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

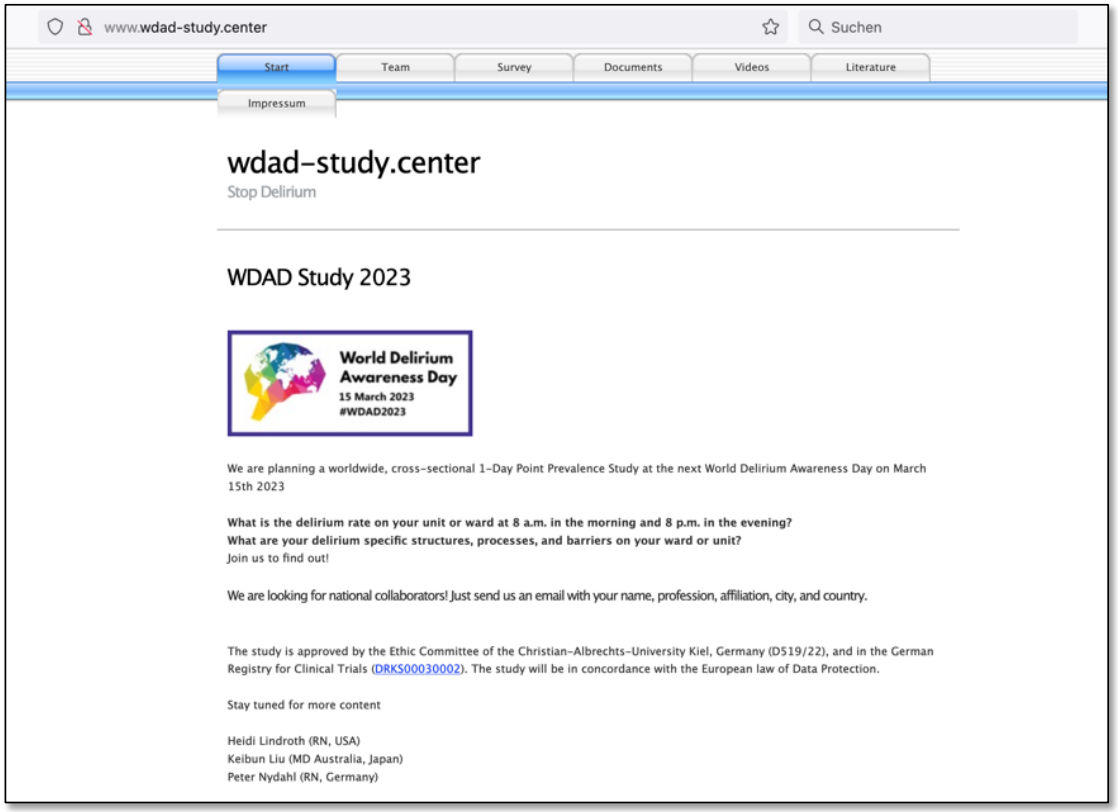
Q & A

Next steps

Contact: peter@nydahl.de

Study Website

ww.wdad-study.center

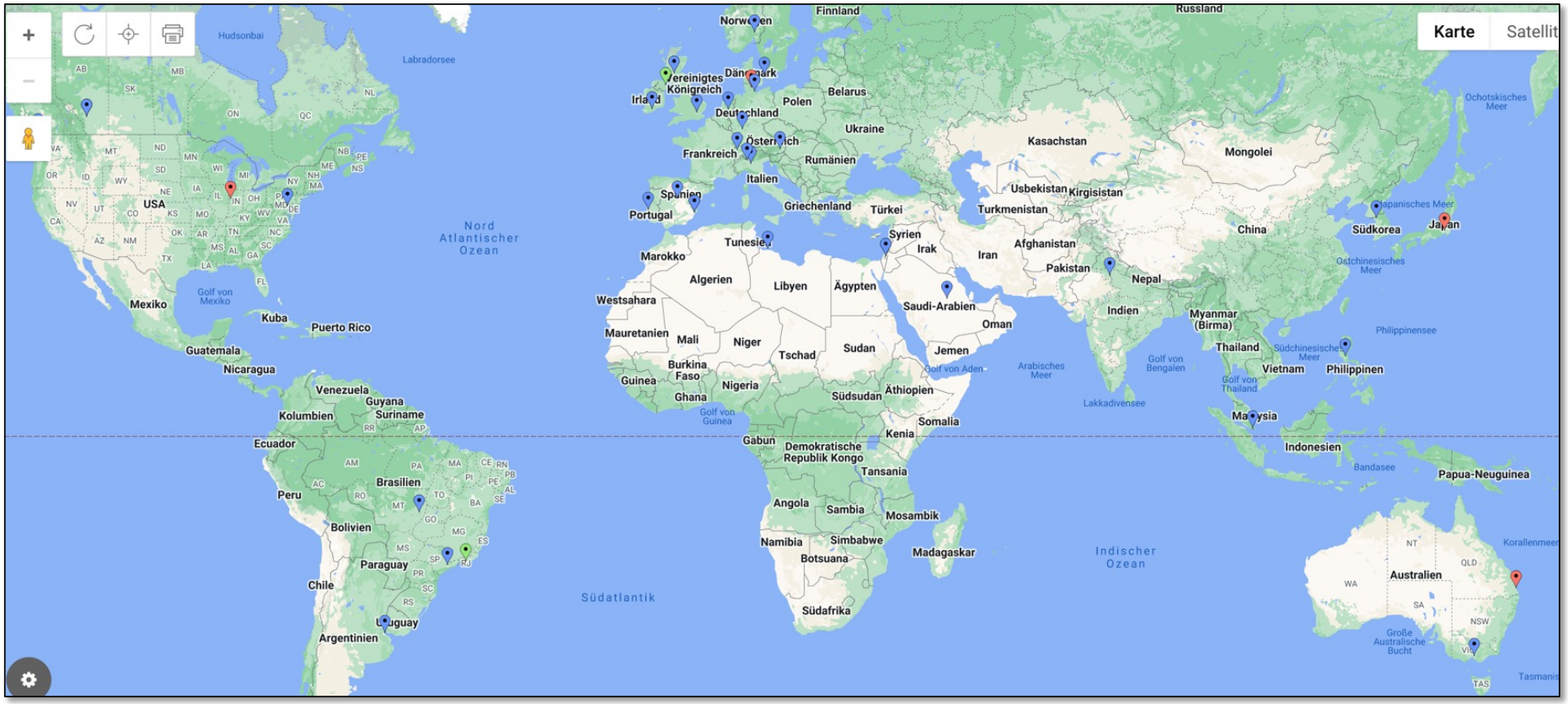


Including all information about the team, a map, dates of meetings, documents, literature

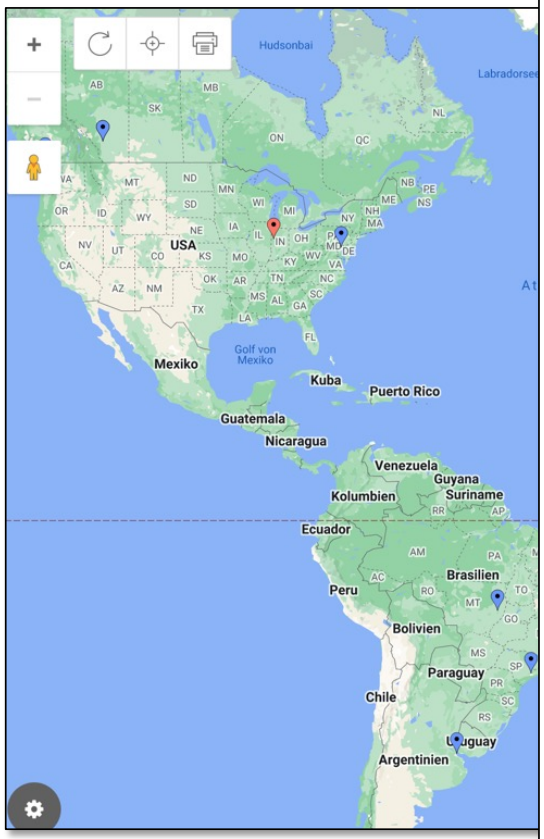
Later: link to survey

Something missing? Please let me know

National collaborators



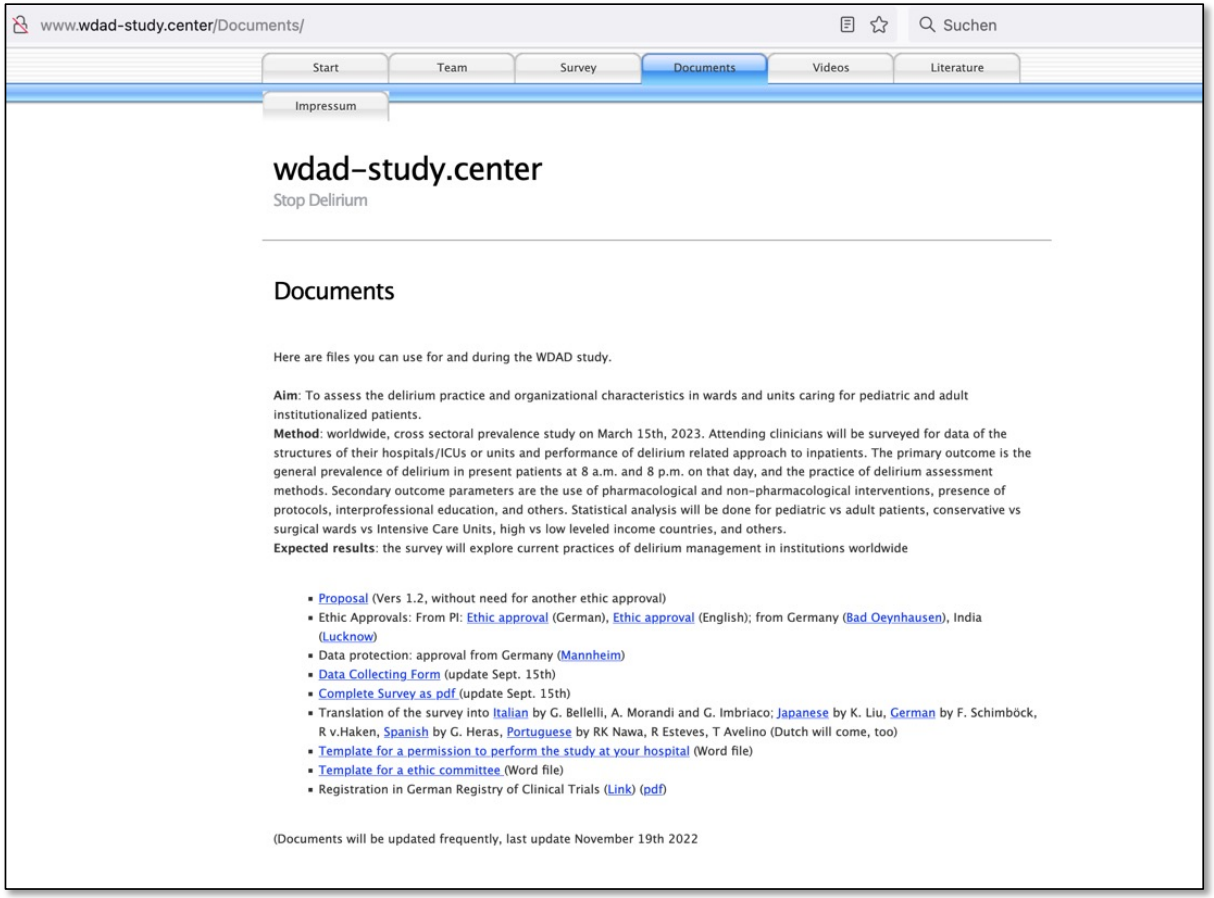
National collaborators



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), Kirsten Fiest
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. **Philippines**: Celso Noel F Bate (MD)
19. **Portugal**: Maria Carolina Paulino (MD), Gabi Heras (MD)
20. **Saudi Arabia**: Abdullah M. Alhammad (Pharm)
21. **Singapore**: Yie Hui Lau (MD)
22. **Scotland**: Terry Quinn (MD)
23. **Spain**: Gabi Heras (MD), Carola Gimenez-Esparza Vich (MD)
24. **Switzerland**: Marie-Madlen Jeitziner (RN)
25. **United Kingdom & Ireland** (Paediatric Units): Bronagh Blackwood (RN)
26. **USA**: Esther Oh (MD), Heidi Lindroth (RN)

Study Website

ww.wdad-study.center



Study Website

ww.wdad-study.center

In- and exclusion criteria

Inclusion criteria

Leading clinicians or representatives from

Settings

- Hospitals
- Rehabilitation facilities
- Nursing homes

Wards/Units

- Emergency Departments
- Intensive Care Units
- Intermediate Care Units
- General wards
- Palliative Units
- Weaning centres

Age groups

- Pediatric
- Adult
- Geriatric
- Mixed

Exclusion criteria

- **Former patients**
- **Family members**
- **Clinicians working in**
  - **ambulatory care service**
  - **operation theatre**

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

Most questions can be answered a few days before the prevalence day, e.g. barriers, protocols, and other.
These factors do not change within days.

You can use the questionnaire in your language, **print it on paper**, and answer the questions marked in the red square

Keep the paper questionnaire safe

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

- **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)

pharmacological interventions
elirium prevention and
ment

macological Treatment

eral pharmacological
management

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

Comments (open question)

Acknowledgement

- Proposal (Vers 1.2, without need for another ethic approval)
- Ethic approval (German)
- Ethic approval (English)
- Data Collecting Form (update Sept. 15th)
- Complete Survey as pdf (update Sept. 15th)
- Translation of the survey into Italian by G. Bellelli, A. Morandi and G. Imbriaco; Japanese by K. Liu, German by R v.Haken, Spanish by G. Heras, Portuguese by RK Nawa, R Esteves, T Avelino (Dutch will come, too)
- Template for a permission to perform the study at your hospital (Word file)
- Template for a ethic committee (Word file)
- Registration in German Registry of Clinical Trials (Link) (pdf)

On the day of the survey, you are using the
Data Collecting Form
And print it on paper

You are using this paper for collecting anonymous patient data

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
- ☐ Nutrionist/Dietician
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physician
- ☐ Physical Therapist
- ☐ Priest/religious Support
- ☐ Psychologists
- ☐ Respiratory Therapist
- ☐ Speech and Swallow Therapist
- ☐ Technician
- ☐ Other

You are using this paper for collecting anonymous patient data

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?		

You are using this paper for collecting anonymous patient data

You may enter a name here, if you collect data on more than one ward/unit (it is not necessary for the survey)

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?		

You are using this paper for collecting anonymous patient data

You collect data for 8.00 a.m. in the morning, +/- 4 hours.

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?		

You are using this paper for collecting anonymous patient data

As a clinician, physician or nurse, you may know the delirium state of your patients. Otherwise, perform a chart review

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?		

You are using this paper for collecting anonymous patient data

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?	12	
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?		

You are using this paper for collecting anonymous patient data

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?	12	
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?	10	
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?		

You are using this paper for collecting anonymous patient data

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?	12	
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?	10	
Delirious patients: How many patients were assessed positive for delirium by using the above reported assessment?	3	
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?		

You are using this paper for collecting anonymous patient data

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?	12	
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?	10	
Delirious patients: How many patients were assessed positive for delirium by using the above reported assessment?	3	
Non-delirious patients: How many patients were assessed free of delirium by using the above reported assessment?	5	
Not assessable/unclear patients: How many patients were not assessable for delirium and/or had unclear results by using the above reported assessment?		

You are using this paper for collecting anonymous patient data

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?	12	
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?	10	
Delirious patients: How many patients were assessed positive for delirium by using the above reported assessment?	3	
Non-delirious patients: How many patients were assessed free of delirium by using the above reported assessment?	5	
Not assessable/unclear patients: How many patients were not assessable for delirium and/or had unclear results by using the above reported assessment?	2	

You are using this paper for collecting anonymous patient data

Do the same for evening, if possible

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?	12	10
Assessed patients: How many patients were assessed for delirium by using the above reported assessment?	10	9
Delirious patients: How many patients were assessed positive for delirium by using the above reported assessment?	3	3
Non-delirious patients: How many patients were assessed free of delirium by using the above reported assessment?	5	4
Not assessable/unclear patients: How many patients were not assessable for delirium and/or had unclear results by using the above reported assessment?	2	2

You are using this paper for collecting anonymous patient data

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
- ☐ Nutrionist/Dietician
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☐ Physician
- ☐ Physical Therapist
- ☐ Priest/religious Support
- ☐ Psychologists
- ☐ Respiratory Therapist
- ☐ Speech and Swallow Therapist
- ☐ Technician
- ☐ Other

Tick on all professions who were present on your ward/unit today

You are using this paper for collecting anonymous patient data

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
- ☐ Nutrionist/Dietician
- ☐ Occupational Therapist
- ☐ Pharmacist
- ☒ Physician
- ☒ Physical Therapist
- ☒ Priest/religious Support
- ☐ Psychologists
- ☐ Respiratory Therapist
- ☐ Speech and Swallow Therapist
- ☐ Technician
- ☒ Other Play Therapist

These are very general terms, which include all subgroups, e.g.
Nurses= registered nurses, ANPs, nurse students
Physicians = residents, consultants, students

You are using this paper for collecting anonymous patient data

To be clear

- Basically, it is a chart review of routine data
- Do **not new or additional assessment**! Use routine data!
- In case, there is „**no assessment**“ instead of CAM-ICU, 4AT, ICDSC and others, you can include this unit/ward. We will perform sub-analyses for units with/without assessments, types of barriers etc.
- **Time points**: 8 a.m. +/- 4h = 4 a.m. till noon, and 8 p.m. +/- 4h = 4 p.m. till midnight. Please be close as possible.
- If only **one assessment is feasible**: it is okay. We will report the data for these cases (# morning vs evening vs both times)

Deliriu .....

Items		Data collection at 8 p.m. EVENING
Total		
Asse by us		
Deliri deliriu		
Non- deliriu		
Not a assessable for delirium and/or had unclear results by using the above reported assessment?		

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

On March 15th, you will receive a link to the survey, or visit www.wdad-study.center

Enter the data from the questionnaire into the online survey

If you collect data for another ward/ICU, you have to put in all data from incl. sociodemographic data, hospital data, and others (we are using no cookies)

You have got four days for doing that. The survey will close after March 19th.

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

- **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)

pharmacological interventions
elirium prevention and
ment

macological Treatment

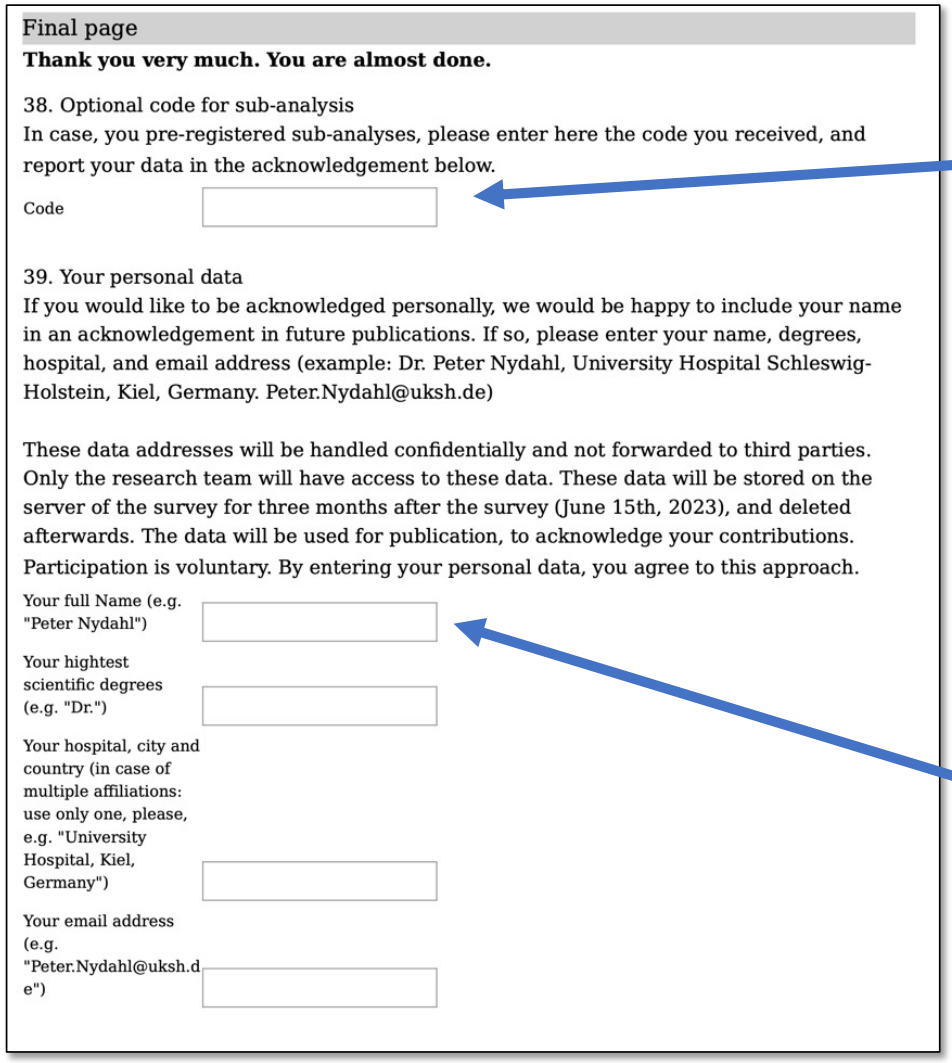
eral pharmacological
agement

ers against implementation
or use of evidence-based
strategies are

Comments (open question)

Acknowledgement

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 or more. 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 collected patients

Authorship

Keibun and Heidi are first co-authors, Peter is senior/last author

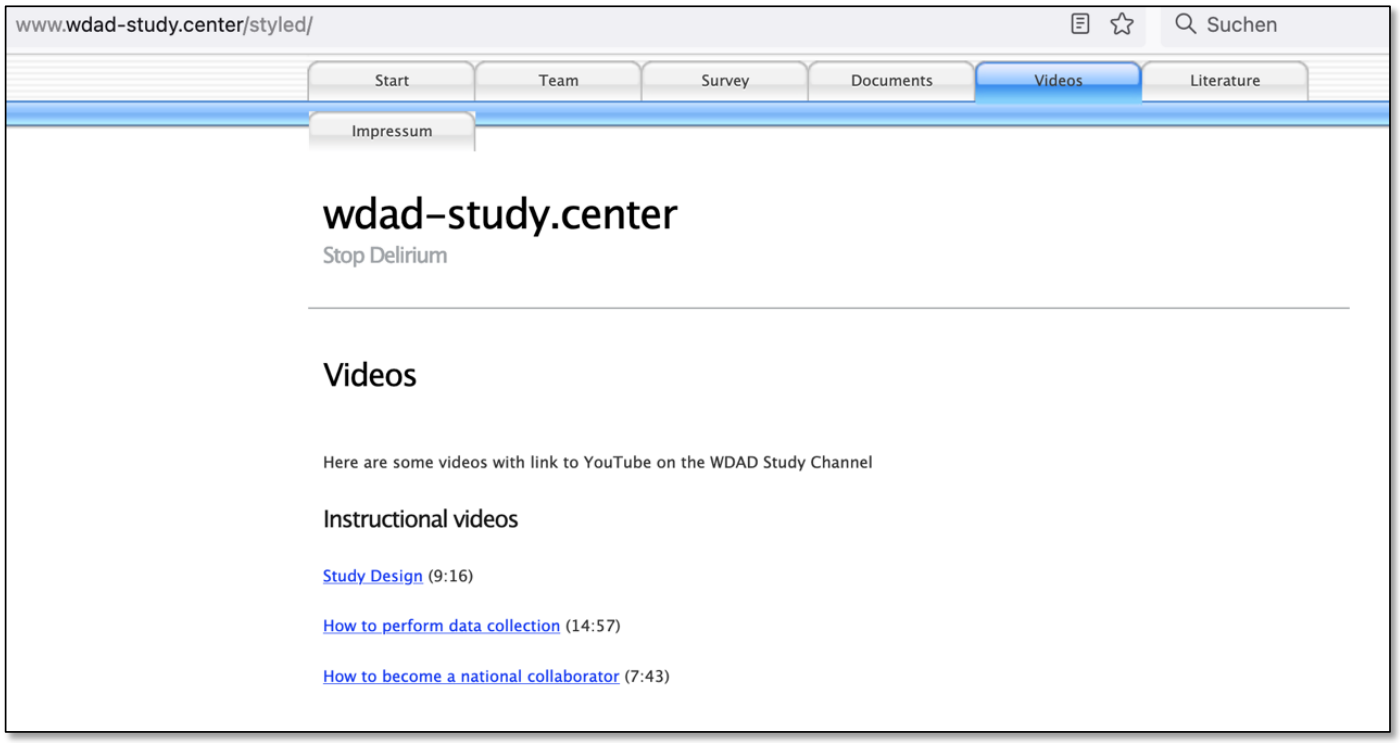
The first wave of national collaborators are named as co-authors in the title

All who collect > 100 patients, will have group co-authorship (national collaborators and participants) and will be pubmed listet

All who collect equal or less than 100 patients will receive acknowledgment (collaborators and participants)

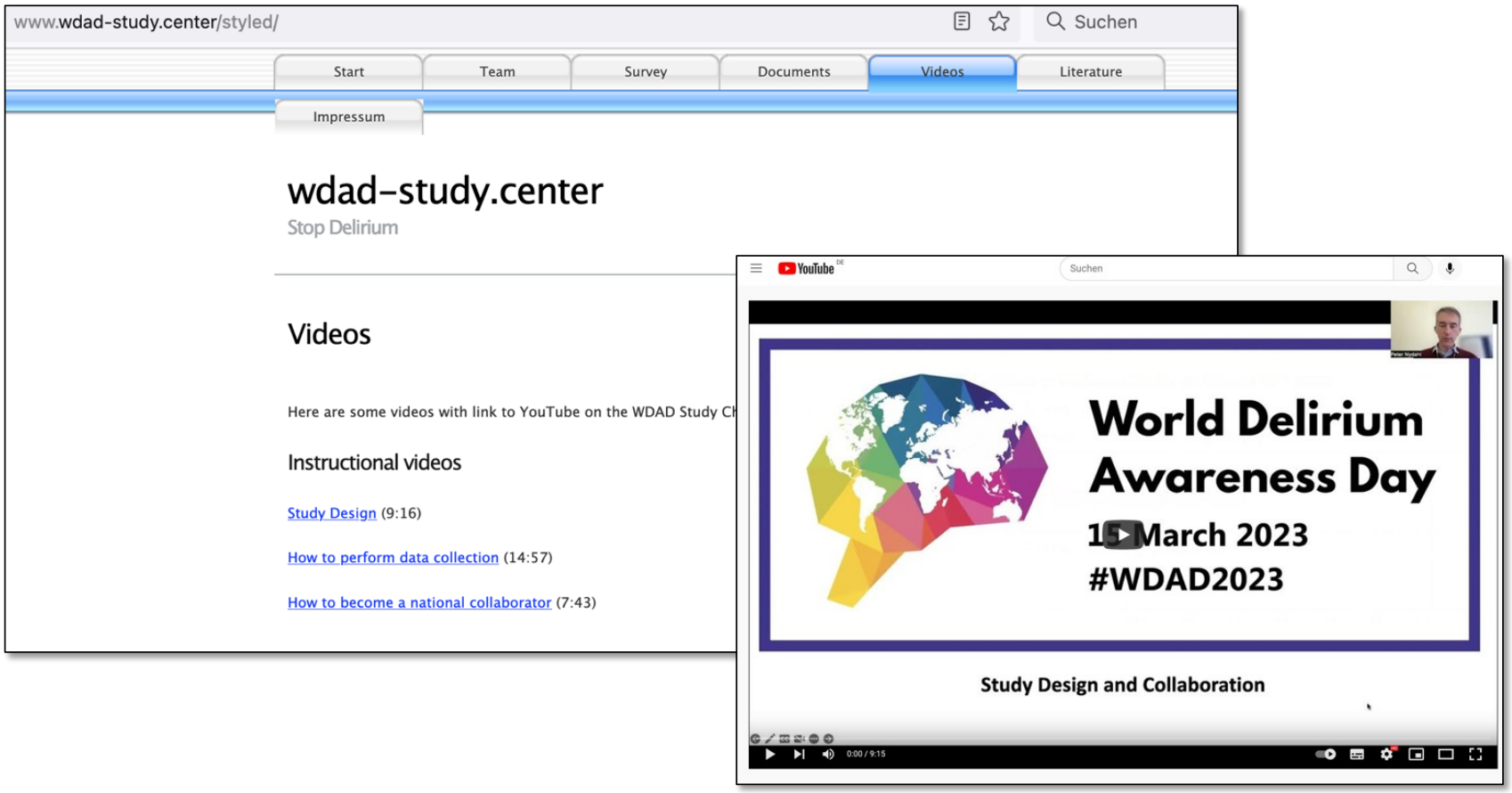
Study Website

ww.wdad-study.center

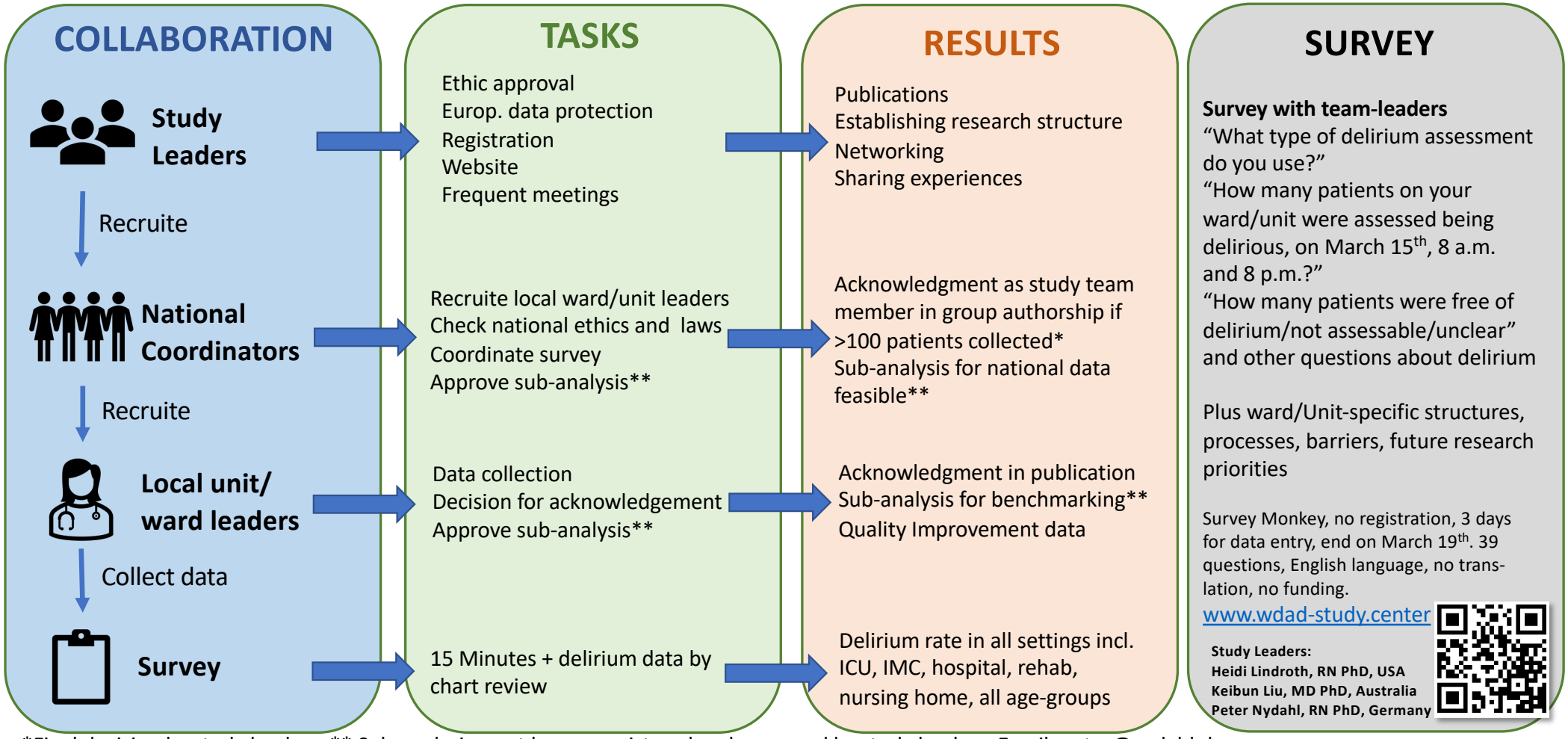


Study Website

ww.wdad-study.center



The survey



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

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 acknowledgemen
Approve sub-analysis**

15 Minutes + delirium data by chart review

RESULTS

Publications
Establishing research structure
Networking
Sharing experiences

Ack

fea

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

In most cases, each centre will need an ethic approval and data protection approval

Ask your national collaborator for assistance

Check website for templates and existing approvals

SURVEY

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

/Unit-specific structures, , barriers, future research

key, no registration, 3 days ry, end on March 19th. 39 English language, no trans- unding.

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

ww.wdad-study.center

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 - February

Recruite national collaborators & local participants

Virtual meetings for **national collaborators**

~~Sep 6, Oct 11~~, ~~Oct 21~~, Nov 15, Dec 13, Jan 10, Feb 7, Mar 7, Apr 6

Virtual Meetings for **new clinicians**

~~Sep 28, Oct 27~~, Nov 29, Dec 15

Contact:

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

WDAD 2023 Delirium Survey

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

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!

You would like to participate?
Please contact your national collaborator and use the data of the public map & website. The collaborator will help you with the ethic approval, data protection, and everything else

peter@nydahl.de