

The Experience of Implementing Nursing Best Practice Guidelines for the Screening of Delirium, Dementia and Depression in the Older Adult

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Confusion related to dementia, delirium and/or depression is a common concern in the older adult. The Registered Nurses Association of Ontario Best Practice Guideline (BPG), "Screening for Delirium, Dementia and Depression in the Older Adult", was implemented as a pilot project by Advanced Practice Nurses on eight different units at Toronto Rehabilitation Institute, University Health Network and Mount Sinai Hospital. This article describes the development of the BPG and its implementation, including the design of an education program and a screening process to assist nurses. Discussion focuses on the facilitators and barriers to BPG implementation and effecting sustainable change in practice.

Key words: delirium, dementia, depression, evidence-based practice, best practice guidelines.

Introduction

Confusion related to dementia, delirium and/or depression is a common problem in the older population. It is estimated that 30–50% of hospitalized older patients exhibit cognitive changes.¹ Early detection and management of confusion may improve patient outcomes such as quality of life, length of stay, mortality, morbidity and caregiving burden.

Nurses are the primary contacts for patients in hospital and are key in detecting early and subtle changes in the patient's mental status. Therefore, it is important to equip nurses with the knowledge of the assessment of confusion such that early intervention can be provided. The Registered Nurses Association of Ontario (RNAO) has developed best practice guidelines (BPG) as a tool to help nurses integrate

research and other evidence into their practice.

The purpose of this paper is to describe the implementation of the RNAO pilot BPG *Screening for Delirium, Dementia and Depression in Older Adults* (www.rnao.org/bestpractices) in three University of Toronto affiliated teaching hospitals: The Toronto Rehabilitation Institute (TRI), University Health Network (UHN) and Mount Sinai Hospital (MSH), in Toronto, ON. Discussion will describe and evaluate various strategies that were used by a group of Advanced Practice Nurses (APNs) in geriatrics to implement this project.

Project Background

Evidence-based practice consists of incorporating the available research with the clinician's experience and patient circumstances to choose the best possible

intervention for a specific patient situation.² The RNAO initiated the Nursing BPG project in 1999 with non-conditional funding from the Ontario Ministry of Health and Long-Term Care. The purpose of this project is to conceptualize and promote best patient care based on the best scientific evidence. However, BPGs are not always readily translated into practice.³ To enhance evidence-based practice, nurses need access to the best evidence, the skills to critically evaluate research findings, a clear implementation plan, multiple strategies to disseminate guidelines and promote practice change, as well as means to support the ongoing guideline implementation after initial dissemination.³⁻⁵

Recognizing the challenges involved in implementing evidence-based practice, the RNAO proposed a multistep approach to implementing the BPG project. First, the Association's BPGs are developed through a rigorous systematic review of the existing literature and guidelines by a panel of expert nurses in that specific field of practice. The expert panels also identify systems and process issues that must be in place to support best practice. Second, interested organizations submit proposals for selection as one of the implementation sites to pilot the BPG that tests for the feasibility of the developed guidelines. Third, clinical resource nurses or champions are identified from the selected organization(s) to facilitate the change process and coordinate data collection for the ongoing evaluation of the BPG. Standard evaluation of the implementation of each pilot BPG is part of a larger research study being conducted by the Faculty of Nursing at the University of Ottawa and McMaster University, ON., that examines the dis-

semination and utilization of BPGs by nurses in Ontario. Fourth, pilot sites provide feedback that is incorporated into the final version of the BPG. Fifth, the BPGs are published online and in print for wide dissemination. BPGs are expected to be updated every five years. At this time, there are 11 BPGs available from the RNAO (www.rnao.org/bestpractices).

A proposal to implement the *Screening for Delirium, Dementia and Depression in the Older Adult* pilot BPG, submitted by the APNs and administrative leaders from TRI, UHN and MSH in the Fall of 2001, was successfully awarded, as it demonstrated collaboration between different organizations and allowed for the pilot BPG to be implemented across the continuum of care.

The Implementation Process

The BPG project was conducted on eight inpatient units within the three large teaching hospitals over a nine-month period in 2002. Five units were in acute care (three medical and two surgical units) and three offered rehabilitation services including a day hospital. Each unit served a unique geriatric population. It was hoped that the project would provide an opportunity to improve patient outcomes through earlier detection and possibly treatment of delirium, dementia and depression in older patients.

A steering committee included APNs from all the participating units who were also the champions responsible for facilitating implementation of the guideline and coordinating data collection in each practice setting. Administrative nursing leaders also were represented on the steering committee to provide operational support for the project. The members helped the researchers develop the outcome indicators to be measured for this specific patient population. The RNAO provided the BPG document, a program implementation toolkit,⁶ funding for one of the APNs to be seconded to act as Project Manager fulltime, two retreat days for steering committee members to learn about the project, the data collec-

tion and evaluation tools, as well as monthly follow-up meetings with the Project Manager.

Initially, the steering committee completed an environmental and stakeholder analysis for each participating unit and organization. This helped to identify both facilitators and barriers from the onset that would need to be addressed. All stakeholders, including nurses, other members of the health care team and administrators, were kept informed and were supportive of the project. The BPG fit well with hospital continuous quality improvement initiatives, as it was evidence-based and incorporated a research component.

The process for screening patients for delirium, depression and dementia was designed by the steering committee based on the BPG. This BPG was summarized as an algorithm in the RNAO BPG document and was used to guide the process. The steering committee also developed six trigger questions that were incorporated into the nursing admission assessment and to be

completed for all patients over the age of 65. The steering committee also chose screening tools that would be completed for patients deemed to be at risk based on these trigger questions. The screening tools were chosen for their utility (ease of use, length of time to complete), as well as their validity and reliability as supported by the literature. The screening tools chosen were the Mini-Mental Status Exam,⁷ the Confusion Assessment Method⁸ and the SIGE-CAPS.⁹

An education package was then developed by the committee containing both didactic (PowerPoint presentation and reading materials) and interactive (games, role playing, case study discussions) components. All staff nurses on the participating units received the education program. In addition, all new nursing staff on orientation completed the education during the pilot project. The program was then implemented for a six-month period. To evaluate the impact of the BPG program, both pre- and post-implementation data were collected.

Facilitators and Challenges to Implementation of Best Practice Guidelines

Facilitators	Challenges
Relevance to the patient population and practice on the units.	Scheduling and replacement of staff nurses for education session.
Expertise and collaboration of the steering committee members.	Competing initiatives on each of the units.
Enthusiasm of the staff nurses.	Communication with all the major stakeholders.
Organizational and stakeholder support.	Multiple competing agenda and time constraints for the steering committee members.
Fit with organizational quality improvement projects.	Competing patient care demands on staff time.
Development of "user-friendly" education packages and program materials.	Different organizational and unit cultures and policies.
Use of multiple strategies to promote the program.	Addition of yet more paperwork for nursing staff to complete.
Resources and funding from RNAO.	Change in membership of the steering committee.

Data sources included nurse questionnaires, interviews with nursing staff and patient chart audits.

The program was promoted through the use of posters, the incorporation of the trigger questions into the nursing admission assessment, pocket cards for all nurses, encouragement by the nursing leaders as well as role modeling by the APNs. The screening process was tailored to fit with each unit's specific culture, routine and environment.

The large scope and multi-site nature of the project provided both challenges and facilitating factors that affected the implementation of the BPG (Table).

Impact of the Best Practice Guideline

A formal evaluation of the impact of this BPG on nursing practice and patient outcomes was carried out by the research team at the University of Ottawa and McMaster University, which will subsequently publish the results. The final version of the BPG *Screening for Delirium, Dementia and Depression in Older Adults* will be published by RNAO once the recommendations from the pilot sites have been incorporated and the evaluation data are available from researchers.

According to informal feedback from staff nurses and steering committee members, the impact of the BPG has varied across the different organizations. The implementation has raised the awareness of nursing staff regarding the importance of screening for delirium, dementia and depression in the older adult. However, changes in key organizational policies have not yet occurred, possibly due to the relatively short time frame in which the BPG was implemented and the time required to make complex changes in policy and procedure in three large organizations.

Feedback from nurses regarding the education sessions indicated that they were very well received. Nurses reported feeling more confident about

their ability to monitor for changes in mental status and to screen patients for delirium, dementia and depression. Nurses reported that they had more knowledge regarding the possible etiologies of changes in mental status. Since the guidelines were perceived to be fairly close to their own practices, the nurses seemed to be motivated to adopt the guidelines.

Future Activities

The steering committee members continue to work on sustaining the project by advocating for changes in hospital policies and documentation systems that reflect the BPG recommendations. This includes adding the trigger questions into the nursing admission assessment. Other strategies include the incorporation of the education package into new staff orientation, as well as periodic review of the education material for nursing staff and other members of the health care team. Finally, the steering committee awaits the follow-up BPG from RNAO regarding the nursing management of patients with delirium, dementia and depression that will complement the screening BPG. ♦

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