



Commentary: Prevention and management of delirium in older Australians: The need for the integration of carers as partners in care

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Despite being the most common hospital-acquired complication (35.7 per 10,000 admissions) in Australia, with a healthcare cost of \$8.8 billion, assessment of hospital-acquired delirium remains ineffective.^{1,2} Delirium is a common and often preventable condition characterised by a sudden decline in a person's baseline mental function, evident by confusion, and changes to behaviour and level of consciousness.³ Studies report undiagnosed rates of delirium as high as 66% in older adults, and up to 87.5% in cases where dementia is also present.^{3,4} Delirium is a serious condition associated with increased mortality and morbidity, functional decline, falls, hospital-acquired pressure injuries, longer hospital admissions and early entry to residential aged care, which impacts on patients, carers and health professionals.⁵ However, routine screening is not consistently practiced, and health professional's understanding and recognition of delirium is poor.⁴ While prevention is the most effective strategy, outcomes for patients with delirium can be improved by early recognition and intervention.⁴ Carers (e.g. family members, friends) are best placed to identify subtle changes in cognition and behaviours from what is 'normal' for the person, particularly for people living with dementia, because they have knowledge about their previous mental state.⁶ Yet, carers are often not included in hospital patient assessment processes, or encouraged to be active participants in care, and this has been compounded by the COVID-19 pandemic.⁷ This commentary highlights the importance of integrating carers as partners in delirium prevention and management in environments where there are high admission rates of older adults with increasingly complex conditions.

Australian National Standards for Delirium Clinical Care guide and support safe and quality care for patients at risk of delirium through meaningful partnerships with carers.⁸ There is evidence that partnering with carers improves healthcare and patient/carer satisfaction with care.⁹ Delirium develops quickly and signs and symptoms can fluctuate. Several screening tools (e.g. Confusion Assessment Method and 'Sour Seven' Delirium Identification Questionnaire) have been developed to enable carers to identify delirium risk factors and symptoms. Carer inclusive delirium education and training on risk factors, symptoms and prevention are reported to reduce delirium incidence rates, length of hospital stay and readmissions.⁹ Alarming, up to fifty percent of patients with unresolved delirium, experience persistent symptoms for months post discharge, contributing to ongoing cognitive and functional impairment.³ Transition to permanent states of cognitive impairment may follow.⁵ Integration of carers as partners in care during hospitalisations may ameliorate this high-risk transition period post-discharge.

Involving carers provides a voice and meaningful communication with health professionals.⁷ A framework to prioritise acting on carer concerns and maximising knowledge and sensitivity to changes in the older adult's condition may improve health outcomes.⁸ However, there are challenges to building effective partnerships, for example, staff workloads and organisational pressures reduces contact time with carers. Carers often report a lack of communication with health professionals.⁷ Carers may have poor wellbeing, experience high levels of psychological distress and less satisfaction with life because of their caregiving role.⁹ There is also limited agreement on how and when to involve carers in delirium care, and existing models of care have minimal focus on their partnership.

Research presents innovative opportunities for effective carer partnerships in hospital delirium

The Lancet Regional Health - Western Pacific
2022;27: 100598
Published online xxx
<https://doi.org/10.1016/j.lanwpc.2022.100598>

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prevention, focusing on recognition, collaboration and support.^{7,9,10} Recognition of the need for carers to remain part of the care planning process is necessary to build a culture of mutual trust and respect.⁷ Sharing carers' experiences with health professionals is key to establishing partnerships. The World Health Organisation advocates for empowering and engaging carers into care, and the Carer Recognition Act 2010 and the Charter of Healthcare Rights 2019 were endorsed by the Australian Government to increase engagement of carers in healthcare services, but they are yet to be fully translated into practice. Interventions including training modules on collaboration and communication strategies have been instrumental in supporting partnerships.^{4,7,10} Providing carers with counselling, social prescriptions, peer-support and carer-directed support packages improves psychological wellbeing of carers. Carers value partnerships when health professionals acknowledge their caregiving role and provide resources to address their needs.^{7,9} To ensure appropriateness of the resources, especially for diverse older Australians, such as Culturally and Linguistically Diverse and lesbian, gay, bisexual, transgender and queer carers, shared decision making is ethically important and essential.

To address the impact of hospital-acquired delirium, we call for recognition of carers as partners and health professional's time and investment in environmental modifications that signify carers are welcomed and enabled regarding risk factors and early diagnosis of delirium. Innovative models of care for hospital-acquired delirium assessment and management, that recognise and value a partnership approach with carers of older adults are warranted to achieve better health outcomes.

Contributors

Conceptualisation of the model of care whereby the integration of carers are supported to partner with

health professionals in delirium management- Aggar, Craswell and Bail.

Concept of Paper - Aggar and Hamiduzzaman.

Critical Review & Writing of Paper - all authors contributed equally.

Declaration of interests

We declare no competing interests.

Acknowledgments/Funding

This study did not receive funding.

References

- 1 Pezzullo L, Streatfeild J, Hickson J, Teodorczuk A, Aggar MR, Caplan GA. Economic impact of delirium in Australia: a cost of illness study. *BMJ Open*. 2019;9(9):e027514.
- 2 Australian Commission on Safety and Quality in Health Care. *ACSQHC Analysis of the Admitted Patient Care National Minimum Data Set, 2019–20. Public Hospitals only, which meet the Robust Condition Onset Flag Coding Criteria, All Care Types (unpublished)*. Sydney: ACSQHC; 2020.
- 3 Inouye SK, Westendorp RG, Saczynski JS. Delirium in elderly people. *Lancet*. 2014;383(9920):911–922.
- 4 Lee SY, Fisher J, Wand AP, et al. Developing delirium best practice: a systematic review of education interventions for healthcare professionals working in inpatient settings. *Eur Geriatr Med*. 2020;11(1):1–32.
- 5 Gibb K, Seeley A, Quinn T, et al. The consistent burden in published estimates of delirium occurrence in medical inpatients over four decades: a systematic review and meta-analysis study. *Age Ageing*. 2020;49(3):352–360.
- 6 Shulman RW, Kalra S, Jiang JZ. Validation of the Sour Seven Questionnaire for screening delirium in hospitalized seniors by informal caregivers and untrained nurses. *BMC Geriatr*. 2016;16(1):1–8.
- 7 Cohen C, Pereira F, Kampel T, Bélanger L. Integration of family caregivers in delirium prevention care for hospitalized older adults: a case study analysis. *J Adv Nurs*. 2021;77(1):318–330.
- 8 Australian Commission on Safety, Quality in Health Care. *Delirium Clinical Care Standard*. Sydney: ACSQHC; 2021.
- 9 Boltz M, Resnick B, Chippendale T, Galvin J. Testing a family-centered intervention to promote functional and cognitive recovery in hospitalized older adults. *J Am Geriatr Soc*. 2014;62(12):2398–2407.
- 10 McKenzie J, Joy A. Family intervention improves outcomes for patients with delirium: systematic review and meta-analysis. *Aust J Ageing*. 2020;39(1):21–30.