



THE PAST

- Staff did not have a firm grasp of what delirium was and how it affected our patients.
- Patients on continuous sedation and analgesia leading to over sedation
- Mobility not a priority, ROM was the focus
- Lack of mobilization protocol
- No standardized tool for decreasing # of ventilator days
- Families not educated about delirium
- Lack of awareness about the implications of delirium for staff
- Had been previously involved in national PAD initiative (pain, analgesia and delirium)
- No statistics to gauge improvement

THE PRESENT

Key to Success – Communication with Staff

- Real-time bedside multidisciplinary education
- Quality board information
- Newsletter updates
- Face to face focus on delirium

Lessons Learned

- Understanding the WHY, we did not fully understand the impact of delirium
- A multifaceted approach was required to make meaningful change

Pain/Analgesia and Sedation

- Decreased the number of infusions in ICU
- Created an Analgesia and sedation protocol with focus on PRN medications

SAT SBT

- SAT and SBT protocols developed and implemented
- Better documentation in MetaVision by staff

RASS

- Increased compliance with q4h RASS assessment

Mobility

- Developed ICU mobility protocol
- Physiotherapy Bullet Rounds – Physiotherapy champions of mobility
- Improved handover/orientation of new physiotherapist to unit
- Early communication on mobilization plans and goals for the day

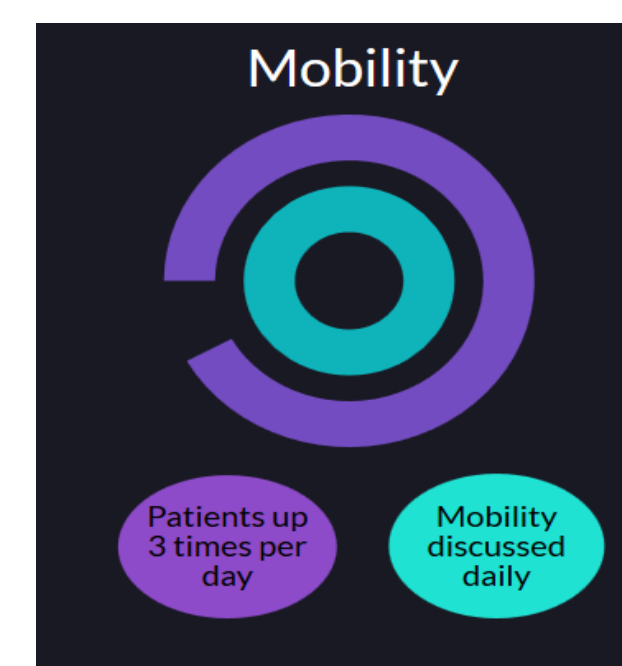
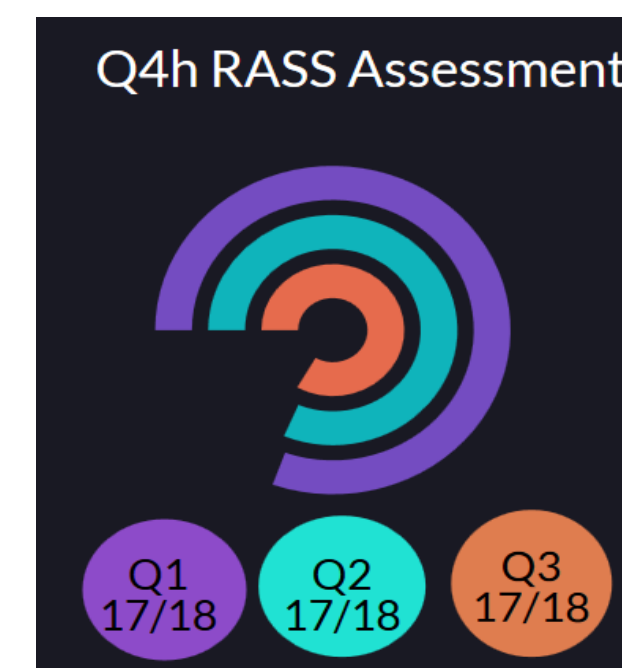
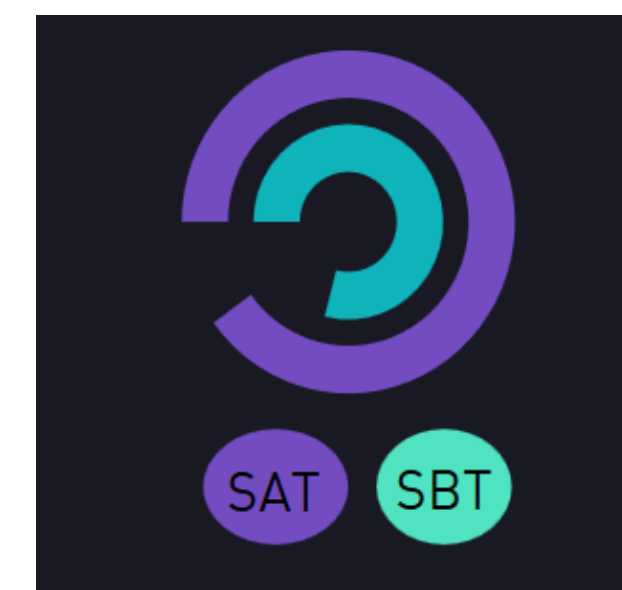
Other Delirium Strategies

- Admission orders – modified to address delirium
- Sleep support - Optimizing sleep for patients, clustering care
- Increased family presence at patient bedside
- Noise reduction – Dim the DIN noise reduction campaign, adjusted monitor alarms

THE FUTURE

Where do we go next?

- Develop Extubation Protocol
 - Support extubations 24 hours/day
 - Automatic extubation if patient passes SAT/SBT
 - 100% of eligible patients assessed for SAT and SBT
- Incorporating least restraint philosophy into patient care
- Maintaining regular delirium meetings
- Increased patient and family centered care
 - Family present at any time
 - No need to call into unit before visiting
 - Increase family presence at bedside within 30 minutes



OUR UNIT DELIRIUM TEAM

