

Grey Nuns Hospital Intensive Care Unit



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BACKGROUND

- The Grey Nuns Hospital (GNH) provides a full range of health services to a diverse and growing urban community in southeast Edmonton, following a deep-rooted tradition of healing the body, enriching the mind and nurturing the soul.
- 8 bed ICU
- Our multidisciplinary team consists of: RN, Intensivist, Nurse Practitioner, Respiratory Therapy, Pharmacy, Dietician, and Physiotherapy.
- Our ICU supports the Northern Alberta Vascular Program.

AIM

- We want to decrease the incidence of delirium in our patients at Grey Nuns Hospital ICU from 40% to 20% by May 30th 2018.
- This goal supports the Critical Care Strategic Clinical Network: Provincial Delirium Framework B: Both Spontaneous Awakening Trials (SAT) and Spontaneous Breathing Trials (SBT).

MEASUREABLE GOALS

- SAT screening is completed on 100% of mechanically ventilated patients daily.
- SBT screening is completed on 100% of mechanically ventilated patients daily.
- Target RASS is determined for 100% of ICU patients and documented every 12 hours.
- The Richmond Agitation-Sedation Scale (RASS) is completed every 4 hours on 100% of ICU patients.

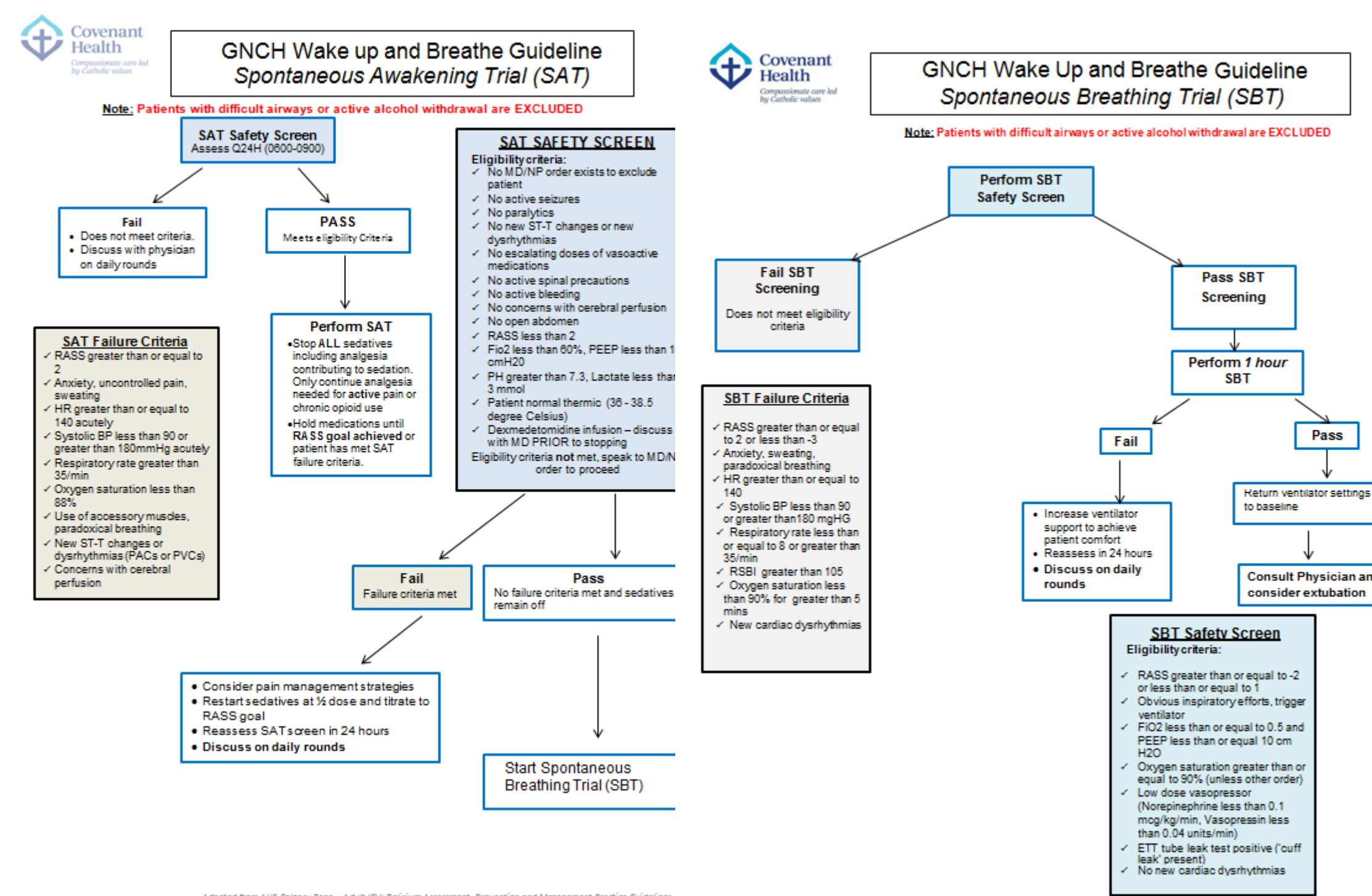
CHANGE IDEAS

- Develop an evidence-based SAT and SBT guideline to standardize awakening and breathing trials.
- Daily team discussion on every patient about eligibility for SAT and SBT.
- Identify target RASS for 100% of patients.
- Create GNH Analgesic and Sedation Guideline for Mechanically Ventilated Patients to achieve target RASS.
- Respiratory Therapists to complete SBT trials on all eligible patients.

LESSONS LEARNED

- By updating the content of the SAT and SBT and separating them on individual documents we made them more functional and user friendly.
- Creating an Analgesic and Sedation Protocol provided a consistent approach towards meeting our target RASS.
- Changes to sedation and analgesia have been met with hesitation due to concerns with patient safety.
- To reinforce accurate documentation practices, we needed to develop charting tips for our Metavision system.
- Metavision had broader criteria than our SAT and SBT tools, which created some confusion for staff.
- By focusing on one aspect of the Delirium Framework B: Spontaneous Awakening Trials and Spontaneous Breathing Trials, staff were able to adapt to new practice standards.

RESULTS



NEXT STEPS

- Obtain the SBT and SAT data from eCritical and determine if the protocol are improving care in our patients.
- Preliminary manual audits to be completed to determine utilization of the protocols.
- Identify and remove any potential barriers to utilizing the protocols as intended.
- Ensure Analgesia and Sedation Protocol is consistently applied to all ICU patients.
- In the future, evaluate sleep and potential sleep disruptions for our patients.