HRET HIIN Spring 2019 Falls Delirium Sprint #2

May 23, 2019
11:00 a.m. – 12:00 p.m. CT
WELCOME AND INTRODUCTIONS

Radhika Parekh, MHA
Performance Improvement Coach, HRET
Hello, My Name is…

- Name
- Hospital/State Hospital Association
- City, State
AGENDA

- Welcome and Introductions
- Review deadlines
- Hospital pre-assessment responses
- Preventing delirium with mobilization and activity
- Patient Family Engagement
- The Power of Patient Stories
- Questions and Answers
- Bring it Home
Your HRET HIIN Falls Sprint Team

Radhika Parekh, MHA
Performance Improvement Coach
HRET

Jackie Conrad, RN, BS, MBA
Improvement Advisor
Cynosure

Kim Werkmeister, RN, BA, CPHQ, CPPS
Improvement Advisor
Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
HRET
Poll Question

- Who is in the room?
  a) Quality Leaders
  b) Nurse Leader
  c) Bedside Nurse
  d) Rehabilitation Team Member
  e) Pharmacy Team Member
  f) Patient Family Engagement Advisor
  g) Other
Why Are We Here?

- To use quality improvement techniques to assess root causes and develop action for falls with injuries and engage patients and their family members in prevention.

- To learn from each other and peer mentors:
  - Falls Delirium Fishbowl Hospitals:
    - Boulder Community Health, CO – TODAY!
    - North Alabama Medical Center, AL
    - Ransom Memorial, KS
  - CAH Falls Mentor Hospitals – MAY 30, 1-2PM CT
    - St. Vincent Salem Jennings, IN
    - Livingston Healthcare, MT
    - Lakeland Community Hospital, AL
  - Today’s Mobility Mentors
    - Franciscan Michigan City, IN - TODAY!
The collective WILL of the individuals engaged in this sprint will change the patient and family’s experience as it relates to their safety and mobility while in the hospital.

Thank You!
HRET HIIN Falls Sprint Webinar Schedule

- All times from 11:00-12:00p.m. CT
- Thursday, June 6: register here Personalizing Care, hospital stories
- Thursday, June 20: register here Family as intervention, hospital stories

- CAH Open Office Hours, May 30, 1:00 – 2:00pm CT – Separate invitation has been sent to CAH registrants
  - Submit questions for discussion to Radhika Parekh at rparekh@aha.org
Hospital Submission Deadlines

- Falls Process Improvement Discovery Tool
  - Due May 23rd
  - Submit to Allied Association (SHA) lead
Allied Association Submission Deadline

- Coaching Guide
  - Due June 6th
  - Submit to Radhika Parekh at rparekh@aha.org
Mobilizers

- Repurpose current roles
  - Replace sitters with a mobility aide
  - Train sitters to ambulate patients
  - Create mobility tech role – reallocate transporters, safe patient handling coaches, nursing assistants

Case Study: Franciscan Michigan City, IN

3 mobility trained nursing assistants
- 70% reduction in HAPI
- 40% reduction in worker back injuries
- 45% reduction in RN turnover
- 43% reduction in readmission
- 39% reduction in d/c to SNF
Hospital Pre-Assessment Responses

Jackie Conrad, RN, BS, MBA
Improvement Advisor, Cynosure
Pre-Assessment Results

Are certain patients up in a chair for meals as a delirium prevention strategy?

Answered: 142   Skipped: 0

- Yes: 34.51%
- No: 35.21%
- No, but this is a future...: 30.28%
## Pre-Assessment Results

**Are patients mobilized to the highest ability at least three times a day?**

- **Yes**: 12.68%
- **Yes about 50% of the time**: 42.25%
- **No, but this is a future goal**: 41.55%
- **Mobility is not on our current list**: 3.52%

Answered: 142  Skipped: 0
What did you discover? Share hospital findings
Share a patient story

Once upon a time
Preventing Delirium with Mobilization and Activity

Jackie Conrad, RN, BS, MBA

Improvement Advisor, Cynosure
Sample delirium prevention routine

- Lights on
- Shades up
- Aids in – glasses, hearing aid
- Walk three times a day
- Up in Chair for Meals
- Stimulating activities
- AM:
  - Teeth brushed
  - Face washed
  - Up for breakfast
- Evening
  - Teeth brushed
  - Face Washed
  - Sleep Hygiene
Tips for Promoting Mobility

- Train Family to mobilize – wrist band to identify trained caregivers
- Order Modifications
  - Delete orders for
    - Bedrest
    - Ad lib
  - Replace with specific orders
    - Times, activities, distance
  - Mobility orders to flow to task list
  - Up in Chair for Meals
- Build Documentation Fields - centralize
- Collect data - examples
  - Total # of feet ambulated a day documented by RNs
  - Total % of eligible pts ambulated twice by 3pm
  - Total % of eligible patients up in chair for lunch

5/28/2019
Anchoring Activities

- Music Therapy - [Playback.fm](https://Playback.fm)
  - Reminiscence bulge – music from the individual’s late teens to early 20’s
- Family photos
- Family visitation
  - at meals
  - 5 hrs/day
  - Phone calls
- Know interests and routine: [Who I am](https://WhoIam.com)
- Restorative aide / Activity Therapist
A Word on Sleep Hygiene

- Providing a restful environment for uninterrupted sleep can improve healing and reduce falls
  - Respect the patient’s normal bedtime
  - Minimize night time care – blood draws, vital signs.
  - Toilet before bedtime
  - Limit fluids after dinner
  - Ear plugs

- Relaxation activities
  - Aroma therapy
  - 5 minute back rub
  - Herbal tea or milk
  - Relaxing music or nature sounds
Voices from the field...the power of patient stories

Tracey Nagell RN, MSN, MHA, ICU Nurse Manager
Angela Lawrence RN, BSN - RN Manager Rehab
Allison Stamm MA, CCC-SLP – Therapy Manager

Winter Falls Delirium Fishbowl Hospital
Patient and Family Engagement (PFE)

Tara Bristol Rouse, MA
HRET HIIN PFE Project Consultant
The most underutilized resource in all of health care is the patient.

Dave deBronkart

And the family!
Who I Am

Being in an unfamiliar environment can be unsettling. The information collected within this form will provide the healthcare team with a better understanding of your loved one’s needs.

This form should be completed by the individual who knows the person best and, when possible, with their loved one. This is not a medical document. It is meant to support the healthcare team in providing the best care possible.

Patient Name: ____________________________

Name I prefer to be called: ____________________________

People that are important to me: ____________________________

Who helps care for me: ____________________________

My pet’s name: ____________________________

What I did for a living/school I attend: ____________________________

Hobbies: ____________________________

Fond memory: ____________________________

Likes (music, TV, smells, etc.): ____________________________

Dislikes: ____________________________

Equipment I use regularly:

☐Cane  ☐Walker  ☐Wheelchair

☐Other: ____________________________

Normal Routine (grooming/bathing time): ____________________________

Meal Times: ____________________________

Food likes: ____________________________

Food dislikes: ____________________________

Sleep Time: ____________________________

How I like to take my medications: ____________________________

I am most alert in the:

☐Morning  ☐Afternoon  ☐Evening  ☐Night

What upsets me: ____________________________

What calms me down: ____________________________

I am: ☐Right handed  ☐Left handed

Anything else I want you to know: ____________________________

I agree that the information on this form may be shared with the healthcare team.

Form Completed By: ____________________________

Date Completed: ____________________________

NOT A PART OF THE PERMANENT MEDICAL RECORD
Patient and Family Engagement – Encouraging Partnership

Staying Active in Hospital

We will look at what you were able to do before you came into hospital to make sure we understand how best to support and encourage you to keep moving.

You should have a full assessment to help us to know how you normally get about.

We will make sure we look at any risks that may stop you from being able to get out of bed so we can support you.

Do you need glasses or hearing aid to help you communicate. Do you know where they are?

We can support you with anything you need to help keep you moving, in or out of bed.

Do you have the right equipment to help you move about? If not we should be able to provide what you need.

If you can walk to the toilet, it keeps you moving and prepares you for home.

Sitting out of bed helps. We can help you get out of bed.

We will encourage you to ‘Do It Yourself’ where you can.

Eat or drink on your own if you are able.

Wash and dress yourself if you are able, and wear your own clothes.

Keep changing your position even if you are in a bed or chair.

Staying Active in Hospital

University Hospitals of North Midlands NHS Trust

AHA CENTER FOR HEALTH INNOVATION

American Hospital Association

Advancing Health in America
Patient and Family Engagement – Checking for Understanding

MOBILITY
ACTIVE
NEEDS ASSISTANCE
BED-RIDDEN

DO YOU UNDERSTAND?

YES!
I can explain it.

I MIGHT NEED MORE HELP.

TEACH
BACK

AHA CENTER FOR HEALTH INNOVATION

American Hospital Association
Advancing Health in America
Patient and Family Engagement – Continue the Conversation

Activity and Mobility Program
Ensuring Multi Level Patient and Family Engagement (PFE)

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<thead>
<tr>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
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<tbody>
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<td><strong>Point of Care</strong></td>
<td><strong>Policy &amp; Protocol</strong></td>
<td><strong>Governance</strong></td>
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<tr>
<td>Implementation Partners: Point of Care Providers, Medical Directors, Nurse Managers</td>
<td>Implementation Partners: Quality and Safety Leaders, Medical Directors, Nurse Managers, Patient Experience Leaders</td>
<td>Partners: Board of Directors, C-Suite</td>
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**Falls**

- At the pre-op appointment, provide the patient/family with a copy of the tool, *Staying Active in the Hospital*. Review key points regarding what to expect and the important role they have in early mobility.
- Post the *Let’s Get Moving* chart next to the patient white board. Introduce it to the patient and family and ask them to track progress. During daily rounds, ask patient/family to report progress and any challenges they have experienced.
- As part of his/her nursing clinical ladder program, ask a nurse to audit patient mobility charts to determine how many patients/family members are using the charts and whether their activities are aligning with agreed upon daily mobility goals.
- Engage your PFAC to review and redesign the *Let’s Get Moving* tool so that it is personalized to your hospital and target population. Keep what they like about the tool and use their feedback to improve the areas they feel should be changed.
- Invite family caregivers to attend a Board meeting. Ask them to discuss the role they play in early mobility and have them outline the inpatient equipment required so that they, along with the staff, can assist their loved one without causing injury to themselves or the patient.

[Image: AHA CENTER FOR HEALTH INNOVATION]
Who is capturing your data?
PFE Resources

ICUdelirium.org-patientfamilyoverview
Resources

- Delirium screening tools
  - B-Cam
    - flow sheet **BCam Flowsheet and Instructions** (ICUdelirium.com)
    - worksheet **B Cam Worksheet** (Project HELP)
    - Videos **B-Cam resources and videos** (EDdelirium.org)
  - CAM ICU tool: **CAM videos** (ICUdelirium.com)
    - 4AT Rapid Clinical Test for Delirium
    - Dr. S. Inouye Pod Cast - Need for Delirium Screening (7min)

- Websites:
  - **ICUdelirium.com**
  - **American Delerium Society**
  - **EDdelirium.org**
  - **Hospital Elder Life Program Website**
Resources


- American Family Physicians CME: Delirium in Older Persons: Evaluation and Management.


Do you have a patient story to share?
Next Week’s Peer Mentors: CAH Open Office Hours
Voices from the field...Critical Access Peer Mentor Hospital in Indiana

St. Vincent Salem

Christina Crank RN BSN
Chief Nursing Officer
St. Vincent Salem | Jennings

St. Vincent Jennings

Jennifer Huntington RN BSN
Quality / Employee Health
St. Vincent Salem | Jennings
Voices from the field...Critical Access Peer Mentor Hospital in Montana

Livingston Healthcare

Welcome
Sabine Mc Innes BSN RN
Interim Acute Care Manager
Livingston Healthcare
Voices from the Field: Critical Access Peer Mentor Hospital in Indiana

Jennifer Young
Director Quality, Risk, Pt Safety, IC
Lakeland Community Hospital
Questions?
THANK YOU!