Captions for figures

**Figure 1.** Principles of the delirium intervention

**Figure 2.** Levers, barriers and suggestions for future modifications of the delirium intervention
<table>
<thead>
<tr>
<th>Delirium</th>
<th>Change practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ Measures to identify and modify reversible risk factors in residents, e.g. facilitating use of aids for visual and hearing impairment</td>
<td>❖ Education and training using a range of methods including interactive teaching</td>
</tr>
<tr>
<td>❖ Changes to the physical environment to reduce its propensity to cause or worsen delirium e.g. use of adequate lighting and clear signs</td>
<td>❖ Presence of a ‘clinical lead’ to facilitate implementation and drive change</td>
</tr>
<tr>
<td>❖ Examination and modification of organisational factors which may impact on delirium e.g. hand-washing policies, systems to review medication by pharmacist</td>
<td>❖ Local ‘champions’ to take on training of staff</td>
</tr>
<tr>
<td>❖ Screening and early detection of delirium and prompt investigation for underlying causes</td>
<td>❖ Reminders e.g. posters, checklists</td>
</tr>
<tr>
<td></td>
<td>❖ Systems to check and improve implementation of changes to practice e.g. audit and feedback</td>
</tr>
<tr>
<td></td>
<td>❖ Use of multiple approaches to increase adherence</td>
</tr>
<tr>
<td></td>
<td>❖ Adaptation to meet local needs</td>
</tr>
<tr>
<td></td>
<td>❖ As simple an intervention as possible</td>
</tr>
</tbody>
</table>
LEVERS

**Flexibility**
- Varying timing of training sessions (afternoons usually better)
- Training delivered as 3x 20 minutes, 2 x 30 minutes or 1x 1 hour sessions to suit home
- Variation in size of teaching group, depending on how many staff could be released
- Meetings at care home (e.g. office /residents’ lounge allowing staff to keep an eye on residents)
- Using time at care homes to liaise with staff, when meetings cancelled

**Involving all staff**
- Including qualified, unqualified, managers, night staff, other professionals ensured spread of knowledge
- Having a range of perspectives in working groups maximised usefulness of materials produced

**Identifying and responding to training needs**
- Clarifying terminology – “delirium”, “acute confusion” “dementia”
- Training on how to make structured observations
- Liaising with training co-ordinator to address gaps in knowledge (e.g. identification of dehydration)
- Discussing examples given by staff and issues arising as training points, reinforcing good practice & highlighting misunderstandings

**Tailoring to individual home**
- Focusing on issues relevant to home and developing materials specific to each home
- Breaking tasks down into small steps and identifying specific difficulties encountered for each home

**Between session tasks**
- Applying knowledge from training between sessions through practical tasks (e.g. monitoring own urine for effects of dehydration)
- Piloting materials produced by working groups

**Developing pride in care home staff**
- Engendering enthusiasm in group members, labelling working group as “specialists”
- Sharing ideas with other homes
- ‘Old’ group members explaining to new recruits

**Support of managers and other professionals**
- Encouraging staff to utilise intervention and in implementing changes to practice

**Minimum extra work for staff**
- Sharing ideas between home as starting point for developing own materials
- Explaining how project complements and links with existing training– overlaps, not lots more work
- Modifying existing paperwork rather than creating more
- Linking with other training (NVQ)

BARRIERS

**Practical problems within the homes**
- Sickness
- Refurbishment
- Staff leaving.
- Constraints on staff time

**Poor communication within homes**
- Language difficulties
- Poor communication between shifts
- Poor record keeping

**Poor organisation in homes**
- Poor time keeping
- Last minute rota changes
- Poor communication between managers and other staff

**Negative staff attitudes**
- Staff feeling powerless to affect change
- Concerns about increased workload
- Unhelpful attitude of other staff members
**Unsupportive managers**

- Managers not completing agreed tasks
- Intervention seen as a burden
- Poor communication with other staff about the project

**SUGGESTIONS FOR IMPROVEMENTS**

- Include materials in induction pack
- Invite new staff in first few weeks of starting*
- Booster session for staff who have received training
- "Buddying up" in teaching sessions to apply teaching between sessions*
- Using the checklist in the education sessions*
- Establishing ‘delirium carers’ in the home to keep the work ongoing*
- Inviting other professionals involved in the care of residents to training*
- Approaching NVQ trainers to get delirium included in syllabus

* = those tried with good effect during intervention