HRET HIIN VAE Sprint #3
June 24, 2019
1:00 p.m. – 2:00 p.m. CT
Welcome and Introductions
Kavita Bhat, MD, MPH
Performance Improvement Coach, AHA
Hello, My Name is…

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

- Welcome and Introductions
- VAE Discoveries – Successes, Challenges, and Progress Towards Improvement
- DEF Components of the ABCDEF Bundle
- Review Expectations
- Questions and Answers
- Bring it Home
Why Are We Here?

24 States

57 Hospitals
Initial VAE Discoveries

Kavita Bhat, MD, MPH
Performance Improvement Coach, AHA

Wes Ely, MD, MPH
Professor of Medicine, Vanderbilt University Medical Center

Maryanne Whitney, RN, CNS, MSN
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure
VAE COACHING GUIDE

• What did you find?

• Were you surprised at what you found?

• What steps did you take?

• What challenges did you experience?
## VAE PROCESS IMPROVEMENT DISCOVERY TOOL

### HRET HIIN PROCESS IMPROVEMENT DISCOVERY TOOL

**VENOUS THROMBOEMBOLISM (VTE)**

The Process Improvement Discovery Tool is meant to help hospitals provide safer patient care by completing an assessment to identify process improvement opportunities. Hospitals can use the results to develop specific strategies to address gaps and identify necessary tools. Please complete the tool using patient charts that align with the specific items.

### Instructions:
1. If the answer to the question is “YES,” mark an X in the box. Leave the box empty if there is no documentation that the important process occurred.
2. This tool is not intended to be used to identify potential legal ramifications.
3. Do NOT spend more than 20-30 minutes per chart.

### PROCESS

<table>
<thead>
<tr>
<th>Risk Screen</th>
<th>Chart #</th>
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- **A standard VTE risk screening tool was used to assess this patient’s risk.**
- **The risk screen was performed by the physician.**
- **The nurse performed the risk screen using the tool during changes in patient access or upon transfer to another unit.**

### Orders

- **The physician-ordered interventions are appropriate for the determined level of patient risk for VTE and bleeding.**

### Prophylaxis Administration

- If anticoagulation was contraindicated, this patient was placed on an alternative protocol that maximized both thrombosis and the prevention of anticoagulation. The thrombotic protection was regularly documented.

- If sequential compression devices were ordered, there is evidence that the work was done at all times except when walking.

- If anti-embolism devices were ordered, there is evidence that the patient received every dose in a timely manner.

- If the patient refused any orders, there is evidence that the patient’s concerns were evaluated, and taking those concerns into account, the patient was educated by the nurse as to the risks using teach-back/office note if not refused.

- If the patient still refused the order, there is evidence that the nurse provided a progression notice to patient education or the time of the refusal. (Office note if not refused)

### What did you find?

### Were you surprised at what you found?

### What steps did you take?

### What challenges did you experience?
The DEF Components of the ABCDEF Bundle

Wes Ely, MD, MPH
Professor of Medicine, Vanderbilt University Medical Center
COMMITMENT
The chicken is involved. The pig is committed.
The DEF’s of VAE
Pain, Agitation, and Delirium Are Interrelated

D= Delirium Monitoring and Management

TAKE HOME MESSAGE

Delirium = Dangerous

Patient = Vulnerable

Andros Island by N Rakov, NEJM 2011;365:457
50-70% Cognitively Impaired

Wolters Intensive Care Med 2013; 39: 376
Jackson AJRCCM 2010; 182: 183
Girard Crit Care Med 2010; 38: 1513
60-80% Functionally Impaired
Cardinal Symptoms of Delirium and Coma

AROUSABLE TO VOICE
- Acute mental status change
- Inattention
- Hallucinations, Delusions, Illusions
- Fluctuating mental status
- Disorganized thinking
- Altered level of consciousness

UNAROUSABLE TO VOICE

DELIRIUM

COMA

Ely EW, JAMA 2001;286:2703-10

Delirium in Mechanically Ventilated Patients
Validity and Reliability of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)
Monitoring Sedation Status Over Time in ICU Patients
Reliability and Validity of the Richmond Agitation-Sedation Scale (RASS)
CAM-ICU Sensitivity and Specificity

- Over a dozen studies have now compared the 30 second CAM-ICU evaluation to Geriatric psychiatrists’ 30 to 45 minute evaluations:
  - Sensitivity 80% to 95%
  - Specificity 90% to 97%
  - Inter-rater reliability, kappa = 0.96 (0.92-0.99)
  - Delirium prevalence rates in mechanically ventilated ICU patients consistently 60% to 80%

Ely EW, JAMA 2001;286:2703-10
Gusmao-Flores Crit Care 2012;16:R115
Brain Road Map
(A framework for bedside rounds)

1. Where is the patient going?
   Target RASS

2. Where is the patient now?
   Current RASS
   Current CAM-ICU

3. How did they get there?
   Drugs
Excellence

Aristotle:

“We are what we repeatedly do. Excellence is not an act, but a habit”

Jiro Dreams of Sushi - Tokyo
Early Exercise and Progressive Mobility
The Problem

- ICU-acquired weakness – Acute onset of neuromuscular/functional impairment without plausible etiology
- Impairs ventilator weaning and functional mobility
- Patients with ICU-acquired weakness require approximately 20 additional ventilator days
- Increased mortality
- Effects persist well after discharge
Evidence-Based Management

- Early mobility protocols (early exercise, progressive mobility)
  - Progress from passive to active range of motion (early PT)
  - Sitting position in bed
  - Dangle
  - Stand & Transfer
  - Ambulation
- Screen for participation
- Two-step process
  - Safety screen
  - Mobility protocol
**Sample Progressive Mobility Protocol**

**Safety Screening** (Patient must meet all criteria)

**M** – Myocardial stability
- No evidence of active myocardial ischemia x 24 hrs.
- No dysrhythmia requiring new antidysrhythmic agent x 24 hrs.

**O** – Oxygenation adequate on:
- FiO2 < 0.6
- PEEP < 10 cm H2O

**V** - Vasopressor(s) minimal
- No increase of any vasopressor x 2 hrs.

**E** – Engages to voice
- Patient responds to verbal stimulation

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**Level 1**
- Passive ROM TID
- Turn Q 2 hrs.
- Active resistance PT
- Sitting position 20 mins. TID
- Sitting on edge of bed
- Able to move arm against gravity
- Able to move leg against gravity

**Level 2**
- Passive ROM TID
- Turn Q 2 hrs.
- Active resistance PT
- Sitting position 20 mins. TID
- Sitting on edge of bed
- Active transfer to chair 20 mins./day

**Level 3**
- Passive ROM TID
- Turn Q 2 hrs.
- Active resistance PT
- Sitting position 20 mins. TID
- Sitting on edge of bed
- Active transfer to chair 20 mins./day
- Ambulation (marching in place, walking in halls)

**Level 4**
- Passive ROM TID
- Turn Q 2 hrs.
- Active resistance PT
- Sitting position 20 mins. TID
- Sitting on edge of bed
- Active transfer to chair 20 mins./day
- Ambulation (marching in place, walking in halls)
Liberation is the GOAL
Family Empowerment & Engagement

Characteristics of Patient and Family Centered Care

▪ Keep patient and families:
  ▪ Informed.
  ▪ Actively involved in decision-making.
  ▪ Actively involved in self management.

▪ Provide both physical comfort and emotional support to patient and families.

▪ Maintain a clear understanding of a patient’s concepts of illness and cultural beliefs.

IOM Crossing the Quality Chasm 2001
Creating the right environment

- Family Presence.
- Family and Patient Engagement.
- Family and Patient Empowerment.
How to Engage Family Members

- Have pre-printed brochures that outline common things that can help the patient.
- These include:
  - Speak softly and use simple words.
  - Re-orient the patient.
  - Talk about family and friends.
  - Bring sensory aides (glasses, hearing aids).
  - Decorate the room with reminders of home.
  - Perform range of motion exercises.
  - Document in an ICU diary.
Empowering Family Members

- Family members are patients’ primary advocates.
- We need to provide the family the tools and permission needed to speak up for the patient.
- Create a safe environment to talk openly.
- Create a culture where it is acceptable for our actions to be questioned.
- Three key areas:
  - Shared decision-making.
  - Safety.
  - Future care expectations.
Expectations
Kavita Bhat, MD, MPH
Performance Improvement Coach, AHA
Hospital Expectations

✓ Select 1 VAE lead for the sprint
✓ Accept invites and participate in the 3 HRET HIIN VAE Sprint virtual events
✓ Complete pre-assessment (link [here](#))
✓ Utilize the VAE Process Discovery Tool and submit it to your state partner
✓ Participate in 1 coaching session with their State Partner
✓ Complete post-sprint assessment (link [here](#))

6 Easy Steps!
State Partner Expectations

- Accept invites and participate in the 3 HRET HIIN VAE Sprint virtual events

- Follow-up with hospitals to identify a lead for the sprint and remind them of hospital expectations throughout the sprint. Track your registered hospitals using the collaborative tracking tool.

- Schedule 1 coaching session with hospitals session of one-on-one coaching with hospitals utilizing the VAE Sprint Coaching Guide. Submit completed coaching guide to kbhat@aha.org
What should I complete?

Hospitals
✓ Submit your completed VAE Process Discovery Tool to your state partner.
✓ Participate in a coaching call with your state partner.
✓ Complete the VAE Post-Assessment here by June 27.

State Partners
✓ Have a coaching call with each of your hospitals.
✓ Submit the VAE Process Discovery Tool and Coaching Guide to kbhat@aha.org by June 27.
Certificate of Completion!

Hospitals, please complete the following to receive a certificate:

- VAE Pre-Assessment
- VAE Process Discovery Tool
- VAE Post-Assessment

Certificates will be sent out the week of July 1st!
HRET HIIN 2019 VAE Sprint Virtual Event Schedule

- VAE Office Hours: Tuesday, June 25 (1-2 PM CT) – *Invitation has been sent out to all VAE hospital and State Partner participants. Please attend if you feel stuck or would like additional assistance with VAE.*

- *In tomorrow’s to office hour we will assist you in developing a strategy for improvement.*

- What is your goal moving forward with VAE?
- What small test have you tried, will you try?
- What will you measure?
- How will you know if what you have changed led to an improvement?
Questions?
HRET Resources

2018 VAE Change Package

2018 VAE Checklist

2018 VAE Checklist
thank you!