# University of Alberta Hospital Neurosciences ICU

Alberta Health Services
Critical Care Strategic Clinical Network™

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## THE PAST

Prior to the Provincial Delirium Initiative, there was little to no emphasis on delirium in the Neuro ICU.

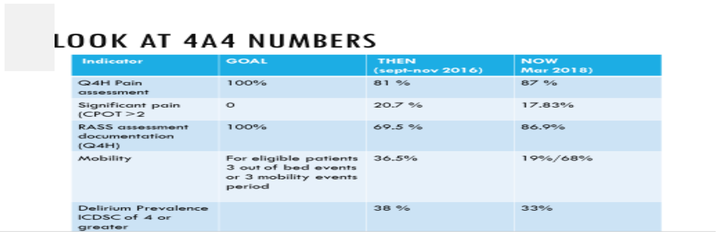
There was an established unit culture, that with an acute brain injury, delirium assessment, prevention and management would be inconsequential.

## OUR UNIT DELIRIUM TEAM

RNs, RRTs, Intensivists, PTs, OTs, Physicians, pharmacists, RDs, SLPs, HCAs, patients and families.

## THE PRESENT

1. Increased staff awareness and engagement
2. Trusting and sharing data: example of emailed data table to staff



LOOK AT 4A4 NUMBERS

| Indicator | GOAL | THEN (sept-nov 2016) | NOW Mar 2018) |
|---|---|---|---|
| Q4H Pain assessment | 100% | 81 % | 87 % |
| Significant pain (CPOT >2 | 0 | 20.7 % | 17.83% |
| RASS assessment documentation (Q4H) | 100% | 69.5 % | 86.9% |
| Mobility | For eligible patients 3 out of bed events or 3 mobility events period | 36.5% | 19%/68% |
| Delirium Prevalence ICDSC of 4 or greater | | 38 % | 33% |

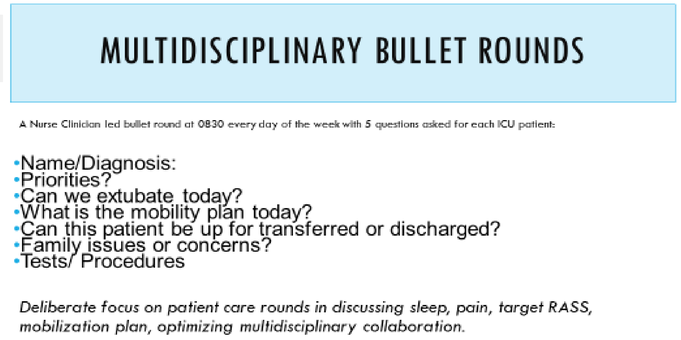
3. Dissemination of updated information
4. Focusing on patient specific priorities for the Neurosciences ICU population
   - Pain management
   - Mobility


## THE FUTURE

**Sustainability**

***"Delirium ATC not PRN"***

- Staff education – yearly recertification
- Unit champions identified
- Bullet Rounds – focusing on management and prevention strategies
- Increased physician engagement: documentation of a target RASS



MULTIDISCIPLINARY BULLET ROUNDS

A Nurse Clinician led bullet round at 0830 every day of the week with 5 questions asked for each ICU patient:

- Name/Diagnosis:
- Priorities?
- Can we extubate today?
- What is the mobility plan today?
- Can this patient be up for transferred or discharged?
- Family issues or concerns?
- Tests/ Procedures

*Deliberate focus on patient care rounds in discussing sleep, pain, target RASS, mobilization plan, optimizing multidisciplinary collaboration.*

**We commit to de-adopt:**
That delirium does not apply to OUR patients.
**We will adopt:**
Standardized orders that holistically manage delirium.