

Chinook Regional Hospital ICU/CCU

Delirium team members and poster contributors:
Marci Neher-Schwengler, Alison Martin, Victor Kemble, Spencer Bisley, Kathy Sassa

BACKGROUND

- 14 bed mixed ICU/CCU
- Staffing:
 - Registered nurses 7-8 per shift (including charge nurse)
 - Unit Manager
 - Educator 0.6 FTE
- Modified closed model
 - Internists and Pediatricians admit

AIM

- To discuss and plan for early mobility for ventilated ICU patients
- Delirium Bundle your aim supports:
 - **E – Early Exercise and Progressive Mobility**



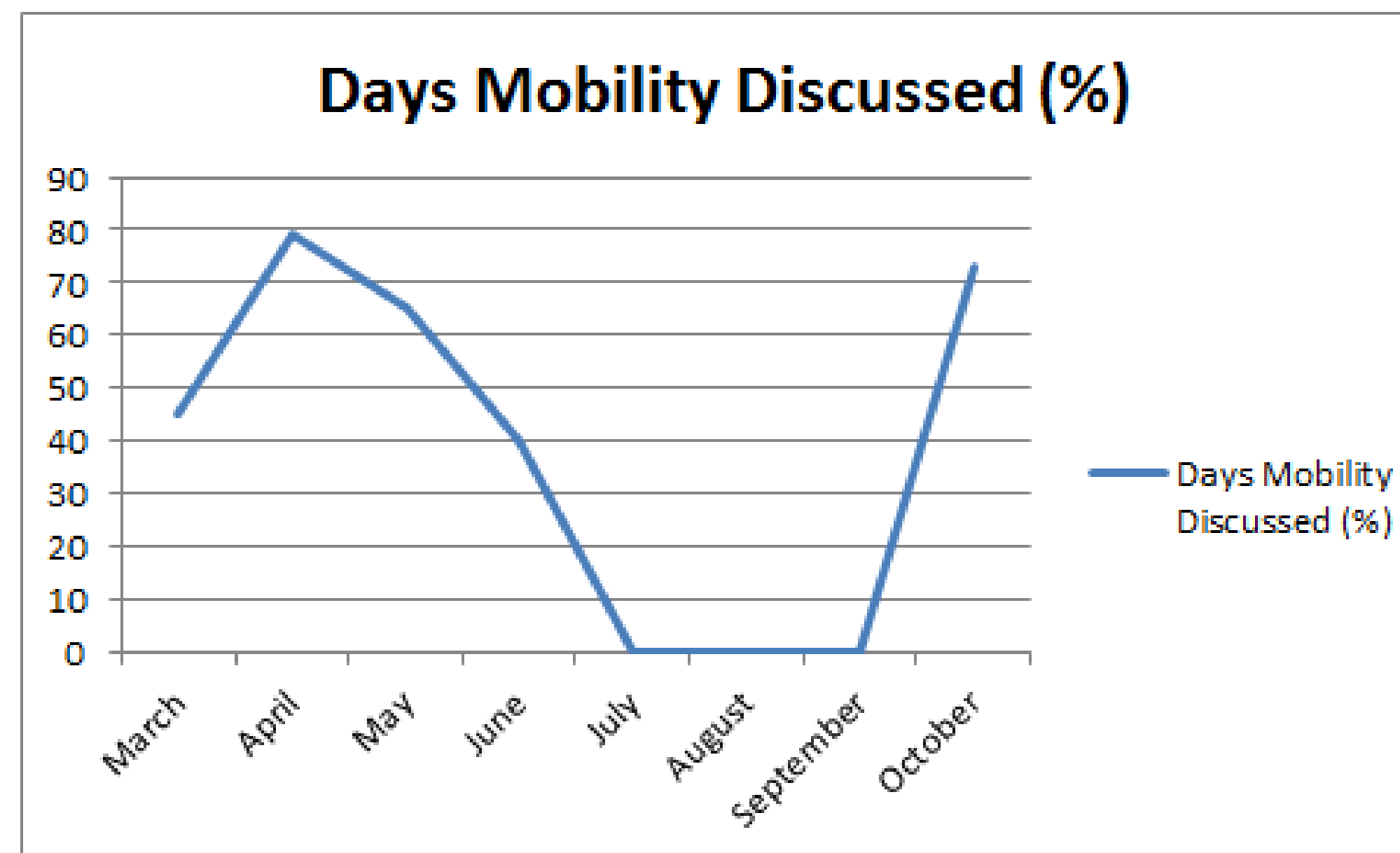
MEASUREABLE GOALS

- Mobility will be discussed daily for ventilated ICU patients 90% of the time
 - Data collected through completed TEA Time records and monitoring of closed unit model trial

CHANGE IDEAS

- “Take Early Action (TEA) Time” implemented March 2017
 - Multidisciplinary informal discussion (nursing, respiratory, physiotherapy, pharmacy, dietary, social work)
 - Components discussed: pain scores, RASS scores, ICDSC scores, early mobility, weaning plans
 - Stressed importance of Metavision documentation of all components
 - Lead daily by Unit Manager or Educator, with intention of Charge Nurse assuming role over time
- Ensure early mobility discussed during closed unit model trial during month of October

RESULTS



Timeline Highlights:

- March: TEA Time Initiated
- July & August: Educator on Leave
- September: Change in Unit Manager
- October: Closed Unit model trialed

LESSONS LEARNED

- Assumptions made:
 - Time would be made for TEA Time daily
 - The Charge Nurse would evolve into assuming the TEA Time Leader role
 - The Unit Manager and/or Educator would be available to ‘round up the troops’ for TEA Time daily
 - Staff would view TEA Time as a valuable opportunity to discuss their patients with the multidisciplinary team
- Sustainability of TEA Time challenging during:
 - Unit Manager retirement
 - New manager starting
 - Educator on leave
- Charge Nurses could/would not assume TEA Time Lead role:
 - Charge nurse carries a patient load, monitors 14 telemetry patients, may be on Code Blue and Rapid Response Team call
- TEA Time often ‘skipped’ was when occupancy and ventilator hours were high
 - This was when early mobility discussion were most needed
- Early mobility discussions were more likely to occur with a closed unit model

NEXT STEPS

- Re-evaluate the usefulness of TEA Time from the staff perspective
- Consider sustainability: if and how TEA Time should proceed
- Further pursue closed model implementation
- Recruit help:
 - ICU Quality Team
 - Quality Improvement Consultants