Delirium management initiative:

Guarding the minds of our patients

Changing Health Care for Good.
Introduction

• This past January (2014), in response to requests from a number of our physicians, a new effort began at Baptist Health, the Delirium Management Initiative (DMI).

• The focus of this initiative is on delirium.
Delirium defined

• A sudden and significant decline in mental functioning not accounted for by a pre-existing or evolving dementia
• Disturbance of consciousness with reduced ability to focus, sustain, and shift attention
• Synonyms: organic brain syndrome, acute confusional state
• It is not dementia or depression, though it may be confused with either, and can co-existing with either or both
Frequency of delirium

- Delirium is a condition that strikes a significant number of at-risk patients during their hospital stay.
- The data indicates that anywhere from 10-80% of patients, depending on their age (often 65+ years), underlying condition(s), and type of medical treatment, can be affected by this condition.
- Its consequences can at times be mild, but are frequently more serious.
Consequences of delirium

Possible outcomes:

• The repercussions that follow can range from cognitive problems over the course of weeks or months (even up to a year), to a greater risk of death (2 to 3 times increase) in a one year period following its occurrence.

• Some senior patients may never return to their baseline cognitive status, following this experience.
Background of delirium

The need for action:

• Delirium is not a “new” issue for patients.
• Delirium has been known about for many years.
• What was not realized was how dangerous it can actually be for patients.
• And, how important it is to be vigilant in the prevention of, and assessment for delirium.
• And finally, how crucial it is for us to adopt a strategy of early intervention and treatment, when it does occur.
The goals of delirium management are:

1. To implement measures that can reduce the likelihood of delirium occurring in the first place.
2. To assess at-risk patients frequently, and identify delirium early.
3. To initiate nursing interventions (protocols) in an effort to determine what might be causing the condition and attempt to resolve the delirious state and restore clearer thinking to the patient.
4. To engage the physicians, when nursing interventions are not sufficient to resolve the condition.
Delirium management strategy

Staff education, training, and engagement:

- To support this initiative and to better protect our patients, Baptist Health is raising awareness across the system.
- This work is being led by the AgeWell Institute. It involves, among other things, the education and training of nursing staff (nurses and nursing assistants), as well as engaging the support of additional healthcare team members such as pharmacy, rehab, social services, and others.
- Delirium management is truly an interdisciplinary effort.
What delirium management means for patients
Delirium management benefits

The first benefit:

• This means a higher level of care.
• Those who may be at high risk for experiencing delirium may now avoid that experience altogether.
• Because of the preventive measures we are implementing the likelihood of experiencing delirium can be reduced significantly (in as many as a third and up to half of susceptible patients).
The second benefit:

• If a patient does experience delirium, we'll have the reassurance of knowing that nursing assessment will likely identify the condition, and begin early interventions to help in returning the patient to a state of clearer thinking.

• Things like non-ambulation, under nutrition, a new onset of pain, a new UTI, even not wearing their hearing aids or glasses, can potentially bring on this condition.
The third benefit:

- If nursing interventions are not able to resolve the delirious state, the nursing staff will reach out to the physician for assistance in helping to identify what might be causing the condition and requesting directions from them regarding how best to proceed.
A new plan of care:

- Part of the Delirium Management Initiative has also involved changes to the EMR.
- A new Plan of Care has been created which addresses the initial investigation into the potential causes of the condition.
- Nursing staff can order this Care Plan when a patient is experiencing delirium.
- This order set includes a “Pharmacy medication review” to assess any medications that may cause or contribute to delirium.
- If the pharmacist identifies any suspect medications, in the patient’s chart, they will call the physician and share that information along with any alternative medications that might be recommended.
Leveraging technology

**Electronic medical record alerts:**

- Additionally, automatic alerts are also being designed that call attention to specific uses of several medications that are high-risk for causing delirium in elderly patients (e.g., diphenhydramine, lorazepan, temazepam, and promethazine).

- This will let the person ordering the medication know that it may not be the best choice for this particular patient.
Staff training:
To provide higher level of care
Engaging the care team:

• Since delirium can significantly impact all aspects of a patient’s care, the strategy for Delirium Management Training has involved reaching out to clinical departments such as Pharmacy, Rehabilitation, Social Services, and others, to educate and engage them in this important work.
Important role of nursing:

- Nursing staff (RNs and nursing assistants) have a significant role to play in the prevention, assessment, and early intervention for delirium.

- Our approach to their delirium management training has involve a three part process.
1. The first part of the process involves the completion of an online, computer based, training course on Delirium Management.

2. The second part is the completion of an instructor led training session, using simulation training scenarios that allow the nurses to practice delirium assessment skills.

3. The third part is a competency validation (performing a delirium assessment on an actual patient) to verify that the nurses are able to integrate their knowledge into the patient care process.
Patient care:
Changing our process... making a difference
Early results

• The first stage of change is to implement the new process and confirm that it is in use.
• We are doing this through Process Reports that can help us to see how consistently the prevention measures and assessments are being completed.
• These early reports have indicated a significant change in Delirium Management implementation on the part of our the nursing staff (RNs and nursing assistants).
• The first few months have shown a dramatic increase in the nursing staff’s documentation of delirium prevention measures and delirium assessments (see next slide).
Initial process reports

In just the first six months we saw an amazing rise in the consistent implementation of this new process. We are continuing to track this process.
Next steps

• We recognize that the journey of providing quality patient care is never ending.
• We are still rolling this process out to our entire hospital system. Our hope is to have this completed in the next six months.
• So far, we have trained more than 1,000 members of our nursing staff, in over 20 different departments, throughout our hospital system.
• Once we have trained all of the appropriate staff in the delirium management process, we will begin looking at outcome indicators that will help us to measure how much of a difference we are making in reducing the occurrence of delirium and limiting its length, for those who experience it.
Final thoughts

• Hospital acquired delirium has been shown to cause significant problems when not identified and address early.

• At Baptist Health, both our physicians and staff know that patients trust us to provide them with the very best care.

• The Delirium Management Initiative is one of the ways we can deliver on that trust.