

BIDMC CSIs: Creating A Culture of Delirium Assessment and Treatment

The Problem

Delirium is a sign of acute brain dysfunction affecting 60% - 80% of intubated patients. Delirium is associated with increased ICU length of stay, increased ventilator days, a three-fold increase in mortality, and long-term neurophysiological deficits. Furthermore, delirium is associated with an annual cost of \$4 to \$16 billion annually. Despite this delirium remains unrecognized by more than 65% of nurses and physicians. Initially interventions to improve outcomes related to delirium in the ICU at our institution focused on identifying and implementing a well-validated screening tool. At the start of this project compliance with performing routine delirium assessments each shift was sustained at >88%; however, the accuracy of assessments in high risk patients remained < 50%.

The purpose of our project was to improve the accuracy of delirium assessments.

Aim/Goal

- Achieve correct implementation of CAM-ICU in $\geq 90\%$ of assessments by September of 2013
- Achieve $\geq 90\%$ inter-rater reliability in CAM-ICU assessments by September 2013
- Facilitate standardized daily interdisciplinary discussion of RASS, CAM-ICU, and sedation management for all ICU patients.

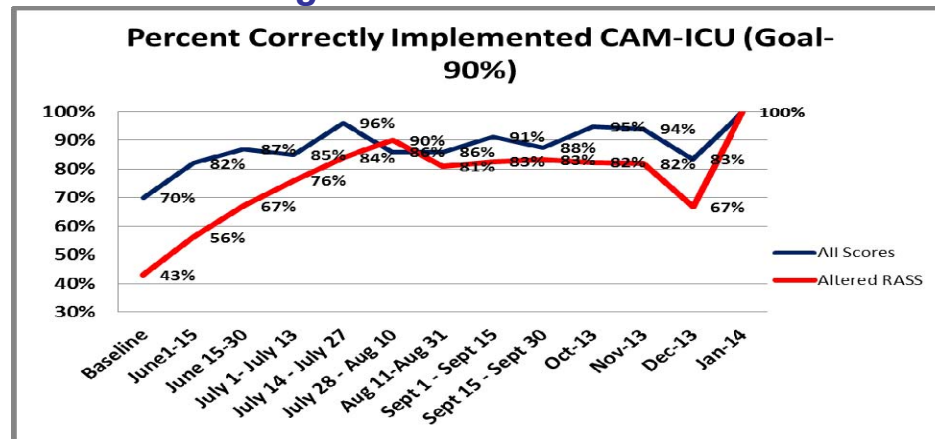
The Team

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The Interventions

- Engaged frontline staff to elicit input, obtain buy-in and develop a culture of delirium assessment and treatment
- Identified key opportunities for improvement in delirium assessment from baseline audits and staff feedback
- Developed and used case study scenarios to facilitate group discussions
- Provided real time auditing and feedback to support staff, improve assessment accuracy, and achieve inter-rater reliability
- Facilitated meaningful discussions around delirium assessments and sedation management

The Results/Progress to Date



Lessons Learned

- Effective and sustainable change requires involvement, commitment, and leadership from staff at all levels "from the bedside to the boardroom" (IOM, 2011). Ongoing support from administration, critical care leadership and frontline staff has been invaluable
- Collaboration with our nursing peers was fundamental to project success. Aligning goals and ensuring relevant concerns of staff were addressed was our top priority
- Time dedicated to planning, in addition to formal education and guidance from the CSI Academy on project implementation, allowed us to avoid many negative roadblocks

Next Steps/What Should Happen Next

- The primary goal for "next steps" is to standardize interdisciplinary communication for delirium management across all BIDMC ICU's
- We plan to utilize the ABCDE model in addition to the THINK mnemonic -(Toxic situations; Hypoxemia; Infection; Non-pharmacological factors; K-electrolyte disturbances) to guide individualized management for critically ill patients
- Ongoing measurement of the clinical and financial impact of our project may allow us to scale-up our project to include the surgical ICU's
- We hope to maintain momentum for the project by celebrating the success of our staff and sharing our results with the medical community

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