World Delirium Awareness Day (WDAD) 2023 Delirium Survey

A 1-day point-prevalence study about delirium across all settings on March 15th 2023

Welcome to the meeting!

Agenda

Short introduction by Heidi Lindroth, Keibun Liu, Peter Nydahl

Current state

Q & A

Next steps

Contact: peter@nydahl.de

Study Website

ww.wdad-study.center

Including all information about the team, a map, dates of meetings, documents, literature

Later: link to survey

Something missing? Please let me know

National collaborators

National collaborators

1. **Argentina**: Adela Goldberg (RPT)
2. **Australia**: Keibun Liu (MD), Gideon Caplan (MD)
3. **Austria**: Magdalena Hoffmann (RN)
4. **Brazil**: Ricardo Kenji Nawa (PT), Thiago Silva (MD), Paediatric Units: Roberta Esteves Vieira de Castro (MD)
5. **Canada**: Karla Krewulak, Tanya Mailhot (RN)
6. **Denmark**: Marie Oexenbull (RN)
7. **England**: Tey Pandya (MD)
8. **Germany**: Rebecca von Haken (MD), Susanne Krotsetis (RN), Peter Nydahl (RN)
9. **Israel**: Julie Benbenishty (RN), Shelly Asheknazy (RN)
10. **India**: Mohan Gurjar (MD)
11. **Ireland**: Suzanne Timmons (MD)
12. **Italy**: Giuseppe Bellelli (MD), Alessandro Morandi (MD)
13. **Japan**: Keibun Liu (MD)
14. **Korea**: Chi Ryang Chung (MD)
15. **Libya**: Muhammed Elhadi (MD)
16. **Netherlands**: Mark van den Boogaard (RN)
17. **Norway**: Hilde Woien (RN)
18. **Portugal**: Maria Carolina Paulino (MD), Gabi Heras (MD)
19. **Saudi Arabia**: Abdullah M. Alhammad (Pharm)
20. **Singapore**: Yie Hui Lau (MD)
21. **Scotland**: Terry Quinn (MD)
22. **Spain**: Gabi Heras (MD)
23. **Switzerland**: Marie-Madlen Jeitziner (RN)
24. **United Kingdom & Ireland** (Paediatric Units): Bronagh Blackwood (RN)
25. **USA**: Esther Oh (MD), Heidi Lindroth (RN)

National collaborators

Potential national collaborators

- Belgium
- Chile
- France
- Greece
- Philippines
- Spain
- USA

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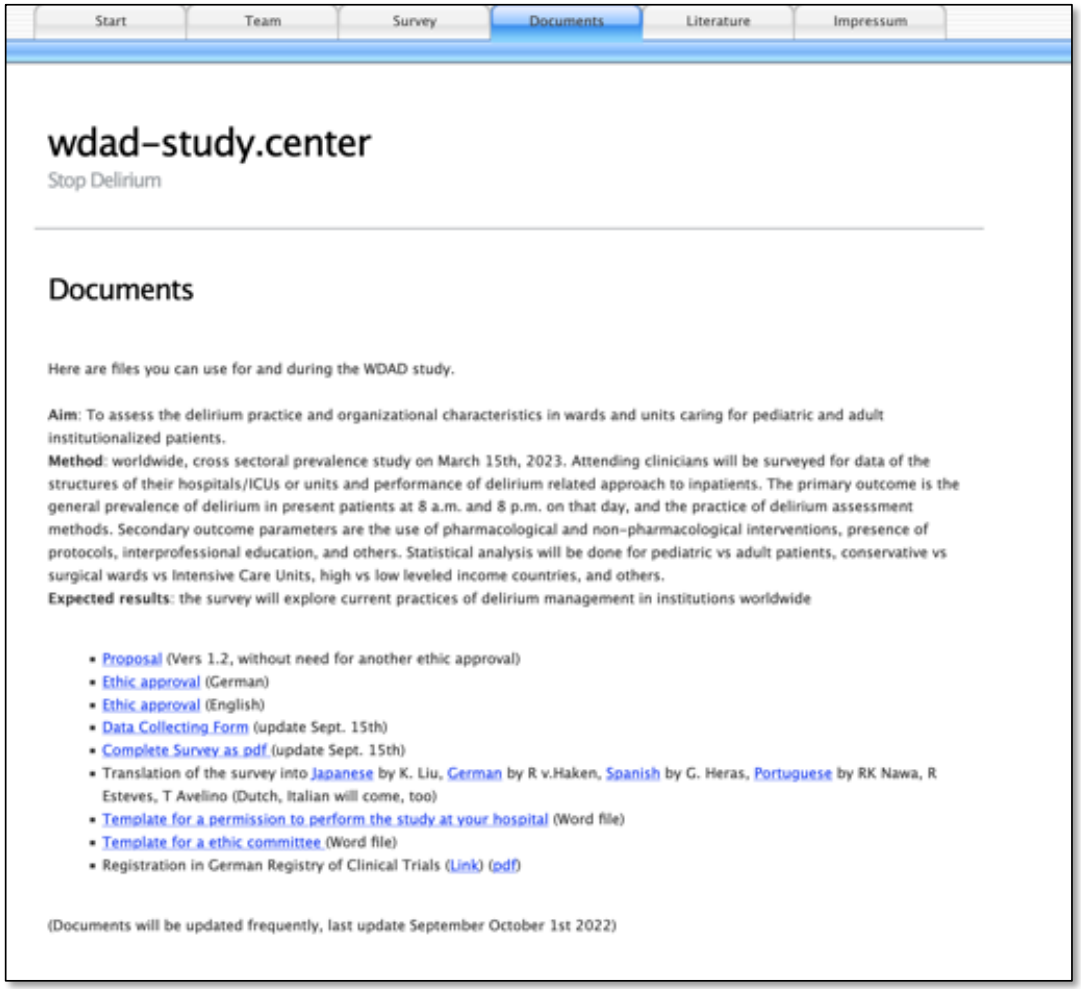

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The Survey

Inclusion criteria:
I am working as a leading health care worker or representative (such as senior physician, physician in charge, nurse leader, nurse in charge, nurse- or unit/ward manager or similar professionals) in a health care setting with patients of all age groups, such as units/wards in hospitals and facilities including Emergency Department, Intensive Care Units, Intermediate Care Units, palliative units, wards, weaning centers, rehabilitation centers, or nursing homes. Included are all age groups (paediatric, adult, geriatric).

Exclusion criteria:
Former patients, family member or clinicians working in an ambulatory care service, or operation theatre.

2. By clicking on the button ...

- ○ I confirm that I am fulfilling the inclusion criteria above
- ○ I do not fulfil the inclusion criteria (ending survey)

The Survey

Fulfillment inclusion criteria

Security: city and name of ward

Sociodemographic data

- Profession
- Leading position
- Years of clinical experience

Hospital data

- Country
- Number of beds
- Type of hospital

Unit/ward data

- Age groups
- Discipline
- Type of ward or Unit (ED, ICU, …)
- Number of beds
- Present health care professions
- Written protocols

Delirium Processes & Structures

- Delirium-awareness-interventions
- Type of delirium assessment
- Frequency of delirium assessment
- Primarily responsible profession

Delirium prevalence at 8 a.m. morning (+/- 4 hours)

- **Total patients**: How many patients were present on the ward/unit at this timepoint?
- **Assessed patients**: How many patients were assessed for delirium?
- **Delirious patients**: How many patients were assessed positive for delirium, assessed by using the above assessments?
- **Non-delirious patients**: how many were not delirious?
- **Not assessable/unclear patients**: How many patients were not assessable for delirium (e.g. comatose, sedated, sleepy, away for procedures, aphasic, language,) or unclear (dementia, depression)?

Delirium prevalence at 8 p.m. evening (+/- 4 hours)

Non-pharmacological interventions for delirium prevention and treatment

Pharmacological Treatment

General pharmacological management

Barriers against implementation and/or use of evidence-based strategies are

Comments (open question)

Acknowledgement

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(+/- 4 hours)

Data collection form

… for the WDAD Study delirium prevalence study on March 15th 2023. Most data of present structures, processes or barriers do not change and can be collected a few days before/after the prevalence day. Prevalence data such as delirium-assessment-results must be collected by chart-review or asking responsible clinicians during the prevalence day on March 15th or next day. You can use this form for collecting the prevalence data and transfer it later into the survey. The survey on the website will close on March 19th. More information on www.wdad-study.center

Delirium data for ward/Unit number .....

Items **Report in full numbers (e.g. "12")**	Data collection at 8 a.m. MORNING	Data collection at 8 p.m. EVENING
Total patients: How many patients were present on the ward/unit?		
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?		
Delirious patients: How many patients were assessed positive for delirium by using the above reported assessment?		
Non-delirious patients: How many patients were assessed free of delirium by using the above reported assessment?		
Not assessable/unclear patients: How many patients were not assessable for delirium and/or had unclear results by using the above reported assessment?		

Please report all types of health care professions who were present at your ward/unit today, even if only for a few moments (tick all who apply)

☐ Assistants/Service
☐ Nurses

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Delirium prevalence at 8 p.m. evening (+/- 4 hours)

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Comments (open question)

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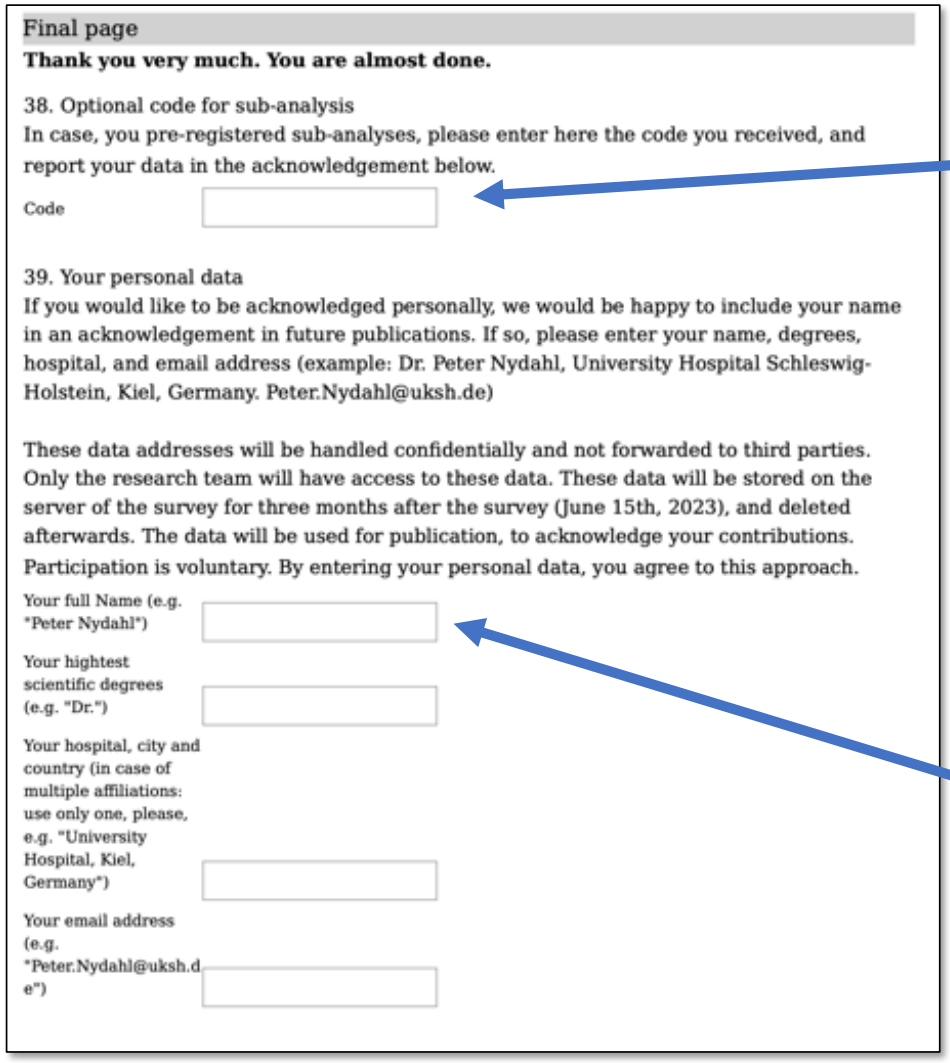
The Survey



Final page

Thank you very much. You are almost done.

38. Optional code for sub-analysis
In case, you pre-registered sub-analyses, please enter here the code you received, and report your data in the acknowledgement below.

Code

39. Your personal data
If you would like to be acknowledged personally, we would be happy to include your name in an acknowledgement in future publications. If so, please enter your name, degrees, hospital, and email address (example: Dr. Peter Nydahl, University Hospital Schleswig-Holstein, Kiel, Germany. Peter.Nydahl@uksh.de)

These data addresses will be handled confidentially and not forwarded to third parties. Only the research team will have access to these data. These data will be stored on the server of the survey for three months after the survey (June 15th, 2023), and deleted afterwards. The data will be used for publication, to acknowledge your contributions. Participation is voluntary. By entering your personal data, you agree to this approach.

Your full Name (e.g. "Peter Nydahl")

Your hightest scientific degrees (e.g. "Dr.")

Your hospital, city and country (in case of multiple affiliations: use only one, please, e.g. "University Hospital, Kiel, Germany")

Your email address (e.g. "Peter.Nydahl@uksh.de")

Later in our analysis we will have a SPSS file, with each row representing one ward/unit, and hopefully 500 rows. How can we identify your data?

Question: **Subanalysis feasible?**
one participant collected data for a hospital organization in 12 different hospitals in 10 different cities in two countries… and wants to know his/her delirium rate.
Answer: a) use a personal code (must be pre-registered

Sub-Analysis by country are always feasible!

Question: **How do I reach Co-Authorship if > 100 patients recruited**
Answer: put in your name for each ward/unit you collected. In later analysis, we can identify your name and count the number of patients

Questions about the survey?

COLLABORATION

Study Leaders

Recruite

National Coordinators

Recruite

Local unit/ ward leaders

Collect data

Survey

TASKS

Ethic approval
Europ. data protection
Registration
Website
Frequent meetings

Recruite local ward/unit leaders
Check national ethics and laws
Coordinate survey
Approve sub-analysis**

Data collection
Decision for acknowledgement
Approve sub-analysis**

15 Minutes + delirium data by chart review

RESULTS

Publications
Establishing research structure
Networking
Sharing experiences

Acknowledgment as study team member in group authorship if >100 patients collected*
Sub-analysis for national data feasible**

Acknowledgment in publication
Sub-analysis for benchmarking**
Quality Improvement data

Delirium rate in all settings incl. ICU, IMC, hospital, rehab, nursing home, all age-groups

SURVEY

Survey with team-leaders
"What type of delirium assessment do you use?"
"How many patients on your ward/unit were assessed being delirious, on March 15th, 8 a.m. and 8 p.m.?"
"How many patients were free of delirium/not assessable/unclear"
and other questions about delirium

Plus ward/Unit-specific structures, processes, barriers, future research priorities

Survey Monkey, no registration, 3 days for data entry, end on March 19th. 39 questions, English language, no translation, no funding.

www.wdad-study.center

Study Leaders:
Heidi Lindroth, RN PhD, USA
Keibun Liu, MD PhD, Australia
Peter Nydahl, RN PhD, Germany

*Final decision by study leaders, ** Sub-analysis must be pre-registered and approved by study leaders, Email: peter@nydahl.de

Study Website

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Milestone	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Proposal													
Recruitment of national coordinators													
Pretest													
Ethic approval, data protection, registration													
First announcement													
Recruitment of local coordinators													
Survey													
Data analysis													
Publication													
Dissemination													

WDAD 2023 Delirium Survey

A 1-day point-prevalence study about delirium across all settings on March 15th 2023

Next steps

~~Website (e.g. www.wdad-study.center)~~

~~Ethic approval, registration,~~ data protection, ~~questionnaire~~

September

~~Pretest with your comments (revision & amendment)~~

~~Going public~~

October

Recruite national collaborators & local participants

Virtual meetings for **national collaborators**

~~Sep 6, Oct 11~~, **Oct 21**, Nov 15, Dec 15, Jan 10, Feb 7, Mar 7, Apr 6

Virtual Meetings for **new clinicians**

~~Sep 28~~, Oct 27, Nov 29

Contact:

peter@nydahl.de, keiliu0406@gmail.com, Lindroth.Heidi@mayo.edu

WDAD 2023 Delirium Survey

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Q & A

Service Evaluation: It is easier for receiving ethic approval to name this survey as service evaluation, since we are not collecting any new data, but routine data. Except: personal opinions of clinicians (Thanks to Terry!)

Pediatric evaluation: Bronagh is looking for all pediatric ICUs across Europe for a group evaluation. Awesome idea!

Are you a national collaborator?
Please email to me including your name, profession, and city, and I would use the data for the public map & website
peter@nydahl.de