Delirium as a Medical Emergency: Leading the Community into Action

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The presenter has no conflicts to disclose.

MedStar Health and MedStar Montgomery Medical Center
Who are we?

MedStar Health, a not for profit hospital system, provides medical care in Maryland and Washington DC with 10 hospitals, numerous ambulatory care and urgent care centers.

MedStar Montgomery is a 138 bed not for profit hospital servicing the Baltimore-Washington area since 1910.

Acknowledgements

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• Pete Monge, President, MedStar Montgomery Medical Center
• Connie Stone, CNO, MedStar Montgomery Medical Center
Overview & Objectives

• Summarize considerations in formulating a patient centered plan for identifying and treating delirium

• Outline learning needs of nurses related to recognition and management of delirium

• Describe how input from Patient & Family Advisory Council can affect development of educational tools for use by nursing staff

Steps in Our Process

• Defining the Problem - Prevalence and Statistics
• Identifying Key Stakeholders - interdisciplinary
• Determining Goals, Objectives and Outcomes
• Establishing the Timeline and Roll Out
• Formulating the Educational Approach
• Incorporating the Community through PFAC
• Establish marketing materials and approach

Assessment: Prevalence

• 10-16% patients in emergency rooms
• 14-56% all hospitalized patients (age spread dependent)
• 40% over 65
• 22% mortality rate for those hospitalized
• 43-60% orthopedic hip surgical patients
• 80% ICU patients
• 70% patients unrecognized and untreated
Assessment - 145 nursing respondents

MMMC nursing associates were surveyed to determine what they wanted to know regarding delirium. This graph shows survey results.

Tracking of changes in medication administration

Trends in administration of lorazepam & haloperidol (IV & PO)

Pharmacologic Interventions

Less is better

- Considering “Tylenol” for pain or sleep
- Supporting use of “Haldol” IM whenever possible

Use of Beers Criteria

A pharmacologic reference tool, based on The AGS 2012 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (AGS 2012 Beers Criteria), has been developed to assist healthcare providers in improving medication safety in older adults.
Financial Impact
At least 20% experience complications during hospitalization because of delirium
- Higher rates of mortality
- Longer lengths of stay
- Risk of persistent cognitive impairment resembling dementia
- Increased complications (i.e., falls, injuries)
- Higher costs (average $2,500 per patient)
- Patient may not be able to return to home environment

Committee members
- Role Niche Coordinator Deb Dillon
- Coordinator of GRN Program LaDonna Howell
- Chief Nursing Officer Connie Stone
- Nurse Administrator Ann Serafenas
- Chief Executive Officer Pete Monge
- Quality Management Lynda Suh
- Educator Nancy Pregnar
- Physician David Press
- Rehabilitation Therapy Ulrike Jaller
- Pharmacy O'Neal Malcolm
- Resource Mgr Diane Salidini
- Lab Juanita Ebeid
- Palliative Care Pat Nesbitt
- Nutrition Services Virginia Valentyne
- Medical Imaging Pat Romanchock
- System Resource Karen Mack
- Communications Gina Cook /Kelly Welch

Identify Stakeholders-Leaders and Providers
Expected Outcomes

• Safe, supportive environment maintained
• Resolution of delirium symptoms
• Patient is able to be discharged to appropriate environment
• More difficult to measure community impact
• Outcome measures:
  – Length of stay
  – Sitter use reduction
  – Discharge disposition
  – Medication use i.e. "haldol / ativan" reduction
  – Clinician View - documentation/ assessment
  – Use of activity kit materials

ROI Awareness: Education Plan

• 10,000 admission/year - 42% over 65 - 4200 patients with 40% develop delirium = 1764

• LOS increase by at least one day at $620/ day = $1.936 Million

• 20% of 1764 patients will complication costing $2500/ patients = $882,000. Total approached $3 Million in unreimbursed cost.

Timeline Part One
Formulating the Educational Approach
Building Awareness

- Use of a patient story
- Pull in YouTube Video as example
- Use of statistics to “catch attention”
- Presentation at hospital wide leadership meeting—gaining support for interdepartmental participation
- Adapt for specific unit to demonstrate significance
- Reach out to PFAC to identify community educational needs
- Presentation at Medical Staff semi-annual meeting
- Article in community newsletter “Focus on You”

Timeline Part Two

2. Hospital launch
   a. Present at Leadership Meeting
   b. Manager and Director viewing of webinar
   c. Define role in associate support and family/patient education

3. Steps to track and trend outcomes
   a. Decrease in attacks
   b. LOS
   c. Decrease transfers to SNF
   d. Use of activity part contents

4. PFAC presentation on current health care provider role
   a. Adapt materials for use by patients/families in hospital and at home
   b. Focus on identification, prevention, management, reporting
   c. Use of SkyLight—available internet (for use of)
   d. Create informational pamphlets

Incorporating the Community through PFAC

- Delirium results in family fear and distress
- Hospitalized older adults are at greater risk for complications
- Families are an untapped resource in determining patients cognitive baseline
- Families may not feel empowered to report cognitive changes
- Benefits of educating families promotes Patient/Family Centered approach to care
PFAC Input & Feedback

Creating community understanding

“This is really important and I never heard of it before from my doctor”
“Delirium is treatable- Let us help!”
“My family member is not usually like this”
“Need tools to be individualized- I never liked activity cubes”

Dispelling Misconceptions

Delirium is a sudden onset of confusion
Can happen at any age
When someone becomes ill

Delirium is a treatable medical condition
It is NOT a psychiatric disorder

Delirium Alert: Families/Caregivers

What is delirium
Delirium is a sudden onset of confusion that can happen at any age when someone becomes ill
Delirium is a treatable medical condition

What can cause Delirium?
- Infection
- Medication side effects
- Recent surgery w/ anesthesia
- Worsening of a chronic disease
- Pain
- Recent fall with injury
- Recent hospital stay or room change
- History of Dementia

Notify healthcare provider if:
- Not thinking clearly
- Having trouble paying attention
- Not aware of what is going on around them
- Hearing or seeing things not there
- Note when last known “normal”

Other changes to look for:
- Unusual sleepiness or lethargy
- Extreme restlessness or agitation
- Inability to recognize relatives
- Confusion about where they are
- Saying strange things
- Resistant to medical care
Prevention Techniques for Caregivers

- Provide familiar items from home (e.g., photo, blanket, pillow)
- Improve sensory input through use of hearing aids, amplifiers, eyeglasses, dentures, and adequate lighting
- Encourage family/friends and community involvement
- Maximize orientation. Use large clocks and calendars.
- Control environment by reducing overstimulation, promote normal rest and sleep cycles (e.g., lights on during day and off at night).
- Minimize relocation and maintain consistency of routine
- Be consistent in dosage and timing of medications

Spreading the Word—The Marketing Plan

Utilize variety of publications and media
- Brochure available in outpatient areas and partner provider offices
- “Focus on You” community publication
- Patient handbook
- Internal multi-media platform for education of patients and families
- Hospital internet
- Recognition of community members
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Knowledge and Compassion Focused on You

Questions

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