

Nurses Improving Care for Healthsystem Elders

NICHE

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Reducing Delirium with a Team Approach

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PROBLEM: Delirium has become a major medical crisis facing the hospitalized older adult patient.

SOLUTION: Reduce the incidence of delirium and improve the recognition/diagnosis of delirium through the use of nationally recognized best practices embedded in the electronic medical record.

Problem Identified Delirium is a major medical crisis facing older adult hospital patients, with incidence rates ranging from approximately 6- 56% in medical settings (Inouye, 2006) to 70- 87% in critical care settings (Pisani, McNicoll, & Inouye, 2003). Delirium results in higher morbidity and mortality rates and has been associated with increased length of stay, institutionalization, higher cost, and unplanned hospital re-admission. Delirium is often under-recognized, predisposing the older adult to avoidable complications.



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Solution Formulated A process improvement program was begun at Mission Hospital that included implementation of specialized staff training and use of delirium prevention /treatment order sets. Standardized nursing orders include mobility/functionality Interventions, therapeutic activities, sensory therapy, and interventions that address fluid/nutrition, elimination and sleep. The orders also address diagnostics and medications to treat symptoms of delirium as well as medications to avoid. The delirium prevention and treatment order sets were converted into electronic medical record order entry to promote use and allow easy accessibility. HELP (Hospital Elder Life Program) volunteers complement these interventions.

NICHE Role The NICHE Geriatric Resource Nurse (GRN) Core Curriculum recognizes the significant effects of delirium on older adult patients, their families, and the health care system. During hospitalization, the nurse is in a unique position to screen for delirium as well as develop interdisciplinary care plans to address them. The GRN curriculum module on “Depression, Delirium and Dementia” details specific identification, assessment and nursing strategies for dealing with delirium.

Evaluation/Results The pilot project demonstrated that a hospital-wide delirium program would improve the quality of care for older adult patients who have delirium or are at risk for delirium. Under the program at Mission Hospital, the incidence of delirium fell from 14% to 6% over a two-year period. The number of patient falls per day declined from 4.2 to 2.4. Restraint use was reduced from 5 to 2.5. Anti-psychotics prescribed to patients with delirium dropped on average from 11 to 4. Physician documentation of delirium increased from 2% to 19% over a two-year period. Cost of care was reduced by \$471 per case. Finally, average length of stay was cut by .44 days (all patients on unit – average age 66-years-old).

For more information

1. Pisani MA, McNicoll L, & Inouye SK. (2003). Cognitive impairment in the intensive care unit. *Clin Chest Medicine*, 24, 727-737.
2. Inouye SK. Delirium in Older Persons. *New Engl J Med* 2006; 354:1157-65.
3. Inouye SK, Van Dyke CH, Alessi CA, Balkin S, Siegal AP, Horwitz RI. Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. *Ann Intern Med*. 1990; 113:941-8
4. Irving, K., Fick, D., & Foreman, M. (2006). Delirium: A new appraisal of an old problem. *International Journal of Older People Nursing*, 1, 106-112.

NICHE-related resources

1. Depression, Delirium, and Dementia. Geriatric Resource Nurse Training Program. (Available at NICHE Knowledge Center, accessed via www.nicheprogram.org).
2. Fick, D., & Mion, L. (2005). Assessing delirium in persons with dementia. Geriatric Nursing Hartford Foundation Try This Dementia Series. Available at: <http://www.hartfordign.org/resources/education/tryThis.html>
3. Tullmann, DF, Mion, Lc, Lorraine, FAAN, Kathleen Fletcher, K, Marquis D. Foreman, MD/ (2008). Delirium: Prevention, early recognition, and treatment. In Capezuti, E., Zwicker, D., Mezey, M., & Fulmer, T. (Eds.). *Evidence-based geriatric nursing protocols for best practice*, 3rd ed. Springer Publishing Company: New York.
4. Tullmann, DF, Mion, Lc, Lorraine, FAAN, Kathleen Fletcher, K, Marquis D. Foreman, MD CONSIDER: DELIRIUM. Available at http://consultgerim.org/topics/delirium/need_help_stat/

About NICHE

NICHE is a national organization designed to help health care professionals in hospitals improve the care of older adults. NICHE hospitals seek to create an environment where older adult patients receive care that results in better outcomes. This climate of success encourages patients and their families to seek NICHE designated hospitals for their medical needs. The NICHE Network now numbers nearly 300 hospitals throughout North America.

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