

Data, Measurement, & Learning Working Group

The Data, Measurement, & Learning (DML) group has been working together to build each KPI for the Delirium Initiative.

1. % Compliance of q4h pain assessment

This is a mandatory KPI for the province.

Decision was made to look at % of compliance of assessing pain q4h.

This will now be reported as “% of compliance of q4hr pain assessment”.

%Compliance = 100x [1-(cum_sum_>4hr)/24]

This will capture the amount of time that there is > 4hrs between pain assessments (NRS or CPOT; VAS, NRS, & FLACC for pediatric) in 24 hrs and convert this into a % of compliance.

*Important to note. This will only capture pain assessments with a score from the CPOT, NRS, or denies pain. This will not capture any comments made.

This will capture the cumulative amount of time that is greater than 4 hrs between Pain assessments in a 24 hr period. This expresses the % of time that is over 4 hrs and reflected as a compliance to charting every 4 hrs.

2. % of assessments where ICU/CCU patients are in significant (non-cardiac) pain

This is a mandatory KPI for the province.

% of time ICU patients are in significant pain =
$$\frac{\# \text{ assessments scoring CPOT} \geq 3 \text{ or NRS} \geq 4}{\text{Total \# of completed pain assessments}}$$

This has also been completed for the pediatric units as well to include their pain assessment tools. Significant pain is = VAS ≥ 4 , NRS ≥ 4 , FLACC ≥ 4

3. % of time ICU patients experience delirium : Ever Delirium

This is a mandatory KPI for the province.

Ever Delirium=
$$\frac{\text{Number of days during ICU stay with 1 ICDSC} > 4.}{\# \text{ of patient days}}$$

Ever Delirium eligible= % of ICU days patient was delirious. Ever delirium formula (above) with the removal of patients with RASS -4 or -5.

For the units where RASS is not routinely assessed & documented (ie. CCU units) we will use Ever Delirium rather than Ever Delirium Eligible.

4. % of time RASS is scored and documented q4h

The group decided to use the same methodology as the pain assessment KPI.

This is not a mandatory KPI.

%Compliance of q4hr RASS score = 100x [1-(cum_sum_>4hr)/24]

This will capture the cumulative amount of time that is greater than 4 hrs between RASS assessments in a 24 hr period. This express the % of time that is over 4 hrs and reflected as a compliance to charting every 4 hrs.