

IMPLEMENTATION GUIDE

Key Principles for Care of Confused Hospitalised Older Persons Program

Putting Key Principles into practice

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INTRODUCTION

Key Principles for Care of Confused Hospitalised Older Persons.

Confusion or cognitive impairment is a common condition for older people in hospital. More than 30% of older people present with or develop confusion during their admission. This confusion is most commonly due to dementia and /or delirium.(1)

Confusion is distressing for older people. Older people with confusion may be disorientated, fearful and anxious, may not recognise their carers or families, be either agitated or drowsy, suffer hallucinations, be incontinent, and display behaviours that are not usual for them. Caring for older people with confusion in hospital is also distressing for staff, carers and families. The older person with confusion may refuse care, attempt to leave, be disruptive or aggressive.

If left unrecognised and untreated, confusion can result in serious health consequences including increased risks of medical and surgical complications, falls, institutionalisation following hospitalisation, mortality, increased length of hospital stay and readmission rates, and functional decline(2-4). Early identification of confusion, treatment of the underlying cause and management of symptoms can prevent these adverse effects and minimise their duration and severity

The Agency for Clinical Innovation (ACI) has developed the **Key Principles for Care of Confused Hospitalised Older Persons** to assist hospitals in identifying key components of best practice management of confusion in the older person that will support optimal patient care across New South Wales (NSW).

The ACI considers the following to be the essential Key Principles for Care of Confused Hospitalised Older Persons

1. Cognitive screening
2. Risk identification and prevention strategies
3. Assessment of older people with confusion
4. Management of older people with confusion
5. Communication processes to support person centred care
6. Staff education on caring for older people with confusion
7. Supportive care environments for older people with confusion.

The implementation and adherence to evidence-based standards will considerably improve the care and management of older patients' confusion within NSW hospitals. Improved care and management of these patients will result in significant improved outcomes both to patients and to the health system.

About the implementation guide

This **implementation guide** accompanies the ACI *Key Principles for Care of Confused Hospitalised Older Persons*

This guide has been developed for use by multidisciplinary teams in NSW hospitals to support the successful implementation of the Key Principles to improve patient care at their hospitals. It provides suggestions and tips for implementation, however, it is anticipated that hospital teams will tailor the implementation of the Key Principles based on their patients' needs, local knowledge and available resources.

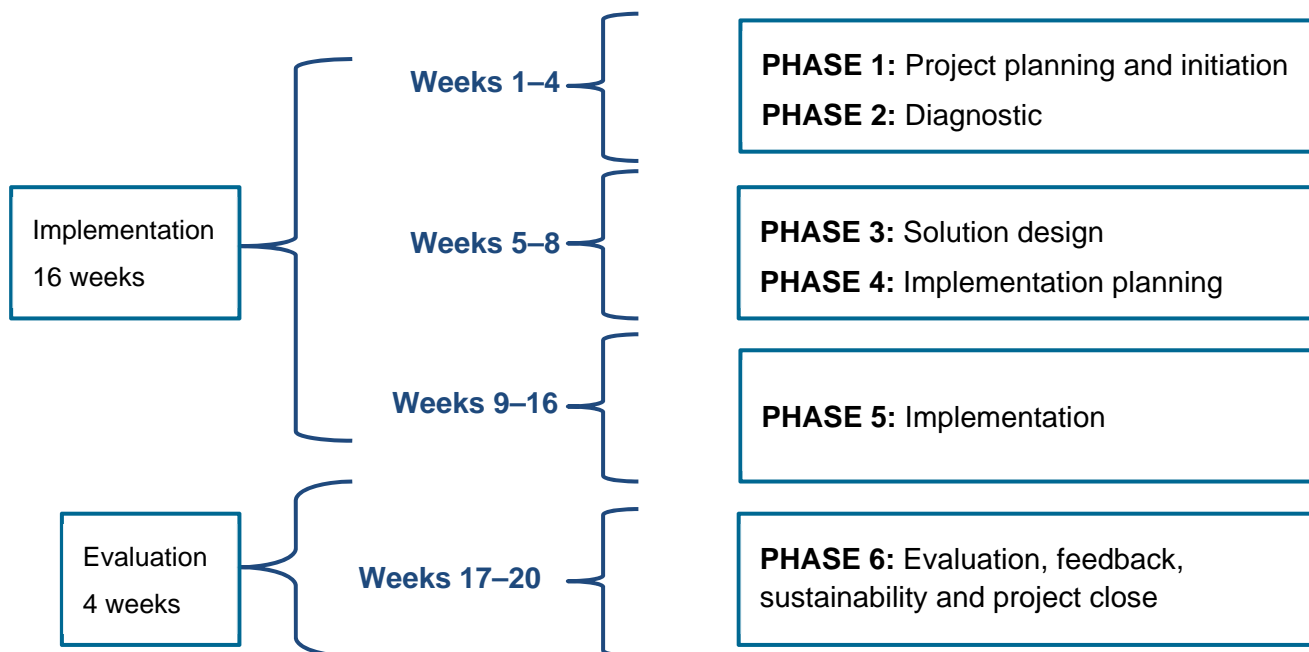
This implementation guide does not replace current local clinical practice guidelines.

Navigating the implementation guide

This guide employs the *NSW Health ACI Healthcare Redesign Methodology* as a basis for a phased implementation solution. There are six phases of implementation outlined in this guide. A suggested timeframe for each phase has also been included.

It is acknowledged that each hospital team is unique and implementation timelines may vary. However, the 20 week program outlined below is considered an efficient and effective guide to implementation.

Suggested Care of Confused Hospitalised Older Persons Project Implementation Timeframe



Each phase is represented by a chapter comprising phase-specific information, suggestions and considerations, as well as:

- a checklist of **project management activities** for each phase
- a checklist of **suggested communication mechanisms** for each phase
- a **self-assessment table** to monitor your progress towards successful implementation of the Key Principles of Care.



A **number of tools have been developed** to assist you and the project team during the implementation project.

You will see this ‘tool’ symbol in different places throughout this guide to indicate links to accompanying tools.

List of Tools:		
PHASE 1: Project planning and initiation	<ul style="list-style-type: none"> • CHOPS Pre Implementation Systems Audit • CHOPS Staff questionnaire (Project team questionnaire) • Optional : Accelerating Implementation Methodology (AIM) – Individual Readiness Assessment this is only online from GEM*: https://gem.workstar.com.au 	<p>Project Management Tools</p> <ul style="list-style-type: none"> • Project Management Plan Guidelines • Gantt Chart Template • Communication & Stakeholder Management Plan • Risk and Issues Template • Meeting and agenda templates <p>(the above tools are designed to be used continuously through-out the project)</p> <p>Reporting Tools</p> <ul style="list-style-type: none"> • A3 Diagnostic Tool (reporting tool) • Solutions Statement Template • A3 Solution Design Tool (reporting tool) • A3 Implementation Plan Tool (reporting tool)
PHASE 2: Diagnostic	<ul style="list-style-type: none"> • CHOPS Medical record Audit • Patient Experience Trackers (PETs) for carers • CHOPS Environmental audit • Staff knowledge and attitude audit (Care of the Confused Older People Staff Survey) • Optional: Practice Observational tool • Focus groups (staff) • Focus groups (carers) • System measures • A3 Diagnostic Tool (reporting tool) 	
PHASE 3: Solution design	<ul style="list-style-type: none"> • Solution Statement template and example • A3 Solution Design Tool (reporting tool) 	
PHASE 4: Implementation planning	<ul style="list-style-type: none"> • Implementation Risk Forecast (IRF) this is only online from GEM*: https://gem.workstar.com.au • A3 Implementation Plan (reporting tool) 	
PHASE 5: Implementation	<ul style="list-style-type: none"> • Optional: Environmental Audit (formal) • Optional: Practice Observational tool • Sytem measures 	
PHASE 6: Evaluation, feedback, sustainability and project close	<ul style="list-style-type: none"> • CHOPS Staff questionnaire (Project team questionnaire) • CHOPS Medical record Audit • Patient Experience Trackers (PETs) for carers • Focus groups (staff) • Focus groups (carers) • Environmental audit • Staff knowledge and attitude audit (Care of the Confused Older People Staff Survey) 	

*GEM (<https://gem.workstar.com.au>) contains valuable modules on the fundamentals of project management including the NSW Health Centre for Healthcare Redesign modules and Accelerating Implementation Methodology(5)

The role of the Agency for Clinical Innovation

The ACI acknowledges that the members of the project team will have a clinical load and other demands in relation their roles; we appreciate that implementation of the Key Principles for Care of Confused Hospitalised Older Persons may only be one part of their roles within their hospital teams. The ACI values the clinician's time and acknowledges their important and critical role in the project.

Each hospital team implementing the Key Principles for Care of Confused Hospitalised Older Persons will be supported by the ACI for the 20 week program.

Details of the support provided by the ACI are outlined in Box 1 below:

Box 1. Support to be provided by the ACI for the implementation of the Key Principles

- A structured approach to implement the Key Principles; including implementation project planning, communication tools and supporting resources
- Expertise, guidance and analysis in relation to the project team's progress during the implementation phases of the project
- Facilitation of networking and knowledge sharing at a local and a state level
- Facilitation of access to clinical experts for specific guidance and education as requested by the teams
- Support during the implementation phases of the project; with regular contact including site visits, teleconferencing and videoconferencing
- Guidance relating to data collection requirements; including providing measures and clarifying data entry points to assist teams in reviewing their progress
- Clarifying team expectations in relation to their roles and responsibilities
- Acknowledgement of team achievements at a local and state level

Hospital Teams

Successful implementation of the Key Principles will require engagement, commitment and ownership of the project by the clinical team. A structured approach to the implementation process, led by a designated project manager who is in turn supported by their senior hospital level executive will also be crucial.

“The Trusts (NHS) which made the quickest and best progress have all had engagement by the chief executive ... It is the key to success that senior managers are involved at the very start and their support is required to drive through the necessary changes”

Rob Middleton(6)

Executive and senior management support

The hospital teams implementing the Key Principles will have formal endorsement from the LHD Chief Executive regarding the implementation of the Standards at their hospital. It is essential that **executive and senior management support** is identified for the project. The role of the executive and senior management is to:

- provide visible and active leadership and commitment to the project to all levels of staff
- align the project goals/objectives at an executive and strategic level in relation to the hospital and LHDs operational plan
- approve project scope, solutions, implementation plan and project milestones
- govern escalated risks and assists in the resolution of issues/barriers escalated by the Project Steering Committee / Project Manager/ Project Team
- evaluate resource requests to deliver the project's goals and objectives
- facilitate local ownership and empowerment of staff to drive the improvement process
- recognise the effort and input of the project team, staff and clinicians

Project Steering Committee

If as a result of your gap analysis you have multiple issues that need to be addressed through the project a specific project steering committee may be necessary to provide advice and to ensure delivery of the project outcomes. The role of the project steering committee is to provide support to the project through:

- providing input into the development of the project including the objectives, vision, solutions, project scope, implementation plan and project milestones
- identification, monitoring and management of project risks and issues/barriers
- providing advice and decisions about the project as it develops including ethics(7)
- the identification of priorities and appropriate implementation approaches
- providing advice and ongoing monitoring on the project measurement and evaluation processes
- identifying and or assessing resource requests to deliver the project's goals and objectives
- being actively involved in stakeholder management and empowerment of the multidisciplinary team to drive the improvement process
- the sponsorship of major initiatives related to the project
- monitoring timelines and the quality of the project as it develops
- acknowledging the effort and input of the project team, staff and clinicians

Clinical Lead

It is recommended that a **clinical lead** is identified to champion the project. The role of the clinical lead is to:

- work collaboratively with the project manager to implement the project
- provide expertise and specialist knowledge to the project
- champion the project and engage peers
- assist in the resolution of issues/barriers escalated by the project manager/ project team

- facilitate the measurement and evaluation process including the clinical aspects of monitoring and evaluation
- recognise the effort and input of the project team, staff and clinicians

Project Manager

It is recommended that for the 16 week implementation period, a member of the team is allocated the role of ***project manager***. This role requires specific project management skills and dedicated project time. The role of the project manager is to:

- lead the implementation within the agreed scope and budget of the project
- organise the project team and sub groups and execute the implementation plan ensuring that agreed actions and project milestones are delivered
- lead the project monitoring and evaluation process
- facilitate and lead meetings and other project management activities
- work collaboratively with the local implementation team
- effectively communicate and engage staff and clinicians in the project
- escalates risks, issues and updates to the project steering committee and executive sponsors
- recognise the effort and input of the project team, staff and clinicians
- monitor and evaluate project outcomes

Project Team

It is recommended that the ***project team*** is multidisciplinary and representative of the clinical and non-clinical teams that care for the older patient with a confusion. The role of the project team is to:

- have a sound understanding of the case for change and how this applies to the local environment
- work together to understand current practice
- execute the implementation plan ensuring that agreed actions and project milestones are delivered
- effectively communicate and engage staff and clinicians in the project
- drive local ownership of the CHOPs project
- develop solutions and implement them locally to improve the care and outcomes for the older patient with confusion
- work collaboratively and support the project sub groups
- consult with patients and carers
- monitor and evaluate project outcomes

OVERVIEW OF THE CHOPs IMPLEMENTATION PROGRAM- HOSPITAL LEVEL

	PHASE	PURPOSE	STEPS	Tools		
4 WEEKS	PROJECT PLANNING AND INITIATION	To develop a project plan for implementing the <i>Key Principles for Care of Confused Hospitalised Older Persons</i>	<ol style="list-style-type: none"> Outline the importance of aligning practice with the <i>Key Principles for Care of Confused Hospitalised Older Persons</i> Define the aim, objectives and scope of the implementation project. Develop executive sponsorship and governance systems for the implementation project. Establish a project team to drive the implementation of the Key Principles. Identify all stakeholders and determine the level of involvement required by each stakeholder / stakeholder group. CHOPS Pre- Implementation Systems Audit CHOPS Staff questionnaire (Project team questionnaire) Optional : Accelerating Implementation Methodology (AIM) – Individual Readiness Assessment this is only online from GEM*: https://gem.workstar.com.au Commence a project and communication plan to guide the implementation of the Key Principles. Apply for local site specific ethics approval 	<p>Project Management tools</p> <ul style="list-style-type: none"> Project Management Plan Gantt Chart Template Communication & Stakeholder Management Plan Risk and Issues Template <p>Project measures</p> <ul style="list-style-type: none"> Optional: Individual Readiness Assessment Tool CHOPS How to Guide for Data Collection and Auditing CHOPS Medical record Audit CHOPS Environmental audit Staff knowledge and attitude audit (Care of the Confused Older People Staff Survey) Older People Staff Survey) Optional: Practice Observational tool <p>Reporting Tools</p> <ul style="list-style-type: none"> A3 Diagnostic Tool (reporting tool) Solutions Statement Template A3 Solution Design Tool (reporting tool) A3 Implementation Plan Tool (reporting tool) 	PROJECT MANAGEMENT	COMMUNICATION
	DIAGNOSTIC	To assess the current management of the older patient with confusion and identify issues/gaps against the key principles	<ol style="list-style-type: none"> Identify issues or gaps in current management compared with the Key Principles. Prioritise the issues or gaps in practice relation to the Key Principles use: <ul style="list-style-type: none"> CHOPS Medical record Audit CHOPS Patient Experience Trackers (PETs) for carers CHOPS Environmental audit Staff knowledge and attitude audit (Care of the Confused Older People Staff Survey) Optional: Practice Observational tool- conduct a site observation component focusing on a specific patient or cohort Focus groups (staff) Focus groups (carers) System measures A3 Diagnostic Tool (reporting tool) Build the 'case for change' 			
4 WEEKS	SOLUTION DESIGN	To design and prioritise solutions to address any issues/gaps in the management of the older patient with confusion	<ol style="list-style-type: none"> Facilitate problem solving and brainstorming with relevant stakeholders. Explore what is working at other hospitals through consultation and consider which solutions/ approaches may be transferrable. Identify feasible solutions that will address issues or gaps in management of older patients with confusion Prioritise solutions; identify 'quick wins' and 'longer term' solutions. Test specific solutions as appropriate Develop a detailed statement for implementing each solution and what it is expected to achieve. 			
	IMPLEMENTATION PLANNING	To develop a comprehensive plan for implementing solutions to meet the Key Principles	<ol style="list-style-type: none"> Outline the steps for implementing the 'quick wins' and 'longer term' solutions. Define roles and responsibilities for implementing each solution. Define implementation monitoring and evaluation measures/processes. Establish support and feedback loops. Communicate your plan; based on plan developed in project initiation phase. Implementation Risk Forecast this is only available online from GEM*: https://gem.workstar.com.au 			
8 WEEKS	IMPLEMENTATION	To implement solutions to address issues/gaps in the management of the older patient with confusion	<ol style="list-style-type: none"> Deliver the implementation plan ensuring that agreed actions and project milestones are delivered. Sequence and implement 'quick wins' solutions and prioritise and implement 'longer term 'solutions. Ensure regular feedback and review / evaluation of each solution. Tweak and adjust the solutions as required to achieve success. Optional: Environmental Audit (formal) System measures 			
4 WEEKS	EVALUATION, FEEDBACK AND SUSTAINABILITY	To assess the outcomes of the implementation of the <i>Key Principles for Care of Confused Hospitalised Older Persons</i>	<ol style="list-style-type: none"> Conduct a re-assessment of current practice to compare with the measures undertaken in the diagnostic phase of the Review and revise the approach to implementation. Establish an ongoing loop for reviewing and revising implementation of the Key Principles. Communicate success and outcomes. 			

PHASE 1: Project planning and initiation

The purpose of the project planning and initiation phase is to:

- build a local case to support the need to improve change current management of the older patient with a confusion to align with the Key Principles.
- obtain sponsorship to support the implementation of the -Key Principles.
- develop a clear project and communication plan to drive the implementation of the Key Principles.

During this phase, you and the project team will be working to define the aim, objectives and scope of the implementation project.

At the end of this phase, you will all have developed a clear and structured project management and communication plan.

The importance of project planning

Like any journey, a successful implementation project requires thorough planning from the outset and constant management to ensure that the project stays within scope and within the expected time frames.

Dedicating time to planning and preparation at the beginning of the Key Principles implementation project will enable the project team to:

- **build a case for change** to explain and clarify the need for change at your local hospital
- develop a clear **project aim**, specific **project objectives** and a well-defined **project scope**(include what is IN and OUT of scope)
- secure **project sponsorship and governance**
- establish the roles and responsibilities of a **project team**
- set **project timelines**
- identify who needs to be involved
- develop a **communication plan**
- commence a risks and issues log
- determine how you will **measure success**.

In this section, considerations and suggestions are provided for each of these project planning elements. These elements will form the basis of the implementation plan.



- Project Management plan
- Gantt Chart
- Stakeholder Management Plan
- Communication plan
- Risks Matrix

BUILD A CASE FOR CHANGE

Building a strong case for change will assist the project team to communicate to others why system and behaviour changes need to occur to improve outcomes and care for the older patient with a confusion at your hospital.

The following points are suggested for consideration in the case for change section:

- What is the current situation ('as is'/state of play)?
- What are the consequences of not changing?
- What is changing?
- Why are we changing?
- What are the measures of success and what will success look like?

What do we know already to help build a case for change?

- Clinical Practice Guidelines for the Management of Delirium in Older People - 2006(8).
- Safer systems better care - Quality Systems Assessment. Sydney: CEC, 2012.
- Australian Commission on Safety and Quality in health care. Evidence for the safety and quality issues associated with the care of patients with cognitive impairment in acute care settings:a rapid review.(2013) (9)
- Australian Commission on Safety and Quality in health care. Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care: A consultation paper.(2013) (10)
- Australian Institute of Health and Welfare. Dementia Care in hospitals: costs and strategies (1)
- The NICE (2) (National Institute for Health and Care Excellence) 2010 Delirium: diagnosis, prevention and management
- The ACI has developed a delirium education DVD.

DEFINE THE GOAL, OBJECTIVES AND SCOPE

A clear project goal, specific project objectives and a well-defined scope are important to ensure that you and your project team are working towards the same goal.

The high level goal can be agreed with the project team initially as this is a general high level statement of what the project will achieve. It is recommended that the project objectives are developed after the baseline assessment (*see page 13*) has been completed in order to ensure that understanding of the current situation will allow improvements to be identified that can align local site practice with the Key Principles.

GOAL

- The project goal is a high-level statement of what the project will achieve.
- It is aspirational and focussed on the intended outcome.
- *Example: To improve the outcomes for the older patient with confusion at Hospital X.*

OBJECTIVES	<ul style="list-style-type: none"> • Project objectives outline the specific outcomes that will need to be achieved by the implementation project as part of the overall aim. • Project objectives are specific and usually include timeframes and targets that can be used to measure success. • <i>Example: 80% of older patients will have their cognition screened on admission to the Emergency Department or with 24hours on the ward</i>
SCOPE	<ul style="list-style-type: none"> • If the project scope is not defined well, the scope of the project may be too narrow to make a difference, or too big to have any focus. • A well-defined scope will aid in establishing manageable and realistic work plans, budgets, schedules, and expectations. • Define what is IN and OUT of scope • <i>Example: Older people with confusion aged over 65years old (in scope)</i> • <i>Example: People aged under 65years with confusion are out of scope for this project</i>

Evaluation

Evaluation measures should be considered during project development and aligned to the aims of the project as they are critical to measuring the success of any project. Clear and measurable objectives will help you and the team to clarify what is to be evaluated. The ACI project team has developed an evaluation framework for the project which can be used to support the development of evaluation measures for your project.

PROJECT GOVERNANCE

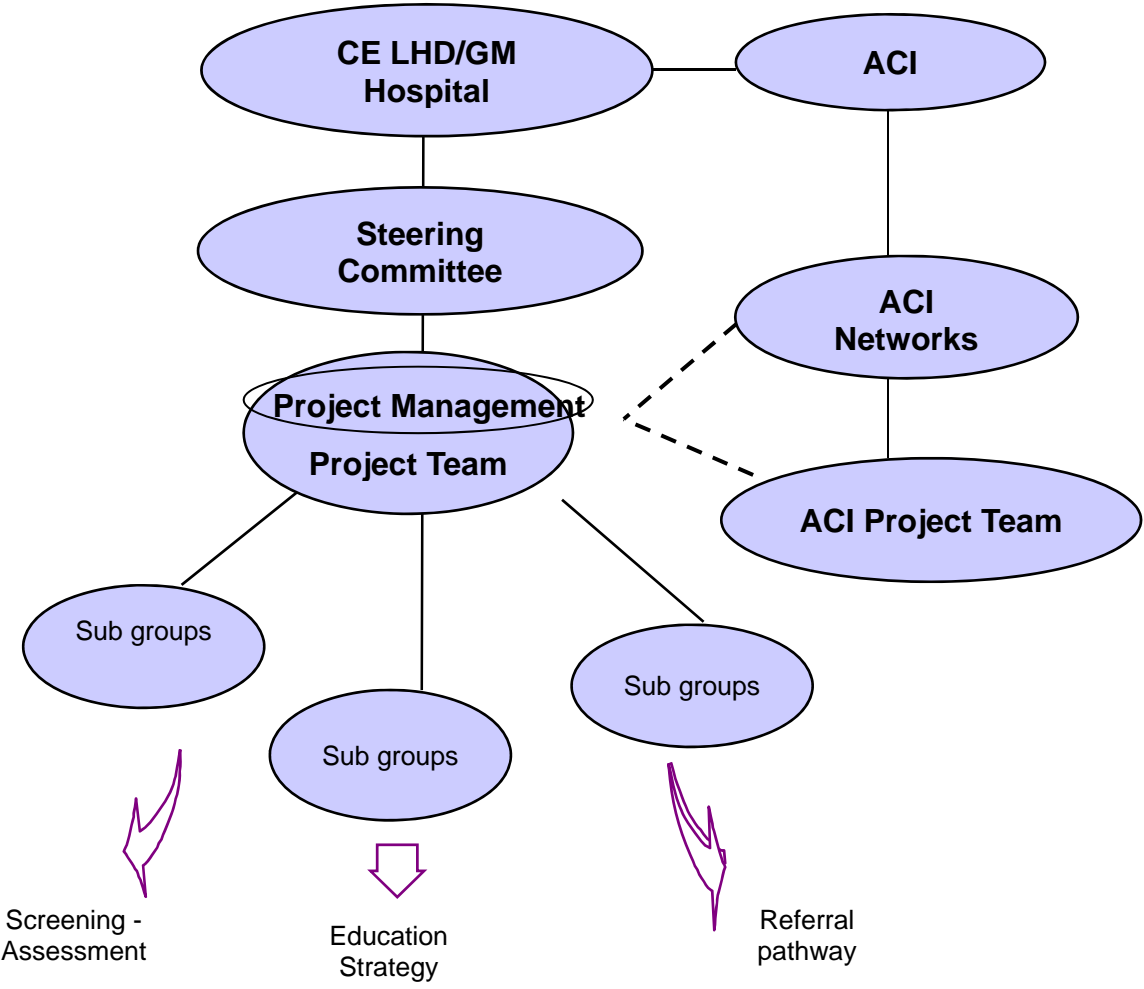
Project governance is the management framework within which decisions are made for the project. It will be important to meet with the executive sponsor early to discuss how the project will be governed. This is an opportunity to clarify the role of the Executive Sponsor and also to agree on regular reporting channels and how issues and risks will be escalated to appropriate decision makers. (Executive and Senior Management Support Section page 5).

A project steering committee may be necessary to support implementation and provide high-level advice to ensure delivery of the project outcomes. Members of the steering committee may be representative of senior hospital staff who are in a position to drive the project, provide advice and advocate and escalate issues to the hospital's chief executive. People who can potentially bring outside expertise to the project should also be considered. It is both useful and important to ensure that a patient/carer or potential user of the service has their views represented (7). Alongside the project team who will be responsible for implementing the project, sub groups can be formed to address specific issues, including those that seem small but will actually take a significant amount of time and energy to address (11)

In some circumstances it may appropriate to report to an already established governance committee (rather than establish a specific steering committee).

The flow chart below illustrates an example of how confusion program/project may be governed at a hospital level

Flow Chart One- Project Governance Example:



ESTABLISH A PROJECT TEAM

When establishing the project team consider staff who are interested and enthusiastic about the project and who are keen to improve the overall care for older patients with confusion. It is also worth considering including people who may not have a direct interest in the project but who are in a position of power and influence (12) Representation from key stakeholders who can influence and engage their colleagues in the project should be considered too. Involving patients and carers in the project is important as they will be able to give their perspective on the project.

Rather than the project team becoming too large and difficult to manage sub groups can be formed to address specific issues, including those that seem small but will actually take a significant amount of time and energy to address (11)

It is acknowledged that the members of the project team will have clinical loads and other demands in relation their roles, it will be important to be flexible when organising team meetings (e.g. organise meetings outside theatre operating schedules or if not possible

arrange to meet and update the team members (e.g. orthopaedic surgeons) who are vital to the project but can't attend due to clinical commitments).

Meet regularly

It is important to communicate effectively with the project team to keep members engaged. Be prepared, organised and run meetings efficiently with good communication systems in place to keep team members up-to date and accountable for their agreed actions.

Hosting regular and purposeful meetings will allow the team to determine and achieve their short-term actions. Agree on a regular meeting cycle, weekly or fortnightly team meeting are recommended for the duration of the project.

Tips for running effective meetings:

- All meeting must have a purpose.
- Plan the agenda /circulate 24 hours in advance.
- Start and end on time.
- Introductions/wrap up.
- Address each agenda item.
- Give people actionable steps with time frames, measurable outcomes and record/minute.
- Create a "parking lot" for items that come up that are not within scope.
- Challenge ideas not people.
- If there is no reason/purpose to meet- cancel the meeting and don't meet; time is valuable to busy clinicians.



- Template Agenda
- Template Minutes

PLAN COMMUNICATIONS

Well-planned communications with staff and stakeholders at your hospital will be essential to the success of the project.

Planning your communications involves:

- developing consistent content or '**key messages**' for your communications
- **identifying and targeting** communications to key stakeholders which is written in their frame of reference (13)
- **scheduling** communications to align with key time points during your project
- ensuring that feedback loops are in place for all communications (this helps to you to understand what your audience is thinking and assists in identifying potential areas of resistance)(5)

Tips for the project team

There are many forms of communication that you may choose to employ, including: meetings, newsletters, the Local Health District intranet, websites, emails, reports and presentations.

Face-to-face communication is time-consuming, but often the most effective form of communication.

Managing Resistance

With the introduction of any change, resistance is inevitable. Readiness for change can be increased by anticipating and managing the sources of resistance as defined by the Frame of Reference or perspective of each group that will be affected by the change(14).

Developing key messages

Before any communication or information is released about the project, including presentations to key stakeholders, it is important to firstly determine what the key messages are and who should receive them.

Developing key messages will ensure that all information released is consistent and accurate.

Key messages written in the frame of reference (perspective) of key stakeholders should include:

- the **rationale/case for change** for the project
- **key steps/milestones** to be achieved
- anticipated **outcomes**

Disseminating communications that are informative and educational and establishing engaging, two-way communication channels allow staff and stakeholder to contribute to the project planning and provide feedback as required. When developing a communications plan, consider: WHO, WHAT, HOW and WHEN.

Remember: Face to face communication, although timely and sometimes costly, is the most effective way of communication and therefore is encouraged as a first avenue of communication.

WHO?	<ul style="list-style-type: none">• Who will be affected by the project?• Who needs to be informed of the project and potential changes?• Who can provide the information required?• Who needs to be engaged to make the project successful?
WHAT?	<ul style="list-style-type: none">• What does the audience need to know?
HOW?	<ul style="list-style-type: none">• How will messages be communicated?• How will feedback from stakeholders be sought and received?• Does the communications department need to support the project?
WHEN?	<ul style="list-style-type: none">• How often should information be communicated with your audience?



- Stakeholder Management Plan
- Communication plan

Formalise your plans: developing a project plan

A **project plan** is a formal document that outlines the aims and objectives of a project, provides clarity on the actions and responsibilities of the project team and manages expectations of project outcomes.

By this point in the implementation project, a project team should be established and with consideration to the overall approach to implementing the Key principles at your site, development of a project plan can begin. Use a Gantt chart to outline the practical and logistical procedures that need to occur in order to put the project plan into practice.



- Project Management plan
- Gantt chart

A project plan should contain:

- Background to the project and your case for change.
- Aims, objectives, scope.
- Expected deliverables.
- Methodology.
- Timeframes.
- Project management and governance arrangements.
- Risk management.
- Budget.

Remember that a project plan is a 'living document' – this means that it can change as the project progresses or as circumstances arise that require changes to implementation. The project manager is responsible for keeping the project plan up-to-date.

You should refer to the project plan regularly and use it to guide your activities and inform next steps.

Project progress

Below we have listed some suggested project management and communication actions for phase 1. This is a guide for driving the implementation project at your site.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Outline the importance of aligning practice with the <i>Key Principles for Care of Confused Hospitalised Older Persons</i> <input type="checkbox"/> Define the aim, objectives and scope of the implementation project at local site level. <input type="checkbox"/> Develop executive sponsorship and governance systems for the implementation project at local site level. <input type="checkbox"/> Establish a project team to drive the implementation of the Key Principles. <input type="checkbox"/> Identify all stakeholders and determine the level of involvement required by each stakeholder / stakeholder group. <input type="checkbox"/> Develop a project plan to outline the implementation of the Key Principles. <input type="checkbox"/> Hold a project initiation kick-off meeting with project team (Week 1). <input type="checkbox"/> Minute meeting using Meeting Action Template with agreed actions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Develop a communication plan to guide the implementation of the Key Principles. <input type="checkbox"/> Talk with the communications team to determine how they can assist to promote the project. <input type="checkbox"/> Write an article for the staff newsletter/ intranet to tell staff about the plans for the project. <input type="checkbox"/> Align the plan with the project timeline and major deliverables/key milestones. <input type="checkbox"/> Ensure key messages are aligned to the desired audience "what's in it for them ".

PROJECT TEAM ASSESSMENT

Once the project team has been established and the project plan has been developed, it is important to consider current progress.

Circle or highlight the box that most accurately captures how the project team believe they are progressing against the project objectives.

Escalate issues/difficulties early and ask for support (it is expected that progress will not always be as planned!).

Project progress	Exceeding project aims and timelines	Meeting project aims and timelines	Meeting project aims and timelines Some assistance would be beneficial	Having difficulties in meeting project aims and timelines Would like some assistance	Not meeting project aims and timelines Need assistance
Escalation Avenue	No escalation needed	No escalation needed	Discussion with project team	Discussion with Steering Committee	Discussion and plan with executive sponsor

PHASE 2: Diagnostic

The purpose of the diagnostic phase is to collect and assess data about current processes for managing patients with confusion at your local site.

During this phase, there will be a need to collect data from a number of sources to identify the key issues or gaps in current practice compared with the Key Principles.

At the end of this phase, a list of the issues or gaps in current practice will be developed and prioritised.

Collecting baseline data

Before you can design solutions to implement the Key Principles at your local site, it is important to have an accurate understanding of the current processes for managing patients with confusion .

Collecting baseline data allows the key issues or gaps in current practice to be identified and compared with the Key Principles.

Gaining an understanding of the current situation will identify where improvements can be made to align local site practice with the Key Principles

Remember:

If the issues are not identified correctly, then it is likely that the solutions from the project will not meet the desired outcome.

There are several methods that can be used to collect baseline data. It is important to determine the most effective methods for your site. However, process mapping is an essential process.

BASELINE ASSESSMENT	<ul style="list-style-type: none"> Undertake the CHOPS Pre- Implementation Systems Audit and the CHOPS Staff questionnaire (Project team questionnaire) to provide a high level view of how healthcare is being provided in line with the Key Principles.
CLINICAL AUDIT	<ul style="list-style-type: none"> Complete the CHOPS Medical record Audit to find out how healthcare is being provided in line with the Key principles (this will provide a more detailed assessment of care than the baseline assessment) This process will form an important part of the diagnostic phase of your project as it will inform you and your project team where your service is doing well, and where there could be improvements. The aim is to identify where the focus of your project should be to improve outcomes for your patients.
CAPTURING STAFF EXPERIENCE	<ul style="list-style-type: none"> Giving a voice to the experience of staff through focus groups (the ACI project team will assist with facilitating these groups) or by shadowing a staff member can also assist in identifying current practice. The Staff Knowledge and Attitude survey can be used pre and post CHOPS specific education sessions Collecting perspectives from staff that experience the system first-hand are valuable in identifying key issues not apparent from the outside.
CARER FOCUS GROUPS	<ul style="list-style-type: none"> Carers focus groups will assist in ensuring their views and needs are considered. The ACI project team will assist with facilitating these groups CHOPS Patient Experience Trackers (PETS) can also be used to capture carer's feedback. The ACI project team will assist with facilitating the PETS

BASELINE DATA

- Collecting baseline quantitative data from information systems can be a powerful tool to drive the required change.
- You might consider the following data: IIMS data for falls and medication incidents, length of stay; use of antipsychotic medication, restraint and special usage.

ENVIRONMENTAL AUDIT

- There are 2 options to undertake environmental audits in relations to the CHOPS project, one is a local audit and one is a formal audit undertaken externally, which the ACI can organise.



Baseline Assessment Tools

- Optional: Individual Readiness Assessment Tool
- CHOPS How to Guide for Data Collection and Auditing
- CHOPS Medical record Audit
- CHOPS Environmental audit
- Staff knowledge and attitude audit (Care of the Confused Older People Staff Survey)
- Optional: Practice Observational tool

COMPLETING A GAP ANALYSIS

Once an understanding of the current processes for managing patients with confusion is realised, a **gap analysis** can be completed to determine your site's compliance with the Key Principles.

Identifying and prioritising issues

By this point in the project, gaps and key issues that need to be addressed in order to align the management of the older patient with confusion with the Key Principles will have been identified.

SUMMARISING THE ISSUES

Next, the project team can work to compile a list of the identified issues and gaps and sequence these in preparation for planning solutions to implement the Key Principles.

For example, you might think that some issues are easily addressed, as so sequence these issues ahead of larger, more complex issues. The project team can work through this process as part of a regular progress meeting; include key stakeholders in this process.

Appendix 2 contains a Key Principles summary table to capture the progress to date. The table can be used to list and prioritise the issues and gaps identified during the diagnostic phase.



A3 Diagnostic Tool (reporting tool): This Tool can be used to provide a report on the diagnostic phase of your project to key stakeholders, the project steering committee and the executive team.

Project progress

Below is a list of suggested project management and communication actions for phase 2. This is a guide for driving the implementation project at your site.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Identify issues or gaps in current management compared with the Key Principles using the CHOPs diagnostic tools <input type="checkbox"/> Sequence the issues and/or gaps. <input type="checkbox"/> Hold a second team meeting with project team (Week 3). <input type="checkbox"/> Hold your first project governance team meeting to get input on project vision, objectives plan and review results of the diagnostic baseline assessment and gap analysis (Week 4). <input type="checkbox"/> Complete A3 Diagnostic Tool 	<ul style="list-style-type: none"> <input type="checkbox"/> Send an email to department heads to let them know that the project team will be conducting baseline assessment activities (Week 3).

PROJECT TEAM ASSESSMENT

Following the diagnostic phase of the project, consider the current progress of the project.

Circle or highlight the box that most accurately captures how the project team believes the project is progressing.

Escalate issues/difficulties early and ask for support (it is expected that progress will not always go as planned)

Project progress	Exceeding project aims and timelines	Meeting project aims and timelines	Meeting project aims and timelines Some assistance would be beneficial	Having difficulties in meeting project aims and timelines Would like some assistance	Not meeting project aims and timelines Need assistance
Escalation Avenue	No escalation needed	No escalation needed	Discussion with Project Team	Discussion with Steering Committee	Discussion and plan with executive sponsor

PHASE 3: Solution design

The purpose of the solution design phase is to design and sequence solutions that address the gaps and key issues identified during the baseline assessment phase.

This phase aims to develop solutions that address key issues or gaps in current practice. Moving away from an analytical approach to a creative mode will be beneficial when designing solutions.

At the end of this phase, a selection of structured solutions will be proposed to inform the implementation plan.

Identifying solutions

By this phase key areas will have been identified where the management of patients with confusion at your site does not align with the Key Principles.

Move away from analytical to creative and innovative thinking, as you generate solutions to address the key issues or gaps in current practice.

It is important to actively involve the project team as well as key stakeholders in identifying all potential solutions.

Key stakeholders may include:

- Clinicians and frontline health professionals
- Non-clinical staff (e.g. operational, data managers, executive members)
- Consumers (patients and/or carers).

There are a number of ways to identify or generate solutions, including:

- Conducting a **critical analysis of the literature** to gather evidence to support solutions to issues identified during the baseline assessment
- Searching for **examples of best-practice** or innovation
- **Brain storming** with key stakeholders. The emphasis during brainstorming session should be on creativity and idea generation and a non-judgemental atmosphere is essential. There are a lot of different brain storming techniques
- **ARCHI** Website – repository of localised innovations within NSW health.
<http://www.archi.net.au/>

Tips for the project team: Generating innovative solutions

- Welcome and encourage unusual ideas.
- Grow initial ideas, from one simple idea, others can be developed.
- Focus on quantity not quality (critical analysis can be assessed later in the solution design process).
- Suspend judgement (critical analysis can be assessed later in the solution design process).

Consideration of human behavioural factors in solution design

What is Behavioural Insights?

Behavioural insights seek to understand how individuals make decisions in real life and how they are likely to respond when given options (15). In the UK acknowledgment of behavioural economics, psychology and social anthropology have lead surprising results. These interventions are usually simple and highly cost effective.

The EAST Model.

The EAST model is a simple model that can be used as a checklist to test proposed solutions (it is based on behavioural science). Basically, if you want someone to do something, make it Easy, Attractive, Social and Timely (EAST)(16).

Make it EASY for people to do the right thing. For example;

- Automate decision making processes
- Reduce the 'hassle factor' for people changing to your proposed solution
- Simplify messages in letters, forms, emails, phone calls and text messages.

Make it ATTRACTIVE in the first place and reward those desired behaviours

- Draw attention to what is important
- Use personalised messages so people understand that you are communicating with them

Make it SOCIAL as we are heavily influenced by other people

- Use social norms to emphasise that most people are already doing the desired behaviour

Make it TIMELY as timing is everything.

- Prompt people at the moment and place when they are likely to be most receptive (including by emphasising that there is a last chance)
- Build desired behaviours into people's daily routines and habits

Formalising solutions

Tips for the project team

When developing solutions, you may consider:

- Do the proposed solutions meet the aim of the project and are they within scope?
- Do they have the potential to solve the issues identified?
- Do the solutions need to be tested out on a small scale prior to full implementation?
- Do benefits of the solution outweigh costs?

Once ideas have been generated, the project team or governance team will need to critically analyse and prioritise the proposed solutions to identify those that best address the aims of the implementation project.

The solutions should be feasible to implement at your site and align with the overall project aim.

A template for a **detailed solution statement** has been developed to help turn potential solutions into feasible solutions. The template will assist you and the project team to identify the resourcing and support needs for each solution.

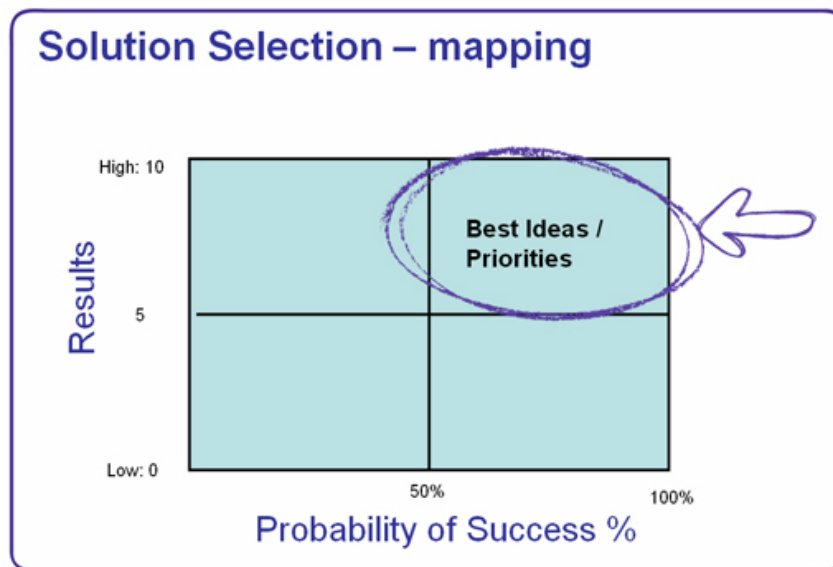


Prioritising Solutions

Solutions Selections occurs in a number of stages:

1. Make a list of all the solutions identified that address a particular issues.
2. Determine the time scale for assessment of the ideas – for example want results in 6 months, 12 months or longer.
3. Give each idea a ranking on a probability of success 0-100%.
4. Give each idea a score on the scale of 1-10 based on the results if the idea is implemented (1= low or minimal results, 10= high or maximum result).
5. Plot ideas on a matrix.
6. Repeat process until a short list of solutions to pursue .

The solutions to focus on will fall into the High Results/High Probability of success quadrant of the solution map below.



SUMMARISING THE SOLUTIONS

Appendix 2 contains a Key Principles summary table to capture your progress so far. Use the table to list your chosen solutions against the issues and gaps you identified during phase 2.

Testing Solutions

Once the solutions have been identified, the following tactics can be used to ensure that each solution is tested prior to implementation and improve the likelihood of success. Select the appropriate tactic for each solution, not all have to be used.

- Simulate the change.
- Identify who could review and comment on its feasibility.
- Identify which team members could test the new process (feasibility).
- How a test could be done by making the change side-by-side with the existing process or product (a simultaneous comparison test).
- Conduct the test in only one facility or ward/department, or with only one patient group.
- Conduct the test over a short period.
- Test the change on a small group of volunteers.



A3 Solution Design (reporting tool): This Tool can be used to provide a report on the Solution Design Phase of your project to key stakeholders, the project steering committee and the executive team.

Project progress

Below we have listed some suggested project management and communication actions for phase 3. These can be used as a guide for driving the implementation project at your site. Space has been provided to include additional actions.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Facilitate problem solving and brainstorming with a variety of stakeholders. <input type="checkbox"/> Explore what is working at other sites through literature scan or consulting other sites and consider how it could work in your site. <input type="checkbox"/> Identify feasible solutions that will address issues or gaps in management of the older patient with confusion. <input type="checkbox"/> Prioritise solutions; identify 'quick wins' and 'longer term' solutions. <input type="checkbox"/> Develop a detailed statement for implementing each solution and what it is expected to achieve. <input type="checkbox"/> Hold a fortnightly progress meeting with project team (Week 5). <input type="checkbox"/> Hold a Governance Team Meeting to gain approval for the proposed solutions (Week 8). <input type="checkbox"/> Complete A3 Solution Design Tool 	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate agreed priorities to stakeholders.

PROJECT TEAM ASSESSMENT

Now that the solutions have been identified and the detailed solution statements have been developed, once again consider the progress of the project.

Circle or highlight the box that most accurately captures how the project team believe that the project is progressing.

Escalate issues/difficulties early and ask for support (it is expected that progress will not always be as planned!)

Project Process	Exceeding project aims and timelines	Meeting project aims and timelines	Meeting project aims and timelines Some assistance would be	Having difficulties in meeting project aims and timelines Would like	Not meeting project aims and timelines Need assistance
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			beneficial	some assistance	
Escalation Avenue	No escalation needed	No escalation needed	Discussion with Project Team	Discussion with Steering Committee	Discussion and plan with executive sponsor

PHASE 4: Implementation planning

The purpose of implementation planning is to finalise a comprehensive plan for implementing solutions to meet the Key Principles identified in phase 3.

During this phase, work will begin to consolidate the solutions identified in phase 3 into a practical and logical action plan for changing practice to align with the Key Principles.

At the end of this phase a structured action plan will be developed, including timelines, roles and responsibilities for implementing the solutions.

Developing an plan for implementation

At this point in the implementation of the project, there will be

- A **comprehensive list of the solutions** that need to be implemented at your site in order to align practice with the Key Principles
- A **detailed solution statement** for each of these solutions.

Outline the practical and logistical procedures that need to occur in order to put the solutions into practice (use the project plan and Gantt chart to do this)

The project team should be included in the development of the implementation planning to ensure there is support for the plan and agreement on timelines, roles, measurements etc.

An implementation plan should include:

- An overview of the identified solutions for change.
- A **timeline** for implementation of the solutions.
- **Roles and responsibilities** for staff involved in implementing change.
- **Tools and measurements** that will be used to assess project success.
- **Feedback and support** mechanisms.

Establish a timeline

- This implementation guide suggests an eight week implementation phase.
- You may identify some solutions as 'quick wins'; this means they require little change and are easy to implement.
- Implementing 'quick wins' at the start of the implementation phase may help to generate positive momentum for the project.
- The timeline should identify regular intervals for the project team to check in on project progress.

Set roles and responsibilities

- The detailed solution statement for each solution will identify the staff that will be responsible for implementing the change.
- Ensure that changes are communicated effectively with all impacted staff (see next page).
- Consider if these staff need specific support or up-skilling.
- Anticipate, plan for and manage resistance to change.
- The executive sponsor reinforces the behaviour required for the solutions.

Define measurements

- During the implementation phase, the project team will need to collect measurements to track the project's progress and success.
- It is important to plan the types of measurements that you will conduct and the time points at which you will do this.
- Consider the data that you measured during the baseline assessment phase – duplicating these measurements during the project

Establish feedback and support loops

- Implementing change across multiple departments can be complex.
- It is important to provide a support service where stakeholders can ask questions and clarify new procedures.
- It will also be essential to have a mechanism for stakeholders to provide feedback or suggestions for improvement.
- The availability of feedback and support

implementation and after the implementation phase will allow improvements to be measured.

services should be well communicated to all stakeholders.



Update the **project plan and the Gantt chart templates** to assist with this phase.

Communicating the plan for implementation

By this point in the project, staff members may have heard about the Key Principles implementation project through other communication activities. However, never assume that staff members know about the project, or understand the rationale supporting it.

There are many ways that to communicate the implementation plan to the staff who will be affected by the changes. These may include education sessions, presentations at staff meetings or distributing information packs. Refer to the key messages that you generated in phase 1 to communicate consistently.

The approach you take to communicate the implementation plan should:

- Give staff the opportunity to understand the issues and problems generated by the current management of patients with confusion .
- Present the project aim and the process for achieving success.
- Identify the **system changes** that need to take place, and then link them to the **behaviour changes** that staff will undertake in order to implement the change successfully.
- Identify what is not changing (this is equally important).
- Provide an opportunity to engage staff in the process and seek their feedback – ensure staff understand how these changes will improve their day-to-day work and improve patient outcomes.

Tips for the project team

When explaining the implementation plan to staff members, you may like to consider addressing:

- What is the current situation ('as is'/state of play)?
- What is changing?
- What behaviours need to change?
- Why are we changing?
- What are the consequences of not changing?
- What are the measures of success?

Expect staff members to have different reactions to the project, some will be enthusiastic, and some will be reluctant!



A3 Implementation Plan Tool (reporting tool): This Tool can be used to provide a report on the Implementation Phase of your project to key stakeholders, the project steering committee and the executive team.

Project progress

Below we have listed some suggested project management and communication actions for phase 4. Use these as a guide for driving the implementation project at your site. Space has been provided for you to include additional actions.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Outline the steps for implementing the 'quick wins' and longer term solutions. <input type="checkbox"/> Define roles and responsibilities for implementing each solution. <input type="checkbox"/> Define what measurements will need to be recorded and how this will occur. <input type="checkbox"/> Establish feedback and support loops <input type="checkbox"/> Communicate your plan; this will be based on the plan developed in phase 1. <input type="checkbox"/> Hold a fortnightly progress meeting with project team (Week 7). <input type="checkbox"/> Complete A3 Implementation Tool 	<ul style="list-style-type: none"> <input type="checkbox"/> Face to face meetings where possible. <input type="checkbox"/> Email / Letters to department heads. <input type="checkbox"/> Presentations or education sessions as required.

PROJECT TEAM ASSESSMENT

With the development of an implementation plan, consider the progress of the project.

Circle or highlight the box that most accurately captures how the project team believe they are progressing. Escalate issues/difficulties early and ask for support (it is expected that progress will not always be as planned!)

Project Process	Exceeding project aims and timelines	Meeting project aims and timelines	Meeting project aims and timelines Some assistance would be beneficial	Having difficulties in meeting project aims and timelines Would like some assistance	Not meeting project aims and timelines Need assistance
Escalation Avenue	No escalation needed	No escalation needed	Discussion with Project Team	Discussion with Steering Committee	Discussion and plan with executive sponsor

PHASE 5: Implementation

The purpose of the implementation phase is to roll out the solutions that address the issues and gaps in the management of the older patients with confusion. During this phase it will be necessary to provide support and guidance to staff members implementing changes, as well as monitor and measure the success of the implementation solutions.

Tips for successful implementation

The project team will need to monitor and support staff during this roll-out phase. In the table below are useful tips for project implementation.

Top tips for successful project implementation

- Encourage and welcome continual feedback from the staff members implementing changes.
- Be sure to communicate how feedback will be used and 'close the loop' to ensure staff members know that their feedback is valuable (e.g. communicating what action was taken as a result of the feedback).
- Motivate, reassure, encourage and support the staff members.
- Continue to meet regularly with the project team to hear about how the changes are being received.
- Continue to communicate to all staff to maintain their awareness and engagement with the changes.

Remember that system changes can take time, so an immediate effect might not be seen—it's important to maintain your engagement and enthusiasm.

Project progress

Below is a list of suggested project management and communication actions for phase 5. Use these as a guide for driving the implementation project at your site. Space has been provided for you to include additional actions.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Implement 'quick wins' solutions. <input type="checkbox"/> Implement longer-term solutions. <input type="checkbox"/> Ensure regular feedback and review / evaluation of each solution. <input type="checkbox"/> Tweak and adjust the solution as required to achieve success. <input type="checkbox"/> Hold fortnightly progress meetings with project team (Weeks 9, 11, 13 and 15). <input type="checkbox"/> Hold a Governance Team Meeting to update them on the implementation progress so far (Week 12). 	<ul style="list-style-type: none"> <input type="checkbox"/> Be available to assist staff with problems/issues. <input type="checkbox"/> Promote the roll-out of the implementation project via the staff newsletter/ intranet/ present at staff handover/in-services.

Project Testing

The only complete way to test a solution is to implement it. One solution is to use a pilot site that enable's the solution to be implemented with modification or adjustment to meet the

needs of the local environment if required. The probability of success will be improved by following the tactics outlined in section 3 prior to selecting the solutions to deliver the change.

PROJECT TEAM ASSESSMENT

Once the implementation project is in its implementation phase, consider the progress of the project.

Circle or highlight the box that most accurately captures how the project team believe they are progressing. Escalate issues/difficulties early and ask for support (it is expected that progress will not always be as planned!)

Project Process	Exceeding project aims and timelines	Meeting project aims and timelines	Meeting project aims and timelines Some assistance would be beneficial	Having difficulties in meeting project aims and timelines Would like some assistance	Not meeting project aims and timelines Need assistance
Escalation Avenue	No escalation needed	No escalation needed	Discussion with Project Team	Discussion with Steering Committee	Discussion and plan with executive sponsor

PHASE 6: Evaluation, feedback, sustainability and project close

The purpose of the evaluation phase is to assess the success of the Key Principles implementation project.

During this phase you will work to measure any improvements in the management of the older patients with confusion fracture at your site.

At the end of this phase it is expected that a suite of the successful solutions will be evident to support the implementation of the Key Principles, and assist in developing a plan for maintaining sustainable practice in line with the Key Principles.

Measuring your efforts

It is important to measure the outcomes of the implementation phase to:

- Determine if there has **been any improvement** in practice to align with the Key Principles.
- Identify any **solutions which are not working** and require reassessment.
- Satisfy accountability requirements.
- Make more informed decisions in regards to future improvement planning.

REASSESS YOUR BASELINE

During the diagnostic phase, you will have collected data on the management of the older patient with confusion at your site through a number of methods. These methods may have included:

- Conducting a site walk-around
- Capturing staff and carer views via interviews, surveys and focus groups
- Collecting baseline data from information systems.

Duplicating these measurements after the implementation phase will allow change or improvements in practice to be measured.

REVIEW AND REVISE YOUR APPROACH

Examine the results of the reassessment against the information that was collected at the baseline self-assessment phase. Consider the following key points:

- Were the project objectives achieved? If not, why not?
- What solutions were successful? Why were they successful?
- What solutions could be improved or revised?
- Are there any gaps that remain?
- Have new gaps emerged due to changes in behaviour/systems/processes?

Use the results of the reassessment and analysis to update any solutions that were not effective. Work with the project team to sense-check the results – are there any surprises.

SUSTAINABLE IMPLEMENTATION

Remember that the implementation project end date is not really the end! The implementation of solutions to align practice with the Key Principles is ongoing.

The project team should plan to review the management of confusion in the older person at regular intervals and identify solutions that are not working to align practice with the Key Principles.

Review intervals may be quarterly, half-yearly or yearly depending on the extent of changes that occurred as part of the implementation project. Furthermore, an agenda item could be added to your hospitals meetings where other Models of Care or other project are discussed e.g. grand rounds.

Communicating your success

By this point in the implementation project, many staff and other stakeholders will be familiar with the implementation project and may have contributed to it in some way.

It is important to recognise and celebrate the contribution of the project team, staff and the stakeholders that have been involved in the successful implementation of the Key Principles at your site. Communicate the outcomes of the reassessment, particularly if there is significant improvement (see below).

DEVELOP KEY MESSAGES

Before undertaking any publicity, or reporting on the outcomes of the implementation project, it is important to decide what information should be disseminated. Developing key messages will ensure that the project team are consistent and accurate in the information that is communicated.

It can be helpful to develop a short summary of the project that includes:

- Project background and starting point.
- Aims and objectives.
- Issues/gaps that were identified.
- Solutions that were implemented to address these issues/gaps
- Outcomes of the project.

You might also like to mention how you handled any risks, or solutions that you found particularly helpful.

SPREADING THE WORD

There are many ways to share the success of your implementation project with stakeholders both internally at your site, and externally with the community. Some suggestions are presented below.

Internal communications	External communications
<ul style="list-style-type: none">• Write an article for the site newsletter or to be published on the Local Health District Intranet.• Present at staff meetings.• Hold a 'wrap-up' event to celebrate the hard work of the team.• Create an information board about the success of the project and display it prominently at your	<ul style="list-style-type: none">• Talk to your LHD communications team about writing a media release for local or aged-care focussed media (e.g. newspaper, radio etc.).• Write the results of your implementation project into an article for publication in a journal or at a conference.• Identify any community of interest forums where

site.	the outcomes of the implementation project can be presented.
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Project close

At the end of the implementation project, there are some project management and communication actions that should be undertaken to draw the project to a close. Suggestions have been included in the checklists below.

There may be other loose ends that you need to be finalised at your site as well. Space has been provided for you to include additional actions.

PROJECT MANAGEMENT CHECKLIST	COMMUNICATIONS CHECKLIST
<ul style="list-style-type: none"> <input type="checkbox"/> Conduct a re-assessment of current practice. <input type="checkbox"/> Review and revise the approach to implementation. <input type="checkbox"/> Establish an ongoing cycle for reviewing and revising implementation of the Key Principles. <input type="checkbox"/> Communicate success and outcomes. <input type="checkbox"/> Hold a final meeting with project team (Week 17). <input type="checkbox"/> Hold a final Governance Team Meeting to review the successes of the implementation project and present the plans for sustainable practice (Week 18). 	<ul style="list-style-type: none"> <input type="checkbox"/> Plan internal and external communications to celebrate a successful project and share ideas. <input type="checkbox"/> Thank the project team and other key stakeholders involved in project planning and solution design. <input type="checkbox"/> Thank all the staff for their continued efforts in improving the management of patients with confusion at your site.

APPENDIX 1: Key Principles - Summary Table

MINIMUM STANDARD	CORE ELEMENTS	ISSUES/GAPS	PROPOSED SOLUTIONS
Cognitive screening	Patients aged 65 years and over will be screened for confusion on admission or within 24 hours of admission using a validated screening tool		
Risk identification and prevention strategies	Older people will be assessed for delirium risk. Interventions will be put in place for prevention of identified risks. Identified risks will be communicated to the older person, their carer, family and staff involved in their care		
Assessment of older people with confusion	Older people who are confused will be assessed. The cause of their confusion will be investigated to determine the appropriate management.		
Management of older people with confusion	NSW hospitals will have programs in place for older people with confusion that align with these principles. The implementation will be in partnership with the older person, their carer and family.		
Communication processes to support person centred care	Communication processes and tools will support person-centred care for the older person. throughout their hospital journey and at their transfer of care to the community		
Staff education on caring for older people with confusion	Staff are supported through training, education and leadership to enable them to deliver skilled, timely and knowledgeable care to the older person with confusion		
Supportive care environments for older people with confusion	NSW hospitals will provide a supportive care environment for the older person with confusion.		

Further Sources of Information

- Clinical Practice Guidelines for the Management of Delirium in Older People – 2006 (8).
- Australian Commission on Safety and Quality in health care. Evidence for the safety and quality issues associated with the care of patients with cognitive impairment in acute care settings:a rapid review.(2013) (9)
- Australian Commission on Safety and Quality in health care. Handbook for improving safety and providing high quality care for people with cognitive impairment in acute care: A consultation paper.(2013) (10)
- Australian Institute of Health and Welfare. Dementia Care in hospitals: costs and strategies (1)
- The NICE (1) (National Institute for Health and Care Excellence) 2010 Delirium: diagnosis, prevention and management
- Care of the Confused Hospitalised Older Persons Website www.aci.health.nsw.gov.au/chops(17)

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15. Team TBI. 2014 [cited 2014 16th April]. Available from: <http://www.behaviouralinsights.co.uk/about-us>.

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