

THE PROBLEM

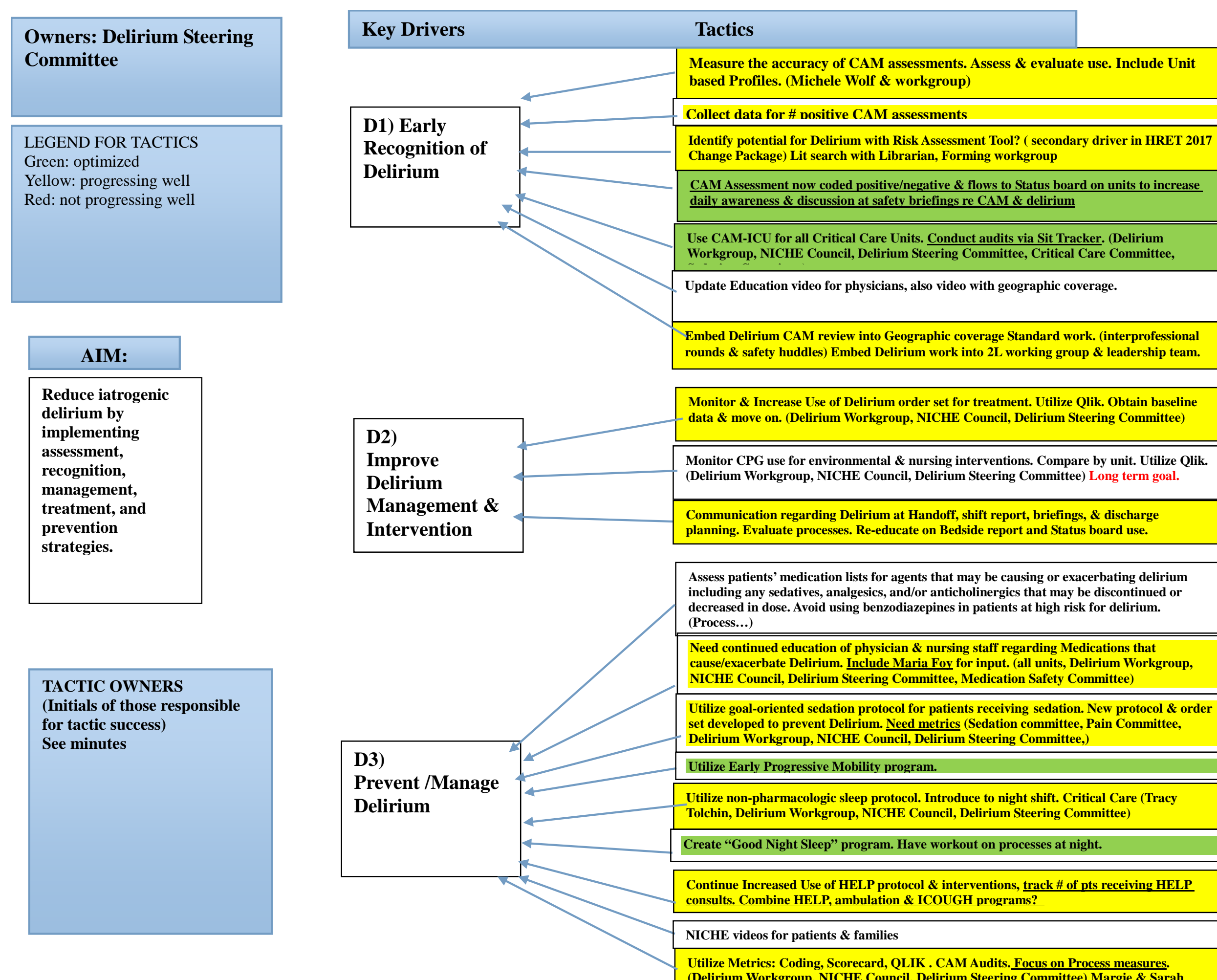
After trialing several delirium initiatives, our health care facility recognized the need to develop an organizational approach to reducing the incidence of delirium among our patients.

A multidisciplinary Delirium Steering Committee was created to assess our current state, set goals, develop a plan, and measure outcomes.

AIM

Our Committee identified three primary drivers as goals for our delirium program:

- *early recognition of delirium
- *improvement of delirium management and intervention
- *prevention of delirium



APPROACH

Early Recognition of Delirium

- Provided education for use of the Confusion Assessment Method (CAM) tool including follow up auditing & remediation process
- Developed a Delirium SBAR to report signs/symptoms of Delirium onset
- Created Delirium educational videos for Nursing, & Resident staff, including post education validation of learning

Management & Intervention

- Introduced a Delirium Algorithm for decision making: focuses on supportive measures first; guides pharmacologic interventions
- Developed a Delirium Order Set for treatment: guides non-pharmacologic interventions; provides decision support for pharmacologic interventions
- Emphasized use of Delirium Management Parameter in KBC nursing documentation
- Provided continuing education for physicians & nurses regarding medications causing/exacerbating delirium

Prevention of Delirium Tactics included:

- Created process for CAM Assessments coded positive/negative to flow to Status Board on units: increases daily awareness & discussion at safety briefings re: CAM & Delirium
- Introduced use of a goal-oriented sedation protocol for patients receiving sedation
- Introduced use of a non-pharmacologic sleep protocol. (Good Night Sleep protocol)
- Utilized existing HELP protocol, interventions, and HELP consults
- Continued ongoing Development of Metrics: Coding, Data Collection, & Scorecard use

DEPLOYMENT & INTEGRATION

- Initiated Pilot program to introduce the Confusion Assessment Method (CAM) tool
- Daily audits of completed CAM assessments were performed by Clinical Nurse Leaders
- Enhanced CAM documentation in the electronic medical record
- Initiated education in the Medical Intensive Care unit for the CAM-ICU assessment
- CAM-ICU added to the Electronic Medical Record
- Interdisciplinary team tactics: introduction of algorithm for delirium management, physician order set, standardized communication, and utilization of SBAR handoff communication

LEARNING

- Ongoing, unit-based education & mentoring at the bedside is needed to sustain improvement
- Growing an organizational model requires consistent, interdisciplinary, team collaboration
- Utilization of a Driver Diagram provides visual tracking of tactics progress

OUTCOMES

Results using the Advisory Board Crimson database:

- Average patient age and severity of illness were significantly higher at this institution compared to the Crimson top quartile.
- Comparing FY17 to FY18 to date, there were improvements in all metrics. There was a 0.59 decrease in LOS, 1.0% decrease in readmissions, an \$11,114 decrease in charges, and a 0.11 decrease in the mortality observed to expected ratio.