

# DELIRIUM JEOPARDY!

## FACILITATOR GUIDE

This facilitator guide is designed for use with the Alliant Health Solutions Delirium Jeopardy PowerPoint Game. Questions are based on tools and resources included in the Alliant Health Solutions Delirium Toolkit (<https://quality.allianthealth.org/topic/delirium/>). When used prior to education, the game can highlight areas of focus for additional education, training and program development utilizing resources from the toolkit.

Since this exercise is designed for education and to generate discussion about potential opportunities for continued program development, there are questions where multiple answers are acceptable responses.

Facilities with multiple locations could do this as a company-wide challenge.

### Resources needed:

- Computer with projection TV or screen (in the absence of technology, game boards could be printed and distributed)
- Facilitator
- Score keeper, scoring sheets or play money to determine winners.
- Rewards for winning individuals, teams or responses.

### Delirium Jeopardy Gameboard Example

Quality Measures	Hodge Podge	Engaging Patients, Residents and Families	Statistics	Care Planning for Delirium	Dementia, Delirium or Depression
200	200	200	200	200	200
400	400	400	400	400	400
600	600	600	600	600	600
800	800	800	800	800	800
1000	1000	1000	1000	1000	1000

## Quality Measures

Value	Question	Answer	Name of person/team with correct answer
200	A resident with delirium could impact this Quality Measure if they were found on the floor with a fracture?	<p><b>What is Fall with a Major Injury?</b>  <i>(could also accept readmissions, decrease in ADLs, potentially PU from loss of mobility – point is can have ripple effect on patient’s quality of life and measures!)</i></p>	
400	A resident with Delirium whose baseline is independent and now has episodes of incontinence could impact this Quality Measure?	<p><b>What is Loss of control of bowels or bladder?</b></p>	
600	A resident with Delirium who was historically independent and now requires assistance with toileting and with locomotion on the unit can impact what Quality Measure?	<p><b>What is Ability to move independently worsened or need for help with ADLs has increased?</b></p>	
800	A resident with Delirium develops a small open area on buttocks from lack of movement, increase in incontinence and poor appetite. What quality measure could be impacted?	<p><b>What is Pressure Ulcer/Injury?</b></p>	
1000	A resident with delirium could impact this quality measure if they stopped participating in activities they previously enjoyed, has fatigue and problems with concentration and sleeping?	<p><b>What is Symptoms of Depression?</b></p>	

## Hodge Podge

Value	Question	Answer	Name of person/team with correct answer
200	<p>The T-A-D-A Approach to delirium care (Flaherty, 2011) acronym stands for:</p> <p><b>T</b>olerate  <b>A</b>nticipate  <b>D</b>on't  <b>A</b>gitate</p> <p style="text-align: center;">OR</p> <p><b>T</b>alk  <b>A</b>ct  <b>D</b>istract  <b>A</b>ddress symptoms with the appropriate medications</p>	<p><b>What is Tolerate, anticipate, don't agitate?</b></p> <p><i>(Delirium LAN 4)</i></p>	
400	<p>Most often, the best place to manage a patient or resident's new onset of delirium is:</p> <ul style="list-style-type: none"> <li>• The SNF</li> <li>• The ED as always requires an immediate onsite physician assessment</li> <li>• Rehospitalization or ICU</li> </ul>	<p><b>What is the SNF?</b></p> <p><i>(the AHS Communication Checklist can help teams critically think and prepare for discussion with MD when new signs and symptoms are observed)</i></p>	
600	<p>Prevention, early identification, and effective management of delirium can positively impact a facility's:</p> <p>A. Census            B. Customer Satisfaction            C. Staffing            D. Bed Management            E. Just A &amp; B            F. All of the above</p>	<p><b>What is F, all of the above?</b></p>	
800	<p>This delirium subtype is associated with the worst outcomes.</p> <ul style="list-style-type: none"> <li>• Hyperactive</li> <li>• Hypoactive</li> <li>• Mixed</li> </ul>	<p><b>What is mixed?</b></p>	
1000	<p>Increased risk of mortality follows a patient for this period of time post-discharge?</p> <ul style="list-style-type: none"> <li>• 3-6 months</li> <li>• 1 year</li> <li>• 2 years</li> <li>• 10 years</li> </ul>	<p><b>What is 2 years?</b></p>	

## Engaging Patients and Families

Value	Question	Answer	Name of person/team with correct answer
200	Families and care partners may be the first to notice small changes in routines or signs and symptoms of this infection that can lead to delirium?	<b>What is a UTI?</b>	
400	Education for families and care partners on the early signs of delirium to watch for include all of the following EXCEPT: <ul style="list-style-type: none"> <li>• Picking at clothes, lines or tubes</li> <li>• Specific complaints about care a staff member provided</li> <li>• Being afraid they will be hurt</li> <li>• Being unusually quiet</li> <li>• Changes in usual sleeping patterns</li> <li>• Appearing nervous or sad</li> </ul>	<b>What is Specific complaints about care a staff member provided</b>	
600	This evidence-based method virtually engages residents and families in the orientation or re-orientation of a patient?	<b>What is a recorded virtual message?</b> <i>(You could also accept other ideas such as scheduled times for FT visits with the patient)</i>	
800	This information is considered to be the most important information for family to communicate to medical professionals so that the care team is able to identify a change in condition	<b>What is patient's baseline mental status?</b>	
1000 Double Jeopardy	When engaging with patients and families, avoid the use of this word and focus on signs and symptoms of distress and care plan approaches to address the signs and symptoms?	<b>What is "behaviors"?</b>	

## Statistics

Value	Question	Answer	Name of person/team with correct answer
200	<p>Approximately how many residents in post-acute care experience delirium during their stay?</p> <ul style="list-style-type: none"> <li>• 5%</li> <li>• 17%</li> <li>• 23%</li> <li>• 35%</li> </ul>	<b>What is 23%?</b>	
400	<p>Relapse occurs in up to what percentage of residents who had had at least one episode of delirium?</p> <ul style="list-style-type: none"> <li>• 10%</li> <li>• 25%</li> <li>• 50%</li> <li>• 90%</li> </ul>	<b>What is 90%?</b>	
600	<p>This percentage of delirium is estimated to be caused by missteps by the health care team (actions or inaction)?</p> <ul style="list-style-type: none"> <li>• 10%</li> <li>• 40%</li> <li>• 60%</li> <li>• 80%</li> </ul>	<b>What is 40%?</b>	
800	<p>Delirium occurs in this percentage of LTC patients during an acute illness?</p> <ul style="list-style-type: none"> <li>• 3%</li> <li>• 11%</li> <li>• 18%</li> <li>• 26%</li> </ul>	<b>What is 18%?</b>	
1000	<p>Research shows this percentage of individuals admitted to the hospital from an ALF or SNF were on 3 or more Delirium-Associated Potentially Inappropriate medications?</p> <ul style="list-style-type: none"> <li>• 10%</li> <li>• 30%</li> <li>• 45%</li> <li>• 60%</li> </ul>	<b>What is 30%?</b>	

## Care Planning

Value	Question	Answer	Name of person/team with correct answer
200	<p>Which of the following websites has free resources for delirium identification, prevention and management?</p> <ul style="list-style-type: none"> <li>• Alliant Health Solutions</li> <li>• Interact®</li> <li>• Choosing Wisely</li> <li>• American Delirium Society</li> <li>• AMDA (PALTC)</li> <li>• All of the above</li> </ul>	<b>What is all of the above?</b>	
400	<p>Introducing oneself, your role and location at every resident encounter can have a positive impact on this sign or symptom of Delirium?</p>	<b>What is cognition?</b> <i>(could also accept orientation or re-orientation)</i>	
600	<p>Care plan approaches to preserve the sleep-wake cycle to prevent or manage delirium include all of the following <b>except</b>:</p> <ul style="list-style-type: none"> <li>• Daytime stimulation</li> <li>• Lights out/close doors</li> <li>• Asking visitors to leave by 8 p.m.</li> <li>• Minimize nighttime interruptions</li> </ul>	<b>What is asking visitors to leave by 8 p.m.?</b>	
800	<p>Due to the potential for harm and lack of sufficient evidence supporting the safety and efficacy for the prevention and treatment of delirium, this category of medications should be administered only at the lowest effective dose, for the shortest amount of time, in patients who are severely agitated and/or at risk for harming themselves and/or others?</p>	<b>What are antipsychotic medications?</b>  <i>(reference our Antipsychotic Tools like the Admission and Quarterly review tool)</i>	
1000	<p>Care plan interventions such as use of Play-Doh®, snow globes, magnetic sand or virtual gaming glasses should be avoided because they are too childish. True or False</p>	<b>What is false?</b> <i>(increases stimulation for patients with hypo delirium)</i>	

## Dementia, Depression or Delirium

Value	Question	Answer	Name of person/team with correct answer
200	Inability to learn new information or to recall previously learned information best describes memory challenges associated with delirium, dementia or depression?	<b>What is Dementia?</b>	
400	Gradual loss of cognition and the ability to problem solve and function independently best describes the impact on cognitive abilities associated with delirium, dementia or depression?	<b>What is Dementia?</b>	
600	Care plan approaches targeted towards maintaining and enhancing abilities that remain and which focus on the positive and support the lost abilities are best suited for a patient/resident with delirium, dementia or depression?	<b>What is Dementia?</b>	
800	Sleep-wake cycle reversals (up in night, very sleepy and sometimes nonresponsive during the day) best describes the sleep cycle of an individual with delirium, dementia or depression?	<b>What is Delirium?</b>	
1000	Fluctuations between rational state and disorganized, distorted thinking with incoherent speech best describes the thinking of a patient/resident with delirium, dementia or depression?	<b>What is Delirium?</b>	

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