

THE PAST

- We were already well under way working on delirium prevention but the provincial initiative gave us a title and a committee
- We recognized that this committee could bring intentional and actionable items to our unit
- We saw that our patients would benefit from including families in the work
- We saw that there was ongoing work to be done

OUR UNIT DELIRIUM TEAM

World Delirium Awareness Day



Move It or Lose It



THE PRESENT

- Big changes include extubation rounds, making mobility a more deliberate part of rounds, and refocusing on in-bed mobility
- Staff engagement is the only consistent key to success
- Our success: recognizing that new strategies must be utilized on an ever-evolving basis
- Each introduction seems to require an adjustment to our approach, but face to face conversations and on the floor demos have been most successful and of course, candy!
- Our biggest learning has been to make things as simple as possible. People want to do the right thing, the best thing but sometimes we make it too complicated and unapproachable
- We took away the words that make things seem overwhelming or time-consuming and talked about things that are small, manageable and tangible
- Great Delirium committee members makes light work!
- Our 'new way': more family involvement, more conversations about pain, sleep and mobility. Our 'new way' sees us talking less about delirium prevention as a whole and more time talking about its parts.

THE FUTURE

- As a group, we will continue to guide initiatives and continue to set goals for prevention
- We will determine changes to what and when we audit
- Feedback from staff regarding current practice impact and future needs or gaps will be collected
- We will evolve into a more general quality council focusing on best practice and this is where the continuation of priority setting will be dictated
- The committee will eventually be driven by a chair that is not the unit manager, perhaps co-chairs such as an RN, PT or RT
- As with many multidisciplinary initiatives, the need to engage the physician group is paramount to future success.

We commit to de-adopt:

Using the big over-arching terms, that cast a large overwhelming umbrella

We will adopt:

Changes that involve moving the tape an inch at a time, based on feedback and analysis