Acute Delirium Prevention & Treatment
Prevention and treatment of acute delirium in intensive care and general care units.

Domain

Patient Care Processes:
Clinical processes that ensure delivery of high-quality care to individual patients

Aims

Safe:
Delivery of care in a manner that minimizes any risk of harm to a patient

Process Attributes

$  Cost to Implement
The monetary resources required to implement this process
  Minimal: Just the cost of the improvement effort itself

⏰ Time to Implement
The amount of time, from months to years, it will take on average to establish this process
  1 to 2 years

_hand  Difficulty to Implement
The challenges of implementing this process
  Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture
  and/or operations, but not both of these

📖 Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale
  Some Evidence: Level III — Studies published with some control included

Details

Elements

- Identify patients with predisposing factors for delirium (e.g., advanced age, impaired cognition and functional status,
sensory impairment, decreased oral intake, psychoactive drug and/or alcohol use)

- Prevent delirium, especially for at-risk patients, by targeting risk factors. Interventions include orientation, mobilization,
decrease use of psychoactive drugs, improve sleep, appropriate communication methods, and preventing volume
depletion.

- Recognize signs and symptoms of delirium, including monitoring ICU patients and other at-risk patients for delirium daily
  (CAM-ICU scale is one tool)
• Promptly diagnose and aggressively treat underlying causes of delirium; for example, treat dehydration, use Management of Withdrawal protocols

Outcomes

• **Mortality (HSMR):** Decreased mortality (hospital standardized mortality ratio, or HSMR)
• **Harm:** Decreased harm to patient (e.g., Harms per 100 patient days, as measured by the IHI Global Trigger Tool)
• **Cost of Care:** Decreased cost per inpatient case
• **Readmissions within 30 Days:** Decreased readmissions within 30 days
• **Time in ICU:** Decreased time in intensive care in the last 6 months of life (Dartmouth Atlas)

Service Lines and Critical Functions

• Hospital Medicine, Adult
• Intensive Care

Key Measures

• Percent of at-risk patients who develop delirium
• Percent of patients monitored for delirium daily
• Percent of patients with delirium managed by protocol

Reasons and Implications

Importance for Patients and Families
Delirium is frightening to family members who are often more aware of the changes in a family member’s mental status than are care providers. With the proper care, some types of delirium or disordered thinking can be prevented or minimized.

Requirement, Standards, Policies, and Guidelines

• [Agency for Healthcare Research and Quality (AHRQ)](http://app.ihi.org/imap/tool/#process=58720d15-3f0c-4fe3-b5cd-a17c1e4793d1)
• [Centers for Medicare & Medicaid Services (CMS)](http://app.ihi.org/imap/tool/#process=58720d15-3f0c-4fe3-b5cd-a17c1e4793d1)
• [National Priorities Partnership (NPP)](http://app.ihi.org/imap/tool/#process=58720d15-3f0c-4fe3-b5cd-a17c1e4793d1)
Palliative and End-of-Life Care
• [National Quality Forum (NQF)](http://app.ihi.org/imap/tool/#process=58720d15-3f0c-4fe3-b5cd-a17c1e4793d1)
Safe Practice for Better Healthcare—2009 Update
Safe Practice 11: Intensive Care Unit Care

Financial Implications

• Expense reduction can occur due to decreased length of stay in the hospital and ICU, reduction in ventilator days, and reduction in the use of psychoactive drugs. • Expense increase can occur if an organization decides to add additional personnel to sit with patients with delirium.

Prerequisites

Volunteer support and/or ability to embed care processes in standard work
Resources

Additional Resources

- **The Joint Commission (TJC)**
  Advancing Effective Communication, Cultural Competence, and Patient-Centered Care for the Hospital Accreditation Program

- **US Department of Health and Human Services**
  Partnership for Patients

- **Agency for Healthcare Research and Quality (AHRQ)**
  Patient Safety & Quality: An Evidence-Based Handbook for Nurses [May 2008]
  Chapter 11. Reducing Functional Decline in the Hospitalized Elderly

- **Yale University**
  The Hospital Elder Life Program (HELP)

- **Centers for Disease Control and Prevention (CDC)**
  Medication Safety

- **Agency for Healthcare Research and Quality (AHRQ)**
  Chapter 28. Prevention of Delirium in Older Hospitalized Patients

- **Vanderbilt University**
  ICU Delirium and Cognitive Impairment Study Group
  Training Manual and Instructional Video

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