Alberta Health Services

Critical Care Strategic Clinical Network™

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Critical Care SCN Delirium Initiative:

The delirium project is a quality improvement project with an aim to improve delirium care in all of Alberta's adult & pediatric ICUs by:

Developing provincial standards and provincial clinical practice expectations for pain, agitation & delirium care in ICU.

Implementing evidence informed best practices for assessment, prevention and management of pain, agitation & ICU delirium.

Developing a operational and quality dashboard on ICU delirium to facilitate continued quality improvement and learnings .

"The largest room in the world is the room for improvement"

Author Unknown

Featured unit success stories coming soon!

Critical Care- SCN Delirium Initiative Learning Session #1 in Calgary (photo courtesy of Dr. David Zygun)

In This Issue

What is the PAD delirium bundle?

A: Pain: Assess, prevent and manage pain

B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT)

C: Choice of Analgesic and Sedation

D: Delirium: Assess, prevent, and manage

E: Early Mobility and Exercise

F: Family Engagement and Empowerment

Looking to learn more about the ABCDEF bundle? **Here are some resources we can't stop raving about!**

- **www.icudelirium.org**

⇒ Great website complete with assessment tools, description of each PAD component of the bundle (adult and pediatric), and lots of teaching materials. Even has videos and patient/family stories about experiences with delirium!

- Brand new article in the **AJCC AMERICAN JOURNAL OF CRITICAL CARE, January 2017, Volume 26, No. 1—Look it up! on the krs.libguides.com:**

"Feasibility and Effectiveness of a Delirium Prevention Bundle in Critically Ill Patients"

Provincial Priorities for 2017 (Adult and Pediatric Critical Care Units):

1. **Pain Assessment and Documentation**
2. **Pain Management**
3. **Early *progressive* mobility of all eligible patients**
4. **Reducing the incidence of delirium**

Each unit also decided on 2 other focused delirium care items to work on.

Make sure you find out what your unit is working on today!!

Provincial stats (Dec 2016)

Delirium screening compliance: 88%

(Nov 2016: 89%)

Incidence of delirium (ever delirium) : 36.08%

(Nov 2016: 35%)

Great work teams!

PAIN ASSESSMENT TOOLS: featuring the Numeric Rating Scale and the Pediatric FLACC Scale

Significant pain definition:

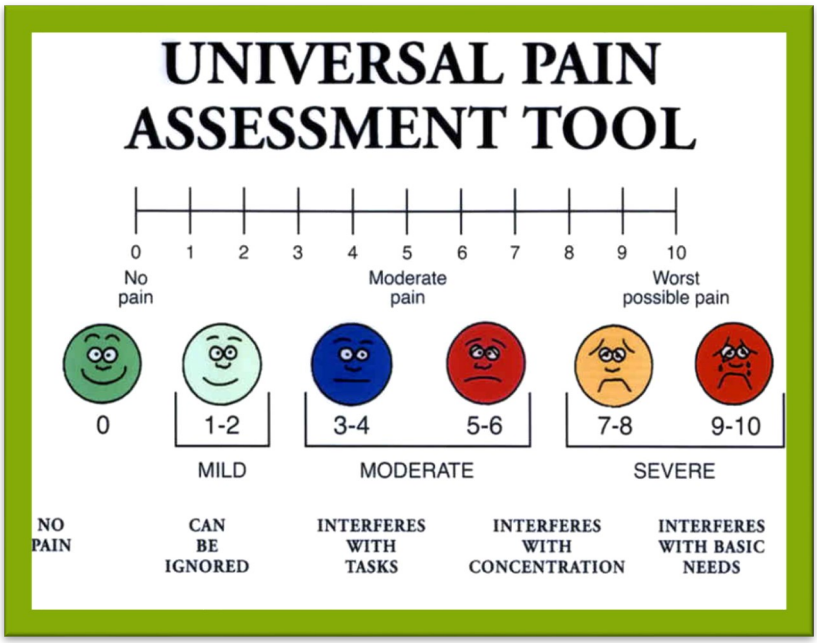
(as per SCCM PAD Guidelines)

NRS (Numeric Rating Score) ≥ or = 4

CPOT (Critical Care Pain Observation Tool) score of ≥ or= 3

FLACC (pediatric scoring tool)

score of ≥ or = 4



FLACC scale

	0	1	2
Face	No particular expression or smile	Occasional grimace or frown, withdrawn disinterested	Frequent to constant frown, clenched jaw, quivering chin
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking, or legs drawn up
Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Arched, rigid, or jerking
Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging or "talking to", distractible	Difficult to console or comfort

How do we treat pain?

- Non-pharmacologic nursing activities can assist in pain relief
- Not a substitute for medication
- Combining nonpharmacologic interventions with medications may be the most effective way to relieve pain

Document your pain assessment and interventions frequently! The provincial guidelines state pain assessment and documentation should be completed at least q4h and prn.

Chatter Box:

What is the result of good pain management?

Prompt pain assessment and treatment of pain (treat pain first)

=

Requiring **less** sedation

=

Earlier **progressive** mobilization

and contribute to

less mechanical ventilation days (easier weaning due to early sedation awakening trials and spontaneous breathing trials)

=

Less incidence of ICU delirium

and

Higher patient and family **satisfaction** and improved quality of life outcomes

DATA: Did you know?

The SCN and eCritical are working together so that data focusing on delirium care and outcomes will be available for the province.

Our new team, the "Data, Measurement, and Learning Group" meets weekly to address the mandatory key performance indicators for this delirium project. It is here that the data customization for the adult and pediatric units will take place so you and your unit can track your successes.

The customization of eCritical takes time, and that's why units are being asked to collect data manually until MetaVision changes are complete.

DATA Highlights

A shout-out to the Delirium Team at the RAH who helped us by providing a template for auditing and data collection to share with all of you!

What do you do now??

- **Sample a small group of patients on one day of the week (ex. Every Wednesday)**
- **Track your progress week to week and see where your interventions are and if they made a difference!**
- **Share your success with the unit staff! <u>These successes should be celebrated!!</u>**

MetaVision & TRACER...huh??

* TRACER is a data warehouse that sources and consolidates data from MetaVision to generate reports for administrative reporting, quality improvement projects and research
* The quality of the data entered in MetaVision directly impacts the quality and usability of TRACER data and reports
* ***You are critical to the success of TRACER. Ensuring accurate documentation will ultimately lead to better care for our patients***
* Did you know that you can access TRACER reports ?? Just search TRACER on insite! Its here that you can see interesting information about your unit or any unit in the province….how do you compare??

Data is Everywhere

Understanding how to use data can be confusing. By looking at our data we can see what is working and what isn't!

Data for Delirium

4 key mandatory indicators will be measured for every unit in Alberta:

Ever Delirium **Pain Assessment**

Pain Management **Progressive Mobility**

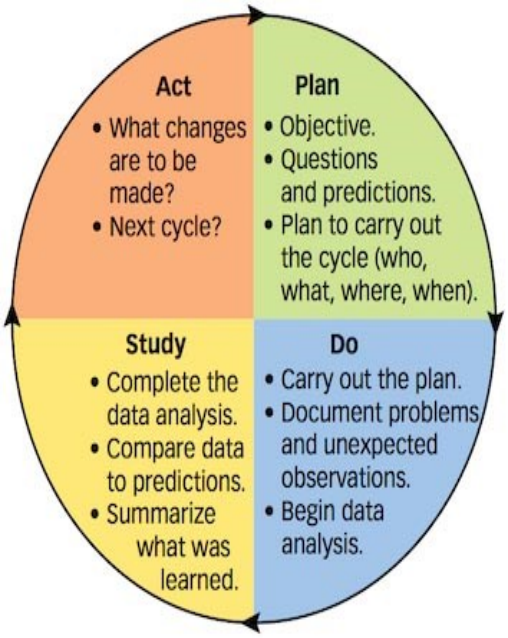
What is 'Ever Delirium'??

Ever delirium assists in understanding the cumulative % of the time (days) in ICU that the patient experienced any delirium.

Numerator: **Number of days during ICU stay with 1 ICDSC > 4**

Denominator: **total patient days in ICU**

This measurement removes those patients with a RASS score of –4 or –5



PDSA Cycles

The **PDSA cycle** is shorthand for testing a change by developing a plan to test the change **(PLAN),** carrying out the test **(DO),** observing and learning from the consequences (**STUDY)**, and determining what modifications should be made to the test **(ACT).**

Sample PDSA cycle:

Sam wanted to know if it would be possible to talk about **mobility** more during patient bedside rounds. He collected some baseline data and found that mobility was only discussed on about 30% of the time on ICU patients. ***'Why are we not talking about it more often?"*** he asked himself.

As a physiotherapist, he felt that creating a **rounds "checklist"** with mobility questions on it would help facilitate the conversation and promote the "early" mobilization of all ICU patients. He and a fellow RN developed a rounds checklist template to try on rounds that included all the ABCDEF bundle assessments (ICDSC, RASS, Pain score, sleep hours, and mobility). The unit managers thought it would be good to just try it as sometimes the "reminders" to staff and physicians just weren't working.

Sam and the team used the checklist for one week on all patients during bedside rounds. As he is at a teaching hospital, he found it was difficult to keep up with explaining the checklist to new staff and residents, but after the first 2 days it started to gather enthusiasm. He also found it was easier to delegate the checklist responsibility to the bedside nurse as it helped facilitate the multi-disciplinary aspect of rounds and encouraged newer RNs to participate.

He started another rounds of data collection on day 7 to see if it made a difference. He found that mobility was being discussed 75% of the time after the checklist was trialed—a success! Although they did not hit the 100% target, there was a positive change after the checklist was implemented. His hypothesis was correct.

Outcome of the PDSA Cycle:

It was decided to make the checklist a permanent part of ICU bedside rounds, and new laminated sheets were put on the rounds clipboard to facilitate the conversation. The ICU team also decided to include the checklist teaching in the new ICU resident orientation program.

Did you know?

The PDSA Cycle was made popular by Dr W. Edwards Deming, who is considered by many to be the father of modern quality control.

Not all PDSA cycles will show a positive result, but what they will show you is

whether an idea is worth

ADOPTING or ABANDONING!

Monthly Education Coming Soon!

Featured Topics for Jan/Feb 2017:

Making Sense of the Provincial Delirium Framework: What are we Trying to Accomplish?

ICDSC Scoring: Are we Doing it Right?

Early Progressive Mobility

Sessions will be teleconferenced to allow all sites to participate in learning and Q&A sessions.

Taking a look at Delirium Improvement Initiatives in the Media:

Dr. Dave Zygun discussing the importance of Early Mobility in ICU (photo courtesy of Global News article by Su-Ling Goh August 24, 2016—accessed via wed Dec 21/16)

Read more here: http://globalnews.ca/video/2902214/movement-helps-icu-patients-heal-faster

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