HRET HIIN Falls Delirium Fishbowl

October 18, 2018
11:00 a.m. – 12:00 p.m. CT
WELCOME AND INTRODUCTIONS

Radhika Parekh, MHA
Program Manager, HRET
Webinar Platform Quick Reference

- Mute computer audio
- Download slides/resources
- Register for upcoming events
- Chat with participants

Today’s presentation
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>11:00 – 11:03 a.m.</td>
<td>Welcome and Introductions</td>
<td>Radhika Parekh, MHA Program Manager, HRET</td>
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<td></td>
<td>Introduction to today’s event and agenda overview.</td>
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<td>11:03 – 11:07 a.m.</td>
<td>HRET HIIN Falls Data Update</td>
<td>Vrinda Mahishi, MPH Data Analyst, HRET</td>
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<td>Review the overall HRET HIIN falls progress to date.</td>
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<td>11:07 – 11:50 a.m.</td>
<td>Framing the Discussion</td>
<td>Jackie Conrad, RN, MBA, RCC</td>
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<td>Introduce the teams who will be working on reducing falls with injury designed in the fishbowl over the next five months:</td>
<td>Barb DeBaun, RN, MSN, CIC Improvement Advisor, Cynosure Health</td>
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<td>Each hospital team will explain:</td>
<td>Dana Bisson, RN, MSN Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>• Their falls reduction aim</td>
<td>Tara McVay, RN, CNO Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>• What they would most like to improve, test and implement this year</td>
<td>Tracy Nagell, ICU Manager Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>Dorothy Rice, Director of Quality Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>Julie Owens Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>Maredyth Walters, Delirium Chair Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>Amy Rains, MSN, NP-C, CEN, AVP Delirium Nurse Specialist, Concord Hospital, New Hampshire</td>
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<td>11:50 – 11:55 a.m.</td>
<td>Lessons Learned &amp; Next Steps</td>
<td>Jackie Conrad, RN, MBA, RCC</td>
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<td>Provide a synthesis of generalizable lessons learned for the listening audience.</td>
<td>Barb DeBaun, RN, MSN, CIC Improvement Advisor, Cynosure Health</td>
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<td>11:55 – 12:00 p.m.</td>
<td>Bring it Home</td>
<td>Radhika Parekh, MHA Program Manager, HRET</td>
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<td>Close today’s event with action items and share resources.</td>
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Poll: How did you get here?

How did you hear about today’s virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify
HRET HIIN Overall Progress

Figure 5: Falls w/Injury

Results limited to hospitals reporting baseline data. HRET specified 2014 as the baseline timeframe for the measure.

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<td>0.71</td>
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% reporting is calculated as: number of hospitals reporting pre-HIIN baseline data / number of hospitals expected to report (n=1635)

Results for months where data submission is below 50% should be interpreted with caution. Data are suppressed for months where submission is less than 30%.

Progress towards 20% reduction goal (shown as relative reduction in the quarterly / aggregate rates since baseline)

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HIIN Period Data Submission (number of hospitals reporting the measure / number of hospitals expected to report), n=1635.

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FRAMING TODAY’S EVENT

Jackie Conrad, RN, MBA, RCC
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure Health
Definition of Delirium

Delirium is a common syndrome in hospitalized adults characterized by:

- acute onset of altered mental status
- fluctuating mental status
- difficulty sustaining attention
- altered sleep-wake cycle,
- psychotic features
  - hallucinations and delusions.
Delirium: The Canary in the Coal Mine

Under recognized form of organ dysfunction
Up to 80% of all ICU pts
Up to 25% of all hospitalized pts
Up to 40% of elderly hospitalized pts

Longer delirium = Greater impairment

Types of Delirium

- **Hyperactive**
  - often called ICU Psychosis

- **Mixed**
  - fluctuation between hypo and hyper

- **Hypoactive**
  - also called quiet delirium

- 1.6% of cases
- 54.1% of cases
- 43.5% of cases
Risks Factors for Delirium

- Advanced age
- Previous episodes of delirium
- Poly-pharmacy
- Benzos
- Cognitive impairment
Risk of Delirium

- Intensive Care Unit (ICU) patients are at a higher risk than other patients:
  - Medications - sedatives
  - Co-morbidities - sepsis
  - Sleep deprivation
  - Immobility
Why focus on delirium?

- “Elderly patients, and in particular the very old and the frail elderly, are at high risk of functional decline and iatrogenic complications during hospitalization.”

- Screening for geriatric syndromes such as delirium, assessing functional status and maintaining mobility, and implementation of interventions that have been shown to prevent delirium, accidental falls, and acute functional decline in the hospital.

Ten Ways to Improve the Care of Elderly Patients in the Hospital. Angelena Maria Labella et al. Journal of Hospital Medicine. 2011; 6: 351-357
Non-pharmacological Delirium Interventions

- Meta-analysis of 14 studies showed a **62% reduction in falls** when multicomponent non-pharmacological delirium interventions were in place.

- Most interventions were centered around:
  - Early mobilization (OOB for meals and ambulation);
  - Vision and hearing interventions;
  - Orientation protocol (such as white boards);
  - Therapeutic activities (mentally stimulating ≠ entertainment!);
  - Sleep enhancement protocol (in place when delirium order sets are activated).

We can do better

- Delirium is one of the most common illnesses older patients can develop.
- Clinicians miss delirium at a reported rate of 32% to 66%.
- What can we do?
  - Awareness and Screening
  - Differentiating delirium from dementia by knowing pre-illness baseline
  - Identifying and treating the underlying causes of the delirium

The Evaluation and Management of Delirium Among Older Persons.
Joseph H. Flaherty. Medical Clinics North America. 95 (2011) 555-577
A voice from the field

Dana Bisson RN
Delirium Nurse
Concord Hospital, NH
Logansport Memorial Hospital, Indiana

- Hospital Stats
  - 83 bed, HFAP accredited facility
  - Not-for-profit, county owned, regional medical center
  - 600 employees, 49 employed providers

- AIMs for the fishbowl
  - Reduce falls by 10% by Mar 2019 (annual goal = 20% reduction)
  - targeting patients ≥ 60 on Med/Surg unit

- Focus for improvement
  - Implement delirium assessment tool & continuation of mobility initiative

Team members:
Amanda Gebhardt, RN, Quality Director
Heather Platt, RN, Med/Surg/ICU Nurse Manager
Tara McVay, RN, Chief Nursing Officer
Kelly Russell, RN, Med/Surg Nurse (not pictured)
Stephanie Perdue, RN, Med/Surg Nurse (not pictured)
Boulder Community Health - Colorado

- Hospital Stats
  - 175 inpatient beds
  - Community Non-profit
  - Mission: Providing our community with the highest value healthcare in an innovative, patient-centered environment

- AIMS for the fishbowl
  - Reduce falls with injury by 50% by Mar 2019
  - Focus on patients in the ICU/SDU
  - Delirium assessment on all patients
  - Promote patients highest level of activity 3x/day

Tracy Nagell
ICU Nurse Manager
Dorothy Rice
Director of Quality

Team Members:
Stacy Steiner
Kelli Boetel
Laura Heyn
Dave Bowers
Bill Pfizenmaier

- Sole Community Hospital
  - 44 Licensed Beds
  - Small PPS Hospital
  - New ED/Trauma Center
  - Adult & Pediatric Services (Medical/Surgical/OB, Pulmonology, Internal Medicine, Neurology, Oncology, Cardiology, Nephrology, Orthopedics, and Urology)

- AIM Statements
  - Reduce falls with or without injury from 3.6 falls per 1000 pt days to 1.8 falls per 1000 pt. days by Mar 2019 (a reduction of 6 falls).
  - Increase mobility and hourly rounding to proactively address pain, potty, positioning needs.
  - Avoid unnecessary hypnotic or sedative meds through a pharmacy review of medications on high risk patients.
Eliza Coffee Memorial Hospital, Alabama

Julie Owens-Director, Risk Management/Compliance/Patient Safety
North Alabama Medical Center

- **Hospital Stats**
  - Currently 300 bed hospital
  - Acute Care Facility
  - On December 6, 2018 Eliza Coffee Memorial Hospital will become **North Alabama Medical Center**. We will be moving to a brand new, 280 bed facility. The hospital name will become, North Alabama Medical Center.

- **AIMs for the fishbowl**
  - Reduce falls with injury from 2 to 0 by Mar 2019
  - Patient’s over 70 / Critical Care

- **Changes being considered**
  - ECM/NAMC is introducing a new, non-licensed position to it’s Cardiac Critical Care unit. It is called a Mobility Technician. The goal is to increase patient’s mobility thus reducing cases of delirium and patient’s falls.
Medical Center Navicent Health- Macon, Georgia

Hospital Stats
- Size-637 beds
- Type- level 1 trauma, teaching, community
- Other key item the audience should know- house-wide fall initiative in progress, limited delirium work thus far, 50% M9 patients are managed by Hospitalists, who participate in daily Interdisciplinary Rounds (IDR)

AIMs for the fishbowl
- Reduce falls with injury from 2 to ≤ 2 by Mar 2019
- Reduce falls by 20% by 3/19
- Patient population / location- M9- 36 bed oncology, urology, palliative, general med surg
- Changes being considered
  - Selection delirium screening tool, inter-rater reliability on non-Hospitalist patients
  - Unit-specific education re falls demographics
  - Selection of optimal interventions for delirium prevention, including plush and dolls
  - Implement screening score with appropriate Nursing interventions
  - Expand to Hospitalist patients, implementing Interdisciplinary Rounds, adding physician-driven delirium interventions

Maredyth Walters- Director Renal Services, Chair Delirium and co-chair Fall Prevention committee

Elizabeth Fuqua- Director M9, Inpatient Oncology

Meryl Montgomery- co-chair Fall Prevention Committee, Coordinator Prof. Nursing Practice
Erlanger Health System: Tennessee

- Hospital Stats
  - Beds: 813 (all)
  - Public; affiliated with University of TN
  - Comprehensive Stroke Certified with Joint Commission;
  - Recently Hospital Certified with DNV

- AIMs for the fishbowl
  - Reduce falls with injury from 3.968% to ZERO by Mar 2019
  - NW7: Neuro-Acute Care Unit
  - Assess patients on NW7 for delirium and implement interventions to prevent falls based on score.

Amy Rains, MSN, NP-C, CEN
AVP- Clinical Neuroscience
Lessons Learned
Jackie Conrad, RN, MBA, RCC
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure Health
Bring it Home
Radhika Parekh, MHA
Program Manager, HRET
Resources

- Delirium screening tools
  - B-Cam flow sheet [ICU Delirium BCam Flowsheet and Instructions](#)
  - B-Cam worksheet [HELP B Cam Worksheet](#)
  - 4AT Rapid Clinical Test for Delerium

- Websites:
  - [ICUDelerium.com](#)
  - [American Delerium Society](#)
  - [Hospital Elder Life Program Website](#)
Resources

- American Family Physicians CME: Delirium in Older Persons: Evaluation and Management
- Ten Ways to Improve the Care of Elderly Patients in the Hospital. Angelena Maria Labella et al. Journal of Hospital Medicine. 2011; 6: 351-357
Upcoming Falls Delirium Fishbowl Series Events

- November 15, 2018
  - Register here
- December 20, 2018
  - Register here
- January 17, 2019
  - Register here

- All from 11 a.m.- 12 p.m. CT
THANK YOU!