HRET HIIN VAE Sprint #3

January 9, 2019
11:00 a.m. – 12:00 p.m. CT
Welcome and Introductions
Kavita Bhat, MD, MPH
Program Manager, HRET
Hello, My Name is…

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

- Welcome and Introductions
- VAE Discoveries
- The DEF Components of the ABCDEF Bundle
- Questions and Answers
- Review Expectations
- Wrap Up
Why Are We Here?

12 States

25 Hospitals

581 Preventable VAE Harms!
from 8/2018 to 9/2018
VAE Discoveries: Successes, Challenges, and Progress Towards Improvement

Kavita Bhat, MD, MPH
Program Manager, HRET

Maryanne Whitney, RN, CNS, MSN
Improvement Advisors, Cynosure
### VAE PROCESS IMPROVEMENT DISCOVERY TOOL FINDINGS

<table>
<thead>
<tr>
<th>What did you find?</th>
<th>Were you surprised at what you found?</th>
<th>What steps did you take?</th>
<th>What challenges did you experience?</th>
</tr>
</thead>
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**Instructions:** Read each chart and mark the relevant areas. Then identify which areas need improvement and prioritize process improvement opportunities.

- **Chart 1:** Chart A, Chart B, Chart C, Chart D
- **Chart 2:** Chart E, Chart F, Chart G, Chart H
- **Chart 3:** Chart I, Chart J, Chart K, Chart L
- **Chart 4:** Chart M, Chart N, Chart O, Chart P

**Note:** Do not spend more than 20-30 minutes per chart.
VAE COACHING GUIDE FINDINGS

State Partner & Hospital 1:1 Coaching using VAE coaching guide

- Barriers/Concerns
- Champions
- Resources
- Action Plan
  - Aims
  - Strategies/Tactics
  - Deadlines
  - Evaluation
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
- Fluctuating mental status
- Disorganized thinking
- Altered level of consciousness
- Inattention
- Hallucinations, Delusions, Illusions

**UNAROUSABLE TO VOICE**

**DELIRIUM**

**COMA**

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”
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

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 aides).
  - 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.
PFE Metrics

Martha Hayward
PFE Subject Matter Expert, HRET
The Metrics

**Point of Care**
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

**Policy & Protocol**
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

**Governance**
- Patient and family on hospital governing and/or leadership board (Metric 5)
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Front Line Staff
Leadership
Board/C-Suite
Expectations
Kavita Bhat, MD, MPH
Program Manager, HRET
Hospital Expectations

✓ Select 1 VAE lead for the sprint
✓ Accept invites and participate in the 4 HRET HIIN VAE Sprint virtual events
✓ Complete pre-assessment (link here)
✓ Utilize the VAE Process Discovery Tool and submit it to kbhat@aha.org
✓ 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 4 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 sprint 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 before the next virtual event?

Hospitals
✓ Submit your completed VAE Process Discovery Tool to your state partner.
✓ Participate in a coaching call with your state partner.
✓ Be ready to share your VAE successes and challenges on the next virtual event.
✓ Complete your VAE Post-Assessment by Thursday, January 31st (link here).

State Partners
✓ Have a coaching call with each of your hospitals.
✓ Submit the VAE Process Discovery Tool and Coaching Guide to kbhat@aha.org.
✓ Be ready to share your VAE successes and challenges on the next virtual event.
HRET HIIN VAE Sprint Webinar Schedule

- December 4, 2018 (11:00AM – 12:00PM CT)
- January 9, 2019 (11:00AM – 12:00PM CT)
- February 5, 2019: Summary VAE Sprint for all HRET HIIN (11:00AM – 12:00PM CT)

Calendar invitations with the platform link will be sent by HRET HIIN
Questions?
HRET Resources

2018 VAE Change Package

2018 VAE Checklist
thank you!