Phase 1: Incidence of Delirium on Two Units, Q4 of 2014

Identification of Problem:

Delirium is a common syndrome in hospitalized older adults and is associated with increased mortality, hospital costs, and long-term cognitive and functional impairment (Sidцип et al., 2010). Delirium can sometimes be prevented with the recognition of high-risk patients and implementation of a standardized delirium-reduction protocol (Bureau et al., 2009). Proactive nursing interventions are the first priority. Pharmacological agents appropriate for the geriatric patient should be the last resort of treatment.

Areas of Improvement:

- TriHealth had 347 cases of delirium in 150 patients in the 4Q-2014:
- 99 out of 150 patients received Lorazepam as the first line of treatment
- Pharmacological agents appropriate for the geriatric patient should be the last resort of treatment.

Phase 2: Delirium Patient Care Guidelines:

Goals:

- Reduce the length of stay of a patient
- Reduce the use of restraints
- Reduce the amount of benzodiazepines used on patients with delirium
- Increase support for the nurses treating a patient with delirium
- A way to communicate with environmental services that this patient is at high risk for delirium.

Phase 3: Implementation:

Identification of Problem:

- Pilot on two Med-Surg units
- Re-evaluation of the workflow for the nurses and then rollout system wide once trial is complete
- Using a way to communicate with environmental services that this patient is at high risk for delirium.

Outcome Improvements:

- Reduced average length of stay from 7 to 5 days
- Reduced prolonged length of stays from 4 to 2 days
- Overall, 78% of the nurses that did the evaluation, agreed that the delirium assessment and the delirium order set allowed them to provide competent care for the patient at risk for or experiencing delirium to improve the patient’s outcomes.

References:


Communications to staff about patient’s at high risk or experiencing delirium:

- 78% of nurses that did the evaluation agreed that the delirium assessment and the delirium order set allowed them to provide competent care for the patient at risk for or experiencing delirium. The delirium order set allowed them to provide competent care for the patient at risk for or experiencing delirium.

Special thanks to the Bethesda North Geriatric Committee.