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 of national collaborators!

Agenda

Contact: peter@nydahl.de

WDAD Project

Pass the flag around the world (in one year) by. C Gabor, H. Lindroth, and others

www.surveymonkey.de/r/PassTheFlag

Procedure & Link

Survey: the survey will be opened on March 14th, 1 p.m. UTC (due to the time shift it will be already March 15 somewhere on the world) and kept open till March 19th, 10 p.m. UTC.

There will be one link, not multiple

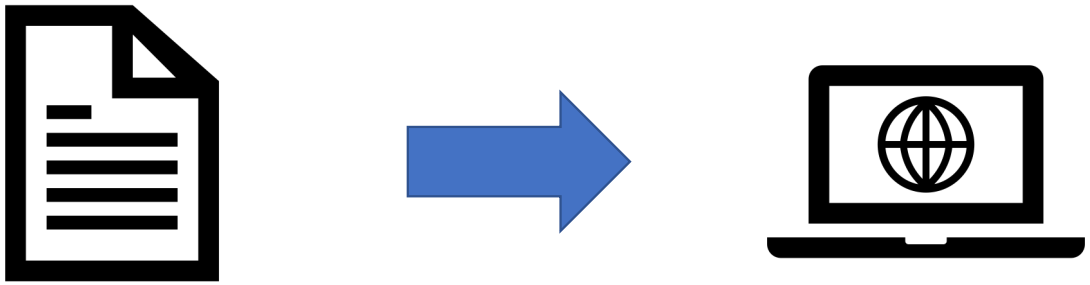
Distribution of the link:

- the link will be forwarded to all national collaborators
- **National collaborators will forward the link to all of their national participants**
- The link will be on the website

Please, do not post the link on social media, to reduce the risk of wrong data
We will not send reminders, due to the character of a 1-day point prevalence study

Afterwards, you have to transfer all data from the paper into the online survey

DO NOT INTERRUPT DATA TRANSFER OF A SINGLE UNIT!



You have got three days for it till March 19

Yes, in **case of multiple units/wards from one single hospital**,
You have to put in the data of country, city, hospital size again and again.
We are sorry for it, but cannot change it

Ethic approval

Ethic: in case, ethic approval is not ready: do not participate, at least do not collect patient data

First is ethic approval,

Second is patient inclusion.

It cannot be the other way round. It counts the date on the paper of the IRB.

Questionnaire

- First page, we added the sentence: “NEW INFORMATION: The questionnaire has been translated into different languages, see pdf’s on http://www.wdad-study.center/Documents/ “
- We revised question 17: “**type of delirium assessment**” from
  - multiple answers to a **single answer**, deleted “multiple options”,
  - and added “(**just one option, the most frequent delirium assessment in routine care, you are also using on the prevalence day**)”.
  - This will make the analysis much easier.
  - Note: **wards/units which use “none” or “personal judgement” can participate in this study, too**, because we will not include them in the prevalence rate, but will perform sub-analysis with them, especially for present protocols, barriers, and others

Group co-authorship

Group-co-authorship means that you are not reported with your name on the title of the publication but tagged to the WDAD-Study-Group. This is Pubmed indexed and recognized as a co-authorship with other indexing search engines.

- National collaborators of the very beginning will be co-authors
- **National collaborators**: will receive group-co-authorship if in their countries > 100 patients are collected, We identify national collaborators by their country and compare them with our lists.
- **Local participants** have to collect >100 patients in their hospitals for receiving group-co-authorship. If your unit has 10 or 30 patients, you have to collect more patients on other units, too.
- Local groups/teams:
  - clinicians will get one (1) group-co-authorship per >100 patients. If team =3 clinicians, they need > 300 patients
  - For this they have to enter their names in acknowledgement
- We identify them when we will have the complete data, we will sort the data by clinicians' names, and count the number of collected patients per clinician. Everyone > 100 patients will be on the list of group-co-authorship.

Code

we offer data-sharing after the survey, by sending your data to you in an Excel or SPSS file. **Only then** you may need a code for sub-analysis. We can identify your data

- by country (in case of national evaluation), or
- by city (question for city is one of the first questions, to identify doubled entries. If you want your data from your city, we need your consent for this, to keep the city's name and send these data exclusively to you. Just send an email for data = consent)

In case you have

- multiple wards/units across multiple hospitals,
- multiple wards/units across multiple cities, or
- multiple hospitals in one city,

you may need a code.

The code has to be entered at the end of each questionnaire/survey and we can identify your cluster by searching for this code. Send me a request for a code.

Data Sharing

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

Acknowledgement

After the survey, it is possible to share data

We can share the SPSS file including only data from your country (as national collaborator)

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If you are from one single hospital, it might be feasible to share data of your hospital by identifying by the city, in case there is only one hospital in your city. In case, there are multiple similar hospitals, you may need a code

You may analyse and publish these data AFTER THE MAIN PUBLICATION

We can identify data of clinicians by thei
hospital's bed, or achknowledged name

You need a code if

- **You have multiple similar hospitals in**
- **You have multiple units/wards across**

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Acknowledgement

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")

Any more questions? Suggestions?

Q: Survey will be open from March 14th noon (Central Europe Time) till March 19th?

A: Yes

Q: group co-authorship?

A: more than >100 patients in total = sum of assessed patients

Q: some units units are not able to use a valid assessment and cannot collect patients' delirium data?

A: yes, thy can still collect data of structures and processes

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Next steps

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

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

September

~~Pretest with your comments (revision & amendm~~

~~Going public~~

~~October - February~~

~~Recruite national collaborators & local participants~~

Virtual meetings for **national collaborators**

~~Sep 6, Oct 11~~, ~~Oct 21~~, ~~Nov 22~~, ~~Dec 13, Jan 10, Feb 7~~, Mar 14, Apr 6

Virtual Meetings for **new clinicians**

~~Sep 28, Oct 27, Nov 29, Dec 15, Jan 13, Feb 10,~~

Rochester 6 am (CDT), Berlin 1 pm (CEST), Brisbane 9 pm (AEST))
https://us06web.zoom.us/j/83665776594

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