Captions for figures

Figure 1. Principles of the delirium intervention

Figure 2. Levers, barriers and suggestions for future modifications of the delirium intervention

Figure 1

Delirium

- Measures to identify and modify reversible risk factors in residents, e.g. facilitating use of aids for visual and hearing impairment
- Changes to the physical environment to reduce its propensity to cause or worsen delirium e.g. use of adequate lighting and clear signs
- Examination and modification of organisational factors which may impact on delirium e.g. hand-washing policies, systems to review medication by pharmacist
- Screening and early detection of delirium and prompt investigation for underlying causes

Change practice

- Education and training using a range of methods including interactive teaching
- Presence of a 'clinical lead' to facilitate implementation and drive change
- Local 'champions' to take on training of staff
- Reminders e.g. posters, checklists
- Systems to check and improve implementation of changes to practice e.g. audit and feedback
- Use of multiple approaches to increase adherence
- Adaptation to meet local needs
- As simple an intervention as possible

Figure 2

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