Delirium Prevention protocol implementation in the Acute Care of the Elderly (ACE) Unit
Phase 1 of 3

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Educating for Quality Improvement & Patient Safety

FINANCIAL DISCLOSURE

S. Liliana Oakes, MD has no relevant financial relationships with commercial interests to disclose.

The Team

- Inter-professional ACE team
  - CS&E Participant: Dr. Oakes
  - CS&E Alumni consultants: Dr. Suh, Dr. Patel
  - Dr. Efeovbokhan, clinical nurse manager
  - Team Member: Imelda Rohner RN, Nurse manager
  - Team Member: Michelle Dang, MS2, MSTAR student
  - Health Career student: Swetha Gogu
  - Restorative aid : Juanita Rodriguez
  - Facilitator: Hope Nora,PhD
  - Blair Sarbacker Pharm D
  - Get input from some patients and caregivers

- Sponsor Department/ Institution

  CSR City Centre, FCM Department, AFAR grant(MSTAR program)

AIM

Increase utilization of the cognition and mobility components of the delirium prevention protocol to 90% in the next 3 months at the Acute Care of the Elderly(ACE) unit at Christus Santa Rosa City Centre (this protocol is actually 6 parts).

Project Milestones

- Team Created — April 2011
- AIM statement created — May-June 2011
- Weekly Team Meetings — Every Wednesday pm
- Background Data, Brainstorm Sessions — May 20
- Workflow and Fishbone Analyses
- Interventions Implemented — July - Date
- Data Analysis — August - Date

- CS&E Presentation — September 16

What is Delirium?

- Delirium is an acute change in mental status
- It is a temporary and reversible state of severe confusion
- It lasts hours to days
- Three types:
  - Hyperactive
  - Hypoactive
  - Mixed
- Different than dementia

  because of:
  - Fluctuating nature of delirium
  - Inattention

Who is at Risk for Developing Delirium?

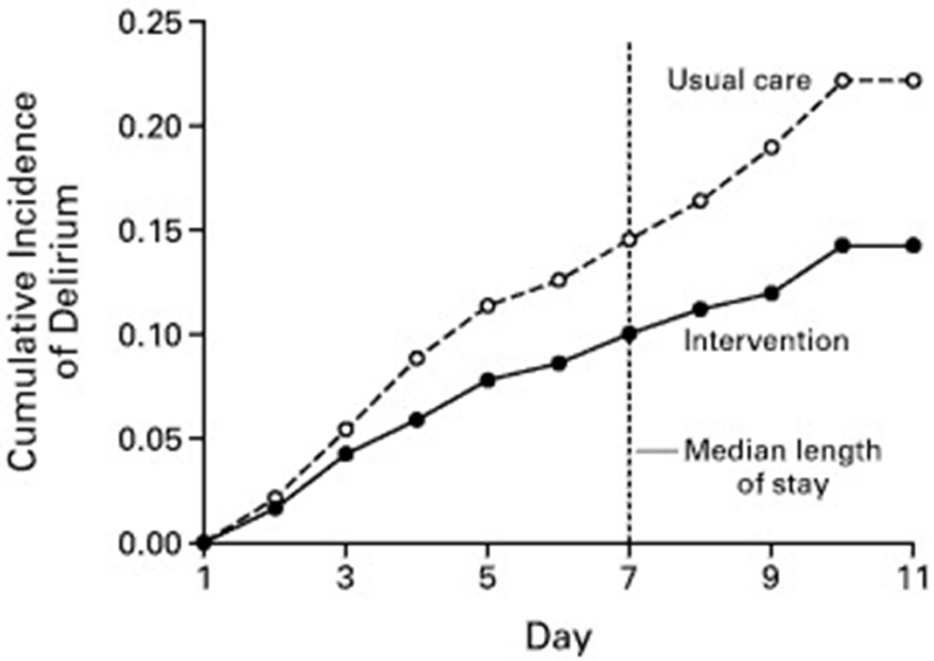
- Hospitalized elders > 65 years old
- Individuals with pre-existing diseases
  - Dementia
  - Parkinson's disease
- Individuals with multiple diseases
- Taking multiple medications
- If you are:
  - Sleep deprived
  - Malnourished
- If you have:
  - Vision problems
  - Hearing problems

Why is Delirium Significant?

- Increases inpatient stay by 17.5 million days
- Accounts for $4 billion Medicare expenditures[1]
  - Increases costs after discharge as well
- Complicates hospital stays for more than 2.3 million people
- One episode increases an individual's risk of morbidity and mortality up to 2 years[2]
  - Later diagnosis of dementia
- Part of "never events" mandated by the Center for Medicare/aid; delirium increases LOS for patients, affects the staff ratio due to agitation and behaviora problems.

Why is Delirium Significant?

Hospital Elder Life Program



6 Risk Factors to Prevent Delirium:

- Cognition
- Mobility
- Vision
- Hearing
- Sleep
- Dehydration

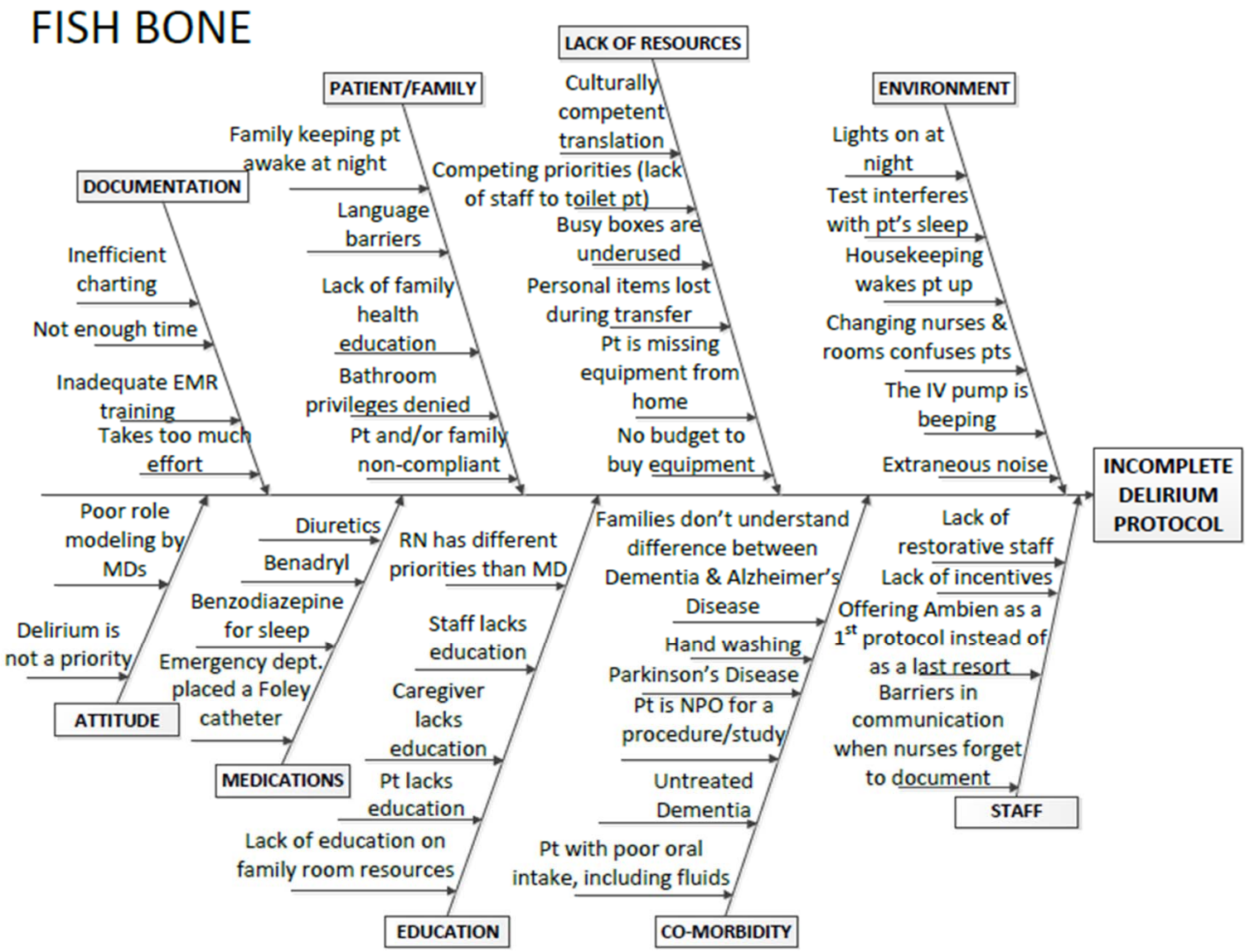
We also added a cultural component

Inouye, Sharon K. "A Multicomponent Intervention to Prevent Delirium in Hospitalized Older Patients."

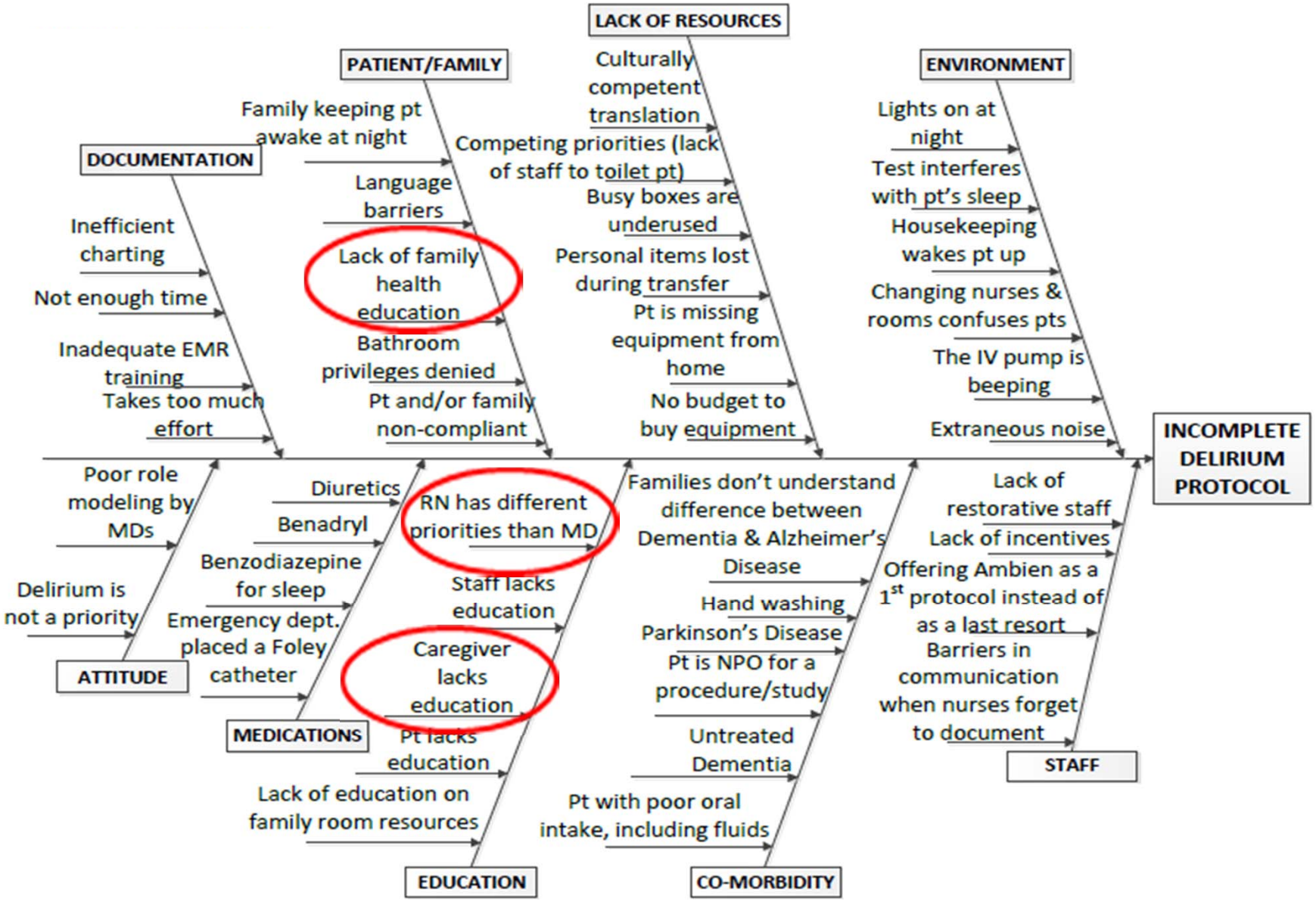
QI Process Tools

- Measure observations
  - Shadow RNs/CNAs (day & night shifts)
  - Figure out barriers/fish bone
  - Illustrate ideal processes through flow charts
  - Make decisions for implementation
  - Standardizations of procedures

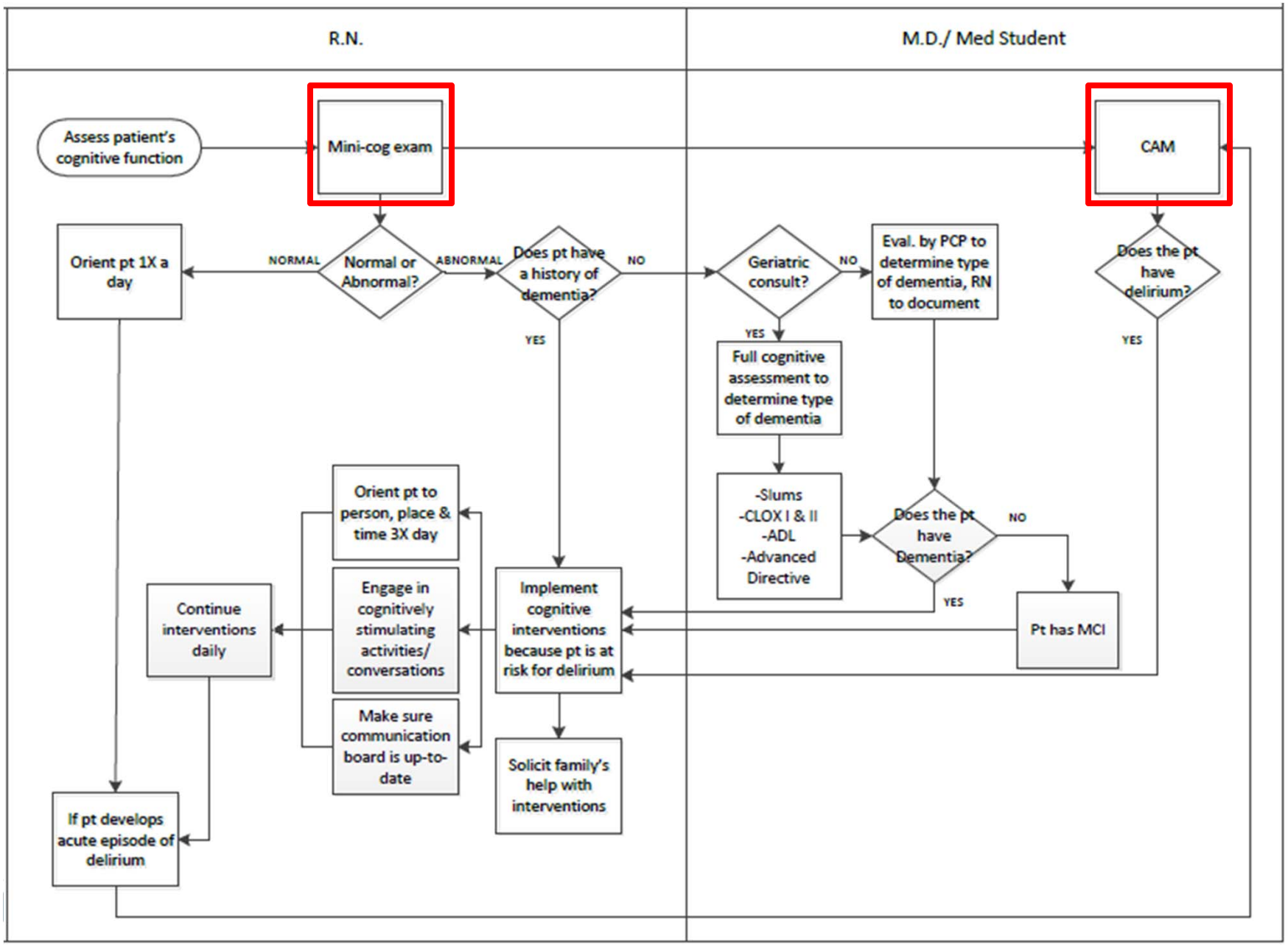
Barriers Leading to an Incomplete Delirium Protocol -PLAN



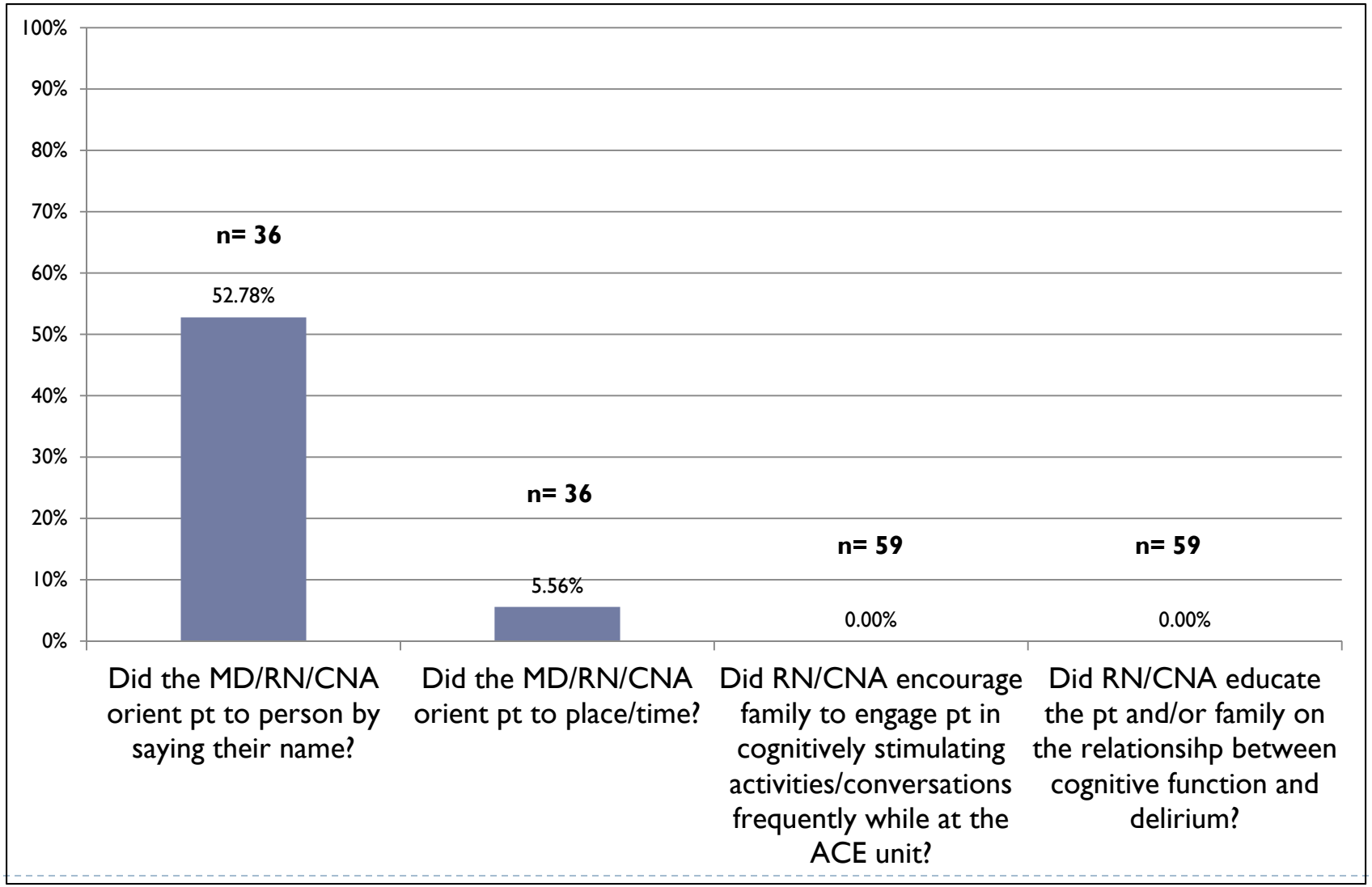
Barriers Leading to an Incomplete Delirium Protocol



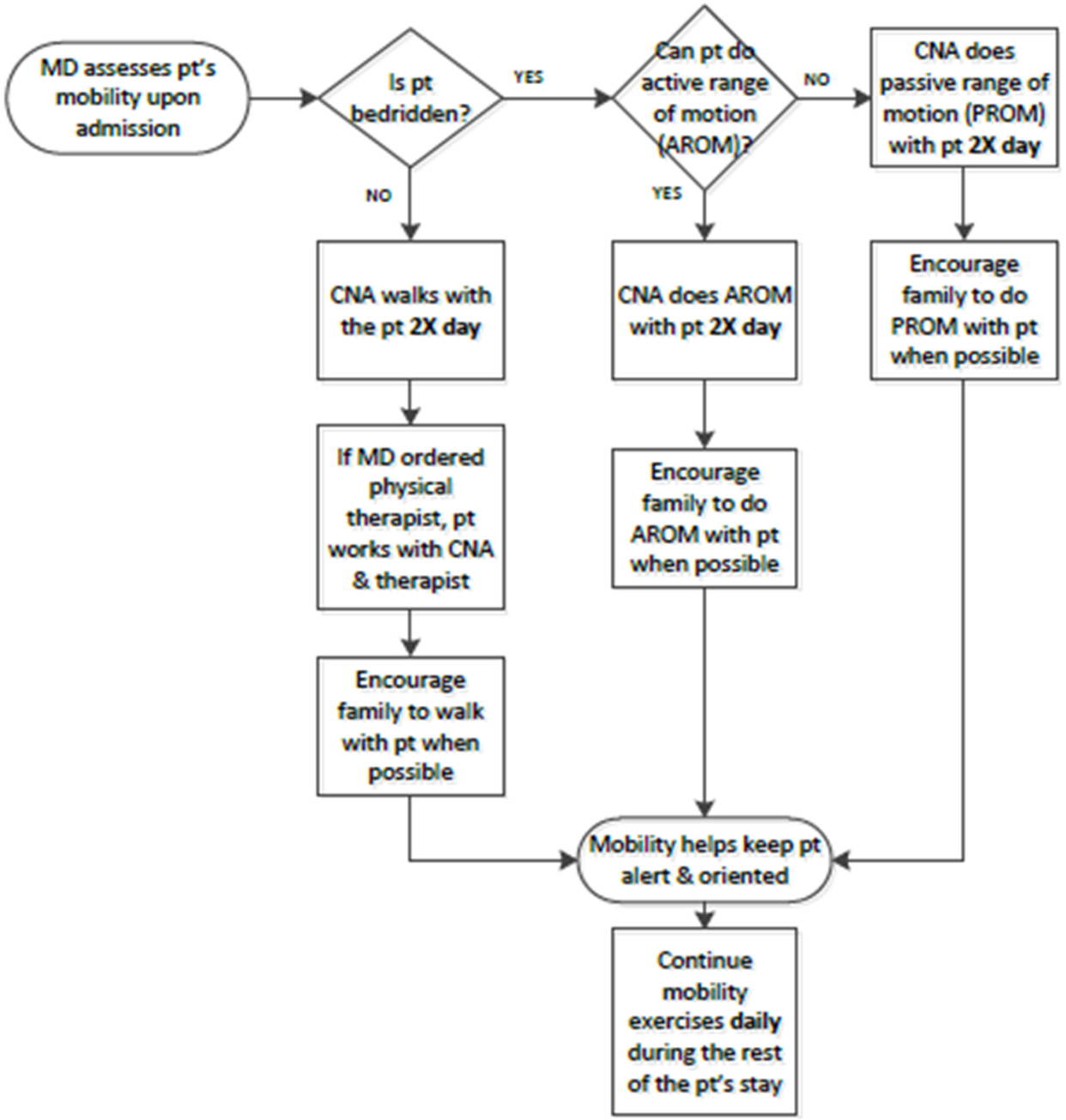
Ideal Cognition Flow Chart



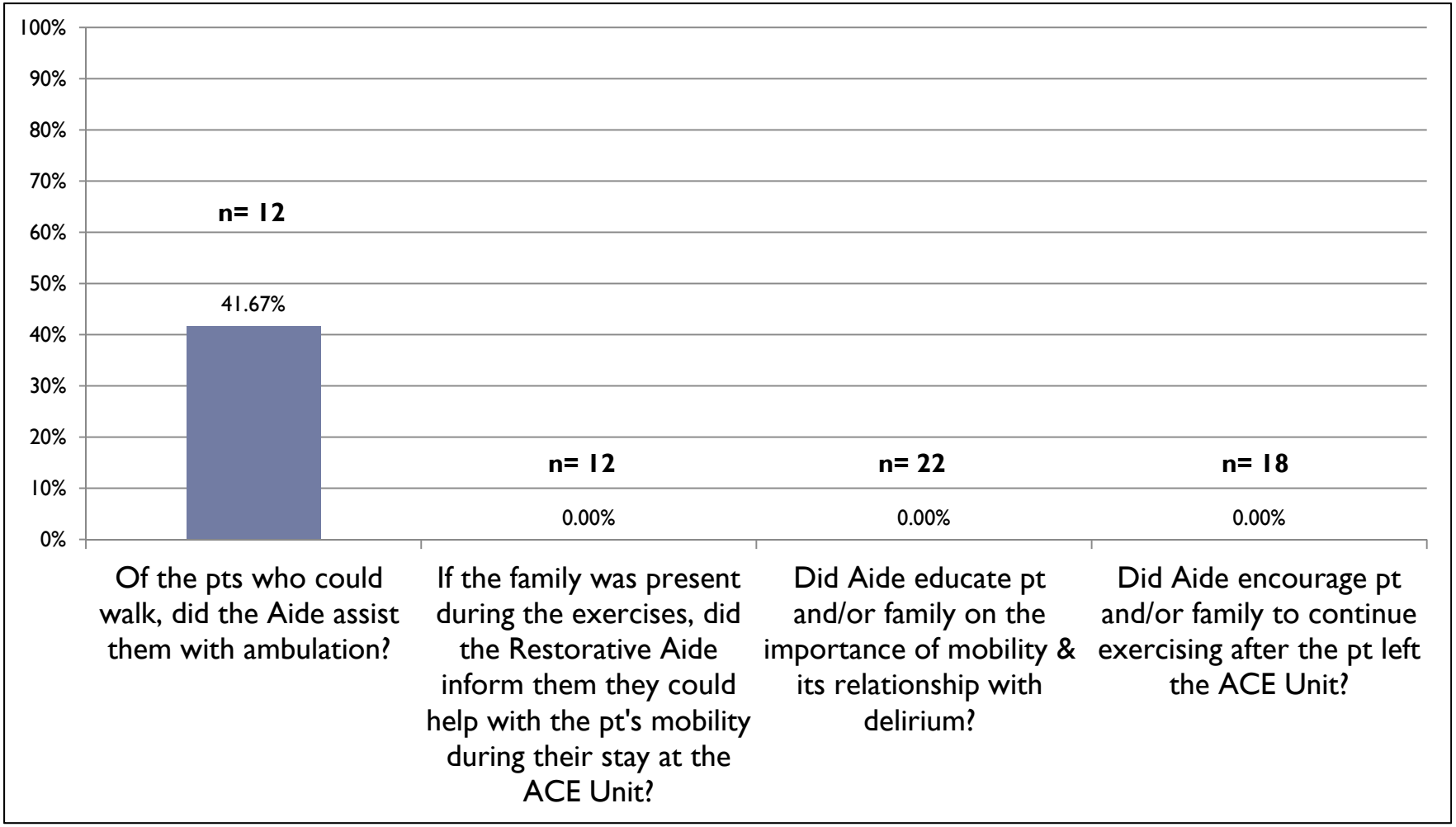
Cognition Portion of Delirium Protocol



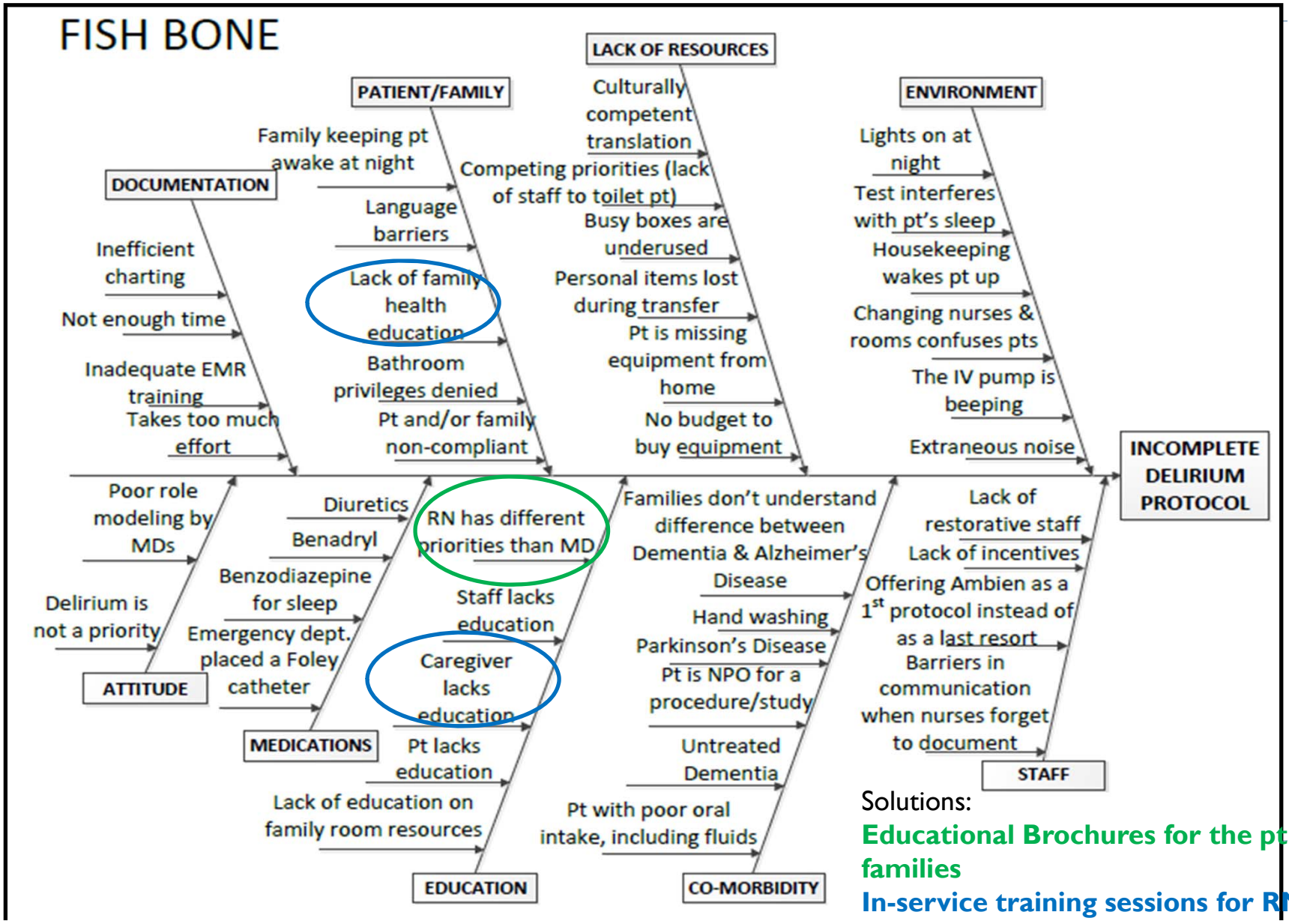
Ideal Mobility Flow Chart



Mobility Portion of the Delirium Protocol



Potential Interventions



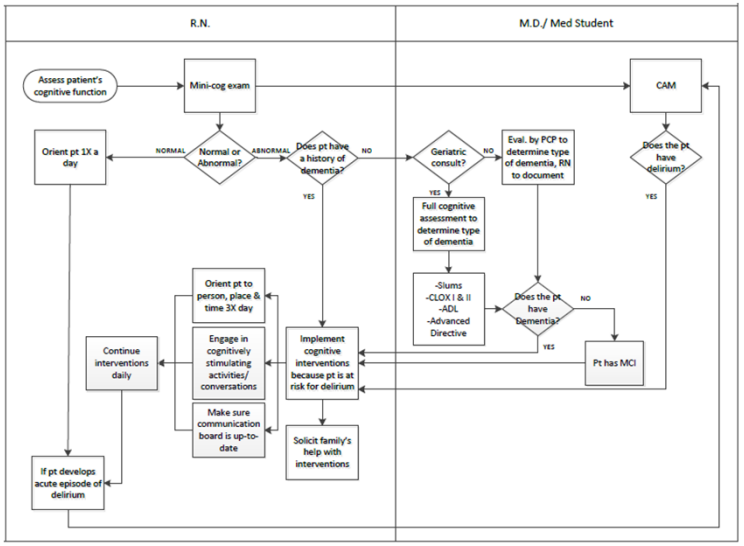
Solutions:

Educational Brochures for the pt & families

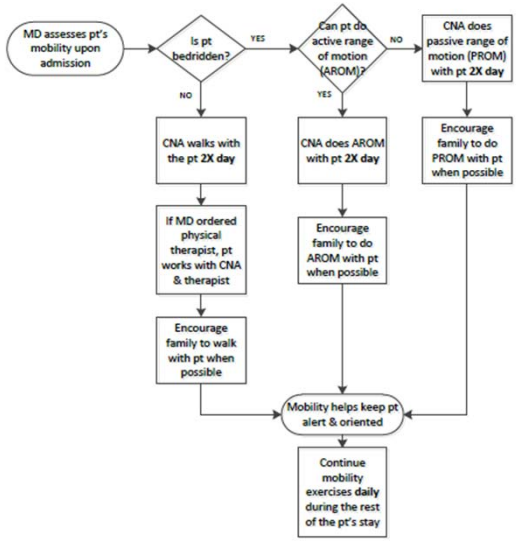
In-service training sessions for RNs

Phase I/ ACT

- Implement cognition protocol
  - Ask RNs/CNAs to address the pt by name frequently, regardless of mental status.
  - Teach mini-cog and ask RNs to start using it
  - Educate pts & families/brochure



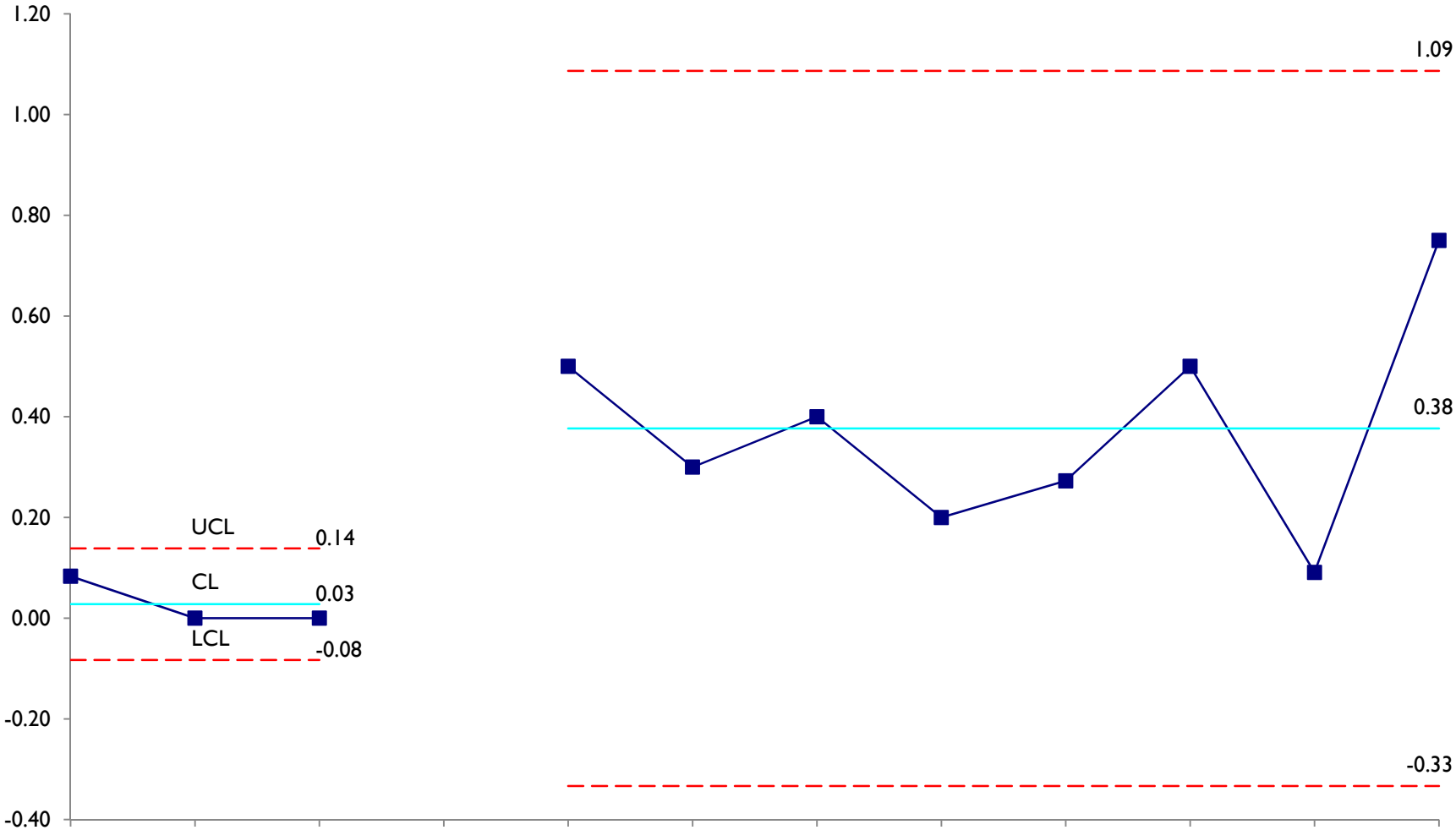
- Implement mobility protocol
  - Ask restorative aide to have the pts count for themselves
  - Turn off TV during exercises
  - Ask restorative aide to ambulate pts more
  - Educate pts & families



Implementing Change & Collecting Results

Collect data/8 weeks after implementing cognition & mobility interventions

- For each phase:
  - **DO-** Implement change
  - **CHECK-** Collect data by observing
  - **ACT-** Implement change in other units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