Alberta Health Services
Critical Care Strategic Clinical Network™

Grande Prairie QEIIRH General Systems ICU

THE PAST

Gaps in practice:

- Mobility
- Sedation
- SAT & SBT

- Addressing apprehension of mobility and less sedation

- Further teaching about delirium and subtypes

OUR UNIT DELIRIUM TEAM

THE PRESENT

- Routine assessments (RASS, pain, ICDSC, eligible criteria for SAT/ SBT)
- Less sedation/ using prn before drips
- New doctors order sets to address provincial delirium framework.
  - Trying to get ICU order sets into the ER department as every patient passes through the ER first before ICU – create consistency for MDs
- Increase in mobility and mobility charting
- Routine conversation in rounds addressing PAD bundle with rounds checklist
  - *new* afternoon huddle
  - Trialing RT led rounds on evening shifts to promote SBT in am
- Early mobilization protocol: roll-out of the Readiness Tool

Keys to success:
Trying and succeeding, making changes routine, & staff buy-in

Biggest learning: Less fear associated with changes in practice by trying starting with analgesic before sedation, using less sedation, PRNs before drips, and mobility

THE FUTURE

Continue to break down culture of over sedation and starting with drips before PRN analgesic and sedation

- Delirium team will continue to audit and keep staff informed of changes
- Delirium team will meet once every 3 months to continue quality improvement
- Continue to encourage and reinforce mobility and appropriate charting of same
- Harnessing the power of the patient story: re-igniting the desire to change

We commit to reinforce:

The purpose of *less* sedation is not *no* sedation. Aim is to achieve the goal RASS ordered

We will adopt:

Awareness of noise in the unit and decrease the amount of noise especially at night and busy times of the day