

Foothills Medical Centre Unit 94 CVICU

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BACKGROUND

- CVICU has 15 funded beds: 14 beds in the main unit with 4 satellite beds one floor above
- 1330 Cases done in the 2016/17 fiscal year
- Our patient population consists of patients undergoing various cardiac surgical procedures such as CABG, Valve repair and replacement, ECMO, and ventricular assist device insertion
- Nursing assignments are 1:1 or 1:2
- Daily bedside rounds are completed with multidisciplinary team: Bedside RN, Intensivist, Fellow/Resident, Pharmacist, RRT, Clinician, Physio (patient dependent), and family

AIM

- Our goal is to implement a cultural change of addressing all aspects of delirium on AM rounds
- We chose to implement a rounds checklist for staff which they could utilize during AM rounds and use to familiarize themselves with all the aspects of delirium that should be addressed for all our patients

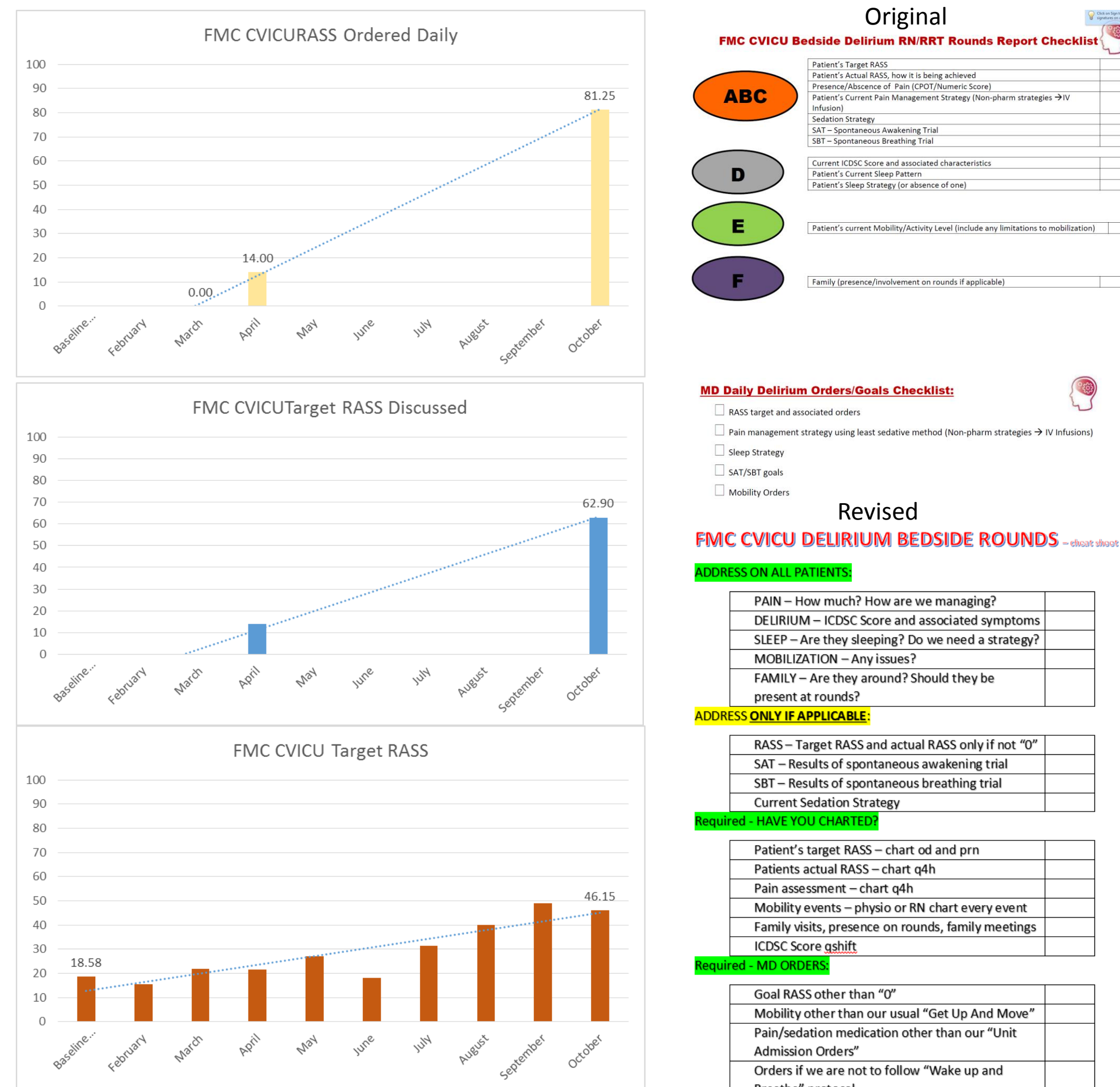
MEASUREABLE GOALS

- RASS discussed on rounds
- Appropriate goal RASS ordered in SCM for all patients
- Patient's target and actual RASS charted

CHANGE IDEAS

- We first adopted the FMC ICU Delirium Rounds Checklist
- This checklist was modified slightly to meet Unit 94 needs
- Emails and bulletin boards were created
- Staff was unsure how to utilize the tool
- A new FMC CVICU delirium Bedside Rounds Checklist was created that made more sense for our patient population
- We also included charting cues for the RNs and cues for MD orders that need to be in place

RESULTS



- We have seen increases in all areas of RASS; being discussed during rounds, ordered appropriately and charted by RNs
- The checklist was poorly adopted and frustrated many staff and physicians
"This is not working" "Not another checklist..."

LESSONS LEARNED

- In-services were needed and are still needed
- Not all staff were aware of their charting requirements so we added this to their checklist
- Email and bulletin boards were not successful
- Staff feedback on initial checklist as well as physician feedback was key
- Making a checklist specific to our unit population was critical to success and staff buy in
"this makes sense...I already discuss most of these things"

NEXT STEPS

- We will continue to work with our current checklist
- Continue to audit and work towards our goals
- Have delirium discussions become more of a culture on the unit
- Continue to encourage and support family involvement in discussions
- Provide on unit in-services
- We noticed during our audits that mobilization on POD #0 by 2400 was often missed and education is required