

BACKGROUND

- GSICU is a multi-system specialized intensive care unit that is comprised of 32 beds
- Firefighters' Burn Treatment Unit has 4 designated GSICU and 4 high intensity unit beds
- Interdisciplinary care of critically ill adult patients with serious, life-threatening illnesses

AIM

- Delirium continues to be a problem in our ICU. Patients and families suffer as a result of delirium during and even post-ICU stay. We want to prevent and reduce the overall occurrence of ICU delirium in our patient population. We want to bridge the knowledge and practice gaps surrounding the implementation and application of goal RASS.

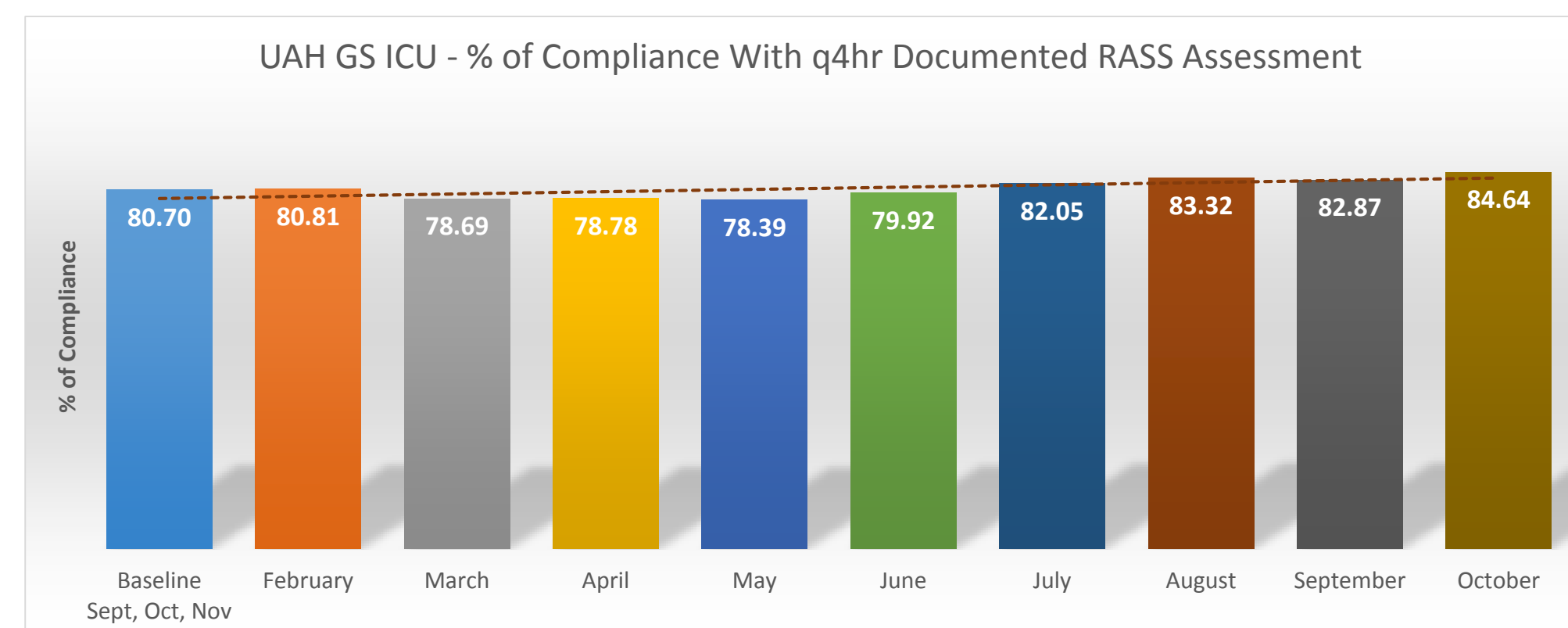
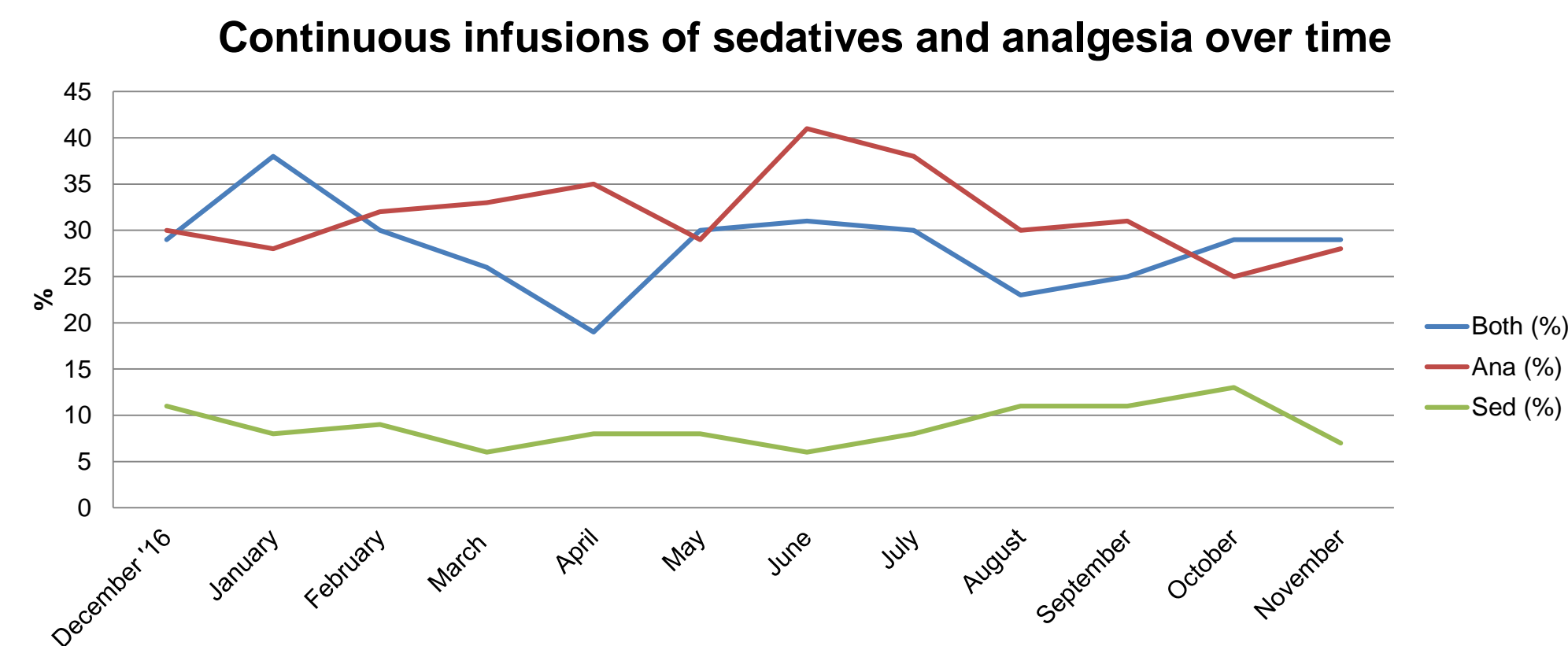
MEASUREABLE GOALS

- Reduce the percentage of continuous infusions of sedatives used in our ICU by 10 % by 2018

CHANGE IDEAS

- Encourage staff to assess and treat for pain first to avoid unnecessary use of sedatives
 - Peer-led staff education sessions to reinforce the importance of goal directed analgesia and sedation. Empower staff to discuss CPOT, RASS strategies with interdisciplinary team.
- Active participation of pharmacist in rounds to review patient medications (FASTHUG)
- Empower staff to discuss target CPOT and RASS with interdisciplinary team.
- Tailor order sets and handover sheets with CPOT and RASS daily goals to cue interdisciplinary team

RESULTS



- 50% of staff educated on goal directed analgesia and sedation
- Notable increase in multidisciplinary conversation around sedation and analgesia management over time

LESSONS LEARNED

- A physician lead is needed to help drive this change in practice with fellows and residents
- With longer rotations in the ICU, fellows may be the best conduits to disseminate the importance of goal RASS and CPOT to the junior doctors. We found that some staff did not know what RASS meant.
- Some staff members don't recognize the importance of setting a goal RASS and CPOT, and may even disregard the nurses' request for a specific range.
- Nurses are the patient's best advocate. There is a need to empower nurses and build their confidence when dealing with physicians who are reluctant to discuss a target RASS and CPOT.
- Physicians are sometimes hesitant to extubate patients before seeing them despite successful SBTs and recommendations by RRT. Guidelines for extubation are a working document in progress as of now.

NEXT STEPS

- Determine an MD Champion to lead this initiative with the doctors
- Ensure RASS is visible in the doctors' layout on Metavision
- Utilize the tracer on Metavision to see any correlations between number of patient ventilated days and extubation rates
- Involve patients and their families in the delirium discussion by inquiring about their experience in the ICU and post-ICU
- Finalize standards for extubation guidelines and present this to physician team