Misericordia Hospital ICU, Edmonton

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Alberta Health Services
Critical Care Strategic Clinical Network™

Covenant Health

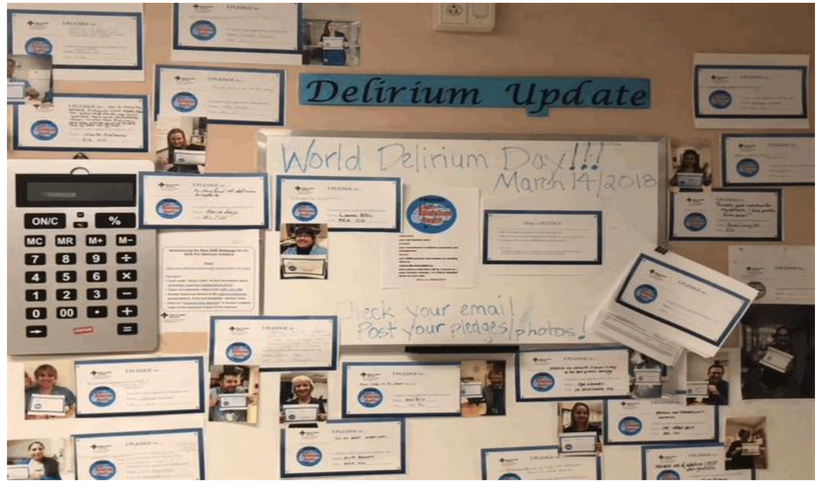
THE PAST

- Evolving delirium initiatives emanating from our participation in the Canadian ICU Collaborative on Delirium Prevention and **some** ICU staff committed to delirium prevention/treatment strategies
- Inadequate documentation of pain scores and treatment of pain (61.6% compliance with Q4H pain assessment)
- Lack of team mobility discussions to guide patient mobilization goals; mobilizing patients 2 X/day on average with some intubated patients up walking
- Inadequate documentation of SBTs
- Inadequate documentation of RASS due to unit focus on sleep promotion (62% compliance); target RASS rarely discussed or documented (5%)

OUR UNIT DELIRIUM TEAM

THE PRESENT

- Re-education of ICU staff regarding the importance of pain assessment/treatment with improvement in pain assessment Q4H compliance from 61.6% to 80%
- A small unit with cohesive staff and the identification of "delirium champions" who provide leadership, ongoing education and consistent messaging has allowed us to evolve into a more accepting culture (all levels)
- Addition of health care aides to facilitate 3 mobilizations/day, though the 3rd mobilization still presents a daily challenge
- Improvement in team mobility discussions during rounds to 100%; 75% of patients eligible for out of bed mobility mobilized 3X/day (range 60-100%)
- Improvement in RASS Q4H compliance from 62% to 88%; target RASS discussed 95% of the time
- A shift of focus to patient/family experience; interview of a patient/family about their ICU experience with plan to share with all staff
- A degree of "delirium fatigue" present in the ICU as we have been doing this work for about 6 years, but a high degree of commitment persists as evidenced by the numerous delirium pledges received for World Delirium Day.



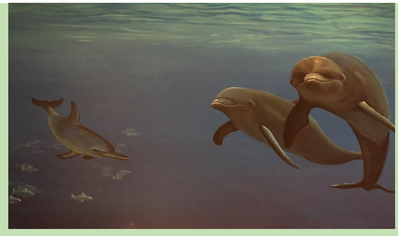
THE FUTURE

- Implement a plan for OT consultation on a regular basis regarding cognitive rehab/brain mobility for all suitable patients
- Encourage use of I-Spy bags, coloring books, etc. for those patients who are capable of using them.

- Organize a "Chat with the Patient" regularly to review post ICU recovery of significantly ill patients and allow them to tell their stories to ICU staff
- Development of Post ICU Recovery Guide for patient/family information

We commit to de-adopt:

- Deliriogenic pictures in patient rooms



We will adopt:

- OT involvement on a regular basis
- Small committee for development of cognitive rehab/brain mobility resources {ie. playing cards; laminated activity sheets (suduko, word search, crosswords, numbers/matching games)}