Reducing Delirium

June Chaves  
*Maine Medical Center*

Sam Canonico  
*Maine Medical Center*

Will Cheney  
*Maine Medical Center*

Tammy Corey  
*Maine Medical Center*

Gil Fraser  
*Maine Medical Center*

*See next page for additional authors*

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Authors
June Chaves, Sam Canonico, Will Cheney, Tammy Corey, Gil Fraser, Alex Kowalewski, Jen Low, Cardiac Intensive Care Unit, Haley Pelletier, Cathy Palleschi, Stephen Tyzik, Suneela Nayak, and Ruth Hanselman

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Project: CICU - Reducing Delirium
Last Updated: 8/21/2017

Team Members: June Chaves, Sam Canonico, Will Cheney, Tammy Corey, Gil Fraser, Alex Kowalewski, Jen Low, Suneela Nayak, Stephen Tzyzik, Ruth Hanselman

Executive Sponsor: Mark Parker
Facilitator: Haley Pelletier & Cathy Palleschi

Countermeasures

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
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<th>Status</th>
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<tbody>
<tr>
<td>100% of time, all vent pts will have a SAS score &gt;=3 will have a CAM assessment</td>
<td>June Chaves</td>
<td>6/6/2016</td>
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<td>Distribute survey on staffs perception of early mobilization to ventilator pts</td>
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<td>Implement concurrent KPI, centered around providing the most quiet care environment possible</td>
<td>Jen Low &amp; Tammy Corey</td>
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<td>Adapt Bedside Mobility Assessment Tool (BMAT) to ICU pt. population</td>
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Survey Questions

- Pre Education
- Post Education
- % Change to strongly agree

1. I believe the risk of unintended extubating is increased when patients are in a chair
   - Pre: 13%
   - Post: 4%
   - % Change: -65%

2. I believe early mobilization of intubated patients decreases length of stay as well as incidence of VAP, DVT, and skin breakdown
   - Pre: 48%
   - Post: 78%
   - % Change: 64%

3. I am comfortable mobilizing an intubated patient out of bed to a chair
   - Pre: 29%
   - Post: 40%
   - % Change: 59%

Outcomes

- Decrease in length of stay
- Decrease in ventilator days
- Increase in patient comfort

Next Steps

- Reassess the validity of CICU’s current Bedside Mobility Assessment Tool in other adult ICUs at MMC.
- Conduct a prospective study of the effect this KPI might have on decreasing duration of ventilation days as well as overall length of stay.

Delirium: an acute and fluctuating disturbance of consciousness and cognition, is a common manifestation of acute brain dysfunction in critically ill patients, occurring in up to 80% of the sickest intensive care unit (ICU) populations. Patients in the Cardiac Intensive Care Unit (CICU) at Maine Medical Center (MMC) are at high risk for developing delirium. Patients with delirium have longer hospital stays and lower 6-month survival than do patients without delirium, and preliminary research suggests that delirium may be associated with cognitive impairment that persists months to years after discharge.

A literature search, root cause analysis, and a fishbone diagram have been developed to analyze and help to mitigate this high delirium rate, as previous initiatives to combat this problem did not make an impact.

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Delirium is defined as a disturbance of consciousness with inattention accompanied by a change in cognition or perceptual disturbance that develops over a short period of time (hours-days) and fluctuates over time.

Ventilated Patients
- High concern for delirium
- Less potential for mobilization

Non-ventilated Patients
- If well enough, concern for delirium is lower

Patients who are non-ventilated, but remain in CICU may not undergo adequate mobilization using current BMAT tool.

This calls into question the need for a new mobility tool, that can depict the standard progression of mobility in a consistent manner.

As a result, CICU leadership recognized the need to standardize the progression of mobility in patients in the ICU.

Plan

Do

Study

Act