GROUP UK & IRELAND

PAEDIATRIC DELIRIUM SCREENING IN PICUS (PART 2) TRAINING & IMPLEMENTATION

Maeve Murray 1, Lisa McIlmurray 2,3, Jennie Craske 4, Sandra Gala-Peralta 5, Antonia Hargadon-Lowe 6, Lyvonne Tume 4,7 & Bronagh Blackwood 2 on behalf of the Paediatric Delirium Group UK and Ireland 1 Antrim Area Hospital, Northern Health & Social Care Trust; 2 Wellcome-Wolfson Institute for Experimental Medicine, Queen's University Belfast; 3 Children's Health Ireland @ Temple Street Hospital, Dublin3; 4 Alder Hey Children's Hospital, NHS Foundation Trust; 5 Royal Brompton & Harefield Hospital, London 6 Southampton Children's Hospital, Southampton General Hospital, Southampton; 7 Faculty of Health, Social Care and Medicine, Edge Hill University, Ormskirk

Background / Aim

In 2021, there was no UK and Ireland consensus approach to daily screening for paediatric delirium (PD). The Paediatric Delirium Group UK and Ireland (PDGUKI) responded to a call from PCCS to prioritise PD[1], with the aim to support PICUs to implement and sustain successful PD practice change to increase engagement, change negative perceptions and build PICU staff confidence.

Objectives

- Establish a working group to support PICUs to implement and sustain successful PD practice change across the UK and Ireland
- 2. Develop easily accessible educational and supporting resources to enable local Delirium Champions to

We have used the *excellent* website resources. Lindsay, PICU Education Lead Nurse

Results

- PDGUKI working group developed video training materials for CAPD screening, pre/post knowledge tests, screening records and audit tools, hosted on a dedicated website[3]
- Champion training launched in November 2021
- Facilitated monthly peer support meetings are ongoing to support local goal setting and develop audit parameters
- 18 (62%) PICUs have ongoing representation at peer support meetings
- 7 (24%) PICUs have commenced entry of PD screen audit data on the PDGUKI website
- 15 PICUs currently training
- 93% have utilised PDGUKI resources

embed delirium screening within PICU

3. Facilitate a PD peer support network to troubleshoot and share learning

Method

The PDGUKI working group was established and met on a monthly basis to devise an implementation strategy using the Quality Implementation Framework (Fig. 1). Local champions were recruited. To support practice change, the group liaised with Dr. Chani Traube to create multi-medium CAPD education and audit resources and established a peer support network. Outputs were evaluated and refined through collation of verbal user feedback. PICUs were surveyed to evaluate (June 2022) engagement with PDGUKI resources.

Fig. 1 Quality Improvement Framework



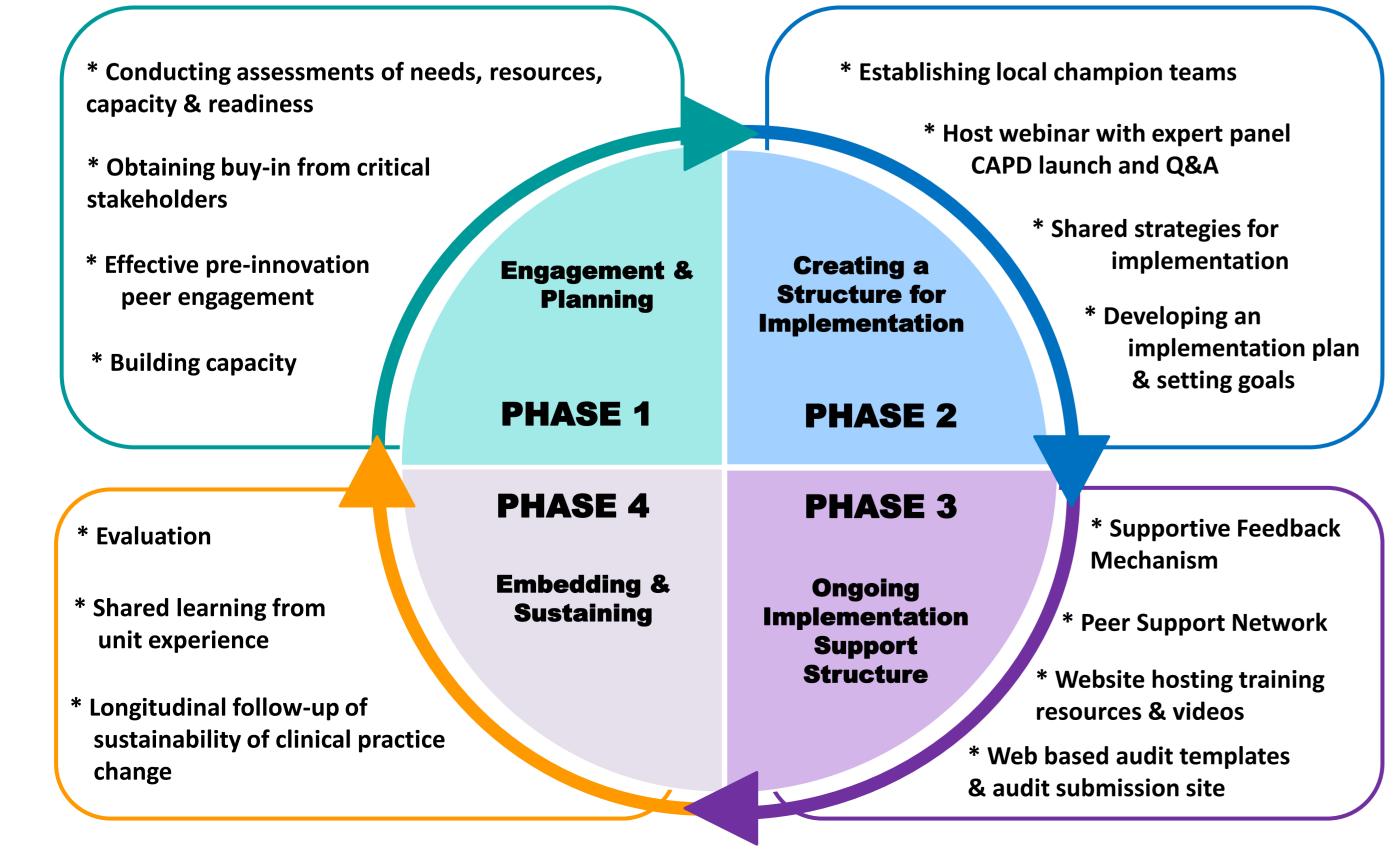
Take the Quiz! Test your knowledge of Paediatric Delirium

Delirium website and resources https://www.qub.ac.uk/sites/ uk-paediatric-delirium-group/

contact us here!

Conclusion

Substantial preparation utilising an innovative quality improvement approach has supported PICUs across the UK and Ireland to embed routine PD screening, paramount to enabling future exploration of PD prevention and management. Through this project PDGUKI has formalised a consensus approach within PICUs to delirium screening. Work is ongoing to continue to refine resources with the ultimate aim of supporting implementation of PD screening in all UK and Ireland PICUs.



If you would like to get involved or have any questions

Maeve Murray

maeve.murray@northerntrust.hscni.net

Lisa Mcllmurray I.mcllmurray@qub.ac.uk

References

- 1. Tume, L.N., et al., Research Priorities for U.K. Paediatric Critical Care in 2019: Healthcare Professionals' and Parents' Perspectives. Pediatr Crit Care Med, 2021. 22(5): p. e294-e301.
- 2. Meyers, D.C., J.A. Durlak, and A. Wandersman, The quality implementation framework: a synthesis of critical steps in the implementation process. Am J Community Psychol, 2012. 50(3-4): p. 462-80.
- 3. Paediatric Delirium UK and Ireland website [https://www.qub.ac.uk/sites/uk-paediatric-delirium-group/]