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Delirium Reduction Strategies For The Critically Ill

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### Problem/Impact Statement:

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.

### Countermeasures

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of time, all vent pts will have a SAS score ≥to &gt; 3 will have a CAM assessment</td>
<td>June Chaves</td>
<td>6/6/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Distribute survey on staffs perception of early mobilization of ventilator pts</td>
<td>June, Marcia &amp; Cathy</td>
<td>6/27/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Results of staff survey &amp; education on early mobilization</td>
<td>June, Gil Fraser</td>
<td>7/16/2017</td>
<td>Complete</td>
</tr>
<tr>
<td>KPI 1: “100% of the time, all eligible ventilated patients will be mobilized”</td>
<td>June Chaves</td>
<td>8/23/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Implement concurrent KPI, centered around providing the most quiet care environment possible</td>
<td>Jen Low &amp; Tammy Corey</td>
<td>8/23/2016</td>
<td>Complete</td>
</tr>
<tr>
<td>Distribute 6 month f/u survey staffs perception of early mobilization</td>
<td>June, Chaves &amp; Alex Kowalewski</td>
<td>2/22/2017</td>
<td>Complete</td>
</tr>
<tr>
<td>KPI 2: “100% of the time, ALL eligible patients in CICU will have documentation of progressive mobilization”</td>
<td>June, Alex, Sam &amp; Will</td>
<td>3/13/2017</td>
<td>Complete</td>
</tr>
<tr>
<td>Adapt Bedside Mobility Assessment Tool (BMAT) to ICU pt. population</td>
<td>Sam Canonico &amp; Will Cheney</td>
<td>5/12/2017</td>
<td>Complete</td>
</tr>
<tr>
<td>Revised Bedside Mobility Assessment Tool (BMAT) to match the Epic mobility documentation flow sheet</td>
<td>Sam Canonico</td>
<td>6/27/2017</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### Outcomes

**Survey Questions Pre education Post education % chg. to strongly agree**

- I believe the risk of unintended extubating is increased when patients are in a chair

  | | |%
  | 13% | 4% | -65%

- I believe early mobilization of intubated patients decreases length of stay as well as incidence of VAP, DVT, and skin breakdown

  | | |%
  | 48% | 78% | 64%

- I am comfortable mobilizing an intubated patient out of bed to a chair

  | | |%
  | 20% | 40% | 59%

### 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.