UCSF Age Friendly Health System: Implementation of a Multi-Disciplinary Delirium Reduction Pathway Across UCSF

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Background

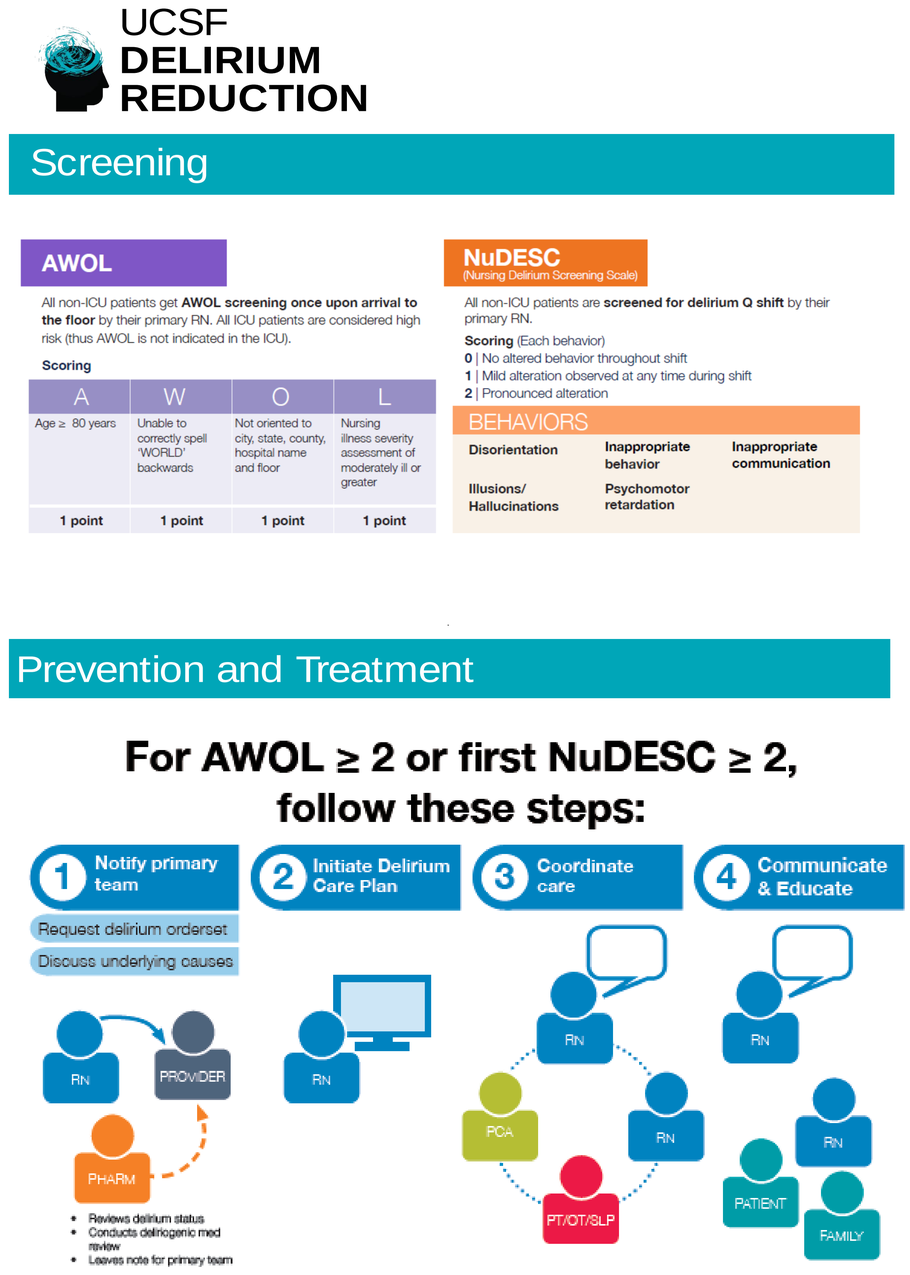
- Hospital-acquired delirium is serious, leading to increased falls, pressure ulcers, length of stay (LOS), cost, patient institutionalization, and patient and caregiver distress.
- In addition, hospital-acquired delirium is associated with mortality rates as high as 35-40% within one year in geriatric patients.
- Because hospital-acquired delirium is often under-recognized and prevention and treatment involves multi-disciplinary care coordination, comprehensive programs to decrease delirium are often lacking.

Aim Statement

- **By end of FY18, decrease average LOS for delirious patients in 6 inpatient units by 3% as compared to FY17.**
- Develop and implement a multi-disciplinary pathway for screening, prevention, and treatment of delirium at a 796-bed academic tertiary care urban hospital.

Project Design/Strategy for Change

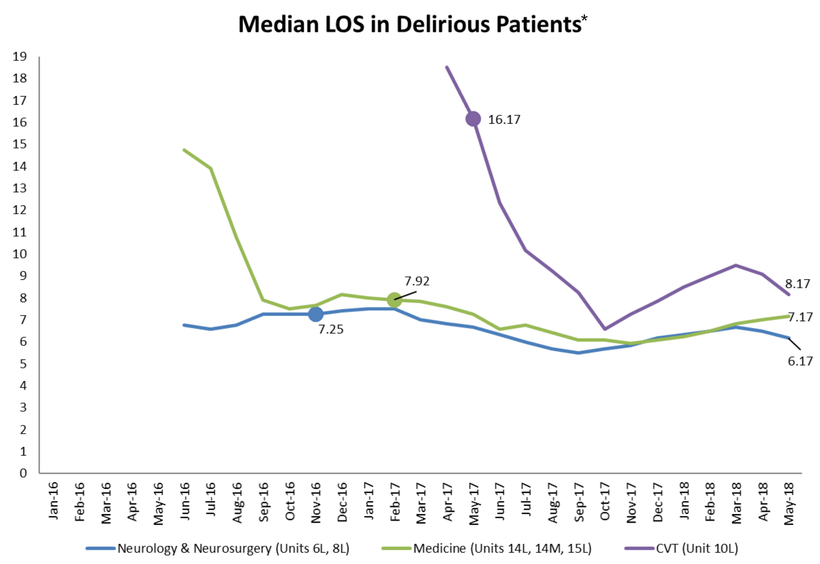
Figure 1: Delirium Reduction Pathway

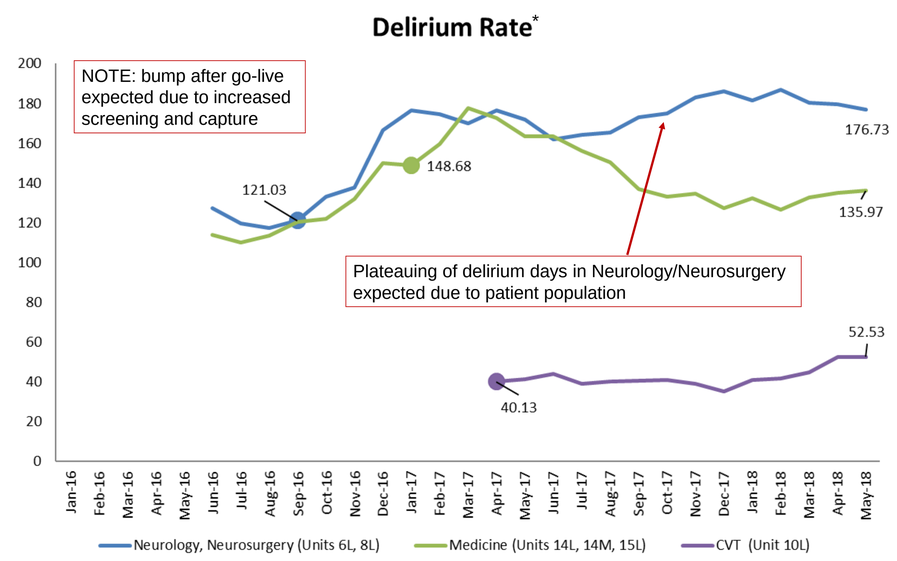


- A team consisting of a geriatrician, hospitalist, neurologist, pharmacist, nurse practitioner, clinical informaticist, and service design experts created a comprehensive, evidence-based delirium care pathway with three components (screening, prevention, and treatment) (Figure 1).
- A multi-disciplinary delirium reduction pathway was implemented in a step-wise fashion from September 2016 to February 2018, incorporating learning/feedback from each prior launch into subsequent ones.
- In-person, multi-disciplinary education and canned communications provided to units during launch.
- Compelling visualizations detailing screening compliance developed and pushed to units every week.
- Team worked with system leaders to incorporate delirium program targets into daily management system and existing incentive programs.

Project Evaluation & Impact

FY18 Results: 0.5 day (or 5%) decrease in average LOS for delirious patients in 6 inpatient units resulting in $1.7 million savings.





* 6-month rolling average as of May 2018

Lessons Learned

- **The creation of a comprehensive, multi-disciplinary delirium screening, prevention, and treatment pathway can lead to improved patient care and decreased LOS in patients who are at risk of delirium and who develop hospital-acquired delirium.**
- Providing units with in-person multi-disciplinary education, engaging printed education materials, standard email/huddle communications, and day-of go-live support helped reduce the burden on unit leaders to integrate pathway into the unit's daily work.
- Providing units with compelling data visualizations every week drove interest and engagement to improve and sustain compliance.
- Proactively reaching out to low performing groups to facilitate problem-solving and offer PDSA cycle support has been well received and appears to improve compliance.
- Analytic support was critical to define populations that would most accurately separate the noise and the signal in our LOS data.
- Leveraging daily management system and other incentive mechanisms helped increase visibility, engagement, and sustainability.

2018 IHI National Forum

Age-Friendly Health Systems Participant