Sign Me Up: A Quality Improvement Study Using Patient Door Signs to Improve Delirium Precaution Adherence

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Background

- Delirium affects 33% of patients over 70 years old and 75% of intensive care unit (ICU) patients undergoing mechanical ventilation.[1]
- Delirium leads to worse patient outcomes, including increased risk of mortality, functional decline, and longer lengths of stays.[2]
- Multicomponent non-pharmacologic interventions have the best supporting evidence for delirium management but can be difficult for teams to consistently implement.[3]

Methods

- In phase one (pre-intervention), we aim to characterize the current adherence rate to behavioral delirium precaution recommendations provided by the psychiatry consult team.
- Data were collected daily for the length of consult (M-F) regarding implementation of precautions, length of consult, length of stay, diagnoses, and medications.

Delirium Precautions Electronic Medical Record Dot-Phrase

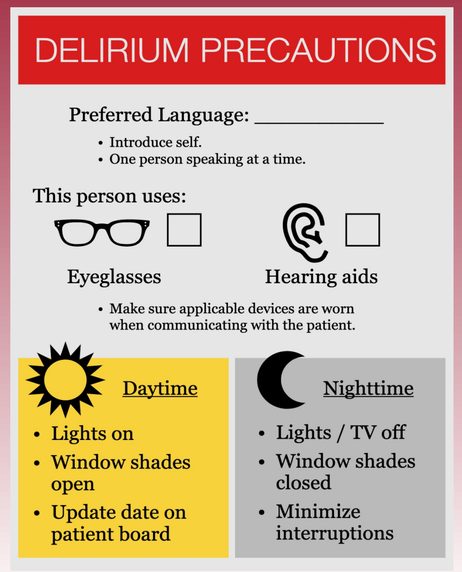
- Minimize benzodiazepines, opioids, and anticholinergics, which may precipitate or exacerbate delirium.
- Keep lights on during the day and minimize daytime napping.
- Minimize nighttime interruptions.
- Frequently reorient to date, time, and situation.
- Encourage family/friends to visit as much as possible.
- Mobilize patient as early as possible.
- Use patient's primary language to communicate.
- Ensure patient is wearing eyeglasses/hearing aids if indicated.

Phase One Results

- Precaution adherence was tracked for 20 patients (30% female; Age Range: 27-74, Mean = 59.8, Median = 63.5)
- 45% of patients were imminently pending or immediately post-transplant (40% related to liver pathology).
- Average length of psych consult or resolution of delirium was 11 days (range = 3-29).
- Average length of hospitalization was 45 days (range = 12-181).

Recommendation	# Encounters	Yes	Partial[a]	No
Glasses[b]	65	16.9%		83.1%
Lights	106	23.6%	46.2%	30.2%
Blinds	106	67.9%		32.1%
Hearing Aids[c]	6	83.3%		16.7%
Date	106	94.3%		5.7%

[a]Lights were considered in "partial" compliance if one (but not all) lights in the room were turned on.
[b]8 out of 20 patients wore glasses.
[c]Only 1 patient used hearing aids.



Discussion

- High priority areas identified for intervention are ensuring clients are wearing their glasses (currently <17% of the time) and that the lights are turned completely on (currently <24% of the time).
- Future directions include implementing patient door sign (left) to track efficacy of low touch intervention on delirium precaution adherence.

References

1. Marcantonio ER. Delirium in Hospitalized Older Adults. The New England Journal of Medicine 2017; 377:1456-66.
2. Reppas-Rindlisbacher C, Siddhpuria S, Wong EK, et al. Implementation of a multicomponent intervention sign to reduce delirium in orthopaedic inpatients (MIND-ORIENT): a quality improvement project. BMJ open quality 2021; 10(1).
3. Sutton-Smith L. A quality improvement project to improve the identification and management of delirium. Nursing in critical care 2021; 26(3):183–189.