

MODEL-PC Study Stage 1 Process Mapping

Process mapping is a systematic, collaborative and rapid method to create a shared visual representation of a specific process.

A facilitator will hold sessions (minimum of one and maximum of three) with key staff from each palliative care unit team (site investigators, managers, senior clinicians, and other 'process owners' - minimum of six and maximum of 10) to map their unit's current policy and processes (clinical and reporting) against the Delirium Standard Quality Statements and Quality Indicators. A hard copy of the Delirium Standard should be used during the process mapping sessions.

For each of the 'Comment' sections, provide descriptors such as the number and ordering of the steps of the overall process, the team members involved, the degree of co-ordination, and areas of variation, uncertainty, difficulty and potential for simplification or expansion.

Data will be collected by the facilitator/site research nurse on this Delirium Standard-aligned proforma, then entered into REDCap. Data should be dated and entered per session.

The completed site process map will be presented to key staff for verification before it is finalised, then to all participating teams at the end of stage 1.

In addition to answering the following items (as determined for each in the process mapping sessions), please upload a photo(s) of field note(s) taken during session.

MODEL-PC Process Mapping (Stage 1)

Date(s) of process mapping session(s)

Site number

- 433 (St Vincent's Hospital)
- 434 (St Joseph's Hospital)
- 435 (Bates Hospital)
- 436 (Wahroonga Health)

Number of participants

(NB: Only clinical and managerial staff of the participating palliative care unit are eligible to participate in the process mapping)

State participants' roles/disciplines and number of each

E.g., NUM (1), advanced trainee (1), pastoral care worker (1), etc

Quality Standard 1: Early identification of risk

A patient with any key risk factor for delirium is identified on presentation and a validated tool is used to screen for cognitive impairment or obtain a current score if they have known cognitive impairment. Before any planned admission, the risk of delirium is assessed and discussed with the patient, to enable an informed decision about the benefits and risks.

Quality Indicator 1a: There is a locally approved policy that defines the process for delirium risk identification, screening and assessment.

- Yes
 No

Describe the policy level (e.g unit, hospital, health network or area health service), its location/accessibility, date, authorship, development/revision process.

The policy specifies a process to identify patients with risk factors for delirium.

- Yes
 No

Describe the delirium risk factor screening in the policy.

The policy specifies a process to inform at-risk patients and their family or carer about the risk of delirium and to encourage participation in care.

- Yes
 No

Describe what the policy specifies about informing at-risk patients and their family/carer about the risk of delirium and encouraging their participation in care.

The policy specifies the local delirium screening and assessment pathway.

- Yes
 No

Describe what the policy states about the local delirium screening and assessment pathway.

The policy endorses validated tools for screening and assessment and specifies the process for documenting the results.

- Yes
 No

Describe what the policy states about validated delirium tools and documenting the results.

The policy specifies a process to ensure staff are trained and competent in the use of the policy and the endorsed screening and assessment tools.

- Yes
 No

Describe what the policy specifies about staff training in use of the delirium tools.

The policy states a process to assess adherence to the policy.

- Yes
 No

Describe what the policy states about adherence to the policy.

Quality Indicator 1b: What proportion of admitted patients aged 65 years or older (or 45 years or older for Aboriginal and Torres Strait Islander people) were screened for cognitive impairment using a validated tool within 24 hours of presentation to this hospital, in the last 6 months?

- None
 1-20%
 21-30%
 31-40%
 41-50%
 51-60%
 61-70%
 71-80%
 81-90%
 91-100%
 Not known

Has Quality Statement 1 been achieved?

- Yes
 No
 Partial

What does the team think can be done to achieve Quality Statement 1?

Quality Statement 2: Interventions to prevent delirium

A patient at risk of delirium is offered a set of interventions to prevent delirium and is regularly monitored for changes in behaviour, cognition and physical condition. Appropriate interventions are determined before a planned admission or on admission to hospital, in discussion with the patient and their family or carer.

Quality Indicator 2: There is a locally approved policy describing interventions to prevent delirium for at-risk patients.

- Yes
 No

The policy specifies the delirium prevention interventions, and the patient groups and settings where they are appropriate.

- Yes
 No

Describe the policy wording about delirium prevention interventions, recipients and settings.

The policy specifies the process to partner with patients and their family or carers to select and implement interventions.

- Yes
 No

Describe the policy wording about the process to partner with patients and their family or carers to select and implement interventions.

The policy specifies the process to monitor changes in behaviour, cognition and physical condition.

- Yes
 No

Describe the policy wording about the process to monitor changes in behaviour, cognition and physical condition.

The policy specifies the process to ensure clinicians are trained and competent in providing the interventions.

- Yes
 No

Describe what the policy specifies about the process to ensure clinicians are trained and competent in providing the interventions.

The policy specifies a process to assess adherence to the policy.

- Yes
- No

Describe what the policy states about assessing adherence

Has Quality Statement 2 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 2?

Quality Statement 3: Patient-centred information and support

A patient at risk of delirium and their family or carer are encouraged to be active participants in care. If a patient is at significant risk or has, delirium, they and their family or carer are provided with information about delirium and its prevention in a way that they can understand. When delirium occurs, they receive support to cope with the experience and its effects.

Quality Indicator 3: No indicators specific to patient experience measurement: The ACSQHC strongly encourages health service organisations to adopt the Australian Hospital Patient Experience Question Set (AHPEQS), a short 12 question generic patient experience survey which has been tested and found reliable and valid for day-only and admitted hospital patients across many clinical settings. The ACSQHC also refers to potential use of patient-reported outcome measures (PROMS - standardised, validated questionnaires that patients complete without any input from healthcare providers).

Describe how patient-centred information and support is provided about delirium and its prevention to patients in the palliative care unit and their families.

Has Quality Statement 3 been achieved?

- Yes
 No
 Partial

What does the team think can be done to achieve Quality Statement 3?

Quality Statement 4: Assessing and diagnosing delirium

A patient with cognitive impairment on presentation to hospital, or who has an acute change in behaviour or cognitive function during a hospital stay, is promptly assessed using a validated tool by a clinician trained to assess delirium. The patient and their family or carer are asked about any recent changes in the patient's behaviour or thinking. A diagnosis of delirium is determined and documented by a clinician working within their scope of practice.

Quality Indicator 4a: Proportion of admitted patients who screened positive for cognitive impairment on presentation to hospital who were then assessed for delirium using a validated tool.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Quality Indicator 4b: Evidence of a locally approved policy that defines the process for monitoring rates of delirium and improving documentation of delirium.

- Yes
- No

Describe what the policy specifies about monitoring rates of delirium.

The policy specifies what information must be documented in the patient's medical record if delirium is diagnosed.

- Yes
- No

Describe what the policy states about information to be documented in the patient's medical record if delirium is diagnosed.

The policy states a process to monitor and improve the documentation of delirium.

- Yes
- No

Describe what the policy states about a process to monitor and improve the documentation of delirium.

Has Quality Statement 4 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 4?

Quality Statement 5: Identifying and treating the underlying causes

A patient with delirium is offered a set of interventions to treat the causes of delirium, based on a comprehensive assessment that includes relevant multidisciplinary consultation.

Quality Indicator 5a: Proportion of patients with delirium who had a comprehensive assessment that includes relevant multidisciplinary consultation to investigate the cause(s) of delirium.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Quality Indicator 5b: Proportion of patients with delirium who received multicomponent interventions to treat delirium.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Has Quality Statement 5 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 5?

Quality Statement 6: Preventing complications of care

A patient with delirium receives care to prevent functional decline, dehydration, malnutrition, falls and pressure injuries, based on their risk.

Quality Indicator 6a: Proportion of patients with delirium who were assessed for risk of functional decline, dehydration, malnutrition, falls and pressure injuries.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Quality Indicator 6b: Proportion of patients with delirium who experienced dehydration, malnutrition, a fall resulting in fracture or other intracranial injury or a pressure injury during their hospital stay.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Has Quality Statement 6 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 6?

Quality Statement 7: Avoiding use of antipsychotic medicines

Antipsychotic medicines are not recommended to treat delirium. Behavioural and psychological symptoms in a patient with delirium are managed using non-drug strategies.

Quality Indicator 7: Proportion of patients with delirium who were prescribed antipsychotic medicines in hospital.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Has Quality Statement 7 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 7?

Quality Statement 8: Transition from hospital care

Before a patient with persistent or resolved delirium leaves hospital, an individualised comprehensive care plan is developed collaboratively with the patient and their family or carer. The plan describes the patient's post-discharge care needs and includes strategies to help reduce the risk of delirium and related complications, a summary of changes in medicines and any other ongoing treatment. This plan is provided to the patient and their family or carer before discharge, and to their general practitioner and other regular clinicians within 48 hours of discharge.

Quality Indicator 8a: Proportion of patients with current or resolved delirium who had an individualised comprehensive care plan on discharge.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Quality Indicator 8b: Proportion of patients aged 65 years or older or 45 years or older for Aboriginal and Torres Strait Islander people who experienced delirium in hospital and were readmitted for delirium within 10 days.

- None
- 1-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%
- Not known

Has Quality Statement 8 been achieved?

- Yes
- No
- Partial

What does the team think can be done to achieve Quality Statement 8?

This is the final section of the Process Mapping data collection/entry. Please add any final comments or images of workshop field notes.

UPLOAD IMAGE(S) OF PROCESS MAPPING WORKSHOP NOTES HERE

Please add in any further information not previously covered, if required