Care of Confused Hospitalised Older Persons Program (CHOPs)
CHOPS

ACI led study to improve the care of older people with confusion in hospital

**Pilot sites 2011/2012**

- Armidale
- Batemans Bay
- Campbelltown
- Pambula
- Ryde

**Expected outcomes**

- Increase staff knowledge and awareness
- Improve the assessment and management of people with dementia and delirium
- Improved patient outcomes
- Accuracy of coding for Delirium DRG’s
CHOPS pre-pilot data

- No systematic process for identifying patients with dementia or delirium
- Staff feel that their training is inadequate with less than half those surveyed having received training
- 80% staff exposed to aggression
- Minimal formal cognition screen
- Under reporting and thus coding of delirium
Study Implementation

- Varied across sites, focused on Dementia and Delirium
- Had interventions to target the needs of the site and built on existing strengths
- Education strategies included Hospital and community staff
- Local champions were site leads and invaluable
Results – Staff training

Have you received training on managing confused older patients?

Pre: 40% No, 60% Yes
Post: 100% Yes

ACI NSW Agency for Clinical Innovation
Training

Do you feel the training has been sufficient?

- Pre: 20% No, 80% Yes
- Post: 40% No, 60% Yes
Staff confidence

How confident do you feel in recognising when a patient has delirium?

![Bar chart showing confidence levels before and after an intervention. The chart compares responses from 1 to 10, with a noticeable increase in confidence levels post-intervention.]
Staff confidence

How confident do you feel in the management of a patient with delirium?

![Graph showing staff confidence levels before and after an intervention.](ACI logo)

ACI NSW Agency for Clinical Innovation
Cognitive Screening

Cognitive Screen on presentation or within 24 hours

- No
- Yes

Pre

Post

ACI
NSW Agency for Clinical Innovation
Cognition screening

Batemans Bay

![Bar chart showing cognition screening results]

- Pre pilot: 10%
- Dec-11: 70%
- Sep-12: 60%

ACI NSW Agency for Clinical Innovation
Nurse Special - Campbelltown

Nurse Special Hours

<table>
<thead>
<tr>
<th>Year</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/2011</td>
<td>11514</td>
</tr>
<tr>
<td>2011/2012</td>
<td>5214</td>
</tr>
</tbody>
</table>

Pt hours
The cleaner at our hospital came to me and said there is something not quite right with Mrs W, her behaviour has changed. Not sure how but the CHOPs work is increasing awareness of all the staff.
Pilot outcomes

Significant increases in

- Education
- Screening
- Delirium risk Assessments
- Confidence in recognising delirium
- Confidence in managing patients with delirium
Care of Confused Hospitalised Older Persons program

Aim to improve the experiences and outcomes of confused older people in Hospital

Further funding received to be part of the NHMRC Cognitive Decline Partnership Centre

CHOPs will build on the key lessons learnt from the CHOPS pilot and the latest clinical evidence and expand the number of clinical teams, implementing the program in NSW.
CHOPs

C - Confusion is identified, investigated, treated and appropriately managed

H - Hospitals provide safe and supportive environments

O - Older people are cared for by staff that have the right knowledge, skills and attitudes

P - Partnership with carers and person-centred care are key aspects of quality care

S - Strategies and clear leadership roles are in place to deliver efficient and effective care for confused older people in hospital
Routine screening of cognition on admission or within 24hrs

Falls risk screen – prompts for

- Cog screen
- CAM
• Identifying people at risk
• Flagging those at risk
• Prevention strategies for staff, carers and volunteers
• “Know your patient” system in place
Principle 3: Assessment of older people with confusion

Older people who are confused will be assessed. The cause of their confusion will be investigated to determine the appropriate management.

- Identify cause for confusion
- Comprehensive assessment
  - Include carer and family
  - GP
  - service provider
- Determine appropriate management strategy
- Communicate, referral pathway
Principle 4: Management of older people with confusion

NSW hospitals will have programs in place for older people with confusion that align with these principles.
The implementation will be in partnership with the older person, their carer and family.

- Identify and treat the cause of delirium (if present)
- Develop referral pathways - support
- Non-pharmacological strategies first line
  ▲ Success based intervention
- Communicate
Gather personal life story
Communicate with the carers/family
Sharing of information in all care setting transfers
Carer/family involvement in assessment, care planning and decision making
Recognise carer needs
Staff to share information, verbal and written
Principle 6: Staff education on caring for older people with confusion

Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion.

Why is your patient confused?

DEMENTIA vs DELIRIUM

CHRONIC vs ACUTE

Dementia:
- An umbrella term for a group of illnesses which cause progressive cognitive and functional decline.
- Causes include:
  - Organic in origin
  - Not a slow gradual onset
  - Causes decline in multiple cognitive functions
  - Causes dysfunction in activities of daily living

Delirium:
- An acute onset, which has a fluctuating course and patients usually present with inattention and/or disorganised thinking.
- Causes:
  - Can cause an altered level of consciousness (i.e. hyperactive such as agitation or hypoactive such as lethargy and sleep)
  - Is a medical emergency
  - Is an independent predictor of adverse outcomes such as falls, increased length of stay, and death

DELIRIUM

Who is at risk of developing a delirium?

- Patients who are at risk of delirium might have one or more of the following:
  - Multi-morbidity (dementia, comorbid conditions)
  - Impairments of their sleep-wake cycle
  - Changes in their medication
  - Recently had surgery/treatment change
  - Recent hospitalisation
  - Suffering from dehydration or malnutrition

It is important to know:

- Assess the patient for delirium using validated tools.
- What is the patient's usual level of functioning?
- What is the patient's current level of functioning?
- If you manage the patient's risk factors, could you prevent a delirium from developing??
Promote Awareness
- Posters
- Brochures
- Lanyards
- Newsletters

Ward Level
- 1:1 and Case presentation
- Short Inservices
- Scripted powerpoint

Hospital Level
- Grand Rounds
- Department meetings (Inc coders)
- Include in ward based education
- Undergraduate program

External
- Curtain University
- Dementia e-learning
- College of Nursing Grad Cert.
- University Post-Grad Programs
- Review of local environment
  - ward audit tool
  - Simple changes
- New build and renovation considerations
- External audit and consultancy

**Principle 7: Supportive care environment for older people with confusion**

NSW hospitals will provide a supportive care environment for the older person with confusion.
### CHOPs next steps

<table>
<thead>
<tr>
<th>Starting April 2014</th>
<th>Starting August 2014</th>
<th>Starting February 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prince of Wales Hospital</td>
<td>Broken Hill Hospital</td>
<td>Maitland Hospital</td>
</tr>
<tr>
<td>Lismore Hospital</td>
<td>Hornsby Hospital</td>
<td>Blue Mountains Hospital</td>
</tr>
<tr>
<td>Gosford Hospital</td>
<td>Wollongong Hospital</td>
<td>Coffs Harbour Hospital</td>
</tr>
<tr>
<td>Liverpool Hospital</td>
<td>Orange Hospital</td>
<td>Fairfield Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canterbury Hospital</td>
</tr>
</tbody>
</table>
Anthea Temple
Project Officer
Ph 0467 711 274

anthea.temple@aci.health.nsw.gov.au


www.sydney.edu.au/medicine/cdpc