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**Delirium:
A Story Worth Telling**

Northside Hospital

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Presented by:
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Northside Hospital

- ❑ 857-bed
- ❑ 3 acute care hospitals: Atlanta, Cherokee and Forsyth
- ❑ Leads the U.S. in newborn deliveries
- ❑ Diagnoses and treats the most cancer cases in Georgia and performs the most surgeries in Georgia
- ❑ Ranked #4 on the U.S. News list of the Best Hospitals in GA
- ❑ The only Georgia hospital on the Forbes list of America's Best Employers
- ❑ More than 2,500 physicians and 11,000 employees
- ❑ Serve nearly 2 million patient visits annually across a full range of medical services
- ❑ NICHE designated since 2012
- ❑ Senior Friendly Status




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Introduction

- ❑ Delirium is a common (*not normal*) issue in hospitalized older adults
- ❑ Sense of learned helplessness around delirium
- ❑ Importance of nursing driven delirium protocols



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The Delirium Project

- Organization Wide Goal for 2016
 - Educate 85% of clinical staff caring for medical and surgical patients age 65 and older on appropriate recognition and prevention of delirium (non alcohol related)
- Clinical Staff:
 - Staff members who provide clinical care to patients admitted to an inpatient unit, except Labor and Delivery, Family Centered Care and Special Care Nursery
 - Nurses, Techs, Pharmacists, Rehab Staff, Dietitians
 - Education was provided to other departments, upon request

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Strategic Plan: Tricampus Team

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graph TD
  A[Action Plan] --> B[Phase 1: Develop a protocol]
  B --> C[Phase 2: Implement the protocol]
  C --> D[Phase 3: Develop a process to monitor outcomes]
  
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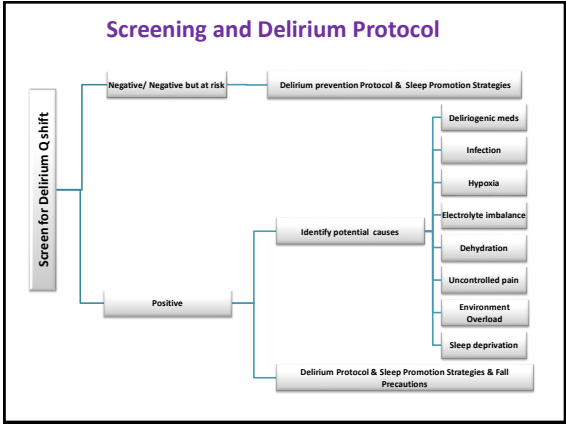
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Strategic Plan: Working Groups


- Screening and Documentation**
 - Protocol, CAM in EMR (ICU and Med-Surg)
 - Plan of Care
 - Teach-back
- Patient Education**
 - Patient and family handouts
 - Video
- Staff Education**
 - Develop and adapt content
 - Create self-learning modules
 - Teach classes
- Physician Liaison**
 - Order Set
 - MD education

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Delirium Education
 "Tell me a fact and I'll learn. Tell me the truth and I'll believe.
 But tell me a story and it will live in my heart forever."
 - Indian Proverb -

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Storytelling

- ❑ Foundation of human experiences
- ❑ Evoke an emotional response
- ❑ More than a simple example
- ❑ Create interest
- ❑ Aid flow of lecture
- ❑ Make material memorable
- ❑ Give a "face" to a disease

- ❑ New challenges
 - Lack of focus, short attention spans
 - "Drive-through" culture



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Goals

- ❑ Understand risk factors for Delirium
- ❑ Discuss principles of Delirium Management



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Understanding Risk Factors: The 3 cups

Predisposing



Non-Modifiable



Precipitating

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Understanding Risk Factors: the 3 cups



- ❑ Example of non-modifiable risk factors
 - Dementia
 - Male gender
 - Advanced age
 - Medical illness

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Understanding Risk Factors: the 3 cups



- Example of **Predisposing** risk factors
 - Poor functional status
 - Alcohol abuse
 - Depression
 - Dehydration
 - Sensory impairment

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Understanding Risk Factors: the 3 cups



- Example of **Precipitating** Risk Factors
 - Malnutrition
 - Physical restraints
 - Immobility
 - Bladder catheter
 - Iatrogenic events such as infection
 - Untreated pain
 - Relocation, especially to ICU
 - Sleep deprivation
 - Surgery
 - Polypharmacy

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Meet Mrs. Laura



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Mrs. Laura


- ❑ 94 years old
- ❑ Teaches violin, viola and cello
- ❑ Completed her music training at Eastman School of Music in Rochester, NY
- ❑ Served in the United Services Organization (USO) in Italy during WWII
- ❑ Played the “stand-up” bass with the USO and later in the All American Girl Jazz Band
- ❑ Taught high school music & conducted their orchestra



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- ❑ Laura is overall very healthy but she has not been doing very well for the past several days
- ❑ History of:
 - HTN, well controlled on medication
 - Mild hearing and visual impairment
 - Meds: Lisinopril 10 mg, HCTZ 25mg
- ❑ PCP
 - Abdominal pain 8/10, RUQ, in colic, worse after eating for the past 2 days
 - Poor appetite
 - Nausea, vomiting
 - Weakness
 - Not interested in things that usually make her happy
 - She couldn't sleep because of pain
 - Her PCP immediately send her for an abdominal ultrasound, which showed Acute cholecystitis with ? Gallbladder perforation
 - She was sent to the hospital



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- ❑ She is admitted to the surgical unit for cholecystectomy
 - Alert and oriented, express good understanding of upcoming surgery
 - Pre-op labs were within normal limits
 - Orders:
 - NPO
 - IV fluids
 - Pain meds
 - Vital signs q4



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What are the non-modifiable risk factors?

- Advanced age
- Medical illness

What are the predisposing factors?

- Sensory impairment
- Active

Potential precipitating factors?

- Immobility
- Bladder catheter
- Infection/ Sepsis
- Untreated pain
- Potential ICU stay
- Sleep deprivation
- Surgery
- Poor nutrition
- New medications: anesthetics, pain medication



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Interventions

Non-modifiable	Predisposing	Precipitating
<ul style="list-style-type: none"> • Acknowledge age related changes and start preventive measures 	<ul style="list-style-type: none"> • Make sure Laura has her glasses and hearing aids • Proper environment stimulation • Family involvement • Early mobilization 	<ul style="list-style-type: none"> • Consistent mobilization • Aggressive pulmonary hygiene • Manage infection • Manage pain • Promote sleep • Avoid delirigenic drugs • Nutrition & hydration

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What if by 2nd day of hospitalization Laura presents with acute change mental status, inattention and disorganized thinking?

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Delirium Management Principles

- Anticipate**
- Tolerate**
- Don't agitate**

Agitated Behaviors in Older Hospitalized Patients, Department of Veterans Affairs, Geriatric Research Education and Clinical Centers (GRECC)
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The answers can be simpler than we think...

- Who is the patient?**
 - Knowing who you are caring for might be the key to manage agitated behavior
- If patients are trying to get out of bed....**
 - Get them out of bed!
- If patients are pulling lines....**
 - Give them something to pull from

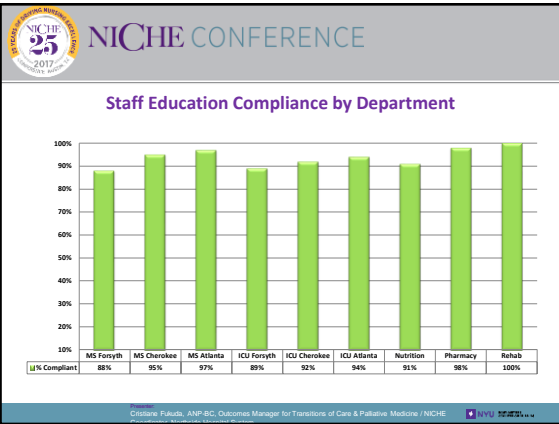
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Outcomes

- Overwhelming positive feedback from nurses
- Our goal was to educate 85% of clinical staff
- Compliance: 94%
- 1791 staff members in direct patient care received education

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Work in Progress...

2017 Goal

- By August 2017, improve documentation of delirium screening and implementation of plan of care for patients 65 and older, admitted to medical surgical units and ICU

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