

THINK DELIRIUM

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Background

Delirium is commonly encountered during hospitalization and results in a significant burden on our patients, their families, and staff who care for them. Delirium is not an inevitable part of hospitalization, nor a transient, reversible condition without sequelae. Early recognition is crucial for hospitalized elders; developing an evidence based process to improve recognition and treatment strategies.

Key reasons that clinicians fail to identify patients at-risk for delirium are:

- Inconsistent use of evidence-based screening tools
- Presence of pre-existing dementia or depression

Aim of the Project

Early identification, assessment, and clinical management of delirium by frontline providers, to ultimately result in the safe transition of the patient back to their home and community.

Sustainability and Next Steps

- Collaboration with National Simulation Center in Orlando, FL for creation of national guidelines
- Integration into key shared governance councils with monthly reporting
- Creation of daily VISTA report to capture NuDESC positive scores for nursing leadership follow up
- Implementation of mandatory nursing delirium documentation
- Collaboration of interdisciplinary team with front line providers built on mutual respect and trust
- Transitioned delirium consult team into hospital's organizational structure

Strategy for Change: a Two Pronged Approach

Delirium Consult Team- Interprofessional

- Psychiatry, medicine, geriatrics, nursing, pharmacy

CPRS

- Delirium Response Order Set
- Consult request:
 - ✓ Triggered by positive nurse assessment
 - ✓ Free-standing order
- Nurses Delirium Screening Scale (NuDESC) Embedded in Nursing Admission & Shift Assessment

Unit-Based Nursing Interventions

- Delirium Nurse Champion
- Nursing Delirium Decision Protocol

- STEP 1 - (Pre-work in TMS)
 - ✓ General Overview-(PPT)
 - ✓ Journal Article
 - ✓ Video - "After the ICU"

- STEP 2 - (VDT)
 - ✓ Access to Virtual Dementia Tour® simulation learning experience (optional)

- STEP 3 - Skills Fair
 - ✓ Nonpharmacological Interventions
 - ✓ VA Video: agitated older hospitalized patients
 - ✓ ICU Station: simulated patient experience
 - ✓ NuDESC: practice/orders/documentation
 - ✓ Nursing Competency



Outcomes: October 1, 2015 to September 30, 2018

Educational

- 389 nurses completed mandatory education requirements: STEP 1 and STEP 3
- 550 nurses have participated in STEP 2, the optional dementia simulation
- Significant changes in attitudes Pre-Post test

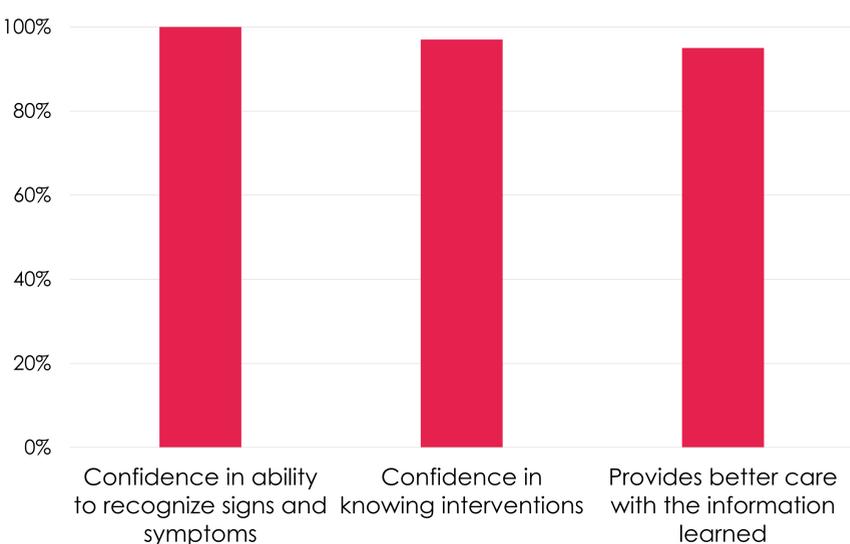
ANECDOTAL COMMENTS

Virtual Dementia Tour®	Delirium Skills Fair
"The experience was an eye opener, made me very anxious"	" ICU simulation (was) awesome"
"(Felt) confusion, how simple things can actually be very difficult"	"(Should) expand this to all healthcare staff involved in delirium patient care"
"Felt isolated and confused then abandoned"	"This is a much needed area of training. I am happy to see this quality of education."

Clinical

- Delirium Consult Team
 - 1033 consults completed with follow up since initiation in 2015
 - FY 18TD Providers placed 30 consults and RNs 191
 - FY 17 Providers placed 103 consults and RNs 137
 - FY 16 Providers placed 167 consults and RNs 171
 - In-hospital mortality rate for the consult team decreased from 7% (2016) to 4% (2017)
 - 30 day readmission rate for the consult team decrease from 28% (2016) to 23% (2017)

Post-Delirium Skills Fair Survey Results: Percent of Nurse Confidence in Delirium Care, n=64



Pre and Post Test Evaluation Results of Dementia Simulation

