

Making Inroads in Care of ICU Patients with Delirium: It Takes a Team

2017 Annual NICHE Convention

Overview:

Delirium has been recognized as a significant healthcare problem affecting up to 80% of all ICU patients, costing on average \$5 billion per year and has a negative effect on mortality, long term cognitive impairment, functional ability and length of stay. One year mortality increases by 10% for each day of delirium in the ICU. Organizational changes in approach to clinical practice is associated with reductions in mortality. Focused assessment tools (CPOT, SAT, SBT, RASS, CAM ICU, Hodgson mobility), preventive interventions, expanded treatment modalities and multifaceted improvements in communication were implemented to improve clinical outcomes.

Project Goal/ Focus

Recognizing potential impact on our largely older patient population, our facility joined a national delirium collaborative to implement a best practices bundle focusing on delirium prevention.

The goal of this collaborative is for the multidisciplinary team to improve implementation of and compliance with the ABCDEF bundle correlating the effects of pain, mobility and delirium.



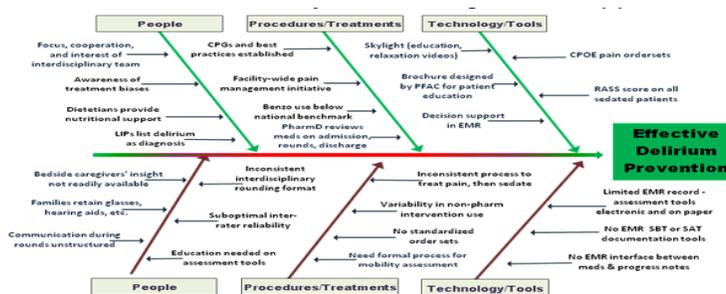
- A** • Assess, prevent and manage pain
- B** • Both spontaneous awakening trials and spontaneous breathing trials
- C** • Choice of sedation
- D** • Delirium: assess, prevent and manage
- E** • Early mobility and exercise
- F** • Family engagement and empowerment

Process:

Monthly webcasts focused on preventions, identification and treatment

- Jan to March 2016: Current State Assessment
- April to Sept 2016: Intervention Testing

Gap Analysis:



Multidisciplinary Team Members:

- Physician
- Nursing Leadership
- Staff Nurse
- Pharmacist
- Respiratory Therapist
- Physical Therapist
- Nurse Educator
- Administrative Support



Outcomes:

- Improved multidisciplinary teamwork & communication ie rounding tool
- Incorporated pain, mobility, delirium assessment and treatment modalities with reduction in length of stay
- Enhance patient outcomes and safety
- Implemented focused assessment tools with easy accessibility ie improved EMR
- Initiated preventive interventions ie pain before sedate
- Expanded treatment - alternative and non pharmacologic interventions

Associate Feedback

“Our greatest accomplishment has been seen in the change in dynamics and active engagement of the interdisciplinary team members, patients and families – the unity of the team.”

“Staff are more knowledgeable about interventions to prevent delirium particularly related to mobility and pain.”

“I am proud to tell families they can actively participate in the morning rounds.”