Alberta Health Services

Critical Care Strategic Clinical Network[™]

Peter Lougheed Centre ICU

Delirium team members and poster contributors: Maureen Tosh RPT, Judy Duffett-Martin RRT, Jason Farrow HCA, Brittany Ross RN, Aletheia Sommervile RN Torie Gusa RN CNE, Maria-Lena Brix RN UM

BACKGROUND

- 18 bed adult ICU with ability to flex to 22 beds if needed.
- Vascular specialty
- High percentage of multisystem failure, ARDS, withdrawal and sepsis
- Patient population has high percentage of lower socio-economic background.

AIM

- We have worked with D, E & F from the delirium bundle.
- Audit our delirium assessment over time.
- With the help of our PT guru, CPAX scoring was used as a springboard for focus on early mobility.
- Increase family awareness with the help of the brochure developed at FMCICU Calgary. (Thanks guys! Great job!)

MEASUREABLE GOALS

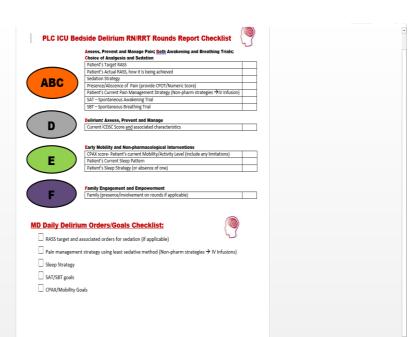
- Achieve and sustain provincial standard for 3 mobility events per 24 hours for eligible patients
- Continue to include CPAX scoring as vital component of mobility • eligibility
- Increase delirium prevention awareness amongst healthcare providers and families.

Notes

CHANGE IDEAS

- Three E's : Education, encouragement and expectations for:
- 3 mobility events daily for eligible patients.
- Including rounds check list as regular practice •
- Including CPAX score as assessment point during rounds
- Mobility goals established during rounds.

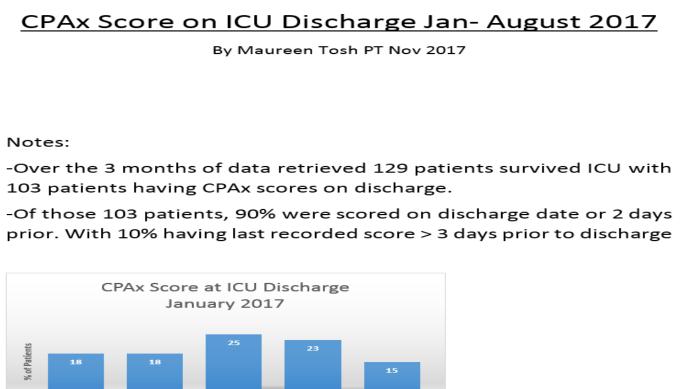
RESULTS



Above left is our rounds check list

Below are the results generated by Maureen Tosh Reg. Physiotherapist (aka PT guru)

Plot Area





Average Length of Stay> 8.6 days (Range 1-38 days) Total 35 patients



Average Length of Stay >7.6 days (Range 1-35 days). Total 44 patients

LESSONS LEARNED

- Several of the items that were implemented were already a part of practice, however not 'official' or charted on a consistent basis.
- Delirium is a small word that envelopes a vast area of patient care.
- Delirium is a many-armed monster that is difficult to slay, death by a thousand cuts is the aim.
- Staff care about achieving positive patient outcomes and want to prevent delirium.

NEXT STEPS

- Maintain current forward momentum with mobility by way of continued encouragement and q1month spot-checks.
- Move onto different focus: RASS/pain/SBT/SAT •
- Looking at gaps in these areas and looking at things we are already doing well.
- Continue to reinforce the positive changes that our team has been able to accomplish.



PLC ICU RASS Assessment

PLC ICU Target RASS

