

BACKGROUND

The Stollery Children's Hospital Critical Care has been involved in a site initiative improving the identification, prevention and management of pain, agitation, withdrawal and delirium.

DEFINE OPPORTUNITY

Previous work and resources dedicated to the national "PAD your ICU initiative" was refocused to the provincial delirium initiative in September 2016.

A new subcommittee was formed with 2 new co-chairs and representation from nursing, physicians, pharmacy, rehab, respiratory therapy and operations management. A plan was formulated to develop and deliver education on Pain, Agitation, Withdrawal, and Delirium management within a 6 month period.

Changes to the electronic charting system in nursing assessment and charting, rehab assessment and charting, and daily rounds orders was identified as opportunities to capitalize on as supporting the implementation and sustainability of the initiative.

Liaisons/ reps from provincial initiative and metavisioin invited to PAWDE Patrol meetings and added to email list

BUILD UNDERSTANDING

A baseline survey conducted in July 2016 of a sample of bedside nurses showed wide variability in nurses perception and understanding of:

- Medications causing/contributing to withdrawal and delirium
- Medications used in the treatment of delirium
- Appropriate scales, instances and frequency in the assessment of pain, withdrawal, and delirium

ACT TO IMPROVE

- Timeline:**
- October, 2016: development of timeline/workplan to delirium initiative rollout
 - November 2016
 - Nov – Feb 15: development of PAWDE guideline and management algorithm
 - Nov 24: Provincial delirium initiative meeting #1. Provincial metrics/KPIs discussed and aligned with ACH. Built driver diagram and action plan of possible strategies to use/implement
 - December 2016
 - Dec 26, 2016: data collection sheet developed. Initial PAWDE advertising email sent to all PICU staff

ACT TO IMPROVE (CONT'D)

- Timeline:**
- January 2017
 - Jan 2: education slide deck sent out to staff
 - Jan 9: start baseline data collection via once weekly audit of desired metrics
 - Jan 30 – Feb 15: teaching sessions provided to all staff by CNEs with pre-education test/baseline survey administered
 - February 2017:
 - Feb 15: Initiative implementation and initial changes to Metavisioin go live (adding SBS, CAPD scores)
 - Feb 15 - current: one day/week audit of site specific metrics; Continued discussion of early mobility and rehab documentation
 - March 2017:
 - Mar 8: Changed sedation target KPI to **"% of patients in whom target sedation goal was not achieved at 2 consecutive regular assessments in 24h"**
 - April 2017:
 - April 20: Finalized Mobility Levels with Ventilation Parameters and communication with RRT team initiated
 - May 2017:
 - May 9: Provincial initiative meeting #2
 - May 30: Communication to staff to use consistent and standard Bedside Reporting Sheet
 - June 2017:
 - Implementation of daily order sheet with pre-printed daily SBS target order
 - June 20 – Changes to Metavisioin rollout (charting for Early mobilization, all scores in one area, daily graphs of patient scores, target scores and interventions administered, daily rounds checklist, documentation of sleeping patient)
 - June 23 – PAWDE Social #1

Sedation Assessment Pathway

Assess Sedation (q4h and PRN)
 If Target 2 or less confirm with MO sedation target
 Does patient meet sedation target?
 If not added info to Sedation Management section

PAWD Symptom Management Pathways

SEB Scored
 Over sedated on 2 consecutive assessments
 Under sedated >2 PRNs in 24h

Driver Diagram

Quality Indicator	How to measure / what needs to be done
% patients with q4h sedation documented	Change KPIs / Handover tool Change / update pain tools entered in to metavisioin Deliver education on SBS Nurses to report at all bed rounds
% patients with q4h pain documented	Change KPIs / Handover tool Change / update pain tools entered in to metavisioin Deliver education on pain Nurses to report at all bed rounds
% time patients in significant pain (PACU/ICU)	Obtain and supply PLACEFACE tool to nurses at bedside Deliver education / info package on pain tools Regular weekly bedside auditing Nurses to report at all bed rounds
% of patient days where patient experience delirium in ICU	Change strategy / info package on delirium, CAPD Deliver education on delirium, CAPD Nurses to report at all bed rounds Nurses to report at all bed rounds
% patients with level of sedation 2 or less documented	Change daily order sheet and MO sheet the target sedation score Standardize to assess SBS score for q4h and use as part of handover recommendations/handover discussion Change KPIs / Handover tool SBS tool entered in to metavisioin Deliver education on SBS Nurses to report at all bed rounds
% of patients who are eligible for rehab that receive rehab	Algorithm development Develop criteria for rehab eligibility Deliver education

PAWD Initiative is Coming to Pediatric Critical Care

Are you ready?

MANAGE CHANGE

- The improvement process has been challenging. Numerous strategies were employed to create buy in and support change:
- Communication strategy / Plan:
 - Initial twice monthly email reminders of the initiative x 2 months
 - Current monthly email updates with ongoing quality improvement audit information, provincial reports on provincial KPIs and updates to processes/Metavisioin changes.
 - Continued twice monthly to monthly subgroup meetings
 - Weekly audits on metrics/KPIs not being captured by provincial group
 - Updates on metrics to physician groups at their weekly chronic patient rounds
 - Standing item on unit council meetings
 - Subgroup leadership and dedication

SUSTAIN RESULTS

- Positive changes and accomplishments include:
- 300% increase in compliance with delirium screening
 - Increase in target sedation score being ordered on daily AM rounds and standing order on standardized daily orders
 - Changes to metavisioin charting
 - Development of PAWDE guideline and management algorithm
 - Consensus and collaboration with all healthcare disciplines involved with the care of pediatric critically ill patients on PAWDE and coordination / collaboration with ACH

ACKNOWLEDGEMENTS

The PAWDE Patrol would like to recognize the significant contributions made by the staff of the Pediatric Medical/Surgical and Cardiac Intensive Care Units and all other allied health care providers.