their family carers: An appreciative inquiry

Caroline Ashton-Gough
Dementia Clinical Nurse Specialist
DHRes Student

Presentation

- Background
- Systematic Review
- Case Study
- Research Questions
- Methodology
- Practitioner/Researcher

Background

- Approximately 40% of people admitted to hospital are living with dementia (Sampson, et al. 2014)
- Dementia is the strongest risk factor for developing delirium (acute confusion) (Ahmed, Leurnet, Sampson, 2014)
- Delirium superimposed on dementia occurs in 65% of all hospital cases
- A considerable proportion older people in hospital develop delirium after admission It can be a traumatic and disorientating experience for patients and their families
- Untreated it leads to poor patient outcomes : extended hospital stays, institutionalisation and mortality

Focus of the study

- Majority of studies focus on assessment of delirium and affect but not much emphasis on supportive intervention
- SIGN 157 Guidelines highlighted the need to involve family carers
- Explicit focus on learning from what works in how staff, patients and family carers interact to achieve good patient outcomes
- What enables collaborative working



World Delirium Day PAH Audit 2022

- 414 Inpatient beds
- Patients with dementia across all wards
- March 17th 2022, World Delirium Day Audit across all wards
- In addition-monthly audit of all inpatients
- Audit the use of antipsychotic medications, “This is Me”, Alert, falls, pressure injury

inpatients	Number of patients audited	Patients with dementia	DSD
Ward 1	21	7	6
Ward 2	20	6	5
Ward 3	28	7	5
Ward 4	28	8	6
Ward 5	20	3	1
Ward 6	19	2	1
Ward 7	27	9	6
Ward 8	22	4	2

Systematic Review Findings

- Studies focused on **family and hospital staff** working together to support **people with dementia at risk of delirium**
- **Eleven** studies between **2009-2019** included.
- **Findings**
 - 2 studies in the UK
 - Nursing staff found caring for this patient group difficult.
 - Most interventions focused on education and training for staff and family
 - Family involvement could improve care but minimal evidence of how their input made a difference.
 - Outcomes focused on reducing staff workload and family stress
 - Minimal discussion of how patient experience improved

Case Study

- 78yrs, Vascular dementia, Inguinal hernia, high falls risk.
- Lived with wife, supported by daughter, carers weekly
- Walked 1-2 miles daily, communication changes, eating/drinking well
- Seen in pre-assessment for hernia repair, decision made not for surgery due to high delirium risk, deconditioning etc.
- Admitted 3 weeks later due to a fall, blocked catheter, delirium, breakdown in primary care
- Family initially denied visiting, fell in A/E, admitted to non-specialist area
- Received frequent PRN Lorazepam to manage “behaviour”

Research Questions

- What is the evidence that supportive interventions that involve patients with delirium superimposed on dementia (DSD), family carers and healthcare professionals lead to improved outcomes for the patient and experience for the carer?
- How do hospital staff involve family carers in recognising the signs and symptoms for delirium and providing effective care for someone with delirium superimposed on dementia?

Conceptual Framework

Relational constructionism
informed by an appreciative
inquiry approach to data
collection

- Emphasis on collaboration
- Purpose and meaning arises from interactions and relationships
- Taking learning from what works and applying it to aspects of care everyone wants to improve



Methods

- Interviews patients with dementia (N=5), Family carers (N=20), Staff (who work regularly with patients with dementia), (N=20)
- Interview Techniques: Use of Emotional Touchpoints
- Participant as observer: Periods of observation 1.5-2.5 hrs per visit
- Individual interviews/story generation with staff
- Individual interviews with family carers (could include patient) using emotional touchpoints
- Individual interviews with patients
- Focus groups

Inquiring appreciatively

- *“Appreciative inquiry is the cooperative search for the best in people, their organizations, and the world around them. It involves systematic discover of what gives a system a ‘life’ when it is most effective and capable in economic, ecological, and human terms”* (Cooperrider,D,L. & Whitney,D, 2010)
- *“It could be argued that all leadership is appreciative leadership. It’s the capacity to see the most creative and improbably opportunities. It’s the capacity to see with an appreciative eye the true and the good, the better and the possible”* (David Cooperrider,)
- It’s a philosophy of knowing, a methodology for change, an approach to leadership, a tool for human development.

5 Principles of Appreciative Inquiry

- **Constructionist Principle**-reality as we know is subjective and socially created through the language we use and the conversations we have
- **Principle of Simultaneity**-these become the stories out of which the future is conceived, discussed and constructed
- **Poetic principle**-the organizations past, present and future are endless sources of learning, inspiration and interpretation
- **Anticipatory Principle**-collective imagination and discourse about the future are the most important resource for generating constructive organizational change or improvement
- **Positive Principle**-positive emotions improve our capabilities, we can think more strategically, we are more creative

Appreciative Inquiry



Discovery Phase
Setting the scene
and establishing
relationships



Dream Phase

- Interviews
- Focus Groups



Observations



**Individual stories/Data
generation**

- Staff
- Patients with dementia
- Family Carers



Design Phase

Feedback sessions
to staff & Identify
specific actions
that staff are keen
to take forward

Advantages and Challenges of being a Practitioner Researcher

- Nurse/patient relationship
- Insider/outsider
- Specialist nurse role
- Understand the context
- Safeguarding concerns
- Insider/outsider
- Emotional connection
- Organisational constraints
- Subjective judgement
- Identity of self to others

Next Steps

- Write up systematic review for publication
- Present research proposal and documentation to PAH Patient Panel
- Person with dementia to review information sheet
- Await ethical approval
- Present research to PAH R&D Committee
- Take proposal to all nursing forums

Summary

- Patients with dementia more likely to experience delirium
- Delirium superimposed on dementia leads to extended stay, harm and mortality
- Systematic review identified very little work done focusing on how to involve family carers
- Hospital audit identified out of 185 patients, 46 had dementia, 32 with DSD
- Taking an appreciative inquiry approach allows focus on what works well