QE II REGIONAL HOSPITAL ICU/CCU

Critical Care Strategic Clinical Network™

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BACKGROUND

- 10 bed capability, funded for 6 Beds, flex to 8 servicing a catchment area of approximately 200,000 people including the BC Peace
- Combined ICU/CCU
- 4 RN's RTC
- 2 RRT's for hospital, 1 covers ICU, 2nd covers ER and NICU, both share responsibility for the remaining areas of hospital
- 1 dedicated pharmacists Monday to Friday 8 hours/ day
- 1 intensivist/Internal Medicine Physician who also covers consults on floors and surrounding rural facilities
- No dedicated Physiotherapist

AIM

- Consistency in practice among all disciplines working within the department in the management of delirium
- Seek and understand perceived barriers to early mobilization

Delirium Bundle your aim supports:

Consistency in practice is supported in all aspects of bundle A/B/C/D/E/F

Early Mobilization supports E aspect of bundle.

Readiness for Safe Mobilization Tool

MEASUREABLE GOALS

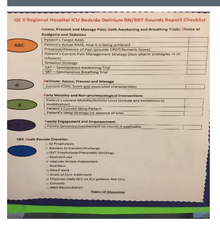
- Completion of merging the Critical Care Order Set with the PAD order set
- Overcoming the perceived barriers to achieve a minimum of 3 significant mobility events in 24 hours
- Consistent utilization and discussion of mobilization tool

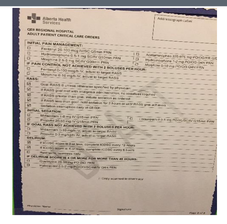
CHANGE IDEAS

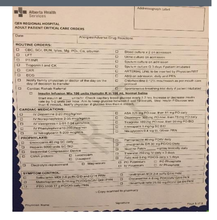
- Mobility Guideline & Encouragement among peers
- Audits and feedback to increase team awareness on discussing mobility
- Emailed information out on mobility inclusion and exclusion criteria
- Group report between shifts includes # of mobility events
- We are not where we should be—effective November 13,2017:
- implemented rounds checklist to include mobility discussion at rounds
- implemented afternoon huddle to discuss barriers to mobilization
- adopted readiness to safe mobilization tool

MOBILITY IS A CONTRIBUTIVE ISSUE TO DELIRIUM, BUT VENTILATION IS NOT A CONTRIBUTIVE ISSUE TO MOBILITY—VENTILATED PATIENTS CAN BE MOBILIZED***

RESULTS

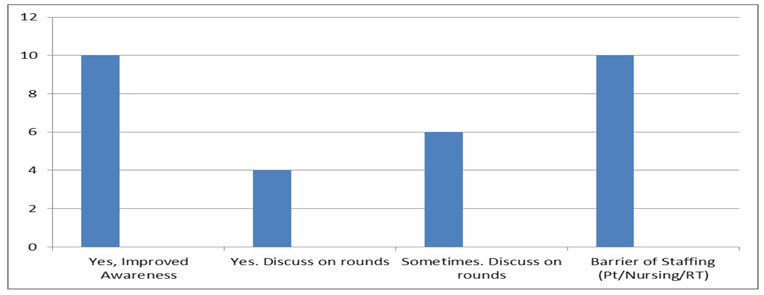






Increased discussion about mobility has occurred from a year ago. Patient mobility is discussed on rounds based on patient but is not done routinely.

Random Staff Survey on Early Mobilization (10 staff members)



LESSONS LEARNED

- Change takes time and manpower, without the manpower to provide the education and promote the change, processes take longer to implement.
- How do you plan to spread the changes?
- Ongoing discussions, with information disseminated via email and word of mouth.
- What was one key element which contributed to the success of your change?
- What has worked well with improving awareness on early mobilization? Word of mouth and promotion amongst front line staff

NEXT STEPS

- What are your plans for future implementation?
- Focus on analgesia and sedation "C" aspect of bundle, promoting the use of PRN analgesia and sedation as opposed to going straight to an infusion. Further explore Sleep Hygiene within the "E" aspect of the bundle
- What will you try next?
- Aim for consistency in the utilizing SAT and SBT
- Overcome perceived barriers to mobilization
- Delirium prevention as an interdisciplinary team approach not a nursing approach