

## BACKGROUND

- The FMC ICU in Calgary is a 28 bed Level 1 intensive care unit that cares for medical/surgical, neuro, trauma and burn patients.
- Our Delirium Working Group meets monthly and includes all disciplines – Management, Nurse Clinician, CNE, RN, NP, RRT, PT, OT, MD, and Pharmacy.
- When we first began our work, we realized that despite having Delirium Practice Guidelines that included the ABCDEF bundle, the concepts were not well embedded in our unit culture.

## AIM

- Operationalize the ABCDEF bundle in practice
- Embed delirium prevention and management strategies into our unit culture
- Create a measurement plan to support implementation.

## MEASUREABLE GOALS

- Greater than 85% compliance with ensuring all aspects of the ABCDEF bundle are discussed in rounds.

## CHANGE IDEAS

- Development, implementation and reinforcement of a Delirium Rounds Checklist:

**FMC ICU Bedside Delirium RN/RRT Rounds Report Checklist**

**Assess, Prevent and Manage Pain; Both Awakening and Breathing Trials; Choice of Analgesia and Sedation**

ABC	Patient's Target RASS	
	Patient's Actual RASS, how it is being achieved	
	Presence/Absence of Pain (provide CPOT/Numeric Score)	
	Patient's Current Pain Management Strategy (Non-pharm strategies → IV Infusion)	
	Sedation Strategy	
	SAT – Spontaneous Awakening Trial	
	SBT – Spontaneous Breathing Trial	

**Delirium: Assess, Prevent and Manage**

D	Current ICDScore and associated characteristics	
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**Early Mobility and Non-pharmacological Interventions**

E	Patient's current Mobility/Activity Level (include any limitations to mobilization)	
	Patient's Current Sleep Pattern	
	Patient's Sleep Strategy (or absence of one)	

**Family Engagement and Empowerment**

F	Family (presence/involvement on rounds if applicable)	
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## RESULTS

- 2 audit cycles completed so far, with variable results
- Plan to continue audits until goals are reached

### FMC ICU Bedside Delirium RN/RRT Rounds Report AUDIT

Audit Period: August 1 – 21, 2017  
 Total Audits: 76

**Assess, Prevent and Manage Pain; Both Awakening and Breathing Trials; Choice of Analgesia and Sedation**

	Apr 03-20, 2017 Total Audits: 94	Aug 01-21, 2017 Total Audits: 76
Patient's Target RASS	87%	72%
Patient's Actual RASS, how it is being achieved	93%	96%
Presence/Absence of Pain (provide CPOT/Numeric Score)	81%	83%
Patient's Current Pain Management Strategy (Non-pharm strategies → IV Infusion)	79%	84%
Sedation Strategy	80%	92%
SAT – Spontaneous Awakening Trial (eligible patients)	65%	61%
SBT – Spontaneous Breathing Trial (eligible patients)	60%	55%

**Delirium: Assess, Prevent and Manage**

Current ICDScore and associated characteristics	84%	82%
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**Early Mobility and Non-pharmacological Interventions**

Patient's current Mobility/Activity Level (include any limitations to mobilization)	87%	74%
Patient's Current Sleep Pattern	72%	83%
Patient's Sleep Strategy (or absence of one)	73%	75%

**Family Engagement and Empowerment**

Family (presence/involvement on rounds if applicable)	71%	64%
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## LESSONS LEARNED

- Engagement from all disciplines essential for success
- Multi-prong approach to staff engagement:
  - Face to face teaching with staff and rotating residents
  - Information sessions led by ICU Physiatrist Chris Grant
  - Nurse Clinician and Charge RN champions
  - Regular FAQ messaging in multiple forums
  - Sharing of audit results
  - Branding of all communications

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## NEXT STEPS

- Further focus on individual components of the ABCDEF bundle
- Current focus on:

### Early Mobility

- Rehab Calendars and Mobility Care Plans
- Exclusion Criteria and Mobility Moments Info Cards
- Promotion of 3 Mobility Moments in 24 hours with real time audit feedback

### REHAB SCHEDULING CALENDER

Patient Name: \_\_\_\_\_  
 Weekly Rehab Goal: \_\_\_\_\_

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
evening	evening	evening	evening	evening	evening	evening

### Family

- Creation of a Delirium brochure aimed at educating families about the risks and consequences of ICU Delirium; also meant to empower families to have a role in helping the team screen and manage delirium
- Engagement with the FMC ICU PFCC committee initiatives

